



***SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD***

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

***THURSDAY, 3 MARCH 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 - 6*)
6. Forward Work Programme 2021/2022
7. Quarter 3 Performance Report 2021-22 (*Pages 7 - 56*)
8. Deprivation of Liberty Safeguards to Liberty Protection Safeguards  
- An Overview (*Pages 57 - 68*)
9. Procurement of Falls Mobile Response Service - 6 Month Pilot  
(*Pages 69 - 94*)
10. Neath Port Talbot Housing Support Programme Strategy  
(*Pages 95 - 122*)

11. Homelessness Provision (*Pages 123 - 126*)
12. Urgent Items  
Any urgent items (whether public or exempt) at the discretion of the Chairperson pursuant to Statutory Instrument 2001 No 2290 (as amended).
13. Access to Meetings  
To resolve to exclude the public for the following items pursuant to Regulation 4 (3) and (5) of Statutory Instrument 2001. No. 2290 and the relevant exempt paragraphs of Part 4 of Schedule 12A to the Local Government Act 1972.

## **Part 2**

14. 2022/23 Contractual Arrangements for a Range of Services Funded Through the Housing Related Support Grant  
(Exempt under Paragraph 14) (*Pages 127 - 168*)

**K.Jones**  
**Chief Executive**

**Civic Centre**  
**Port Talbot**

**24 February 2022**

### **Social Care, Health and Wellbeing Cabinet Board Members:**

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

## EXECUTIVE DECISION RECORD

20 JANUARY 2022

### SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

#### **Cabinet Members:**

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

#### **Officers in Attendance:**

A.Thomas, K.Warren, J.Hodges, C.Davies and T.Davies

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#### 1. **APPOINTMENT OF CHAIRPERSON**

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

#### 2. **WELCOME AND ROLL CALL**

The Chair welcomed everyone to the meeting and a roll call was completed.

#### 3. **CHAIR'S 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 9 December 2021, be approved.

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

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

7. **CORPORATE SAFEGUARDING GROUP BI-ANNUAL REPORT**

**Decision:**

That the monitoring report be noted.

8. **WEST GLAMORGAN CARERS PARTNERSHIP BOARD ANNUAL REPORT 2020-21**

**Decision:**

That the report be noted.

9. **WEST GLAMORGAN REGIONAL PARTNERSHIP GOVERNANCE FRAMEWORK**

**Decision:**

That the West Glamorgan Regional Partnership Governance Framework, as detailed at Appendix 1, be approved.

**Reason for 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 will be implemented after the three day call in period, which ends at 9.00am on Monday 24 January 2022. There was no call in of this item.

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

**Decision:**

That the report be noted.

11. **URGENT ITEMS**

None were received.

**CHAIRPERSON**

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Neath Port Talbot Council

## **NEATH PORT TALBOT COUNTY BOROUGH COUNCIL**

### **Social Care, Health & Well-Being Cabinet Board**

**3 March 2021**

### **Report of the Heads of Children & Adult Services - Keri Warren & Angela Thomas**

#### **Matter for Monitoring**

**Wards Affected:** All

**Report Title: CHILDREN & YOUNG PEOPLE and ADULT SERVICES – 3<sup>rd</sup> QUARTER (April 2021 – December 2021) PERFORMANCE REPORT**

#### **Purpose of the Report:**

1. The purpose of this report is to provide Members with Performance Information and Complaints & Compliments Data for both Children & Young People Services and Adult Services for the 3<sup>rd</sup> Quarter Period (April 2021 – December 2021). This will enable the Social Care, Health & Well Being Cabinet Board and Scrutiny Members to discharge their functions in relation to performance management.

#### **Executive Summary:**

2. A new set of Statutory Welsh Government Performance Metrics was introduced for Social Services during 2020-21 and although they are not all reported on a quarterly basis, they will be fully accounted for in the end of year performance report. In addition,

this report also contains information relating to the number of Complaints and Compliments received by the Directorate during the 3<sup>rd</sup> Quarter Period (April 2021 – December 2021), as well as the Children & Young Peoples Services and Adult Services High Level Measures.

**Background:**

3. Failure to produce a compliant performance monitoring report within timescale could lead to non-compliance within our Constitution and hinder the full and transparent scrutiny of performance across the Directorate. This report enables Members to monitor and challenge performance across Children & Young People Services and Adult Services, whilst taking into account our reporting obligations to Welsh Government in terms of the Statutory Performance Metrics.

**Financial Impacts:**

4. No Implications

**Integrated Impact Assessment:**

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

**Valleys Communities Impacts:**

6. No Implications.

**Workforce Impacts:**

7. No implications.

**Legal Impacts:**

8. No implications

**Risk Management Impacts:**

9. There is little or no risks associated with the information contained in this report.

**Crime and Disorder Impacts:**

10. 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”

11. There is no impact under the Section 17 of the Crime and Disorder Act 1998 through the information contained in this report.

### **Counter Terrorism Impacts:**

12. The information contained in this report is 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:**

13. 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.
14. The information contained in this report is likely to have no impact on the above duty.

### **Consultation:**

15. There is no requirement for external consultation on this item

### **Recommendations:**

16. Not applicable.

### **Reasons for Proposed Decision:**

17. Not applicable.

### **Implementation of Decision:**

18. No decision to be made. For information only.

### **Appendices:**

19. Appendices listed as follows: -

- a. **Appendix 1** – CYPS 3<sup>rd</sup> Quarter Performance Report (April 2021 – December 2021).
- b. **Appendix 2** – Adult Services 3<sup>rd</sup> Quarter Performance Report (April 2021 – December 2021).
- c. **Appendix 3** – CYPS 3<sup>rd</sup> Quarter Complaints and Compliments Report (April 2021 – December 2021).
- d. **Appendix 4** – Adult Services 3<sup>rd</sup> Quarter Complaints and Compliments Report (April 2021 – December 2021).
- e. **Appendix 5** – Adult and CYPS Services High Level Measures.
- f. **Appendix 6** – CYPS 3<sup>rd</sup> Quarter Quality Assurance Overview Report (October 2021 – December 2021)
- g. **Appendix 7** – Outcomes Framework (A Strengths-Based Model of Practice)

## List of Background Papers:

20. None.

## Officer Contacts:

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# Performance Indicators

Neath Port Talbot Council

Appendix 1 - Children & Young People's Services – Quarterly Performance Report - Quarter 3 ( 1st April - 31st December) - 2021/22



*Print Date: 28-Jan-2022*

## How will we know we are making a difference (01/04/2021 to 31/12/2021)?

PI Title	Actual 19/20	Actual 20/21	Actual 21/22	Target 21/22	Perf. RAG
<b>CHILDREN AND YOUNG PEOPLE SERVICES</b>					
CP/011 - PAM/028 - Measure 24 - Percentage of child assessments completed on time	98.57	97.73	99.63	94.00	 Green
1868 out of 1875 in Quarter 3 2021/22 compared to 2026 out of 2073 in the same period 2020/21. All Wales Average is 88.9%. This continues to be a priority for Children's Services. As a service, we strive to complete all assessments within the 42 day timescale to ensure children, young people and their families have timely responses. An audit is carried out on those assessments that fall outside the timescale by senior management to ensure there is no drift in the support we offer to our families. The most common reasons for why assessments have gone over 42 days in this timeframe include COVID isolation periods and sickness.					
PI/239 - % of children supported to live with their family.	67.21	67.19	67.27	64.70	 Green
553 out of 822 in Quarter 3 2021/22 compared to 600 out of 893 in the same period 2020/21. All Wales Average is 64.7%. Children's Services are committed to ensuring that those children who are able to stay at home do so with the right level of support.					
PI/241 - % of re-registrations of children on the local authority child protection register	13.04	8.41	12.86	9.40	 Red
9 out of 70 in Qtr.3 2021/22 compared to 9 out of 107 in the same period 2020/21. All Wales Average 5.1% As can be gleaned from the number, whilst the percentage is up the number of re-registrations have remained the same when compared to the same Qtr. last year. The re-registrations are up by 4 on the last quarter this year. What has reduced is the number of children on the register this Qtr. compared to last year (down 37). The decision to register is a multi-agency decision and if the risk is found to be continuing then the child protection register will be utilized. All Children re-registered are reviewed by the Team manager.					
PI/527 - Percentage of Child Protection Visits undertaken within 2 weeks			89.45	87.70	 Green
1815 out of 2029 in Qtr.3 2021/22. This is a new performance indicator therefore we have no comparative data. Whilst down on the same Qtr. last year this Qtr. sees a two percentage point increase from Qtr. 2 and continues to be monitored by the PO group. Despite this stat showing visits falling out of the two week compliance all children on the register have been seen, often by multiple professionals.					
PI/528 - Percentage of Statutory Visits to Looked After Children that took place in accordance with regulations			92.04	87.70	 Green
1886 out of 2049 in Quarter 3 2021/22. This is a new performance indicator therefore we have no comparative data. This continues to be a priority for Childrens Services and Principal officers are working closely with team managers and staff members to ensure that visits are completed in timescale and are entered onto the system in a timely manner. The Local Authority recognises the impact of the COVID-19 restrictions that were in place at the time and aims to improve this over the coming months.					

PI Title	Actual 19/20	Actual 20/21	Actual 21/22	Target 21/22	Perf. RAG
PI/529 - Percentage of 'New' Comprehensive Assessments completed during the year where there is evidence that the child has been seen			88.14	68.30	 Green
847 out of 961 in Quarter 3 2021/22. This is a new performance indicator therefore we have no comparative data. This measure is a priority to Childrens Services and going forward we endeavor to see all children as part of a new assessment. This figure has increased since the 1st Qtr. 2021/22, as COVID measures have relaxed slightly. Children who are not seen as part of an assessment are reviewed and audited by the Quality Assurance Team.					
PI/530 - CH/001 – Number of 'new' contacts received by statutory social services during the year			9773.00		
9773 in Quarter 3 2021/22. This is a new performance indicator therefore we have no comparative data. This figure is a reflection of the increase in pressures we are seeing in our Single Point of Contact Team.					
PI/531 - CH/003 – Number of 'new' contacts received where a decision was made by the end of the next working day			9773.00		
9773 in Quarter 3 2021/22. This is a new performance indicator therefore we have no comparative data. As a working model, we ensure that all contacts are sighted and acted upon within 24 hours and this is reflected in the data.					
PI/532 - CH/021 – The number of Strategy Meetings held during the year that progressed to Section 47 Enquiries			204.00		
204 in Qtr.3 2021/22. This is a new performance indicator therefore we have no comparative data. Whilst this number is lower than the last Qtr. this must be placed into a context. 673 Strategy meetings were held across the service with only 204 progressing to S47 enquiries. There are many reasons for this: children and families are re-diverted to other services following a strategy meeting or care and support. What is important to note that each of these meetings brings together professionals from across services to share information and determine next steps to mitigate risk(s).					
PI/533 - CH/022 – The number of Section 47 Enquiries that progressed to Initial Child Protection Conference			70.00		
70 in Quarter 3 2021/22. This is a new performance metric therefore we have no comparative data. 204 S47 enquiries were completed this month with just under 80% of those enquiries finding risk (n160). Just over 20% found no risk and concluded by way of support. The conversion rate i.e. the number of Section 47 enquiries triggered and finding risk is up three percentage points of the last Qtr.					
PI/534 - CH/025 – The number of Child Protection Conferences held within timescale			62.00		
62 out of 73 in Quarter 3 2021/22. This is a new performance metric therefore we have no comparative data. Nine conferences fell out of timescales, all for valid reasons: parent unavailable, chair-person sick, key professional unavailable. Prior to a Conference falling out of timescales efforts are made to keep within the timescales and if this is not possible then a Principal Officer must authorise the Conference to go out of timescales.					
PI/535 - CH/033 – The number of children reported during the year where Child Exploitation was factor (includes, Child Sexual Exploitation, Child Criminal Exploitation and Child Trafficking)			46.00		

PI Title	Actual 19/20	Actual 20/21	Actual 21/22	Target 21/22	Perf. RAG
46 in Quarter 3 2021/22. This is a new performance metric therefore we have no comparative data. This number continues to increase as the Local Authority continues to develop its response to harm outside the family home. The Local Authority and Partner agencies are seeking to identify, early on, those children vulnerable to exploitation.					
PI/538 - CA/012 – The number of contacts by Young Carers received by statutory social services during the year where advice or assistance was provided			10.00		
10 in Quarter 3 2021/22. This is a new performance metric therefore we have no comparative data. This performance metric is subject to fluctuation as contact can also be made direct to the Youth Service, who deliver the Young Carers Service. Children's Services work closely with the Young Carers Service to ensure that children are identified.					
PI/539 - CA/014 – The total number of young carers needs assessments undertaken during the year			32.00		
32 in Quarter 3 2021/22. This is a new performance metric therefore we have no comparative data. As a service, we expected this number to increase after the COVID-19 Lockdown restrictions were eased. We would have identified the needs of young carers through our day to day work and assessed them accordingly, along with those who referred in for a Young Carers Assessment.					



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# Performance Indicators

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Appendix 2 - Adult Services - Key Performance Indicators - Quarter 3( 1st April - 31st December) - 2021/22



*Print Date: 11-Feb-2022*

## How will we know we are making a difference (01/04/2021 to 31/12/2021)?

PI Title	Actual 19/20	Actual 20/21	Actual 21/22	Target 21/22	Perf. RAG
<b>Organisation</b>					
CP/031 - PAM/012 - Percentage of households successfully prevented from becoming homeless	52.41	70.59	62.13	60.00	 Green
Due to the increased demand seen by the pandemic, prevention work continues to be the main focus to reduce the pressures on temporary accommodation. Some cases are not preventable but working with the households and their landlords to ensure they can remain at the property while sourcing alternative accommodation reduce pressure on temporary accommodation and less change for the families concerned.					
Of 272 households threatened with homelessness 169 were prevented in the period.					
CP/032 - PAM/015 - Average calendar days taken to deliver a Disabled Facilities Grant	190.50	346.71	332.48	270.00	 Red
(122 DFG's, 40,562 days for quarter 3 2021/22) The delivery of Disabled Facilities Grants continues to be disrupted by the Covid-19 pandemic. The figures reflect the long periods of inactivity that resulted from the lockdowns. This coupled with a shortage of Contractors and disruptions in the supply chains for materials continue to have a bearing on the delivery of the adaptations. The high levels of infection in the community is also detrimental to the delivery of the adaptations.					
PI/517 - PAM/025 - Measure 19 - Rate of people kept in hospital while waiting for social care per 1,000 population aged 75+	7.50			2.70	 NA
Unable to calculate this Performance Indicator as no data has been provided by Welsh Government since March 2020 due to Covid-19.					
PI/521 - AD/004 The number of new assessments completed for adults during the year			727.00		
(New PI from 1/4/21) The teams are continuing to undertake assessments for adults in need of care and support.					
PI/521a - AD/005a The number of new assessments completed for adults during the year where needs were only able to be met with a care and support plan			621.00		
(New PI from 1/4/21) The majority of adults who received an assessment, continue to be eligible for a care and support plan from the Local Authority.					
PI/521b - AD/005b The number of new assessments completed for adults during the year where needs were able to be met by any other means			85.00		
(New PI from 01/04/21) For a relatively small number of adults who were assessed, alternative ways of meeting their needs were identified.					
PI/521c - AD/005c The number of new assessments completed for adults during the year where there were no eligible needs to be met			14.00		

PI Title	Actual 19/20	Actual 20/21	Actual 21/22	Target 21/22	Perf. RAG
(New PI from 01/04/21) Only a small number of people who had an assessment were identified as having no eligible needs.					
PI/522 - AD/010 The total number of packages of reablement completed during the year			147.00		
(New PI from 01/04/21) A number of cases are open to reablement awaiting a long term package of care but not receiving active reablement, however we are bridging the gap (these are not included in the data) Flow continues to be impacted by the External Domiciliary Care crisis.					
PI/522a - AD/011a The total number of packages of reablement completed during the year which reduced the need for support			24.00		
(New PI from 01/04/21) There are 24 clients who have successfully completed the reablement service needing a reduced level of care and support.					
PI/522b - AD/011b The total number of packages of reablement completed during the year which maintained the need for the same level of support			15.00		
(New PI from 01/04/21) There has been a rise in the number of complex cases which is reflected in the increase of clients needing to continue with the same level of care and support.					
PI/522c - AD/011c The total number of packages of reablement completed during the year which mitigated the need for support			103.00		
(New PI from 01/04/21) There are 103 clients who no longer require further care and support following completion of a successful reablement package.					
PI/523 - AD/020 The total number of reports of an adult suspected of being at risk received during the year			1041.00		
(New PI from 01/04/21) As external agencies continue to feel the pressure from the pandemic it is unsurprising that reports have increased as professionals are more cautious in their reporting. AD/023 shows no significant increase in those cases reaching Section 126 criteria.					
PI/524 - AD/023 The total number of reports of an adult suspect of being at risk where it was necessary for enquiries to be made			187.00		
(New PI from 01/04/21) The conversion rate from Report to enquiries is holding at just under 20%.					
PI/525 - AD/024 The total number of AAR (Adult at Risk) enquiries completed within 7 days from the receipt of the reported alleged abuse			122.00		
(New PI from 01/04/21) Only 65% of enquiries were completed in 7 days. We continue to monitor the reasons for such and it remains that the predominant reason is complexity.					
PI/526 - CA/004 The total number of carers needs assessments for adults undertaken during the year			110.00		
(New PI from 01/04/21) There has been an increase in this quarter in the number of people who received an assessment. The Carers service have now recruited additional staff.					

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# Performance Indicators

Neath Port Talbot Council

Appendix 3 -Children & Young People Services - Compliments and Complaints - Quarter 3 ( 1st April - 31st December ) - 2021/22



*Print Date: 28-Jan-2022*

## How will we know we are making a difference (01/04/2021 to 31/12/2021)?

PI Title	Actual 19/20	Actual 20/21	Actual 21/22	Target 21/22	Perf. RAG
<b>CHILDREN AND YOUNG PEOPLE SERVICES</b>					
PI/260 - Children & Young Peoples Services - % of complaints at Stage 1 that were upheld/partially upheld	25.93	17.65	15.38		
<p>rd Quarter (1st October – 31st December) 6 complaints were received during this quarter; no complaints were upheld/partially upheld.</p> <p>Accumulative (1st April 2021 to 31st December 2021) During the first 9 months of 2021/22, 13 complaints have been received which compares with 17 complaints received for the same period in 2020/21. 1 complaint was upheld and 1 complaint was partially upheld.</p>					
PI/261 - Children & Young Peoples Services - % of complaints at Stage 2 that were upheld	0.00	0.00	100.00		
<p>There was 1 complaint at Stage 2 during the second quarter of 2021/22 which was partially upheld. There continues to be a strong emphasis on a speedier resolution at 'local' and Stage 1' levels.</p>					
PI/262 -Children & Young People Services - % of complaints dealt with by the Public Services Ombudsman that were upheld					
There were no ombudsman investigations during this period.					
PI/263 - Children & Young People Services- Number of compliments received from the public	29.00	37.00	35.00		
The number of compliments remains consistent in comparison with previous years. The Complaints Team continue to raise the profile for the need to report such incidences. Compliments received include personal praise of staff and thanks for service/support.					



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# Performance Indicators

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Appendix 4 - Social Services, Health & Housing (excluding CYPS) - Compliments and Complaints -  
Quarter 3 ( 1st April - 31st December ) - 2021/22



*Print Date: 11-Feb-2022*

## How will we know we are making a difference (01/04/2021 to 31/12/2021)?

PI Title	Actual 19/20	Actual 20/21	Actual 21/22	Target 21/22	Perf. RAG
<b>Organisation</b>					
PI/264 - Social Services, Health and Housing (excluding CYPS) - % of complaints at Stage 1 that were upheld/partially upheld	66.67	25.00	36.84		
<p>3rd Quarter (1st October – 31st December) 7 complaints were received during this quarter; of which, 2 complaints were upheld and 1 partially upheld. Breakdown as follows:-</p> <ol style="list-style-type: none"> <li>1. Upheld – Dissatisfaction with service communication and assessment outcome; a Team Manager undertook an investigation and approved a re-assessment be conducted.</li> <li>2. Upheld – Dissatisfaction with an assessment outcome; a Team Manager undertook an investigation, apologised to the complainant and offered a re-assessment.</li> <li>3. Partially upheld – This complaint related to communication issues of safeguarding referral. A Team Manager investigated the complaint and acknowledged the distress caused and offered an apology to the complainant.</li> </ol> <p>Cumulative (1st April 2021 to 31st December 2021) During the first 9 months of 2021/22, 19 complaints have been received which compares with 12 complaints received for the same period in 2020/21. 4 complaints were upheld and 3 were partially upheld.</p> <p>The Complaints Team work closely with front-line managers, including providing weekly monitoring reports, along with 'upheld' summaries to ensure complaints are managed appropriately. Any required lessons learned are communicated accordingly.</p>					
PI/265 - Social Services, Health and Housing (excluding CYPS) - % of complaints at Stage 2 that were upheld/partially upheld	100.00		66.67		
(2 of 3) There were 3 complaints at Stage 2 during the third quarter of 2021/22. Two of these complaints were partially upheld. There continues to be a strong emphasis on resolution at 'local' and 'Stage 1' levels.					
PI/266 -Social Services, Health and Housing (excluding CYPS) - % of complaints dealt with by the Public Services Ombudsman that were upheld					
There were no ombudsman investigations during this period.					
PI/267 - Social Services, Health and Housing (excluding CYPS) - Number of compliments received from the public	28.00	64.00	30.00		
The number of compliments has decreased; when compared to the previous year. This can be attributed to a reduction in reporting from services receiving praise and thanks.					



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**Appendix 5**  
**Children & Young People**  
**and**  
**Adult Services High Level Measures**

## Contents

High Level Measure 1 (Adult Services) - The Number of Social Worker Vacancies (includes number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service **TBC**

High Level Measure 2 (Adult Services) - Summary of Agency Staff and Vacancies across the Service **TBC**

**Page 3:** High Level Measure 3 (Adult Services) - Percentage of Supervisions Completed within Timescale

**Page 4:** High Level Measure 4 (Adult Services) - Service Users Awaiting a Social Care Assessment/Re-Assessment

**Page 5 – 7:** High Level Measure 5 (Children & Young People Services) – Staff Supervision Rates

**Page 8:** High Level Measure 6 (Children & Young People Services) – Average Number of Cases held by Qualified Workers across the Service.

