City and County of Swansea

Notice of Meeting

You are invited to attend a Meeting of the

Cabinet

At: Council Chamber, Guildhall, Swansea

On: Thursday, 14 December 2017

Time: 2.00 pm

Chair: Councillor Rob Stewart

Membership:
Councillors: J E Burtonshaw, M C Child, W Evans, R Francis-Davies, D H Hopkins, A S Lewis, C E Lloyd, J A Raynor and M Thomas

---

The use of Welsh is welcomed. If you wish to use Welsh please inform us by noon on the working day before the meeting.

Agenda

Page No.

Next Meeting: Thursday, 18 January 2018 at 2.00 pm

Huw Evans

Huw Evans
Head of Democratic Services
Tuesday, 5 December 2017

Contact: Democratic Services - Tel: (01792) 636923

Cyngor **Abertawe**
Swansea Council

City and County of Swansea

Minutes of the Cabinet

Council Chamber, Guildhall, Swansea

Thursday, 16 November 2017 at 10.00 am

Present: Councillor C E Lloyd Presided

Councillor(s)	**Councillor(s)**	**Councillor(s)**
M C Child	W Evans	R Francis-Davies
A S Lewis	M Thomas	J A Raynor
M Sherwood		

Apologies for Absence
Councillor(s): D H Hopkins and R C Stewart

77.   Disclosures of Personal and Prejudicial Interests.

In accordance with the Code of Conduct adopted by the City and County of Swansea, the following interests were declared:

1)   Councillor Robert Francis-Davies declared a Personal and Prejudicial Interest in Minutes 86 "Pre-decision Scrutiny Feedback – Liberty Stadium" and 87 "Liberty Stadium and withdrew from the meeting prior to its discussion";

2)   Councillors M C Child and M Thomas declared a Personal Interest in Minute 89 "Local Authority Governor Appointments";

3)   Phil Roberts, Chief Executive declared a Personal Interest in Minutes 86 "Pre-decision Scrutiny Feedback – Liberty Stadium" and 87 "Liberty Stadium.

78.   Minutes.

Resolved that the Minutes of the meeting(s) listed below be approved and signed as a correct record:

1)   Cabinet held on 19 October 2017.

79.   Leader of the Council's Report(s).

The Deputy Leader of Council made no announcements.

80.   Public Question Time.

A number of questions were asked relating to Minute 87 "Liberty Stadium".

The Deputy Leader of the Council responded.

81.   Councillors' Question Time.

No questions were asked.

82.   Pre-Decision Scrutiny Feedback – More Homes Pilot Scheme Milford Way and Parc yr Helyg Sites. (Verbal)

Councillor T J Hennegan presented the Pre-decision Scrutiny Feedback.

Resolved that:

1)   The pre-decision scrutiny feedback be noted.

83.   More Homes Pilot Scheme Milford Way and Parc Y Helyg Sites.

The Cabinet Member for Housing, Energy & Building Services submitted a report, which provided an update on the completion of the first More Homes pilot scheme at Milford Way and sought approval for the second pilot site at Parc yr Helyg to comply with Financial Procedure Rule (FPR) 7.

She moved the following amendments to the report:

a)   All references to "Milford Way" within the report to be replaced with "Colliers Way";

b)   The More Homes Pilot Scheme site be known as "Parc yr Helyg".

Resolved that:

1)   The aforementioned amendments be approved;

2)   The progress and final costs from the first pilot scheme at Colliers Way, Penderry be noted;

3)   The financial implications in line with FPR 7 be approved;

4)   The allocation of £500,000 for the scheme for Parc yr Helyg for the enabling works, the detail of which will be delegated to Director of Place, in line with the requirement of FPR 7 be approved;

5)   A further report be presented to Cabinet in order to confirm which options should be progressed at Parc yr Helyg together with the final expected costs in line with FPR 7.

84.   Pre-Decision Scrutiny Feedback – Family Support Services Commissioning Review – Focusing on Children with Additional Needs and Disabilities. (Verbal)

Councillor P R Hood-Williams presented the Pre-decision Scrutiny Feedback.

Resolved that:

1)   The pre-decision scrutiny feedback be noted.

85.   Family Support Services Commissioning Review – Focusing on Children with Additional Needs and Disabilities.

The Cabinet Members for Health & Wellbeing and Children, Education & Lifelong Learning jointly submitted a report, which presented the proposed options for changes to services available to Children with Additional needs and Disabilities which have been identified through the wider commissioning process of the Family Support Services Commissioning Review.

Resolved that:

1)   Following consultation, the recommendations presented in Section 2 of the report be approved.

86.   Pre-decision Scrutiny Feedback - Liberty Stadium. (Verbal)

Councillor T J Hennegan presented the Pre-decision Scrutiny Feedback.

Resolved that:

1)   The pre-decision scrutiny feedback be noted.

87.   Liberty Stadium.

The Leader of the Council and Cabinet Member for Service Transformation & Business Operations jointly submitted a report, which provided an update on commercial negotiations between Swansea City AFC and Swansea Council on existing lease arrangements.

Resolved that:

1)   The Heads of Terms, as set out in this report be approved;

2)   The Director of Place, in consultation with the Cabinet Member for Service Transformation and Business Operations be authorised to negotiate and agree any further or final terms as may be necessary;

3)   The Head of Legal, Democratic Services and Business Intelligence be authorised to prepare any legal documentation required to conclude the agreement and to execute the documentation on behalf of the Council;

4)   The Director of Place following the agreement of final terms, be authorised to report the update position to the European Commission in accordance with the Council's continuing obligations.

88.   Revenue and Capital Budget Monitoring 2nd Quarter 2017/18.

The Cabinet Member for Service Transformation & Business Operations submitted a report, which outlined the financial monitoring of the 2017-2018 revenue and capital budgets, including the delivery of budget savings.

Resolved that:

1)   The comments and variations set out in the report, and the actions in hand to address them be noted.

89.   Local Authority Governor Appointments.

The Cabinet Member for Children, Education & Lifelong Learning submitted a report, which sought approval of the nominations to fill Local Authority Governor vacancies in School Governing Bodies.

Resolved that:

1)   The following nominations be approved as recommended by the LA Governor Panel:

1.	Clydach Primary School	Mrs Mair Lewis
2.	Grange Primary School	Mrs Christine Elizabeth May
3.	Hafod Primary School	Mrs Kirsty Rees
4.	Pengelli Primary School	Cllr Jan Curtice
5.	Penyrheol Primary School	Mr Christopher Seacombe
6.	Plasmarl Primary School	Mrs Kirsty Rees

90.   Development and Externalisation of a Food Enterprise Community Interest Company.

The Cabinet Members for Stronger Communities and Commercial Opportunities & Innovation a joint report, which presented the Business Plan for the Swansea Food Enterprise model prior to externalisation as a community interest company.

Resolved that:

1)   The Food Enterprise Business Plan be approved;

2)   The Food Enterprise be externalised as a Community Interest Company from 1 April 2018 (pending successful investment bids.

91.   Exclusion of the Public.

Cabinet were requested to exclude the public from the meeting during consideration of the item(s) of business identified in the recommendations to the report(s) on the grounds that it / they involve the likely disclosure of exempt information as set out in the exclusion paragraph of Schedule 12A of the Local Government Act 1972, as

amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007 relevant to the items of business set out in the report(s).

Cabinet considered the Public Interest Test in deciding whether to exclude the public from the meeting for the item of business where the Public Interest Test was relevant as set out in the report.

Resolved that the public be excluded for the following item(s) of business.

(Closed Session)

92. **Land Exchange at Parc Morfa, Landore, Swansea.**

The Cabinet Member for Service Transformation & Business Operations submitted a report, which sought approval for a variation of a previously agreed land exchange recommendation to enable final negotiation arrangements to enable the expansion of the Liberty Stadium.

Resolved that the recommendation(s) as set out in the report be approved.

93. **Proposed Purchase of Investment Property in Swansea Vale.**

The Cabinet Member for Service Transformation & Business Operations submitted a report, which sought approval for the acquisition of the aforementioned property as part of the Property Investment Fund. The fund was created following a Cabinet decision on 21 July 2016.

Resolved that the recommendation(s) as set out in the report be approved.

The meeting ended at 11.03 am

Chair

Published: 16 November 2017

**Cyngor Abertawe
Swansea Council**

Report of the Leader and Cabinet Member for Economy & Strategy

Cabinet – 14 December 2017

Sustainable Swansea – Fit for the Future: Budget Proposals 2018/19 – 2021/22

Purpose:	To consider budget proposals for 2018/19 to 2021/22 as part of the Council's Budget Strategy *Sustainable Swansea – fit for the future*
Policy Framework:	Medium Term Financial Plan and Budget *Sustainable Swansea – Fit for the Future*
Consultation:	Cabinet Members, Corporate Management Team, Legal, Finance, Access to Services Team
Recommendation(s):	It is recommended that Cabinet:

1) Approves the Budget proposals summarised in the report and detailed in Appendix A and Appendix C as the basis of consultation
2) Adopts the updated budget future forecast as the starting planning premise for the new medium term financial plan, which will be considered by Council on 22 February 2018.
3) Agrees the approach to consultation and engagement with staff, trade unions, residents, partners and other interested parties set out in Section 7 of this report of the report
4) Receives a report on the outcome of the consultation and final budget proposals at its meeting on 8th February 2018.

Report Authors:	Ben Smith
Finance Officer:	Ben Smith
Legal Officer:	Tracey Meredith
Access to Services Officer:	Rhian Millar

1.0 Introduction

1.1 This report updates Cabinet on *Sustainable Swansea – fit for the future* and contains proposals for budget savings for consultation with residents, community groups and other stakeholders. It has full and due regard to our duties under the Well-being of Future Generations Act 2015.

1.2 *Sustainable Swansea – fit for the future* was approved by Council on 22 October 2013 and subsequently reviewed by Cabinet on 16th July 2015. It remains the Council's overarching approach to budget and medium term financial planning, to help deliver the well-being of future generations.

1.3 Since then, the Council, in line with the principles contained within Sustainable Swansea, has developed its approach to reviewing services and budget proposals through a series of commissioning reviews, which have set out an assessment of individual services, scope for change, alternative delivery models and potential savings and improvements that could be made. These commissioning review outcomes and future reviews form a significant part of 2018/19 and future year savings proposals.

1.4 On 26 October 2017, Council received a verbal presentation from the Section 151 Officer on the Mid-term Budget Statement for 2017/18 and beyond. This outlined the draft settlement from the Welsh Government, and gave an updated assessment of the savings required.

1.5 This was ahead of the Chancellor of the Exchequer's Autumn Budget on 22 November 2017, which as expected did have some minor loosening of financial plans to reduce public spending, in policy response to the referendum result for Brexit, amongst other matters. Announcements in this Statement will have consequential implications for Welsh Government for in year changes to 2018-19 and more importantly for the medium term. Nevertheless, the Welsh Government has been prepared to give indicative planning assumptions for not only 2018/19, but also 2019/20.

Final figures for 2018-19 and any potential announcements on future year implications are expected from Welsh Government towards the end of December 2017 when the final settlement will be confirmed. It is not expected that the Welsh Government's budget measures will be fully approved until January 2018.

Whilst not assured, it is a planning assumption that this Council could expect to receive between £1 - £1.5m of additional funding in the final settlement , as a result of the budget consequential flowing from Westminster, to the Welsh Government and ultimately to individual local authorities.

1.6 This report covers:

- A reminder about the key elements of *Sustainable Swansea* and an update on progress

- An overview of service and budget priorities for the current and following three years
- An update on the financial challenge facing the Council
- The proposed savings programme, including specific proposals for 2018/19 and future years, upon which we will now need to consult
- The key risks associated with the current financial position
- Proposals for engagement and consultation
- Staffing implications
- Delivery and next steps

2.0 Background – *Sustainable Swansea – fit for the future*

2.1   The scale of the financial, demographic and sustainability challenge requires the Council to continue to adopt a radically different approach to previous years. An approach that focuses on:

- *The core future purpose of the Council*
- *The transformation of services and the model of delivery*
- *Greater collaboration with other councils and local organisations, community groups and residents*
- *And, above all, sustainable solutions with prevention at its heart*

This ambition is set out in *Sustainable Swansea – fit for the future,* our long-term plan for change, underpinned by our Innovation Programme.

2.2   The Strategy was agreed by Cabinet and reported to Council in October 2013. The Delivery Programme was approved by Cabinet on 29 July 2014 and was subject to further review and refresh at Cabinet on 16th July 2015.

It is important that we continue to use the narrative in all our communication and that we apply the budget principles across all our thinking. The budget principles are reflected in the proposals set out in this report.

2.3   Since the July 2015 meeting of Cabinet we have:

- Continued to work on the delivery of the Savings Programme – see **Appendix A**
- Commenced and delivered the first two phases of Service commissioning Reviews
- Identified our next phase of cross cutting reviews

2.4   These actions are covered in more detail in sections 5 and 7 below.

3.0 Our Service Priorities for 2018/19 and Beyond

3.1   Although the Council is currently focused on its plan, as set out in the existing MTFP, to save around £61m over the next three years, it is vital

that we continue to retain Member and management focus on the significant proportion of our budget that will remain. Our gross budget is approximately just under £700m (excluding Housing Services (HRA)) and we spend around £1.6m a day on services to residents (this excludes benefits in kind such as housing benefit and the council tax reduction scheme).

3.2   The Council has clear and strong long-term ambitions for Swansea and the proposals for savings must be seen in the context of the following:

- The Council's top 5 priorities and future plans for services (a revised Corporate Plan was agreed on 24th August 2017) to help deliver the well-being of future generations
- The core objectives of *Sustainable Swansea* – which embrace all that we do
- The application of the budget principles – which guide our decision making
- The ongoing and sustained reduction in external funding and the need to meet known budget pressures.

3.3   The Council's overall aim is to protect frontline delivery of services as far as possible. However, whilst many things are important, not everything can be a priority. It is important, therefore (particularly in the current climate of significantly reduced resources) that we set out clearly our expectations on all services and relative priorities for funding in the context of the £61m budget reductions that we face.

3.4   This requirement is illustrated sharply by the "gearing" effect of savings on services. In other words, if our current savings requirement of £61m over three years were applied, for example, just to Corporate Services (excluding Council Tax Reduction Scheme) and Place Services, the budgets for these areas would have to be almost cut in their entirety. Consequently, other areas such as Education and Social Care also need to face some relative real terms level of reduction over the next 3 years, given the relative size of their budgets.

3.5   A statement of budget priorities and policy statements that flow from this is set out in **Appendix B.** This statement follows an assessment of services in relation to the following criteria:

- **Invest**: those Services where the Council will increase current levels of investment
- **Maintain**: those services where the Council will broadly maintain current level of spend in the medium term
- **Remodel**: those services where the Council will reduce the current level of spend over the medium term

Regardless of relative funding levels, there is also an absolute requirement that **all services** must transform and strive for maximum efficiency.

3.6   Based on the statement of priorities and having regard to the "gearing effect" when considering savings, the indicative 3 year saving/investment targets for each major block of services is set out in Table 1 below (and Appendix B):

Table 1 – Indicative Targets

Service	Percentage Reduction/Increase over 3 Years at constant prices*
Schools and Education	-15
Social Care – Child & Families	-15
Social Care- Adults	-20
Poverty & Prevention	+5
Place	-50
Corporate Services	-50

Actual budgets will be set based on shares of service pressures, inflationary pressures and investment and specific savings decisions

3.7   This statement will form the basis of our future medium term financial plan, as well as individual service plans. Notwithstanding this broad target savings range, where it is appropriate to do so, and as set out specifically in this report, **additional targeted investment in to priority areas will also occur**. This particularly focuses on prevention, early intervention and investment for the future in line with the well-being of future generations principles and objectives.

4.0   Financial Update

4.1   The financial update that follows needs to be seen in the context of the Medium Term Financial Plan (MTFP) approved by Council on 23rd February 2017, and the Mid-term Budget Statement presentation to Council on 26th October 2017.

4.2   The indicative savings requirement for 2018/19 to 2020/21 included in the MTFP has been updated and set out in **Table 2** below. This now also includes a forecast for one more year, 2021/22:

Table 2 –Indicative Savings Requirement for 2018/19 to 2021/22

	Note	2018/19	2019/20	2020/21	2021/22
		£'000	£'000	£'000	£'000
Future cost of pay awards	1				
- Non Teachers		1,800	3,600	5,400	7,200
- Teachers		2,400	4,800	7,200	9,600
Pay and grading scheme	2	2,700	2,700	2,700	2,700
National Living Wage – own pay bill	3	700	2,400	2,400	2,400
National Living Wage – contracts		1,000	2,000	3,000	4,000
Increase in Pension Costs	4	1,700	3,400	5,100	5,100
Increased Teachers Pension costs	5	0	1,100	1,100	1,100
Cumulative contract inflation	6	1,000	2,000	3,000	4,000
Capital charges – existing	7	1,500	3,250	5,000	5,000
Capital charges - new scheme aspirations	8	0	1,500	3,000	5,000
Use of General Reserves	9	0	0	0	0
Use of Insurance Reserve	10	0	0	700	700
Demographic and Service pressures	11	3,000	6,000	9,000	12,000
Proposed targeted investment in services (EOTAS)	12	300	300	300	300
Mid and West Wales Fire authority Levy	13	300	800	1,400	1,900
Council Tax Support Scheme	14	1,300	2,300	2,800	3,300
Passported through AEF to services	15	6,076	6,076	6,076	6,076
Foster allowances - full year effect	16	700	700	700	700
Adult Services pre-existing baseline pressures from 2017-18	17	3500	3500	3500	3500
Total known pressures		**27,976**	**46,426**	**62,376**	**74,576**
Aggregate External Finance reduction	18	277	4,700	10,800	16,800
Rebase of External Finance	19	-6,076	-6,076	-6,076	-6,076
Total Savings Requirement		**22,177**	**45,050**	**67,100**	**85,300**

Notes:

1. *The pay award figures represent a forecast increase of 1% for the period of the MTFP for non-teachers, 2% for teachers.*
2. *Reflects the estimated costs of incremental pay progression in respect of those that gained from the implementation of the Council single status pay and grading scheme in April 2014. It is important to note that no allowance has been made for any additional costs which may arise due to the appeals process which at the current time are assumed to be **met from within Departmental budgets***.
3. *Assumed increases due to implementation of National Living Wage - will affect contract prices and lower end of own pay scale - national spinal point currently being reviewed*

4. *The Year 2 and 3 costs arising from the triennial revaluation of the local government pension scheme effective from 1st April 2017. The provisional assumption is an effective stepped 1% increase each year to overall costs.*

5. *The Teachers' Pension Scheme (TPS) increases in 2019/20 due to a reduction in the discount rate from 3% to 2.8% per HMT - TPS rises from 16.48% to just over 18%.*

6. *Reflects the assumed minimum cumulative effect of contract inflation.*

7. *The additional estimated borrowing costs as a result of the current Capital programme together with potential increases arising from externalisation of borrowing due to cashflow requirements.*

8. *The initial additional estimated borrowing costs for the delivery of the major aspirational capital programme.*

9. *The assumption at this early point that there will be no use of the General Fund reserve to support the 2018/19 and future budget.*

10. *The 2017/18 budget report agreed an annual take from the insurance reserve for three years, this has now been further extended for two more years, after which this money can no longer be assumed available and alternative funding will need to be identified.*

11. *Assumed Demographic and Service pressures mainly around Schools and Adult and Children's Services.*

12. *Second year of agreed pressure for Education other than at School Service.*

13. *Estimated Fire Authority Levy increase – the final figure won't be known until January/February.*

14. *Reflects the assumed cost of Council Tax Support Scheme costs based on Council Tax increases as a planning assumption only at this stage as set out previously in the medium term financial plan.*

15. *Reflects specific funding in the settlement for transfers, mainly for the waste element of the single revenue grant, the Welsh independent living grant, social care workforce grant etc.*

16. *Foster allowances – the full year effect of previously agreed harmonisation of foster allowance rates with neighbouring authorities.*

17. *Existing 2017-18 budget overspend pressures in Adult Services, which are expected to continue, and which need to be addressed as part of base budget.*

18. *Reflects results of the provisional local government finance settlement for 2018/19 (-0.1%) and provisional guideline for 2019/20 (-1.5%), and assumes a reduction of 2% for future years.*

19. *The starting positon has been uplifted for the £6.076m transferring from specific grants to block grant.*

20. *The exemplified savings target of £85m shown in Table 1 is indicative of the scale of savings required and will be revised as the 3 year MTFP progresses.*

4.3   Over recent years the Council has consistently prioritised the **delegated schools budget**, previously meeting its guaranteed funding requirement over a five year period. There is now no ongoing ministerial protection or funding guarantee so any decision over schools funding is a local one to

be made by Cabinet and ultimately by Council, having due regard to any budget consultation responses received.

4.4   With respect to the Current and Future **Capital Programme,** it is clear at the present time that future support from the Welsh Government in respect of general capital grant and supported borrowing on an annual basis is likely to remain severely curtailed.

4.5   The indicative allocation for 2018/19 in respect of both the above elements, at just over £10m, is insufficient to meet the current budgets allocations to cover core commitments as in **Table 3** below:

Table 3 – Capital Allocations for 2018/19 assuming spend maintained

	£m
Welsh Government funding	10.3
Allocation - property and highways maintenance	-7.4
Disabled Facilities Grants & Improvement Grants	-5.2
Annual Contingency budget	-0.6
Shortfall	-2.9

4.6   The remaining capital programme (including improvements to schools) is heavily dependent on future capital receipts and to that extent any shortfall in receipts is likely to require an increase in unsupported borrowing to balance the funding for the agreed programme.

4.7   Any rise in borrowing has a detrimental effect on future revenue funding, and thus on future generations, and has to be viewed in the light of the current projected reductions in external grant.

4.8   As such, it is inevitable that the future capital programme will have to be subject to regular review and will be dependent on receipt of specific grant and/or the availability of excess capital receipts.

4.9   The currently approved four year capital programme assumes additional unsupported borrowing of some £58m. Reduction of the core items above (4.5) to levels of Welsh Government funding could reduce the level of unsupported borrowing to approximately £49m. Consideration will have to be given to further remodelling of the existing planned capital programme if this level is to be reduced further.

4.10   In particular, and in direct contrast, further detailed consideration will also have to be given in respect of likely future commitments to, and funding options for, the second phase of the proposed Schools improvement programme, investment in the City Centre and funding requirements which will flow from the Swansea Bay City Region proposals. All of which will benefit not only current, but future generations. The initial impacts of new additional unsupported borrowing are reflected in Table 2 above, but are

ultimately expected to peak at nearer an additional £14m per annum over the longer term (by around 2025-26).

4.11 Given the limited revenue resources and the scale of the new investment ask over the extended medium term for new capital and the benefits to be felt by future generations the Section 151 officer considers it appropriate to review all options around changing the Council's Minimum Revenue Provision policy both for past and future investment. This has the potential to reduce the revenue costs in the medium term and increase them longer term, but crucially better match the future costs to the future benefits of that investment. This is entirely in line with the principles of the Well-being of Future Generations Act.

4.12 This is especially pertinent given much of the investment is on a City Region basis and the three other Council's in the region have already changed their MRP policies. A full report to Council reviewing the MRP policy will be brought to council during 2018-19 setting out the section 151 officer advice for Council to make a determination.

4.13 A report on the options for reprioritising the capital programme and/or increasing capital receipts, including the sale of strategic assets, will be brought to Cabinet in February 2018 as part of the budget process.

4.14 It should also be noted that whilst there is an assumption that any additional borrowing costs in relation to the Schools' capital programme could be funded via the delegated budget in the absence of Capital Receipts this is not reflected in current budget proposals (i.e. they are currently predicated to be funded by the Council as a whole).

5.0 Sustainable Swansea – Budget Proposals

5.1 Budget proposals to meet the current savings requirement for 2018/19 consist of the following elements:

- Continuation and development of service delivery savings
- Commissioning review identified savings
- Other elements of the *Sustainable Swansea* Delivery Programme approved by Cabinet particularly around cross cutting themes
- Cash increase in Schools Delegated Budgets
- Targeted investment into both Adult Services and Foster Allowances
- Invest to Save proposals

Each of these categories are addressed below.

Funding changes in the settlement passport through to services

5.2 The following specific sums have been provided for in the settlement and are intended by Cabinet to be passported fully though to service budgets.

Table 4 – funding passported in the settlement 2018/19

		£'000
2018/19	Waste element of the Single Revenue Grant	2,516
2018/19	Welsh Independent Living Grant	1,222
2018/19	Social Care Workforce Grant	1,500
2018/19	Looked After Children	568
2018/19	Carers' Respite Care Grant	237
2018/19	Social Care for Prisoners in the secure estate	33
2018/19	**Total transfers in**	**6,076**

Further Service pressures

5.3 Further service specific pressures have been identified in respect of:

- Increased National Non Domestic Rates costs due to rating revaluations
- Continuation of the waste vehicles replacement programme
- Increase in transportation support to increase capacity to cope with current and future demand
- Temporary loss of rental income
- Pressures in Child and Family Services
- Future investment needed for mitigation of demand for Education out of County provision
- Demographic provision for schools (increased future pupil numbers)
- Increased finance support costs in relation to increased capital and pensions support
- Baseline provision for items currently funded by the contingency fund
- (including increased Coroners costs, Members environmental improvements, Deprivation of Liberty Safeguards and Public Service Board support)
- Additional funding for digital inclusion and organisational development

Service investment

5.4 Service investment requirements have been identified in respect of:

- Provision of teaching facilities and support in respect of Education Other than at School (EOTAS), this was identified and agreed for 2017/18, increased further funding was identified for 2018/19 as well.
- Costs of harmonising foster allowances with neighbouring authorities
- Adult Services pre-existing baseline pressures from 2017-18. These have been reported as in-year pressures during 2017/18.

- £1m a year for four years will be provisionally set aside in an earmarked reserve to help deliver, an assumed successful, bid to host UK City of Culture 2021.

Service Savings

5.5   Service investment requirements have been identified in respect of planned savings for 2018/19 resulting in a position as set out in **Table 5**:

Table 5 – Review of Planned Savings 2018/19

	Proposed savings 2018/19 £'000
Resources	3,474
Place	3,318
People – Poverty & Prevention	591
People - Social Services	6,258
People - Education (excluding schools)*	906
Cross Cutting Items	2,455
Total	**17,002**

*Schools savings and pressures fall entirely to the delegated budgets and are shown separately

5.6   *Sustainable Swansea*

As set out in section 2 above, through *Sustainable Swansea,* the Council is committed to changing the design and delivery of services and to a fundamentally different approach to demand management and early intervention.

In particular, the Council has embarked on a series of commissioning reviews across all services and the results of a number of those commissioning reviews have been presented to Cabinet and agreed over the past few months.

Outcomes of further commissioning reviews are expected on a recurring basis and, where specific outcomes require, full consultation and engagement take place before any actions are delivered.

It is anticipated, in line with the principles previously established, that where outcomes from reviews are presented then consultation and action

to implement will be undertaken on a rolling basis outside the normal budget cycle.

5.7   The previously agreed programme of Commissioning Reviews is as follows:

Phase 1
Culture and Leisure
Business Support
Non School Cleaning
Waste Management
Domiciliary Care
Day Care
Residential Care

Phase 2
Corporate Building & Property Services
All Council Catering
Special Education Needs/Disabled Children
Highways & Transportation
Parks & Cleansing
Housing, Non Housing Revenue Account & Public Protection
Planning Services
Remaining Education Services
Remaining Social Services

5.8   These proposals are fully delivered within the context of sustainable Swansea and can be alternatively summarised in **Table 6** as follows:

Table 6 – Sustainable Swansea Delivery Programme Proposals 2018/19

		Savings	Savings 2018/19 £m
Savings type	Workforce		2,316
	Other spending		6,059
	Income		4,603
	Mixed (workforce, income, other)		4,024
			17,002

5.9   For delivery purposes, all proposals that are approved, after considering the outcome of consultation and Equality Impact Assessments, will be combined into a single matrix showing the Strand Savings alongside the Head of Service accountable for delivery.

Schools' Delegated Budgets

5.10   The indicative savings assessments set out in Table 1 at 3.6 above and Appendix B, show that it is inevitable, given the scale of reductions required within the one education budget, that ongoing consideration will have to be given to the current level of schools' delegated budgets.

5.11   Budget movements can be viewed in two ways:

- Actual cash increases in levels of funding provided to Schools
- Real terms reduction in Schools funding, taking into account known spending needs

5.12   For current consultation purposes it is intended that there will be a proposed 1.5% (£2.2m) increase in schools core funding (excluding Pupil Deprivation Grant and Post 16 funding changes which comes separately from Welsh Government) which is a much better position than the 0.1% decrease in this Council's funding from Welsh Government.

5.13   However, it is clear that a number of budget pressures detailed in Table 2 in Section 4.2 of this report include pressures that will fall directly to the delegated budget. These are estimated as:-

Table 7 – Main pressures on Schools delegated budgets

Identified budget pressure	2018/19
	£'000
Schools pay award	2,400
Share of increased LGPS costs	300
Demographics (increased pupil numbers) and other cost pressures (e.g. non domestic rates)	1,000
Total	**3,700**

Cabinet will have to consider what actual overall funding is proposed in respect of the Schools delegated budget following consultation with all head-teachers at a meeting on 13th December 2017. This will be presented back to Cabinet as part of the overall consultation report

There is no ministerial funding guarantee for schools implicit in the 2018/19 provisional revenue settlement. The initial proposal to fund £2.2m of increased costs (around 60% of estimated total costs) is a matter for member local choice and has to be taken in the context of certainty of reductions in other Council budgets to pay for any increase, given the overall cash reduction in the settlement.

There is an estimated potential further cash increase due to this Council in the final local government settlement, following the UK government budget announcements, of between £1-1.5 million (not guaranteed until Welsh Government completes its deliberations on budget priorities).

Recognising previous policy commitments, it is also intended that any general cash increase in the final settlement, once confirmed, will also be passported through as targeted additional investment in the schools delegated budgets. If this is in line with funding expectations then it is possible that the final cash figure for schools could fully fund all main pressures for 2018-19.

It is recognised that even with that potential level of investment that schools face significant pressures in the medium to longer term. To assist schools further Cabinet intends that they will also have equal and full access to the Council's Restructure Reserve and for the first time,   the Contingency Fund. Whilst such sums are finite, they do afford opportunities to target investment where needed and to facilitate further transformation and potential invest to save opportunities within and across schools. Further details will be developed in discussion and co-production with schools.

Total Proposals

5.14   The total net savings across the areas outlined above are shown in **Table 8** below:

Table 8 –Proposals for 2018/19

Savings	Net Savings £m
Service Savings	17,002
Reduced contributions to Reserves	646
Reduction in base AEF	-277
Council wide pressures	-14,700
Service pressures accepted	-4,114
Service bids proposed	-4,500
Shortfall in meeting the Total Savings Requirement	-5,943

5.15   The detailed proposals are set out in **Appendix C.** Subject to Cabinet approval, consultation will commence on the proposals, as appropriate, with staff, Trade Unions, Schools' Budget Forum, residents, affected groups and partners, alongside Equality Impact Assessments (EIAs).

Other Savings and Funding Options

5.16   The current total of all savings proposals for 2018/19 is £17.002m, against the current total requirement of £22.177m. Work will continue over the

next two months up to Cabinet in February 2018 to assess a range of other options. This is necessary because:

- Some proposals may not be approved following the outcome of consultation and Equality Impact Assessments
- Additional savings are required as a contingency against non delivery of some savings in year
- Additional savings are required for future years

5.17   This assessment will include a review of other service savings and our policy on Council Tax. The current level of the remaining savings gap is entirely consistent with council tax levels likely needing to be near the upper end of any permissible increase, i.e. 5%.

6.0   Assessment of Risks and Uncertainties

6.1   As in previous years, the budget proposals as presented must be viewed in the context of the ongoing risks and uncertainties that the Council faces during 2018/19 and beyond:

6.2   These currently include:

a) **Equal pay claims**: The risk at the present time is residual.

b) **Pay and grading appeals**: it is assumed, as in previous years, that costs arising out of pay and grading appeals will be met from within Directorate approved budgets and schools delegated budgets where appropriate.

c) **Specific grants**: It is likely that, based on experience in 2017/18, the Council will suffer from significant attrition in terms of specific grants received from Welsh Government and other public bodies. It remains the case that where such grant reductions occur they will require specific service cost reductions in addition to any savings targets identified above.

d) **The savings proposals** for 2018/19 and beyond are predicated on clear and decisive action being taken to deliver wide-scale transformational change. This will require robust implementation, monitoring, review and if necessary enforcement of savings proposals.

e) **The timing** of Welsh Government announcements on both core and specific grants means that uncertainty will remain until the final period of the budget setting process.

7.0   Consultation and Engagement

7.1   In previous years the Council has consulted on a number of issues including:-

- Specific budget proposals relating to budget reductions impacting on the following year's revenue and capital budget together with potential longer term savings to deliver the medium term financial plan.

- Consultation on shaping the Council's Wellbeing Objectives, as set out in the corporate Plan 2017-22.

7.2   In terms of Council priorities, consultation has been taken into account in deciding the new key priorities (Well-being Objectives and Improvement Objectives) which are as follows:-

- o **Safeguarding** people from harm – so that our citizens are free from harm and exploitation.

- o Improving **Education and Skills** - so that every child and young person in Swansea gains the skills and qualifications they need to succeed in life.

- o Transforming our **Economy and Infrastructure** – so that Swansea has a thriving mixed use City Centre and a local economy that will support the prosperity of our citizens.

- o **Tackling Poverty** – so that every person in Swansea can achieve their potential.

- o **Transformation and Future Council** development – so that we and the services that we provide are sustainable and fit for the future.

7.3   In terms of the current consultation it is not intended that we repeat the consultation exercise on overarching Council priorities at this time. Likewise we will not consult again on matters that are merely a continuation of existing good practice, or previously agreed plans, such as our continued successful implementation of the Safe Looked After Children reduction strategy, or where there is more detailed consultation, following the findings of our commissioning reviews.

7.4   However, as in previous years, the Council will undertake a full consultation on proposals that will affect the public in general or specific sections of the Community.

7.5   It is essential that in agreeing to consult we take into account the following:-

– Under the Public Sector Equality Duty (Wales) we have to engage with protected groups to assess the likely impact of any policies or practices being proposed or reviewed.

- The Wales National Principles for Public Engagement include the expectation that engagement gives a real chance to influence policy, service design and delivery from an early stage

- Under the Gunning principles, consultation should be at an early stage with public bodies having an open mind, those being consulted have enough information to make an intelligent choice, enough time is provided for people to make an informed choice and consultation responses must be taken into account.

- The requirements and principles embedded in the Well-being of Future Generations (Wales) Act which should underpin everything that the Council does

7.6   Details of the settlement dates from Welsh Government detailed elsewhere in this report highlights the extremely difficult timetable the Council faces in setting its budget proposals.

7.7   In terms of consultation, the Council intends to fulfil its obligations by:-

- Undertaking a **Public Survey**. Specific budget proposals and those relating to the Commissioning Reviews will be included in the public survey that will be available online and in hard copy format at venues across the City and County.
- **Consultation with specific groups**. We will consult a number of Groups including children and young people, groups with protected characteristics and organisations such as Community Councils.
- **Service specific consultation**. Services will carry out their own consultation on proposals that only affect a small or specific group of people rather than the wider public consultation.
- **Staff roadshows**. Cabinet Members will join Officers in engaging staff at meetings in December
- **Unions**. The Leader, Cabinet Members and Officers are due to meet Union representatives to discuss the proposals.
- **School Budget Forum**. Officers and Members will consult the form on proposals that affect schools.

  In addition the Council will promote and communicate the consultation via website and Social media.

7.8   There will be on-going consultation during the forthcoming year as and when the individual Commissioning Reviews progress and develop their proposals for transforming services and helping to deliver contributions towards the overall savings requirement.

8.0   Staffing Implications

8.1   The Council, working in partnership with Trade Unions, succeeded in largely avoiding compulsory redundancies as part of the implementation of the budget savings for 2017/18. This was achieved by a continued flexible policy on redeployment and a proactive approach by all parties. The clear intention is to build on this approach for 2018/19 and to look for other ways of avoiding compulsory redundancies.

8.2   However, a significant reduction in posts in 2018/19 will be unavoidable, given that the Council spends around 40% of its overall budget on employees (significantly more in some Service Areas). It is important, therefore, that the Council is open about the potential for compulsory redundancies in 2018/19 and beyond given the increased level of savings and the reduced scope for voluntary redundancies.

8.3   Notwithstanding the scale of the challenge, in line with the Council's current policy, every effort will be made to minimise compulsory redundancies. Management action includes:

- *Tight management of vacancies so that we manage the deletion of posts via natural wastage over time*
- *The use of fixed term appointments where a post needs to be covered*
- *Stopping the use of agency staff unless a clear business case can be made*
- *Redeployment and retraining where ever possible*
- *Further encouragement of staff to consider ER/VR options, including bumped redundancies*
- *Encouraging staff to work flexibly eg: reduce hours or job share*
- *Flexible retirement*

8.4   The groups of staff likely to be most at risk (no options can be ruled out at this stage) are those affected by service savings, those in management/ supervisory posts and those employed in business support functions. The latest estimate (**work on this is continuing and the number is likely to increase**) of the impact of the current proposals on total staffing numbers for 2018/19 is set out in **Table 9** (shown as Full Time Equivalents (FTEs))

Table 9 – Impact of Savings Proposals on FTEs 2018/19

		FTEs
Service Saving Proposals		
	Corporate Services	17
	Place	20
	People	11
	Total	**48**

8.5   The Council will need to consult with Trade Unions about the 2018/19 savings proposals and the likely impact on staff; in particular, the

management of change and selection criteria where posts are at risk of redundancy. It is a legal requirement and incumbent upon the Council to commence formal negotiations with the Trade Unions to seek to avoid the need for such redundancies, to consider alternatives and to seek to reach agreement on the selection process for redundancies, should we get to that position. This is in line with the requirements of Section 188 (1) of the Trade Union and Labour Relations (Consolidation) Act 1992 (as amended). This is on the basis that these proposals could affect more than 100 employees and that the period of consultation will be for a minimum of 45 days.

8.6   The Council is committed to continue to work closely with Trade Unions to minimise the number of compulsory redundancies.

8.7   Reflecting the principle in the MTFP stated earlier in this report, consultation will be undertaken on a rolling basis outside the normal budget cycle, as the outcomes from commissioning and other reviews are presented to Cabinet. Consequently, in some Service Areas, it is not possible at this time to give details of the precise impact on staff and the figures quoted are, therefore, overall estimates. The regular liaison meetings with Trade Unions will be used to provide more detail when this becomes available as future options are agreed.