**Page 9 -10:** High Level Measure 7 (Children & Young People Services) – The Number of Social Worker Vacancies (includes number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service.

**Page 11:** High Level Measure 8 (Children & Young People Services) - Thematic Report on the findings of Case File Audits (reported quarterly)

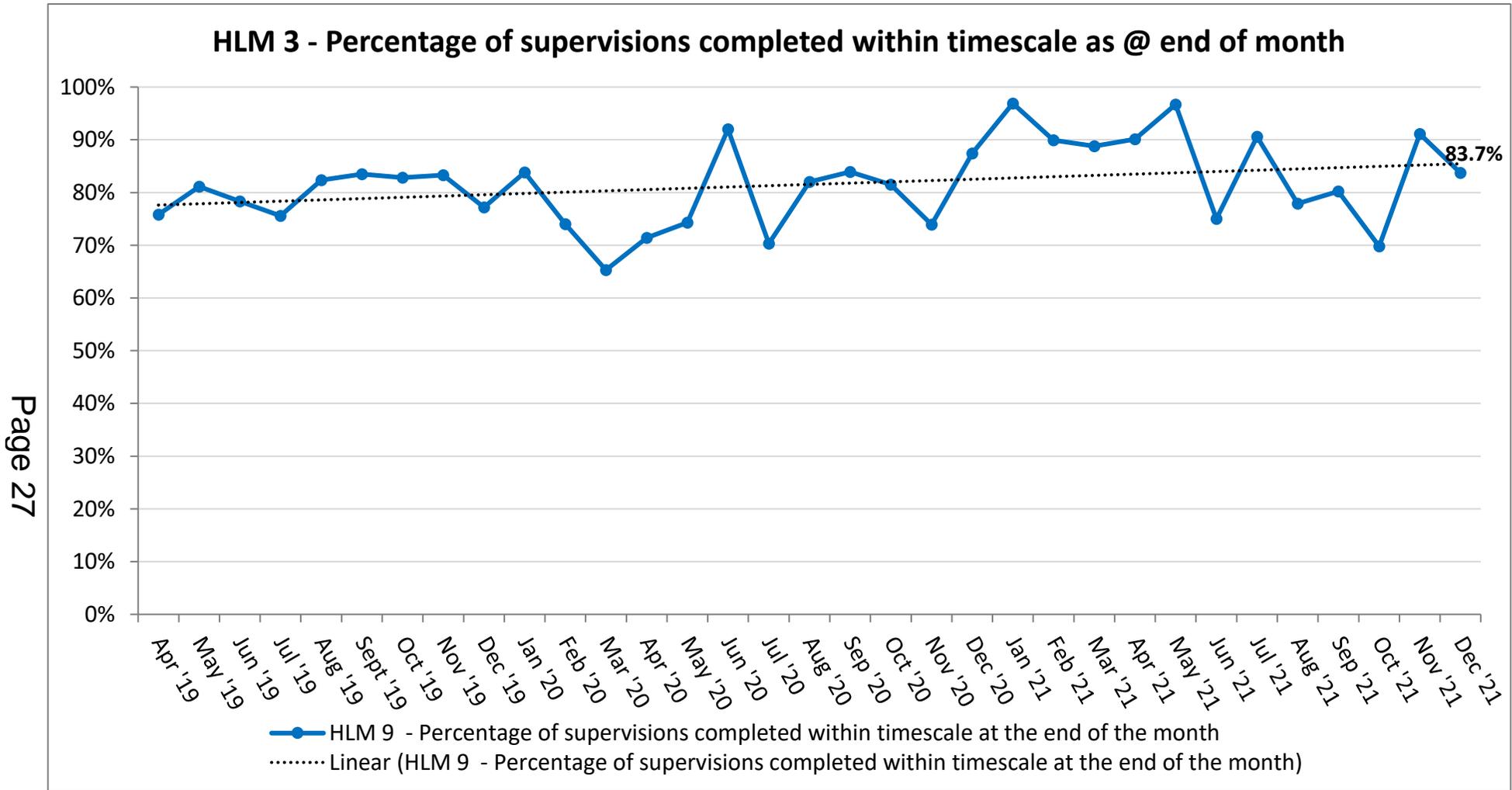
**Page 12 – 14:** High Level Measure 9 (Children & Young People Services) – Number of Looked After Children (Quarterly)

**Page 15:** High Level Measure 10 (Children & Young People Services) – Looked after Children & Child Protection Admissions and Discharges.

**Page 16 – 17:** High Level Measure 11 (Children & Young People Services) – Personal Outcomes

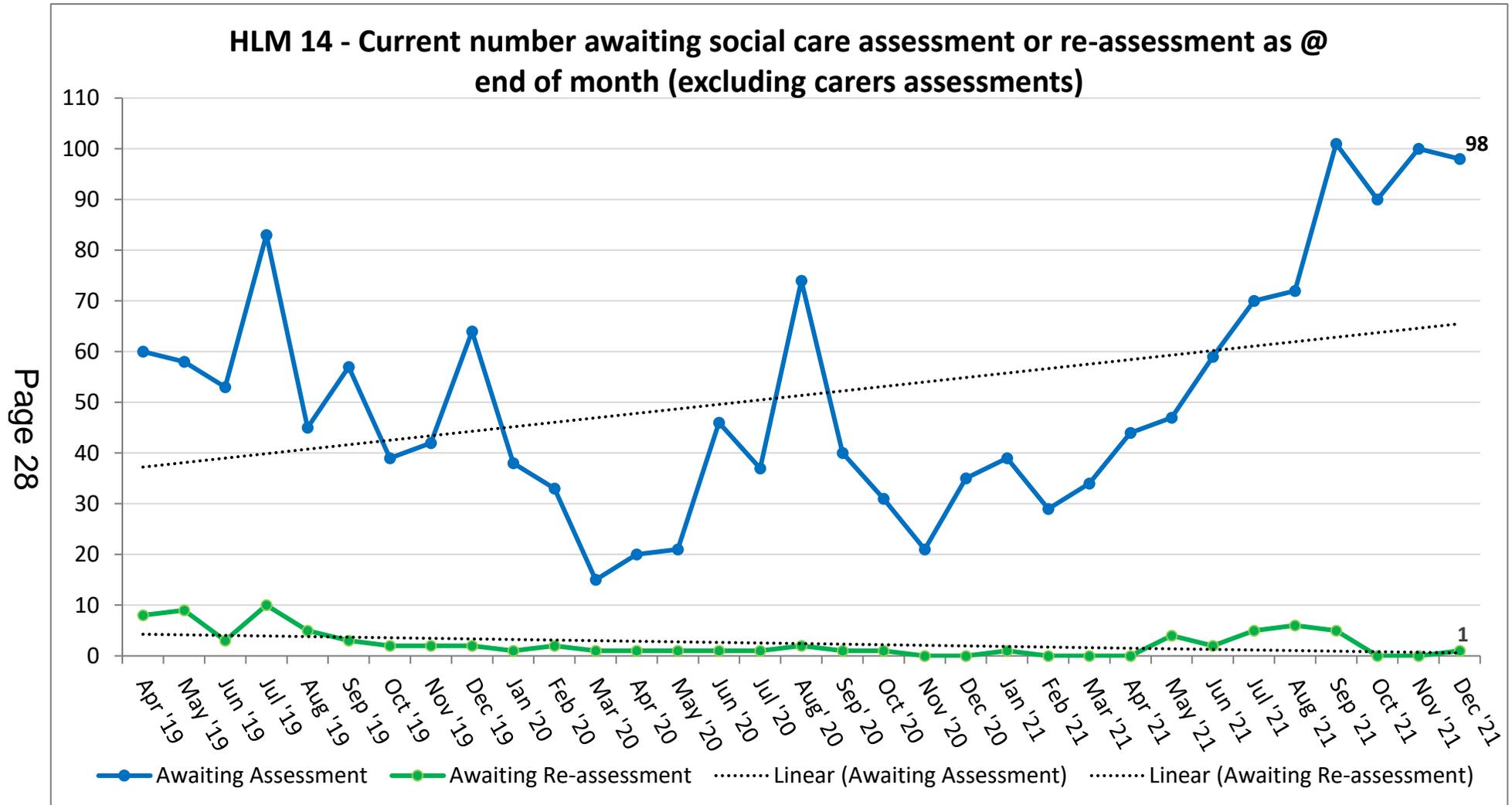
**Page 18 – 21:** High Level Measure 12 (Children & Young People Services) – Participation & Engagement (Voice of the Child)

- **High Level Measure 3 (Adult Services) – Percentage of Supervisions Completed within Timescale**



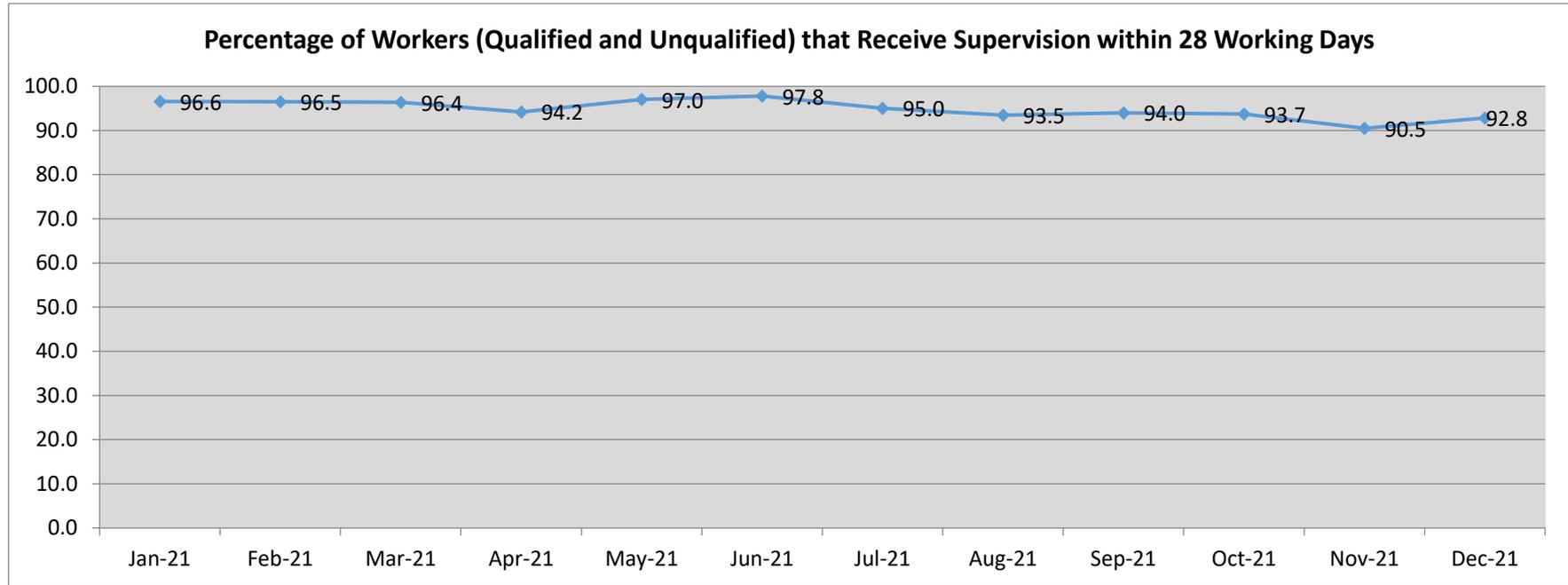
**HLM 3 – Percentage of completed supervisions of caseload holding staff within 28 working days at the end of each month.**

• **High Level Measure 4 (Adult Services) – Service Users Awaiting a Social Care Assessment/Re-Assessment**

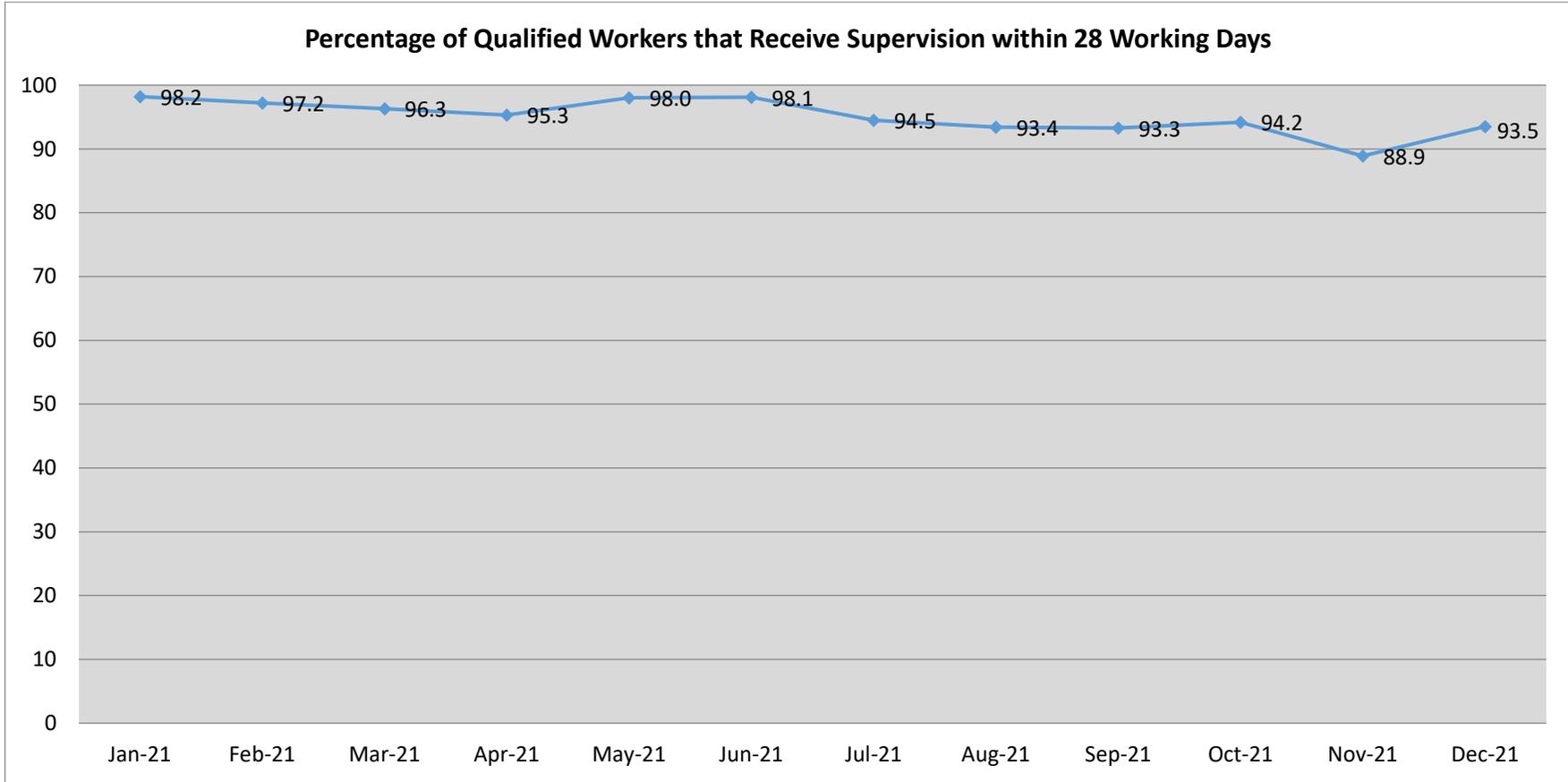


**HLM 4 – Unallocated service users awaiting a social care assessment/re-assessment as at the end of each month.**

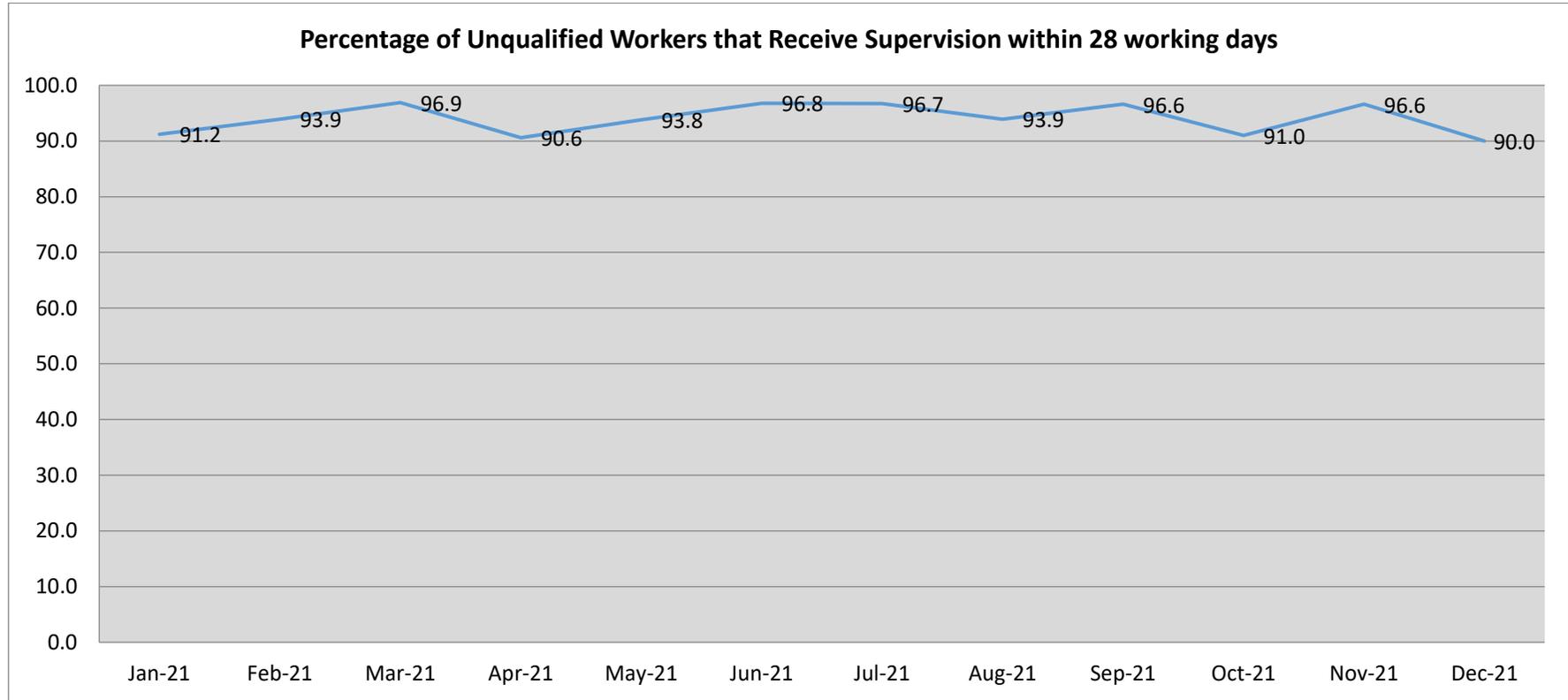
- **High Level Measure 5 (Children & Young People Services) – Staff Supervision Rates**



	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
<b>Performance Indicator/Measure</b>	<b>Actual</b>											
The % of all workers that receive Supervision within 28 working days	96.6	96.5	96.4	94.2	97.0	97.8	95.0	93.5	94.0	93.7	90.5	92.8
Number of workers due Supervision	148	141	140	138	135	137	140	139	134	126	137	138
Of which, were undertaken in 28 working days	143	136	135	130	131	134	133	130	126	118	124	128



	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
<b>Performance Indicator/Measure</b>	Actual											
The % of Qualified Workers that receive Supervision within 28 working days	98.2	97.2	96.3	95.3	98.0	98.1	94.5	93.4	93.3	94.2	88.9	93.5
Number of workers due Supervision	114	108	108	106	102	106	110	106	105	104	108	108
Of which, were undertaken in 28 working days	112	105	104	101	100	104	104	99	98	98	96	101



	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
<b>Performance Indicator/Measure</b>	Actual											
The % of Unqualified Workers that receive Supervision within 28 working days	91.2	93.9	96.9	90.6	93.8	96.8	96.7	93.9	96.6	91.0	96.6	90.0
Number of workers due Supervision	34	33	32	32	32	31	30	33	29	22	29	30
Of which, were undertaken in 28 working days	31	31	31	29	30	30	29	31	28	20	28	27

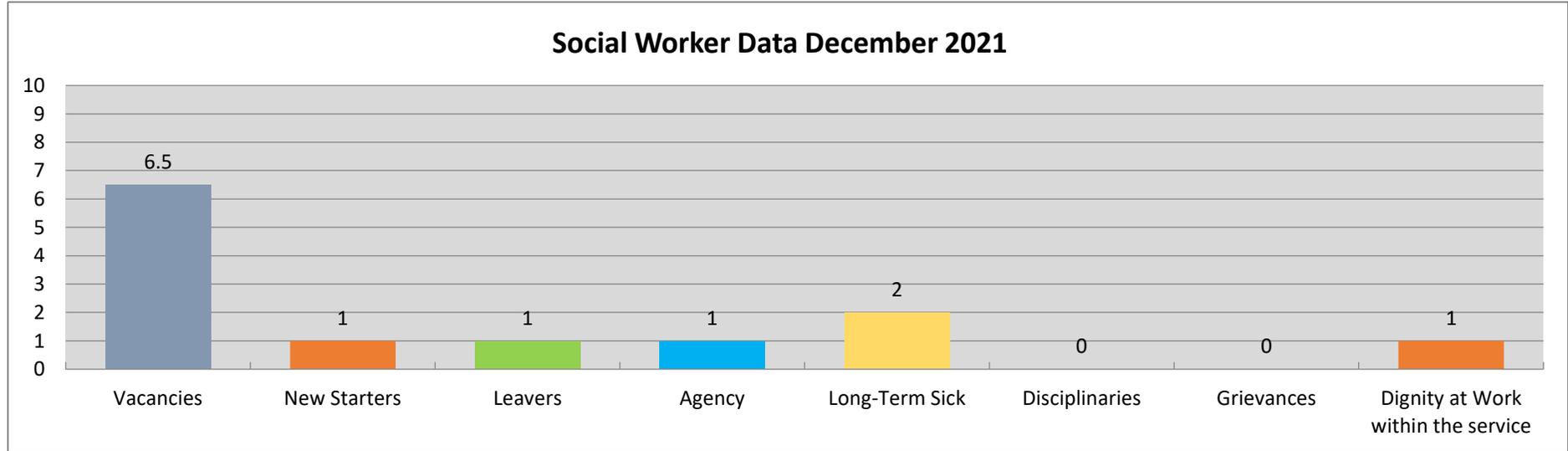
- **High Level Measure 6 (Children & Young People Services) – Average Number of Cases held by Qualified Workers across the Service**

As at 31st December 2021	Caseload Information - Qualified Workers, including Deputy Team Managers				
Team	Available Hours	FTE Equivalent	Team Caseload	Highest Worker Caseload	Average Caseload per Worker
Cwrt Sart	370.0	10.0	123.0	16	12.3
Disability Team	458.5	12.4	168.0	19	13.6
LAC Team	389.5	10.5	134.0	16	12.7
Llangatwg	370.0	10.0	120.0	15	12.0
Sandfields	370.0	10.0	70.0	9	7.0
Route 16	244.2	6.6	66.0	16	10.0
Dyffryn	381.5	10.3	94.0	14	9.1
Intake	481.0	13.0	137.0	21	10.5
<b>Totals</b>	<b>3,064.7</b>	<b>82.8</b>	<b>912.0</b>		
<b>Average Caseload - CYPS</b>				<b>15.8</b>	<b>11.0</b>

**Please Note:**

1. Cases held by Deputy Team Managers and Part-Time Workers are included in the above figures.
2. The '*Available Hours*' do not include staff absences e.g. sickness, maternity leave, placement, etc., unless cover has been provided for the post.