9.0   Delivery – "Decide and Do"

9.1   Delivery of the Budget strategy and Savings Programme is clearly critical. If this is not given the right attention savings will not be achieved. This requires a clear understanding of the organisational requirements to deliver as set out in *Sustainable Swansea*.

Deliverability of Savings

9.2   In parallel with the consultation process, we are undertaking a robust appraisal of all options for savings to ensure:

- They are deliverable
- We understand the impact
- We have assessed the risks and how these can be mitigated

Subject to the above, we will adopt the principle of "decide and do" in terms of a pragmatic approach to the implementation of proposals.

9.3   The Corporate Management Team has oversight of the programme management arrangements for the Savings Programme. This includes a sponsorship role for Directors, supported by a wide range of Heads of Service and Senior Managers from every part of the Council and project support.

Timeline

9.4   The remaining timeline for the Budget process is set out in **Table 10** below.

This timetable is effectively being driven by the dates set for the Autumn Budget by the Chancellor of the Exchequer which has impacted on the ability of the Welsh Government to determine its final detailed budget proposals for 2018/19.

Table 10 – Budget Timetable

13th December 2017	Initial consultation with Schools starts	School Budget Forum
14th December 2017	**Cabinet**	Approves budget proposals for consultation
14th December 2017	Consultation commences	A variety of means will be used
26th January 2018	Consultation closes	Report will be produced on consultation responses
January 2018	**Scrutiny**	Review of Cabinet proposals
8th February 2018	**Special Cabinet**	Reviews feedback from consultation and recommends Budget
22nd February 2018	**Council**	Approves Budget and sets Council Tax

10.0   Next Steps - A Sustainable Swansea – fit for the future

10.1   As stated above, the scale of the financial challenge requires the Council to adopt a radically different approach to previous years. An approach that focuses on:

- *The core future purpose of the Council*
- *The transformation of services and the model of delivery*

- *Greater collaboration with other councils and local organisations, community groups and residents*
- *And, above all, sustainable solutions with prevention at its heart*

This ambition is set out in *Sustainable Swansea – fit for the future.*

10.2 A probable overall cut in spend of 20-30% (more in some areas) over the next few years cannot take place without a fundamental review of the future purpose and shape of the Council to 2018 and beyond. This is particularly important because:

- The Council has clear aspirations and policy commitments to improve outcomes for residents that will need to be delivered alongside savings
- We will also need to consider the requirement for further investment in prevention in social care to remodel the projected future demand for services
- This requires a debate about innovation, service transformation, and doing things differently
- And we must collaborate with others to achieve this
- All this has to be considered alongside a potentially ambitious Capital Development programme with increases in associated borrowing costs
- To ultimately deliver the well-being of future generations.

10.3 Consequently, the current debate with residents and partners, as well as inside the Council, about the Core Purpose of the Council, what residents and communities can do for themselves and the Future Shape of the Council is fundamental.

11.0 Equality and Engagement Implications

11.1 The *Sustainable Swansea* Engagement Plan is outlined in section 7 above.

11.2 In line with legislative requirements, a fundamental part of our approach is to assess the impact of proposals on residents and the community. As in previous years, the corporate Equality Impact Assessment (EIA) process continues to be followed for all new proposals. EIA reports will not be finalised until engagement activities have been completed so that the findings can be taken into account. They will then form part of the decision making process. Proposals that were previously screened (and/or subject to a full EIA report) are being re-visited by managers to ensure that:

- The information is still accurate and relevant and up-to-date
- Proposals comply with the Well-being of Future Generations (Wales) Act
- Proposals comply with the Welsh Language Standards

11.3   Cabinet and Council will receive a full report on the feedback from the consultation and outcomes of the EIA process in February 2017 so that they can be fully taken into account before any decisions are made.

11.4   There will also be full engagement with the Council's Scrutiny Committee.

12.0   Financial Implications

12.1   This report sets out the Council's projected budget position for 2018/19 and sets out proposed savings to meet the projected shortfall currently estimated at £22.177m.

12.2   It is a legal requirement that Council sets a balanced Revenue Budget for each financial year and it is essential that detailed plans to address projected shortfalls are developed and, more importantly, delivered over the coming years.

12.3   Progress with achieving savings agreed as part of the 2017/18 budget is monitored each month by the Corporate Management Team and the Budget Performance and Review Group, with quarterly reports to Cabinet.

13.0   Legal Implications

13.1   Specific legal duties relating to consultation and the setting of the budget are set out in the main body of the report.

13.2   Any consultation must be meaningful and be taken into consideration when making any decision.

13.3   The council has a public sector equality duty under the Equality Act 2010. In order to comply with that duty it is essential that Equality Impact Assessments are undertaken where appropriate in relation to budget proposals and any impact is considered.

Background Papers: None

Appendices: Appendix A – *Sustainable Swansea – fit for the future*:
                            Transformation Programme 2018-19
                    Appendix B – Statement of Medium Term Budget Priorities
                    Appendix C – Savings Proposals 2018/19

SUSTAINABLE SWANSEA – FIT FOR THE FUTURE

Transformation Programme 2018-19

The *Sustainable Swansea – Fit for the Future* Programme

The Sustainable Swansea Programme is the Council's transformation plan across the whole organisation. Planning started back in 2014 with implementation running from 2015 through to 2022. The programme is the Council's proactive response to pressures, mostly in the external environment, to ensure Swansea communities have the right support and remain sustainable in the long term in the context of reducing budgets and rising demand for public services.

A large part of the Sustainable Swansea programme involves a change process called 'Commissioning Reviews'. This is a 22 week process involving in-depth analysis, stakeholder involvement / feedback, benchmarking, and an options appraisal. It is the intention for every service to go through a Commissioning Review in the life of the programme. The Council developed a toolkit to support services through the process.

Importantly, since 2015:

- **17 service area commissioning reviews** have been undertaken (15 completed) and most of these areas are now implementing decisions from their options appraisals.
- The Council has **achieved £60m of savings** through a range of measures and projects including Commissioning Reviews.

The table below highlights some of the main areas of delivery through Sustainable Swansea to date. The expected benefits, outcomes and impact of these projects were defined up front however, it takes time for these to be fully realised. Where benefits are already emerging these are also listed:

Commissioning Review Process and Modernisation of Services	**17 Commissioning Reviews delivered (11 are now implementing their three year plans)** **Staff are expanding digital ways of working and developing online services**, making it easier for residents and customers to get what they need and encouraging a shift from high to lower cost transactions. 31 request forms including automated payments - Online payments of over £108,741 reducing back office finance functions - BACs and Card payments increased 26% of bulk waste requests are now online reducing processing time within the contact centre - Hanging Basket ordering system online has increased sales to wider customer base with £13.6k taken in online sales (parks and cleansing) **The Agile working Strategy has enabled new ways of working and the subsequent release of satellite offices**, delivering in excess of £1m per annum revenue savings and £3m in capital receipts. The Council is now reviewing new ways to utilise space in public buildings, to reduce silo working, improve collaboration and agile working, as well as saving money and generating income. Plans to release 2-3,000 square metres of office space within the Civic Centre could improve the way the Council works and generate potential income **Flexible working is reducing staff travel**. Through the introduction of new technologies, staff can now work remotely including from home. As a result business travel mileage has dramatically reduced.
Service Commissioning Review Implementations	**Residential and Outdoor Centres** – The sale of Dan y Coed has completed. Historically only an Education Service, the new business manager has: enhanced the list of services for income generation, retained the historical service for schools, is developing a new online presence including online booking, has introduced deposit systems and re-profiled roles and structures to fit the future service model. A feasibility and bid has been submitted to develop the next phase of the model to maximise income. **Waste Management** – Three recycling centres have been developed including challenge stations for residual waste to complement the 'no black bag' policy. The impact has been to raise awareness of recycling whilst also delivering a dramatic reduction in tonnage collected (approx 10,000 tons to 2,000 tons). The Service was recognised nationally for this innovation, winning the iESE Award, LPG Awards and was shortlisted for a number of APSE awards. The new pink bag initiative is rolling out and recycle rates are on target for 64% in 2020, the Council is currently performing at 63.7%

- **Business Support** – This project delivered many changes across three phases including:
  - o Implementation of the Service Centre and Transactions Team which incorporates the employee services helpdesk.
  - o Rollout of end to end process changes with regard to purchasing and paying suppliers for goods and services, moving this all online.
  - o Significant improvements in self-service support for officers and managers online.
  - o The services which are available to the public through the Contact Centre have been increased to include Street Lighting, Parks & Leisure, Parking Services, and Cashiers.
  - o Online forms have improved both the speed and efficiency for the public and increased business intelligence capability within the Council.
  - o Strategic support for the Member-led approach and cross-party Policy development has implemented
  - o A consistent approach to Business Support across the Council is progressing with the development of Business Support 'mini hubs' within the People and Place Directorates. This will enable corporate consistency whilst being tailored to Service needs.
- **Cleaning** – Phase 1 and Phase 2 of site assessments have been completed resulting in: a reduction in hours for some cleaning staff, new output specifications being introduced at sites, performance and monitoring quarterly, and new team working helping with the management of workforce. Income generation opportunities are now being explored alongside electronic timesheets.
- **Corporate Building & Property Services** – Re-profiling and structures have been implemented, the Service now delivers the kitchen and bathroom programme in-house. This has resulted in the recruitment of 40+ trades personnel some having a multi-skilled discipline and not a specified trade ensuring the workforce has sustainable skills. 14 new apprentices have joined the service. The new homes build project has also been completed. The service is currently adopting mobile working.
- **Family Support –** Launch of the Domestic Abuse Hub was implemented in July 17.
- **Adult Services –** The Social Services delivery model was agreed in Nov 17 and will feed into the new Services in the Community cross-cutting work. Transformation of domiciliary care and residential care are part of the wider Adult Services Improvement Plan.
- **Public Protection –** Programme of process mapping and analysis across public protection started in Nov 17 and will be completed by January 18.

	- **City Regeneration and Planning –** Recommendations from the commissioning review are being implemented including implementation plans for a new model and mobility hire services. - **Catering** – A Business Development Officer analysing internal catering for income generation opportunities. Reconfiguration of the canteen facilities to be planned for early 2018 - **Cultural Services** – In-house transformation completed as planned, this included full staff restructuring across operations and establishments - **Paid Access to services** – Tendering for Leisure/Outdoor/Theatres and Brangwyn Leisure progressing as per the implementation plan. - **Culture Strategy and Outreach** – Transformation underway as planned in areas such as parks letting schemes, creation of development teams, and commission of water safety charges review with the RNLI - **Highways and Transportation** – Initial Integrated Unit works have been completed in 17/18, bringing together transport teams from across the Council. Further planning to be undertaken. The review is scheduled to be presented to Cabinet in January 18
Future Council	- **The Organisational Development Strategy** has been developed and proposes a phased implementation over four years to ensure the Council's workforce has the skills for the future. The work is underpinned by the principles of the 21st century public servant and 21st century Councillor developing people's skills and behaviours alongside the Council's culture. - **Workforce modernisation** has focused on absence management this year in order to address sickness levels and increase productivity. The Council's performance is improving and recently entered the top quartile across all Local Authorities in Wales however, further time is needed to see the true impact of this project. Further workforce modernisation projects are underway such as reviewing zero hour contracts. - **A Corporate co-production, communication, consultation and engagement strategy** is in development. The new approach to co-production will be piloted with the Services in the Community cross-cutting project to ensure residents, businesses and other important stakeholders can be involved in shaping future community services - **A Commercial Strategy and plan** is underway. A significant number of commercial projects have already been delivered within Services alongside a more commercial approach to procurement and contract management. This work is being fast tracked and increased to deliver budget proposals over the next four years.

How Sustainable Swansea has impacted the Council's culture	▪ Feedback indicated **the Commissioning Reviews had a positive impact on the workforce** encouraging staff to 'think differently' about how and why the Council delivers its services ▪ **The Commissioning Review process has in itself led to a significant culture change**, with staff owning the process and being integral to the development of the solutions. The reviews have involved stakeholders at all levels including trade unions, Councillors, Scrutiny, and internal and external stakeholders. This has broken down silo working and led to significant financial and other benefits such as improved outcomes for residents and customers ▪ **Demand Management – Delivered a Demand Management Strategy and Toolkit** for staff, developing the skills of staff to help them identify and understand Service demand and resolutions. Techniques such as Systems Thinking have been used to gather important demand data for the Domestic Abuse Hub pilot, other areas that will be explored in the new cross cutting themes will be in Housing and the Food Safety team. ▪ In addition the co-production approach within social services has seen a change in how service users engage with the Council. This approach of service user involvement will develop with the corporate co-production approach.

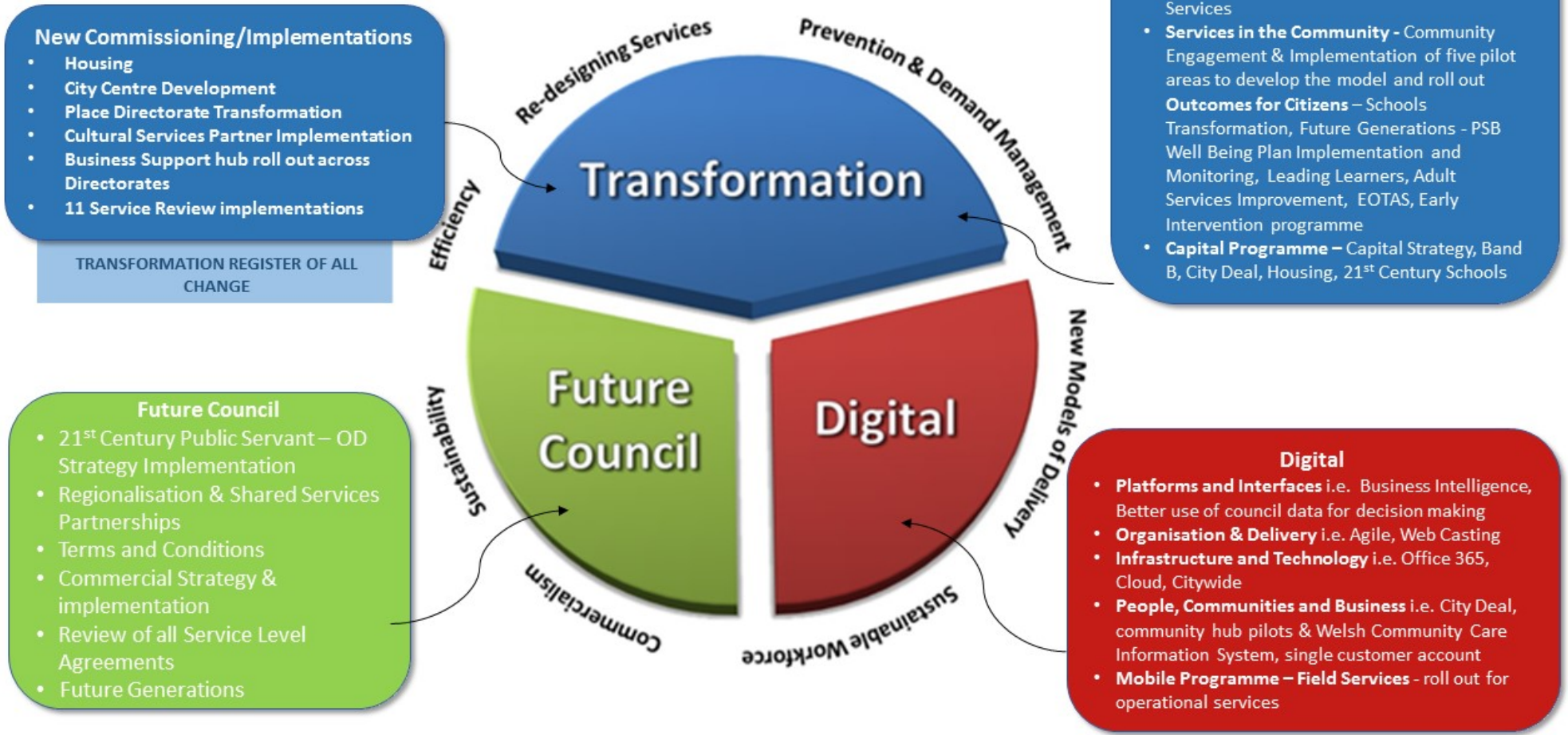The programme is reviewed and adapted annually as result of:
▪ Projects completing as planned
▪ Changes in the environment including new legislation
▪ New pressures or challenges, requiring an innovative approach
▪ Annual budget setting to ensure that transformation priorities and resources are aligned to savings targets.

The Sustainable Swansea model below has been updated and adapted to align with this MTFP. The three segments: Transformation, Digital and Future Council are the **priorities for the year** so that resources can be targeted to deliver both change and financial targets. Around these priorities are the **principles of the programme**: These act as the 'lens' through which staff can continuously review working practices and plan for change.

The three priority areas have been changed in the following ways:

- **Transformation:** Last year's report highlighted the shift from individual Service Commissioning Reviews to a cross-Council approach, bringing Services together around common themes. The four themes have been developed alongside key stakeholders. In addition the programme will complete the remaining commissioning reviews and support their implementations as well Directorate specific changes. The Council also has a Transformation Register which tracks and monitors all changes across the organisation and ensures a Team Swansea approach.

- **Digital:** This is the continued implementation of the Digital strategy with particular focus on implementing mobile and field working for operational services, supporting the infrastructure developments around City Deal and regeneration of the City Centre, further roll out of agile working for staff with new technology, and implementation of the all-Wales Community Care Information System for Social Services and Health.

- **Future Council:** Organisational development is a key priority over the next year to ensure the workforce has the right skills for the future and that staff, managers, and Councillors have a supportive development environment. The commercial strategy implementation is also a key priority in ensuring the Council has a sustainable model into the longer term. All this work is being undertaken in the context of growing regionalisation.

Sustainable Swansea – Fit for the Future

New Commissioning/Implementations
- Housing
- City Centre Development
- Place Directorate Transformation
- Cultural Services Partner Implementation
- Business Support hub roll out across Directorates
- 11 Service Review implementations

TRANSFORMATION REGISTER OF ALL CHANGE

Cross Cutting Themes
- **Transportation** - Strategy and Integrated Transport Unit with Education and Social Services
- **Services in the Community -** Community Engagement & Implementation of five pilot areas to develop the model and roll out
Outcomes for Citizens – Schools Transformation, Future Generations - PSB Well Being Plan Implementation and Monitoring, Leading Learners, Adult Services Improvement, EOTAS, Early Intervention programme
- **Capital Programme –** Capital Strategy, Band B, City Deal, Housing, 21st Century Schools

Future Council
- 21st Century Public Servant – OD Strategy Implementation
- Regionalisation & Shared Services Partnerships
- Terms and Conditions
- Commercial Strategy & implementation
- Review of all Service Level Agreements
- Future Generations

Digital
- **Platforms and Interfaces** i.e. Business Intelligence, Better use of council data for decision making
- **Organisation & Delivery** i.e. Agile, Web Casting
- **Infrastructure and Technology** i.e. Office 365, Cloud, Citywide
- **People, Communities and Business** i.e. City Deal, community hub pilots & Welsh Community Care Information System, single customer account
- **Mobile Programme – Field Services** - roll out for operational services

Transformation

Future Council

Digital

Re-designing Services

Prevention & Demand Management

New Models of Delivery

Sustainable Workforce

Commercialism

Sustainability

Efficiency

SUSTAINABLE SWANSEA – FIT FOR THE FUTURE

STATEMENT OF MEDIUM-TERM BUDGET PRIORITIES

PURPOSE

This paper sets out the Council's views on relative service and budget priorities in the context of the delivery of *Sustainable Swansea – fit for the future* and the Medium Term Financial Plan.

The statement has three objectives:

- *An indicative statement about future funding for services, together with an overall percentage reduction in spend over the next 3 years*
- *A high level statement for services about expectations for transformation and delivery*
- *Policy statements for each major service block setting out how the funding challenge will be met*

STRATEGIC CONTEXT

The scale of the financial, demographic and sustainability challenges facing Swansea require a radically different approach to the past. *Sustainable Swansea – fit for the future* sets out the Council's long term objectives for meeting these challenges and for transformational change for services, the Council and our relationship with residents.

The Council is also developing a revised Corporate Plan that sets out five top priorities for the future:

- *Safeguarding vulnerable people*
- *Improving pupil attainment*
- *Creating a vibrant and viable city and economy*
- *Tackling poverty*
- *Building sustainable communities*

The Council's overall aim is to protect frontline delivery of services as far as possible. However, whilst many things are important, not everything can be a priority. It is important, therefore - particularly in the current climate of significantly reduced resources - that we set out clearly our expectations on all services and relative priorities for funding.

FINANCIAL CONTEXT

We currently estimate that the Council will need to save around £54m over the next 3 years. This requires not only a strategy for transformation, which is set out in *Sustainable Swansea – fit for the future*, but also a clear statement of the expected impact of the reductions across the Council's major services.

SETTING INDICATIVE MEDIUM TERM FINANCIAL ALLOCATIONS

The Council is proposing indicative medium-term financial allocations following an assessment of our overall priorities and the financial context that we face.

The statement which follows is based on an assessment of services in relation to the following criteria:

- **Invest**: those Services where the Council will increase current levels of investment in order to:
    o Deliver our top priorities; and/or
    o Achieve significant reductions in future spend
- **Maintain**: those services where the Council will broadly maintain current level of spend in the medium term to:
    o Deliver our top priorities
    o Meet statutory requirements
    o Meet resident expectations
- **Remodel**: those services where the Council will remodel the current level of spend over the medium term:
    o Because these are lower priority areas
    o To contribute to the overall budget savings requirement

In setting financial allocations we have also had regard to the "gearing" effect of savings on services. In other words, if our current savings requirement of £61m over three years was applied, for example, just to Corporate Services (excluding Council Tax Reduction Scheme) and Place Services, the budgets for areas would be cut by around 75%. Consequently, other areas such as Education and Social Care also need to face some level of reduction over the next 3 years given the relative size of their budgets.

Based on the statement of priorities and having regard to the "gearing effect" when considering savings, the indicative 3 year saving/investment targets for each major block of services is set out in the table below:

INDICATIVE MEDIUM TERM FINANCIAL ALLOCATIONS

Service	Budget 17/18 £m	Percentage Reduction/Increase over 3 Years	Amount Realised £m
Schools	143.6	+1.5	+2.2
Rest of Education	21.1	-15	-3.2
Social Care – Child & Families	35.4	-15	-5.3
Social Care- Adults	68.4	-20	-13.7
Poverty & Prevention	6.1*	+5	+0.3
Place	50.8	-50	-25.4
Corporate Services	22.1	-50	-11.0
Total	347.5m		-56.1m

*Note that whilst this is the controllable budget for Poverty & Prevention, the Council spends **significantly more** on this area through the contribution of a wide range of other services*

This statement will form the basis of our future medium term financial plan, as well as individual service plans.

GENERAL PRINCIPLES FOR ALL SERVICES

There are a number of principles that apply to all the Council's services, regardless of the assessment of relative priorities. These are set out below.

Budget Principles

The Council has adopted a number of Budget Principles which underpin *Sustainable Swansea*:

Everything is included	*Increased income*
Engagement	*Different models of delivery*
We will have less money	*Supporting those at risk*
Demonstrating efficiency	*Evidence base*
Cutting Red Tape	*Sustainable outcomes/prevention*
Full cost recovery	*Personal Responsibility*

All Services must apply and be consistent with these Budget Principles.

All Services are also required to address these Principles as part of business planning and developing savings proposals.

Service Transformation and Efficiency

There are expectations upon all Services in relation to transformation and efficiency which must be met regardless of relative priority for funding:

Transformation	All service must transform through a fundamental review of purpose, however services are commissioned, to: • deliver better outcomes • develop a sustainable delivery model, fit for the future • remodel costs and secure value for money
Efficiency	All services must continue to strive for efficiency, in particular: • reduce management and other overheads • maximise opportunities for increasing income from charges, trading and external sources • reduce the cost of purchasing supplies and services • work with others to achieve better outcomes • look for opportunities for residents or community groups to take or share responsibility for services

HoS Budget	Proposal	Savings 2018/19 £'000
Corporate Services	Management review including all tiers, regional working and shared services, more digital working and 'mini business hubs' within other directorates	995
Corporate Services	Service Reviews and demand management across all areas of the Directorate	597
Corporate Services	Review and full cost recharge of Welsh Translation Service to users	160
Corporate Services	Review funding of union representatives	72
Corporate Services	Reduce budgeted council tax reduction scheme costs to same level as actual spend (demand led, varies annually)	500
Corporate Services	Working commercially across the Council on income / contract spend, prioritising resources as per strategy and plan	1,150
Adult Services	Management savings across all levels within Adult Services	762
Adult Services	Review of Community Alarm Service (separate consultation)	10
Adult Services	Implement preferred options as outcome of Commissioning Review leading to reduction of in-house beds	169
Adult Services	Review of day services eligibility (separate consultation)	110
Adult Services	Maximise Income for Local Area Coordination from partners	80
Adult Services	Implement preferred options as outcome of Commissioning Review	500
Adult Services	Introduction of prepaid cards to service users to minimise potential for direct payments to be used incorrectly	150
Child & Family Services	Leaving care accommodation costs to be aligned to maximise eligibility for grant funding	150
Education	School Meal Charges - full year impact of September 2017 5p increase	23
Education	Free breakfast costs - further review of support given	69
Education	Catering and cleaning services - further review of actual costs to achieve full cost recovery	95
Education	Corporate review of terms and conditions - school staff parking charges	150
Education	School Meal prices: further increases (5p / £2.30: Sept 18; 10p / £2.40: Sept 19; and 10p / £2.50: Sept 21)	40
Education	Robust management of demands on remaining severe and complex needs budgets	261
Education	Continuing managed savings through wider impact of implementation of new models of learner support	130
Education	Further reductions in regional improvements service ring-fence consistent with funding settlements	32
Education	Further assumed reductions in Education Improvement Grant matching funding requirements	11
Education	Ethnic minority achievement service - full recovery of eligible costs from external grant	40
Education	Further review of management posts in light of changing demands and capacity issues	55
Poverty & Prevention	Adult and community learning managed savings	80
Poverty & Prevention	Develop and spin out the Food not-for-profit Enterprise	70
Poverty & Prevention	Completion of Rights Respecting Schools Award	10
Poverty & Prevention	Reduce third sector funding via the Change Fund by 10%	25
Poverty & Prevention	Management savings	4
Poverty & Prevention	End the Enterprise Officers Contract and look for funding alignment opportunities	70
Poverty & Prevention	Joint commissioning opportunities for LGBT Youth Club provision (YMCA)	20
Poverty & Prevention	Reduce satellite youth clubs provision (Gendros, Montana, Morriston, St Thomas, Friendship House)	40

Poverty & Prevention	Reduction in investment in Early Years	47
Poverty & Prevention	Maximise grant funding and income opportunities	145
Poverty & Prevention	Management and staffing efficiencies	60
Poverty & Prevention	Alignment of Early Intervention and Family Learning provision	20
Corporate Building	Staffing and transport savings due to more efficient mobile working	200
Corporate Building	Reduced maintenance on a number of building assets assuming a number will have been rationalised (sold, transferred to community running)	100
Corporate Property	Implement preferred options of Commissioning Reviews for Corporate Property, Cleaning Services and Cultural Services	308
Corporate Property	Additional rental income , including Liberty Stadium	400
Corporate Property	Efficiencies achieved in mail contracts	60
Culture & Tourism	Implement cost recovery by charging schools/other public sector for education services at museums and galleries	21
Culture & Tourism	Reduced staffing and opening hours at the Grand Theatre	176
Culture & Tourism	Cease Grand Theatre printed programme and concentrate on digital only	20
Culture & Tourism	Grand Theatre and Brangwyn increased income	220
Highways & Transportation	More efficient and effective transportation across all Council activities	250
Highways & Transportation	Reduced staff mileage claims as a result of a more agile and digital workforce	200
Highways & Transportation	Efficiencies in management and maintenance of vehicle fleet provision and wider highways and transportation processes	120
Highways & Transportation	Swansea Marina increased income opportunities outside of actual mooring fees	25
Highways & Transportation	Sell park and ride spaces to other employers	20
Highways & Transportation	Increased infrastructure works on behalf of Housing Department. Investment in Housing assets presents significant opportunities.	20
Highways & Transportation	Disability Crossover budget - installing dropped kerbs at junctions. Future funding from member environmental improvement budgets	20
Highways & Transportation	Increased car parking charges, set to match demand patterns, including Sunday parking	100
Highways & Transportation	Enforcement of moving traffic offences (via new technology)Investment in new technology	30
Highways & Transportation	Increases in licensing charges	5
Place - Cross Cutting	Increased fee earning activity, assuming full cost recovery	750
Place - Cross Cutting	Senior staff savings	250
Waste Management & Parks	Seek community ownership/sponsorship of flower beds	25
Waste Management & Parks	Rationalisation of Playgrounds	30
All Services	Reduce sick pay expenditure	1,000
All Services	Reimburse only half of all staff professional fees	55
All Services	Reduction in earmarked reserves (contingency fund)	1,400

Savings Requiring Initial Investment

Adult Services	Review all Mental Health and Learning Disability packages of care, to ensure that they are fit for purpose and those eligible for health funding receive it (separate consultation).	500
Adult Services	Review all packages of care to ensure fit for purpose and effectively manage new admissions to residential and domiciliary care (separate consultation)	221
Adult Services	Targeted increase in recourse to direct payments as alternative to non-complex domiciliary care packages and complex care packages for Mental Health & Learning Disabilities (separate consultation)	500
Adult Services	Charging Policy and Annual Fee Increases	1,000
Adult Services	Investment in new posts to underpin the savings set out above	-564
Child & Family Services	Savings arising from the Safe LAC Reduction Strategy	3,000
Child & Family Services	Demand management ensuring Child & Family work only with those children with eligible needs requiring a Social Work intervention.	450
Child & Family Services	Implement the recommendation of the Family Support Commissioning Review and reconfigure in house Family support service.	200
Child & Family Services	Investment in new posts to underpin the savings set out above	-980
Economic Regeneration	Investment into Economic Regeneration following commissioning review with a specific focus on maximising external funding opportunities	-32
	Total Savings before council tax increase	**17,002**

Service Pressures

HoS Budget	Pressure	£'000
Corporate Property Services	Targeted increases in some NDR budgets	150
Corporate Property Services	Loss of Guildhall Law Court income	135
Waste Management & Parks	Replacement waste vehicles - leasing costs	237
Highways & Transportation	Investment in staff (3 FTEs) for improved highways and transport management	120
Waste Management & Parks	Increase in Member Environmental Improvement budget to £10k each per annum	44
Housing & Public Protection	Increased frequency of dredging the River Tawe	50
Child & Family	Continued support to ensure the continuation and transformation of Child and Family Services and the Safe LAC reduction strategy	2,000
Delegated Schools	Increased funding for schools to reflect demographic pressures (increased pupil numbers)	1,000
Corporate Services	Base line funding for services currently supported by contingency funding in 2017-18 (S151 cover, Deprivation of Liberties Safeguards and Public Service Board	177
Corporate Services	Support for digital inclusion and increased organisational development capacity	65
Legal, Democratic Services & Business Intelligence	Increased support for Coroners and Pathologists	136
	Total Service Pressures	**4,114**

**Report of the Cabinet Member for
Service Transformation & Business Operations**

Cabinet – 14 December 2017

Quarter 2 2017/18 Performance Monitoring Report

Purpose:	To report corporate performance for Quarter 2 2017/18.
Policy Framework:	*Delivering a Successful Swansea* Corporate Plan 2017/22 *Sustainable Swansea – Fit for the Future*
Consultation:	Legal, Finance, Access to Services.
Recommendation(s):	It is recommended that:

1) the performance results are noted and reviewed to help inform executive decisions on resource allocation and, where relevant, corrective actions to manage and improve performance and efficiency in delivering national and local priorities

Report Author: Richard Rowlands

Finance Officer: Paul Roach

Legal Officer: Debbie Smith

Access to Services Officer: Sherill Hopkins

1. Introduction

1.1 This report presents the performance results for Quarter 2 2017/18 delivering the Council's Well-being Objectives (priorities) described in the Corporate Plan 2017/22 *Delivering a Successful Swansea*.

1.2 The outturn presented in the performance tables (Appendix A) incorporates an overview of performance that needs to be considered alongside the current financial situation of the Council.

1.3 The financial resources required to achieve the specified performance levels in 2017/18 have been provided in the approved budget. As part of

the work on *Sustainable Swansea – Fit for the future* there will be an increased focus on understanding the level of activity and outcomes that are achieved for the budget allocated so that choices can be made about relative priorities.

2. Performance and Improvement

2.1 Performance is judged using the results measured by Corporate Plan performance indicators compared to agreed targets.

2.2 Improvement is measured by comparing the results of Corporate Plan performance indicators against the results from the same period last year where comparison is possible.

2.3 It is important to point out that each of the corporate priorities cannot be seen in isolation from each other. Each priority both affects and is affected by the others. For example, improving education and skills is both important to our efforts to tackle poverty and improve the economy. For this reason, many of the performance indicators allocated to measuring one priority can also be used to show progress meeting other priorities.

3. Outturn

3.1 The Corporate Plan performance indicators measure progress meeting the following key priorities:

i) Safeguarding people from harm.
ii) Improving education and skills.
iii) Transforming our economy & infrastructure.
iv) Tackling poverty.
v) Transformation & future Council development.

3.2 The outturn for Quarter 2 2017/18 shows that **30 out of 45 (67%)** Corporate Plan performance indicators (that had targets) met their targets. **18 out of 41 (44%)** comparable Corporate Plan performance indicators also showed improvement compared to Quarter 2 2016/17.

3.3 The performance tables in Appendix A also set out an overview of performance for each Corporate Plan priority provided by Directors and Heads of Service who are the responsible leads; these overviews are set out in para 4.0.

4. Context: Overviews of Performance

4.1 The following overviews provided by responsible departments describe the context to the performance meeting the Council's key priorities as at the end of Quarter 2 2017/18.

4.1 Safeguarding people from harm

4.1.1 Whilst the overall safeguarding arrangements to promote the safety and well-being of our most vulnerable citizens are robust, the level of demand for both statutory children and adult services remains high. This high level of demand has led to performance falling just below the ambitious targets set for some of our assessment and decision making timescales. Clear and deliverable management plans are in place to address issues of capacity and improvements to process and we remain confident that improved performance will be achieved over the year. Despite variations in performance against some individual targets when taken as a whole, the health of Swansea's safeguarding and care and support arrangements remains strong.

4.1.2 With regards the future sustainability of social care arrangements in Swansea and the shift towards a more preventative model, the positive performance in the areas of safe Looked After Children reduction, local area coordination, annual reviews, re-ablement and support for carers is particularly encouraging.

4.1.3 However, a deterioration in performance of delayed transfers of care from hospitals is directly related to community services including social care services becoming saturated through a significant increase in demand for long-term social care. Again specific management plans have been agreed between social services and the local health board to alleviate this pressure. Improvements in flow are already beginning to be evidenced as a result.

4.1.4 The Council's focus on ensuring all staff and Elected Members understand their safeguarding responsibilities are evidenced by a continued uptake of mandatory training. Elected Member training as part of the induction program for new Councillors proved particularly effective. As more and more staff have been trained, having a realistic target for the number of new staff required to be trained each quarter is difficult to judge and whilst we didn't hit the target of 250, it's still positive that a further 200+ staff engaged this quarter.

4.2 Improving education & skills

4.2.1 Swansea has a strong track record of improving outcomes for learners across all stages in schools and has shown outstanding performance at Key Stage 4, in particular between 2012/2016. Performance of free school meal pupils remains stable at Key Stages 2 and 3. The gap in performance for free school meal pupils has widened in 2017 at Key Stage 4 and at Foundation Phase.

4.2.2 Primary school attendance was 95% for the 2017/2018 academic year. This compares to 94.9% for each of the two previous years. The five-year trend since 2011/2012 has an improvement of 2%, which is the joint highest rate of improvement in Wales.

4.2.3   Secondary school attendance was 94.3% for the 2017/2018 and 2016/2017 academic years. The five-year trend since 2011/2012 has an improvement of 2%, which is higher than the rate of improvement in Wales.

4.3   Transforming our economy and infrastructure

4.3.1   Performance this quarter again shows that the vast majority of targets are being achieved and/or showing trend improvements. Amongst them, the number of apprenticeships or trainee starts in the Council and the percentage of all major applications with an economic imperative that are approved are both showing significant improvement.

4.3.2   Detailed design work and intrusive site investigations are now well underway to progress the delivery of the Digital Arena project. Works are scheduled to commence in 2018 for completion in 2020. Meanwhile the Kingsway infrastructure project design is on site to carry out enabling works in order for the main works contract to start early in 2018, minimising any impact on busy trading periods and the potential for disruption. A professional team is now being procured to work up detailed designs for the Tech Industries office development that will be delivered on the former Oceana site.

4.3.3   Following the signing of the City Deal agreement by UK, Welsh and Local Governments in March, work is now nearing completion to draft the five case business model that is required for sign-off by both governments before the City Deal projects can commence. The document will be submitted via the regional office later this month.

4.3.4   Since the submission of the deposit Local Development Plan (LDP) last quarter, LDP inspectors have now scheduled the formal Examination Hearings to be held over a 2-month period, from 5th Feb – 23rd March 2018. The Hearings will examine specific and detailed matters relating to LDP policies and individual sites. Amongst other land uses, the LDP will provide allocations to progress strategic housing and mixed development sites to meet housing need and provide employment. In addition, it will support the provision of affordable housing solutions in rural areas. The LDP will also promote biodiversity and protect Swansea's green spaces, including parks for recreation and play, to promote health and well-being. Biodiversity continues to be supported through the Wildflowers Scheme, with additional options for tree planting being explored.

4.3.5   The City of Culture bid was launched electronically by community representatives and received in London by actor Rhys Ifans who delivered it to the Department for Digital, Culture, Media & Sport (DCMS). We now await feedback and the visit from the judging panel next month.

4.3.6   Design works are progressing well for the HLF (Heritage Lottery Fund) funded Hafod Copperworks project. The project, in partnership with Penderyn will improve, expand and diversify the leisure, cultural and heritage facilities and infrastructure to help boost the economy, promote

tourism and improve wellbeing. This investment could support the Council's wider regeneration aspirations to deliver a new hotel and leisure development near the Liberty Stadium to complement cultural developments and encourage river taxis to take visitors to the Marina.

4.3.7 Recycling performance has been strengthened by converting 3 Household Waste Recycling Centres into Recycling Centres Only, and prohibiting recyclable material from the skips destined for landfill in the other 2 sites. This initiative, as well as the expansion of our Reuse Shop, has been recognised through the winning of 2 national awards.

4.4   Tackling Poverty

4.4.1 Following consultation on the revised Poverty Strategy we will complete and publish the strategy in Quarter 3, setting out our action to empower local people, change cultures to emphasise tackling poverty is everyone's business and target resources to maximise access to opportunity and prosperity. This will result in the development of a wider set of Corporate Targets, which further demonstrate how we will make steps towards well-being in line with Swansea's Corporate Plan.

4.4.2 Current Corporate Targets are predominantly met. Actions to address any shortfalls are in place, which should ensure that performance is back on track by the end of the third quarter.

4.4.3 The current corporate targets demonstrate our progress towards the following steps to well-being:

- Helping to address the impacts of Welfare reform, such as supporting people to claim the full benefits they are entitled to so that they are able to maximise their income. Our support to maximise Welfare Benefit claim works alongside efficient processing of Housing Benefit and Council Tax reduction to maximise their income.

- Prevent homelessness and support people to maintain their tenancies to help maintain stability and security for families, safeguard health and well-being and prevent social exclusion. Our low use of temporary accommodation particularly Bed and Breakfast by families, demonstrates our efficiency in supporting people into more permanent places to live.

- Implementation of the Community Cohesion Delivery Plan. The effectiveness of promoting cohesive and inclusive communities with our partners will be evidenced in good and consistent performance of local community satisfaction indicators.

4.5   Transformation & future Council development

4.5.1 Quarter 2 has seen some changes in performance as the Corporate Plan Well-being Objectives are implemented. The Council's corporate transformation programme, *Sustainable Swansea – Fit for the Future*, has continued to deliver as per the plan.

4.5.2   An Organisational Development Strategy has been developed and an implementation plan is underway. These provide a roadmap for developing the workforce of the future. In addition, a Commercial Strategy is underway articulating the vision and steps to making the Council more sustainable by embedding a commercial approach and culture.

4.5.3   One of the key priorities during Quarter 2 has been the start of the budgeting process, with financial targets that will ensure the Council is financially sustainable. New regional working arrangements have also formed a key part of Quarter 2 activities, with the Welsh Government (WG) starting a consultation process following the Local Government Reform announcements. WG has identified those services to be delivered at regional level and the proposed governance arrangements.

4.5.4   The Council is progressing its Co-Production Strategy with help from the Welsh Local Government Association and other partners. This will provide the opportunity for local citizens to influence how policies are written and services are developed across the whole Council. The Council continues to modernise and transform services, taking a digital first approach where appropriate, which is reflected in Quarter 2 performance.

5.   Considerations

5.1   When making comparisons between quarters in previous years and 2017/18, the following should be considered:

5.1.1   The nature and number of some performance indicators (PIs) has changed between these two periods and therefore direct comparisons may not always be appropriate.

5.1.2   Many of the performance measures are new and definitions may need further refinement.

5.1.3   Many targets for new performance indicators are still being baselined.

5.1.4   Some data will be enhanced and improved to be more robust as data collection methods are developed and / or refined by services over the coming quarters.

5.1.5   The results do not always account for changes in resources and workload during that period (although details can be seen in the numerator and denominator information and in the comments column of the data tables attached to this report).

5.1.6   There may be changes to the numerator and denominator information that may affect the trends by showing a decline while the volume of work has increased.

6. **Equality & Engagement Implications**

6.1 This report has no direct equality and engagement implications itself although the data reported may form part of the information that leads to a service screening for and undertaking an EIA as required.

7. **Financial Implications**

7.1 In the current and anticipated financial environment further discussion and consideration will be required around priorities and target setting for performance improvement as part of *Sustainable Swansea – fit for the future*.

8. **Legal Implications**

8.1 There are no legal implications associated with this report.

Background Papers: None.

Appendices: Appendix A – Quarter 2 2017/18 Performance Monitoring Report.

Corporate Performance against Target

Corporate Performance compared to Same Period of Previous Year

Overall Council Summary

Overall Council Summary

Green 30
Amber 8
Red 7
No RAG , 1

Improving 18
Static 2
Declining 21
New PI, 4
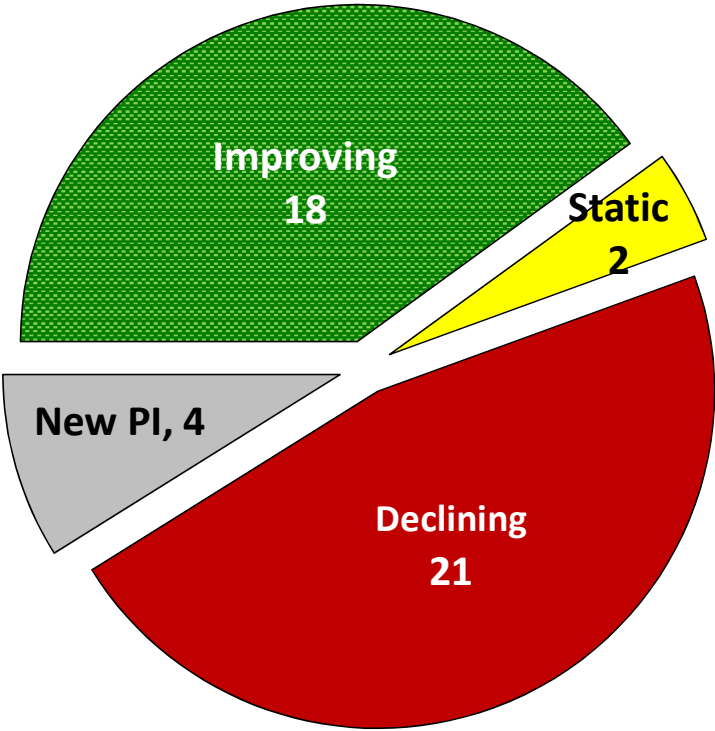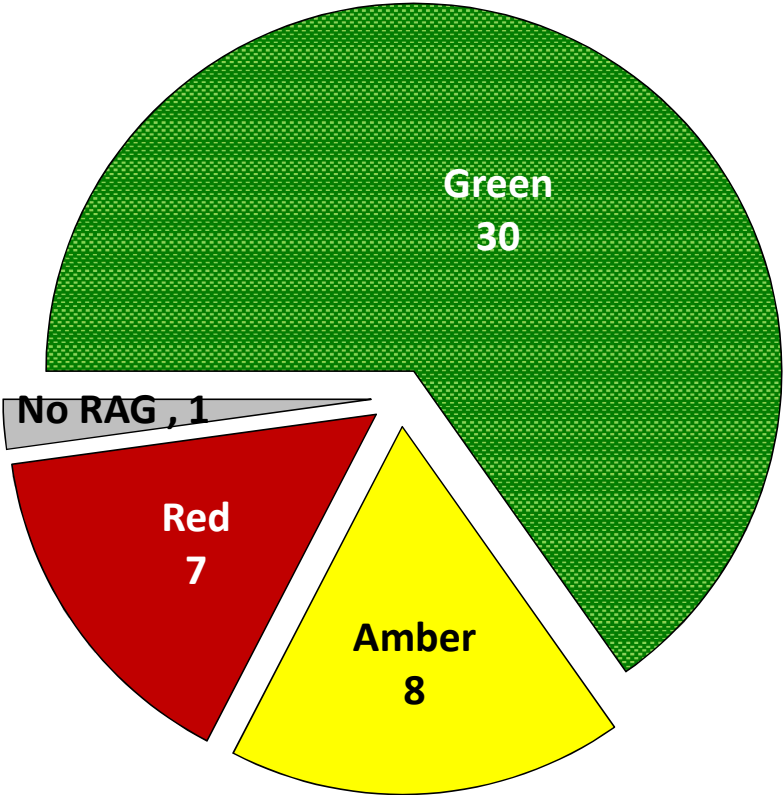
Performance Report - Qtr 2 2017/18

Priority Performance against Target

Safeguarding

- Green 11
- No RAG, 1
- Red 6
- Amber, 2

Education

- Green 4

Transformation

- Green 3
- Red 1
- Amber 4

Economy

- Green 5
- Amber 1

Poverty

- Green 7
- Amber 1

Priority Performance compared to same period of previous year

Safeguarding

- Improving 9
- New PI, 1
- Static, 1
- Declining 8

Education

- Declining 2
- New PI 2

Transformation

- Improving 2
- Static 1
- Declining 5

Economy

- Improving 3
- New PI 1
- Declining 2

Poverty

- Improving 4
- Declining 4
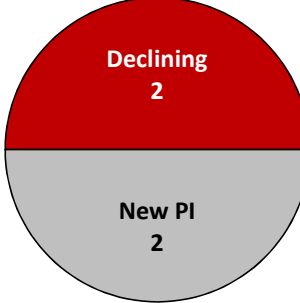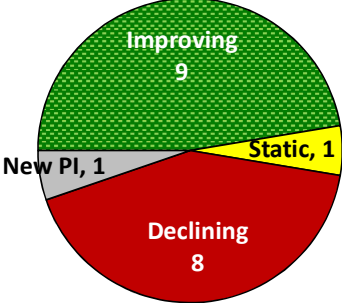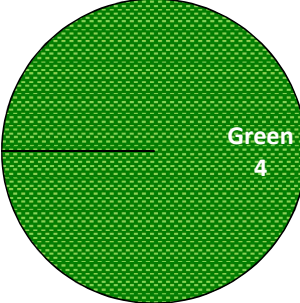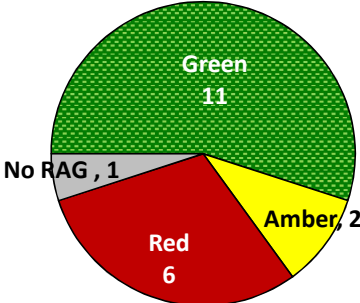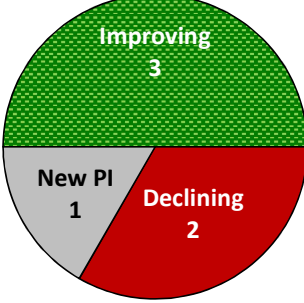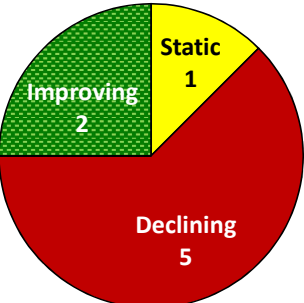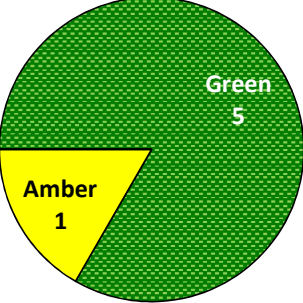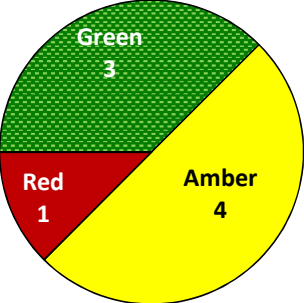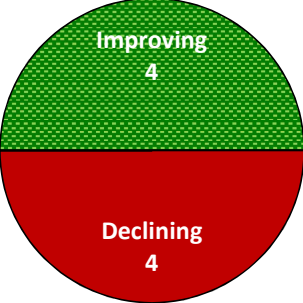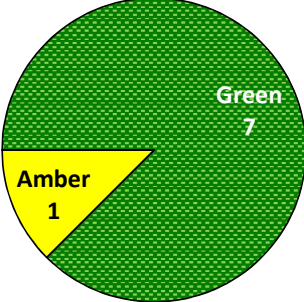
Performance Report - 2017/18
Quarter 2

GREEN Met Target	AMBER Within 5% of Target	RED Missed Target

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		

Priority 1 : Safeguarding

Priority Lead's Overview

Whilst the overall safeguarding arrangements to promote the safety and well being of our most vulnerable citizens are robust, the level of demand for both statutory children and adult services remains high. This high level of demand has led to performance falling just below the ambitious targets set for some of our assessment and decision making timescales. Clear and deliverable management plans are in place to address issues of capacity and improvements to process and we remain confident that improved performance will be achieved over the year. Despite variations in performance against some individual targets when taken as a whole, the health of Swansea's safeguarding and care and support arrangements remains strong.

With regards the future sustainability of social care arrangements in Swansea and the shift towards a more preventative model, the positive performance in the areas of safe Looked After Children reduction, local area coordination, annual reviews, re-ablement and support for carers is particularly encouraging.

However, a deterioration in performance of delayed transfers of care from hospitals is directly related to community services including social care services becoming saturated through a significant increase in demand for long term social care. Again specific management plans have been agreed between social services and the local health board to alleviate this pressure. Improvements in flow are already beginning to be evidenced as a result.

The Council's focus on ensuring all staff and Elected Members understand their safeguarding responsibilities are evidenced by a continued uptake of mandatory training. Elected Member training as part of the induction program for new Councillors proved particularly effective. As more and more staff have been trained, having a realistic target for the number of new staff required to be trained each quarter is difficult to judge and whilst we didn't hit the target of 250, it's still positive that a further 200+ staff engaged this quarter.

PI & desired direction of Travel	Result	Target	Performance	Comparison	N/D 2017/18	N/D 2016/17	Comments	Head of Service
AS8 ↑ Percentage of adult protection referrals to Adult Services where decision is taken within 24 hours	**AMBER** **64.35%**	65%	69.58%	**RED** ↘	The number of adult protection enquiries completed in the quarter that were completed within 24 hours: **204** / Total number of adult protection enquiries completed in the period: **317**	**215** / **309**	Performance is slightly lower than Q1 2017/18 and also lower than Q2 2016/17. However, performance is on 1% below this year's target and we are continuing to monitor performance to improve wherever possible.	Alex Williams
Measure 18 ↑ The percentage of adult protection enquiries completed within 7 days	**GREEN** **94.64%**	90%	95.15%	**RED** ↘	The number of adult protection enquiries completed in the year that were completed within seven working days: **300** / Total number of adult protection enquiries completed in the year.: **317**	**294** / **309**	Performance has continued to improve following increased management focus in response to performance issues during 2016/17.	Alex Williams

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		
AS9 ↑ The percentage of Deprivation of Liberty Safeguarding (DoLS) assessments completed in 21 days or less.	**GREEN** **60.8%**	60%	65.8%	**RED** ↘	The number of DoLS assessments completed in 21 days or less following request. **270**	**171**	The service carried out 70% more DOLS assessments in Q2 17-18 compared to Q2 16-17. However, we are still struggling to meet demand. We are therefore creating a dedicated team to focus on DoLS assessments which should be in place by January 2018 and we would then expect performance to start to improve.	Alex Williams
					The number of DoLS assessments completed during the period **444**	**260**		
AS10 ↑ Percentage of annual reviews of care and support plans completed in adult services	**GREEN** **69.2%**	65%	67.0%	**GREEN** ↗	Number of reviews of care and support plans carried out within the last year by Adult Services **4,802**	**3,936**		Alex Williams
					Number of people whose care & support plans should have been reviewed by Adult Services **6,944**	**5,871**		
AS11 ↓ Rate of adults aged 65+ receiving care and support to meet their well-being needs per 1,000 population	**AMBER** **84.69**	76><81	81.66	**RED** ↘	Number of people aged 65 or over supported in the community or in residential nursing care during the year **3,999**	**3,856**	Whilst there has been an improvement in performance over the last quarter, there has been a deterioration compared to the same quarter last year due to increase in uptake of residential care and domiciliary care. We have established arrangements to scrutinise all requests for long-term care in order to manage demand effectively.	Alex Williams
					Total population aged 65 or over **47,220**	**47,220**		
AS12 ↓ Rate of adults aged 18-64 receiving care and support to meet their well-being needs per 1,000 population	**GREEN** **9.13**	9><11	11.44	**GREEN** ↗	Number of people aged 18-64 supported in the community or in residential nursing care during the year **1,369**	**1,716**		Alex Williams
					Total population aged 18-64 **149,958**	**149,958**		
AS13 ↑ Number of carers (aged 18+) who received a carer's assessment in their own right during the year	**GREEN** **180**	150	129	**GREEN** ↗	Number of people aged 18+ who received a carer's assessment. **180**	**129**	Good performance 38% higher than Q2 last year.	Alex Williams
					D **1**	**1**		

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		
AS14 ↑ The percentage of people who have completed reablement who were receiving less care or no care 6 months after the end of reablement.	**GREEN** 82.54%	75%	70.63%	**GREEN** ↗	The number of people who have completed reablement who were receiving less care or no care 6 months after the end of reablement. 293	113		Alex Williams
					The number of people who have completed reablement. 355	160		
Measure 19 ↓ The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	**RED** 3.18	2	1.34	**RED** ↘	Total number of local authority residents experiencing a delayed transfer of care during the year for social care reasons 69	29	Higher than average delays for August and September due to difficulties in obtaining new packages of care as a result of no further capacity available in the market. Immediate measures including complete review of those waiting for care put in place to improve flow through system and long-term plan in place to manage overall level of demand.	Alex Williams
					Total population aged 75+ 21,672	21,672		
AS15 ↑ Percentage of all statutory indicators for Adult Services that have maintained or improved performance from the previous year.	**RED** 71%	85%	50%	**GREEN** ↗	The number of statutory performance indicators for which performance is improving 5	3	5 out of the 7 statutory indicators have been met, but the targets relating to delayed transfers of care and the percentage of people contacting the Information, Advice and Assistance service more than once has increased. The ongoing effectiveness of the Information, Advice and Assistance service will be monitored to ensure that wherever possible we address queries at the first point of contact.	Alex Williams
					The number of statutory performance indicators 7	6		
CFS14 ↑ The percentage of decisions about a referral for care and support received by Child and Family Services which are taken within 24 hrs from receipt of referral	**GREEN** 100%	100%	100%	**STATIC** ↔	The number of decisions about a referral for care and support received by Child and Family Services which are taken within 24 hrs from receipt of referral. 410	404		Julie Thomas
					The number of referrals for care and support received by Child and Family Services in the period. 410	404		

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		
CFS16 ↑ The percentage of initial core group meetings held within 10 working days of the initial child protection conference	**RED** **83.05%**	91%	95.71%	**RED** ↘	The number of initial core group meetings held within 10 working days of the intital child protection conference. **98** / The number of initial child protection conferences held in the period where the outcome was registration. **118**	**67** / **70**	This is a volatile indicator and the high level of Child Protection work within the service has impacted on this indicator. The forthcoming development of the Performance Hub will help to improve performance for this indicator.	Julie Thomas
CFS18 ↓ The number of children looked after (LAC) per 10,000 of the 0-17 Swansea population.	**GREEN** **101.65**	90><108	104.62	**GREEN** ↗	The number of children looked after at end of period **478** / Total population aged 0-17. **47,026**	**492** / **47,026**		Julie Thomas
CFS19 ↓ The number of children on the Local Authority's Child Protection Register (CPR) per 10,000 of the 0-17 Swansea population.	**RED** **58.27**	45><54	45.08	**RED** ↘	The number of children on the CPR at end of period **274** / Total population aged 0-17. **47,026**	**212** / **47,026**	We are seeing a high level of activity at the front door which is translated into an increase in the amount of Child Protection work undertaken leading to a higher population on the Child Protection Register. The effectiveness of the Signs of Safety practice model is ensuring that children remain safe. We are undertaking an audit to better understand the reasons for the increase.	Julie Thomas
CFS20 ↓ The number of children in need of care and support per 10,000 of the 0-17 Swansea population.	**GREEN** **212.65**	190><220	219.88	**GREEN** ↗	The number of children in need of care and support at end of period **1,000** / Total population aged 0-17. **47,026**	**1,034** / **47,026**		Julie Thomas
CFS21 ↑ Percentage of all statutory indicators for Child & Family Services that have maintained or improved performance from the previous year.	- -	-	-		The number of statutory Child & Family Services performance measures that have maintained performance or improved performance in the calculation period. **N/A** / The number of indicators in the calculation set **N/A**	**N/A** / **N/A**	Unable to complete this indicator at present due to data issues with Care Leaver indicators. We are working through this at present and hope to be able to report back in Q3.	Julie Thomas

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		
Measure 24 ↑ The percentage of assessments completed for children within statutory timescales	**RED** **70.00%**	87%	80.10%	**RED** ↘	Number of assessments for children completed during the calculation period that were completed within 42 working days from the point of referral. **273**	**306**	The increase of referrals experienced in Q1 has filtered through to a high number than average assessments that needed to be completed. This high workload has continued to present difficulties in meeting assessment timescales. The re-design of Supported Care Planning includes an action plan to reduce caseloads by working more closely with early intervention and preventative services. The transition into the new Single Assessment format has added some complexity in processes. An exercise in reinforcing of assessment triggers is also taking place.	Julie Thomas
					The number of assessments completed for children in the calculation period **390**	**382**		
Measure 28 ↔ The average length of time for all children who were on the Child Protection Register (CPR) during the year	**No RAG** 190.9	100><300	248	**DECREASING**	The sum of the lengths of time each child had been on the CPR if they were removed from the CPR in the period. **17,372**	**21,091**		Julie Thomas
					The number of children who were removed from the CPR in the period **91**	**85**		
SAFE8b ↑ The percentage of elected members who have completed safeguarding training	**GREEN** **84.72%**	50%	63.89%	**GREEN** ↗	Number of elected members who have received training in safeguarding vulnerable people **61**	**46**	E-mail to be sent to those councillors that have not been recorded as completed the training to enquire if they have completed the training and when. This figure reflects the well-attended course on 24th July which has boosted our progress towards achieving 100% and re-emphasising the need for the remaining Councillors to complete ASAP.	Steve Rees
					Number of Elected Members **72**	**72**		
SAFE27 ↑ Total number of staff who have completed the corporate mandatory safeguarding awareness training	**RED** **227**	250	-	**NEW PI**	Number of employees (excluding school based staff) who have completed the mandatory formal corporate training **227**	**N/A**	The drive across the council is strong to prompt staff to complete the training, this is being communicated via team meetings and social media.	Steve Rees
					D **1**	**N/A**		
SUSC5 ↑ Number of new requests for local area co-ordination	**GREEN** **63**	60	41	**GREEN** ↗	The number of introductions for individuals recorded in the Local Area Co-ordination database **63**	**41**		Alex Williams
					D **1**	**1**		

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		
Priority 2 : Education and Skills								
Priority Lead's Overview Swansea has a strong track record of improving outcomes for learners across all stages in schools and has shown outstanding performance at key stage 4, in particular between 2012-2016. Performance of free school meal pupils remains stable at key stages 2 and 3. The gap in performance for free school meal pupils is widened in 2017 at key stage 4 and at Foundation Phase. Primary school attendance was 95% for the 2017-2018 academic year. This compares to 94.9% for each of the two previous years. The five year trend since 2011-2012 has an improvement of 2% which is the joint highest rate of improvement in Wales. Secondary school attendance was 94.3% for the 2017-2018 and 2016-2017 academic years. The five year trend since 2011-2012 has an improvement of 2% which is higher than the rate of improvement in Wales.								
BBMA4 ↑ Apprenticeships – number of apprenticeship or trainee starts in the Council in 2017/18	**GREEN** 19	10	-	**NEW PI**	The number of persons commencing employment with CCS as apprentices or trainees during the period **19** D **1**	N/A N/A		Phil Holmes
EDU016a ↑ Percentage of pupil attendance in primary schools	**GREEN** 94.28%	94><95.5%	94.56%	**RED** ↘	Number of sessions attended by all pupils of statutory school age in primary schools **1,750,817** Number of sessions possible for all primary school pupils of a statutory school age **1,857,056**	1,948,359 2,060,551	In summer term, holidays accounted for 1.89%, whereas they were 0.47% in spring and 0.80% in autumn terms. Medical and illness absence was actually lower in summer term (2.78%), which partially offset the increased holidays. The other terms were 3.3% and 3.5%.	Nick Williams
EDU016b ↑ Percentage of pupil attendance in secondary schools	**GREEN** 94.10%	93><94.5%	94.55%	**RED** ↘	Number of sessions attended by all pupils of statutory school age in secondary schools **540,502** Number of sessions possible for all secondary school pupils of a statutory school age **574,398**	772,089 816,592	In summer term, holidays accounted for 1.89%, whereas they were 0.47% in spring and 0.80% in autumn terms. Medical and illness absence was actually lower in summer term (2.78%), which partially offset the increased holidays. The other terms were 3.3% and 3.5%.	Nick Williams
POV07 ↑ Number of training weeks for new entrant employees achieved through community benefit clauses	**GREEN** 1,173	750	-	**NEW PI**	Number of person weeks of training and employment undertaken **1,173** D **1**	N/A N/A		Phil Holmes

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		

Priority 3 : Economy and Infrastructure

Priority Lead's Overview

Performance this quarter again shows that the vast majority of targets are being achieved and/or showing trend improvements. Amongst them, the number of apprenticeships or trainee starts in the Council and the percentage of all major applications with an economic imperative that are approved are both showing significant improvement.

Detailed design work and intrusive site investigations are now well underway to progress the delivery of the Digital Arena project. Works are scheduled to commence in 2018 for completion in 2020. Meanwhile the Kingsway infrastructure project design is on site to carry out enabling works in order for the main works contract to start early in 2018, minimising any impact on busy trading periods and the potential for disruption. A professional team is now being procured to work up detailed designs for the Tech Industries office development that will be delivered on the former Oceana site.

Following the signing of the City Deal agreement by UK, Welsh and Local Governments in March, work is now nearing completion to draft the five case business model that is required for sign-off by both governments before the City Deal projects can commence. The document will be submitted via the regional office later this month.

Since the submission of the deposit LDP last quarter, LDP inspectors have now scheduled the formal Examination Hearings to be held over a 2 month period, from 5th Feb – 23rd March 2018. The Hearings will examine specific and detailed matters relating to LDP policies and individual sites. Amongst other land uses, the LDP will provide allocations to progress strategic housing and mixed development sites to meet housing need and provide employment. In addition it will support the provision of affordable housing solutions in rural areas. The LDP will also promote biodiversity and protect Swansea's green spaces, including parks for recreation and play, to promote health and well-being. Biodiversity continues to be supported through the Wildflowers Scheme, with additional options for tree planting being explored.

The City of Culture bid was launched electronically by community representatives and received in London by actor Rhys Ifans who delivered it to the Department for Digital, Culture, Media & Sport (DCMS). We now await feedback and the visit from the judging panel next month.

Design works are progressing well for the HLF (Heritage Lottery Fund) funded Hafod Copperworks project. The project, in partnership with Penderyn will improve, expand and diversify the leisure, cultural and heritage facilities and infrastructure to help boost the economy, promote tourism and improve wellbeing. This investment could support the Council's wider regeneration aspirations to deliver a new hotel and leisure development near the Liberty Stadium to complement cultural developments and encourage river taxis to take visitors to the Marina.

Recycling performance has been strengthened by converting 3 Household Waste Recycling Centres into Recycling Centres Only, and prohibiting recyclable material from the skips destined for landfill in the other 2 sites. This initiative, as well as the expansion of our Reuse Shop, has been recognised through the winning of 2 national awards.

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N / D	Qtr 2 2017/18	Qtr 2 2016/17	Comments	Head of Service
BBMA1 ↑ Number of projects that include community benefit clauses	**GREEN** 6	5	-	**NEW PI**	Number of projects with both social benefit clauses and Beyond Bricks & Mortar in their contracts.	6	N/A		Phil Holmes
					D	1	N/A		
EC2 ↑ The percentage of all major applications with an economic imperative that are approved	**GREEN** 100%	85%	93%	**GREEN** ↗	Total number of major applications with an economic imperative that are approved	5	14		Phil Holmes
					Total number of major applications determined in the quarter	5	15		

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		
EC3 ↑ Amount of commercial floorspace created within the City Centre to accommodate job creation	**GREEN** 11,802m²	7,097m²	4,026m²	**GREEN** ↗	Amount of commercial floorspace created by sq m within the city centre 11,802m² D 1	4,026m² 1	Additional funding secured from other sources has allowed additional works to take place.	Phil Holmes
EC4 ↑ Number of new housing units created in Swansea City Centre as a result of Vibrant & Viable Places funding	**AMBER** 66 units	68 units	33 units	**GREEN** ↗	Additional number of new housing units completed within Swansea City Centre through Vibrant and Viable Places 66 D 1	33 1	Although currently slightly behind schedule as of Q2 (present time), this is on track to meet the year-end target.	Phil Holmes
EP28 ↑ The percentage of all planning applications determined within 8 weeks	**GREEN** 86.38%	80%	89.73%	**RED** ↘	The total number of planning applications determined during the year within 8 weeks 444 The total number of planning applications determined during the year 514	437 487	A minor dip in performance has been observed when compared to the same quarter 2016. This is owing to the natural variation in type, scale and complexity of the applications received.	Phil Holmes
WMT009b ↑ The percentage of municipal waste collected and prepared for reuse and/or recycled	**GREEN** 64.42%	60%	65.34%	**RED** ↘	Total tonnage of local authority municipal waste prepared for reuse and/or recycled 18,730 The tonnage of municipal waste collected by the local authority 29,074	20,332 31,115	The statutory target for 2017/18 is 58%. It should be noted that the percentage achieved each quarter can vary considerably due to seasonal factors. As usual the figures quoted are one Quarter behind (The figures are for Quarter 1)	Chris Howell

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		

Priority 4 : Tackling Poverty

Priority Lead's Overview

Following consultation on the revised Poverty Strategy we will complete and publish the strategy in Quarter 3, setting out our action to empower local people, change cultures to emphasise tackling poverty is everyone's business and target resources to maximise access to opportunity and prosperity. This will result in the development of a wider set of Corporate Targets, which further demonstrate how we will make steps towards well-being in line with Swansea's Corporate Plan.

Current Corporate Targets are predominantly met. Actions to address any shortfalls are in place, which should ensure that performance is back on track by the end of the third quarter.

The current corporate targets demonstrate our progress towards the following steps to well-being:

• Helping to address the impacts of Welfare reform, such as supporting people to claim the full benefits they are entitled to so that they are able to maximise their income. Our support to maximise Welfare Benefit claim works alongside efficient processing of housing benefit and council tax reduction to maximise their income.

• Prevent homelessness and support people to maintain their tenancies to help maintain stability and security for families, safeguard health and well-being and prevent social exclusion. Our low use of temporary accommodation particularly Bed and Breakfast by families, demonstrates our efficiency in supporting people into more permanent places to live.

• Implementation of the Community Cohesion Delivery Plan. The effectiveness of promoting cohesive and inclusive communities with our partners will be evidenced in good and consistent performance of local community satisfaction indicators

PI & desired direction of Travel	Result	Target	Performance	Comparison	N / D (2017/18)	N / D (2016/17)	Comments	Head of Service
HBCT01a ↓ Housing Benefit Speed of Processing: a) Average time for processing new claims.	**GREEN** 16.58	18 days	16.08 days	**RED** ↘	Sum in calendar days of time taken to process all new claims **24,160** / Number of new claims received **1,457**	Sum in calendar days of time taken to process all new claims **24,639** / Number of new claims received **1,532**	The PI whilst under target is slightly higher than last year's. Staff shortages in the claim vetting section, which gathers the information needed to verify claims, caused delays.	Ben Smith
HBCT01b ↓ Housing Benefit Speed of Processing: b) Average time for processing notifications of change in circumstances.	**GREEN** 4.59	8 days	5.78 days	**GREEN** ↗	Sum in calendar days of time taken to process change in circumstances **55,156** / Number of change in circumstances decided **12,017**	Sum in calendar days of time taken to process change in circumstances **71,982** / Number of change in circumstances decided **12,451**		Ben Smith
HBCT02a ↓ Council Tax Reduction Speed of Processing: a) Average time for processing new claims.	**AMBER** **18.76 days**	18 days	16.52 days	**RED** ↘	Sum in calendar days of time taken to process all new claims **27,780** / Number of new claims received **1,481**	Sum in calendar days of time taken to process all new claims **27,028** / Number of new claims received **1,636**	Several claims during the period were incorrectly processed as Housing Benefit only applications, rather than as joint claims for Housing Benefit and Council Tax Reduction. This increased our average processing time when we identified the errors and awarded the Council Tax Reduction. Procedures have been tightened and staff reminded to check in order to prevent a recurrence. Staff shortages in the claim vetting section, which gathers the information needed to verify claims, also caused delays.	Ben Smith

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		
HBCT02b ↓ Council Tax Reduction Speed of Processing: b) Average time for processing notifications of change in circumstances	**GREEN** **3.90 days**	8 days	5.27 days	**GREEN** ↗	Sum in calendar days of time taken to process change in circumstances **66,242** Number of change in circumstances decided **16,989**	**72,642** **13,787**		Ben Smith
POV05 ↑ The amount of welfare benefits raised through securing rights and entitlements by the Welfare Rights Team	**GREEN** **£297,392**	£200,000	£218,571	**GREEN** ↗	Amount of benefit income secured or increased **£297,392** D **1**	**£218,571** **1**		Ben Smith
POV06 ↓ The average number of days all homeless families with children spent in Bed & Breakfast accommodation	**GREEN** **0**	6 days	10.0 days	**GREEN** ↗	The number of days for each period spent in B&B accommodation by each family with children whose duty has been accepted during the year **0** Total number of homeless families with children whose duty has been accepted who have spent time in B&B accommodation **0**	**40** **4**		Lee Morgan
SUSC1 ↑ Percentage of people across Swansea who are satisfied or very satisfied with their local area as a place to live	**GREEN** **87.00%**	86.6%	88.50%	**RED** ↘	Number of people responding 'satisfied' and 'very satisfied' with your local area as a place to live? **435** Total number of respondents to the question **500**	**477** **539**	Performance bettered the target and remains strong although the result declined compared to the same period last year. We want to further improve perceptions of local areas as part of our work to transform the Council. We want to involve people and their local representatives in identifying local priorities and making decisions to help meet them.	Chris Sivers
SUSC3 ↑ Percentage of Swansea residents who agree or strongly agree that their local area is a place where people from different backgrounds get on well together	**GREEN** **78.99%**	78%	82.11%	**RED** ↘	Number of people responding 'agree' and 'strongly agree' that your local area is a place where people from different backgrounds get on well together? **391** Total number of respondents to the question **495**	**436** **531**	The result this quarter has bettered the target, although performance has declined compared to the same period last year. We will continue our work, and to work with partners, to promote cohesive and inclusive communities within Swansea.	Chris Sivers

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		
Priority 5 : Transformation and Future Council								
Lead Head of Service's Overview								
Qtr 2 has seen some changes in performance as the corporate plan well-being objectives are implemented. The Council's corporate transformation programme, Sustainable Swansea – Fit for the Future, has continued to deliver as per the plan. An Organisational Development Strategy has been developed and an implementation plan is underway. These provide a roadmap for developing the workforce of the future. In addition, a commercial strategy is underway articulating the vision and steps to making the Council more sustainable by embedding a commercial approach and culture. One of the key priorities during Qtr 2 has been the start of the budgeting process, with financial targets that will ensure the Council is financially sustainable. New regional working arrangements have also formed a key part of Qtr 2 activities, with the Welsh Government (WG) starting a consultation process following the Local Government Reform announcements. WG has identified those services to be delivered at regional level and the proposed governance arrangements. The Council is progressing its Co-Production Strategy with help from the Welsh Local Government Association and other partners. This will provide the opportunity for local citizens to influence how policies are written and services are developed across the whole Council. The Council continues to modernise and transform services, taking a digital first approach where appropriate, which is reflected in Qtr 2 performance.								
CHR002 ↓ The no. of working days / shifts per full time equivalent (FTE) local authority employee lost due to sickness absence	**AMBER** **2.03**	2 days	2.1 days	**GREEN** ↗	Total number of working days/shifts lost to sickness absence as FTE. 18,444 Average number of FTE employees 9,098	19,409 9,146	**Note from Corporate Performance Team - Data quality under review** The outcome is slightly over target and reflects the on-going emphasis being placed on the effective and robust management of absence. CMT have approved various actions including a review of systems, processes, procedures in respect of managing sickness absence which are currently being planned and/or implemented.	Steve Rees
CUST2a ↑ Number of online payments received via City & County of Swansea websites	**GREEN** **18,825**	18,650	40,067	**RED** ↘	Number of service-based payments received on the Civica payment system via City & County of Swansea websites 18,825 D 1	40,067 1	Online payments have increased from 11.6% to 13.1% of total payments via the Council's finance system, reducing administration burden and automating allocation of receipts to the correct services. This figure will increase with the introduction of online payment options for low-cost requests such as birth certificate copies and research material from libraries. This work is being done as part of the Business Support project, to give a wider choice of payment methods to customers including paying online.	Sarah Caulkin

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		
CUST2b ↑ Number of forms completed online for fully automated processes	**GREEN** **4,455**	3,700	3,671	**GREEN** ↗	Number of forms completed online for processes which are fully automated **4,455** D 1	3,671 1	The virtual parking permit system has led to a 13% fall in face to face contact since last year, despite the seasonal increase in applications this quarter. We will be introducing a similar service for issuing parking waivers (required for utility companies to efficiently complete essential work in our area) in order to allow these companies to apply online, thereby reducing processing time and speeding up delivery of the permits.	Sarah Caulkin
CUST5 ↑ Percentage of recent customers who were satisfied with level of customer service they received from Swansea Council	**AMBER** **79.13%**	80%	83.92%	**RED** ↘	Of those respondents who have engaged with Swansea Council in the last 6 months, the number of people responding they were "satisfied" or "very satisfied" with the level of customer service received **182** Total number of respondents to the question **230**	214 255	The data for this PI is based on results from a perception survey. The result is lower than satisfaction rates during the same period last year and we have just narrowly missed our target in terms of satisfaction with customer service levels. The Council is going through a period of transformation and we would expect variations in satisfaction levels during this time.	Lee Wenham
CUST6 ↑ Percentage of Swansea residents satisfied or very satisfied with Council services overall.	**AMBER** **64.33%**	65%	72.73%	**RED** ↘	Number of people responding "satisfied" or "very satisfied" with Council services overall **321** Total number of respondents to the question **499**	392 539	The data for this PI is based on results from a perception survey. The result is lower than satisfaction rates during the same period last year and we have just narrowly missed our target in terms of satisfaction with customer service levels. The Council is going through a period of transformation and we would expect variations in satisfaction levels during this time.	Lee Wenham
FINA6 ↑ Percentage of identified forecast general fund revenue savings and income for the year compared to Council approved budget	**RED** **65.62%**	90%	66.81%	**RED** ↘	The forecast forward summary of savings and income achieved for the year (£m) **£12.288** Agreed original savings set out in the Council-approved budget (£m). **£18.727**	£15.041 £22.513	Shortfall in planned savings is in line with first quarter and is manifesting in a significant overspend forecast in 2017-18 which will be reported to Cabinet in November. Revised and tightened spending restrictions were reissued in October to seek to rebalance some of the over spends. CMT is reviewing its criteria for capturing alternative compensating savings to ensure the tracker more accurately reflects corrective action where it has been undertaken.	Ben Smith

PI & desired direction of Travel	Result Qtr 2 2017/18	Target Qtr 2 2017/18	Performance Qtr 2 2016/17	Comparison to Qtr 2 2016/17	N – Numerator D – Denominator		Comments (Explanation and Actions)	Head of Service
					Qtr 2 2017/18	Qtr 2 2016/17		
PROC11 ↓ Number of breaches received during the period which had determined the requirement of self-referral to the Information Commissioner's Office	**GREEN** 0	0	0	**STATIC** ↔	The number of data breaches received during the period which had determined the requirement of self-referral to the ICO 0 D 1	0 1	No breaches have resulted in referral to the Information Commissioner's Office (ICO). The Council is also currently working towards adopting new ways of working for the General Data Protection Regulation (GDPR) coming into force in May 2018.	Sarah Caulkin
SUSC2 ↑ Percentage of people across Swansea who agree or strongly agree they can influence decisions affecting their neighbourhood	**AMBER** **31.40%**	33><50%	38.65%	**RED** ↘	Number of people responding 'agree' and 'strongly agree' that you can influence decisions affecting your neighbourhood? 152 Total number of respondents to the question 484	201 520	Performance has just missed target but is an improvement on the result for the first quarter of the year. We aim to continue to make further improvements as part of our work to transform the Council and make it fit for the future. We want to involve local people more in Council decision making. We want to work with others to build capacity and to promote community action, involving and enabling local communities to help run services and manage assets where appropriate.	Chris Sivers

Cyngor Abertawe
Swansea Council

Report of the Cabinet Member for Stronger Communities

Cabinet – 14 December 2017

Legacy Fund

Purpose:	This report sets out the proposed allocation of Legacy Funding for approval.
Policy Framework:	Well-being of Future Generations Act 2015 Welsh Government Legacy Fund Principles
Consultation:	Access to Services, Finance, Legal.
Recommendation(s):	It is recommended that the proposals for the Legacy Fund contained within the report are approved in principle, subject to further guidance from Welsh Government.
Report Authors:	Rachel Moxey / Amy Hawkins
Finance Officer:	Chris Davies
Legal Officer:	Debbie Smith
Access to Services Officers:	Ann Williams / Sherill Hopkins

1. **Introduction**

1.1. The Welsh Government's Communities First Programme is being phased-out across Wales during 2017/18. In Swansea, the Communities First Programme will be phased-out by December 31st 2017 and Communities for Work Plus (new name for the Employability Grant) will be implemented from January 1st 2018.