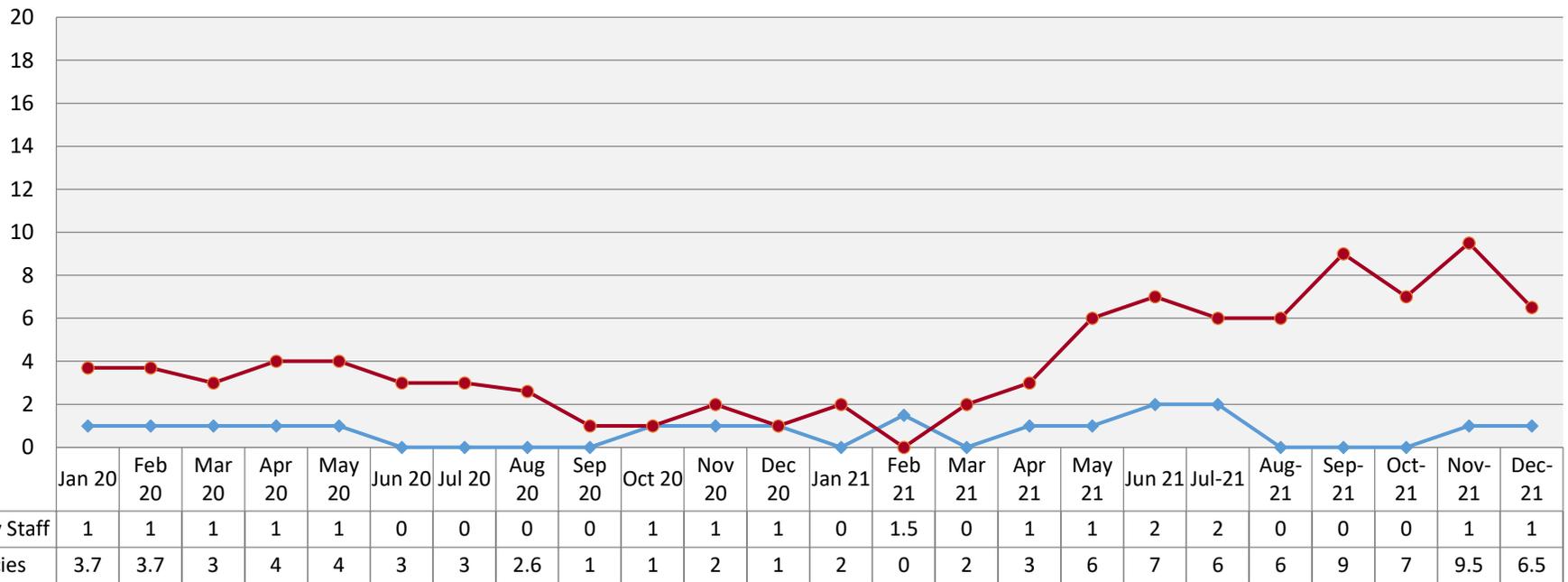
- **High Level Measure 7 (Children & Young People Services) – The Number of Social Worker Vacancies (includes number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service.**



	Team Manager (out of 9)	Deputy Manager (out of 16)	Social Worker (out of 63.6)	Peripatetic Social Worker	IRO (out of 11.5)	Consultant Social Worker (out of 9)	Support Worker (out of 21)	Total
<b>Vacancies</b>			6		0.5			<b>6.5</b>
<b>New Starters</b>			1					<b>1</b>
<b>Leavers</b>			1					<b>1</b>
<b>Agency</b>			1					<b>1</b>
<b>Long-Term Sick</b>			1		1			<b>2</b>
<b>Disciplinarys</b>								<b>0</b>
<b>Grievances</b>								<b>0</b>
<b>Dignity at work within the service</b>								<b>1</b>

**Summary of Agency Staff and Vacancies across the Service**

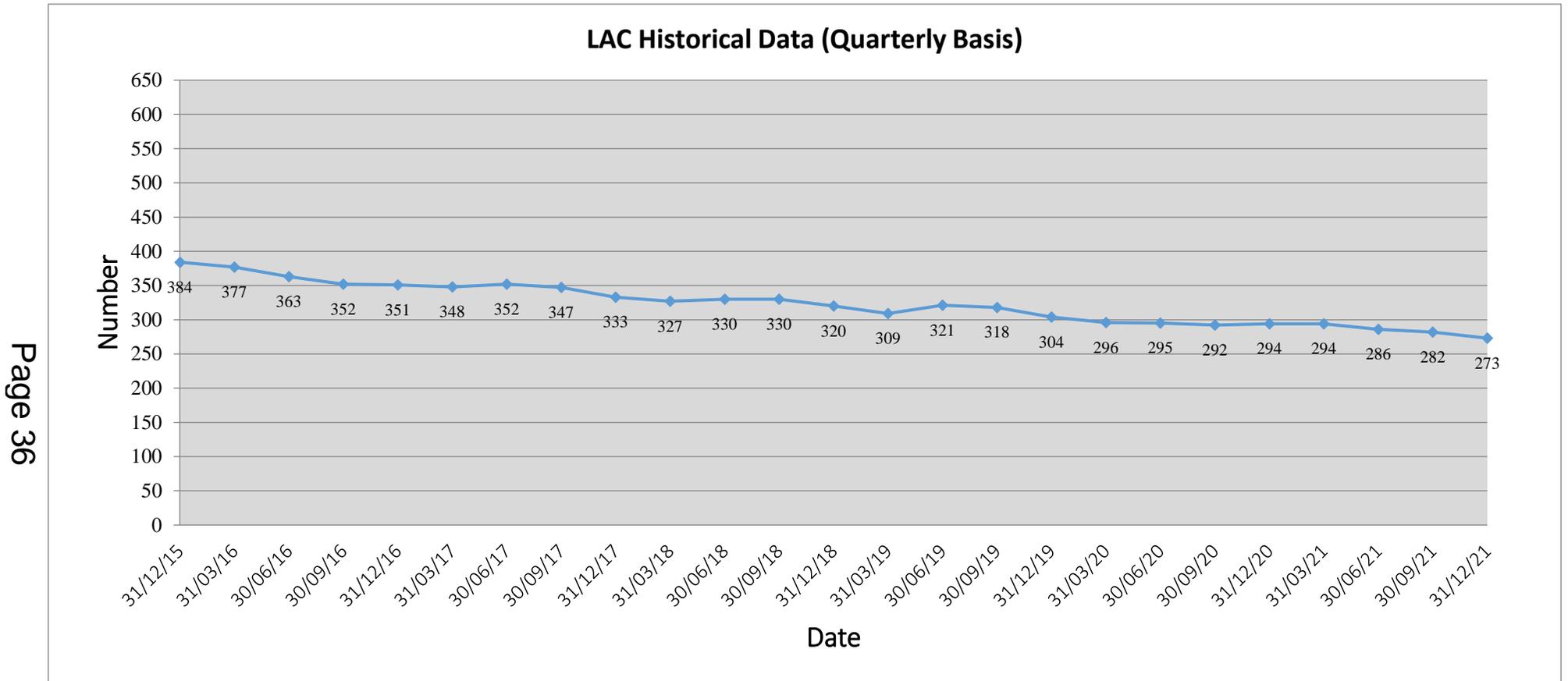
**Summary of Agency Staff and Vacancies Across the Service  
(Jan 2020 - Dec 2021)**



- **High Level Measure 8 (Children & Young People Services) – Quality Assurance Overview Report**

There is a Quality Assurance Programme in place which facilitates the scrutiny of various aspects of activity within Children & Young People Services. An overview of the Quality Assurance activity that has been undertaken during the **3<sup>rd</sup> Quarter Period (October 2021 – December 2021)** can be seen at **Appendix 6** of this report.

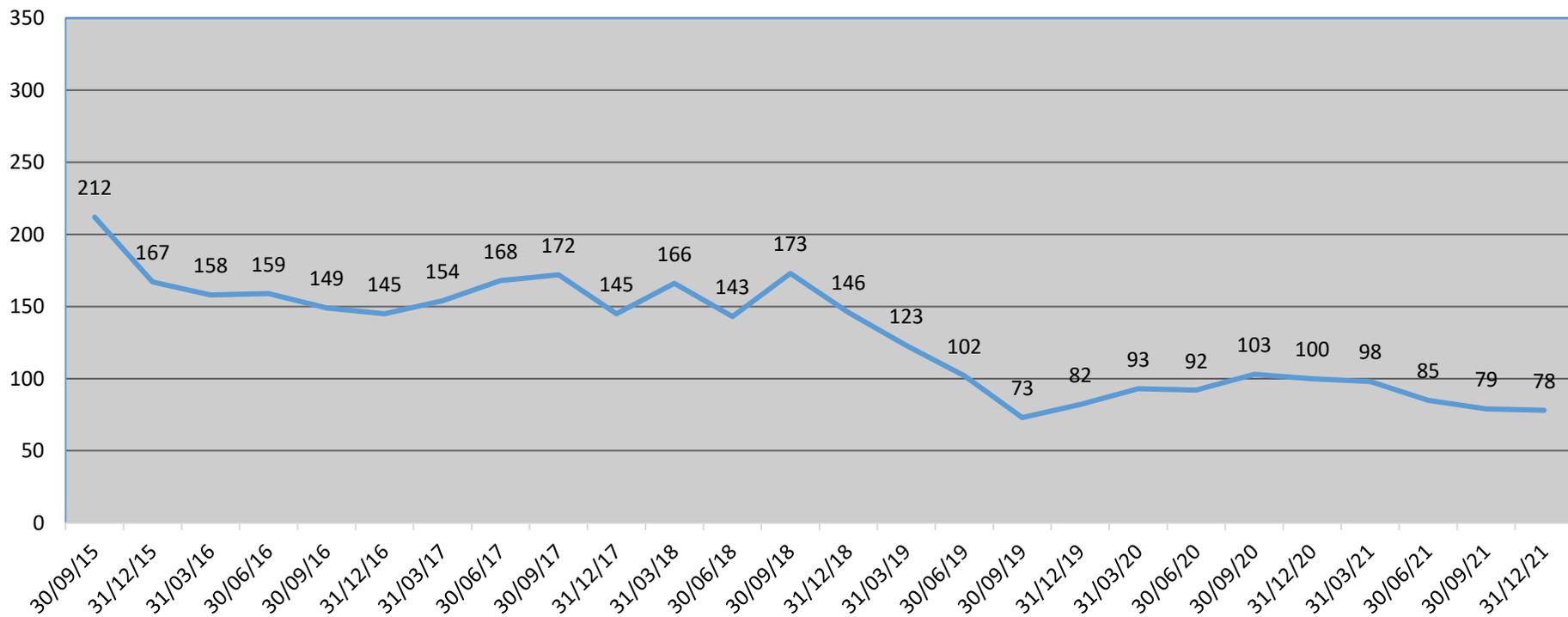
- **High Level Measure 9 (Children & Young People Services) – Number of Looked After Children (Quarterly)**



**Please Note:** The number of Looked after Children as at 31/12/21 – **273**

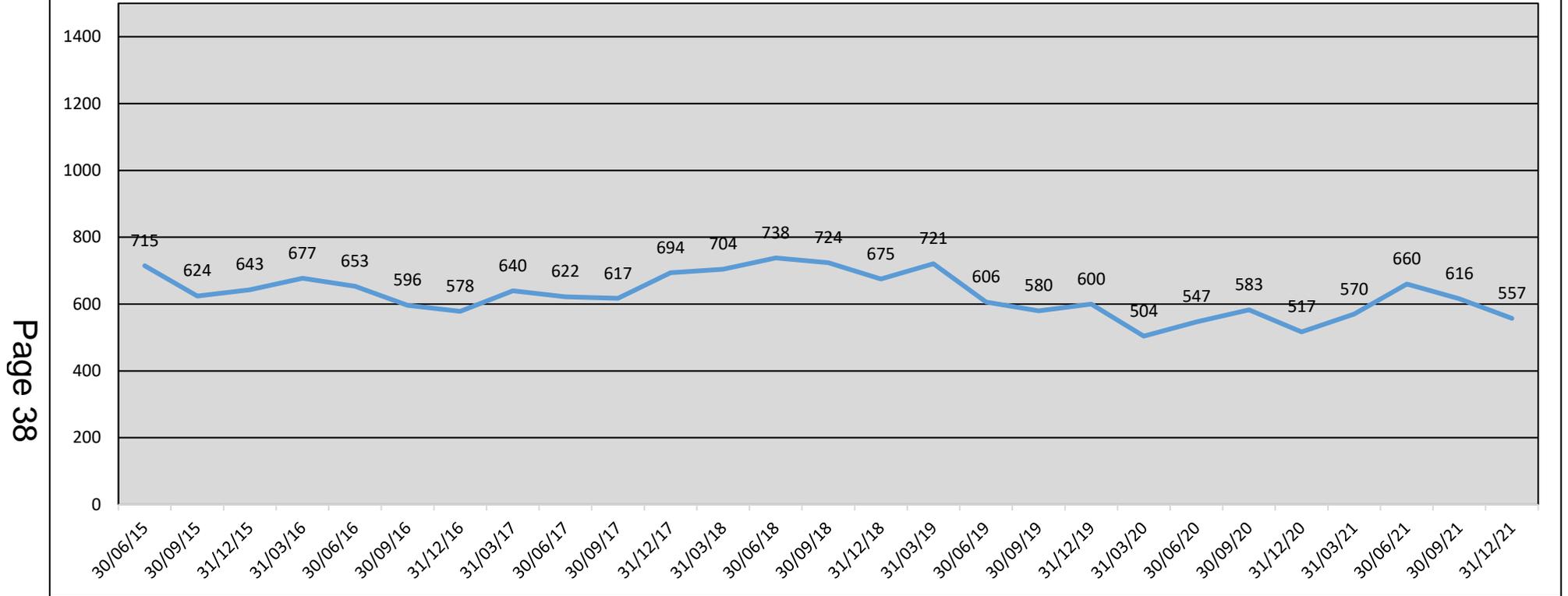
### CP Historical Data (Quarterly Basis)

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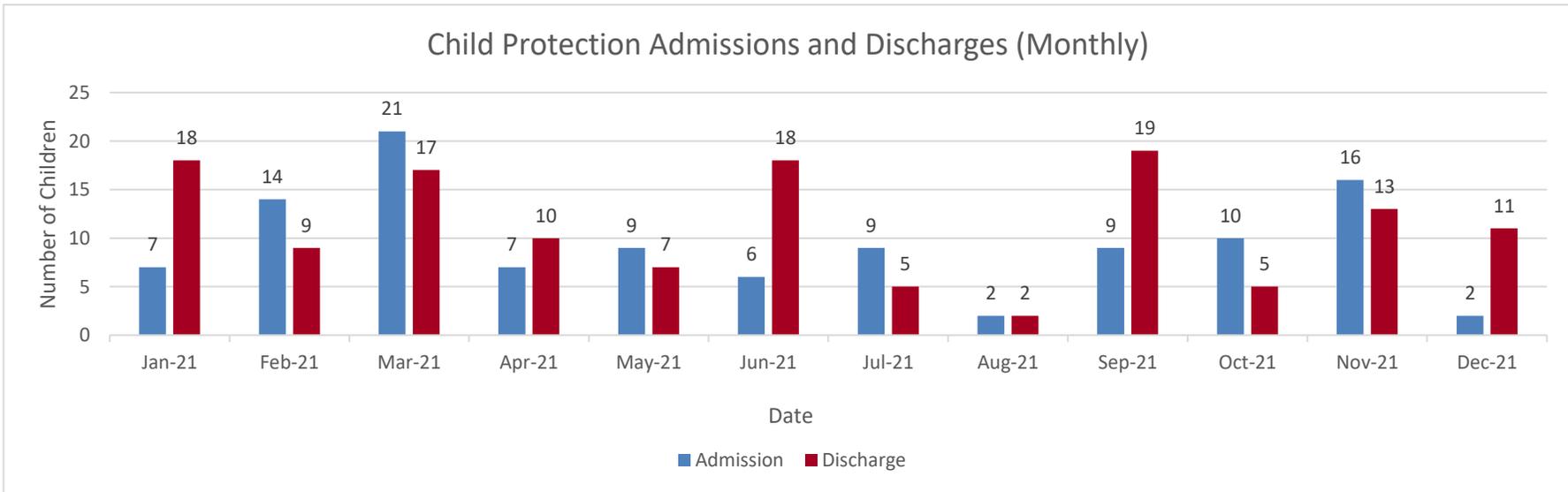
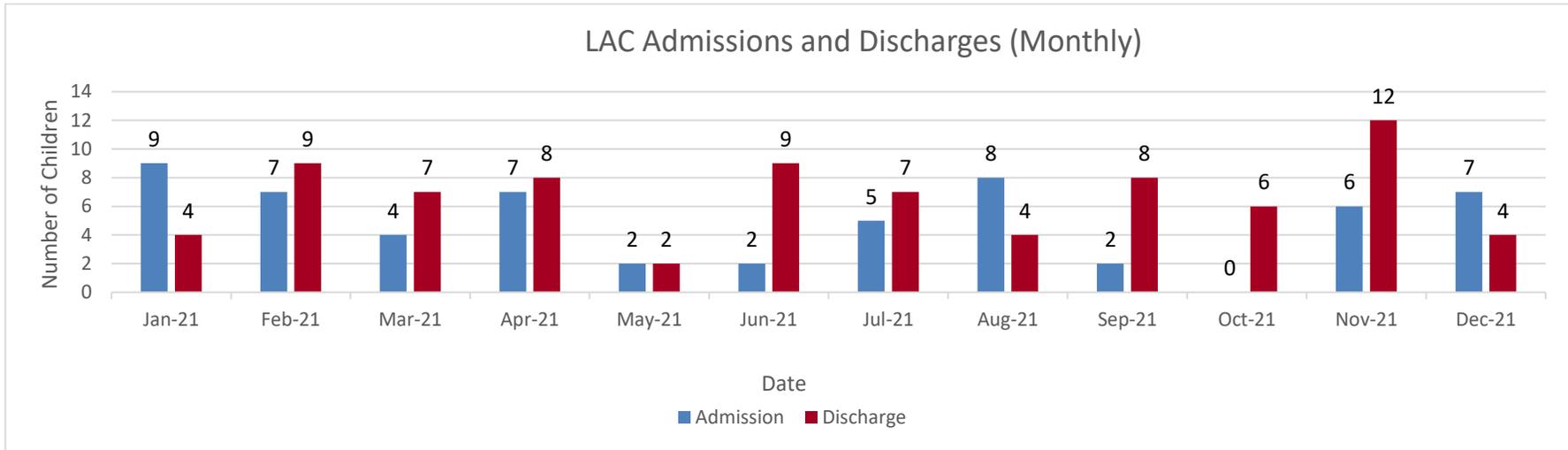
**Please Note:** The number of children’s names on the Child Protection Register as at 31/12/2021 – **78**

### Children Receiving Care and Support Historical Data (Quarterly Basis)



**Please Note:** The number of Children Receiving Care and Support as at 31/10/2021 – **557**

- **High Level Measure 10 (Children & Young People Services) – Looked after Children & Child Protection Admissions and Discharges.**



- **High Level Measure 11 (Children & Young People Services) – Personal Outcomes**

The Local Authority have now developed a ‘strength based model of practice’ framework to be used as model of working for both Children and Adult services. The English version of the framework was launched in the Consultant Social Worker conference on 2<sup>nd</sup> February. The Welsh version is due to be completed this week. The Framework has been developed in co-production with Social Care Wales who are planning to introduce the framework across Wales. For reference, a copy of the Framework can be seen at **Appendix 7**.

### **Consultant Social Worker’s Conference**

A very successful virtual Consultant Social Worker Conference took place on 2nd of February with over 200 people in attendance. The day focussed on strength based models of working with guest speakers and Consultant Social Workers presenting throughout the day. Feedback about the day has been overwhelmingly positive.

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### **Participation and engagement**

The Local authority continue the commitment of all plans and paperwork being co-produced with families. The Consultant social workers are currently auditing plans to look at practice improvement in this area.

### **Training**

The Local Authority have pledged a commitment to continue training staff and identified staff across the service that will become train the trainers so that the roll out of training can continue involving new members of staff, partner agencies and any other identified areas in the future. Training of the Consultant Social Workers have commenced and the Managers are due to have refresher training in the coming weeks.