1.2. The Welsh Government have also established a £6m Legacy Fund Grant, to be distributed across current Communities First Local Authorities from April 2018. An indicative allocation for Swansea of £537,067 per annum for the financial years 2018/19 and 2019/20 was given in the 2017/18 Communities First Award letter. This is a 73% reduction compared to the previous Communities First budget.

1.3.   The Legacy Fund grant is to maintain the most effective aspects of the Communities First Programme to support the development of resilient communities.

1.4.   A letter from Welsh Government was received in September 2017 outlining the principles of the Legacy Fund. While further detailed guidance has not yet been published, the key principles of the fund are summarised below:
- To maintain the most effective aspects of the Communities First Programme to support the development of resilient communities.
- To work in the most deprived areas and local authorities need to determine the expected coverage based on evidence of need.
- All activities should be developed in line with the five ways of working of the Well-being of Future Generations (Wales) Act 2015.
- Local Authorities decide how the Fund is delivered, whether directly, by a grant scheme, or a contract with a third party to deliver the projects/activities.

2. Legacy Fund Proposals

2.1.   It is proposed to use the fund in the following ways:

2.2.   To tackle child poverty and mitigate the impact of adverse childhood experiences through the continuation of existing Communities First Third Party Funding arrangements.

2.3.   To support the development of Stronger Communities through the most effective interventions with a focus on employment within the context of early intervention and prevention.

3. Third Party Funding Arrangements

3.1.   Bonymaen Kids Play Initiative (BKPI) have been funded £30,910 this and last financial year to provide a free after school homework club and school holiday provision that supports the community.

3.2.   Due to participating in the after school club and school holiday provision, 74% of the children and young people reported that they have a better understanding of the importance of school. 89% of the children and young people confirmed that they know where to get help if they have a problem at school. 91% rated the support as good or excellent.

3.3.   Faith in Families have been funded £259,639 this and last financial year to support children, young people and out-of-work parents through five programmes. These are delivered from centres in Bonymaen, Clase, Penplas and more recently St. Teilos in Portmead.

3.4.   Reported outcomes include parents stating that they have a better understanding of parenting and that they read more regularly with their

child. Children have reported they have a better understanding of the importance of school and that they have participated in a personal and social development opportunity. Through the Healthy Attitudes programme, 47% of parents are reporting that they felt better about their mental well-being in 16/17 and 65% in the first six months this year, 50% felt more confident in cooking a fresh meal and 46% reported that they ate fresh fruit or veg daily in 16/17. Of the 15 work placements in 2016/17, three participants have entered employment. Through the Adult Life Skills programme in 16/17, 38 participants gained a qualification and 10 have this year.

3.5.   The Third Party funded organisations worked with the below number of participants during 2016/17 and the first six months of 2017/18.

		Participants:	
Provider	**Programmes**	**16/17**	**17/18** (*6 mths)
BKPI	Homework Club	135	99
Faith In Families	Work placements and training in childcare	15	5
Faith in Families	Parenting support (High Scope Play Group)	668	250
Faith In Families	After School/Holiday Club	300	315
Faith In Families	Improving Adult Life Skills/Experience, Empowerment and Education	76	35
Faith In Families	Healthy Attitudes	201	230

3.6.   Both Faith in Families and Bonymaen Kids Play Initiative are dependent on the funding that they have been receiving from Communities First to varying degrees. The loss of funding would, at minimum, see a reduction to the services that these organisations provide in the communities and could potentially mean that they do not have sufficient funds to maintain community facilities or their continued existence as organisations.

4. **To support the development of Stronger Communities with a focus on Employment**

4.1   We are recommending that we utilise the Legacy Fund to support the following priorities:
- Single Employment Support Offer
- Welfare Benefits
- Digital Inclusion
- Financial Inclusion
- Employment Skills routes linked to growth sectors

4.2 Single Employability Offer

A coordinated approach of Employment Support programmes incorporating Communities for Work, Communities for Work Plus and other initiatives under the single employability support offer "Swansea Working" will support the client experience and maximise outcomes. Swansea Working will deliver a holistic, person centred approach to engagement and employability and skills support. A Swansea Working Coordinator will develop this process and create or reinforce employment routes for local people to high demand and growth business sectors.

4.3 Welfare Benefits

We will build on the success of the Communities First Financial Inclusion Programme which included one to one support for adults to identify issues with existing benefit claims and where there were incidents of under-claiming. A Welfare Benefit Support Officer will support residents to mitigate the impacts of welfare reform through direct support with residents and working closely with partner organisations and the Welfare Rights team.

4.4 Digital Inclusion

We will build on the success of the Digital Inclusion access to services project which used digital technology to support people to access the facilities and services they needed. This will include support for people to develop the necessary digital skills to reduce digital exclusion. There will be specific support for people to develop the necessary skills for claiming and claim management of Universal Credit, to use digital skills to make their money go further and to develop the skills to search for and apply for jobs online.

4.5 Financial Inclusion

We will build on the success of the Communities First Financial Inclusion Programme which included support for adults to identify issues relating to financial capability and supporting them to identify solutions. This included working with individuals to complete budgeting plans, addressing any over-spend issues and raising awareness of practical activities to reduce household expenditure. The programme also supported clients to access foodbanks. We propose that a Financial Inclusion Support Officer will provide support for people to manage their own debt and maximise household income, reducing the effects of the poverty premium.

4.6 The above three priorities directly support the Swansea employability offer by reducing the barriers participants may face to enable them to successfully engage with employability support and employment. The officers will work directly with the public through the customer contact centre, the Community Employment Hubs and through bookable appointments. The officers will also target households where the multiple impact of welfare reforms is high.

4.7   Employment Skills routes linked to growth sectors
We will build on the Communities First Adult Community Learning project which supported accredited employment related training for residents co-ordinated through the Swansea Learning Partnership. The Legacy Funding will be used to deliver employment related training and Essential Skills support across the delivery area in addition to sector specific training pathways linked to local employment growth sectors.

5.   Financial Implications

5.1   Legacy Fund proposed budget allocation

Legacy Fund	2018/19	2019/20
Third Party Delivery Partners	£261,494	£145,275
Single Employability Offer	£68,428	£69,042
Welfare Benefits	£57,508	£58,013
Digital Inclusion	£57,508	£58,013
Financial Inclusion	£57,508	£58,013
Employment Skills	£34,621	£35,000
Year 2 unallocated	£0	£113,711
TOTAL	**£537,067**	**£537,067**
Legacy Fund Allocation	**£537,067**	**£537,067**

5.2   The funding proposed for the Third Party Delivery Partners; Faith in Families and Bonymaen Kids Play Initiative will be a reduction of 10% of their 2017/18 allocation in 2018/19. The funding proposed in 2019/20 is a 50% cut in funding from their 2017/18 allocation, this is due to the reduction in the funding from Welsh Government.

5.3   The Third Party funding is subject to a sustainability review and the development of a business plan and funding strategy developed with the support of Swansea Council and SCVS.

5.4   All the proposed initiatives will have identified outcomes with a clear plan on how performance is going to be monitored against the intended outcomes.

5.5   Finance and grant compliance support for the Legacy Fund will be provided by the European and External Funding Team.

5.6   The Legacy Fund proposal is in principle, subject to the full fund guidance, which is yet to be received from Welsh Government.

6.   Legal Implications

6.1   The Council will need to consider in detail the full terms and conditions of the grant funding together with any guidance issued by the Welsh Government. Further advice will then be required from legal and procurement officers to determine the options for directly awarding further contracts to Faith in Families and BKPI; to comply with state aid rules and to identify any risks to the Council. It is understood that dependent on circumstances, legal advice may also be sought as to the potential risks to the Council of the option of awarding contracts prior to receipt of formal confirmation from the Welsh Government.

6.2   The Council will need to ensure that appropriate contractual documentation is in place with all grant recipients to ensure that the Council's interests are protected.

7. Equality and Engagement Implications

7.1   The equalities impact assessment screening has been approved.

7.2   A full EIA report has been drafted (and is attached as an appendix) but has not yet undergone quality assurance. The draft will be updated following this process and will also need to be re-visited once we have the full Welsh Government guidance available. The potential impacts need to be carefully considered and mitigated.

Background Papers: None

Appendices: EIA

Equality Impact Assessment (EIA) Report

This form should be completed for each Equality Impact Assessment on a new or existing function, a reduction or closure of service, any policy, procedure, strategy, plan or project which has been screened and found relevant to equality.

Please refer to the 'EIA Report Form Guidance' while completing this form. If you need further support please contact accesstoservices@swansea.gov.uk.

Where do you work?
Service Area: Adult Prosperity and Well-Being Service
Directorate: People

(a)   This EIA is being completed for a…

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
☐	☐	☒	☐	☐	☐

(b)   Please name and describe below…

Legacy Fund proposal

The Welsh Government funded Communities First programme is being phased out during 2017/18. The Welsh Government have established a Legacy Fund to maintain the most effective aspects of the Communities First programme to support the development of resilient communities. The indicative allocation for Swansea is £537,067 per annum for the financial years 2018/19 and 2019/20, this is a 73% reduction in the current programme budget.

The Legacy Fund proposal is to continue funding, at a reduced rate, Third Party Delivery Partner activity and five directly delivered initiatives to replace the current ten Communities First projects. Details are below:

Proposed Legacy Fund Initiatives

Third Party Delivery Activity:

Bonymaen Kids Play Initiative (BKPI) –
    After school homework club and school holiday provision

Faith in Families –
    Work placements and training in childcare
    Parenting Support – High Scope Play Group
    After School / Holiday Club
    Improving Adult Lift Skills / Experience, Empowerment and Education
    Healthy Attitudes

Directly Delivered Activity:
    Single Employment Support Offer
    Welfare Benefits
    Digital Inclusion
    Financial Inclusion
    Employment Skills routes linked to growth sectors

The below table outlines the current Communities First initiatives and where this is being covered by the proposed Legacy Fund initiative or other provision.

Communities First Current Initiative	Activities	Future Provision
Employment Support Project	Helping people develop employment skills and find work	• Swansea Working Mentor support (C4W, Employment Grant, Workways, Cam Nesa etc) • Beyond Bricks and Mortar • **Legacy Fund** Single Employment Support Offer • **Legacy Fund** Employment Skills support
Financial Inclusion Project	Increasing household income and reducing debt	• **Legacy Fund** Welfare Benefits support • **Legacy Fund** Financial Inclusion support
Adult Community Learning	Lifelong learning in communities	• **Legacy Fund** Employment Skills support • Adult Community Learning
Steps to Employment	Skills audit to develop individual progression plans	• Swansea Working Mentor support
TecNet-working Project	Enabling access to services through Digital Inclusion	• **Legacy Fund** Digital Inclusion support • Swansea Working Mentor support • Get Swansea Online support
Count on Me Project	Promoting Volunteering and Supporting People through an asset based approach	• Local Area Coordinators • Third Sector Compact Agreement
Zooming In Project	Increasing engagement in community activities	• Local Area Coordinators
Let It Go Project	Promoting engagement by providing health and wellbeing activities	• **Legacy Fund** Employment Skills support • Adult Community Learning support
Creative Engagement Project	Providing platforms for people to participate and evolve through the medium of arts, culture and heritage	• Adult Community Learning support • Fusion Programme support
Leaping Forward Project	Engagement with existing community groups to increase participation and lead to sustainability	• Third Sector Compact Agreement
High Scope Parent and Toddler	Parental support, parenting skills and learning opportunities for children	• **Legacy Fund** Third Party Delivery
After School club and Play Scheme	Opportunities for children to have opportunities to learn, develop and grow at their own pace	• **Legacy Fund** Third Party Delivery

Healthy Attitudes	Opportunities for parents to learn cookery skills and manage budgets better	• **Legacy Fund** Third Party Delivery
Work Placements	Work placements at family centres for young people	• **Legacy Fund** Third Party Delivery
Improving Adult Life Skills	Faith in Family service users attending courses to up skill, promote confidence and find motivation	• **Legacy Fund** Third Party Delivery
Homework Club	After school homework club to provide childcare and education support	• **Legacy Fund** Third Party Delivery

(c) **It was initially screened for relevance to Equality and Diversity on**

(d) **It was found to be relevant to…**

Children/young people (0-18)	☒	Religion or (non-)belief	☐
Any other age group (18+)	☒	Sex	☐
Disability	☐	Sexual orientation	☐
Gender reassignment	☐	Welsh language	☐
Marriage & civil partnership	☐	Poverty/social exclusion	☒
Pregnancy and maternity	☐	Carers (inc. young carers)	☐
Race	☐	Community cohesion	☒

(e) **Lead Officer**

Name: Amy Hawkins

Job title:
Adult Prosperity and Well-Being Service Manager
Date 15/11/17

(f) **Approved by Head of Service**

Name: Rachel Moxey

Date 20/11/17

Section 1 – Aims (See guidance):

Briefly describe the aims of the initiative:

What are the aims?
The Welsh Government have established a Legacy Fund to maintain the most effective aspects of the Communities First programme to support the development of resilient communities.
This proposal seeks to approve the continuation of key community support services that have been delivered through the Communities First programme whilst supporting the effective delivery of Employability Support in Delivery Areas (previously known as Communities First Clusters).

The Legacy Fund provides significantly less funding than the existing Communities First programme and, whilst there will be elements of the programmes support either directly delivered, delivered by Third Parties or covered by existing services, the overall level of support will be reduced. The Communities First programme offers intensive support through the current programmes which will not be maintained in all areas through the Legacy Fund. An example of this is the support offered through the 'Leaping Forward' programme to engage with existing community groups to increase participation and support with sustainability. Support to Third Sector organisations will still be offered, but through the Compact agreement which is a universal service and may not have the capacity or resource to offer the same service in the targeted Communities First areas.

It is proposed to use the fund in the following ways:

To tackle child poverty and mitigate the impact of adverse childhood experiences through the continuation of existing Communities First Third Party Funding arrangements.

To support the development of Stronger Communities through the most effective interventions with a focus on employment within the context of early intervention and prevention.

Proposed Legacy Fund Initiatives

Third Party Delivery Activity:

Bonymaen Kids Play Initiative (BKPI) –
    After school homework club and school holiday provision

Faith in Families –
    Work placements and training in childcare
    Parenting Support – High Scope Play Group
    After School / Holiday Club
    Improving Adult Lift Skills / Experience, Empowerment and Education
    Healthy Attitudes

Directly Delivered Activity:
    Single Employment Support Offer
    Welfare Benefits
    Digital Inclusion
    Financial Inclusion
    Employment Skills routes linked to growth sectors

This proposal responds to the identified needs and gaps in provision to meet those needs in the absence of Communities First Funding and the implementation of the new Communities for Work Plus programme.

The broad term outcomes of the proposal are

- Tackling child poverty and adverse childhood experiences
- Supporting people to claim entitled benefits
- Supporting people to gain digital skills
- Supporting people to maximise income and reduce the impact of the poverty premium
- Supporting people to access appropriate learning opportunities that lead to sustainable employment and a sustainable local and regional economy.

The performance of Legacy Fund initiatives will be monitored through quarterly reporting to ensure that the intended outcomes are worked towards and met.

Who has responsibility?
The initiative has been developed by the Adult Prosperity and Well-Being Service (former Tackling Poverty Unit). The Adult Prosperity and Well-Being Service will be responsible for the implementation, monitoring and reviewing of the Legacy Fund.

Who are the stakeholders?
Delivery Area residents
Current Communities First Third Party Providers
Local Ward Members
Cabinet Member Stronger Communities
Staff
Future Delivery Partners
General Delivery Partners
Public Services Board
Welsh Government

Section 2 - Information about Service Users (See guidance):

Please tick what information you know about your service users and provide details/ evidence of how this information is collected.

Children/young people (0-18) .... ☒		Carers (inc. young carers) .... ☒
Any other age group (18+)........................ ☒		Race.. ☒
Disability .... ☒		Religion or (non-)belief................................ ☒
Gender reassignment .... ☒		Sex.. ☒
Marriage & civil partnership .... ☒		Sexual orientation .... ☒
Pregnancy and maternity........................... ☐		Welsh language .... ☒

What information do you know about your service users and how is this information collected?
The above data is collected when participants engage with the Communities First. Data is also collected relating to other participation in programme activities.
Participants reserve the right not to complete the 'about you form'.

Data is also collected in line with the agreed performance measures from the Communities First Framework.

Regular case studies have been completed to demonstrate the difference the programme has made to participants. The participant is required to agree to be involved in the development of the case study and for its use in relevant reports / publications.

5

Any Actions Required?

The current Communities First programme delivery is supported by a Community Involvement Plan which outlines the engagement approach. The proposals within the Legacy Fund are a direct continuation of current delivery or revised activity which has programmes which have evolved from existing Communities First activities. Further consultation is planned with the Communities First team, local Members, Third Party delivery partners and PSB partners.

Section 3 - Impact on Protected Characteristics (See guidance):

Please consider the possible impact on the different protected characteristics. This could be based on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

	Positive	Negative	Neutral	Needs further investigation
Children/young people (0-18) ➡	☒	☒	☐	☐
Any other age group (18+) ➡	☒	☒	☐	☐
Disability ➡	☐	☐	☒	☐
Gender reassignment ➡	☐	☐	☒	☐
Marriage & civil partnership ➡	☐	☐	☒	☐
Pregnancy and maternity ➡	☐	☐	☒	☐
Race ➡	☐	☐	☒	☐
Religion or (non-)belief ➡	☐	☐	☒	☐
Sex ➡	☐	☐	☒	☐
Sexual orientation ➡	☐	☐	☒	☐
Welsh language ➡	☐	☐	☒	☐
Carers (inc. young carers) ➡	☐	☐	☒	☐

Thinking about your answers above, please explain in detail why this is the case.
The allocation of Legacy Funding in the absence of Communities First will not have a disproportionate impact on specific groups of protected characteristics.
The proposed Legacy Fund allocation will have both a negative and positive impact in the context of the closure of the Communities First Programme. The level of resource available is significantly reduced having a negative impact across all Delivery Area residents. Whilst the introduction of the Legacy Fund will provide a level of support for Communities First Third Party providers to allow them to develop more sustainable ways of working while continuing to provide valuable community services that support local priorities.
Residents of Delivery Areas will also benefit positively through targeted and specialist support that is available locally.

What consultation and engagement has been undertaken (e.g. with the public and/or members of protected groups) to support your view? Please provide details below.
Initial proposals have been developed based on the knowledge of current demands and what works and future demand expectations.
Consultation with service users and non-users will inform and influence the programme delivery and development during the implementation phase. The Community Involvement Plan will detail this work.

Any actions required (to mitigate adverse impact or to address identified gaps in knowledge).
- Continue to monitor the impact of the closure of the Communities First Programme
- Implement plans that mitigate any negative impact of the transition to Legacy Funding through adapting existing provision and working with key partners to fill the gap in provision where necessary.

Section 4 - Other Impacts:
Please consider how the initiative might address the following issues.
You could base this on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

Foster good relations between different groups	Advance equality of opportunity between different groups
Elimination of discrimination, harassment and victimisation	**Reduction of social exclusion and poverty**

(Please see the specific Section 4 Guidance for definitions on the above)

Please explain any possible impact on each of the above.
Foster good relations between different groups & Advance equality between different groups:
The Legacy Fund will continue to support accessible and local support available locally in Swansea's most deprived communities. Through this funding, local services and facilities are able to provide environments where different groups are able to interact and develop good relations.

Elimination of discrimination, harassment and victimisation:
The implementation of the Legacy Fund proposal will not have a negative impact on discrimination, harassment or victimisation.

Reduction of social exclusion and poverty:
The Legacy Fund will support the continuation of the most effective activities delivered through the Communities First programme. The available budget is 27% of the existing

Communities First programme, however the employability themes from Communities First will be delivered through the Communities for Work Plus programme whilst the proposals for the allocation of Legacy Funding will support key Third Party projects and activity that mitigates the most prominent barriers to personal resilience and progression.

What work have you already done to improve any of the above?
The Legacy Fund will continue to directly support the reduction of social exclusion and poverty at a community level. The development of the Legacy Fund proposal for Swansea has considered the most effective elements of Communities First delivery in Swansea, the gaps that would be created in service and how the impact of these gaps would be mitigated.

Is the initiative likely to impact on Community Cohesion? Please provide details.
The implementation of the Legacy Fund proposal itself will support Community Cohesion through the development of a Community Involvement Plan which will apply to the delivery of the Legacy Fund and Employability Support in our most deprived communities.

We recognise that an overall reduction in available resources in comparison to the closing Communities First Programme means that we will have to enhance effective partnership working, staff knowledge and referral mechanisms to support community cohesion.

How will the initiative meet the needs of Welsh speakers and learners?
The Legacy Fund, along with Communities for Work and Communities for Work Plus will indirectly support the sustainability of community facilities that deliver Welsh learning opportunities locally. Welsh Government funded activity delivered by Swansea Council will adhere to Welsh language standards and policy.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).

- Development of a Community Involvement Plan
- Continuous engagement with service users and non-users will inform the most effective methods of delivery, identify gaps in service provision and barriers to participation

Section 5 - United Nations Convention on the Rights of the Child (UNCRC):

In this section, we need to consider whether the initiative has any direct or indirect impact on children. Many initiatives have an indirect impact on children and you will need to consider whether the impact is positive or negative in relation to both children's rights and their best interests

Please visit http://staffnet/eia to read the UNCRC guidance before completing this section.

Will the initiative have any impact (direct or indirect) on children and young people? If not, please briefly explain your answer and proceed to Section 6.
Yes

Is the initiative designed / planned in the best interests of children and young people? Please explain your answer.
Best interests of the child (Article 3): The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will

affect children. This particularly applies to budget, policy and law makers.

The Legacy Fund Proposal seeks to continue supporting key Third Party organisations that work with children and young people in Swansea's most deprived communities, reducing the risk to the loss of these services. The significant reduction of available funding does however mean that these organisations will need to identify other ways of improving their sustainability in the future. It is proposed that the level of funding awarded to these organisations reduces over the next two financial years with a minimum reduction in year one while we support them to explore sustainability options.

The Legacy Fund will also focus on supporting income maximisation in areas of highest deprivation. This focus will have a positive indirect impact on reducing Child Poverty in Swansea.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).
●

Section 6 - Monitoring arrangements:
Please explain the arrangements in place (or those which will be put in place) to monitor this initiative:

Monitoring arrangements:
Financial and performance monitoring of the Legacy Fund will be in line with Welsh Government expectations and Swansea Council Poverty and Prevention Service performance monitoring.

Actions: Ensure that monitoring informs decision making.

Section 7 – Outcomes:
Having completed sections 1-5, please indicate which of the outcomes listed below applies to your initiative (refer to the guidance for further information on this section).

Outcome 1: Continue the initiative – no concern ☐
Outcome 2: Adjust the initiative – low level of concern ☐
Outcome 3:Justify the initiative – moderate level of concern ☐
Outcome 4: Stop and refer the initiative – high level of concern. ☐

For outcome 3, please provide the justification below:
For outcome 4, detail the next steps / areas of concern below and refer to your Head of Service / Director for further advice:

Section 8 - Publication arrangements:
On completion, please follow this 3-step procedure:

1. **Send this EIA report and action plan to the Access to Services Team for feedback and approval – accesstoservices@swansea.gov.uk**
2. **Make any necessary amendments/additions.**
3. **Provide the final version of this report to the team for publication, including email approval of the EIA from your Head of Service. The EIA will be published on the Council's website - this is a legal requirement.**

Action Plan:

Objective - What are we going to do and why?	Who will be responsible for seeing it is done?	When will it be done by?	Outcome - How will we know we have achieved our objective?	Progress

* Please remember to be 'SMART' when completing your action plan (Specific, Measurable, Attainable, Relevant, Timely).

Report of the Cabinet Member for Health & Well-being

Cabinet – 14 December 2017

Annual Review of Charges (Social Services) (to apply in 2018/19)

Purpose:	To seek permission to consult on proposed changes to charges for social services in 2018/19 as part of the established annual review process set out within the Social Services Charging Policy.
Policy Framework:	Social Services, in accordance with the detailed code of practice and regulations under Parts 4 & 5 of the Social Services and Well-being (Wales) Act 2014.
Consultation:	Access to Services, Finance, Legal.
Recommendations:	1) Approval is given to consult on possible changes to charges for adult social care as part of the Council's wider budget consultation - to include consideration of: ○ Introduction of a charge for day services for older people ○ Introduction of a charge for day services for younger adults ○ Introduction of a charge for respite care at home ○ An increased charge for domiciliary care ○ An inflationary uplift for all other social care charges
Report Author:	David Howes
Finance Officer:	Chris Davies
Legal Officer:	Tracey Meredith
Access to Services Officer:	Rhian Millar

1.   Introduction

1.1   Swansea Council, under Parts 4 & 5 of the Social Services and Well-being (Wales) Act 2014, has to agree and publish a single social services charging policy framework, and list of charges to apply to Swansea citizens in the year ahead. Under the Act, a local authority can only charge:
   –   up to the cost of providing the service
   –   what the person can afford to pay for an assessed for service

1.2   Swansea's Charging (social services) Policy was approved by Council in April 2016, and the first annual review was carried out last year.
The current policy is available via the following link:

Social Services Charging Policy.

2.   Main Report

2.1   Given the context of rising demand for social care, significant inflationary pressures that disproportionately impact on the cost of providing social care and a reduced overall level of funding available to the Council, it is necessary for the Council to review the charges currently levied for the provision of social care on an annual basis. The annual review must both consider whether the current levied charges properly reflect the cost of providing the service and whether charges should be introduced for any currently non charged for services. In conducting the annual review the Council will continue to strike a balance between maintaining charges at a level that remain fair and affordable for citizens whilst ensuring the Council continues to provide financially sustainable, high quality services and that individuals care and support needs remain well met.

2.2   Before making a decision to introduce any new charges or to apply an above inflationary increase to current charges, the Council must first consult with citizens as part of carrying out an equality impact assessment.

2.3   This year's annual review of charges process has identified that the Council should consider introducing new charges for:

Day services for older adults.
Day services for younger adults.
Respite care at home services.

2.4   The review has also identified that the current charge for domiciliary care falls well below that charged by other Council's and in no way reflects the actual cost of providing domiciliary care. Therefore the review has determined that the Council should consider introducing an above inflationary increase to the charge for domiciliary care staggered over a number of years.

2.5   With regards all other service charges the review has determined that only an inflationary uplift is required to maintain charges at an appropriate level.

2.6   In order to conclude the review process and make recommendations to Cabinet it is necessary to consult with citizens about the possible introduction of new charges and any above inflationary increases to existing charges.

3.   Equality and Engagement Implications

3.1   The Charging Policy (Social Services) is applied equally, in that all assessed needs for care and support services, where they are broadly the same, are treated as the same.

3.2   An Equalities Impact Assessment Screening Form has been completed, with the agreed outcome that a full EIA is required before any new charges or above inflationary increases to charges can be introduced. Full EIA's will incorporate the feedback from the planned consultation.

3.3   Consultation will be undertaken as part of the Council's wider budget consultation process to include that all citizens who may be affected by any changes to current charges will be written to and additional engagement events will be held.

3.4   A final set of proposed changes to charges for 2018/19 will be the subject of a further report to Cabinet and will include the feedback from the consultation and the final equality impact assessment.

4.   Financial Implications

4.1   Welsh Government has maintained a view that, within local authorities, implementing the Social Services and Well-being (Wales) Act 2014 should be seen as cost neutral. The Act grants further discretionary powers to local authorities, on what services can be charged for and the rates at which these are charged, provided that these do not exceed the cost of providing the service.

4.2   Swansea Council has a corporate charging policy based on the principles of full cost recovery.

4.3   The maximum charge arrangements (currently £70 per week) and the requirement to undertake a financial assessment of an individual's ability to pay, significantly limits the financial impact on individual citizens of any changes to charges for community services and the extent to which full cost recovery can be achieved.

4.4   If the Council were to introduce charges for days services and introduce a staggered above inflationary increase to domiciliary care charges this would bring the Council more in line with the majority of other Council's.

5.   Legal Implications

5.1   The Social Services and Well-being (Wales) Act, and the associated Regulations and Codes of Practice came into force on 6th April 2016, and

these set out how financial assessments and charging for social care services should be managed by local authorities. Whilst the Welsh Government retain the power to set caps and thresholds for charges, it is necessary for each Local Authority to publish their charging policy, and to establish a process to review, set and consult upon the list of charges to be applied.

5.2   Before deciding on the introduction of any new or above inflationary increases to charges for care and support services The Council must consult with citizens as part of undertaking an equalities impact assessment

Background Papers: None.

Appendices: None.

![Cyngor Abertawe Swansea Council]

**Report of the Education & Skills
Policy Development and Delivery Committee**

Cabinet – 14 December 2017

City Deal Skills

Purpose:	To provide feedback on progress to date in developing policy on education and skills to meet the challenges of the City Deal
Policy Framework:	Education & Skills corporate priority; City Deal
Consultation:	Access to Services, Finance, Legal.
Recommendation(s):	It is recommended that:

1) Cabinet consider the feedback provided to date in developing policy on education and skills to meet the challenges of the City Deal and consider and endorse the conclusions identified in this report.

2) The Leader, Cabinet Member, Chief Executive and senior officers raise the matters highlighted in this report in the relevant partnership arrangements that are in place and seek to introduce the governance arrangements outlined in this report when these are agreed as a way forward for the City Deal.

3) The Cabinet Member for Children, Education & Lifelong Learning work with officers to ensure that local arrangements are robust to meet the challenges and opportunities arising from the City Deal, including establishment of local partnership arrangements to feed into regional partnerships.

Report Author:	Chris Sivers
Finance Officer:	Sarah Willis
Legal Officer:	Stephanie Williams
Access to Services Officer:	Catherine Window

1. Introduction

1.1 The Education & Skills Policy Development and Delivery Committee (PDDC) has been meeting regularly since July 2017. It has cross-party membership and is a forum for Council Members and officers to work together to form policy.

1.2 This PDDC determined that its work programme would focus on the implications and opportunities represented by the City Deal and the implications for Swansea. Members have particularly been concerned about issues of pace and scale, as well as ensuring that disadvantaged people are able to benefit from the jobs and growth that the initiative represents.

1.3 The Committee has had presentations and discussions about the City Deal itself, overview of the local authority role, regional bodies' roles, curriculum changes, Learning City initiatives and also the Regional Learning and Skills Partnership (RLSP).

1.4 Future work programme items include: Pioneer Schools update, views of children and young people on STEM subjects and teacher training implications.

1.5 The purpose of this paper is to outline expectations from Swansea of what an optimal delivery vehicle would be for ensuring we have arrangements in place to meet the skills needs to effectively deliver the City Deal, and to ensure that local people are given every opportunity to be a part of those changes.

1.6 This is the first of what are expected to be two papers to provide Cabinet with an update on the policy discussions taking place and to recommend further actions. The second will come to Cabinet later this municipal year.

2. Opportunity

2.1 From the discussions amongst Committee members, awareness has been raised, as well as questions about how to best manage the future arrangements for the City Deal.

2.2 We believe that the optimal delivery model would have the following functions:
- Undertake needs analysis on a regular basis, working with the business communities involved in future growth
- Balance the needs analysis for the City Deal alongside existing analysis of needs for skills more widely
- Undertake predictive modelling for future education and skills needs across the curriculum
- Liaise with regional education provision to ensure aspirations for quality education delivery and any curriculum changes are managed effectively in a collaborative manner
- Manage relationships and funding contracts with Welsh Government effectively

- Identify, develop and apply for additional funding to address skills needs
- Coordinate actions at a local level to raise aspirations for skills needed in the businesses of the future (e.g. especially STEM subjects) to parents, schools and children
- Promote opportunities to develop learning and skills outside of traditional and formal educational routes, such as self-directed learning, digital academies, and others.
- Ensuring liaison and coordination with local arrangements through Wellbeing Assessments, Wellbeing Plans and other local partnerships
- Oversee the effective alignment of school curriculum options and skills needs, ensuring pathways to employment are outlined for every age group
- Ensure there are options for individuals to upskill and take their learning and qualifications to the next level, at all ages
- Oversee the alignment of new apprenticeships to future skills needs
- Identify options and liaise with providers to further enhance teaching and learning capability in education settings at all levels
- Commission providers to deliver responses to meet needs
- Create and ensure alignment with City of Learning initiatives
- Monitor performance of progress to meeting needs, and to ensure effective outcomes for learners, identifying areas for improvement
- Involve children and young people in the development of new initiatives and ensuring they are able to exercise their right to have a say in decisions that affect them.

2.3 The key points here are about effective overall pathways starting in early years' provision, and the wider needs analysis. The current remit of the RLSP is very narrow – based around skills delivery for 16-19 year olds, and with the scale and pace of change needed to deliver City Deal, a wider focus will be required.

2.4 If the above are agreed as the functions that need to be carried out, then the form can follow. It is suggested that given the need for both an overarching strategy and coordination function between businesses and learning providers as well as a detailed operational function to commission responses and monitor their outcomes, two types of body may be appropriate – a strategic coordination group and a commissioning group.

2.5 Given that the overriding concern is ensuring effective educational pathways from the start of children's education, and that the concerns outlined here relate to whole populations, the lead organisations with responsibility for overseeing outcomes for populations are local authorities and with the high profile nature of these sets of initiatives, a democratic mandate and Council Member involvement is highly appropriate.

2.6 Whilst it is recognised that there is limited involvement by senior Council officers in the RLSP (one for the six authority areas), we believe this inadequately reflects the need to ensure whole Council approach to

supporting and changing the skills base to meet the challenges of the City Deal. Greater representation of all four Councils will be essential, and given the governance role of Cabinet Members, it is appropriate that they take on a similar role with the RLSP, democratising the work of this partnership in a very visible fashion.

2.7   Current RLSP arrangements are on the basis of the six local authorities in South West Wales: Neath Port Talbot, Swansea, Carmarthenshire, Pembrokeshire, Ceredigion and Powys. However, the Joint Committee that has been established to oversee the development of the City Deal is on the basis of the four local authorities that are signatories to that: Neath Port Talbot, Swansea, Carmarthenshire and Pembrokeshire. Ceredigion and Powys have a separate regeneration partnership arrangement via the different governance arrangements for these two regeneration partnerships, it will be important to ensure that the boundaries for skills partnerships are coterminous. Recently it has been agreed that the RLSP will have separation in its working arrangements to ensure coherence with the two different regeneration partnerships.

2.8   Therefore, there could be two bodies to oversee this work – a commissioning group reporting to a strategic skills board that reports to the City Deal Joint Committee. They could be based on a footprint of the four authority signatures to the City Deal and could have Terms of Reference that include the following.

2.9   Strategic Board
- Ensures democratic oversight and accountability
- Is held accountable by the Joint Committee for ensuring delivery of education and skills to meet the needs of the City Deal arrangements
- Holds commissioners accountable for delivery of these arrangements
- Involves businesses, learning providers and elected Members in developing the strategy for education pathways and directing commissioners about appropriate responses
- Includes key policy makers from Welsh Government in this field
- Ensures learning at all ages is considered as part of the processes, including learning for higher level skills
- Provides effective oversight for use of the apprenticeship levy funds
- Ensures effective voice of children is considered as part of decision making, and in keeping the UN Convention on the Rights of the Child
- Is accountable through local authority scrutiny arrangements
- Has the authority to direct learning organisations, schools and local authorities to carry out the functions necessary to deliver the aspirations.

2.10   Commissioning Group
- Delivers according to an established commissioning cycle, commissioning for outcomes
- Ensures effective involvement of providers in a Forum but not on the commissioning group, to maintain transparency in decision making
- Ensures children and young people are able to exercise their right to be heard in decision making as part of the commissioning cycle

- Considers innovative routes to investment, including social investment as well as grant funding and sponsorship
- Ensures value for money in commissioning arrangements
- Delivers needs analysis and predictive modelling for future skills needs, on a short, medium and long term basis
- Identifies appropriate opportunities to build capacity of learning providers across the age ranges
- Ensures effective liaison with regional educational improvement initiatives
- Coordinates with local groups awareness raising on City Deal and skills initiatives, particularly promoting options to underrepresented groups.

3.   Conclusions

3.1   The Regional Learning & Skills Partnership has been providing a role coordinating post-compulsory and tertiary education for many years and covers the six local authority areas, as well as involving businesses and learning providers. There is little involvement of education professionals, with a single representative from one authority representing all the schools in the six authority areas. This will be inadequate to undertake the role outlined above. The focus has been as a delivery body on behalf of Welsh Government, and has insufficient accountability locally, seeming distant to local arrangements. In some cases, local learning partnerships have been put in place to address this gap. There is no wider strategic function, for example, in promoting to children and young people and there is little or no involvement of children and young people in their work.