To give some context to the number of Personal Outcomes we are working towards achieving with families, of the 770 Care & Support Plans we have open across the Service, where a Personal Outcome has been identified, there are 1,326 Personal Outcomes recorded within the Care Plans. The following table provides a breakdown by team: -

<b>Team</b>	<b>Number of Care &amp; Support Plans</b>	<b>Number of Personal Outcomes</b>
Looked After Children (LAC)	141	212
Child Care Disability	211	380
Llangatwg	106	167
Sandfields	52	82
Leaving Care	65	181
Dyffryn	89	134
Cwrt Sart	106	166
<b>Total</b>	<b>770</b>	<b>1326</b>

- **High Level Measure 12 (Children & Young People Services) – Participation & Engagement (Voice of the Child)**

**Period 1.10.21 – 31.12.21**

The Engagement and Participation Officer and the Youth Justice and Early Intervention Service (YJEIS) successfully delivered the first 8 week Life Skills programme to a small group of young people receiving support from Route 16/Care Leavers Team and YJEIS. The participants successfully learnt a range of culinary skills and became competent at cooking healthy, budget meals. Further training around budgeting and laundry were undertaken. The programme concluded with the group independently cooking a chilli con carne with very limited guidance and eating together. The next programme will commence in January 2022. In December 2021, YJEIS had an inspection from HM Inspectorate of Probation. The Engagement & Participation Officer presented work undertaken throughout 2021 to the inspectors. During this period a young person's action group has been established in order to give young people a platform to voice any concerns and collaborate on service development. During the first meeting the group enjoyed bowling and dining out whilst discussing the group's identity and going forward. Further feedback will be shared when the group is more established. The voice of the young people continues to be captured in the Exit Questionnaire conducted when young people no longer need the support of the service.

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Since first collaborating with Plan UK (UK's largest Girls' Rights Charity) in November 2020, the Engagement & Participation Officer has firmly established a Girls' Rights Group named Hope. Since October 2021 the group meet fortnightly and have championed Period Dignity. The members continue to raise awareness amongst our foster carers regarding being prepared in the event of a girl or young woman coming to stay in their home. The group environment nurtures honest discussion such as anxieties when going into care and simple ways that these may be eased. Hope have developed a flyer with kind, supportive words for the young person and a wish list of toiletries that foster carers could stock in the event of a girl arriving. Hope have enjoyed wellbeing sessions in Craig Gwladys Woods with Small Woods Wales Association, trampolining and a Christmas Party.

The Junior Safeguarding Board (JSB) attended an event in Port Eynon where the young people put the finishing touches to the Equal-Tea Resource Pack. The event included beach art, human hungry hippos, bbq and consultation. The resource was signed off by JSB members and sent to print. Equal-Tea was launched during National Safeguarding Week via social media platforms and delivered to Secondary Schools and community groups across NPT and Swansea. Feedback from the resource will be collated, presented to young people and used to plan 2022.

The Engagement Officer has collaborated with NPT Youth Service to further support Yovo. The group meet up on a fortnightly basis at their new home in Llansawel. The Youth Service provide activities for the young people. The group is also supported by the Children's Rights Unit Neath and encouraged to partake in consultation and social action projects. Yovo have enjoyed archery, nerf wars, crafts, chippy tea and more. A target for 2022 is to increase numbers as engagement has been increasingly difficult throughout the pandemic.

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To provide opportunities for children and young people with disabilities the Engagement & Participation Officer (E&PO) has continued to support the music group in Ysgol Hendre Felin. The group enjoy fun activities along with singing. Through links developed by the E&PO, Circus Eruption attended the group on a fortnightly basis to teach circus skills. The end of 2021 was celebrated with a modern nativity performance from the children. Foster carers were invited to enjoy the show.

Children & young people with complex/additional learning needs have been proactive in helping to shape services and have a voice. To support Commissioning, the E&PO organised consultations with children & young people and Carers/Parents to give their views on services. Consultations centred round respite care and upcoming contracts put out to tender. With the support of Ysgol Maes Y Coed and Action for Children two coffee mornings were held, questionnaires posted to families and children consulted in school and in Park House.

A further project has commenced to improve communication between emergency service personnel and Children & Young People (C&YP) with complex needs. The E&PO has co-ordinated initial meetings between the emergency services, Children's Rights Unit & Ysgol Maes Y Coed and organised a fun 'Community Heroes' day in the school. Over 100 C&YP with complex needs met the Police, Ambulance and Fire staff and taught them essential phrases in British Sign Language. Next steps will be to develop a training tool to educate front line staff on how to communicate with C&YP with complex needs in an emergency.

Throughout the October Half Term a number of fun engagement events were organised along with events for ongoing projects. Three surfing sessions were organised with Surfability in Caswell Bay. The sessions catered for children with complex needs and included fully adapted surf boards to meet the needs of children with physical disabilities. A further surfing lesson was organised for able bodied C&YP with Surf School Wales on Aberavon Beach. Further engagement opportunities over the school holiday included Circus Eruption event & consultation, JSB event in Port Eynon, Girls' Rights Woodland Wellbeing and YJEIS Life Skills.

As part of NPT Children's Services commitment to Children's Rights, the E&PO supported Children's Rights Unit (CRU) to deliver training to foster carers. The workshop introduced the UNCRC and the efforts we are making to allow C&YP to access their rights. A working group has been established to incorporate a rights based approach to our service and are currently planning how to embed Children's Rights in our day to day work. The Participation Champions continue to meet quarterly to promote engagement and share information.

Children & Young People were consulted with on 'Outcomes'. Children and Young People were contacted via phone by the engagement team to glean their views on their Plan and any work undertaken regarding Outcomes. An engagement event was held to give children an opportunity to have a voice. The event was delivered by Circus Eruption and gave children a chance to talk about what matters to them through fun and creative ways. Children & Young People were also given opportunities to engage in the 'Let's Talk' consultation throughout this period.

In December, staff from across Social Services, Health & Housing enjoyed our very first online staff awards. The Engagement & Participation Team helped facilitate the planning and delivery of the event.

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# Appendix 6 - Quality Assurance

## Quarter 3 – Overview Report

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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 3 in 2021-22. 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.

A number of different actions plans have been brought to the strategic group for oversight of the key actions that are relevant to the local authority with individual actions signposted to the relevant group or team for action.

### **Joint Inspectorate Review of Child Protection Arrangements (JICPA)**

The Joint Inspectorate Review of Child Protection Arrangements (JICPA) Inspection reviewed in 2021 the following areas in relation to Children’s Services:

- the response to exploitation at the point of identification
- the quality and impact of assessment, planning and decision-making in response to notifications and referrals
- protecting children and young people at risk of exploitation, (evaluated through a deep dive evaluation of the experiences of these children)
- the leadership and management of this work
- the effectiveness of the multi-agency safeguarding partner arrangements in relation to this work.

Following the inspection in June 2021 which was undertaken within Children’s Services and across our partner agencies and the positive report subsequently received, a plan was devised that considers the current arrangements for all agencies and identifies areas for further development such as:

- Referrals and reports to the
- Assessments and Planning
- Outcomes
- Voice of the child/family
- Meetings
- Response to Harm Outside the Family Home
- Safeguarding
- Multi-Agency Public Protection Arrangements (MAPPA)
- Services
- Response to Missing Children Reports

### **Children’s Rights Approach Action Plan**

The group is responsible for overseeing the Children’s Rights Approach Action Plan that was developed following a series of training sessions for a cohort of staff to become Children’s

Rights Champions. During these sessions, staff from across a diverse section of the service learned about children's rights and a "Children's Rights Approach", with champions providing ideas of how they plan to take this approach in their work. The plan focussed on the five principles of a Children's Rights Approach:

1. Embedding the United Nations Convention on the Rights of a Child (UNCRC) – Putting Children's Rights at the core of planning and service delivery
2. Equality and non-discrimination – Ensuring every child has an equal opportunity to be the best they can be
3. Empowering Children – Giving 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

This action plan is reviewed on a six monthly basis with the champions with the Quality Practice Strategic Group having oversight of progress, this then feeds into the Children's Services Management Group.

### **Liberty Protection Safeguards (LPS)**

During this quarter the strategic group continues to have oversight 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.

### **Learning Review**

A learning review has been undertaken on a case which will be subject to a Child Practice Review by the Safeguarding Board in 2022. The aim of the review is to try to understand the practice on the case against the background of their physical and psychological work environment. If what people did made sense to them at the time (even if it led to a negative outcome), then this may well make sense to others like them as well. If it does, and if we leave in place the conditions that make it so, then we will very likely repeat this. The point of this review is not to assign blame or responsibility, but to learn: to learn to improve. It should, in that sense, not even be seen as a review, but as a learning opportunity. The chronology of the case was mapped on to a timeline with an event held with all practitioners, managers and principal officers who had input in the case within Children's Services to talk through the timeline. The outcome of the learning from this event enables the service to identify areas where it may have been possible to use a different approach and to understand the external influences and pressures that ultimately affected the case. The learning points will be communicated to all those in attendance at the event and with senior officers within the service prior to enable key messages and actions for change to be effected at the earliest opportunity.

## Research Projects

There are several research projects underway within the service that the group has oversight of such as:

- **Born into Care** – The Nuffield Family Justice Observatory (Nuffield FJO) undertook a research study on children that were removed at birth from their parents. Neath Port Talbot were part of the original study and following its publication the Nuffield FJO developed *Born into Care: Developing best practice principles when the state intervenes at birth*, the findings of which were shared with the region through a webinar. There are three stages the findings address:
  1. Pre-birth Practice (Conception to labour)
  2. Practice within maternity settings and first court hearing (birth and care proceedings)
  3. Support for parents when they leave hospital and return home (post-discharge support and family team)

A multi-agency working group has been set up to work collaboratively in addressing the recommendations of the report and to implement new practice principles in the region.

- **Neglect Toolkit Project** – The Local Authority and its partners are working with the University of Birmingham on developing a child neglect measurement tool for use across the partnership. The developed tool will enable all multi-agency professionals within Neath Port Talbot to use the toolkit when working with children and families at risk of or experiencing neglect. The finished toolkit will be inclusive of wider disadvantages, such as poverty, homelessness and lack of access to supportive services.

## Quality Assurance Strategic Group

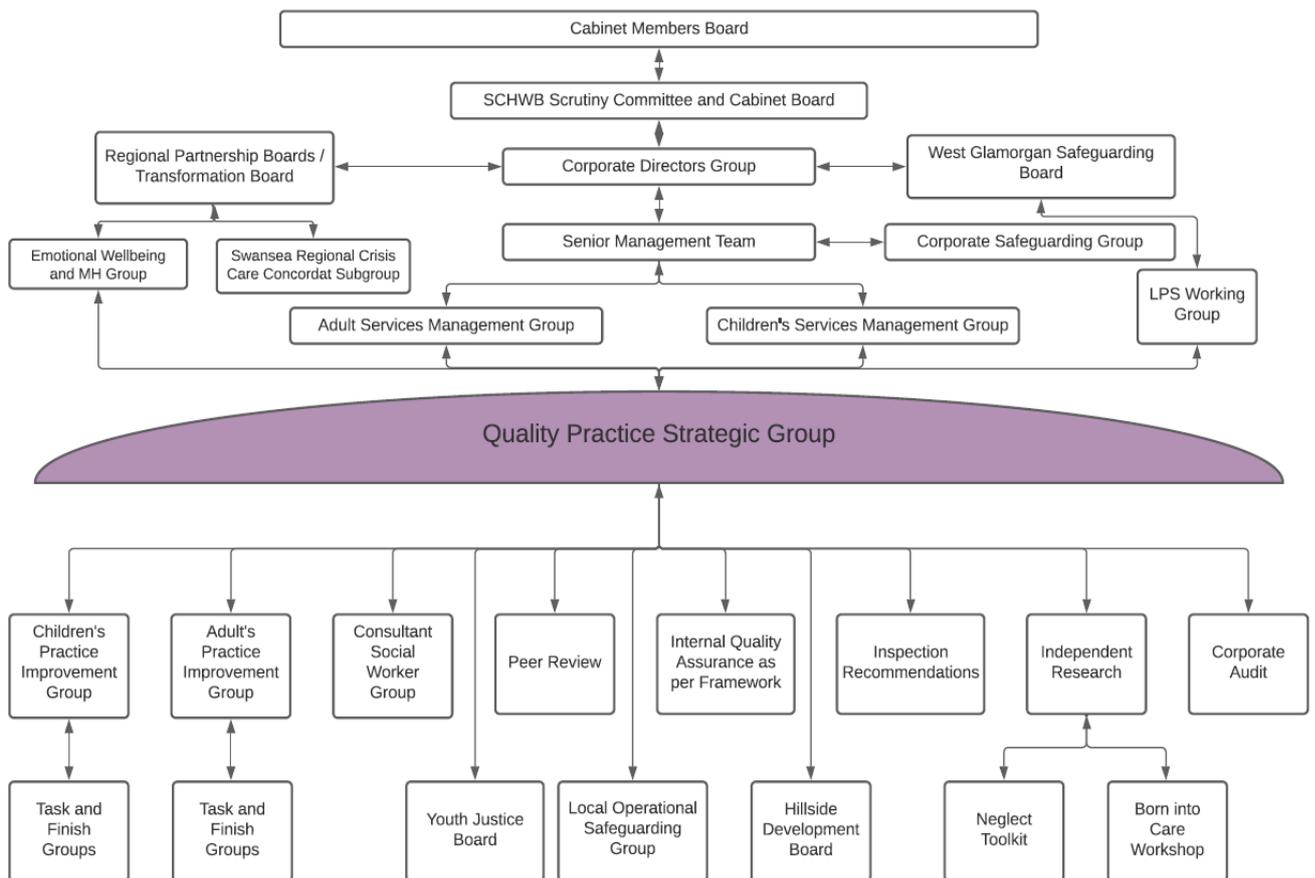
Towards the end of the quarter it was established that the Terms of Reference for the group would realign itself within the department structure by revising the membership to include all Principal Officers who are responsible for the respective service areas and devising a governance structure. The group will then serve to seek assurances and to act as a critical and independent friend to the service by monitoring and tracking progress, ensuring we are delivering against services plans and future visions. The benefits of this is that work streams and groups across the directorate are connected and will help to alleviate the load across the service by ensuring there is no duplication of work or unnecessary activity undertaken. It will also provide assurances to the Senior Management Team and Members that the Principal Officer group across the directorate through the Quality Practice Strategic Group has a line of sight on all areas of practice. A governance structure (*figure 1, page 4*) has been set out which demonstrates the position of the strategic group within the directorate and wider council.

The group has developed a programme of quality assurance activity for 2022 taking into account the different work streams currently being undertaken across the directorate. This includes audits, mapping exercises, workshops, performance clinics and learning reviews. Further areas of work that the group will be taking forward are:

- Research Studies - Consideration and coordination of requests
- Quality Conversations – case studies and good news stories to share positive outcomes and good practice across the directorate
- Good Practice Standards – Developing a set of service standards for areas of practice that new and experienced practitioners can refer to and will inform quality assurance audits
- Monitor action and business plans for groups/meetings across the directorate

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 auditing activity than previous quarters owing to the surge in COVID-19 cases and the response required from the department. Dip sampling of care and support plans across the directorate has taken place which will inform the Outcomes Strategy. The Quality Practice Framework continues to make progress in other areas of the framework such as highlighted within this report. The group will continue to monitor the audit programme to ensure that practitioners across the directorate have capacity to participate in any activities with plans being made for groups of auditors to come together in person in 2022 to re-establish this way of working as practitioners benefit from collectively analysing cases and identifying themes, patterns and trends.

**Figure 1 – Governance Structure**





# **A strengths-based model of practice**

Working to achieve outcomes



## Our Vision

We believe in genuinely working together with families, carers, professionals, and communities in order to make a difference to people's well being. Through building relationships and trust, we hope to hear what's really going on in people's lives. We want to give people the confidence to believe that things can change. We focus on building on people's strengths and developing a shared understanding of what a good life can look like and how we can work towards this.

## The ten principles of how we practice

### 1 Collaborative conversations

The best conversations happen when people feel really listened to. We want to build relationships and trust with children, people and families through skilled conversations. If we hear what is going on and talk about the main concerns and difficulties, we can start to understand where people are and agree how they can move forward in their lives, building on what is working well; and of course helping people manage the things that get in the way for them as well. When we do this, we can develop a picture of what a better life looks like, and this becomes the outcome we are all working towards. Our role is not to fix, but wherever possible to help people change the parts of their lives that cause problems. We must be honest in explaining what our concerns are.

### 2 Empowering the voice of the person

We make sure that plans and paperwork are written in children and people's own words and are easy to understand and follow. Letting people and families tell their stories and share their goals in their way and in their words. Working without judgement, we want to show people respect and kindness, actively listening, showing compassion and being empathetic. This means putting the person in the centre, asking them what matters most to them and exploring how they can achieve their personal outcomes. We know that most people want to find their own solutions and our job is to support and help them to get there.

### 3 Strengths focused

Our contact, actions and plans focus on acknowledging and building on people's strengths (including personal, social and community networks) and not what they can't do (their deficits). It is these strengths that we can build on to overcome the difficulties in people's lives.



### 4 Relationship based

We know that the best outcomes are achieved when we work with people, families and professionals to build trusting and respectful relationships: taking the time to develop and maintain these relationships is fundamental. It is these trusting and respectful relationships that are so important to help lower people's defences and reduce hidden harm. Our workers understand this means being open and honest about themselves and their work. Workers need to give part of themselves to the relationship.

### 5 Outcomes focused

We focus on 'what matters most' in children and people's lives and how we can develop a shared understanding of their personal outcomes/goals. This means looking at how we can work towards improving health and well-being, building on individuals, families and communities' strengths and abilities. It is important to record these outcomes in language that is clear and understandable to everyone, using people's own words where possible. Each outcome should be regularly discussed and reviewed or measured, so that we can agree if progress is being made. When things are getting better it's important to say so, but when they are not, other things may need to change.

### 6 Whole family focus

This means addressing all needs and risks with family members. This also needs us to think about balancing the needs and wishes of each member of the family when they think differently but maintaining a focus on the priority outcomes for all.

### 7 Strengths/Priority needs/Risk

We must talk about and recognise what we are most worried about and describe them as 'priority risks' in the plan. We work with individuals, families and support services to develop 'safety' and 'contingency plans'. These plans include what needs to happen and who might be able to offer support if things start to go wrong or a crisis starts. We aim to protect where possible and help people manage and take considered risks to achieve their outcomes.

### 8 Transparent

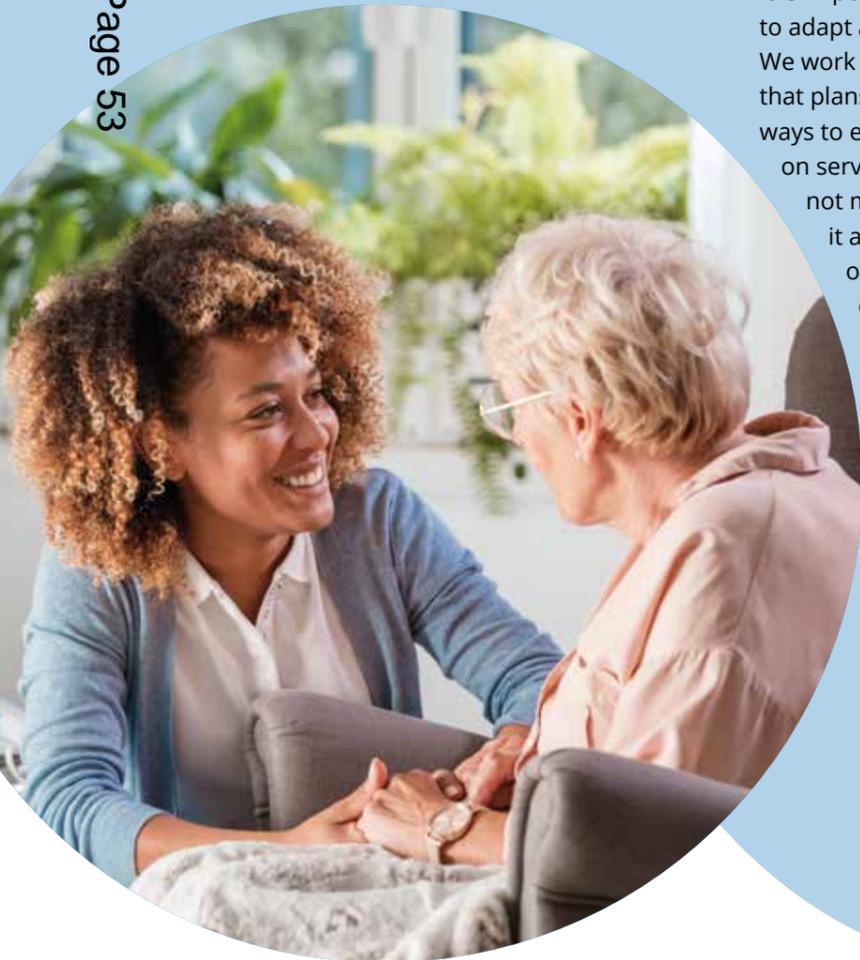
We are open and honest in our work, so that children, people and families understand what we are working towards (outcomes) and what will happen when and why. We are open about what we are worried about and work with children, people, families and professionals to work out how this can be better managed and reduced.

### 9 Skills/Knowledge

Workers have training to help them develop collaborative communication skills and are supported to put them into practice. This training and support will be ongoing. Reflective practice sessions with mentors and supervision also support practice. The strengths based approach is how we work internally and externally ensuring that we lead the way and use the same language and approach with each other.

### 10 Reflection

It is important that we reflect and are always ready to adapt and reconsider the way that we are working. We work to continually understand a situation, ensuring that plans are improved and reviewed regularly to find ways to enable independence and reduce dependency on services. Reflective practice also ensures we are not making assumptions or just following processes, it allows us the space to learn and challenge our thinking. We need to make sure we are continually looking at the situation from the point of view of the child, person and family.



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A strengths-based model of practice

**Working in this way takes too much time and cannot be fitted into busy working lives!**

*Working towards Outcomes means we start the conversations in a different place it is not something extra to do. This work takes place during the ongoing visits and meetings that we are already doing. Getting to know people and families through good conversations can save time in the long term. We really can get to the 'heart of the matter' and work towards change that can be maintained because it focuses on what is right at the time for that person and family.*

**Outcomes can't be done with people who are at End of life stages!**

*It is more important than ever to understand what we can work towards to help people and families at such a difficult time: we often talk about 'a good death' being very important. Progress with outcomes can be about getting things moving forwards but, they can also be about not letting things slip backwards (this is called maintenance).*

## Common Myths

**You can't work towards agreeing outcomes when people have communication difficulties!**

*Skilled staff use observation and other methods to connect with people and families to understand what makes a difference, what family dynamics are like and agree outcomes.*

**Outcomes is expensive and means just giving individuals and their families what they want!**

*By exploring properly the outcome/s people and families need, we can build on the strengths they and the community already have. We can be clear if formal services are needed and how they support the delivery of outcomes. Outcomes focused work helps to build people's independence and creates less reliance on formal services.*

**Outcomes cannot be used in Safeguarding Cases!**

*Strengths based practice has been successfully used in a number of Safeguarding cases: it helps to lower resistance and allows workers to work with the family and achieve change.*

A strengths-based model of practice

## Co-production/Partnerships

Co-production is one of the main principles of the Social Services and Well-being (Wales) Act 2014. It means working with and involving children, people, their family, friends and carers to make sure their care and support is the best it can be. The Act expects us to work with and support people to become more involved in the design and delivery of services. With this in mind, along with the practice principles set out above, we aim to hear from children, people and families and gather their thoughts and suggestions, so that we can design our services and practice to make sure people are always at the heart of what we do.

Co-production is an asset-based approach to public services that enables people providing and people receiving services to **share power and responsibility**, and to work together in equal, reciprocal and caring relationships. It creates opportunities for people to access support when they need it and to contribute to social change. The key elements of co-production from the Co-production Network for Wales are:

- Value all participants, and build on their strengths;
- Develop networks of mutual support;
- Do what matters for all the people involved;
- Build relationships of trust; share power and responsibility; and
- People can be change makers and organisations enable this.



A strengths-based model of practice

These fit fully with the principles of the Outcome Framework as discussed in this document.

The Act tells us that care and support plans should reflect the personal wellbeing outcomes that have been developed with people who need care and support. Part of this is for Local Authorities to record and measure progress against outcomes. People are at the centre of this framework and must be equal partners in their relationship with professionals. The law says that an assessment for care and support must be based around a conversation between the practitioner and the person/family/friends, so that we can understand the personal outcomes people want to achieve and how they can be supported to achieve them.

Evidence from practice tells us that **how** you do something can be more important than **what** you do. Having a social worker come into someone's life often uninvited, can be scary for the people and children we are working with. Getting to the 'heart of the matter', talking, to families and partners, and communicating the approach consistently helps get an agreed and shared understanding of where we are now, where we want to be and what needs to happen to get there.

The Act also expects us to continue to strengthen our partnerships with other agencies: we need to do more to work together. This ensures that our strengths based approach is understood and supported across partner agencies and that partners use the principles of the approach when working with families as well. We also recognise that the families we work with are also our partners and will make sure their voice, view and wishes are listened to properly throughout the time together.

## Recognising trauma and the impact that life-experience can have on a person

We appreciate that anyone can experience trauma and that many things can traumatise a person. Some of these may include frightening experiences, racism, disability, trafficking, cultural, race and gender exclusion. We work in a way to prevent re-traumatising a person by making them feel safe, giving people choices and empowering them to make their own decisions. We look past people's behaviours understanding that trauma can be the underlying cause for some behaviours, looking past these, finding out people's triggers and working through these with therapeutic techniques. Understanding what matters to people and promoting opportunities for wellbeing, healing and recovery with everyone having a role.

## Having a whole systems approach

A key message from the Well-being of Future Generations Act 2015 is that public bodies must work together to deliver improvements in the wellbeing of people and communities in Wales. An important way of achieving this is to ensure that we work collaboratively across all areas that matter to families. Local Authority Corporate and Executive Members are part of this partnership and are involved and included in the work that we are doing and the outcomes we aim to achieve.

Within Neath Port Talbot, the strengths based model is not only supported but implemented throughout the whole organisation from Corporate Members, the Director of Social Services, Heads of Services right through to our frontline workers. This means that the approach is reflected upon at all stages of the service for example in supervisions, case consultations, legal surgeries and in all planning and strategic work which happens across the service.

To make sure that we don't fall back into more traditional and older ways of working, champions are needed in organisations. Within Neath Port Talbot our Consultant Social Workers are champions who keep up to date with new developments, share good practice and develop the



skills and learning with their teams. We make sure teams have time to reflect together on their work, as well as through supervision by mentors, peers and managers.

This model links our approach to a vision and set of values which are clear, easy to understand, and shared across the whole Social Care Service. This is allowing us to change systems, processes and structures, so that they support rather than work against the way we need to work.

To achieve this we have and continue to train a large number of staff and work with them to transform the way we work. We have on-going support from in house trainers who continue to ensure this model and way of working is maintained and developed.

We recognise that this approach means practitioners need to have the time to build relationships because we know that often changes take time to get to. As a service we continually ensure practitioners have the time they need to apply the skills confidently, the support needed to safely give part of themselves to the relationship, building processes that recognise through experience, that once this time is invested in the early days, time is later saved through transparent and honest conversations.

All of this requires ongoing support, guidance and training. However we also include regular reviews and reflection across the whole service to gather feedback from practitioners, partner agencies, families and the people that we work with. This ensures that we continue to move in the right direction and adapt our processes as required, allowing us to measure how far we have come and what more needs to happen.

A strengths-based model of practice

## Why we use this model of practice?

Recently a survey was undertaken with children and families across Neath Port Talbot regarding the service that they are receiving. The survey further evidenced the need to shift the way that we are working to ensure that we are working with people and their families with the following comments showing how good practice feels:

“She’s good at asking questions like that – what you think you need to make you happy.”

“I feel I can speak to my social worker about anything I need. G the social worker is doing really well with me and my sister.”

“If H says she is going to do something it is done this wasn’t always the case in the past.”

“Always kept us informed.”

“I haven’t got a bad word to say about my social worker. They’ve outweighed everything I have asked of them. They are caring and so nice. They are more like a friend than a social worker, I don’t think they could do anything better.”

“M (social worker) has got more done in the last couple of months than my last social worker did in a year. She has been amazing.”

“Really helpful, everything explained in black and white, nothing sugar coated, told straight.”

“Very good, been brilliant, has offered general services supporting me to keep my son in my care. The case was finalised 2 weeks ago in court.”

“Good relation with R. has always been there when I have need her, very supportive”

“The social worker now has nothing to improve on, everything is explained fully, they are supportive and put in the right plans at the right time. This was not the case with involvement from previous social workers when my other children were removed from my care.”

For more information regarding anything in this document please contact:

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Neath Port Talbot Council would like to thank Social Care Wales for the co-production of this Framework



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**Social Care Wales**

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Cyngor Castell-nedd Port Talbot  
Neath Port Talbot Council

## **NEATH PORT TALBOT COUNTY BOROUGH COUNCIL SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD**

**3 March 2022**

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

**Matter for Monitoring & Information**

**Wards Affected All Wards**

### **DEPRIVATION OF LIBERTY SAFEGUARDS TO LIBERTY PROTECTION SAFEGUARDS: AN OVERVIEW**

#### **Purpose of the Report**

This report is intended to provide an overview of the Liberty Protection Safeguards (LPS) and the work currently underway to prepare for its implementation and the anticipated implications for the Local Authority.

#### **Executive Summary**

A review of the Mental Capacity Act 2005 undertaken by the House of Lords Select Committee in 2014 concluded that Deprivation of Liberty Safeguards (DoLS) were “not fit for purpose” and so it followed that DoLS be replaced by the Liberty Protection Safeguards (LPS) (Mental Capacity (Amendment) Act 2019). This Act, however, has yet to be implemented across England and Wales.

#### **Background**

To prepare for the implementation of LPS, for which there is currently no implementation date, the Local Authority has been working with the City and County of Swansea and the Health Board to plan for

implementation. This includes: reviewing the current DoLS team structure (In-house versus Agency); a consideration as to where the team sits within the current system (as a separate entity or across the newly formed patch-based teams); and, how it – the Local Authority - responds to the broader implications that LPS will likely have upon service delivery across Adults and Children’s Services: training, IT, financial, additional supports, care providers etc.

### **Financial Impacts**

As is noted within the body of the report there will be financial implications for the Local Authority pre- and post-implementation of LPS.

### **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 activities undertaken across the County Borough per se.

### **Workforce Impacts**

The implementation of LPS, specifically the increase in demand on the current DOLS Team, will likely impact upon the workforce i.e. the existing team may need to be expanded.

### **Legal Impacts**

The implementation of this new legal framework may increase the demands on the Local Authority’s legal department.

### **Risk Management Impacts**

As work progresses to fully understand the implications LPS will have on the Local Authority the Operational and Strategic risk registers will be updated to reflect risk and mitigations.

**Crime and Disorder Impacts**

Not applicable.

**Counter Terrorism Impacts**

Not applicable.

**Violence Against Women, Domestic Abuse and Sexual Violence Impacts**

Not applicable.

**Consultation**

There is no requirement for external consultation on this item; however, awareness raising and training will need to be rolled out across the Local Authority to providers to ensure they are compliant with LPS when introduced.

**Recommendations**

This report is for information only.

**Appendices**

**Appendix 1** – Deprivation of Liberty Safeguards to Liberty Protection Safeguards: An overview

**Officer Contact**

Andrew Jarrett [a.jarrett@npt.gov.uk](mailto:a.jarrett@npt.gov.uk)

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## **Deprivation of Liberty Safeguards to Liberty Protection Safeguards: An overview**

### Overview

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. These Safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The safeguards set out a process that hospitals and care homes must follow if they believe it is in the person's best interests to deprive a person them of their liberty, in order to provide a particular care plan. It is then the role of the DoLS Team to arrange for assessments to ensure the deprivation of liberty is in the person's best interests.

In summary, the safeguards ensures:

- that the arrangements are in the person's best interest;
- the person is appointed someone to represent them;
- the person is given a legal right of appeal over the arrangements
- the arrangements are reviewed and continue for no longer than necessary.

The DoLS team forms part of the Safeguarding Team in Neath & Port Talbot (See Appendix 1 for Team structure).

In anticipation of the implementation of Liberty Protection Safeguards (LPS), which replaces DoLS, the Local Authority is currently in the process of reviewing the DoLS team structure (In-house versus Agency), consider where the team sits within the current system (as a separate entity or across the newly formed patch-based teams) and how it responds to the broader implications that LPS will have upon the Local Authority upon implementation (Adults and Children's Services, including Education).

## Legal Context

The Deprivation of Liberty Safeguards (DoLS) came into force in April 2009 (Code of Practice first published in 2008) and forms part of the Mental Capacity Act 2005. The purpose of DoLS is to legally authorise restrictive care plans for adults who lack capacity to consent to them. They were initially introduced to prevent breaches of the European Convention on Human Rights (ECHR) following the case *HL v Bournewood Community and Mental Health NHS Trust*<sup>1</sup>.

In summary, the case related to a regular outpatient to a psychiatric hospital with autism and learning difficulties who was deemed by the hospital, unable to make decisions regarding his place of residence for the purposes of receiving care and treatment. The hospital felt that it was in his best interest to remain in hospital, but his carers disagreed and wanted to care for him at home. Due to the hospital making the decision for him to remain in hospital the ECHR concluded that his detention did not comply with the European Convention on Human Rights and amounted to him being deprived of his liberty.

The MCA 2005 was amended to provide appropriate safeguards for adults who lack capacity to consent to their care or treatment in either a hospital or care home that, in their own best interests, can only be provided in circumstances which amount to a deprivation of liberty, and where detention under the Mental Health Act (MHA) 1983 is not appropriate. This case initiated key safeguards to be developed to ensure that hospital settings or care homes wishing to deprive adults of their liberty must seek permission to do so and ensure that where authorisations are granted that they be reviewed regularly. Individuals were given rights to be provided with a representative and the right to challenge a granted authorisation.

When DoLS was initially introduced its use in care homes and hospitals was limited. Cases were rare and used primarily when an individual or their family were actively contesting the ongoing care plan. To put this into context, NPT, on average made 13 authorisation each year and now post-Cheshire West this figure stands at 600 authorisations a year and the number continues to increase year-on-year<sup>2</sup>. This figure increased significantly following a Supreme Court Judgement of 19<sup>th</sup> March 2014 in the case of *Cheshire West*<sup>3</sup>. The court was asked to rule on whether three people in care were being deprived of their liberty. Previously, lower courts had ruled that although the people concerned had restrictions placed on them (for example they needed another adult to escort them outside to keep them safe) they were not deprived of their liberty.

The Supreme Court overruled the previous judgements, which fundamentally set a new and much lower threshold for determining a deprivation of liberty. The new threshold was clarified in the judgement with the “acid test” for what constitutes a deprivation of liberty. The acid test states that an individual is deprived of their liberty for the purposes of Article 5 of the ECHR if they:

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<sup>1</sup> *HL v UK* 45508/99 [2004] ECHR 471

<sup>2</sup> Deprivation of Liberty Safeguards Annual Monitoring Report for Health and Social Care 2019-20  
<https://hiw.org.uk/sites/default/files/2021-03/210324dols2019-20en.pdf>

<sup>3</sup> *Cheshire West and Chester Council v P* [2014] UKSC 19

- Lack capacity to consent to their care/ treatment options;
- Are under continuous supervision and control;
- Are not free to leave.

This had a significant impact on those requiring assessment and placed pressure on Local Authorities across the UK, resulting in backlogs of referrals requiring assessment and subsequent authorisation. In reality, this change led to the Local Authority having to complete assessments for any adult aged 18 and over who has a mental disorder and lacks capacity to make decisions regarding care and treatment.

The Supervisory Body is responsible for authorising DoLS where the individual resides in a care home setting. The Local Authority also holds responsibility for DoLS in community settings which primarily includes supported living. Currently, the systems for completing DoLS within care home settings and community-based settings are different. The latter being convoluted and neglected by Local Authorities across the UK, owing to the preoccupation with DoLS brought about through the high profile legislative changes noted. A flow chart has been included to illustrate the current DoLS processes (Appendix 2).

It is widely accepted that DoLS plays an integral role to safeguard and uphold the rights of vulnerable adults. However, in March 2014, a House of Lords Select Committee published a report which concluded that DoLS were “not fit for purpose”<sup>4</sup> and recommended that it be replaced. It was determined that under the Mental Capacity (Amendment) Act 2019, DoLS would be replaced by Liberty Protection Safeguards (LPS). It was anticipated that LPS would come into force in April 2022, however the implementation date has been delayed due to the impact of COVID-19 on Health and Social Care. There is currently no new implementation date at this time.

### Liberty Protection Safeguards (LPS)

It is envisaged, and indeed hoped, that LPS will deliver improved outcomes for people who are or who need to be deprived of their liberty and has been designed to put the rights and wishes of those people front and centre of all decision-making to ensure liberty is protected.

The key changes of LPS are:

- LPS will apply in private and community-based settings which include care homes, hospitals, supported living, people’s own homes, day services and shared care. Under current legislation, the Supervisory Body can only authorise DoLS in care homes or hospital settings. For people in community settings, a deprivation of liberty currently needs to be authorised by the Court of Protection rather than the Supervisory Body. Essentially, this will increase the number of assessments to be completed and authorised by the Local Authority.

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<sup>4</sup> House of Lords Select Committee on the Mental Capacity Act: Report of Session 2013-14: Mental Capacity Act 2005: Post-legislative Scrutiny (2014) HL 139, para 32.

- Applications under LPS can be made for people aged 16 and above. Under current legislation, DoLS can only be used for adults aged 18 and above with cases for people outside of this age range needing to be referred to the Court of Protection (CoP). This will allow for a more streamlined approach to the referral and assessment process and reduce the pressures placed on the CoP.
- Under LPS, the role of Supervisory Body will be abolished and will be replaced by the “Responsible Body”. The Responsible Body will authorise arrangements that amount to a deprivation of liberty.
- There will be three assessments, which will include the capacity assessment, the medical assessment and the necessary and proportionate assessment. Under DoLS the maximum timescale allowed for authorisation is 12 months. LPS will change this so that authorisations can be granted for a period of up to 12 months on the first renewal, or up to 3 years on any subsequent renewal. This approach is thought to be a proportionate and least intrusive approach for people who have a long-term condition and who are in settled and long-term placements.
- There will be a brand new role of Approved Mental Capacity Professional to deal with more complex cases<sup>5</sup>.

#### Implications for Neath & Port Talbot (NPT)

Practitioners across NPT are working closely with colleagues in Swansea CC and the Health Board to prepare for the introduction of LPS. This work stream sits under the West Glamorgan Safeguarding Board. However, preparatory work is currently impeded by the absence of Regulations and a new Code of Practice and the implementation of LPS, due in April 2022, has now been put off with no future implementation date set.

Training – All staff will require training on LPS. Funding has been received and training is currently being rolled out across Adult and Children’s Services: January through March 2022. Further specialist training will need to be commissioned for pre-authorisation reviewers; BIA to Approved Mental Capacity Professionals (AMCP) conversion; AMCP training; Responsible Bodies; and LPS for Care Providers.

Service Structure – LPS will undoubtedly lead to an increase in the demands placed upon the Local Authority (noted below). This will require a review of the existing DoLS team structure, size and location. The Independent nature of the role of the Responsible Body, may for example, see an LPS team more aligned with the Conference and Reviewing Service.

Legal support – An increase in demand may have implications for the Local Authority’s legal department. A potential increase in applications needing to be made to the Court of Protection where individuals or their families disagree with a deprivation.

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<sup>5</sup> Liberty Protection Safeguards (LPS) – Overview  
[https://www.edgetraining.org.uk/files/ugd/b99741\\_12775f9687ab422bac6066781f9c378c.pdf](https://www.edgetraining.org.uk/files/ugd/b99741_12775f9687ab422bac6066781f9c378c.pdf)

Information Technology – The system will need to be redesigned to accommodate the changes that will come into effect when LPS is made live. NPT, Swansea and Health are currently looking at a joint software solution. The software currently being considered covers over referrals through to authorisation and should ensure efficiencies across all LPS work.

### Financial

The following figures are estimated based on DoLS demand - requests received by NPT DoLS Team - over the past three years. The data has been taken from the '*Deprivation of Liberty Safeguards Annual Monitoring Report for Health and Social Care 2019 – 20*':

- 2018/19 **742**
- 2019/20 **792**
- 2020/21 Anticipated **850** based on current figures and past trends.

**N.B.** Data will need to be cleansed re. Continuing Health Care (CHC), but it would appear the CHC cases have been removed from this number and if included remain small enough not to skew the figures significantly.

Community Team demand re. LPS likely to be 720, rounded up to 800 to allow for some latitude given the figures are an approximation. This number is based on a very broad review of those cases currently open and known (on review) across Adult Services (Network Teams, Complex Disability and CMHT) and based on the following criteria:

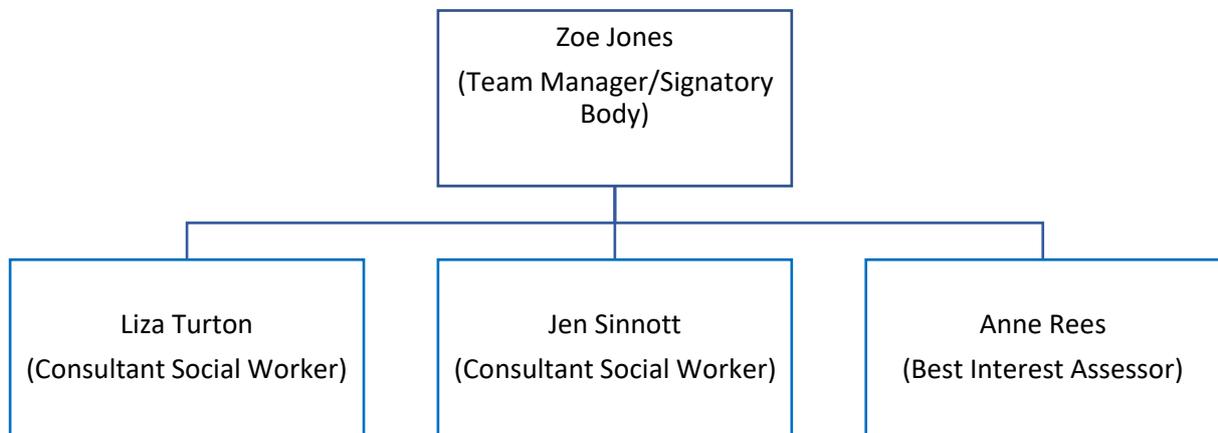
- *Lack capacity to make decisions in respect of their care and treatment,*
- *Reside at home/in community,*
- *Have a care plan, which includes restrictions.*

For Children's Services we project, drawing on the similar broad criteria noted above, approximately **25** cases.

Therefore, DoLS demand (850) coupled with approximated Community DoLS demand (800) and Children's Services (25) is likely to see the LPS figure sit at an estimated, likely conservative figure of, **1,675**. Double the current demand, which clearly will have a significant impact on service delivery, for example, budget growth for this area of practice is predicted to see 400K increase based solely on cost of BIA assessments and S12 Doctor Assessments. This figure does not capture cost for training or IT or other externalities.