3.2   The RLSP has good business representation and many businesses are involved either on the Board itself or in the industry cluster groups and this can built on to ensure that the growth industries contained in the City Deal are well represented. The Partnership has also undertaken to raise awareness amongst primary and secondary schools and headteachers alongside Swansea staff.

3.3   The precise methodology by which the Strategic Board and Commissioning Group will undertake the needs assessment is to be determined in future. However, it is expected that they will engage with members of the business community, including those involved in growth areas such as the digital sector and use their skills and knowledge through consultation, secondment, etc. This would support identification of needs and capacity building among providers.

3.4   Therefore, the current arrangements provide capacity and capability to build upon, but will need to be reformed to meet future needs.

3.5   This report has focused on the regional governance arrangements and it is worth noting that within Swansea there is already work taking place to ensure arrangements are in place locally to meet the scale of ambition needed. These include but are not exclusive to:
- Swansea Learning City with recognition from UNESCO

- Local Learner Voice participation events, including one focused on the new curriculum
- 14 – 19 Partnership to coordinate education and skills provision
- Pioneer Schools piloting new developments in the curriculum
- The re-establishment of the Swansea Learning Partnership.

3.6 These activities demonstrate that in Swansea we are not merely waiting for regional governance arrangements to be fully resolved, but we are planning to ensure that locally the actions and partnerships are ready to respond quickly and strategically.

4.   Equality and Engagement Implications

4.1 None arising from this report. If Cabinet choose to progress with the model outlined, then the Council's EIA process will be applied. We hope that the enhanced involvement and engagement of children and young people will have a positive impact on decision-making and supports this Council's commitment to Children's Rights.

5.   Financial Implications

5.1 None arising from this report. However, if Cabinet choose to progress with a different model for the RLSP arrangements, there could be resource implications at that point. Due to the challenging financial outlook, it must be assumed that any additional costs incurred as a result of these proposals will be met through existing resources, or through the introduction of additional savings proposals.

6.   Legal Implications

6.1 None arising from this report. However, if a different governance set up is agreed going forward, legal advice should be sought at this stage as to the detail of how this will operate.

Background Papers: None

Appendices: None

Cyngor Abertawe
Swansea Council

Cabinet Member for Children, Education & Life Long Learning

Cabinet – 14 December 2017

Estyn Inspection of Local Authority Education Services for Children and Young People 2013 – Update on Progress in Addressing the Five Recommendations

Purpose:	For Cabinet to receive an update on the progress in meeting the five Recommendations in the Estyn Inspection Report.
Policy Framework:	Estyn Common Inspection Framework.
Consultation:	Legal, Finance and Access to Services.
Recommendation(s):	It is recommended that:
1)	Cabinet notes the progress update on the five Recommendations in the Estyn Inspection Report.
Report Author:	Nick Williams
Finance Officer:	Chris Davies
Legal Officer:	Stephanie Williams
Access to Services Officer:	Sherill Hopkins

1. Introduction

1.1 All local authorities' education services for children and young people in Wales are inspected by Estyn under the Common Inspection Framework. Local authorities are inspected on the basis of a self-evaluation. Swansea Council was inspected in June 2013 and the report was published in September 2013.

1.2 This will be the last report updating on progress made on the recommendations from the 2013 inspection. Future reports will provide

updates on new and emerging priorities, in accordance with the Council's Policy Commitments and the Estyn framework, New Inspection Arrangements for the inspection of Local Government Education Services.

2. Background – Estyn Inspection 2013

2.1 Many good features and services were noted in the inspection report. http://estyn.gov.uk/download/publication/291263.7/inspectionreport-city-and-county-of-swansea-2013

2.2 Estyn made the following specific judgements:
- Primary attendance rates were well below average with nearly half of schools in the bottom 25% when compared to similar schools on the free-school-meal benchmarks.
- Too many schools did not improve quickly enough when identified as needing follow-up after a core inspection and too many were in categories of concern.
- The reintegration of pupils in key stage 3 educated other than at school back into mainstream schools and the provision in the key stage 4 pupil referral unit were not good enough.
- Processes to quality assure the work of officers were not effective enough to make sure that all officers consistently challenge all schools to improve.
- Performance management and quality assurance processes were not applied consistently enough within education services to identify and address underperformance of staff.
- Education targets were often not sufficiently challenging.
- Annual reviews of the local authority's education services and the self-evaluation report prepared for the inspection provided too positive an analysis of the local authority's work in a few areas.

2.3 The outcomes of the 2013 inspection were that Performance was judged to be Adequate and Capacity to Improve judged to be Good. The Inspection Report made five recommendations for improvement.
- Develop and implement a strategy to improve levels of attendance in primary schools.
- Quality assure the work of officers to secure greater consistency in the level of challenge they offer to schools.
- Improve officers' evaluation of the quality of leadership and management to schools to make sure that underperforming schools are identified and supported quickly.
- Improve the quality of provision for those pupils who are educated other than at school particularly to raise standards of achievement and to assist reintegration back into schools.
- Improve the consistency of leadership across all education services and the quality of self-evaluation and improvement planning within education services.

2.4　A Post-Inspection Action Plan (PIAP) was developed in the format of the Education Department Business Plan 2014-15. Estyn accepted the PIAP/Business Plan in July 2014. An end of year report on that plan was produced in 2015. A new self-evaluation report has been completed for 2017. The PIAP and the last self-evaluation report can be found at www.swansea.gov.uk/estyninspections.

2.5　The Chief Executive established an Improvement Board in July 2013 to monitor progress following the inspection. It met monthly from that date to July 2016. Due to the progress that has been made, the board has met bi-monthly since September 2016. The board has now agreed to shift its focus from the PIAP to the new priorities that have been set.

2.6　The Leader of the Council established a Member-led monitoring board, the Education Leadership Board. This board met termly during the first year after the inspection to February 2015. In order to make the monitoring function more transparent, since March 2015 progress is reported directly to Cabinet twice annually.

2.7　In March 2015, the Education Strategy Group was established, under the following terms of reference:
- To act as an innovation and ideas forum, drawing together schools and local authority Members and officers.
- To ensure the development of coherent and consistent short, medium and long-term financial strategies for education in the City and County of Swansea.
- To ensure political, officer and school involvement in developing such financial strategies – both revenue and capital.
- To propose options for Council to consider, outlining potential implications.
- To provide a mechanism for strategic dialogue in making budget choices, building on the base budget review.

The group is served by a number of key stakeholders and delivery partners, including school governors.

3.　Progress on addressing the five recommendations and further work required

Key to ratings:
Green – Very good progress, addressing the recommendation in nearly all aspects.
Yellow – Strong progress, addressing the recommendation in most aspects. Only minor aspects require further attention.
Amber – Satisfactory progress, addressing the recommendation in many aspects. A few significant aspects require significant attention.
Red – Limited progress, does not address the recommendation. All or many aspects still awaiting attention.

3.1 Recommendation 1: Develop and implement a strategy to improve levels of attendance in primary schools.

Status: November 2017 – Green - Very good progress, addressing the recommendation in nearly all aspects.

(March 2015: Amber, October 2015: Yellow, March 2016: Yellow, November 2016: Yellow, May 2017: Yellow, September 2017: Yellow)

Summary
Primary school attendance was 95.0% for the 2016-2017 academic year. This compares to 94.9% for each of the two previous years. The five-year trend since 2011-2012 has an improvement of 2%, which is the joint highest rate of improvement in Wales.   The comparative primary attendance data for Wales will be published in December.

For 2016-2017, eight schools achieved 96%+ attendance, 39 schools achieved 95%+, 21 achieved 94%+, 10 achieved 93%+. One school had an attendance of 92.7%.

Further work required
Ensure the very few schools not consistently utilising the comprehensive and robust ERW guidance are challenged by the Education Welfare Officer and Challenge Adviser in the Core Support Visit (CSV) 1 with the headteacher and chair of governors. In those very few schools the CSV1 report will state actions that are needed to be taken and progress will be monitored.

Focus even more closely on persistent absence.

3.2 Recommendation 2: Quality assure the work of officers to secure greater consistency in the level of challenge they offer to schools.

Status: November 2017 – Yellow – Strong progress, addressing the recommendation in most aspects.   Only minor aspects require further attention.

(March 2015: Yellow, October 2015: Yellow, March 2016: Yellow, November 2016: Yellow, May 2017: Yellow, September 2017: Yellow)

Summary
The regional school improvement service (ERW) was established in 2014. The central team covers very specific areas of work; leadership, school improvement and performance, and teaching and learning. They drive national policy and address gaps in service provision at a local level. The central team members do not undertake functions delivered by challenge advisers. Challenge advisers (CA'S) and other staff engaged in school improvement activities are employed and deployed by the Local Authority. There has been confusion regarding the role of ERW and the appropriateness of the support offered and the role of the local authority

Challenge Advisers. In September 2017 the ERW Joint Committee initiated a review of how ERW was financed and functions.

Most reports are evaluative and set clear recommendations. Areas for improvement are identified well. Challenge Advisers ensure all schools that are amber or red support schools have detailed support plans with precise actions and timescales. Challenge Advisers robustly monitor these.

Quality assurance is conducted effectively and has only been hampered by turn over in Challenge Advisers. New Challenge Advisers are appropriately coached and supported using clear guidance. Nearly all schools that are set recommendations by Challenge Advisers make strong or very good progress. Where schools have follow-up activity with Estyn, there has been a strong track record in ensuring that schools make very good progress.

Further work required to achieve very good progress
Continue to monitor the written work and fieldwork of Challenge Advisers closely and with a particular focus on new Challenge Advisers.

Ensure there is enough evidence to evaluate the quality of teaching and of the standards seen in pupils' work

3.3   Recommendation 3: Improve officers' evaluation of the quality of leadership and management in schools to make sure that underperforming schools are identified and supported quickly.

Status: November 2017 – Yellow – Strong progress, addressing the recommendation in most aspects. Only minor aspects require further attention.

Yellow (March 2015: Yellow, October 2015: Yellow, March 2016: Yellow, November 2016: Yellow, May 2017: Yellow, September 2017: Yellow)

Summary
Leadership and management is now evaluated annually using nationally agreed guidelines. The progress is seen in the increased proportion of officer reports that match Estyn judgements during 2014-2017 in comparison to 2010-2013. The number of schools placed in statutory category has decreased from seven in 2010-2013 to one in 2014-2017.

Challenge Advisers now provide feedback on the quality of strategic planning and evaluation processes and reports. Visits challenge leadership, on all levels. Leaders are expected to produce evidence to demonstrate improvements. There is clearer continuity from one monitoring visit to the next where progress is determined by response to previous recommendations.

Core Support Visits in autumn 2016 and 2017 demonstrated greater evaluation of the impact on standards by leadership of the school.

A new approach since spring 2017 has been adopted to support and challenge targeted underperforming schools using a Team around the School (TAS) approach to hold schools to account on necessary improvements with holistic support from the Local Authority. The approach has quickened the pace of improvement in the very few schools causing concern.

Further work required to achieve very good progress
Ensure the impact of good leadership and management is considered carefully in relation to pupils' outcomes (standards and wellbeing).

Ensure underperforming schools are identified early and the pace of improvement is quick.

Further enhance the quality of school governance.

3.4   Recommendation 4: Improve the quality of provision for those pupils who are educated other than at school, particularly to raise standards of achievement and to assist reintegration back into schools.

Status: November 2017 – Amber – Satisfactory progress, addressing the recommendation in many aspects. A few significant aspects require significant attention.

Amber (March 2015: Amber, October 2015: Amber, March 2016: Red, November 2016: Amber, May 2017: Amber, September 2017: Amber)

Summary
Cabinet approved moving forward on the proposed plans for the development of a new building to house PRU provision on the Cockett House site. The Cabinet met in July 2017 and approved the implementation of an interim model of the Half-Way House in the absence of any suitable accommodation to house a full model.

The PRU Improvement Plan is driving further progress and the new headteacher and interim deputy headteacher, are progressing this plan.

Monitoring exercises including lesson observation and scrutiny of pupils' work show an improving trend in relation to the quality of teaching and standards. A number of key appointments have now been made, which and are improving the quality of provision.

Discussions have taken place with headteachers across primary and secondary schools to ascertain their needs from the future service in terms of training and support. More detailed follow-up to collate needs is underway.

Reintegration rates improved in 2016-2017 in comparison to 2015-2016.

Further work required to achieve strong progress
Further improve the quality of teaching to ensure this is consistently good in all centres.

Raise standards of achievement and address inconsistencies between centres.

Working in partnership agree and deliver a Wellbeing and Behaviour Strategy for Swansea Council.

Further increase successful reintegration rates building on the improvements in 2016-2017.

Report back to Cabinet on the progress of the business plan to overhaul model of service delivery.

3.5   Recommendation 5: Improve the consistency of leadership across all education services and the quality of self-evaluation and improvement planning within education services.

Status: November 2017 – Yellow – Strong progress, addressing the recommendation in most aspects. Only minor aspects require further attention.

Yellow (March 2015: Amber, October 2015: Amber, March 2016: Amber, November 2016: Yellow, May 2017: Yellow, September 2017: Yellow)

Summary
An annual self-evaluation cycle calendar has been established in order to further enhance responsibility, accountability and consistency in leadership and improvement planning.

The 2017 self-evaluation was undertaken in the summer term and finalised in the autumn term. Before it was finalised, it was shared with headteacher representatives through the School Improvement Partnership and with pupils through the Pupil Voice Forum for their feedback and amended accordingly. The self-evaluation report will now become a live document that will be reviewed on a termly basis and moved over to the new Estyn inspection framework for Local Government Education Services.

A pan-departmental risk register is now in place. Operational risks are managed by Heads of Unit and are scrutinised through formal governance methodology using the Education Department's Strategic Leads Board (SLB) and Senior Leadership Team (EDSLT).

The Education Department's unit business plans for 2017-2018 have been completed. These have been scrutinised to ensure alignment with the

Council's priorities and areas for development highlighted as priorities from the self-evaluation process.

A comprehensive performance management system across the Department is now in place. Following consultation with staff, it has been agreed that the Education Department's performance management cycle will be based on an academic year rather than a financial year.

The department has revised its operational plan and service area performance evaluation reporting templates.

Further work required to achieve very good progress

Monitor the Education Department's revised performance management arrangements, to ensure they are embedded across all service areas.

Ensure all operational plans have ambitious success criteria which are robustly monitored.

4. Equality and Engagement Implications

4.1 Whilst there are no specific equality and engagement implications associated with this report, some specific areas of work resulting from the recommendations will be subject to the Equality Impact Assessment (EIA) process (which incorporates the UNCRC). For example, an EIA report has been developed for the EOTAS review.

5. Financial Implications

5.1 Whilst there are no immediate financial implications arising from this report, acceptance could result in additional expenditure at a future time. Acceptance does not mean that additional resources will be made available and it should be assumed that future spending needs will need to be contained within existing budget provision and have full and due regard to the budget principles set out in 'Sustainable Swansea – Fit for the Future' and the likely levels of future budgets having due regard to the budget and medium term financial plan.

6. Legal Implications

6.1 There are no immediate legal implications associated with this report.

Background Papers:

Common Inspection Framework
https://www.estyn.gov.wales/inspection/inspection-explained/common-inspection-framework

Estyn Guidance on inspection on Local Authority Education Services for Children and Young People
https://www.estyn.gov.wales/inspection/inspection-guidance/local-government

City and County of Swansea LAESCYP Inspection Report 2013
http://www.estyn.gov.uk/download/publication/291263.7/inspection-report-city-and-county-of-swansea-2013

Annual self-evaluation of Local Authority Education Services for Children and Young People, 2017
www.swansea.gov.uk/estyninspections

Appendices: None

Cyngor Abertawe
Swansea Council

Report of the Cabinet Member for Health and Wellbeing

Cabinet - 14 December 2017

Adult Services Review of Commissioning Strategies for Learning Disabilities, Physical Disabilities and Mental Health

Purpose:	The report provides an overview of progress to date with the Adult Services Commissioning Reviews in relation to accommodation and housing related provision and day services for people with learning disabilities, physical disabilities and mental ill-health, with a view to seeking agreement of those Strategies.
Policy Framework:	Social Services and Well-Being (Wales) Act 2014
Consultation:	The draft Commissioning Strategies will be consulted upon as part of the wider budget consultation.

Recommendation(s): It is recommended that:

1) Cabinet considers the Strategies with a view to proceeding to consultation via the budget consultation process.

Report Author:	Rachel Evans
Finance Officer:	Chris Davies
Legal Officer:	Tracey Meredith
Access to Services Officer:	Sherrill Hopkins

1.   Background

1.1   Four Commissioning Reviews have been undertaken within Adult Services in relation to the following:

- Domiciliary Care
- Residential Care for Older People
- Day Services for Older People
- Accommodation and housing related provision and day services for people with a physical disability, learning disability and mental health concern.

1.2   A report was provided to the Budget Performance Steering Group on the 31st May 2016 detailing how the fourth review was proving extremely challenging as it involved a plethora of both internal and external services across the whole continuum of care for each client group from prevention to managed care. The other reviews, whilst large in scale, had been quite straight forward as they dealt with discreet services for discreet client groups and were essentially reviews of services that we knew would need to continue in some form. For the fourth review, the possibility of completely remodelled service delivery was a potentially realistic option.

1.3   A more strategic approach was required to first establish the outcomes that needed to be met through the continuum of care for each client group. There could then be a more informed consideration of how best commissioned services can meet those outcomes. The Social Services and Wellbeing (Wales) Act requires that these intended outcomes must be developed in a truly co-productive way involving service users, carers and partners.

1.4   Therefore, following discussions with the Chief Social Services Officer and the Director of People, it was proposed and agreed at Budget Performance Steering Group that this review was undertaken with a focus on outcomes and following a process as set out below. It was anticipated that there would be beneficial learning for the next stage of commissioning reviews in other areas of Council business.

1.5   Adult Services firstly needed to develop strategic and co-productive commissioning strategies for each client group (learning disabilities, physical disabilities and mental health) which incorporated the new vision for Adult Social Care for this client group and would also contain the following:

- A wellbeing assessment (to align with the Population Wellbeing Assessment being undertaken for the Social Services and Wellbeing (Wales) Act to be completed by 2017)
- Key issues to be addressed
- A co-produced set of outcomes to be delivered
- An assessment of current services/responses that currently deliver against those outcomes including; cost, workforce, capacity, usage,

performance, quality, commissioning arrangements (this would essentially be what the normal Gateway 1 report would contain)
- Outcome measures
- An assessment of what needs to change to deliver the Act and which can be sustainably delivered.

1.6   Both governance arrangements and contract management systems needed to be built into the strategies to enable dynamic and responsive commissioning decisions.

2   Progress on the Review

2.1   In line with **Stage 1** of the Corporate Commissioning Review process initial stakeholder workshops were held in January 2016 to agree the scope for the reviews and define the outcomes. The agreed scope and analysis of all responses received at these workshops were used to inform the development of the strategies. In addition specific coproduction and engagement exercises have been undertaken which strengthen the accuracy and quality of the conclusions reached within the strategies that cover all aspects of people's lives. These responses have provided a strong platform by which to review services against. To illustrate the depth of engagement, the following was undertaken during the production of the learning disability strategy:

- November 2015 – Event to explore the sustainability of supported living including citizens, carers and professionals
- January 2016 – Stakeholder engagement
- September 2016 –Developed questionnaire with citizens (160 people involved) to explore how current provision is meeting the outcomes
- November 2016 – Analysed questionnaire results with citizens – resulted in a prioritisation of two key areas that were most important to them
- January 2017 –Developed with citizens a quality mark outlining common understanding of what 'good' would look like if services were to deliver in a way that met those outcomes.
- February 2017 – Citizens involved in the development and decision making of the Supported Living tender procurement exercise. The method statement and evaluation criteria were co-produced. The new specification sets out the intention for the development of new models of supported living and the expectation that providers on the framework will be expected to work towards new models.
- Strategy Action Plan developed with citizens, including timescales.
- Monthly co-production meetings established to work through the actions.

2.2   This level of co-production has allowed us to specifically address the comments raised by the Wales Audit Office in their governance review, in which they recommended that the Authority needed to strengthen its

approach to citizen engagement as part of its corporate Commissioning Review process.

2.3   Population Assessments have been completed across the three areas as part of the Social Services and Wellbeing (Wales) Act Population Assessment and the strategies were linked into the timescales for this work.

2.4   With regards to governance, new strategic commissioning arrangements have been developed co-productively across the three areas. This has entailed working with citizens, carers and partners, including Western Bay and ABMU to develop governance structures, terms of reference and genuinely co-productive arrangements. These are at an early stage of development and the groups are still embedding themselves. However they have been involved in the development of the strategies and have endorsed the final drafts.

2.5   Each Commissioning Strategy has been designed within the context of the Future Generations Act and the Social Services and Wellbeing (Wales) Act and corporate priorities, including Sustainable Swansea.

2.6   With regards to **Stages 2 (Service Assessment) and 3 (Benchmarking and Comparison)** of the Corporate Commissioning process much of the work associated with service assessment has been undertaken including the scrutiny of internal services relation to outcomes, cost, performance, staffing and buildings. The majority of mental health supported housing is commissioned via the Supporting People Programme and as such there is detailed information in place which validates the cost and quality of services. In addition the Supporting People Regional Collaborative Committee has provided opportunities for regional benchmarking to be undertaken. However there is further work to be completed in all three areas to reach robust conclusions within Stage 3.

2.7   There has been considerable activity and input by Finance and the Commercial team to unpick arrangements around the commissioning of supported living to understand the costs and performance and there is detailed understanding with regards to sustainability of existing service models. This has been a very complicated piece of work and has been driven, not by the review, but by concerns around financial viability, safeguarding and potential provider failure of a key provider. This work will however inform the review and the Supported Living Framework, alongside the commissioning strategy in Learning Disability and will provide a way forward to completely remodel the approach to supported living in Swansea including improved delivery of outcomes at an improved cost.

2.8   An Integrated Care Fund bid was approved to support some of the work around progression and managing cost in services, but with a particular focus on the use of assistive technology in supported living environments. A specific piece of work has focused on night time support

with a view to utilising technology to better understand night time support needs to enable more targeted support. This has resulted in detailed evidence which suggests night time support can be commissioned in a different way.

2.9   With regards to the development of a Strategic Commissioning Group for Learning Disability a workshop was held in January with commissioning colleagues across the directorate to test the feasibility of taking a People Directorate approach to commissioning for this population group. The suggestion was positively received and the beginnings of strategic commissioning arrangements are now in place with a clearly defined optimum model, terms of reference and work plan.

2.10   To conclude, three separate Commissioning Strategies for Learning Disability, Physical Disability and Mental Health have now been produced, have been signed off through the described Commissioning Groups and are ready for consideration by Cabinet.

2.11   Cabinet is therefore asked to consider the strategies. Advice has been sought as to whether the strategies need to be publicly consulted upon, as in themselves they do not lead to any specific service changes. Any proposed service changes will emerge as Stage 4 of the corporate Commissioning Review process through the options appraisal, and the outcome of this would need to be consulted upon. It has therefore been concluded that consultation on the Strategies themselves will form part of the wider budget consultation process.

2.12   The Strategies would then be amended as required in line with the feedback received during the budget consultation, and final versions brought to Cabinet for agreement.

2.13   The formal Commissioning Review process would then progress to review services against the Commissioning Strategies and proposed options brought forward as part of **Stage 4** of the process and a Gateway 2 report produced for consideration. As there are numerous service models to be reviewed, practical application will require a staggered Gateway 2 process commencing with Supported Living for all three areas. See appendix 4 for further detail.

3   Financial Implications

3.1   Early efficiencies have been identified within Learning Disability Supported Living services as a result of the night time commissioning review which will be delivered in February 2018. There are no additional financial implications at this point. There are clear timescales for the completion of Stage 4 of the Commissioning Reviews which are attached in Appendix 4. Further financial implications in will be outlined within the Gateway 2 reports when the commissioning options will be defined.

4 Legal implications

4.1 The Commissioning Strategies may be subject to some change, following any feedback received through the budget consultation.

5 Equality and Engagement Implications

5.1 Adopting the Commissioning Strategies will allow us to effectively review our services to meet the population needs and desired outcomes of people with learning disabilities, physical disabilities and mental health concerns. Equality Impact Assessments have been opened for all three strategies and will be progressed during the review process. The development of the strategies have been co-produced with citizens so there is already a strong engagement and impact assessment built in to the process.

7 Appendices

- Appendix 1: Mental Health Commissioning Strategy and Action Plan
- Appendix 2: Learning Disability Commissioning Strategy and Action Plan
- Appendix 3: Physical Disability Commissioning Strategy and Action Pan
- Appendix 4: Commissioning Review project timeline
- Appendix 5: Statement by Chair of Safeguarding PDDC

8 Background Papers

- None

City & County of Swansea

Mental Health Commissioning Strategy

Contents Page

City & County of Swansea
Mental Health Wellbeing Strategy 2017

Introduction

Mental health, like physical health can be lost, maintained or improved and there are a wide range of factors that can positively or negatively affect it. Mental health is about how we think, feel and behave.

One in four people in the UK has a mental health problem at some point, which can affect their daily life, relationships or physical health. One or two in every 100 people will experience a more severe mental illness such as schizophrenia or bipolar disorder.

Mental health problems can affect anyone. Without support and treatment, mental health problems can have a serious effect on the individual and those around them. However, the majority of people who experience mental health problems can get over them, or learn to live with them, especially if they get help early on. The overwhelming positive aspect of mental ill health is the potential for recovery and self-management. Without the right kind of support there is an increased risk of decreased longevity and poor physical health and suicide.

In general the prevalence of mental health in a population is stable increasing in line with population increases. However, there are a range of risk factors which can mean that a person and or an area is more likely to be affected by mental health issues.

Understanding how quickly people are able to access services, what sort of care they are receiving and what outcomes they are experiencing is vital to good care.

Consistent and reliable data in mental health is essential, however data still lags behind other areas of health & social care. There may be information collected, but there is room for improvement in co-ordinating, analysing and sharing usefully between health and social care to inform commissioning.

This document sets out how the Local Authority has engaged to identify the level of mental health and the specific risks within the Swansea population.

The document then sets out the priorities which have been coproduced for the Swansea area with people with mental health issues and their carer's. It then sets out to develop a plan on how the LA will fulfil its responsibilities, use its own resources, influence others and work in partnership to improve and maintain the Mental Wellbeing of the residents of the City & County of Swansea.

In this strategy development the local Authority has strived to apply the principles of coproduction as outlined in the Social Services & Wellbeing Act have. It had been developed alongside the development of the new Adults Service Operating models for Swansea.

Defining Mental Health - What do we mean?
In the past, mental health symptoms have in the main been divided into groups. They are classed as either 'neurotic' or 'psychotic' symptoms.

'Neurotic' refers to those symptoms which can be regarded as severe forms of 'normal' emotional experiences such as depression, anxiety or panic. 'Neuroses' are now more often called 'common mental health problems '.

'Psychotic' symptoms, which are less common, are those that interfere with a person's perception of reality. This may include the person having hallucinations. That is they see, hear, smell or feel things that no one else can.

There is no single cause of mental health problems and the reasons why they develop are complex.

The Talk to me 2. A Suicide and self-harm prevention strategy for Wales 2015-2020. http://gov.wales/topics/health/publications/health/reports/talk2/?skip=1&lang=en uses the following definitions for Suicide and self-harm.

Suicide is death resulting from an intentional self-inflicted act.
Suicidal behaviours range from suicidal thoughts, planning suicide, attempting suicide to completing suicide.
Self-harm is usually defined as intentional non-fatal self-poisoning or self-injury. This covers a wide range of behaviours, including isolated and repeated events: self-cutting, poisoning, scratching, burning, banging, hitting, hair pulling and interfering with wound healing. It challenges the individual, families and professionals alike.

Behaviours associated with substance misuse, risk taking or eating disorders are generally not considered self-harm because usually the harm is an unintentional side effect of the behaviour. However boundaries can be blurred, meanings differ in different contexts and there are often associations.

Long-term outcome research in adults consistently highlights the association between self-harm and suicide. Those who repeat self-harm are at significantly greater risk of completing suicide than those who have a single episode. Self- harm is an important public health problem in its own right, regardless of intent. It is one of the top five causes of hospital admissions in the UK. Many actions to prevent and reduce suicide will have benefits for those who self -harm.

National Legislative & Policy Context

Most mental health law applies in England and Wales. However, since the Government of Wales Act, the Welsh Assembly has been able to pass its own laws and make changes to England-Wales laws as they apply in Wales. The main laws which affect mental health services in Wales are:

Mental Health Act 1983 (revised 2007).

The Mental Health Act 1983 Code of Practice for Wales (the Code) is issued under section 118 of the Mental Health Act 1983 by the Welsh Ministers. The Code came into force on 3 October 2016.
http://gov.wales/docs/dhss/publications/160920mentalacten.pdf

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The Act sets out in law what happens when people are unable to make decisions, for example, when they lack capacity to make a particular decision.

http://gov.wales/topics/health/nhswales/mental-health-services/law/mentalcapacityact/?lang=en

Mental Health (Wales) Measure 2010.

This law places new legal duties on local health boards and local authorities about the assessment and treatment of mental health problems. The Measure became law in December 2010. http://gov.wales/topics/health/nhswales/mental-health-services/law/measure/?lang=en

The Measure has 4 main parts:

- part 1 of the Measure will ensure more mental health services are available within primary care
- part 2 makes sure all patients in secondary services have a Care and Treatment plan
- part 3 enables all adults discharged from secondary services to refer themselves back to those services
- part 4 supports every in-patient to have help from an independent mental health advocate if wanted.

The **Social Services and Wellbeing Act 2014** came into effect April 2016.

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

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

The Social Services and Well-being (Wales) Act changes the social services sector:

- People have control over what support they need, making decisions about their care and support as an equal partner
- New proportionate assessment focuses on the individual
- Carers have an equal right to assessment for support to those who they care for
- Easy access to information and advice is available to all
- Powers to safeguard people are stronger
- A preventative approach to meeting care and support needs is practiced
- Local authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change

Wellbeing of Future Generations (Wales) Act 2015.
Wales faces a number of challenges now and in the future, such as climate change, poverty, health inequalities and jobs and growth. The Well-being of Future Generations (Wales) Act is about improving the social, economic, environmental and cultural well-being of Wales. It will make the public bodies listed in the Act think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. The Wales well-being goals that have been set out in the Well-being of Future Generations Act. These are:
• **A prosperous Wales**: An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
• **A resilient Wales**: A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).
• **A healthier Wales:** A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
• **A more equal Wales**: A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).
• **A Wales of cohesive communities:** Attractive, viable, safe and well-connected communities.
• **A Wales of vibrant culture and thriving Welsh language:** A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.
• **A globally responsible Wales:** A globally responsible Wales. A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being and the capacity to adapt to change (for example climate change).

National Policy Context

Together For Mental Health - a strategy for mental health and wellbeing in Wales http://gov.wales/topics/health/nhswales/mental-health-services/policy/strategy/?lang=en

At the heart of the strategy is the Mental Health (Wales) Measure 2010, which places legal duties on health boards and local authorities to improve support for people with mental ill-health.

The main themes of Together for Mental Health are:

- promoting mental wellbeing and, where possible, preventing mental health problems developing,

- establishing a new partnership with the public, centered on:

  o Improving information on mental health

  o Increasing service user and carer involvement in decisions around their care

  o Changing attitudes to mental health by tackling stigma and discrimination

- delivering a well designed, fully integrated network of care. This will be based on the recovery and enablement of service users in order to live as fulfilled and independent a life as possible,

- addressing the range of factors in people's lives which can affect mental health and wellbeing through Care and Treatment Planning and joint-working across sectors,

- identifying how we will implement the Strategy.

The Strategy is focused around 6 high level outcomes and supported by a Delivery Plan. http://gov.wales/topics/health/nhswales/plans/mental-health/?lang=en

The 2016-19 delivery plan is the second of three plans which sets out the actions to ensure the strategy is implemented.

Talk to me 2. A Suicide and self-harm prevention strategy for Wales 2015-2020. http://gov.wales/topics/health/publications/health/reports/talk2/?skip=1&lang=en

The Strategy identifies both risk and protective factors around suicide, suicidal behaviours and self-harm. It identifies those that are most at risk and the priority groups and places to target protective and preventative approaches.

The aims of the strategy are:
1. Further improve awareness, knowledge and understanding of suicide and self-harm amongst the public, individuals who frequently come in to contact with people at risk of suicide and self-harm and professionals in Wales

2. To deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm
3. Information and support for those bereaved or affected by suicide and self harm
4. Support the media in responsible reporting and portrayal of suicide and suicidal behaviour
5. Reduce access to the means of suicide
6. Continue to promote and support learning, information and monitoring systems and research to improve our understanding of suicide and self-harm in Wales and guide action

Local Vision:

"People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce".

Our Draft Social Services model to deliver this vision is based upon the following six key elements:

- Better prevention
- Better early help
- A new approach to assessment
- Improved cost effectiveness
- Working together better
- Keeping people safe

The service model comprises four levels of health, wellbeing and social care support for our population. We think it will help us to deliver "better support at lower cost".

This Commissioning Strategy will support the delivery of Swansea's corporate priorities with particular emphasis on safeguarding vulnerable people and building sustainable communities:
- Safeguarding vulnerable people
- Improving pupil attainment
- Creating a vibrant and viable city and economy
- Tackling poverty
- Building sustainable communities,

At the same time, across Wales, public sector funding is under increasing pressure and therefore in Swansea, we need to reduce expenditure on adult social care. Added to this pressure is a growing population, which is placing additional demand on our service. This means we need to save money and meet the additional demands placed on our service whilst delivering the requirements of the Act.

In the document "Better Support at Lower Cost" (2011)[1] the Social Services Improvement Agency notes:

"It is increasingly recognised that the twin goals of improving efficiency and delivering better outcomes for service users are not necessarily in conflict with each other. Some councils recognise that the kinds of service transformation they are now contemplating would make sense in terms of service improvement even if current financial constraints…. were not present"

---

[1] "Better Support at Lower Cost" SSIA 2011

Our Commissioning Strategy therefore needs to deliver:

Our Corporate Priorities, and
- The local vision for Social Services
- The savings required through the Sustainable Swansea Programme
- The co-produced outcomes for adults with a Mental Health issues in Swansea
- Mental Health (Wales) Measure 2010.
- The requirements of the Social Service and Wellbeing (Wales) Act 2014
- The Together for Mental Health delivery plan 2016-2019
- The Talk to me 2 A Suicide and self-harm prevention strategy for Wales 2015-2020

Executive Summary

The process of developing the Swansea Mental health Commissioning Strategy started as the 4th Corporate Commission Review within Adult Social Services. Quite quickly it became apparent the original scope of both internally and commissioned services covered three specific client groups learning Disability, Mental health and Physical Disability. Also within each of these client groups were a range of service models of specialist service provision e.g. Residential Care, Supported Living, Domiciliary Care, day services and housing related support. This coincided with the collaborative work to undertake a regional population needs assessment which ideally should be one of the key drivers for local commissioning. The resulting output of the 4th Commissioning Review is significantly different in range, format and timescales originally envisaged.

A current population needs assessment has been produced which also identified improvements required to increase the effectiveness of information collection and shared analysis so that Swansea and the Western Bay partnership will in the future have the best possible information and evidence available to inform commissioning within limited resource to achieve the maximum positive impact on the mental health of the citizens of the City & County of Swansea.

Below is the summarised action plan developed as a result of the work undertaken to date.

Draft - Swansea Mental Health Strategic Commissioning Strategy Action Plan				
What Needs to Change to deliver the Outcomes?	**What is happening already?**	**What would success look like?**	**Draft Actions**	**Person Responsible &Timescale**
Stigma and discrimination still exists • From public • From general health settings	LA Developing Advise and Information services (DEWIS)	• Discrimination is eliminated • People no longer feel stigma from the public and in general health settings	Develop a LA corporate plan to contribute to raising public awareness of Mental health issues and protective preventative factors Review the balance of output from Information and Advice services in relation to physical and mental wellbeing**.**	
Strengthening and development of additional primary care services. Predicted to be Increasing demand for support in the community.	*General Practitioners act as a gateway to primary care services. Services are accessible via GP referrals*	*There is access to an increased range of primary care interventions. The waiting times are reduced and the length of the intervention time is based evidenced of effectiveness.*		

12

No further cuts to secondary care	*A Western Bay Commissioning Board has been established* *City & County of Swansea undertaking a commissioning review.*	*An appropriate range of financially sustainable .services are in place.*	Consider how extra resources can be provided Not just money Assets of the community Exploring new models of provision Lamberth Council as an example	
Simplified eligibility & access to sustainable services which focus on prevention early intervention, and recovery.	Segregation between primary and secondary care has a negative effect on eligibility and access. Not all services are accessible to everyone. Single point of access being implemented for secondary Mental Health Services Bureaucracy of referral & assessment for LA provided and commissioned services compared to universal services e.g. No-one		Review LA commissioned services for effectiveness. by Tier 1 Tier 2 Tier 3 Tier 4	

	needs a referral or assessment just walk in when you need it.			
An appropriate and timely response when someone is in a mental health crisis or has an urgent need through flexible services available when service users and carers need it. Respite was not in scope of the original commissioning review but has been identified as an issue of concern by stakeholders linked with managing crisis.	Crisis support too frequently equates to hospital admission. A shortage of acute beds – necessitates police ntervention.GP – CPN – MH Staff (G and B). Discharge from Mental health Hospital is perceived as a problem. Barry Shier innovative example	Make support for crisis available when needed in evenings & weekends. Increase flexible working by services. Have a range of options to provide support to those in a mental health crisis Increase acute beds for crisis There are appropriate respite options for people with Mental Health and their carer's. .	Review of LA services flexibility to and how they respond to crisis and urgent need. For Individuals For their carers Increase our understanding of need for "respite" in a Mental Health context Increase our understanding of mental health hospital discharge issues problems	
Meaningful assessment and robust outcome based review process with individual at the centre.	Development and implementation of a new practice framework for adult services.		Develop a less risk averse culture so that people can challenge themselves.	