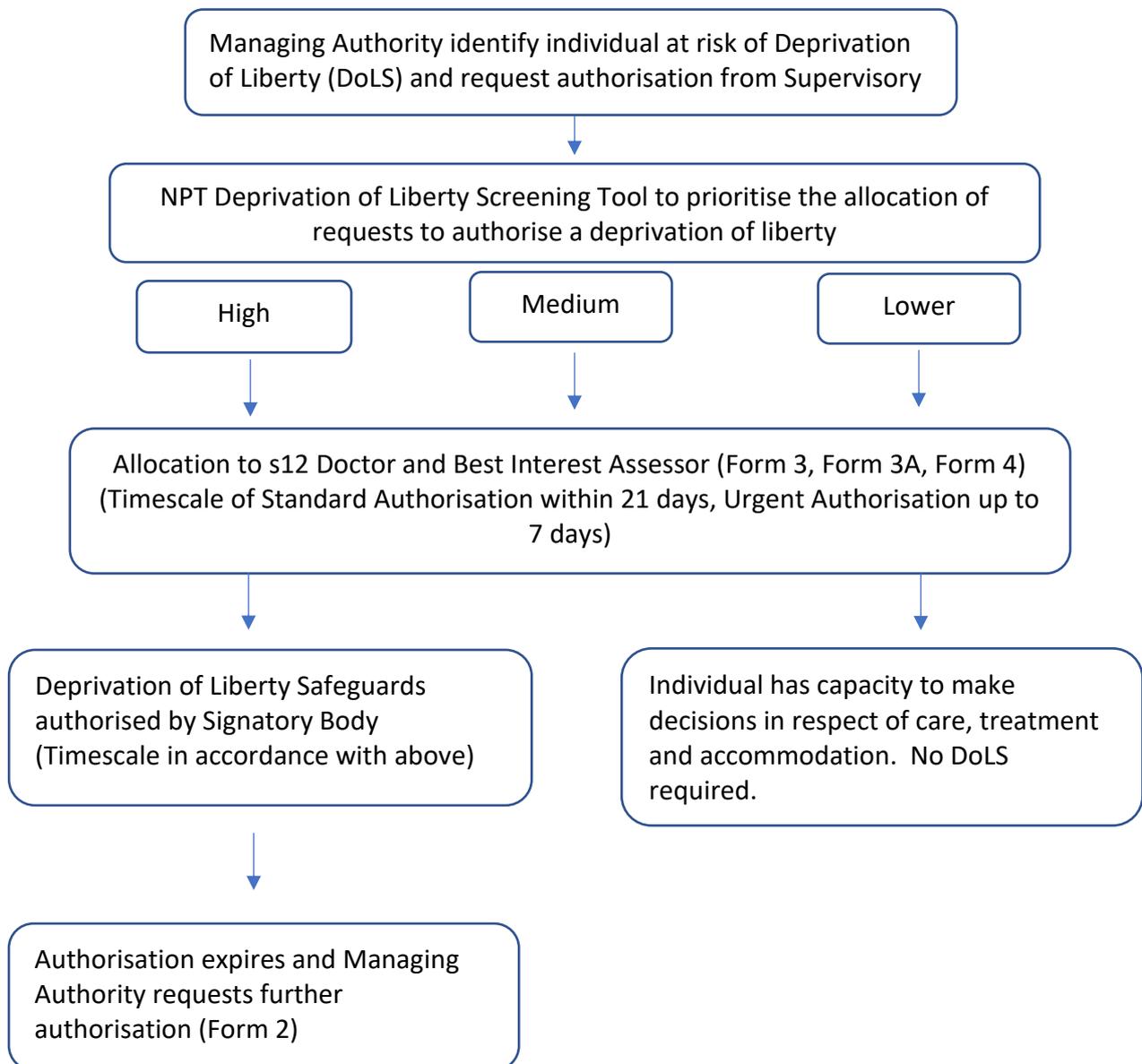
Chris Frey-Davies (Principal Officer for Safeguarding & Quality Assurance)  
Zoe Jones (Team Manager for Adult Safeguarding, DoLS and Signatory Body)  
9<sup>th</sup> February 2022

## Appendix 1



## Appendix 2

### DEPRIVATION OF LIBERTY SAFEGUARDS PROCESS



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Cyngor Castell-nedd Port Talbot  
Neath Port Talbot Council

## **NEATH PORT TALBOT COUNTY BOROUGH COUNCIL SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD**

**3 March 2022**

### **Report of the Head of Adult Services - Angela Thomas**

#### **Matter for Decision**

#### **Wards Affected Afan Cluster Network area**

### **PROCUREMENT OF FALLS MOBILE RESPONSE SERVICE: 6 MONTH PILOT**

#### **Purpose of the Report**

To seek cabinet endorsement for the allocation of West Glamorgan Regional Partnership Board (WGRP) Transformation Grant funding to pilot a falls mobile response service for users of NPT lifeline/telecare services within a defined geographical area (Afan Cluster).

For information that the proposal to enter into a pilot falls mobile response service for users of NPT lifeline/telecare services within a defined geographical area (Afan Cluster) is permitted under rule 7.1.11 of the Council's Contract Procedure Rules that provides for an exclusion for the requirements of competitive tendering for social care service contracts in respect of the provision of social care services for service users not exceeding the EU Thresholds

#### **Executive Summary**

*'Falls affect people of all ages but are a particular concern for older people. Falls, and fear of falling, amongst older people can lead to declining activity levels and reduced social activity.'* (PHW 2013).

Falls have been identified as a propriety area of concern for the considerable impact on individuals and the health and social care, and a whole system approach to prevention is advocated (PHE 2020). Part of this coordinated and whole systems approach includes appropriate and timely response to falls: to minimise any harms for the individual, and prevent further falls by facilitating access to other falls prevention interventions.

There is growing awareness that individuals who fall at home on occasion do not get the level of support that is required in a timely way. A large majority of falls are non-injurious and may relate to welfare rather than medical needs, and are therefore lower priority for emergency medical services. Consequently, response times are often unacceptably long, resulting in a 'long lie', which is highly distressing to the individual and their family/carers, and also associated with further health complications, hospitalisation and increased need for health and social care services.

#### *Proposed 6 month pilot*

It is widely acknowledged that this issue could be more prudently addressed with the provision of a Falls Mobile Response Service. A number of other local authorities have found that a service such as this will have a positive impact on the health and welfare of individuals who have suffered a fall by:

- providing a timely response to non-injurious falls
- ensuring pathways are in place for preventing further falls for those individuals to facilitate access to appropriate falls prevention interventions available in the community.

The proposed 6 month pilot aims to provide proof of concept/benefits realisation for extending existing lifeline service to include a mobile response service for NPT Lifeline customers resident within the Afan Cluster Network area.

The evidence gained will support business cases for further investment via other income flows such as partner organisations, Regional

Integrated Funding, and other relevant WG funding streams.

The pilot would also identify other key stakeholders, offering opportunities for partnership working to tackle the issue of falls as part of a wider falls strategy for the region.

Learning gained will inform a decision on whether and/or how best to commission a similar service in the longer term. Insights gained will support prudent planning and development of an effective mobile response service for NPT, allowing fallers to receive the right support at the right time to ensure that any falls are managed appropriately, ensuring best outcomes for them and their family/carers.

#### *Commissioning of Delta Wellbeing*

We propose to commission Delta Wellbeing to provide the mobile response service for the duration of the pilot for the quoted amount of £97k. The reasons for choosing this particular provider are as follows:

- The tight timescales imposed by the funding arrangements which do not allow for procurement via formal tender at this point.
- Developing an in-house service may or may not offer more cost effective solution; however is not an option for a pilot, and we do not currently have the infrastructure to support this safely.
- NPT already commission Delta Wellbeing to provide call-monitoring service for Lifeline customers and have experience in providing mobile response services – this ensures safe and streamlined pathways.
- Delta Wellbeing are currently delivering similar services to Swansea who are also undertaking a small pilot for falls mobile response so it makes sense to use them.

Depending on the pilot outcomes an option would be to undertake a full tender exercise for a permanent service.

## **Background**

In NPT currently 36% of calls to Welsh Ambulance Service NHS Trust (WAST) from NPT Lifeline service relate to falls and this is the top reason for such calls to the WAST.

Peak fall times in NPT identified as 2-10 am, 5-8pm and the early hours indicating a 24-hour service is required.

While NPT has a well-established Lifeline service this does not currently include a mobile response, and typically responses to falls involve contacting an appropriate family/friend responder (where available/appropriate) or to call on the ambulance services.

This is problematic as:

- Calls relating to non-injurious falls are unlikely be high priority for WAST and response times can be very lengthy, with reports of and up to 11-15 hour waits being reported.
- This can result in a 'long lie' for the individual, which is widely documented as having substantial adverse outcomes for fallers, with associated likely (and avoidable) hospitalisation, cost implications for ongoing health and social care economy.
- Where there is no family/informal care, this disrupts domiciliary care or health services when a carer/nurse is unable to leave the individual while they await the ambulance service.
- Where there is family/informal care it may not be possible or appropriate for them to safely assist the fallen person.

With no other options, double manned ambulance crews continue to be sent to situations that do not require such a response. Typically, individuals who have experienced a fall may be on the floor for many hours before WAST are able to respond. Consequently, response times are often unacceptable, often resulting in a 'long lie', which is distressing to the individual and their family/carers, and also associated with further significant health complications, hospitalisation and increased need for health and social care services.

Provision of a falls response service can greatly improve outcomes for individuals by considerably reducing wait times for those who have suffered a fall, and the associated harms caused by 'longer lies'. This in turn reduces pressures on the broader health and social care economy. For example, Delta's Community Welfare Response has attended over 3400 call outs since January 2020 with only 6% of these calls needing to be escalated to Emergency Medical Services.

It is widely acknowledged that this issue could be more prudently addressed with the provision of a Falls Mobile Response Service, and other LA's have successfully adopted a similar service (e.g. Bridgend, Carmarthenshire).

The proposed pilot aims to provide proof of concept/benefits realisation for extending existing lifeline service to include a mobile response service for Lifeline customers who reside within the Afan Cluster Network area. The learning gained from this will inform ongoing planning and development of a permanent mobile response service in the borough.

Benefits of a permanent arrangement will include reduction of (sometimes-devastating) harm and distress to fallers and their families, reduction in hospital admissions, reduction on demand for ongoing health and social care services.

Provision of such a service allows the individual to receive the right support at the right time to ensure that any falls are managed appropriately.

### ***Proposed Pilot***

Within NPT the majority of calls for assistance are made in Neath area, closely followed by Port Talbot post codes. We have identified Afan Cluster for the pilot area as it:

- has a range of demographic areas including urban, semi-urban and valley areas.

- does not yet have a virtual ward which may make capture of outcomes clearer and easier, and reduces complexity for pathways for the pilot.

We propose to utilise available Transformation Grant funding to undertake the pilot scheme with Llesiant Delta Wellbeing (“Delta”) for their 24/7, 365 days a year ‘Community Welfare Response’ falls solution/ service. This would be in addition to existing contractual arrangements for our lifeline call monitoring service to provide a 24/7 triage and mobile response for non-injurious falls/non-medical emergencies for lifeline customers who reside within Afan Cluster geographical area at a cost of £96,968.00 for the 6 month pilot duration.

The service provided for would include:

- 24 hour, 7 days a week service, including Bank Holidays;
- Triage and dispatch of appropriately trained staff to the agreed protocols by Delta Wellbeing call monitoring centre following activation of lifeline or sensors;
- Response to clients in the ARMED (falls prediction pilot) as triaged by NPT Assistive technology team;
- Escalation of all appropriate calls to WAST using existing and well established communication links between Delta and WAST
- Single staffed call (unless client is flagged as a 2 to attend due to Manual Handling or highlighted risks);
- Provide a limited basic clinical response to patients who have fallen;
- Pro-active follow up call for fallers to provide onward signposting and escalation that may be required following a call out;
- If client requires hospital transfer, Community Response Officer will liaise with EMS to arrange;
- Delta Wellbeing to provide all required equipment and consumables;
- Response Officer Capabilities include:
  - Enhanced First Aider;
  - IOSH Managing Safely;

- iStumble;
- Basic Patient Observations to support triage by WAST (BM, BP, Tympanic temperature & NEWS).

### ***Key Performance Indicators/Outcome measures***

Feedback and lessons learnt from this pilot will help inform decision-making by the Directorate on whether it would be beneficial to commission a similar service in the long term. Any longer term service would be commissioned under the Council's procurement rules.

This will be supported by project management by Assistive Technology service, working closely with Delta Wellbeing. Initially fortnightly meetings will be held, moving to monthly and bi-monthly as the project is embedded.

Recording, measurement and feedback of data is key to evaluate the success of the project and will include (but is not limited to):

#### *Performance*

- Number of falls/welfare responses undertaken.
- Quality and accuracy of recorded information.
- Response time: Target to be within ONE HOUR, and no longer than 90 minutes.

#### *Outcomes*

- Feedback from integrated teams and partner organisations
- Customer and family feedback from client visits.
- Number of avoided WAST callouts/admissions
- Number of Environmental risk assessments.
- Number of Individual risk assessments
- Number of onward referrals made as a result of a wellbeing visit and to whom.
- Number of repeat falls after 6 months for individuals who have used the service compared to expected.

No additional options are offered at this time due to the tight timescales imposed by the funding arrangements, which do not allow for procurement via formal tender at this point.

Initially another provider had put forward a proposal to provide the falls response for the pilot but they have since withdrawn their interest due to changes in their company direction.

Developing in house service may or may not offer more cost effective solution. However is not possible to achieve in the times scale, and we not currently have the infrastructure to support this safely, but this will be considered as part of an options paper after final evaluation of the pilot.

### **Financial Impacts**

Funding (c£97k) for the pilot has been secured via Transformation Fund grant monies allocated to WGRP. The aim of the fund is to improve health and social care services by scaling up models that are successful, and replacing less successful or outdated ones.

For WGRP there is a focus on older people to integrate services, try out new models of care closer to home, and reducing unscheduled admissions to hospital; therefore use of such grant monies is appropriate and aligned with regional priorities.

It is possible there may be more demand on other community and preventative services as a result of pilot interventions, for example, onward referrals and signposting to physio, falls clinic etc.; however we anticipate such increases in demand/additional costs to appropriate services will not be excessive and would be absorbed into those services during the pilot.

The pilot would provide evidence of value of a falls mobile response service in terms of personal outcomes and other benefits realisations for services, including efficiencies and cost reduction/avoidance.

Providing ongoing falls response services are a substantial investment; however these can in part be offset against costs to the health and social care economy of not having such a service (outlined below). The evidence gained will support business cases for further investment via other income flows such as partner organisations, Regional Integrated Funding, and other relevant WG funding streams.

Financial implications of NOT implementing the recommendations include:

- Escalation of care needs associated with the consequences of Individuals spending longer periods on the floor after a fall, thereby sustaining potentially more injury.
- Need for domiciliary care and other services relating to consequences of fall with 'long lie'.
- Increased likelihood of need for residential care.

### **Integrated Impact Assessment**

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

The first stage assessment has indicated that a more in-depth assessment is not required. A summary is included below.

A full impact assessment (second stage) <b>is not</b> required	✓
Reasons for this conclusion	
The initiative seeks to provide evidence of outcomes/ benefits realisations to support extension of lifeline services coordinated via the LA's Assistive Technology Service, and inform planning/design of such a service. There is no/minimal anticipated impact for concern, and therefore further scrutiny/assessment is not required at this stage.	

This would then be revisited if a full/ongoing falls mobile response service were to be pursued as an outcome of the pilot.

### **Valleys Communities Impacts**

No implications.

### **Workforce Impacts**

Outsourcing the Mobile Response Service to Delta Wellbeing for the duration of the Pilot will minimise impact on workforce while enabling possible structures/models for ongoing delivery to be scoped.

### **Legal Impacts**

The Proposal to enter into the Service with Delta is permitted under rule 7.1.11 of the Council's Contract Procedure Rules that provides for an exclusion for the requirements of competitive tendering for social care service contracts in respect of the provision of social care services for service users not exceeding the EU Thresholds.

Under the Public Contracts Regulations (2015) the new financial threshold for public service contracts for social and other specific services listed in PCR 2015, Sch 3 is £663,540.00 *including* VAT ("New Legal Threshold").

The proposed contract of £96,968.00 plus VAT will be below the NEW Threshold thresholds and so we can direct award to Delta (with the necessary Council authority). The Council Contract Procedure Rules prescribe that the award can be made so long as Value for Money is obtained and the following principles are abided by free movement of goods and services: non-discrimination; openness/transparency; equal treatment for all; and proportionality though it is not required that approval is made as to whether an award would achieve Value for Money and the meeting of the above principles.

Considering the value of the Service, if pilot outcomes supported outsource of ongoing provision for this type of service, there would

need to be a full tender exercise in order to comply with the Public Contracts Regulations (2015) on the basis that any contract for such Service would likely go above the New Legal Threshold.

### **Risk Management Impacts**

Risks of implementing the proposed recommendation for fallers are unlikely, and would be far less than is currently the case.

Delta Response Officers are trained in enhanced First Aid, Manual Handling, Patient Observations (including manual blood pressure, blood glucose and temperature) IOSH Managing Safely, iStumble, Dementia Awareness and Safeguarding.

All operational staff wear a Delta Wellbeing uniform, have an enhanced DBS check and carry Delta Wellbeing ID cards.

Well established and robust communication pathways and already exist between Delta, NPT Assstive Technology service and WAST.

There is a risk for continuity and roll out of the service after the 6 month pilot comes to an end, however the outcomes of the pilot will be closely monitored to support business cases for ongoing service.

Risks of not implementing the proposed recommendations are considerable and include:

- Substantial and potentially avoidable adverse impact on outcomes for lifeline users who fall and subsequently have a long lie and /or inappropriate admission to hospital as a result.
- Financial cost relating to escalation of needs following a fall, including increased likelihood of need for residential care.
- Disruption to domiciliary care services where carers need to wait for WAST to attend a faller.

### **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 through the information contained in this report.

### **Counter Terrorism Impacts**

The information contained in this report is 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 information contained in this report is likely to have no impact on the above duty.

### **Consultation**

There is no requirement for external consultation on this item.

### **Recommendation**

We recommend the Cabinet endorse the direct award of £96,968.00 (utilising available Transformation grant monies) to Delta WellBeing for provision of a 24/7 falls mobile response service for lifeline/telecare

users resident in the pilot area of Afan Cluster Network for period of 6 months.

### **Reasons for Proposed Decision**

Decision on the recommendation is required to enable progression of the NPT agenda for an appropriate and timely response to falls as part of a wider falls prevention strategy.

The tight Timescales imposed by the funding arrangements do not allow for procurement via tender at this point.

Developing in house service may or may not offer more cost effective solution, however is not possible to achieve in the times scale, and we not currently have the infrastructure to support this safely.

Undertaking the pilot, along with further scoping and scrutiny would inform the way forward regarding in-house versus outsourcing if outcomes supported roll out and ongoing provision of a falls mobile response service.

Delta Wellbeing was formerly Carmarthenshire County Council's 'Careline' service, which had been in operation for over 30 years and was set up in 2018 and now operates as a Local Authority Trading Company, still owned by Carmarthenshire County Council.

Delta's now well established was formerly Carmarthenshire County Council's. Their *Community Welfare Response* service is now well established, and in April 2021 was awarded registration with the Care Inspectorate Wales.

Delta provides bilingual call monitoring and other support services which meets our obligations for supporting the welsh language, and is essential for many of our Lifeline service users.

NPT Assistive Technology Service currently contract with Delta for Call Monitoring and any such arrangements/Ts & Cs would remain

unaffected by the pilot, and would also facilitate the pilot process due to existing and well established working relationships.

### **Implementation of Decision**

We ask that the decision is an urgent one for immediate implementation, subject to the consent of the relevant Scrutiny Chair (and is therefore not subject to the call-in procedure.)

This is due to the tight deadline related to utilising the transformation grant money before financial year end.

### **Appendices**

**Appendix 1:** Delta Wellbeing: NPTC Community Welfare Response Afan Valley Cluster Proposal

**Appendix 2:** Impact Assessment - First Stage

### **List of Background Papers**

First stage Impact assessment (enclosed appendix 2)

(Accessed Feb 2022) [Ageing Well: Falls Prevention \(ageingwellinwales.com\)](http://ageingwellinwales.com)

(2020) PUBLIC HEALTH ENGLAND, January, 2020-last update, Falls: applying All Our Health:

<https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health>.

(2019) Healthcare Inspectorate Wales – Review of Integrated Care: Focus on Falls. [HIW Review of Integrated Care - Focus on Falls\\_Eng.pdf](#)

(2018) Bangor University - Living Well for Longer: The Economic argument for investing in the health and well-being of older people in Wales. [livingwell2018.pdf \(bangor.ac.uk\)](#)

(2018) A Healthier Wales: our plan for health and social care: [A Healthier Wales \(gov.wales\)](#)

(2013) National Institute for Health and Care Excellence. Falls in older people: assessing risk and prevention. London: National Institute for Health and Care Excellence; [Overview | Falls in older people: assessing risk and prevention | Guidance | NICE](#)

(2013) PHW - The Burden of injury in Wales : Falls Interim report 2013 :  
:  
[The-Burden-of-Injury-in-Wales---Interim-Report-2013---Falls.pdf \(ageingwellinwales.com\)](#)

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## **Delta Wellbeing**

NPT County Borough Council  
Community Welfare Response  
Afan Valley Cluster Proposal

10th February 2022

## Delta Wellbeing Overview

At Delta Wellbeing, our aim is to support our most vulnerable in the community to live independently in their homes for longer using the latest Technology Enabled Care equipment. Formerly Carmarthenshire County Council's Careline service, which had been in operation for over 30 years, the company was set up in 2018 and now operates as a Local Authority Trading Company, still owned by the council.

We deliver bilingual call monitoring and other support services to a wide range of Local Authorities, Health Boards, Housing Associations, Welsh Government, Educational establishments, private companies and local residents. We provide professional yet personal support 24/7 365 days a year and offer a range of services such as; Out of hours Housing Repairs, Lone working, Carers cards, alarm monitoring etc. As an innovative TEC provider and monitoring centre our services constantly evolve and develop to suit our client's needs.

Operating on a 24/7 basis, 365 days, we work closely with all our partners across the health, housing and social care sectors and wider TEC industry, enabling us to offer a wide array of bespoke TEC solutions and services to suit.

## Delta CONNECT

Recently Delta Wellbeing have been working with the West Wales Care Partnership Board, bringing Carmarthenshire, Ceredigion and Pembrokeshire County Council's, Hywel Dda University Health Board, Welsh Government and representatives of the third and independent sector, to work together to help shape the future of health and social care services across west Wales with the roll out of the Delta CONNECT service.

The Delta Wellbeing CONNECT project seeks to transform how social care is delivered, implementing a new model of self-help and proactive care offering flexible support packages, tailored towards an individual's specific needs, to improve wellbeing, help people stay independent for longer and reduce demands on long-term or acute health and social care.

CONNECT focuses on supporting prevention and wellbeing through a technological and digital approach providing a wrap-around service to our clients including Pro-active wellbeing calls, Digital Support and TEC packages, keyworker support & wellbeing plans and access to 24/7 Community Welfare Response.

## Community Welfare Response

There has been a growing awareness, that for various reasons, elderly fallers on occasion do not get the level of support that is required. As falls are listed as non-emergency, the response times are often unacceptable and it is known that such a delay can lead to further health complications. With no other options, double manned ambulance crews continue to be sent to situations that don't require such a response.

A vital and core component of our CONNECT service includes access to a 24/7 Welfare Response Team. This is a mobile service that aims to respond to non-medical emergency calls, avoiding inappropriate hospital admission or use of emergency services. A large majority of calls are for non-injurious falls and welfare needs so the 24/7 support we can offer gives clients and their families complete peace of mind knowing that help is always available. To date Delta Community Response has attended over 5000 call outs since January 2020 with only 7% of these calls needing to be escalated to Emergency Medical Services.

As of April 2021, the Community Welfare Response service was awarded registration with the Care Inspectorate Wales, the first of its kind in Wales. This not only allows our fully trained staff to be able to provide the necessary care and support when attending to a client on their home should they need it but also allows us to work differently and innovatively with our partners.

A valuable element of the service we provide is the onward signposting and escalation that may be required following a call out. All fallers receive a pro-active call from our team following a fall, in order to check they are okay and don't require any further assistance. At this point we carry out a falls assessment so as to understand the nature of the fall, factors relating to the fall and other relevant information in order to offer advice or signposting to pathways that would be able to support the client. This allows the client to receive the right support at the right time to ensure that any falls are managed appropriately.

### Staff

Priding ourselves on putting our customers at the heart of the company, we ensure our staff are some of the best trained in the industry. Our Response Officers are trained in enhanced First Aid, Manual Handling, Patient Observations (including manual blood pressure, blood glucose and temperature) IOSH Managing Safely, iStumble, Dementia Awareness and Safeguarding to name but a few. All operational staff wear a Delta Wellbeing uniform, have an enhanced DBS check and carry Delta Wellbeing ID cards.

## Initial Cost Proposal

Delta Wellbeing will provide a Community Welfare Response service for NPT Assistive Technology Service across the Afan Valley Cluster area [at a cost of £96,968 excl VAT](#).

The costs are based on a 6-month period with the following provision:

- 24 hour, 7 days a week service, including Bank Holidays
- Triage and dispatch of staff to the agreed protocols by Delta Wellbeing call monitoring centre following activation of lifeline or sensors
- Single staffed call (unless client is flagged as a 2 to attend due to Manual Handling or highlighted risks)
- Home service only
- Vehicle – Marked Delta Wellbeing
- Provide a limited basic clinical response to patients who have fallen
- Pro-active follow up call for fallers
- No Conveyance of Patient
- Delta Wellbeing to provide all IT and communication equipment
- If client requires hospital transfer escalation of all appropriate calls to EMS using existing and well-established communication links
- Non-Emergency Welfare call outs to be provided to clients in the ARMED (falls prediction) pilot within Afan Valley Cluster as triaged by NPT Assistive technology team
- Delta Wellbeing to provide all required equipment and consumables
- Response Officer Capabilities
- Enhanced First Aider
- Manual Handling as per the All Wales Passport Scheme,
- Specialist Lifting Equipment – Raizer Chair and Manger Camel
- IOSH Managing Safely
- iStumble
- Basic Patient Observations to support triage by WAST (BM, BP, Tympanic temperature & NEWS)

## Contract Management and Review

This proposal is with the view to arranging fortnightly meetings between NPTCBC officers and Delta Wellbeing during the early stage of the pilot. This is to ensure the service is meeting demand and expectations and provide relevant feedback and review of the pilot.



## 1. Details of the initiative

**Initiative description and summary:** Mobile Response Service for Afan Cluster area : 6 months Pilot

There is growing awareness that individuals who fall at home on occasion do not get the level of support that is required in a timely way. A large majority of falls are non-injurious and may relate to welfare rather than medical needs, and are therefore lower priority for emergency medical services. Consequently, response times are often unacceptable, perhaps resulting in a 'long lie' which is distressing to the individual and their family/carers, and also associated with further health complications, hospitalisation and increased need for health and social care services.

It is widely acknowledged that this issue could be more prudently addressed with the provision of a Falls Mobile Response Service. The proposed pilot aims to provide proof of concept/benefits realisation for extending existing lifeline service to include a mobile response service for Lifeline customers resident within the Afan Cluster Network area. The learning gained from this will inform ongoing planning and development of an effective mobile response service for NPT, allowing the individual to receive the right support at the right time to ensure that any falls are managed appropriately

The pilot provision will cover lifeline customers residing in Afan Cluster Network geographical area and includes:

- 24 hour, 7 days a week service, including Bank Holidays
- Triage and dispatch of appropriately trained staff to the agreed protocols by Delta Wellbeing call monitoring centre following activation of lifeline or sensors
- Single staffed call (unless client is flagged as a 2 to attend due to Manual Handling or highlighted risks)
- Provide a limited basic clinical response to patients who have fallen
- Pro-active follow up call for fallers to provide onward signposting and escalation that may be required following a call out
- If client requires hospital transfer, Community Response Officer will liaise with EMS to arrange
- Delta Wellbeing to provide all required equipment and consumables

- Response Officer Capabilities include:
  - Enhanced First Aider
  - IOSH Managing Safely
  - iStumble
  - Basic Patient Observations to support triage by WAST (BM,BP, Tympanic
  - temperature & NEWS)

**Service Area:** Social Services, Health & Housing

**Directorate:** Adult Services

2. Does the initiative affect:

	Yes	No
Service users	y	
Staff	y	
Wider community		n
Internal administrative process only		n

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	✓		✓			Impact relates to customers of lifeline service regardless of these characteristics, however the majority of lifeline customers are older people with/without disability.
Disability	✓		✓			
Gender Reassignment		✓				
Marriage/Civil Partnership		✓				

Pregnancy/Maternity		✓				<p>It is acknowledged that falls and fall-related injuries affect older people more:</p> <ul style="list-style-type: none"> <li>• People aged 65 and older have highest risk of falling, with 30% of people &gt; 65yrs and 50% for those &gt;80yrs falling at least once per year.</li> <li>• Falling also affects the family members and carers of people who fall. (Falls: NICE Clinical Guideline 2013)</li> </ul> <p>There is also evidence for a higher incidence of falls in women. However while women fall more often, research finds men are slightly more likely to die as a result of fall-related injuries than women. (<a href="#">Falls (who.int)</a>)</p> <p>It is unlikely that the pilot would adversely affect individuals from this group, but will provide a positive impact for those within the pilot catchment area to provide more timely response to falls/ prevention escalating welfare need of lifeline service users</p> <p>The pilot will be provided at no additional cost to the eligible service users, and would be available to existing and new Lifeline customers for the duration of the pilot. Customers outside the pilot area will not be adversely affected, but they will not be included in the scheme and therefore not benefit from any positive impacts of the pilot. However, should the pilot be successful in facilitating roll out and ongoing provision of such a service.</p>
Race		✓				
Religion/Belief		✓				
Sex	✓		✓			
Sexual orientation		✓				

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		✓	✓			The service Provider (Delta Well-being) provides bilingual call monitoring and other support services. A high proportion of Delta's Response team are Welsh speakers and they heavily promote the Welsh Active offer so their non-Welsh speaking staff are engaged in a Welsh language programme to provide them with basic language skills. All tel/lifeline calls received by the centre can be responded to in Welsh. Not all mobile response staff who might subsequently visit speak Welsh – however if a call for the mobile response service came through for a client who has requested communication via the medium of Welsh they would dispatch appropriately if available.
Treating the Welsh language no less favourably than English		✓	✓			

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		✓	✓			n/a
To promote the resilience of ecosystems, i.e. supporting protection of the wider environment, such as air quality, flood alleviation, etc.		✓	✓			n/a

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

	Yes	No	Details
<b>Long term</b> - how the initiative supports the long term well-being of people	✓		The Pilot will inform planning & development of service ongoing, supporting business cases for ongoing provision.
<b>Integration</b> - how the initiative impacts upon our wellbeing objectives	✓		The pilot seeks to impact positively on the well-being of adults, especially older people or individuals with disability who utilise the LA's Lifeline/telecare service. It will inform the design of future ongoing services to meet the needs of such individuals to enable them to stay safe and independent, living within their own homes.
<b>Involvement</b> - how people have been involved in developing the initiative	✓		As part of the pilot initiative, service users and their families will be engaged with to provide feedback/opinion on how the service which will inform planning/design of ongoing falls mobile response service.
<b>Collaboration</b> - how we have worked with other services/organisations to find shared sustainable solutions	✓		The pilot will include scoping of appropriate partner organisations/stakeholders including potential pathways/sustainable solutions. For e.g., The falls response will include undertaking a falls assessment to understand the nature of the fall, factors relating to the fall, and other relevant information in order to offer advice or signposting to appropriate services/pathways which may include Health, Social or 3dr Sector organisations.
<b>Prevention</b> - how the initiative will prevent problems occurring or getting worse	✓		The pilot seeks to provide a timely and appropriate falls response to: <ul style="list-style-type: none"> <li>• minimise distress to individuals</li> <li>• prevent avoidable hospital admission and associated negative impact of this for the individual, especially if an older person</li> <li>• minimise or prevent complications associated with a long lie</li> <li>• Avoid/reduce escalation of care needs associated with falls</li> </ul>

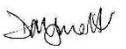
			<ul style="list-style-type: none"> <li>• Appropriate follow up and signposting offers prevention of recurrence of falls</li> </ul>
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**7. Declaration - based on above assessment (tick as appropriate):**

A full impact assessment (second stage) <b>is not</b> required	✓
Reasons for this conclusion	
<p>The Falls Mobile Response Pilot seeks to provide evidence of outcomes/ benefits realisations to support extension of the lifeline services coordinated via the LA's Assistive Technology Service, and inform planning/design of such a service. There is no/minimal anticipated adverse impact for concern, and therefore further scrutiny/assessment is not required at this stage.</p> <p>This would then be revisited if a full/ongoing falls mobile response service were to be pursued as an outcome of the pilot. It is recognised that the need for a full assessment is likely should the pilot lead to the introduction of a new service.</p>	

A full impact assessment (second stage) <b>is</b> required	
Reasons for this conclusion	

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	Name	Position	Signature	Date
<b>Completed by</b>	Donna Jones	Living Well Service Manager		21/02/2022
<b>Signed off by</b>	Angela Thomas	Head of Service/Director	Angela Thomas	21/02/2022

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Cyngor Castell-nedd Port Talbot  
Neath Port Talbot Council

## **NEATH PORT TALBOT COUNTY BOROUGH COUNCIL SOCIAL SERVICES HEALTH & WELLBEING CABINET BOARD**

**3 MARCH 2022**

### **REPORT OF THE HEAD OF ADULT SERVICES – A. THOMAS**

#### **Matter for Decision**

**Wards Affected** All wards

### **NEATH PORT TALBOT HOUSING SUPPORT PROGRAMME STRATEGY**

#### **Purpose of the Report**

To inform members of the draft Neath Port Talbot Housing Support Programme Strategy and seek approval to undertake a 90 days public consultation.

#### **Executive Summary**

Homelessness is a highly complex issue that requires a multi-agency approach. This draft strategy sets out how Neath Port Talbot Council ('the Council') and its partners can work together towards the aim of ending homelessness.

#### **Background**

The Housing Support Grant (HSG) was established in 2019 and brought together three previous grants; Supporting People Programme Grant, Homelessness Prevention Funding and Rent Smart Wales Enforcement Grant. The funding is a non-statutory early intervention grant programme, focussing on preventing homelessness and avoiding the escalation of other housing related support needs in order to avoid institutionalisation.

Local authorities are required to develop a Housing Support Programme Strategy (“the Strategy”) every four years, with a mid-point review every two years. The purpose of this strategy is to outline the strategic direction of the local authority for housing support services and provide a single strategic view of the local authority's approach to homelessness prevention and housing support services, including both statutory homelessness functions funded through the revenue settlement and non-statutory preventative services funded through the HGS. In addition to this, the strategy takes into account what we as a local authority will do to support the delivery of Welsh Government’s (WG) vision and aims to the overall prevention of homelessness and further the transformational shift that is required in order to move to the new rapid re-housing approach.

Alongside the Housing Support Programme Strategy, the Council is also required to develop a Rapid Rehousing Transition Plan by September 2022. The Rapid Rehousing Transition Plan will outline how the Council will move to a Rapid Rehousing approach to homelessness over a 5 year transition period. Development of this Plan will include engagement with all relevant stakeholders.

The draft Neath Port Talbot Strategy was developed following a comprehensive needs assessment, a review of the existing Neath Port Talbot Homeless Strategy (Background Paper 1) and feedback from stakeholders and clients. The draft strategy was submitted to Welsh Government for feedback.

A copy of the Draft Strategy is attached at Appendix 1.

### **Financial Impacts**

At the time of writing this report, WG have confirmed the Council’s indicative HSG settlement for 2022/23 as being £6,496,185.63, with no change against the 2021/22 allocation.

### **Integrated Impact Assessment**

A first stage impact assessment has been undertaken to assist the Council in discharging its legislative duties (under the Equality Act 2010, the Welsh Language Standards (No.1) Regulations 2015, the

Well-being of Future Generations (Wales) Act 2015 and the Environment (Wales) Act 2016.

The first stage assessment, attached at Appendix 2, has indicated that a more in-depth assessment is not required. A summary is included below.

- The consultation will help the Council to better understand the impact of the draft Strategy on people with protected characteristics and will enable people with protected characteristics to shape the final Strategy.
- The consultation documents will be available in Welsh
- The consultation will help the Council to better understand the impact of the draft Strategy on peoples opportunities to use the Welsh language
- The consultation will help the Council to better understand if the draft Strategy could result in treating the Welsh language less favourably than English
- Biodiversity impact is not applicable to the consultation or the draft Strategy.
- The consultation will help the Council to better understand how the draft strategy impacts on the '5 ways of working', including opportunities to further enhance this.
- A full impact assessment will be undertaken following the consultation and this will incorporate learning and information gathered from the consultation process.

### **Valleys Communities Impacts**

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

Although this proposal does not relate the above policy, it should be noted that public consultation will help to identify any unintended negative impacts on Valley Communities or if there is a need to adapt the Strategy to better support these communities.

### **Workforce Impacts**

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

### **Legal Impacts**

The publication of this strategy is a requirement of Part 2 of the Housing (Wales) Act 2014.

### **Risk Management Impacts**

There are no known risks associated with this item.

### **Crime and Disorder Impacts**

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

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

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

### **Violence Against Women, Domestic Abuse and Sexual Violence Impacts**

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

Section 2(1) of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 introduced a general duty where a

person exercising relevant functions must have regard (along with all other relevant matters) to the need to remove or minimise any factors which —

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

This is because a number of services covered by this Strategy relate to the provision of domestic abuse support, such as refuge.

### **Consultation**

It is proposed that, with Members' permission, a 90-day public consultation exercise is undertaken following the conclusion of the purdah period. This will consist of paper and on-line surveys. In addition, officers will attend various groups and forums around the county borough to reach as many stakeholders as possible, including citizens, service providers and other partner organisations.

A consultation document, an easy read version of the plan, and a 'Plan on a Page' will be developed to support the consultation. In addition, all materials will be available in Welsh.

### **Recommendations**

That Members approve a 90-day public consultation period for the Neath Port Talbot draft Housing Support Programme Strategy, as detailed in Appendix 1, on conclusion of the pre-election period.

### **Reasons for Proposed Decision**

To provide Neath Port Talbot residents with the opportunity to inform the development of the Strategy.

To ensure a range of good quality and strategically relevant housing related support is available to meet the needs of residents of Neath Port Talbot.

### **Implementation of Decision**

The decision is proposed for implementation after the three day call in period, with the consultation commencing after the relevant period.

**Appendices:**

Appendix 1: Housing Support programme Strategy

Appendix 2: First Stage Integrated Impact Assessment

**List of Background Papers**

Background Paper 1: Annual Update on the Supporting People Local Commissioning Plan (item 3) -

<http://modgov.npt.gov.uk/ieListDocuments.aspx?CId=322&MId=9733>

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**Neath Port Talbot Council**  
**Housing Support Programme Strategy**  
**April 2022 – March 2026**

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## 1. Introduction

Local authorities are required to develop a Housing Support Programme Strategy every four years, with a mid-point review every two years. The purpose of this strategy is to outline the strategic direction of the local authority for housing support services and provide a single strategic view of the local authority's approach to homelessness prevention and housing support services, including both statutory homelessness functions funded through the revenue settlement and non-statutory preventative services funded through the HGS. In addition to this, the strategy will also take into account what we as a local authority will do to support the delivery of the WG's visions and aims to the overall prevention of homelessness and further the transformational shift that is required in order to move to the new rapid re-housing approach.

The Housing Support Grant is an amalgamation of three existing grants, namely; Supporting People Programme, Homelessness Prevention Grant and Rent Smart Wales Enforcement, which merged in April 2019 following the Welsh Government funding flexibilities pathfinder project. The HSG is an early intervention grant programme, aimed at supporting activity which prevents people from becoming homeless, stabilising individuals housing situations or helping those at risk of homelessness find suitable accommodation with the aim to support them in their own homes. The person-centred approach which supports vulnerable people with addressing the often-multiple problems they face, including poor mental health, debt, substance misuse and domestic violence, helps individuals to improve their well-being and help them to acquire and progress with the skills they need in order to maintain suitable housing.

This strategy is based on:

- A comprehensive needs assessment, with key areas highlighted in the Statement of Needs
- A review of the Neath Port Talbot Homeless Strategy 2018-22
- Feedback from stakeholders and clients.

## 2. Neath Port Talbots Vision

Neath Port Talbots vision is to create ***a Neath Port Talbot where everyone has an equal opportunity to be healthier, happier, safer and prosperous.***

The vision for housing, as outlined in the Housing Strategy is ***Housing in Neath Port Talbot will be appropriate, affordable, of good quality, in sustainable communities, offering people choice and support if they need it.***

Through partnership working with other agencies such as Registered Social Landlords, the private sector, the third sector, health and community organisations we will aim to prevent homelessness, and where it cannot be prevented, ensure it is rare, brief and unrelated. To do this we will aim to tackle the root cause of homelessness, to ensure ***Neath Port Talbot is a place where nobody is homeless and everyone has a safe home where they can flourish and live a fulfilled, active and independent life'.***

## 3. What shapes our thinking

There is a wide range of law and national guidance influencing the planning and delivery of homelessness and housing support services.

### **3.1. National Context**

#### **Housing (Wales) Act 2014**

The Housing (Wales) Act looks to improve the supply, quality and standards of housing in Wales. It also imposes new legal duties on local authorities to ensure greater emphasis is placed on the prevention of homelessness.

Through the provision of preventative services, the Housing Support Grant makes a significant contribution to the implementation of Part 2 of the Act, which is focussed on homeless prevention. It also reduces or prevents the need for other costly interventions by public services, including health, social care or the criminal justice system.

Section 50 of the Act also places a duty on Local Authorities to carry out a review of homeless services within the county, and formulate a strategy based on those findings.

#### **Wellbeing of Future Generations (Wales) Act 2015**

The main aim of the Wellbeing of Future Generations Act is to improving the social, economic, environmental and cultural well-being of Wales. The Act “requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other and to prevent persistent problems, such as poverty, health inequalities and climate change”.

To make sure we are all working towards the same purpose, the Act puts in place seven well-being goals, and makes it clear that public bodies must work to achieve all of the goals. In addition to this, the act also sets out ‘five ways of working’ of which will help achieve the seven goals, these being; long term, integration, involvement, collaboration and prevention.

#### **The Social Services and Well-Being (Wales) Act 2014**

The Act aims to improve the wellbeing of people who need care and support, and carers who need support. It places individuals' wellbeing at the center of care, promoting choice and control, and requires Local Authorities and relevant partners to work in partnerships and co-operatively produce services for adults with care and support needs.

The Act required Local Authorities and health boards to undertake a joint population needs assessment for adults, children and carers. More information on the West Glamorgan Population Needs Assessment can be found [here](#).

#### **Violence against Women, Domestic Abuse and Sexual Violence Act 2015**

The Act looks to improve prevention, protection and support for people affected by violence against women, domestic abuse and sexual violence. The Act places a duty on Local Authorities and Local Health Boards to jointly prepare and publish a Local Strategy which aims to end, and ensure consistent consideration of preventative, protective and supportive mechanisms in the delivery of services. A copy of the Neath Port Talbot Strategy is available [here](#).

### **Renting Homes (Wales) Act 2016**

The Act replaces an abundance of existing legislation and consolidates them into one clear framework, with the aim of make renting a home simpler and easier for individuals.

The main aim of the Act is to allow for greater security amongst those who rent properties, particularly those in the Private Rented Sector in Wales.

### **The Equality Act 2010**

This Act requires all public bodies to tackle discrimination, advance equality of opportunity and promote good relations. An equality impact assessment was undertaken to identify any potential inequalities arising from the development and delivery of this Strategy and is available to view [here](#).

### **Welsh Language (Wales) Measure 2011, and the Welsh Language Standards regulations**

The Welsh Language (Wales) Measure 2011 places the Welsh language on the same equal legal status with English and must not be treated less favourably. In turn, the Welsh Language Standards 2015 replaced the Council's Welsh Language Scheme. An impact assessment was completed as part of the development of this strategy and is available to view [here](#).

### **Housing Support Grant Guidance (HSG)**

The Housing Support Grant Guidance was published in April 2020, and subsequently updated in March 2021. It sets out the governance framework in which Local Authorities should operate and administer the grant. Compliance with the guidance is monitored by Welsh Government through the grant terms and conditions and reporting requirements.

### **Ending Homelessness in Wales: A High Level Action Plan**

The Ending Homelessness High Level Action Plan builds on Welsh Governments 2019 Strategy to End Homelessness and the work and recommendations of the Homelessness Task and Finish Group. It sets the direction for the work of the Welsh Government and its partners to end homelessness in Wales over the next five years.