14

Developing services to achieve self- management through encouragement. The Recovery Model	Living Well programme evaluation	New and innovative treatments are introduced into current practice. E.g. therapies rather than the medical model.	Establish a research group to identify new models of support focusing on early intervention and the recovery model.	
Investment has to be shifted to prevention but needs to be flexible.		Prevention services also focus on Mental Health and are not just looking at older persons.		
Reduce the waiting time for Counselling and increase the length of intervention.	Waiting times are long and support period is too short. CBT only 6 sessions. Counselling is one element of talking therapy.	Access to the range of formal and informal counselling services is rapid delivering on early intervention and prevention	Increase understanding of evidence (analyse data) for offering the appropriate format of talking therapies, promptly and for the optimum period for effectiveness. (is it formal counselling or other)	
Lack of move on within and from supported housing	Move On Strategy exists from temporary accommodation into Social Housing and private rented Social Lettings Agency. General rehousing application process in place.	I have choices to make on where I live, in communities and with housing providers who understand and do not discriminate and support my mental wellbeing.	Linking to Housing Strategy for locality and accommodation type Exploring options to tackle loneliness and isolation sharing opportunities Low level floating support around clustered	

15

			accommodation being considered Age appropriate options	
Res Care – not enough specialist provision between acute support and supported living. Limited availability of specialist sustainable provision within the City & County of Swansea	Western Bay Brokerage for those above cost threshold E.g. Robense House which is a high relational 24 hour supported living project. Currently focused on those whose needs are CHC eligible.	Mixed market of providers – competition / partnership ensure reasonableness. Care before profit. There is a range of specialist sustainable residential care or alternative provision within the City & County of Swansea or Western Bay area.	Explore alternative models to residential care Explore Joint commissioning with Western Bay partners Engage with the local private sector market & consider role of internal services.	
Need for a Dom Care speciality for understanding MH and co-occurring physical health needs		Support to people with Mental Health when delivered by Domiciliary care agencies has the necessary specialism e.g. understanding of TIA triggers, meds and their impacts and can provide seamless hands on personal care in this context.	Link to Domiciliary care commissioning review and procurement. Link to review of internal provision.	
Gender specific provision Provision for parents with Mental Health issues ,	(PRAMS) child care			

16

Need good Transition to Adult services from children's service.	CAHMS No services, as primary care workers attached to GPS are in overload.	Transition from children's to age appropriate adult services. Prompt access to and appropriate preventative and crisis support for children and young people.		
Support to continue/return to or become work ready. Too much focus on how not to work and staying on benefits and not always in the best interest long term.		Clear information on options for how to get back into work. Access to support to do so and information on permitted work/ part time work. Supported and sympathetic informed employers. A culture of change showing work as positive impact on a person's quality of life and being part of recovery.		
Commissioning process to be Co-productive. People who use services and their carers being involved at every stage of process Staff to be involved in coproduction in designing and providing services.	Limited to date, should be at all stages of the commissioning cycle.	More effective commissioning decisions leading to improved delivery of outcomes for individuals stakeholders working together.		

• Improve staff recruitment and retention. • High turnover/reorganisation of staff at strategic planning level impacts negatively on progress. • Short term funding (third sector). Changes of operational worker including volunteer's results in erratic Services. • Stress on staff due to caseloads & demand		Sustainable services are in place. A stable well trained, informed and supported staff resource is in place.		
Integration of Health & Social Care across ABMU area. Better partnership working around dual diagnosis. Uncoordinated and inconsistent funding postcode lottery. Decision making debates while the person wait's. ➢ Pass the buck culture between physical health and MH or LD and MH duel diagnosis. ➢ Arguments over funding between Health and Social		Seamless and sustainable services Better partnership working between Social Services, ABMU and Third Sector.		

18

Care due to budget pressures. ➢ Service delivery hampered by funding agreements.				
Travelling across County and out of county to access ABMU services. Rurality – transport issues.			Transportation use of ambulance services. Need 1:1 transport for 1 – 1 work.	

Section 1

Population Assessment

Estimating adult mental health issues – How many of us are affected?

This section will give an overview of some of the published data available and explores how we estimate the overall adult mental health of the population of the City & County of Swansea.

Who gets it and how serious is it?

Public health Wales indicate that there is no single cause of mental health problems - the reasons why they develop are as complex as the individual. mental health problems are more common in certain groups, for example, people with poor living conditions, those from ethnic minority groups, disabled people, homeless people and offenders.

Sometimes people with mental health problems are discriminated against. This can lead to social problems such as homelessness, and may make the mental health problem worse.

Particular mental health problems are also more common in certain people. For example, women are more likely than men to have anxiety disorders and depression. Drug and alcohol addictions are more common in men, and men are also more likely to commit suicide.

Mental health problems can also develop from difficult life events, such as moving house, losing your job or the death of someone special. Drinking too much alcohol over a long period of time, and using illegal drugs can contribute to mental health problems, particularly in people who are already vulnerable.

As well as the suffering caused by a mental health problem, mental ill health can have a negative impact on employability, housing and household income, potentially leading to severe economic deprivation. Mental health problems can also lead to social exclusion.

For example, adults with mental health problems are less likely than others to take part in leisure, arts and community activities; be living in appropriate or private housing and have access basic services such as health and banking services.

People with psychotic disorders such as schizophrenia are over three times more likely to be separated or divorced and over twice as likely to be living on their own as those without.

Without care and treatment, mental health problems can have a serious affect on the individual and those around them. Every year more than 250,000 people are admitted to psychiatric hospitals and over 4,000 people commit suicide in the UK.

Key data on numbers
The Together For Mental Health Strategy - A Strategy for Mental Health and Wellbeing in Wales states based on 2012 data indicated :

- 1 in 4 adults experiences mental health problems or illness at some point during their lifetime.
- 1 in 6 of us will be experiencing symptoms at any one time.
- 1 or 2 in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder.
- 1 in 10 children between the ages of 5 and 16 has a mental health problem and many more have behavioural issues.
- Approximately 50% of people who go on to have serious mental health problems will have symptoms by the time they are 14 and many at a much younger age.
- Between 1 in 10 and 1 in 15 new mothers experiences post-natal depression.
- 1 in 16 people over 65 and 1 in 6 over the age of 80 will be affected by dementia.
- 9 in 10 prisoners have a diagnosable mental health and/or substance misuse problem.

Most of the recent published data sources are from individuals self-defining their mental health needs such as the Welsh Health Survey.

- In the 2014 Welsh health Survey indicated 11.7% self- reported as currently being treated for a mental illness.
- In the 2015 Welsh Health Survey 13% of adults self- reported currently being treated for a mental illness. http://gov.wales/docs/statistics/2016/160622-welsh-health-survey-2015-health-status-illnesses-other-conditions-en.pdf

This suggests an increase of 1.3% in self -reported mental health.

NHS Wales Hospital statistics for people with a mental illness
Each year on the 31st March there is a psychiatric census of people who on that day are in Mental Health hospital provision by the local authority they are from. On the 31st march 2015 there were 172 inpatients from Swansea on that day.

Other data from hospital census published in 2014-15:
- There were 1,441 resident patients at 31 March 2015, a decrease of 45 (3 per cent) from 31 March 2014 (table 10.1).

- There were 1,644 average daily available beds, <u>a decrease of 59 (3 per cent) from the previous year (table 10.1).</u>
- There were 1,662 formal admissions to hospital, an increase of 205 (14 per cent) from the previous year (table 10.1).
- 96 per cent of formal admissions were under Part II of the Mental Health Act (table 10.2).
- 17 per cent of mental illness hospital discharges were for a diagnosis of mood affective disorder and 16 per cent were for schizophrenia, schizotypal and delusional disorders (table 10.4).
- Almost <u>three quarters of hospital discharges were following one month's stay</u> (table 10.5).
- 47 per cent of the people resident at 31 March 2015 were aged 65 and over (Table 10.7).

"Key points from ABMU Health Board 2015 Joint Strategic Needs Assessment
- *Data on mental health remains limited in ABM University Health Board despite mental health being the largest area of health care spend.*
- *There has been a slight increase in the proportion of adults reporting being treated for any mental illness between 2007-2008 and 2013-2014 both in ABM University Health Board and across Wales.*
- *In 2013-2014 just over one in ten adults reported being treated for any mental illness.*
- *National data shows a clear social gradient with 17.6% of adults in Wales' in the 20% most deprived communities reporting being treated for any mental illness, compared to 8.3% in the 20% least deprived communities."*

What does this say about Swansea levels.
For Swansea using the Wales average ratios from the Together for Mental Health applied to the Swansea 242,000 (mid 2015 population estimate) it would mean that:

- About 60,000 people in Swansea are likely to experience some form of mental health issue during their lifetime.
- About 40,333 are likely to be currently experiencing a mental health issue.
- About 31,460 are likely to have an awareness of and are actively engaging in treatment for a mental health issue.

- The Welsh Government Daffodil System for predicting social care needs for Swansea indicated for 2016 there would be around 35,000 adults who would have a mental health issue and this would likely rise 35,767 in 2019. A 2.1% increase.

City & County of Swansea Data April 2015 to March 2016

Relative proportions of population and where they are supported

5.36% of projected population would have a mental health issue

CMHT, 1,311

565 assessed carried out & did not meet CMHT eligibility criteria

Total Swansea Population 242,000 (2015)

35,000 or 14% of total population of Swansea are or projected to have a mental Health Issue at any one time.
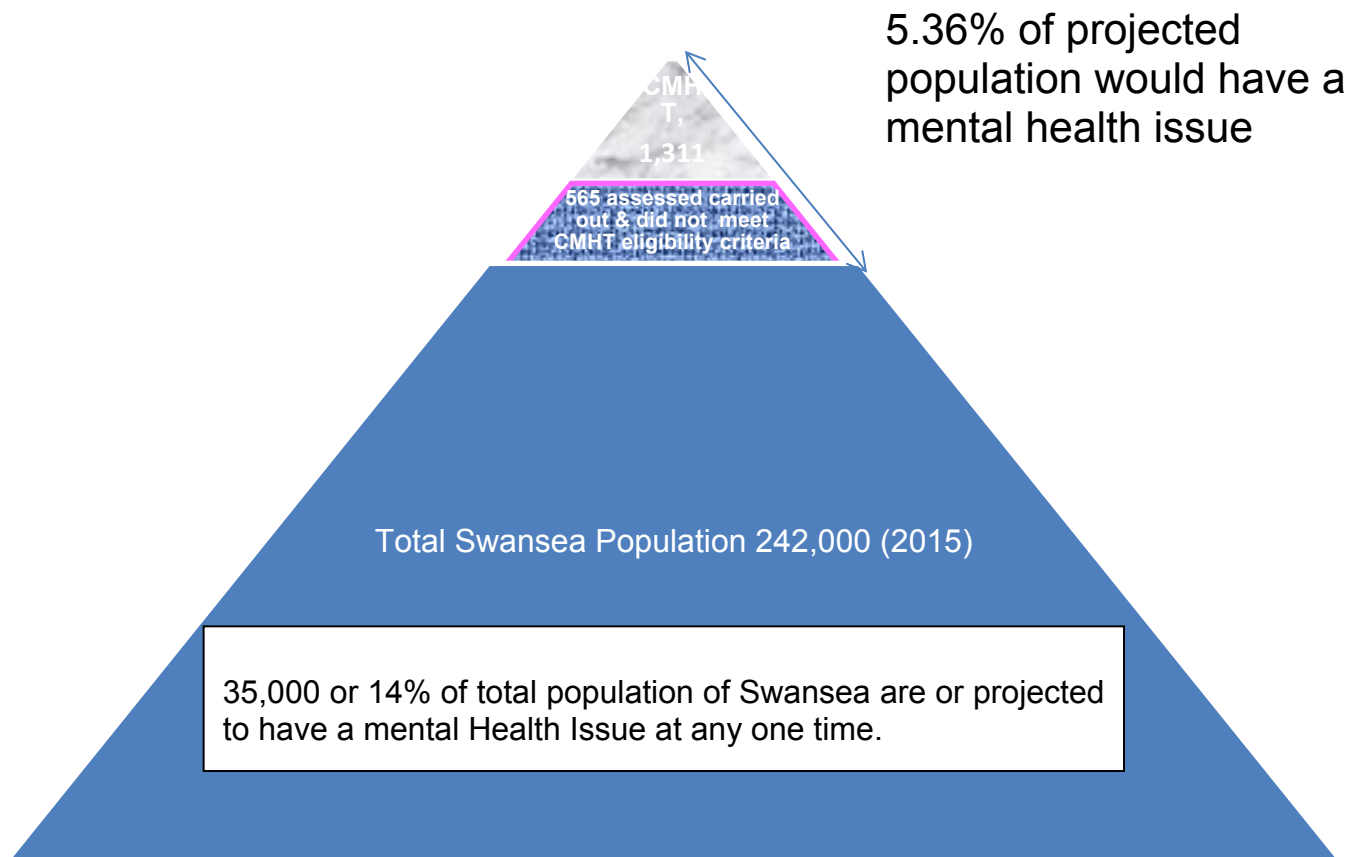
Community Mental Health Teams

Within the Community Mental Health teams are professionals from Health and Social care e.g. Social Workers and Care Management Officers. Currently Adult Social Service only have contact with those being assessed and have an involvement in formally managing the care those that meet the eligibility for a social care service only. The diagram shows that this is a small proportion of those who are predicated to have a mental health issue in Swansea. Social Services commissions one Mental Health day opportunity which can be accessed by those who have not met the CMHT eligibility criteria.

City & County of Swansea Data April 2015 to March 2016

- Number of assessments undertaken by the CMHT's was 1763

- Of those assessments the number identified as not eligible for secondary mental health services 565 (32% of assessments)

- There were 526 (30%) individuals who were new to secondary Mental Health CMHT.

- An average of 19 new cases each month. (Jan 2013 to Dec 2013 15.5cases)

- An average of 19.3 cases were discharged each month (Jan 2013 to Dec 2013 17.4)

- There was an average of 1311 individuals supported each month and based on the Daffodil projection of 35000 for 2015 that is approximately 3.7% of the population with a mental health issue.

Those remaining individuals receive support through primary health care and others services. During the engagement event individuals were asked where they received support from

Informal	Formal
Family/Friends	ABMU Wellbeing Services - stress control,
Carers	Activate your life, Information and Advice
colleagues (peers).	Leaflets, Self- help information electronically.
Each other	Primary care / GP's/Primary Liaison Team PLT
kindness of strangers	(Health fund). Hospitals and rehab
Befriending	services/Emergency departments/ Counselling
Peer Support	A&E (general hospital), Crisis Team – home
Self Help Groups.	treatment for hospital and crisis.
Animals (Therapeutic).	Secondary -CMHT SW, CPNs, OTs, Doctors,
Work/Employer Schemes	physiologist, Nurse Therapist. Assertive
Occupational Health,	outreach.
Colleagues (work)	Hospital/In-patient care / crisis resolution H
Trade Unions	treatment
Media	Police/Probation/Criminal Justice Services
internet/ Apps	Forensic services
Stress	Statutory Day Care Provision/ Cwmbwrla Day
Packs Online.	Services.
TV	Day Services/ Connect/ Mind /Hafal
Online / Physical Forums	Community Connectors / Local Area Co-
Universal – things that people	ordination
can access themselves/	Nursing Care/Res Care/Low secure units
Spiritual Centres and	Citizen's Advice
facilities/Church/Libraries/	Homelessness Services /Housing.
Leisure Centres/women's	SP funded Supported Living /Llanfair
institute /Workers Institute/pub	/Gofal/WISH Tenancy Support.
Third Sector.	SM Services, coat, sands, WCADA.
Community groups – Singing	Community based groups, Voluntary Sector e.g.
for the Mind, Red Café, Belly	mind, SCVS, Volunteering, befriending, Hafal,
Dancing	Alzheimer's Society, Age Cymru, Domestic
Private Counselling Services	Abuse/Hafan Cymru/Carers Trust /Carers
	Centre
	EVST/Transcend Swansea

	Education/Student wellbeing services and all establishments/Higher / Further ED Support Services, schools colleges, universities Directories.

Conclusion

There has been a decrease in the number of hospital beds available and a corresponding decrease in hospitalised in patients. Three quarters of patients were discharged following 1 month stay. Therefore, more individuals with a mental heal issue are living in the community and therefore need to access to care and support service in the community. People are less likely to be admitted to hospital than in the past and stay they will say for shorter periods. Those who are admitted are getting older and there is an increase in formal admissions as a percentage of the total admissions.

What we know is that due to lack of awareness and stigma associated with seeking help and declaring you have a mental health issues the prevalence is under represented in the data collected and available.

There are efforts being made nationally and locally to challenge the stigma and get people talking about mental health issues in a similar way that physical health issues are https://www.time-to-change.org.uk/about-us/about-our-campaign/time-to-talk. The conclusion is there is likely to be an increase in the incidence of mental health issues reported over the coming years possibly beyond current predictions and a corresponding increase in demand for information and advice and care and support in the community as a result of people positively seeking help.

What are the specific mental health risk factor's.

There are a number of risk factors for individuals and areas which can affect the prevalence of mental health issues. This section outlines the particular risk factors that may increase the level of mental health issues in relation to the Wales average.

Risk factors indicate whether an individual, community or population is particularly vulnerable to mental health issues and suicide, and exist at various levels. Factors may relate to the individual and could be social or contextual in nature, and can exist at multiple interaction points. Where risk factors are present there is also a greater risk and likelihood of suicidal behaviours.

Prevention efforts should focus on at risk groups while simultaneously focusing on the entire population in order to mitigate risk at the individual level. The following table – although not exhaustive – lists a number of known risk factors.

Links to Deprivation
"National data shows a clear social gradient with 17.6% of adults in Wales in the 20% most deprived communities reporting being treated for any mental illness, compared to 8.3% in the 20% least deprived communities." *Together for Mental Health".*

Common mental health problems such as depression and anxiety are distributed according to a gradient of economic disadvantage across society with the poorer and more disadvantaged disproportionately affected from "common mental health problems" and their adverse consequence

The Wales Index Multiple deprivation (WIMD) indicates Swansea has:
- An above average number of Lower Super Output Areas (LSOAs) in the 10% most deprived LSOAs in Wales.
- 12.2% of its LSOAs are ranked within the 10% most deprived LSOAs in Wales. This is a total of 18 LSOAs.
- 51.4% of its LSOAs are ranked within the 50% most deprived LSOAs in Wales.

Secure Estate
Data suggests 9 in 10 prisoners have a diagnosable mental health and/or substance misuse problem. The City & County of Swansea has a prison and bail hostel and with responsibility for assessing and meeting any social care needs under Part 11 of the health Social Services and Wellbeing (Wales) Act. There is a separate population needs assessment topic paper for secure estate.

Mental Health Links to Physical Health
There are strong links between physical and mental health problems. A 2012 report by The King's Fund found that 30% of people with a long-term physical health problem also had a mental health problem and 46% of people with a mental health problem also had a long-term physical health problem.

Premature mortality is a well-known phenomenon among people with severe mental health problems, with an average reduction in life expectancy of 10-25 years (15 years for women, 20 years for men) compared to the general population. Although

suicide is a factor, most of these deaths are due to chronic physical medical conditions (e.g. cardiovascular, respiratory and infectious diseases), and socio-economic and healthcare risk factors. People experiencing mental health problems are less likely to be managing the physical health and wellbeing.

Mental Health & Long Term Illness Benefits

At a national level the DWP analysis (published on Daffodil) indicates among adults on long-term benefits as a result of ill-health, 43% suffer primarily from a mental health problems.

- A 43% rate would be approximately 5,400 individuals with a mental Health issues on DLA or PIP in Swansea.
- Apply the percentage to the Employment Support Allowance (ESA) benefit data for Swansea as at May 2015 there would be further 9,300 individuals on ESA with a mental health issue.

It is estimated that in 2015 approximately 45% the predicted population of Swansea with a mental health issue (Daffodil =35,000) were on out of work benefits. That is about 15,000 people.

DWP welfare reforms and review of ESA are resulting in individuals loosing entitlement to ESA. However, local information indicates a significant proportion are successful on appeal. It is reported anecdotally by agencies which support individuals with benefit appeals that this process is initself adding to the stress for those individuals many of which are already experiencing mental health issues.

Suicides & Gender, Suicidal Behaviours & Self harm

Talk to me 2. A Suicide and self-harm prevention strategy for Wales 2015-2020. http://gov.wales/topics/health/publications/health/reports/talk2/?skip=1&lang=en

There were 247 suicides in people aged 10 and over in Wales in 2014 (199 male, 48 female suicides); this is a decrease of 146 deaths since 2013. This is the lowest suicide rate observed since the beginning of our time series in 1981. Similar trends were seen in males and females in Wales. However, the figures show that the risk of suicide for males in Wales is still significantly higher than females.

Suicide is usually in response to a complex series of factors that are both personal and related to wider social and community influences. There is therefore no single reason why someone may try to take their own life. Suicide is best understood by looking at each individual, their life and circumstances.

It is however important to remember suicide and self-harm are largely preventable, if risk factors at the individual, group or population level are effectively addressed.

This requires a public health approach, broader than focussing on services for mental health service delivery, and which demands collective action by individuals, communities, services, organisations, government and society. This means no single organisation or department can take sole responsibility: suicide and self-harm reduction must be cross-governmental, cross-sectoral and collaborative, with shared responsibility at all levels of the community, if it is to have a chance of success.

Men are around three times more likely to die by suicide than women. Women are more likely to engage in non-fatal suicidal behaviours that require hospital admission. Many people may have thoughts of suicide. Up to 19 people in every 100 will have thoughts of suicide at some point in their life 9. These thoughts are distressing and can further isolate an individual, creating additional barriers to seeking help. Only a very small number of those who harm themselves or who think about suicide will actually die in this way.

Among both males and females there is an association between suicide and area of residence based deprivation. Rates are higher in our more deprived communities and this gap appears to be widening in Wales. This is consistent with existing literature and highlights that suicide prevention should address inequalities that exist in society.

Families and friends bereaved by suicide are at greater risk of mental health and emotional problems and may be at higher risk of suicide themselves. Timely effective support will be facilitated by having effective local responses to the aftermath of suicide in place.

In 2010 there were 4,450 individuals admitted to inpatient care following self -harm in Wales. Some individuals are admitted more than once in any year. There are approximately 5,500 admissions for self -harm in Wales each year. This gives an indication of the burden of self -harm on services but does not take into account those assessed in A&E departments who do not require admission, or the many more who do not attend following an incident of self -harm. The age and pattern of self -harm shows that young women aged 15-19 have the highest prevalence with some evidence of an increase in males over 85.

Suicidal Risk Factors

INDIVIDUAL	SITUATIONAL	SOCIO-CULTURAL
Male sex	Job and financial losses	Exposure to suicidal behaviours
Low socio-economic status	Stressful life events (including divorce/ separation)	Stigma associated with poor help seeking behaviour
Restricted educational achievement	Relational or social losses or discord	Barriers to accessing healthcare, particularly mental health and substance misuse treatment
Previous suicide attempt(s)	Easy access to lethal means	
Mental disorder (including those unrecognised or untreated)	Clusters of suicide have an element of contagion	
Major physical or chronic illnesses including chronic pain		
Alcohol or substance misuse		
Family history of suicide		
History of trauma, abuse or neglect		
Sense of isolation		
Hopelessness		
Impulsiveness		
Admission to prison / engagement with criminal justice system		
Victimisation, bullying and stigma.		

The patterns of suicide and self -harm in Wales have not always been as we see them today and will continue to change. The challenges these changes present for prevention are considerable. There should be ongoing systematic collection of and access to data on suicide and self -harm to enable the identification of priority people and places for action and to monitor and evaluate the impact of intervention.

Prevention & Wellbeing - Protective factors

As equally important as risk factors are protective factors which help reduce a person's risk of developing mental health issues & vulnerability to suicidal behaviours. Protective factors will increase an individual's capacity to cope with particularly difficult circumstances.

The Five Ways to Wellbeing are a wellbeing equivalent of 'five fruit and vegetables a day'. It is recommended that individuals build the Five Ways into their daily lives to improve their wellbeing. http://www.wales.nhs.uk/sitesplus/863/page/47545

The Five Ways to Wellbeing are taken from the Foresight Project Mental Capital and Wellbeing published in October 2008. The project commissioned the centre for wellbeing at nef (New Economics Foundation) to develop the 'Five ways to Wellbeing': a set of evidence based actions to improve personal wellbeing. For more information visit http://www.neweconomics.org/

The NHS has nationally adopted these issuing self help guides
Self Help http://www.selfhelpguides.ntw.nhs.uk/abmu/SelfHelp

Protective Factors *(Suicide Prevention Strategy)*
Strong connection to family and community support i.e. social connectedness
Skills in problem solving, conflict resolution and non-violent handling of disputes
Seeking help and easy access to quality care for mental and physical illness
Personal, social, cultural and religious/ spiritual beliefs that support the self

Restricted access to the means of suicide

Issues for commissioning from the Population Assessment
- Increase in numbers of people with a mental health need in line with population increases and demographic trends particularly more older people, dementia, complex needs/co-occurring substance misuse and learning disability.   - Significant social stigma, isolation, discrimination which needs tackling   - Lack of awareness of mental health issues   - Lack of information on protective factors for mental wellbeing and early intervention help   - More people will be seeking help with their mental health need as awareness improves and stigma and fear of discrimination reduces   - Assessing and meeting carers own support needs   - Health inequality needs addressing by improving access to health & social care services to giving regard to the population and individual risk factors to mental wellbeing   - Need a better understanding of the needs within the BME community in Swansea better than we do currently   - Supporting people to maintain or return to work and enabling access to meaningful work related activity   - Develop an outcomes framework to capture what matters to people and support people to do more of what matters e.g. choice and control   - Facilitating change to develop new models of support

Section 2 – Current Service Provision

Existing Provision presented by the Adult Services Model by Tier.

City & County of Swansea - Adult Services Interventions		
Tier 1 – universal services to support wellbeing	The role of universal services is to ensure that adults are able to have a good quality of life. This includes support to keep active, stay healthy, avoid loneliness and isolation, keep informed and remain connected to their local community. We will expect these services to take an active role to identify and support those people who might be at risk of future health or wellbeing problems, and ensure that they are engaged and supported effectively.	
	Provided by the City & County of Swansea	Commissioned by the City & County of Swansea
		Local Area Coordination
Tier 2 – prevention and early intervention	These are services that help people avoid risks to their health, wellbeing and independence. When people do have difficulties, they will be supported to recover their independence as quickly and effectively as possible. Such services will focus on helping those most likely to need complex support if they do not get early help.	
	Provided by the City & County of Swansea	Commissioned by the City & County of Swansea
	TSU - In House Community Care Group	**Day Centres** Connect Day Centre- Caer Las (also for LD) MIND Service (Carers grant) Hafal Service (Carers grant) **Prevention of Homelessness Housing Related Support** LA Tenancy Support Unit- Floating Tenancy Support external by Gofal
Tier 3 – managed support for identified needs	When health and wellbeing issues threaten someone's independence, care services will provide a targeted response to identify and reduce risks as soon as possible. These services will focus on supporting people to retain or regain as much independence as possible, even where a health or wellbeing issue is complex or long-term. A period of intensive support within Tier 3 may enable someone to move back to Tier 2 support.	

	Provided by the City & County of Swansea	Commissioned by the City & County of Swansea
	Social Workers & Care Management Officer within Integrated Community Mental Health Teams **Day Centre** Crest	
	Temporary Supported Living In house 24hr Shared supported .	*OASIS* **Floating Support Service Model** Gofal Gwalia Care & Support *OASIS* *Temporary Supported Living* Wish 24hr (FHA) Women only project (FHA) Wish dispersed shared.(FHA) Self- contained 24hour supported (Caer Las) N.M Shared Supported (Caer Las) *OASIS* *Permanent Supported Living* • WISH – Family Housing (FH) • E. Supported Housing Ltd • G.H. Ltd • K.H. Ltd • P.Y.W • Over 50 yrs. (FHA)
Tier 4 – specialist support for high level or complex needs	These services will meet the needs of those who cannot manage without specialist care and support. We will ensure that such services are high quality, designed and delivered in a way that promotes as much independence as possible. Where possible, care will be provided within or close to someone's local community. People will be supported to retain their dignity and exercise as much choice and control as they wish.	
	Provided by the City & County of Swansea	Commissioned by the City & County of Swansea
		Residential without nursing Spot Purchase Placements for Individuals

		- A and EA Scott (Cross ref. learning disability) - TRACS Ltd - Aston Care Ltd (W & L.H.) - H.S - C. G - T.Y.A.L - L.G - B.H RC - T.N (Integra) - A.C (Wellchime Ltd) **Residential with nursing care** Spot Purchase Placements for Individuals - M.H Sure Plan Homes Ltd - T.V, Sure Plan Homes Ltd - B.Hl. NH - L. NH - A.y.M. NH - Apex Care Homes (A) - C.F NH

How well are current services (across the four tiers) delivering these outcomes?

Commissioning and Service provision have moved to an increasingly outcome focused way of working and systems and processes are being developed to support this way of working. Some of our contracts are outcome focused and performance is measured against the delivery of outcomes (particularly in Supporting People).

The new Supported Living Framework sets out clear expectations of an outcome focused, co-productive approach and performance will be measured against outcomes at an individual and strategic level. However, this is not currently routine and our systems and processes are changing to re-focus on a clear specification of outcomes and outcome based performance management approaches. It is therefore difficult currently to be certain about how well current services are delivering outcomes when they are neither expressly specified nor measured across the piece.

We therefore asked people who access services, family carers, providers and commissioners how well current arrangements were delivering outcomes for people with mental health needs. The following was an overview of what people thought.

STRENGTHS	WEAKNESSES
Stigma reducing / more acceptable to ask for help around MH. Celebrities speaking out. Information more readily available.	**Stigma still exists** • Public have negative perceptions of MH. Even MH stigma experienced within general health & social care settings. • Poor relationship/communication between MH and General Health Services.
Recognition 'we need to change'. Willingness to change and become co-productive.	
National Health Service (free at the point of use). Free prescriptions / delivery service. Developments and progress with meds and therapies. Primary care MH Service. Primary care funding (but still not enough).	**Lack of Information/**People not aware about mental health conditions. Information not accessible to everyone about services and needs regular updating.
Social Services influence Health with a social model of understanding mental health & stress. Positive goal setting – equality. Allowing individual personalities to develop.	**Staffing Issues** • High turnover/reorganisation of staff at strategic Planning level impacts negatively on progress. • Short term funding (third sector). Changes of operational worker including volunteer's results in erratic Services. • Stress on staff due to caseloads & demand
Integrated working. Co-location. Joint records. Response from CMHTs very good. Joint commissioning of services. Multi-disciplinary teams.	

A good range of support services relatively well provided for in Swansea compared to other areas within ABMU.

Seems different to OAP – close down cases.

Staff
Consistency of operational staff in some MH – known people for 20 years.
- Skilled/ trained/ Training Committed/Experienced with right attitude. Non- judgemental.
- Not so high turnover - Stable CMHT.   It's for you – tend to stay until retire e.g. some staff know you well.
- Service users see less professionals.

Informal carers – can look after them better.

Prevention Services highlighted.
- Provision of MH specialist non MH services such as Tenancy Support. Helps maintain MH.
- LAC's.
- Advocacy.

Co-production and utilising Service User skills and experience to deliver activities etc.

Third Sector
- A supported (funded) Third Sector which is responsive, flexible, innovative.
- Good established partnership working arrangements.
- Opportunities for Networking.
- Service user wants, service user led. Partnership Utilising and sharing of good practice.
- Skills / attributes of local communities.

Service user engagement carer / lack of involvement – planning / developing

Eligibility & Access
- Segregation between primary and secondary care has a negative effect on eligibility.
- Not all services are accessible to everyone, different criteria's. Increasing thresholds for accessing services.
- Bureaucracy of referral & assessment for LA funded services inefficient as compared to universal services are much simpler. No-one needs a referral and assessment just walk in when need it.
- Lack of clear pathways.
- Better accessibility and clearer criteria needed.
- Sustainability of services and consistency.

Gaps In Services
A good range of support services but not enough capacity. Pressure of numbers and lack of turnover. Caseloads too high.

- Getting advice Counselling.
- Lack of respite – impact on individuals and Carers.
- Lack of move on from supported housing
- Res Care – not enough between acute support
- Gap weakness for Dom Care speciality for understanding MH. Do not understand MH e.g. TIA exam triggers, meds, impact.
- postcode lottery
- Gender specific, (PRAMS, child care).
- Everything seems to be OAP focused
- Community Connectors and Local Area Coordination about older people not about MH.
- Should be age blind – issue what can we offer?

• Volunteering (but not replacing skilled workforce) **OASIS** Single referral point. Mixed range / variety of accommodation based services. Allowing different levels of projects to meet different levels of need. Appropriate technology	• No service from CAHMS, as primary care workers attached to GPS are in overload. • Transitional period child / adult. *We need proper, adequate transitions. • Not enough 1 – 1 working. Prevention, no system around sorting 'me' out! **In Crisis and urgent need** • Crisis only in hospitals. • Shortage of beds – necessitates police intervention.GP – CPN – MH Staff (G and B). • Mental Health Hospital Discharge – big problem. • Services not available at times when most needed e.g. evenings & weekends. Lack of flexible working. • Flexible services when service users and carers received it (only 9-5). **Joint commissioning – not always effective** • Service delivery hampered by funding agreements/lack of agreement. • Decision making debate while we wait. Arguments over funding between Health and Social Care due to budget pressures. • Pass the buck culture between physical health and MH or LD and MH dual diagnosis. • Uncoordinated and inconsistent funding postcode lottery. **Transport** • Travelling across ABMU. Rurality – transport issues. • Transportation use of ambulance services. Travelling out of Swansea area. • Need 1:1 transport for 1 – 1 work. Need better partnership working between disciplines! (Social Services, ABMU and Third Sector). Lack of integration to address stagnation / lack of innovation and Talking not doing.

Issue for Commissioning
- Coproduce an evaluation of each of the specific LA delivered and commissioned services within each tiers is delivering the outcomes   - Build on the strength existing assets   - Tackling health inequalities for people with mental health problems   - Tackling stigma in general health & social care settings   - Tackling stigma in universal services.   - Delivering improvement in information about positive protective factors for mental wellbeing   - Delivering improvement in information about access service for those experiencing mental health problems   - Delivering accessible and responsive crisis support 24/7   - Delivering improved and effective partnership and joint commissioning   - Eliminating barriers caused by transport issues

The next stage will be to evaluate each of the services within each of the tiers against the Outcomes established.

What do we spend?

City & County of Swansea expenditure Budget on MH

Social Services Revenue	14/15	15/16	16/17
Create	327,576	221,009	509,425
Community Mental Health Team 1	287,911	324,800	303,966
Community Mental Health Team 2	340,309	858,241	415,404
Community Mental Health Team 3	494,917	*0	517,569
Crisis Resolution & Home Treatment	96,423	99,804	104,524
C M&A Central Management (MH)	35,134	0	0
Mental Capacity Grant	12,992	12,550	12,550
DEL MH Residential Care	1,976,373	2,174,091	2,679,071
Direct Payments Wag Grant	168,877	280,885	425,146
C M&A Service & Staff Dev (MH)	67,932	67,462	61,734
L.H Supported Housing	*515,154	*455,383	812,332
Total Expenditure	4,323,598	4,494,226	5,841,721

*CMHT 2 & 3 co-located and budget combined.

*L.H - income generation toward budget from rents & service charges

Commissioning Arrangements

We have developed new co-productive commissioning arrangements and ensured clear governance arrangements both within the LA, Western Bay and with key partners. This new Strategic Commissioning Group will oversee and manage the development and implementation of the Commissioning Action Plan that will be developed to deliver the strategic outcomes for people with a Mental Health need. The group will also consider priority areas of work and agree timescales and approaches.

We aim to commission and deliver services on the basis of outcomes, co-production and social value. This will entail working collaboratively with local citizens and services to maximise value for money, promote wellbeing and encourage prevention. We will do this by:

- Recognising people as assets
- Building on people's strengths
- Fostering mutual; and reciprocal relationships
- Strengthening peer support networks
- Breaking down barriers
- Facilitating rather than delivering
- Developing insight
- Planning effectively, and
- Improving delivery

Section 3 - Engagement

What needs to change?

Changes identified will need to be delivered in the context of:

- Meeting increasing levels of need
- Delivering a new model of support
- Manage reducing resources

Shifting resources

We will manage a shift of resources away from tiers 3 and 4 towards tiers 1 and 2 of 5% over the next three years in Adult Services.

The Western Bay Population Assessment sets out the following priorities:

- Effective management of transition
- Better redistribution of respite resources across the region
- Look at the potential of assistive technology within supported living

A key challenge in Swansea will be to continue our approach to support people in community settings as opposed to residential care, however, we need to support people to progress and move on, not get stuck in supported living options.

Co-production with Citizens

In January 2016 the City & County of Swansea began engaging with citizens to inform the Local Authority on what and how it should use its resources on to support people with mental wellbeing within its roles and responsibilities. A range of methods were used;

An all-day event at the Einon Centre where about 150 people attended. The session was held with individuals with experience of mental health issues, their carer's and health and social care professionals were asked a series of questions

A questionnaire sent to providers to support individuals who could not/or did not want to attend to give their views.

A series of smaller coproduction groups also took place. The key question which was asked was "What does good look like?" Below are the summarised responses for the stakeholders.

What does a good life look like?

- Being worth something (having role, a reason to get up in it the morning/contributing /being respected)
- Being Safe/secure
- Somewhere to live (or closely associated with somewhere to live)
- having support when it's needed
- Having social support networks (opportunities to see and make family & friends love & care, emotional wellbeing)
- Security/stable/Financial income
- Be healthy physically and mentally
- Choices /Freedom to make decisions
- Everyone having an awareness of mental health, being understood & not to be discriminated against 5/8
- Being listened to
- Having/knowing information
- Having control (Not controlled by bad habits/addiction)
- Having aspirations
- Managing
- Achieving
- Laughter/Joy
- Stability/managing limiting stress and anxiety

The group were then asked what outcomes do we want to achieve?

- To stay alive and have a good reason to live,
- A reason to get up, to have meaningful occupation.
- Recovery, to be as well as I can be, be well, stay well and not need services
- To have my medication.
- To have my physical health needs met and reduce health inequalities.
- Self-management of symptoms, to be as independent and free of stat services as possible.
- MH fluctuates - so have support that fluctuates as it is needed.

- Sustainability and security from support services. Peer support opportunities.
- Overcome loneliness and isolation which magnifies mental ill health. Opportunities to meet others. Feel Needed- Part of community Living in the community
- To thrive, Must have joy / success in their life. I want to feel good about myself. Being able to achieve aspirations the things that made a good life to the individual.
- Developing skills – starting with the strengths of the people. What they can do rather than cannot do.
- Have choices, - Listened to and heard. Positive risk taking.
- Safeguarding, People being safe and feeling safe.
- Financially secure –Maximise/ income improvement. Transparent welfare system- Positive changes i.e. permitted work.
- A society which understands MH and how it affects people, which allows integration & achieved e.g. through Education involvement).
- Appropriate and timely Open referral / Access services to the individual need. Consistent/stability of flexible Services that continue to meet service user's needs and are personal centred. Reduce long term support. Centralising referrals (one stop shop).
- Appropriate and safe accommodation.
Information, accurate, accessible, up to date. Access to IT (digital).

The group were then were asked to tell us "What support do people need to live a good life?". The following were the areas identified.

Support to challenge stigma and inform wider community and professionals
Stigma and fear of being unable to speak about their MH was still felt to be a massive issue. People need to be able to speak about the mental health to get help. Therefore need awareness raising in society and develop champions and role models.

Health campaigns should always focus on MH as well as physical health.
E.g. Health 5 a day, how does that improve MH. Need to train the general nursing staff.

Support the carers/family and community and professionals with information on what signs to look out for when mental health is deteriorating and what to do. Sometimes family networks & community opportunities are the only contacts which can spot early signs of Mental Health deterioration and trigger an early intervention response otherwise there is no early intervention. Carers / family need support recognise the "signs" and know what can be done to managing symptoms. . Older peoples support networks reduce mental health issues with bereavement services.

Accessible information and advice
Information on all services and where to get help when things go wrong. Greater knowledge of what to do when you experience mental health issues, what's available, how to access to where to go.

Early, responsive practical help (not which eligibility criteria miss or meet) which is simple to access when you are becoming unwell.
We need to have services that help when people are first unwell. Accessible practical and emotional support when I need it!. Help is there without jumping through hoops to get it. Tailored package of support around frequency, intensity, needs and wants. Access to prevention services without needing to access a diagnosis and without care management. If relapse get support when need it without going back to the start – simple re-access to support / services. Access to universal services is simplified, to attend a normal community club in the community there are no forms or assessments etc. Practical support e.g. tenancy support that will help my Mental Health. Help to get stability again.

Access to services outside normal office hours
Services available that meet needs of individuals at different times during recovery. Increased availability (beyond 9-5 Mon-Fri) for support in a crisis. When it's needed, not when they can provide, if at all. Easier access and able to attend when you need to.

A choice from a range of services
A range of services, no matter what their age or disability. Services with flexibility.

Staff with the right qualities, skills and knowledge
Staff with right attitude (qualified and trained). Experienced, motivated and enthusiastic people who believe in what they are doing. Someone to trust to speak

to / be listened to. Not disillusioned and worn out. Staying approachable, passionate and focussed. Good morale of staff. Multi-disciplinary. Support from one person, consistency and informed support staff.

Support for the range of individuals who have Mental Health Issues (1in 6 people at any time). Across age and gender and with other needs such as homeless, substance misuse and physical illness.
Worried that services are gaining focus on younger people. Need to include older people. Complex needs with non-engagement, often compounded with Substance Misuse and Homelessness. Dual diagnosis and problems with pigeon holing when present to Council. Links between homelessness and poor MH / worsening mental health.
Nido Therapy. Adults in the secure estate. Impact SSWBA14.

To overcome loneliness
Lonely no contact. Company and companionship?? It's the softer elements e.g. confidence, people understanding mental health, feeling self-conscious. It's all the softer side. Need to be individual. Focus on what people are good at. Confidence – support from networks.

To take part in meaningful occupation.
Breaking down barriers around trust, motivation, confidence, stigma to enable access to universal & specialist. Having a building good support networks formal / informal. Small steps, as too traumatic for some suffering anxiety. Communities supporting but cannot force people to get involved. Community connections/ Local area coordination may be used to access other interests. These widen interests. Need to support to link with Community/friends / neighbours / local figures. Joined up approach of services – take ownership and trust each other and not duplicate assessment process. Fear of illness constant fight to attend/ take part/keep work.

Geographically financially affordable Services
Some costs are prohibited. Attendance drops when bus lost. Late evenings buses home. Transport – catching a bus £10. Organising / very expensive. It's never free. Better use of community based existing LA buildings, break down the barriers. Intimidating being on own in taxi or on service bus in evening.

Be realistic – managing expectations and those of the advocates. You need to take risks.

Co-productive services. Self- help groups – third sector groups which prevent crisis / or need to access services.

The group were then asked "What do we know about Mental Health future needs?"

It's always going to be there.
- There will be changes in attitudes and understanding of Mental Health.
- There may be increased diagnosis and treatments.
- It is becoming more acceptable to ask for help. This which is likely to mean demands will increase for information and advice, people will have more complex lifestyles and higher expectations.
- Everyone's journey is different. No-one size service fits all.
- More people living longer with their Mental Health issues and increase in Dementia sufferers. There may be more isolation. Should not look at older people as one homogenous group. More older carer's as well as younger carers.
- People will have physical health needs and as the population ages so these needs are likely to increase too e.g. obesity and diabetes etc
- Impact of Substance Misuse (Legal Highs Particularly) on diagnosis, complexity of care & support needs and complexity of delivery.
- Mental Health issue high amongst people in secure estate.
- Prioritising groups of needs e.g. High and complex needs. Drugs, legal highs and alcohol increasing abuse. Alcohol related dementia.
- Transition to Adult Provision. Younger people accessing Mental Health service with substance misuse issues. SM "messed up" young people entering services for life. Younger carers.
- With Substance misuse recovery takes longer if at all and is interdependent with Substance Misuse treatment responses and services.
- Changes in the approach to service delivery Enhanced primary care services to decreased impact on secondary mental health services.
- Reorganisation of statutory organisation structures.
- Impacts of Welfare Reform on incomes, particularly for under 35 and difficulties for those not working to access affordable good quality housing
- Impact of private MH hospitals may increase on demand locally with patients from out of area with placements not known to CCS until the placement breaks down. No control measures.
- **r**epatriation of individuals placed outside of Swansea / Wales (where appropriate).
- Limited number of specialist providers in market limits competition.
- Not enough accommodation for the critical few.
- Intensive services are out of area in private sector more expensive
- Commissioners seeking further efficiencies, do more with less not financially viable for some providers.
- Staff on statutory minimum pay dealing with challenging, complex needs, but we need high skill / experience staff. Staff look for easier work in Tesco.
- Millions extra needed to maintain service level

The group was then asked to consider where individuals get support now and these sources were grouped by them into informal and formal support.

Informal	Formal
Family/Friends	ABMU Wellbeing Services - stress control, Activate your life, Information and Advice Leaflets, Self- help information electronically.
Carers	
colleagues (peers).	
Each other	Primary care / GP's/Primary Liaison Team PLT (Health fund). Hospitals and rehab services/Emergency departments/ Counselling A&E (hosp) Crisis Team – home treatment for hospital and crisis.
kindness of strangers	
Befriending	
Peer Support	
Self Help Groups.	
Animals (Therapeutic).	Secondary -CMHT SW, CPNs, OTs, Doctors, physiologist, Nurse Therapist. Assertive outreach.
Work/Employer Schemes	
Occupational Health,	
Colleagues (work)	Hospital/In-patient care / crisis resolution H treatment
Trade Unions	
Media	Police/Probation/Criminal Justice Services Forensic services
internet/ Apps	
Stress	Statutory Day Care Provision/ Cwmbwrla Day Services.
Packs Online.	
TV	Day Services/ Connect/ Mind /Hafal
Online / Physical Forums	Community Connectors / Local Area Co-ordination
Universal – things that people can access themselves/ Spiritual Centres and facilities/Church/Libraries/ Leisure Centres/women's institute /Workers Institute/pub Third Sector.	Nursing Care/Res Care/Low secure units Citizen's Advice
	Homelessness Services /Housing.
	SP funded Supported Living /Llanfair /Gofal/WISH Tenancy Support.
	SM Services, coat, sands, WCADA.
Community groups – Singing for the Mind, Red Café, Belly Dancing	Community based groups, Voluntary Sector e.g. mind, SCVS, Volunteering, befriending, Hafal, Alzheimer's Society, Age Cymru, Domestic Abuse/Hafan Cymru/Carers Trust /Carers Centre
Private Counselling Services	
	EVST/Transcend Swansea
	Education/Student wellbeing services and all establishments/Higher / Further ED Support Services, schools colleges, universities Directories.

The Group were asked to consider what they felt were the strengths and weaknesses.

STRENGTHS	WEAKNESSES
Stigma reducing / more acceptable to ask for help around MH. Celebrities speaking out. Information more readily available.	**Stigma still exists** • Public have negative perceptions of MH. Even MH stigma experienced within general health settings.

Recognition 'we need to change'. Willingness to change and become co-productive.

National Health Service (free at the point of use). Free prescriptions / delivery service. Developments and progress with meds and therapies. Primary care MH Service. Primary care funding (but still not enough).

Social Services influence Health with a social model of understanding mental health & stress. Positive goal setting – equality. Allowing individual personalities to develop.

Integrated working. Co-location. Joint records. Response from CMHTs very good. Joint commissioning of services. Multi-disciplinary teams.

A good range of support services relatively well provided for in Swansea compared to other areas within ABMU.

Seems different to OAP – close down cases.

Staff
Consistency of operational staff in some MH – known people for 20 years.
- Skilled/ trained/ Training Committed/Experienced with right attitude. Non- judgemental.
- Not so high turnover - Stable CMHT. It's for you – tend to stay until retire e.g. some staff know you well.
- Service users see less professionals.

Informal carers – can look after them better.

Prevention Services highlighted.

- Poor relationship/communication between MH and General Health Services.

Lack of Information/People not aware about mental health conditions. Information not accessible to everyone about services and needs regular updating.

Staffing Issues
- High turnover of staff at strategic Planning level impacts negatively on progress.
- Short term funding (third sector). Changes of operational worker including volunteer's results in erratic Services.
- Stress on staff due to caseloads & demand

Service user engagement carer / lack of involvement – planning / developing

Eligibility & Access
- Segregation between primary and secondary care has a negative effect on eligibility.
- Not all services are accessible to everyone, different criteria's. Increasing thresholds for accessing services.
- Bearocracy of referral & assessment for LA funded services inefficient as compared to universal services are much simpler. No-one needs a referral and assessment just walk in when need it.
- Lack of clear pathways.
- Better accessibility and clearer criteria needed.
- Sustainability of services and consistency.

Gaps In Services
A good range of support services but not enough capacity. Pressure of numbers and lack of turnover. Caseloads too high.

- Provision of MH specialist non MH services such as Tenancy Support. Helps maintain MH.
- LAC's.
- Advocacy.

Co-production and utilising Service User skills and experience to deliver activities etc.

Third Sector
- A supported (funded) Third Sector which is responsive, flexible, innovative.
- Good established partnership working arrangements.
- Opportunities for Networking.
- Service user wants, service user led. Partnership Utilising and sharing of good practice.
- Skills / attributes of local communities.
- Volunteering (but not replacing skilled workforce)

OASIS
Single referral point. Mixed range / variety of accommodation based services. Allowing different levels of projects to meet different levels of need.

Appropriate technology

- Getting advice Counselling.
- Lack of respite – impact on individuals and Carers.
- Lack of move on from supported housing
- Res Care – not enough between acute support
- Gap weakness for Dom Care speciality for understanding MH. Do not understand MH e.g. TIA exam triggers, meds, impact.
- postcode lottery
- Gender specific, (PRAMS, child care).
- Everything seems to be OAP focused
- Community Connectors and Local Area Coordination about older people not about MH.
- Should be age blind – issue what can we offer?
- No service for CAHMS, as primary care workers attached to GPS are in overload.
- Transitional period child / adult. *We need proper, adequate transitions.
- Not enough 1 – 1 working.

Prevention, no system around sorting 'me' out!
In Crisis and urgent need
- Crisis only in hospitals.
- Shortage of beds – necessitates police intervention.GP – CPN – MH Staff (G and B).
- Discharge – big problem.
- Services not available at times when most needed e.g. evenings & weekends. Lack of flexible working.
- Flexible services when service users and carers received it (only 9-5).

Joint commissioning – not always effective
- Service delivery hampered by funding agreements.
- Decision making debate while we wait. Arguments over funding between Health and Social Care due to budget pressures.

	• Pass the buck culture between physical health and MH or LD and MH duel diagnosis.
	• Uncoordinated and inconsistent funding postcode lottery.
	Transport
	• Travelling across ABMU. Rurality – transport issues.
	• Transportation use of ambulance services. Travelling out of Swansea area.
	• Need 1:1 transport for 1 – 1 work.
	Need better partnership working between disciplines! (Social Services, ABMU and Third Sector). Lack of integration to address stagnation / lack of innovation and Talking not doing.

Section 4 - Priorities

Within the engagement event individuals were asked to identify their top 3 priorities which are set out in the table below.

Top Priorities	
Breakdown stigma – value everybody. Educate, integrate and motivate.	Developing services to achieve self-management through encouragement. The Recovery Model.
Meaningful assessment and robust outcome based review process with individual at the centre.	Development and strengthening of primary care services. More resource into prevention and primary care.
Range of flexible services– one size does not fit all	Investment has to be shifted to prevention but needs to be flexible.
Commissioning process to include Co-production. People who use services and their carers being involved at every stage of this process (Commissioning and Reviewing).	No further cuts to secondary care – consider extra resource
Timely response in a crisis.	Care before profit.
Improved delivery of outcomes for individuals to enable achievement – with all stakeholders working together to achieve.	Focus on meeting the LA's statutory responsibilities – prioritise what works well and what is important to the patient
Mixed market of providers – competition / partnership ensure reasonableness.	Better partnership working around dual diagnosis.
Simpler Access to services	Integration of Health & Social Care across ABMU area.
Access to services – simplified and consistent – focus on Early Intervention & Prevention.	Need to integrate current research treatments into current practice. Other therapies of the medical model.
Maximise the full potential of current services ensuring services meet the need	Increase flexibility into services across all pathways.
Good staff recruitment and support. Production in designing and providing services.	Greater efficient and effective services – co-production especially service user carers.
Sustainable – consistently there and accessible.	Review if we have sustainability and adequate current resource for provision of existing service in a safe way.

This feedback was significantly summarised to bring out the Big Issues in one power point slide and used to test and challenge and coproduce a summary of the Big Issues with a smaller group of stakeholders some of which were at the original event.

They were asked to look as the "Big Issues" and consider the following questions:

| Do you agree these are the important issues?

Are we missing anything? | All agreed these were important issues but more detail/emphasis in some areas:
• Need to emphasise demands are increasing for secondary mental health services. E.g. Higher caseloads CMHT for Social workers & CPN's plus additional responsibilities for SW dols and AMP. Consequently it's more difficult to get a Care & Treatment Plan which reflects all the principles of the act and the measure due to time.
• No mention of the principles of recovery model. Need to developing an assessment and practice framework based on the principles of recovery that everyone has agreed to, is embedded and everyone works towards.
• Wider description of groups within MH needed e.g. complex needs, dementia & acquired brain injury.
• It was felt clarity was needed on the range of services referred to which planning care & support applied.
• Must note peoples mental health is not stable includes recovery & relapse. Need to have care & treatment plans that describe how people move in and out & through degrees of support & care. Should be part of the. How will/can this happen. Start the exit strategy on day one. Must inform commissioning.
• The list feels like what's wrong with secondary mental health not emphasising prevention and early intervention areas.
• More detail should be identified what was meant by lack of crisis support for who and when and where are they.
• Emphasis a need for a less risk averse culture so that people can challenge themselves.

Missing
• What will future model look like. Need to recognise what good practice will need to look like to deliver a recovery based model. E.g. positive risk taking recovery approach, getting work supported, normalising.
• Need to be flexible to allow for experimental approach without a blame culture. E.g. the person cut themselves because they wanted to not because someone did not do something.
• Asset based approach building areas of strength not continually focusing in what wrong with you. A new practice model.
• A gap is there is not enough clear information accessible around options for how to get back into work and support and permitted work part time work. We need supported and sympathetic employers. Support around finding work should not be portrayed as a negative. There is a culture of change needed as it is a positive approach and impact on a person's quality of life and being part of recovery. Support |

	seems to be targeted at how not to work and stay on benefits which is not always in the best interest long term.
	• Respite services are not in the scoping doc for the review was raised as a gap. However, day service provision gives respite both to the family carer and cared for.
	Other comments
	• Individual CTP 1:1 conversations must be reflected from CTP and must be used in pop needs assessment at a strategic level as a commissioning tool.
	• Currently good performance looks like holding on to someone and does not drive progression/moving on. If safe and well given no formal time and progression stops. If problems much time is given.
	• Social isolation a lack of diversity in day to day reinforcing isolation. Drop in models of structured support
	• Include a test & challenge/sense check session across the other client groups LD & PD.
	• Produce a MH asset map.
	• E.g. front loading support is high initial support to achieve outcomes used in Bridgend.
Think of a time when you have received support or given support to someone – what made it good and why?	• Positive relationship's leads to positive outcomes. There are a range of relationships which may be important to the person and the CTP should to identify and be explicit what the role is of the CTP to support identification and sustain them and creation.
	• A person is able to cope & succeeds in spite of limits and suggestions they would not.
	• Where a person knows what's on offer and there is a shared understanding of the purpose of the intervention/service and the outcome everyone is trying to work towards.
	• A good stable structure to facilitate ongoing conversations. Regular contact/relationships serviced which define issues and work together to resolve. Good partnership behaviour. In relation commissioning compliant with the law flexibility responsiveness.
	• Always has the principle of reflecting on our own experiences of accessing service e.g. a GP service then we ensure we are grounded in what it look like to everyone/ourselves people who need the service.
	• When you have a crisis someone is there listening to reassure and give advice (answering the phone! Can save a life in Mental Health.) Listening & talking is a service and is important.
	• Knowing when it's the right time for the right type of conversation. Sometimes it's not best when someone is the most unwell. There should be time for a conversation when they are not in crisis and have insight.
	• When people come to us they tell us what they want. We should listen.
	• There should be a contingency plan in place as part of the CTP.
	• We must remember that information & advice on line is not accessible for all and we should use a range of formats.
	• Medication - having choices /options which can be discussed.

	• Being creative what is possible to achieve jointly agreed outcomes with trust & risk factors considered. • Build on what people want don't waste time and money on what they don't want.
How can we continue to work with this group?	• This group to get back together regularly but must have the appropriate decision makers. • Add some key people like Local Area Coordinators • Must have service user/carers feedback to shape. • The conversation must continue, Adult co-pro project Local info must link clearly to WB commissioning board and develop their thinking. Needs a consistent structure and personnel to achieve the continued conversation. • What's working and we need to keep identify these areas • Focus on topics/thematic approach going forward to work the detail in the co-pro groups.

What advice do you have for us about engaging more widely?	• Need a consistent structure to have a corporate memory of activity and not restart each time staff or council changes. It stops progress
	• Wider group of those with MH issues. How do we get primary MH users involves?
	• More care managers must be involved if we want to change culture.
	• Need to take a broader look at who the strategic partners are:
	  1. Education courses by staff who are sensitive to MH needs and input into the recovery model , not set it back
	  2. Support general universal services to be sensitive contribute to recovery.
	• Local Area coordinators – What can they do and what information do they get from the community.

The following table was developed which summarises the priorities with an initial action plan to address those priority area

Draft - Swansea Mental Health Strategic Commissioning Strategy Action Plan				
What Needs to Change to deliver the Outcomes?	**What is happening already?**	**What would success look like?**	**Draft Actions**	**Person Responsible &Timescale**
Stigma and discrimination still exists • From public • From general health settings	LA Developing Advise and Information services (DEWIS)	• Discrimination is eliminated • People no longer feel stigma from the public and in general health settings	Develop a LA corporate plan to contribute to raising public awareness of Mental health issues and protective preventative factors Review the balance of output from Information and Advice services in relation to physical and mental wellbeing.	
Strengthening and development of additional primary care services. Predicted to be Increasing demand for support in the community.	*General Practitioners act as a gateway to primary care services. Services are accessible via GP referrals*	*There is access to an increased range of primary care interventions. The waiting times are reduced and the length of the*		

		intervention time is based evidenced of effectiveness.		
No further cuts to secondary care	*A Western Bay Commissioning Board has been established* *City & County of Swansea undertaking a commissioning review.*	*An appropriate range of financially sustainable .services are in place.*	Consider how extra resources can be provided Not just money Assets of the community Exploring new models of provision Lamberth Council as an example	
Simplified eligibility & access to sustainable services which focus on prevention early intervention, and recovery.	Segregation between primary and secondary care has a negative effect on eligibility and access. Not all services are accessible to everyone. Single point of access being implemented for secondary Mental Health Services Bureaucracy of referral & assessment for LA provided and		Review LA commissioned services for effectiveness. by Tier 1 Tier 2 Tier 3 Tier 4	

	commissioned services compared to universal services e.g. No-one needs a referral or assessment just walk in when you need it.			
An appropriate and timely response when someone is in a mental health crisis or has an urgent need through flexible services available when service users and carers need it. Respite was not in scope of the original commissioning review but has been identified as an issue of concern by stakeholders linked with managing crisis.	Crisis support too frequently equates to hospital admission. A shortage of acute beds – necessitates police ntervention.GP – CPN – MH Staff (G and B). Discharge from Mental health Hospital is perceived as a problem. Barry Shier innovative example	Make support for crisis available when needed in evenings & weekends. Increase flexible working by services. Have a range of options to provide support to those in a mental health crisis Increase acute beds for crisis There are appropriate respite options for people with Mental Health and their carer's. .	Review of LA services flexibility to and how they respond to crisis and urgent need. For Individuals For their carers Increase our understanding of need for "respite" in a Mental Health context Increase our understanding of mental health hospital discharge issues problems	
Meaningful assessment and robust outcome based review process with individual at the centre.	Development and implementation of a new practice framework for adult services.		Develop a less risk averse culture so that people can challenge themselves.	

Developing services to achieve self-management through encouragement. The Recovery Model	Living Well programme evaluation	New and innovative treatments are introduced into current practice. E.g. therapies rather than the medical model.	Establish a research group to identify new models of support focusing on early intervention and the recovery model.	
Investment has to be shifted to prevention but needs to be flexible.		Prevention services also focus on Mental Health and are not just looking at older persons.		
Reduce the waiting time for Counselling and increase the length of intervention.	**Waiting times and short support period. CBT 6 sessions.** **Counselling one element**	Access to the range of formal and informal counselling services is rapid delivering on early intervention and prevention	Increase understanding of evidence (analyse data) for offering the appropriate format of talking therapies, promptly and for the optimum period for effectiveness. (is it formal counselling or other)	
Lack of move on within and from supported housing	Move On Strategy exists from temporary accommodation into Social Housing and private rented Social Lettings Agency.	I have choices to make on where I live, in communities and with housing providers who understand and do not discriminate and support my mental wellbeing.	Linking to Housing Strategy for locality and accommodation type Exploring options to tackle loneliness and isolation sharing opportunities	

58

	General rehousing application process in place.		Low level floating support around clustered accommodation being considered Age appropriate options	
Res Care – not enough specialist provision between acute support and supported living. Limited availability of specialist sustainable provision within the City & County of Swansea	Western Bay Brokerage for those above cost threshold Robense House high relational supported living	Mixed market of providers – competition / partnership ensure reasonableness. Care before profit. There is a range of specialist sustainable residential care or alternative provision within the City & County of Swansea or Western Bay area.	Explore alternative models to residential care Explore Joint commissioning with Western Bay partners Engage with the local private sector market & consider role of internal services.	
Need for a Dom Care speciality for understanding MH and co-occurring physical health needs		Support to people with Mental Health when delivered by Domiciliary care agencies has the necessary specialism e.g. understanding of TIA triggers, meds and their impacts and can provide seamless hands on personal care in this context.	Link to Domiciliary care commissioning review and procurement. Link to review of internal provision.	
Gender specific provision	(PRAMS, child care			

Provision for parents with Mental Health issues ,				
Need good Transition to Adult services from children's service.	CAHMS No services, as primary care workers attached to GPS are in overload.	Transition from children's to age appropriate adult services. Prompt access to and appropriate preventative and crisis support for children and young people.		
Support to continue/return to or become work ready. Too much focus on how not to work and staying on benefits and not always in the best interest long term.		Clear information on options for how to get back into work. Access to support to do so and information on permitted work/ part time work. Supported and sympathetic informed employers. A culture of change showing work as positive impact on a person's quality of life and being part of recovery.		
Commissioning process to be Co-productive. People who use services and their carers being involved at every stage of process	Limited to date, should be at all stages of the commissioning cycle.	More effective commissioning decisions leading to improved delivery of outcomes for individuals		

Staff to be involved in coproduction in designing and providing services.		stakeholders working together.		
- Improve staff recruitment and retention. - High turnover/reorganisation of staff at strategic planning level impacts negatively on progress. - Short term funding (third sector). Changes of operational worker including volunteer's results in erratic Services. - Stress on staff due to caseloads & demand		Sustainable services are in place. A stable well trained, informed and supported staff resource is in place.		
Integration of Health & Social Care across ABMU area. Better partnership working around dual diagnosis. Uncoordinated and inconsistent funding postcode lottery. Decision making debates while the person wait's . Pass the buck culture between physical health and MH or LD and MH duel diagnosis.		Seamless and sustainable services Better partnership working between Social Services, ABMU and Third Sector.		

61

➢ Arguments over funding between Health and Social Care due to budget pressures. ➢ Service delivery hampered by funding agreements.				
Travelling across County and out of county to access ABMU services. Rurality – transport issues.			Transportation use of ambulance services. Need 1:1 transport for 1 – 1 work.	

Section 5
Outcomes - Coproducing a set local bespoke mental health outcomes.

Attendees at the event in January were asked "What outcomes do we want to achieve?"

- To stay alive and have a good reason to live,
- A reason to get up, to have meaningful occupation.
- Recovery, to be as well as I can be, be well, stay well and not need services
- To have my medication.
- To have my physical health needs met and reduce health inequalities.
- Self-management of symptoms, to be as independent and free of stat services as possible.
- MH fluctuates - so have support that fluctuates as it is needed.
- Sustainability and security from support services. Peer support opportunities.
- Overcome loneliness and isolation which magnifies mental ill health. Opportunities to meet others. Feel Needed- Part of community Living in the community
- To thrive, Must have joy / success in their life. I want to feel good about myself. Being able to achieve aspirations the things that made a good life to the individual.
- Developing skills – starting with the strengths of the people. What they can do rather than cannot do.
- Have choices, - Listened to and heard. Positive risk taking.
- Safeguarding, People being safe and feeling safe.
- Financially secure –Maximise/ income improvement. Transparent welfare system- Positive changes i.e. permitted work.
- A society which understands MH and how it affects people, which allows integration & achieved e.g. through Education involvement).
- Appropriate and timely Open referral / Access services to the individual need. Consistent/stability of flexible Services that continue to meet service user's needs and are personal centred. Reduce long term support. Centralising referrals (one stop shop).
- Appropriate and safe accommodation.
  Information, accurate, accessible, up to date. Access to IT (digital).

The Mental Health Coproduction Group workshop in another meeting was asked to look at the Nation Social Service and Wellbeing Act outcomes and consider whether they wished to amend them to be locally and mental health specific. They were informed that the outcomes would be used to measure service provision against going forward. Some outcomes were easier than other to relate to Mental Health with much debate about the language and assumptions.

The table below represents the comments from both groups to make a specific Mental Health set of outcomes.

| What well – being means | National well-being outcomes | Mental Health

City & County of Swansea variations & additions to the National wellbeing outcomes.

To be used to review commissioned services against. |
|---|---|---|
| • Securing rights and entitlements
• Also for adults control over day to day life | • I can access the right information, when I need it in the way I want it and use it to manage and improve my wellbeing.
• I am treated with dignity and respect and treat other the same.
• My voice is heard and listened to.
• My individual circumstances are considered.
• I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me. | • I know and understand what care and support and opportunities are available and use these to help me achieve my mental and physical well-being
• I know my financial rights and entitlements and get support when I need it to access them.
• I am treated with dignity, respect without fear of discrimination and treat others the same.
• My voice is heard and listened to.
• My individual circumstances are considered.
• I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me. |
| • Physical and mental health and emotional well-being.
• Also for children: Physical intellectual, emotional, social and behavioural development. | • I am safe and protected from abuse and neglect.
• I am supported to protect the people that matter to me and from abuse and neglect.
• I am informed about how to make my concerns known. | • Information & advice is equally available about supporting mental health and emotional wellbeing as is that for physical wellbeing.
• I am supported to stay alive and have a good reason to live.
• I am supported to recover and self -manage my mental wellbeing towards a life fee of services.
• I am supported to have my physical health needs met with understanding and consideration of my mental health needs.
• I can have my medication
• I am supported to take positive risks.
• I am safe and protected from abuse and neglect. |

What well – being means	National well-being outcomes	Mental Health
		City & County of Swansea variations & additions to the National wellbeing outcomes.
		To be used to review commissioned services against.
		• I am supported to protect the people that matter to me and from abuse and neglect. • I am informed about how to make my concerns known.
Education, training and recreation.	• I can learn and develop to my full potential. • I do the things that matter to me	• I have opportunities to learn and achieve and develop to my full potential that are suitable for people with fluctuating mental health issues. • I do the things that matter to me
Domestic, family and personal relationships	• I belong. • I contribute to and enjoy safe and healthy relationships.	• I do not feel lonely or isolated and am supported to overcome it when I do. • I contribute to and enjoy safe and healthy relationships.
Contribution made to society	• I engage and make contribution to my community.	• I am supported to do things that matter to me and make me feel worthwhile. • I can engage with opportunities which make a contribution to a society which understands Mental Health and how it affects people.
Social and economic well-being Also for adults: Participation in work	• I contribute towards my social life and can be with the people I choose. • I do not live in poverty. • I am supported to work.	• I am supported to maintain my existing employment/ or have suitable work opportunities with employers who understand and are supportive to people with fluctuating mental health issues.

What well – being means	National well-being outcomes	Mental Health
		City & County of Swansea variations & additions to the National wellbeing outcomes.
		To be used to review commissioned services against.
	• I get the help I need to grow up and be independent. I get care and support through the Welsh Language if I want it	• I get the help I need to grow up and be able to identify and reduce the risks to my mental wellbeing and to live free from services. • I get care and support through the Welsh Language if I want it. • I contribute towards my social life and can be with the people I choose. • I do not live in poverty
Suitability of living accommodation.	• I live in a home that best supports me to achieve my well-being.	• I have choices to make on where I live, in communities and with housing providers who understand and do not discriminate and support my mental wellbeing.

City and County of Swansea Draft Commissioning Strategy Adult Learning Disability Services

Chapter 1
Introduction

People with a learning disability in Swansea who require support will have access to a range of services either provided, or commissioned by the Local Authority. This could be support in early life through our prevention services; supporting individuals and their families to stay strong and thrive and our Social Services Child Disability Team who provide specialist support to children and their families through to our Education Service which provides support within mainstream or specialist education provision for people with additional learning needs. This strategy is for individuals with a learning disability who are considering what a good life looks like for them in adulthood from age 18 when considering further education, work or occupation and living arrangements through to people in later life and it addresses the support they need.

Learning Disability Services in the City and County of Swansea supports adults with a learning disability age 18 and over. We provide an Assessment and Care Management function and a range of in-house services designed to respond to the needs of the population we serve. We also commission a range of services from the third and private sector.

The use of the word learning disability should be associated with the following:

- Significant intellectual impairment,

- Difficulties with social functioning and/or adaptive behaviour,

- These are usually present from childhood, with a lasting effect on development.

This co-produced Commissioning Strategy considers the population we serve and how it is changing; it also considers how well placed the services we currently provide or commission are in meeting the wellbeing outcomes of the population in the future and how they need to change to deliver both the requirements of the Social Services and Wellbeing (Wales) Act 2014 and also the requirements of the Sustainable Swansea.

We are currently adopting a wider approach to the commissioning of services for all people with a learning disability in Swansea supporting a life journey view of someone with a learning disability from childhood through to adulthood, ensuring a consistent and this strategy therefore encompasses the strategic priorities for people with a learning disability across Child and Family Services, Education and Poverty and Prevention Services within the final action plan.

Chapter 2
Policy context

The Social Services and Wellbeing (Wales) Act 2014 came into effect on 6 April 2016 and provides the legal framework for improving the wellbeing of people who need care and support, carers who need support and for transforming social services in Wales. It reforms social services law, changes the way people's needs are assessed and the way in which services are commissioned and delivered. People with care and support needs will have more of a say in the care and support they receive and there is an emphasis on supporting individuals, families and communities to promote their own health and wellbeing.

The Act introduces common assessment and eligibility arrangements, strengthens collaboration and the integration of services particularly between health and social care, and provides for an increased focus on prevention and early help. Local Authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change.

The Act also promotes the development of a range of help available within the community to reduce the need for formal, planned support. Local Authorities will continue to work with people to develop solutions to immediate problems and reduce the need for complex assessment and formal provision of care. Where people have complex needs, which require specialist and/or longer term support, local authorities will work with people and their families to ensure that high quality and cost effective services are available at the right time and in the right place.

Local Authorities and their partners will ensure that people can easily get good quality information, advice and assistance, which supports them to help themselves and make the best use of resources that exist in their communities without the need for statutory support.

The Act supports Local Authorities to continue the shift from a deficit and dependency model, to a model which promotes wellbeing and independence focused on individual outcomes rather than service targets and objectives.

The events at Winterbourne View and the subsequent Department of Health response concluded that too many people with challenging behaviour were not having their needs met in community settings and that reliance on in-patient solutions was high.

The Learning Disability Advisory Group produced a report for the Deputy Minister in Wales with recommendations for '**Transforming care for people with a learning disability and challenging behaviour in Wales'**. The key areas were:
- Joint Commissioning
- Accurate and reliable data

- Competent Workforce
- Regulation and Inspection
- Repatriation

A National Inspection of Care and Support for people with learning disabilities undertaken by the Care and Social Services Inspectorate for Wales in 2016 sets out recommendations for Local Authority and Health:

- A better joint understanding of need and planning together
- Providing effective care and support
- Leading in partnership with people

Any recommendations within this report that are not already being progressed will be dealt with within the action plan.

Our Local Vision:

"People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce".

Our Draft Social Services model to deliver this vision is based upon the following six key elements:

- Better prevention
- Better early help
- A new approach to assessment
- Improved cost effectiveness
- Working together better
- Keeping people safe

The service model comprises four levels of health, wellbeing and social care support for our population. We think it will help us to deliver "better support at lower cost".

This Commissioning Strategy will support the delivery of Swansea's corporate priorities with particular emphasis on safeguarding vulnerable people and building sustainable communities:

- Safeguarding people from harm
- Improving Education & Skills
- Transforming our Economy & Infrastructure
- Tackling Poverty
- Transformation & Future Council development

At the same time, across Wales, public sector funding is under increasing pressure and therefore in Swansea, we need to reduce expenditure on adult social care. Added to this pressure is a growing population, which is placing additional demand

on our service. This means we need to save money and meet the additional demands placed on our service whilst delivering the requirements of the Act.

In the document "Better Support at Lower Cost" (2011)[1] the Social Services Improvement Agency notes:

"It is increasingly recognised that the twin goals of improving efficiency and delivering better outcomes for service users are not necessarily in conflict with each other. Some councils recognise that the kinds of service transformation they are now contemplating would make sense in terms of service improvement even if current financial constraints…. were not present"

Our Commissioning Strategy therefore needs to deliver:

- **The requirements of the Social Service and Wellbeing (Wales) Act 2014**
- **The local vision for Social Services**
- **The co-produced outcomes for adults with a learning disability in Swansea and wellbeing outcomes for children and young people with a learning disability**
- **Our Corporate Priorities**
- **The savings required through the Sustainable Swansea Programme**
- **The recommendations of the National Inspection of Care and Support for people with learning disabilities**
- **The recommendations for 'Transforming care for people with a learning disability and challenging behaviour in Wales'**

---

[1] "Better Support at Lower Cost" SSIA 2011

Chapter 3
Population Assessment

What causes a learning disability?

Most incidents of learning disability are caused by chromosomal and genetic errors. Of these, Downs' Syndrome is the most common form of learning disability. Others are caused during pregnancy (pre-natal) e.g. foetal alcohol syndrome, and during or after birth e.g. birth trauma, accidents and infections.

For many people with a learning disability the cause is often unknown.

How many people have a learning disability?

It is still common practice to rely solely on IQ when determining whether someone has a learning disability, rather than using adaptive behaviour tests in conjunction with IQ tests.

Based upon the IQ classification, the prevalence rate for Western countries for people with mild to moderate learning disability (IQ 50-70) is 30 per 1000 of population and for people with a severe learning disability (IQ < 50) it is 1 per 1000

These upward pressures may be attributed to:

- The greater incidence and survival rate of children with severe learning disability and complex health needs (Robertson et al, 1992).

- Increased life expectancy of people with severe learning disability into mid and old age (Janicki et al, 1999)

- A bulge in the UK childhood prevalence of learning disabilities for births between the mid 1950's and mid 1960's. (Fryers, 1993).

- Higher prevalence of rates of severe learning disability amongst South Asian communities in the UK (Emerson et al, 1997).

- Increases in average maternal age.

- Increases in the number of children growing up in poverty (Policy and Practice Statement),

- Increases in prenatal threats of substance misuse (Policy and Practice Statement).

Downward pressures are also prevalent and will have an impact:

- Impact of pre-natal screening for Down's syndrome is estimated to reduce the natural rate by 0.5% per 1000.

- Improved health care and support resulting in fewer 'at risk' infants developing learning disability.

However, increased life expectancy for people with a learning disability is significant and outweighs any downward trends.

How will the population change over the next 20 years?

Adults with a learning disability

According to the Daffodil data source, by 2035, it is projected that there will be 555 more adults with a learning disability in Swansea, representing a growth in numbers of 11.9%, far exceeding the Wales average of 8.2% growth. There is a projected growth of 88 children with a learning disability over the same period; 59 with a moderate learning disability, 27 with a severe learning disability and 2 with profound learning disability and a projected growth of 19 people with Autistic Spectrum Disorder.

It should be noted that the projected growth of people with an Autistic Spectrum Disorder according to Daffodil differs to the experience on the ground in Swansea particularly in relation to presentation of children with the disorder. Therefore, the actual number of instances will need to be closely monitored against the projections over time.

The reasons for the relative consistency of proportion of the population who have a learning disability include the following:

- The definition of 'learning disability' in part ties to a statistical fact relating to the distribution of measured intelligence over whole populations, without taking into account special individual conditions.
- The relatively stable rates of pre-birth and perinatal conditions at whole population level that can result in a learning disability
- Areas with a broadly younger population will tend to have proportionately higher rates of learning disability due to relatively higher rates of fertility compared to older populations.

It is important to note that many adults and children with a learning disability are able to cope with everyday life without the input of Social Services. The Child Disability Team and the Community Support Team are most likely to come into contact with people with more severe and profound needs and a proportion of those with moderate needs.