### **WG Rapid Rehousing Transition Plan Guidance**

A key aspect of Welsh Government's strategy to end homelessness, and the recommendations of the Homelessness Action Group is a move to a rapid rehousing approach across Wales. In response to the pandemic, all Local Authorities have begun the journey of moving towards Rapid Rehousing. The Rapid Rehousing Transition Plan Guidance provides advice on how to approach the task of transforming services over the 5 transition period.

### **3.2. Local and Regional Context**

#### **The Neath Port Talbot Corporate Plan 2021-23**

The Neath Port Talbot Corporate Plan 2021-23 includes 3 well-being objectives to improve the wellbeing of people living in Neath Port Talbot.

- **To improve the well-being of children and young people**  
*'All of our children and young people have the best start in life, so they can be the best they can be'*
- **To improve the well-being of all adults who live in the county borough**  
*'Everyone participates fully in community life – socially and economically'*
- **To develop the local economy and environment so that the well-being of people can be improved**  
*'The whole of Neath Port Talbot County Borough Council will be a vibrant and healthy place to live, work and enjoy recreational time'*

#### **Neath Port Talbot Housing Strategy 2015-20**

This Housing Strategy sets out Neath Port Talbot's vision for addressing the housing needs of citizens. It highlights the need for more affordable housing and seeks to increase supply and accessibility in the right places. The strategy also aims to improve the quality of housing stock (both social and private housing) and ensure that support is available to those who need it.

#### **Neath Port Talbot Homeless Strategy 2018-22**

The Neath Port Talbot Homeless Strategy aims to strengthen existing practices to focus on the continued development of preventative responses to homelessness and accommodation and specialist support for those who have complex needs and a history of repeat homelessness, therefore reducing the number of people experiencing crisis and needing emergency responses.

#### **Homeless Cell Group**

During the height of the Covid-19 pandemic Welsh Government directed local authorities to establish a Regional Homeless Cell to discuss Covid-19 related issues regarding current themes and trends. A Neath Port Talbot Homeless Cell was subsequently established, attended by Local Authority, Welsh Government, South Wales Police, Probation and a range of other partners and service providers.

## **Neath Port Talbot Joint Housing Support and Homeless Forum**

The Neath Port Talbot Housing Support and Homeless Forum brings together services in Neath Port Talbot who provide housing support or homelessness services, or actively work towards preventing homelessness within Neath Port Talbot. The Forum allows for information sharing between services, lobbying for housing and homeless issues and engagement in strategy and policy development.

## **West Glamorgan Regional Partnership Board (RPB)**

The West Glamorgan Regional Partnership Board was formally established in November 2016 (originally titled 'Western Bay Regional Partnership Board'). The Social Services and Well-being (Wales) Act 2014 introduced a statutory role for a Regional Partnership Board, although this was preceded by the Western Bay Regional Partnership Forum, which was originally established on a non-statutory footing in 2014.

The Board is responsible for managing and developing services to secure strategic planning and partnership working between Local Authorities and the Health Board and to ensure effective services, care and support are in place to best meet the needs of the population.

## **West Glamorgan Regional Housing Partnership (RHP)**

The Regional Housing Partnership provides strategic direction for the Housing Work stream of the Regional Partnership Board through meetings to define regional strategy, develop regional action plans commission regional activities. Its primary purpose is to co-produce a 5 year Regional Housing, Health and Social Care Strategy and instigate the work to implement the strategy across the West Glamorgan regions.

## **4. What do we want to achieve**

Neath Port Talbot aims to end homelessness. Whilst this is a challenging ambition, it is our intention that we will focus our energies and resources to do all we can to prevent homelessness from happening, and if it does, that there is an appropriate and compassionate response to enabling all households to obtain secure and safe accommodation.

This strategy is being written using our experience of the impact of the COVID-19 Pandemic. In March 2020, we quickly found an additional 95 units of temporary accommodation, to accommodate everyone who was homeless or inadequately housed so they could be safe. The Welsh Government amended the legislation relating to our duties to people applying for homelessness support by removing the requirement that a household is in priority need. This has more than doubled the demand for emergency housing. We are assuming that this will remain in place, so our strategy is based around planning for this increased demand.

To do this we need to work differently.

- We need to procure more housing to offer good quality temporary accommodation to quickly accommodate people who are experiencing homelessness, and to facilitate the supply of permanent, affordable homes to move on to.
- We will transition to the development of a Rapid Rehousing model, so everyone in crisis can be housed and supported very quickly.
- We need to ensure our support model is fit for purpose, and can deliver tailored and appropriate support to everyone, including those with complex needs.
- We will build on our relationships with our partner housing associations, landlords and support agencies to co-create a housing pathway that works for our community, because we know we cannot end homelessness on our own.
- We will provide a personalised response to each person which considers their experience and the underlying causes of their crisis.

## 5. Needs Analysis

The Needs Assessment has utilised national and local information and data sets, this has informed our Statement of Need which addresses the following:

- The current and future demands
- How statutory needs will be met

## 6. What is our focus?

The following section outlines the priority areas that we are planning to take forward over the next four years. A detailed delivery plan, co-produced with key stakeholders will be developed over the coming months outlining how we intend to implement these priorities.

### 6.1. Priority 1 - Strengthening approaches to early intervention and prevention

We will work with other agencies, including landlords, South Wales Police, (SWP) Social Services, Department of Works and Pensions (DWP), Her Majesty's Prison and Probation Service (HMPPS), Swansea Bay University Health Board (SBUHB) and our local communities to ensure that we can identify issues at an early stage. This partnership working will ensure that those who are having difficulties managing their accommodation, or at risk of homelessness get the right support at the right time, and in the right place.

An increase in the Housing Support Grant has enabled the Housing Options Service to increase its capacity for both prevention and support work, to meet the increased demand as a result of the change in COVID-19 legislation.

### Where are we going?

- We will review existing services to ensure that we are making best use of our available resources to deliver preventative interventions through the delivery of trauma informed support

- We will ensure services available to deliver targeted prevention for high risk clients, including young people, ex-offenders, those with mental health issues and other complex needs.
- We will also look at how people currently access these services and explore the potential to shift more resources from crisis interventions to prevention.
- We will ensure all staff are appropriately trained to deliver a high quality trauma informed service that is person centred and takes into account the specific needs and strengths of the clients.
- We will look to strengthen our current partnership working arrangements with key agencies to ensure a collective approach to homeless prevention.

## **6.2. Priority 2 – Working in Partnership**

Homelessness requires a multi-agency approach to ensure efforts are properly aligned and coordinated to address the problem. To achieve this a multi-agency strategic board will be established involving statutory agencies, housing providers, support providers and people with lived experience to develop housing, advice and support solutions to work towards the goal of eradicating homelessness in Neath Port Talbot.

### **Where are we going?**

- We will work with RSL partners and Private Sector Landlords to continue to increase the supply of suitable and affordable accommodation.
- We will build on, and further strengthen strategic partnerships with agencies to help us develop and implement robust responses for those threatened with, or experiencing homelessness, including high risk clients, such as young people, ex-offenders, those with mental health issues and other complex needs.
- We will work with service users and stakeholders to implement mechanisms for co-production and engagement to inform the development of services.

## **6.3. Priority 3 – Rapid Rehousing**

Wherever possible homelessness should be prevented and person-centred, timely solutions will make this feasible. If homelessness cannot be prevented, it should be rare, brief and un-repeated. Rapid Rehousing approaches, within a housing-led system, are critical in making this happen. A housing-led system provides stable, appropriate housing and any necessary multi-agency support should be provided as quickly as possible to people who are homeless or at risk of it. This housing-led approach, when properly applied, means the need for many forms of temporary accommodation will diminish.

### **Where are we going?**

- In line with Welsh Governments policy direction, we will work with stakeholders to develop our Rapid Rehousing Transition Plan outlining how we will move to a Rapid Rehousing approach. Over the next 5 years

#### **6.4. Priority 4 – Strengthening or improving access to support services**

Increased and improved use of IT can help ensure that people and agencies have quick access to the right support, information and advice. In addition, improved systems support commissioners in data-gathering to inform planning.

##### **Where are we going?**

- We will explore how IT could be better used to help deliver information, advice, and assistance.

#### **6.5. Priority 5 – Joint Commissioning**

The Housing Support Grant is an amalgamation of three existing grants, namely; Supporting People Programme Grant, Homelessness Prevention Grant and Rent Smart Wales Enforcement, which merged from April 2019 following the Welsh Government funding flexibilities pathfinder project.

Additional funding to support the delivery of homelessness services in Neath Port Talbot include the Welsh Government's Homeless Prevention Grant (HPG), paid directly to a range of third sector organisations to deliver services. From April 2022, funding and oversight of a number of 'Main Programme' projects will be transferred to the Housing Support Grant, and ring fenced for a transitional period of 2 years. During this time we will work closely with the project providers to gain a deeper understanding of how the projects operate and how they complement our existing HSG-commissioned services. The HPG funded Bond Scheme is not expected to transfer to HSG in 2022-23, pending further work by WG. Funding for the Youth Innovation Project will not transfer to the HSG until at least 2023-24, subject to a WG formal evaluation.

The existing framework for monitoring HSG funded services allows us to understand the impact of the services we commission, and will be further enhanced by Welsh Government's HSG Outcomes Framework.

##### **Where are we going?**

- We will look to strengthen our current partnership working arrangements with those agencies that can help support our planning, commissioning and delivery of support.
- We will establish a robust programme of Service Area Reviews, working with Children and Adult's Social Services, and other key funders to identify further opportunities for joint commissioning or funding.
- We will update our current monitoring arrangements for HSG to ensure the services we deliver are of high quality and provide value for money.

### **7. Stakeholder Engagement**

The Regional Housing Forum provides a channel for strategic engagement through regular meetings, communications and stakeholder engagement events. The Forum brings together stakeholders, organisations, citizens, service users and carers from across West Glamorgan and allows for open and

honest conversations about housing, health and social care transformation, to inform the development of the Regional Housing, Health and Social Care Strategy.

Stakeholder events and surveys during 2021 identified the following as key themes for housing and housing related support:

- Rapid Rehousing / Housing First
- Collaborative working
- Co-production
- Funding
- Housing Provision and standards
- Evidence based commissioning
- Timely, appropriate and adequate support

## 8. Impact Assessments

An equality impact assessment was undertaken to identify any potential inequalities arising from the development and delivery of this Strategy and will be available to view [here](#).

## 9. How will we know how well we are doing?

This is a 4 year strategy, which will be subject to a mid-point review. It will be supported by a detailed delivery plan which sets out how we will achieve our priorities.

The delivery plan is intended to be a live document, progress will be reported annually to the Social Care Health & Wellbeing Cabinet Board.

## 10. Appendix References

Housing (Wales) Act 2014

- <http://gov.wales/topics/housing-and-regeneration/legislation/housing-act/?lang=en>

Neath Port Talbot CBC Corporate Plan 2021-23

- [Corporate Plan 2021-2023 \(npt.gov.uk\)](http://npt.gov.uk)

The Social Services and Wellbeing (Wales) Act 2014

- <http://gov.wales/topics/health/socialcare/act/?lang=en>

Western Bay Population Needs Assessment 2016 - 2017

- <http://www.westernbaypopulationassessment.org/en/home/>

Housing Support Grant Practice Guidance 2020

- <https://gov.wales/sites/default/files/publications/2021-04/housing-support-grant-practice-guidance.pdf>

Well-Being of Future Generations Act 2015

- <https://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

Renting Homes (Wales) Act 2016

- <https://www.legislation.gov.uk/anaw/2016/1/contents/enacted>

Violence Against Women Domestic Abuse and Sexual Violence Act 2015

- [national-strategy-2016-to-2021.pdf \(gov.wales\)](#)

NPTCBC Corporate Plan 2021-2023

- <https://www.npt.gov.uk/media/15783/corporate-plan-2021-23.pdf?v=20210818155043>

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## Impact Assessment - First Stage

### 1. Details of the initiative

<b>Initiative description and summary:</b> NEATH PORT TALBOTS HOUSING SUPPORT PROGRAMME STRATEGY - To inform members of the draft Neath Port Talbot Housing Support Programme Strategy and seek approval to undertake a 90 day public consultation.
<b>Service Area:</b> Adult Services
<b>Directorate:</b> Social Care, Health and Housing

### 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					<p>Data on the age groups of people receiving HRS grant funded services</p> <p>The Strategy is designed to ensure that the Council and its strategic partners are best placed to support individuals to address many of the challenges</p>

	Yes	No	None/ Negligible	Don't Know	Impact H/M/L	Reasons for your decision (including evidence)/How might it impact?
						<p>experienced by groups referred to within the equality legislation.</p> <p>The consultation will help the Council to better understand the impact of the draft Strategy on people with protected characteristics and will enable people with protected characteristics to shape the final Strategy.</p>
Disability	x					<p>Data on disability status of people accessing HRS grant funded services</p> <p>The Strategy is designed to ensure that the Council and its strategic partners are best placed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.</p> <p>The consultation will help the Council to better understand the impact of the draft Strategy on people with protected characteristics and will enable people with protected characteristics to shape the final Strategy.</p>
Gender Reassignment	x					<p>Research suggests that nationally, the LGBT+ community, in particular young people, can be more at risk of experiencing homelessness. The Big Issue reported in 2017 that LGBT+ young people comprise up to 24% of the youth homelessness population nationally.</p>

	Yes	No	None/ Negligible	Don't Know	Impact H/M/L	Reasons for your decision (including evidence)/How might it impact?
						<p>There is no data on the gender identify of people accessing HRS grant funded services</p> <p>The Strategy is designed to ensure that the Council and its strategic partners are best placed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.</p> <p>The consultation will help the Council to better understand the impact of the draft Strategy on people with protected characteristics and will enable people with protected characteristics to shape the final Strategy.</p>
Marriage/Civil Partnership				x		<p>There is no data on the marriage/civil partnership status of people accessing HRS grant funded services</p> <p>The Strategy is designed to ensure that the Council and its strategic partners are best placed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.</p> <p>The consultation will help the Council to better understand the impact of the draft Strategy on people with protected characteristics and will enable people with protected characteristics to shape the final Strategy.</p>
Pregnancy/Maternity				x		<p>There is no data on pregnancy/maternity status of people accessing HRS grant funded services</p>

	Yes	No	None/ Negligible	Don't Know	Impact H/M/L	Reasons for your decision (including evidence)/How might it impact?
						<p>The Strategy is designed to ensure that the Council and its strategic partners are best placed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.</p> <p>The consultation will help the Council to better understand the impact of the draft Strategy on people with protected characteristics and will enable people with protected characteristics to shape the final Strategy.</p>
Race			x			<p>Data on the race of people accessing HRS funded services</p> <p>The Strategy is designed to ensure that the Council and its strategic partners are best placed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.</p> <p>The consultation will help the Council to better understand the impact of the draft Strategy on people with protected characteristics and will enable people with protected characteristics to shape the final Strategy.</p>
Religion/Belief				x		<p>Although data is gathered, there is a limited number of information on the religion/belief of people accessing HRS grant funded services</p>

	Yes	No	None/ Negligible	Don't Know	Impact H/M/L	Reasons for your decision (including evidence)/How might it impact?
						<p>The Strategy is designed to ensure that the Council and its strategic partners are best placed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.</p> <p>The consultation will help the Council to better understand the impact of the draft Strategy on people with protected characteristics and will enable people with protected characteristics to shape the final Strategy.</p>
Sex	x					<p>Data on the sex of people accessing HRS grant funded services</p> <p>The Strategy is designed to ensure that the Council and its strategic partners are best placed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.</p> <p>The consultation will help the Council to better understand the impact of the draft Strategy on people with protected characteristics and will enable people with protected characteristics to shape the final Strategy.</p>
Sexual orientation				x		<p>Although data is gathered, there is a limited number of information on the sexual orientation of people accessing HRS grant funded services</p>

	Yes	No	None/ Negligible	Don't Know	Impact H/M/L	Reasons for your decision (including evidence)/How might it impact?
						<p>Research suggests that nationally the LGBT+ community, in particular young people can be more at risk of experiencing homelessness. The big issue reported in 2017 that nationally LGBT+ young people comprise up to 24% of the youth homelessness population.</p> <p>The Strategy is designed to ensure that the Council and its strategic partners are best placed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.</p> <p>The consultation will help the Council to better understand the impact of the draft Strategy on people with protected characteristics and will enable people with protected characteristics to shape the final Strategy.</p>

#### 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				<p>The consultation documents will be available in Welsh</p> <p>The consultation will help the Council to better understand the impact of the draft Strategy on peoples opportunities to use the Welsh language</p>

Treating the Welsh language no less favourably than English		x				<p>The consultation documents will be available in Welsh.</p> <p>The consultation will help the Council to better understand if the draft Strategy could result in treating the Welsh language less favourably than English</p>

**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				N/A
To promote the resilience of ecosystems, i.e. supporting protection of the wider environment, such as air quality, flood alleviation, etc.		x				N/A

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

	Yes	No	Details
<b>Long term</b> - how the initiative supports the long term well-being of people	x		The Strategy is intended to support the Council and its strategic partners in preventing people from becoming homeless, stabilise their housing situation, or to help potentially homeless people to find and keep accommodation.

			The consultation will help the Council to better understand how the draft strategy impacts on the long term well-being of people, including opportunities to further enhance this.
<b>Integration</b> - how the initiative impacts upon our wellbeing objectives			The Strategy promotes a multi-agency approach.  The consultation will help the Council to better understand how the draft strategy impacts on integration, including opportunities to further enhance this.
<b>Involvement</b> - how people have been involved in developing the initiative	x		Key stakeholders were consulted with when developing the draft strategy.  The Consultation enables the involvement of all relevant stakeholders.
<b>Collaboration</b> - how we have worked with other services/organisations to find shared sustainable solutions	x		Work has been undertaken in partnership with key stakeholders to develop the draft and the consultation will further support collaboration.  The consultation will help the Council to better understand how the draft strategy impacts on collaboration, including opportunities to further enhance this.
<b>Prevention</b> - how the initiative will prevent problems occurring or getting worse	x		The Strategy focus on early intervention and prevention, including preventing individuals from becoming homeless, stabilising their housing situation, or to help potentially homeless people to find and keep accommodation. As well as: <ul style="list-style-type: none"> <li>• Tackling Poverty</li> <li>• Reducing Social Exclusion and Isolation</li> <li>• Preventing Institutionalisation, and</li> <li>• Reducing Crime and Disorder</li> </ul>

			The consultation will help the Council to better understand how the draft strategy impacts on prevention, including opportunities to further enhance this.
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**7. Declaration - based on above assessment (tick as appropriate):**

A full impact assessment (second stage) <b>is not</b> required	x
Reasons for this conclusion	
<p>The consultation will help the Council to better understand the impact of the draft Strategy on people with protected characteristics and will enable people with protected characteristics to shape the final Strategy.</p> <p>The consultation documents will be available in Welsh</p> <p>The consultation will help the Council to better understand the impact of the draft Strategy on peoples opportunities to use the Welsh language</p> <p>The consultation will help the Council to better understand if the draft Strategy could result in treating the Welsh language less favourably than English</p> <p>Biodiversity impact is not applicable to the consultation or the draft Strategy.</p> <p>The consultation will help the Council to better understand how the draft strategy impacts on the '5 ways of working', including opportunities to further enhance this.</p>	

A full impact assessment will be undertaken following the consultation and this will incorporate learning and information gathered from the consultation process.

A full impact assessment (second stage) **is** required

Reasons for this conclusion

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	<b>Name</b>	<b>Position</b>	<b>Signature</b>	<b>Date</b>
Completed by	Chele Zandra Howard	PO Commissioning	C.Z.Howard	23/02/22
Signed off by	Angela Thomas	Head of Service	A.Thomas	23/02/22



Cyngor Castell-nedd Port Talbot  
Neath Port Talbot Council

## **NEATH PORT TALBOT COUNCIL Social Care, Health and Wellbeing Cabinet Board**

**3 March 2022**

### **Report of the Head of Adult Services – Mrs Angela Thomas**

#### **Matter for information**

**Wards Affected: Briton Ferry**

### **HOMELESSNESS PROVISION DURING COVID-19 PERIOD**

#### **Purpose of the Report**

1. To inform Members of an additional premises to be used by the Homelessness Service as emergency Interim Accommodation at the Treetops B&B Briton Ferry, which will be for the exclusive use of the service.

#### **Background**

2. It is was approved by Cabinet in April 2020 that delegated authority be granted to the Head of Adult Services to arrange accommodation provision for homeless individuals and families as and when necessary and that delegated authority be granted to the Head of Adult Services to enter into contractual arrangements to facilitate the same.
3. Since the emergency period first began in March 2020 the need for interim emergency accommodation has risen from approx. 40 people needing accommodation to currently over 150, officers

have been liaising with organisations within the Neath Port Talbot locality to assist in the provision of temporary accommodation for those classed as homeless within Neath Port Talbot.

4. The Council usually utilises a number of bed and breakfasts within the locality and in the Swansea area on a spot purchase basis, i.e. arranging rooms within such venues as and when required.
5. The Council has recently arranged the provision of accommodation at the Treetops B&B, Briton Ferry, Neath for homelessness accommodation utilising the 6 bedrooms and facilities.
6. This Council will have exclusive use of the premises and working with the owners will employ a 24/7 security provision.

#### **Financial Impacts**

7. The cost of placing service users in the B&B will be met by the Welsh Government Hardship fund until March 2023.

#### **Integrated Impact Assessment**

8. An integrated impact assessment is not required for this report.

#### **Valleys Communities Impacts**

9. No impacts.

#### **Workforce Impacts**

10. No impacts.

#### **Legal Impacts**

11. No impacts.

**Risk Management Impacts**

12. It is critical for the Council to ensure suitable arrangements are in place to ensure provision of accommodation for those classified as homeless.

**Consultation**

12. There is no requirement for external consultation on this item.

**Recommendations**

13. Report for information, Head of Service using delegated powers has approved the proposal.

**Reasons for Proposed Decision**

14. To ensure that suitable arrangements are in place to house vulnerable individuals who have been classified as homeless.

**Implementation of Decision**

15. The decision will be implemented immediately.

**Appendices**

16. None.

**List of Background Papers**

17. None.

**Officer Contact**

18. Robert Davies, Principal Officer – Housing and Homelessness Services Tel: 01639 763288 Email: [r.i.davies@npt.gov.uk](mailto:r.i.davies@npt.gov.uk)

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