Predicted to have a learning disability aged 18+

	2015	2020	2025	2030	2035
Bridgend	2,650	2,708	2,750	2,796	2,855
Neath Port Talbot	2,633	2,645	2,650	2,667	2,696
Swansea	4,653	4,796	4,918	5,057	5,208
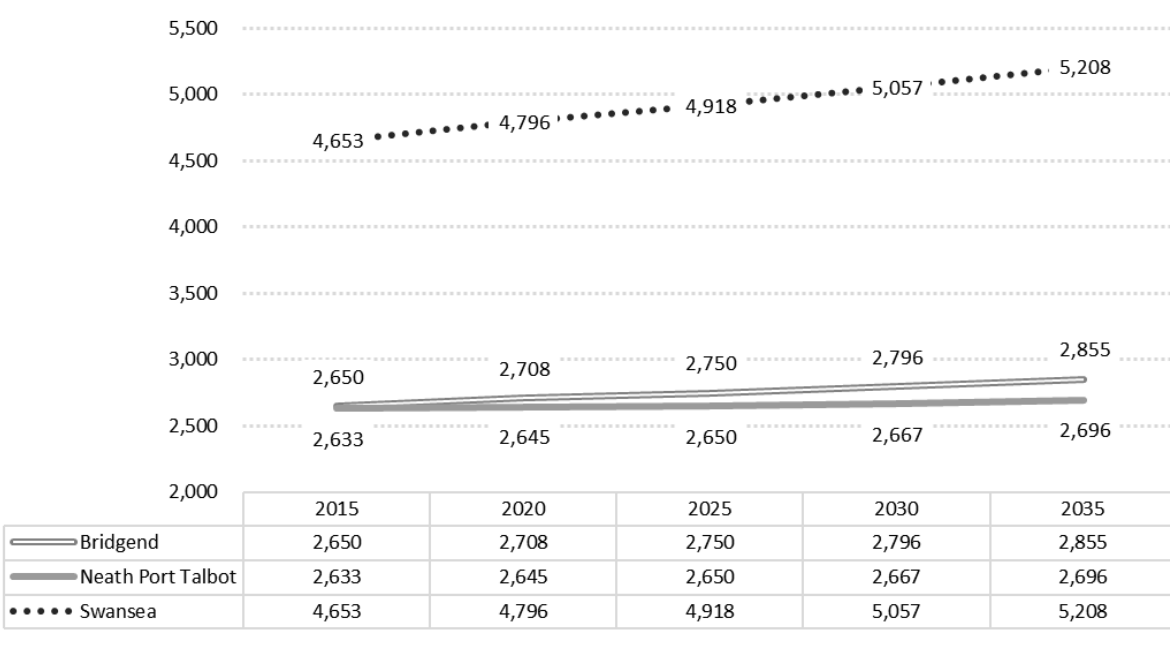
Children with a learning disability

The following table shows us the numbers of people referred to the Learning Disability Transition Team from 2009-10 and their ages at referral which gives an indication of when Adult Services will resume responsibility for them. Adult Services would usually expect to see an additional 20-25 people a year.

Age at referral	14	15	16	17	18	19	20	Over 20	Not known	Total
2009/10		2	7	8	13	1	1			32
2010/11		2	7	10	8	2				29
2011/12			3	14	7	1				25
2012/13			6	23	1			1	1	32
2013/14	1	3	31	26	3		1			32
2014/15	2	9	21	14	2	1		2	2	65
2015/16	1	6	19	8	1			3	3	53
Total	**4**	**22**	**94**	**103**	**35**	**5**	**2**	**6**	**6**	**277**

Older People with a Learning Disability (65+)

Predictions show us that we will see a small increase in the numbers of older people with a moderate or severe learning disability. This is important because services will need to also consider people's needs relating to ageing, including dementia and physical frailty.

Swansea

- Predicted # aged 65+ to have moderate or severe LD (Daffodil)
- Predicted to have a moderate or severe learning disability aged 18-64 (Daffodil)
- Predicted # aged 65+ to have LD (Daffodil)
- Predicted to have a learning disability aged 18-64

	2015	2020	2025	2030	2035
Predicted # aged 65+ moderate/severe LD	131	138	146	156	163
Predicted moderate/severe LD 18-64	838	854	868	884	904
Predicted # aged 65+ LD	971	1,041	1,114	1,206	1,284
Predicted LD 18-64	3,683	3,756	3,803	3,852	3,923

People with Early Onset Dementia

People with Downs Syndrome are more likely than the rest of the population to develop dementia. It is estimated that early onset dementia can occur in 45% of people with Downs Syndrome.

Most people tend to live at home with carers and the onset of dementia can usually make a manageable, long standing situation suddenly unmanageable. We need to support people and their families to manage better at home once on these eventualities, if this is what they want, and develop alternatives to nursing home provision if individuals need alternative living arrangements.

People with Challenging Behaviour

Manchester's Hester Adrian Research Centre reports that approximately 1 in 7 people with a Learning Disability will have challenging behaviour. It also found that 1 in 18 would have "more demanding" challenging behaviour.

People who challenge do so in the sense that their needs cannot be easily met by mainstream services. Usually, higher levels of staff will be required and enhanced skills and understanding within the staff team. They may also require specialist services.

Whilst many people with challenging behaviour have been supported to live in the community, it is recognised that some may require specifically commissioned services, some of which may be out of county, although the Closer to Home programme has been successful in bringing many people back into Swansea.

Carers of People with a Learning Disability

We support just over half of our adult population to live at home with family carers. We need to understand the support needs of these family carers better than we do currently and this is a gap in our knowledge.

There are some problems in reporting on the age of carers of people with a learning disability due to the recording processes we have in place.

We are able, however, to report the average age of carers who have received a carers assessment in their own right.

This is not a perfect measure and the following caveats should be noted: -

- The numbers of carer who actually want a separate carers assessment are relatively small. Over 9 out of 10 carers are known to be offered a carers assessment.
- We have not been provided with the birth date of all carers and thus average age for these carers cannot be calculated.
- The average age is calculated for the individual for each completed carers assessment and **not** each person. This means that an individual carer can potentially be counted multiple times in multiple years for the purposes of this measurement.

The table below compares the average age of carer at carer assessment for each of the last 6 financial years:-

	Carers of People with a Learning Disability		All Carers	
	Number of Assessments	Average Age at Assessment	Number of Assessments	Average Age at Assessment
2011/2012	20	54.3	280	64.3
2012/2013	29	57.7	513	64.3
2013/2014	32	54.4	485	65.4
2014/2015	31	61.3	500	65.4
2015/2016	43	57.9	456	66.5
2016/2017	23	57.9	201	64.2
	178			
			2,435	

The graph illustrates clearly that those who receive a carers' assessment are noticeably younger than is average for all carers, often by around 10 years or more.

This tells us that carers of people with a learning disability find that they are beginning to feel the need for specific assessment of their own needs as a carer much earlier than other carers.

It is known anecdotally that there are increasing numbers of older people who continue to care for their adult child(ren) with a learning disability. We lack good quality data on this subject and it is an identified data gap. It would be valuable information in terms of planning services for learning disability clients living at home whose parents become unable to care for them.

Autistic Spectrum Disorder (ASD)

Autism is a lifelong, developmental condition that affects how a person communicates with other people and also how they experience the world.
The causes of autism are not clear and research is being carried out to broaden our understanding in this area.

Our understanding of autism has however, increased greatly and as we learn more about the condition our ability to support people will improve. Every person with autism will display different symptoms and characteristics and interventions need to be individual. This will present challenges to commissioners and services providers in planning and delivering services and support.

National prevalence studies tell us there is a small increase in the number of people with ASD in Swansea and the percentage of people with autism as a rate per 1000 of our population will remain static over the next 20 years. Local experience however, is showing an increase in the number of people being diagnosed with ASD. This may be due to better diagnosis rather than an actual increase in prevalence.

What inequalities /barriers typically exist for people with a learning disability?

Ethnicity

There is some evidence to show there is a higher rate of severe learning disabilities in the British Asian population (Emerson et al 1990)

We do not understand this population in as much detail as we should.

Health and mortality

Studies show that people with a learning disability suffer with poorer health than the general population. Research by the Institute for Health research at Lancaster University shows people with a learning disability have an increased risk of early death. Studies have shown that the risk of dying before 50 is 58 times greater than in the general population. The risk of early death also increases with severity of disability and people with Down's syndrome have a shorter life expectancy than people with a learning disability generally. Respiratory diseases are the leading cause of death, followed by coronary heart disease.

People with a learning disability are also more likely to develop other conditions such as early onset dementia, epilepsy and mental health problems.

Obesity is also more common than the general population.

Mencap's 'Death by Indifference' report in 2006 (following 6 high profile deaths of people with a learning disability in hospital) said:
- People with a learning disability are not valued, understood or listened to
- The law on capacity and consent is not well understood.

The Disability Rights Commission launched a formal investigation into health inequalities. The report **'Equal Treatment: Closing the Gap' was published in 2006**. It said:

- Despite higher levels of healthcare need, people with a learning disability have poorer access to and experience within the system.

They reported that the reasons for this were:

- Lack of accessible information
- Lack of support and time to prepare individuals for routine health promotion interventions

National responses include the enhanced GP contract delivering annual health checks for people with a learning disability in Wales.

Social Issues

Perhaps more than any other group in society, people with a learning disability are vulnerable to social exclusion, misunderstanding and discrimination.

Employment

People with a learning disability that come into contact with social care agencies are much more likely to be dependent on benefits and if they are in employment it tends to be voluntary or permitted work and part-time or full time work is relatively rare.

Western Bay Population Assessment

A population assessment has been undertaken across the Western Bay region.
http://westernbay.dns-systems.net/index.php/en/home/

'What Matters' to People with a Learning Disability and their carers?

We asked people with a learning disability and their parent/carers what a good life looks like, what outcomes they want to achieve and what sort of support will help them achieve this. They told us:

What does a good life look like?	What outcomes do we want to achieve for people with a learning disability?	What support do people with a learning disability need to live a good life?
1. Good mental health/wellbeing *Hope, Happy, Belonging*	Independence Choice	College Guidance and Reassurance Peer support
2. Good physical health *Fitness*	Meaningful activity Development or maintenance of current skills	Family support Information and advice (accessible)- signposting Social Work
3. Independence *Doing things for myself*		Health workers Advocates
4. Good relationships and belonging *Being an part of the*	Being part of community	Volunteers Social Services – clubs and day opportunities

community *getting out and about* *Family* *Friendships* *marriage* *Good social life e.g.* *discos* 5. Choosing where I live 6. Feeling valued/respected 7. Having opportunities *Holidays* *Taking risks some sometimes* *New experiences* *Learning new things* 8. Having choices and control about how I live my life *Securing rights* *Knowing where to turn when things aren't right* 9. Feeling Safe and Secure *Personal safety* *Financial security* *Security of tenure/living arrangements* 10. Being Occupied/Having purpose *Work – paid/unpaid* *'Attending day service'* *Contribution /Supporting others* *Interests – 'supporting the swans'*	Support for working parents Having a job/work A place to live that meets needs Good health	Friendship House Support to develop skills Support to work Financial Positive staff who value them Personal assistants Daily Living Skill – budgeting, personal hygiene, cooking, clothes washing, household chores etc. To find activities Manage health conditions Routine - somewhere to go in day Transport – getting around

We also asked people what they thought we would need to consider on the future and this is what they told us:

- People are living longer
- Growing population
- People are getting older and health deteriorates
- Complex needs

- Carers caring for long
- More stress for carers
- To reduce dependency
- Improve access to information
- New social opportunities
- Crisis intervention is increasing
- Moving on is scary but also a chance to meet new people and learn new skills

Issues for commissioning from the Population Assessment

- **Increase in numbers of people with a learning disability, particularly older people, people with dementia, children with complex needs**
- **Assessing and meeting carers own support needs**
- **Improving access to health and reducing health inequality**
- **Understanding the level of demand and needs within the BME community in Swansea than we do currently**
- **Supporting people into work or work related activity**
- **Tackle social isolation, discrimination**
- **Develop an outcomes framework to capture what matters to people and support people to do more of what matters e.g. choice and control, developing skills, social opportunities**
- **Facilitating change to develop new models of support**

5.3 Carers

The Western Bay Carers Population Assessment concluded that we need to:
- Improve information and advice for carers
- Identify and recognise carers
- Support carers in creative ways
- Co-produce assessments and commission co-productively with services
- Collaboration with partners so we all work together to address the needs of carers

In Swansea a large scale consultation with parent carers in 2012 highlighted issues for carers which are still relevant today. A Carer's survey was mailed to 170 carers whose relative still lived at home. We had 70 responses (41%).

Findings:

- 80% of carers were female.

- 40% of all respondents were the only carer; in the over 70 age group this percentage rose to 80%.

- 59% of all respondents reported health problems.

- Most people being looked after at home were between 18 and 39. For those living at home with carers over 70, they are mostly between 40 and 60.

- 20% of all respondents were looking for their son/daughter to move out within 5 years. The majority wanted to care for their son/daughter for as long as they are able. For the over 70 age group, 93% want to continue looking after their son/daughter for as long as they are able to. For the younger parents 26% wanted their son/daughter to move out within 3 years.

- 70% of people said the answer given above was because this is what they or the cared for person wanted. Nearly 20% said it was because they are finding the caring role more difficult and nearly 20% say it was because their health was getting worse (some people said it was both of these things). 16% report it is because they are not getting enough support as carers.

- 53% expressed their son/daughter would need adapted accommodation. There was a discrepancy between the age ranges, with those over 70 saying only 33% needed adapted accommodation, while parents age 29-49 stating 57% needed adapted accommodation.

- The majority of respondents wanted their son/daughter to share with other people (70%). This was fairly uniform across age groups.

- Nearly 60% wanted their son/daughter to share with 3 people or fewer. This figure rose to 80% for the 29-49 carer age group. No-one wanted their son/daughter to share with more than 8 people.

- When asked what was important when thinking about alternative care and support, the most popular response was that people were safe and protected; followed by the quality of staff.

- 45% of carers who responded have thought about the future.

- 25% of carers who responded think they will be offered what they are looking for.

- 40% of those being cared for are able to do most things with carer support and prompting. 29% need most things doing for them and 24% need everything doing for them. 6% are very independent.

- 50% of those being cared for had significant health needs, mostly stated as epilepsy (36%), incontinence (35%) and mental health problems (17%). PEG feeding 4% - this doubled for those living with younger parents.

- 20% of respondents stated that their son/daughter had difficult behaviour.

Issues for Commissioning regarding carers from Carers Survey and Western Bay Population Assessment

- **Improve information and advice for carers**
- **Identify and recognise carers**
- **Support carers in creative ways**
- **Co-produce assessments and commission co-productively with services**
- **Collaboration with partners so we all work together to address the needs of carers**
- **Improve Carers Assessments**
- **There seemed to be a large group of parents who want to go on caring for son/daughter for as long as they are able to and a group of younger parents who wish to see their son/daughter to move on to live more independently with friends as their other sons/daughters have done.**
- **Parents are concerned about issues of protection and good quality care. Most parents talk about the need for ongoing involvement, should their son/daughter ever move out. Some talk about the possibility of shared care.**
- **For the group of parents who wish to continue looking after their son/daughter, they wish more support was available for them to do this e.g. respite, help in the home and even this idea of shared care again.**
- **For the parents who wish to continue looking after their son/daughter, they mostly want them to continue living in the family home after their death.**
- **For the parents who want to see their son/daughter move on, it is important that they live with friends they know well. One parent mentioned the usefulness of getting together with other parents to match up people in this way.**
- **Many parents mentioned that they did not want their son/daughter to live with people with challenging behaviour.**
- **Current options are sometimes perceived as not suitable for all, too inflexible or not available.**
- **Most parents said they would go to Social Workers/Care managers for information, but felt that they were too narrow when considering options.**

5.4 A co-produced Supported Living Re-modelling Event took place in

November 2015 and all stakeholders agreed the following way forward:

- Families work together in local community to commission accommodation, cluster housing
- Making better use of Local Area Coordination for people with a learning disability
- Live close to facilities, amenities
- Everyone to have accommodation – plan for new transition people
- Utilising student areas and accommodation
- Google 'map' of service providers

- Using students – voluntary or contractual
- Highlight where the guys we support currently live
- Providers to coordinate around social activities
- Bank of potential staff (held by Jobcentre?)
- Providers to work together around training
- Doing more to champion care as a Career – 16 +
- People we support, where do they live? Affecting support, night support, shared support at night?
- Direct payments – shared support
- What is a volunteer? Self-organised groups
- Using time credits to encourage volunteers to exchange skills and time
- Using students/volunteers to live rent free in a service provider home (night support)
- Sharing transport – or use funded community buses
- Fundraising and students volunteering, getting time credits
- What can people with learning disabilities do for others?
- Get more people involved in Time to Meet

Doc1Working Groups(1)Community	Doc2Working Groups(2)Reviewing	Doc3Working Groups(3)Partnership

Issues for commissioning from Supported Living Event

- **Geographical approaches to supporting people need to be pursued and as a start we need to map where people currently live**
- **Support arrangements need to be more varied to maximise social networks and community integration – don't need to depend solely on staff**
- **Support providers to collaborate more in the delivery of services**
- **Support for tenants to support each other to achieve individual outcomes**
- **Ongoing parental involvement**
- **Progression and move-on whilst keeping people safe**
- **Priority – how do we prioritise?**
- **Co-producing a new model with tenants and their families is essential**

Chapter 4
Outcomes to be delivered through this Strategy

4.1 Outcomes Framework

The City and County of Swansea undertook a co-productive approach in the development of a specific set of outcome statements for people with a learning disability in Swansea to sit within the National Outcomes Framework. These are highlighted in bold below and will be a priority for Swansea:

- Wellbeing (***I know where or who to go to for information that I need and understand, I am supported to develop my strengths to improve my life***, *I know and understand what care, support and opportunities are available to me and I get the help I need, when I need it, in the way I want it*)
- Physical and mental health and emotional well-being (***I am supported to maintain a good level of health and wellbeing***, *I am happy and I am healthy*)
- Domestic, family and personal relationships (*I belong and I have safe and healthy relationships*)
- Education, training and recreation (*I can learn and develop to my full potential and I can do the things that matter to me*)
- Contribution made to society (***I am valued and have meaningful roles in my community***, *I can engage and participate and I feel valued in society*)
- Social and economic well-being (*I am supported to work, I have a social life and can be with people I choose, I do not live in poverty and I get the help I need to grow up and be independent,* ***I receive the right level of support to access transport that works for me and allows me to do the things I want to do***)
- Suitability of living accommodation (*I have suitable living accommodation that meets my needs,* ***I live in a home that best supports me to achieve my wellbeing***, ***I am supported by people who have the right skills, expertise and personal characteristics***)
- Securing rights and entitlements (***My individual needs are identified and met, I am treated and respected as an individual, my rights are respected, I am enabled to make choices which are listened to and acted upon, I am supported to take risks and try new things in a safe and planned way, I can choose how and by whom I am supported***, *I have voice and control, I am involved in decisions that affect my life, my individual circumstances are considered, I can speak for myself or have someone who can do it for me and I get support through the Welsh language if I need it*)

- Protection from abuse and neglect (*I am safe and protected from harm and abuse*)

Specifically for carers:
- *As a family carer, I am supported with the accommodation choices for the person I care for*

4.2 We will commission services that will help us deliver the outcomes that support people with a learning disability in Swansea:
- To be a valued part of their community and make contributions to society
- To have equal access to universal services
- To have similar health outcomes to the rest of the population and the inequality gap will have reduced
- To have access to support options that build on individual strengths and community integration
- To be in work, or work related options
- Who have complex needs to have access to support which focuses on strengths, continued learning, community presence and participation
- To have access to good, accessible information to support informed decision making
- To speak up and be involved in decisions about them
- To be given information and support so people are able to make decisions and choices which keep them safe in the community and services will have quality assurance mechanisms to ensure we keep people safe.
- To be supported make and retain good relationships
- Family carers of people with a learning disability will be supported to continue in their caring role, if this is what they want, in a way which supports them to have active lives outside of their caring role

Chapter 5
Current Support Options for Adults with a Learning Disability

5.1 We asked people with a learning disability and their carers where people currently get support:

Tier 1	Tier 2
Family Friends Churches Businesses Education Leisure Services Community Groups	Local Area Coordinators Friendship House Carers Centre Swansea People First Advocacy
Tier 3 Community Support Team Social Services day opportunities and social clubs Tenancy support Third sector organisations NHS Personal assistants	**Tier 4** Community Support Team Social Services day opportunities and social clubs Tenancy support Third sector organisations NHS Personal assistants Specialist health and social services

5.2 What is currently provided or commissioned within Tiers 3 and 4 to support people to achieve their personal outcomes?

Accommodation options and related support
Having secure and appropriate accommodation is fundamental to the delivery of people's wellbeing outcomes.

Fully Independent Living
Living independently in ordinary housing as a tenant through a housing association, local authority or private landlord

Living at home with family carers
We will support people to remain at home with family carers if this is what they want and a range of day, respite and support services will be available to support this.

Independent Living with low level support

Living in ordinary housing as a tenant through a housing association, local authority or private landlord with minimal (1-3 hours a week) tenancy/domiciliary support. This support could be provided through any of these agencies:

- *Tenancy Support Unit* is available to all residents of the county, including residents of housing associations, local authority or private landlords and owner occupiers. Services are free and they can help with for example, accessing benefits and looking at benefit maximisation, advice on budgeting and debt management and setting up and maintaining gas and electricity accounts.

- *Coastal Housing* provides an assessment and tenancy support service which aims to support people to prepare them to take on and manage their own tenancy. This service is short term.

- *Flexible Support Service* supports people to move towards greater independence in their living arrangements whether they live at home with family carers or in a tenancy with support

- *Gwalia Doorways* support people to develop skills they need to be more independent in their own tenancy or living at home with family carers.

- Domiciliary care providers who support people with their personal care needs.

- *Flexible Support Service* supports people to move towards greater independence in their living arrangements whether they live at home with family carers or in a tenancy with support by providing support, training, advice and guidance on household bills, living skills, budgeting and welfare benefits. Support is also available in emergencies.

- *Support Options* specialise in domiciliary support in meeting the personal care needs of people with complex health needs living at home with family carers.

Support for people with medium to high levels of need
Supported Living

Living in ordinary housing as a tenant, usually shared living with 2-3 other people with a learning disability with an appropriate level of tenancy and domiciliary support. This could mean 24 hour support through to much lower levels depending upon the person's needs. Additional support can be accessed on a 24 hour basis. It is always the intention to increase independence and reduce levels of support over time if possible.

Shared Lives

Living with a paid, trained family, long term, under a license arrangement. Carers include couples, single people, male and female carers and carers of different ages who we match to service users whose needs they can best meet. Some of these carers have specialist training to meet more complex needs. This service is provided by Ategi, which is a regionally provided service.

Residential and nursing care means living in private registered residential care or nursing homes which are either specialist learning disability provision or homes which support older people.

Emergency short term accommodation and support:
Maesglas Community Support Unit is local authority emergency, temporary residential care accommodation for when current arrangements fall through for whatever reason. The aim is to get people home again as soon as possible and if people cannot go back home, to support the move into alternative living arrangements.

Shared Lives provides emergency support provided by paid, trained carers in their own home. This is also provided by Ategi.

'Work/Education/Occupation/Relationships'

Through the range of support and services available we want to promote:
- contribution to society through work, work related activity and constructive occupation
- growing independence and involvement in community activities
- the development of social support networks
- personal and skills development

Work Development Service

The service supports individuals to gain educational and vocational qualifications and provides work opportunities via a number of projects, with a view to supporting people into either paid or voluntary work.

The service is based at Fforestfach Day Service and links in with a number of projects that work across the Swansea area in partnership with other Council departments, local organisations and businesses.

- Neighbourhood Environment Action Team (NEAT) works in partnership with the Council's Environment Department, to clean up the streets, wasteland, canals, etc.

- Swansea Action Team (SWAT) works in partnership with the Council's Environment Department to recycle old furniture. The Bailing Plant which recycles household items in partnership with a local employer.

- Victoria Park Kiosk and Catering Services works in partnership with Mental Health Services. This project has a kiosk in Brynmill providing snacks and takeaway meals to members of the public. It also provides a buffet service to Council services or other organisations on request.

- Ground Force and Ground Maintenance provides a service to the general public as well Social Services doing maintenance work and makeovers. The service also has a nursery in Fforestfach that provides bedding plants, hanging baskets, garden furniture and is open to the public.

- The Bike Scheme works in partnership with the Environment Department and it renovates old bikes which are then sold or donated.

- Work placements with a Job Coach in a variety of businesses including offices, catering, cleaning, retail/food, animal centres, nurseries, schools and cafes. These are seen as a stepping stone to employment or voluntary work.

Education, Skills development and Constructive Occupation

If people are not ready for the world of work or work experience then it may be skills development, adult education or constructive occupation are required.

Local Day Services

West Cross and Glandwr Local Day Service and Social Development Service can help people access education, develop skills and explore opportunities for constructive occupation. The support provided can take place in a range of settings across Swansea as well as in the service itself and they support:

- Further Education courses or to develop daily living skills
- Leisure, fitness and cultural opportunities within Swansea
- Workshops, groups, clubs and activities
- Skills' training to increase independence such as travel training, shopping, cooking meals, housekeeping
- Community work such as litter picking, garden projects

Connect is based in the Marina and runs workshops and social activities with the aim of tackling social exclusion. The service is provided on a sessional basis and is aimed at people who are already quite independent.

Special Needs' Day Services

For young people who have a very severe learning disability and the world of work and adult education seems impossible, then we have the Special Needs' Services. They provide day services to people who have profound and multiple learning disabilities and who could not safely receive a service in a mainstream day service. Opportunities to develop and maintain life skills in a positive and stimulating environment are offered. Parkway Special Needs' Day Service is for people who require the support of health professionals in order to manage the complexity of their health needs.

Whitethorn's Intensive Day Service

For people who may temporarily need a more structured day service than our mainstream services can provide, Whitethorns Day Service offers a short to medium term intensive service.

Woodlands Day Service

Community Lives Consortium provides an intensive day service for people whose behaviour challenges and who need a much quieter and protected environment.

New Horizons at Swansea Vale Resource Centre aims to enable people with a learning disability who also have a physical disability or sensory impairments to gain greater independence and develop a range of skills

Flexible Support Service

The Flexible Support Service provides a range of support on an individual and group basis aimed at encouraging greater independence and social skills usually this means a move away from day services towards the young person taking more responsibility of their day to day lives and decisions and greater involvement in their local communities.

The support available includes:
- **Support towards greater independence** for individuals who are planning to move to independent living by providing training, advice and guidance on household bills, living skills, budgeting and welfare benefits. The service is available to support at any time of the day or night where emergencies arise for people living on their own.
- **Emergency short-term support** where there is no appropriate alternative service available.
- **Social Clubs** during the day and evening offering people a chance to meet others and join in social and community activities. There are currently social clubs on each day of the week.
- The **Signpost Service** provides a drop in service at St Phillips Community Centre on a Monday and Wednesday for individuals seeking information on social, educational and leisure groups and activities in Swansea.

'Having a Break'

A short break (respite) offers time out from the normal routine offering an opportunity to support and sustain the caring relationship.

Day services and services to support people to remain at home are part of this support to carers, as are the social clubs both of which are detailed above.

From time to time carers and those they care for may need a longer time apart and there is a range of services to give a break from this usual routine to allow everyone to recharge their batteries:

Using a Direct Payment

Some people use a direct payment to pay for breaks which can be decided and organised by themselves. Direct payments can be given in lieu of a service that someone has been assessed as needing and where the direct payment will achieve the outcomes that have been identified

Shared Lives

A flexible and responsive service provided in a homely environment for overnight stays or sessional periods during the day.

Residential Respite Services

For people whose needs are best met in a residential care setting, we have the following provision based in the local community:
- Alexandra Road, Gorseinon

- Ty Cila, Killay, - provides breaks for people who have more complex needs and who need an adapted environment and more specialist support
- Cadle Respite Service, Swansea – Community Lives Consortium provide this residential service for adults whose behaviour challenges and where a more protected environment is needed.

'Voice, choice and control'

'Your Voice' Advocacy Service

We commission 'Your Voice' to provide independent advocacy for people with a learning disability to support their voice with the assessment and care management process. We are working to develop a new Independent Professional Advocacy service in Swansea and arrangements will evolve as this work progresses.

Swansea People First

We commission Swansea People First to support co-productive commissioning arrangements.

5.3 Current operation and costs

Each service has been looked at in terms of the outcomes they are trying to achieve, performance, cost and capacity. This initial work will be utilised and built on as we progress work when looking at option for change.

Chapter 6
How well are current services (across the four tiers) delivering these outcomes?

Commissioning and Service provision have moved to an increasingly outcome focused way of working and systems and processes are being developed to support this. Some of our contracts are outcome focused and performance is measured against the delivery of outcomes (particularly in Supporting People). The new Supported Living Framework sets out clear expectations of an outcome focused, co-productive approach and performance will be measured against outcomes at an individual and strategic level. However, this is not currently routine it is therefore difficult currently to be certain about how well current services are delivering outcomes when outcomes are neither expressly specified nor measured across the piece.

We therefore asked people who access services, family carers, providers and commissioners how well current arrangements were delivering outcomes for people with a learning disability:

Strengths	Weaknesses
1. Range of services	**1. Services**
Diverse range of support	**Services too spread about**
Support for people to live at home	**Changes/shortages in staff**
Offers chance to socialise	**Residential care is usually institutional**
	Lack of compatibility in supported living
2. Quality of services	**Staffing levels too low**
Responsive service/ listened/gave information	**Not enough provision for young people**
Services are enjoyed by people	**Lack of choice**
Support skills development	**Too much dependence on volunteers**
Within the community	**Buildings need repair**
Consistent/reliable	**Less individual opportunities**
Sharing staff across services	**Respite – not enough**
Standards	**Lack of opportunities**
Buildings used as common resource	**Lack of sustainability**
Location of services	**Lack of autism services**
Stability of services	**Lack of access to work**
Day services - continuity/reliability/familiarity/inclusion	
Respite	

Staff are always positive
Seasons in the city service good at supporting people to integrate into the community through skills development

3. Staff
Good staff
Knowledge/skills/experience
Know each other well
Common purpose
Friendly, kind/caring

4. Planning/assessment
Are asked what area you would like to live in
Good planning/transition
Management of health needs
Social worker support – approachable, knowledgeable, contactable

5. Contracting/monitoring
Monitoring of services

6. Carers centre
Impartial
They do it because they want to

7. Families
Supportive

8. Human swap shop events

opportunities
Inaccessible
Services can be too noisy and sometimes people talk behind our backs

2. Information
Don't know what is out there
Lack of communication – not knowing what is happening

3. Funding
Funding not stable
Short term projects – lose expertise
Complexity of funding
Not enough funding but critical and substantial needs are met

4. Planning/remodelling
Lack of planning
Lack of empathy
Too many changes
Imposed change
Not enough peer involvement/co-production
Lack of honesty from management
Process led
Adults services disjointed- no continuity/case management
Fragmented services

5. Health
Lack of knowledge within primary care of the needs of people with a learning disability
Not enough health therapists

6. Assessment and Care management
Lack of social workers
Pressures- increased workload (Deprivation of Liberty work)

7. Pressure on families
Isolation
Families feel obligated

The 'Nothing About Us Without Group' met in September 2016 and designed a questionnaire, aimed at people who accessed services, to ask them how well they

thought current services were delivering the outcomes that they had co-produced for Swansea. The questions they asked were as follows:

1. *Do your staff know you well?*
2. *Do you feel that your staff listen to you?*
3. *Do your staff support to understand things so you can make your own choices?*
4. *Are you happy with where you live and who you live with?*
5. *Can you try new things if you want?*
6. *Did you have a say in what staff support you?*
7. *Do your staff help you to understand about your health and how to look after yourself?*
8. *Is there anything about your support you're not happy with?*

The Nothing About Us Without Group met in November 2016, following the results of the questionnaire to analyse them. They prioritised two key areas for further work and development with provider services to support improved delivery of the co-produced outcomes. These two areas were:

- *Do your staff support to understand things so you can make your own choices?*
- *Did you have a say in what staff support you?*

A workshop held by the Nothing About Us Without Group in January 2017 and was attended by approximately 60-70 people looked at these two areas and worked on 'what good would look like' if providers supported people in this way. We will use this information to support changes within practice to better deliver the outcomes people want in their life in a way that they want.

We are also using this information to co-produce the tendering process for the new Supported Living Framework for people with a learning disability. The Nothing About Us Without Group have designed the questions, model answers and will be involved in the selection process for providers to come onto the framework.

Issues for Commissioning

- **We need to re-write contracts to be outcome focused**
- **We need to work with internal services to ensure consistency of an outcomes approach**
- **We need to develop a co-productive outcome measurement/performance approach**
- **The work we have undertaken in co-producing elements of the Supported Living Framework tender needs to be expanded across services and this could form the basis of an outcomes measurement/ performance approach.**
- **The issues that have been raised by people who access services and their carers need to be included in this work.**

Chapter 7
What do we spend?

Profile of spend for Adults with a Learning Disability under 65 (2015/16)

£000's	Own Provision (incl. joint arrangements)	Provision by Others (incl. joint arrangements	Central and Dpt'l Costs	Income from Joint Arrangements with other LA's	Gross Exp.	Net Exp.
Assessment and Care Management	1,042	0	115	0	1,157	1,154
Nursing Care	0	20	0	0	20	16
Residential Care	1,248	1,999	716	-20	3,943	986
Supported and other accommodation	0	6,213	554	-2	6,765	6,748
Direct Payments	0	134	15	0	149	149
Home Care	244	0	31	0	275	271
Day Care	2,839	1,097	1,055	-28	4,963	4,711
Equipment and Adaptations	0	0	0	0	0	0
Meals	0	0	0	0	0	0
Other services	199	196	92	0	487	486
Total	**5,572**	**9,659**	**2,578**	**-50**	**17,759**	**14,521**

We are unable to disaggregate information to inform us what we spend on adults with a learning disability over 65 as we do not record the information in this way.

Our largest area of spend in Adult Social Services for people with a learning disability is on externally commissioned supported living services. We have made a conscious effort to commission tenancy based options over residential options unless people choose otherwise or need residential care for a temporary period in their life, as tenancy based options afford people greater citizenship. Our second largest area of spend is on day opportunities and most of this provision is internal.

We are shifting our resources within day opportunities from traditional forms of day care to more community based, service member led options.

We need to deliver a reduction on spend through the Commissioning Review process and although the outcomes focussed assessment approach and other activity will deliver some savings we will also need to consider alternative models of support, especially within supported living and day opportunities, to support us to deliver savings alongside the prevention agenda. We also need to reduce our reliance on high cost residential placements and favour the development of supported living as a more cost effective alternative for people with high level needs.

The Learning Disability budget in Adult Social Care is held by two Principle Officers; one relates to internal learning disability service provision and the other is a commissioning budget focused on Assessment and Care Management and externally commissioned services. The Direct Payments Budget is held by another Principle Officer in Adult Services.

In total, Swansea spent 21% of the net total adult social care spend in Swansea on the adult Learning Disability population in 2015/16. This compares with a Welsh average of 31% across Wales. The reasons for this lower spend could be related to our support options being balanced in favour of community support rather than residential care and our high usage of internal day services which have a relatively low unit cost.

Swansea also has a relatively low number of high cost packages of care (greater than £1500 per week) 2011-12 was 17 in Residential Care and 5 in Supported Living. This appears to have increased in 2016 to12 Residential Care and 35 Supported Living.

We are a low user of residential care and a high user of supported living models and successfully access housing benefit to cover accommodation costs. We want to continue with this approach.

Most of our day provision is internally provided and the unit cost of these services is relatively low. External day provision tends to be specialist or part of a supported living/residential care package.

Budgets (2015/16)

Assessment and Care Management
£822,900 (CST)
£242,900 (Transition Team)

Accommodation
£2.5ml residential options (both internal and external provision)
£8ml supported living (external provision)
£86k shared lives (external provision)

Domiciliary Support
£270,700k (external)
£80k Gwalia Doorways

Respite
£400k and part of £ 787k Ty Cila (mostly internal, some external)

Day Opportunities/support
£3ml (internal provision)
£43k Swansea Valley Local Day Service (commissioned from Neath, Port Talbot)

Direct Payments
£372,858 (actual budget £35,000)

Other:
£25k Swansea People First (external)
£13k Your Voice Advocacy (external)

This does not include transport provision which cost £1.5ml across Adult Services.

Alder Assessment of Opportunities
An Assessment of Opportunity undertaken by Alder in 2013 reached the following conclusions which are still relevant today:
- Commissioning and professional practice needs to develop to better enable people to progress and maximise independence
- The local market for support lacks the necessary range of suitable/affordable support options and day activities leading to an over reliance on in-house day opportunities (albeit low cost) and service led support
- We need to better engage carers and their peer support groups to develop a partnership between professional and informal carers
- Make better use of Assistive Technology to promote independence and lower support costs

The Progression Pathway recommended by Alder is consistent with the future model of Social Services in Swansea.

Issues for commissioning from spend information

- **Remodel supported living to ensure a sustainable approach to supporting people in tenancy based rather than non-tenancy based options**
- **Continue the re-modelling of internal day time support to focus prevention, early intervention and community based opportunities and whether the external market can be developed cost effectively**
- **Consider day provision within supported living settings and how this can be delivered more cost effectively**
- **Consider assistive technology to increase choice and control and**

lessen dependence on formal services across the piece and lower support costs

- **The operating model for assessment and care management needs to focus on outcomes, progression and move on and the workforce need to be supported to deliver this**
- **High cost packages of care need to be reviewed to ensure the outcomes are being delivered with the correct levels of support**
- **Clarity over Continuing Health Care arrangements**
- **Support peer and carer led initiatives around safety, socialisation and service delivery**

Chapter 8
Commissioning Arrangements

Arrangements and Governance

We have developed new co-productive commissioning arrangements and ensured clear governance arrangements both within the LA, Western Bay and with key partners. This new Strategic Commissioning Group will oversee and manage the development and implementation of the Commissioning Action Plan that will be developed to deliver the strategic outcomes for people with a learning disability. The group will also consider priority areas of work and agree timescales and approaches.

We are currently piloting a 'People' approach to the commissioning of services to people with a learning disability to support a more joined up approach within the Local Authority.

We aim to commission and deliver services on the basis of outcomes, co-production and social value. This will entail working collaboratively with local citizens and services to maximise value for money, promote wellbeing and encourage prevention. We will do this by:
- Recognising people as assets
- Building on people's strengths
- Fostering mutual; and reciprocal relationships
- Strengthening peer support networks
- Breaking down barriers
- Facilitating rather than delivering
- Developing insight
- Planning effectively, and
- Improving delivery

Supporting Structures

The 'Nothing about us without us' Group is a citizen led group supported by Swansea People First which supports more co-productive approaches to commissioning services. This group is our first port of call when we want to review, develop or change anything.

The Co-production Group is made up of citizens, carers, service providers, care management, health, commissioners. The group's purpose is to support co-productive commissioning and it is the key engagement mechanism for the Strategic Commissioning Group.

The Provider Forum is a group for all commissioned providers meet monthly to work collaboratively to deliver the commissioning strategy.

The National Inspection of Care and Support for People with Learning Disabilities

This inspection sets out a number of recommendations for Local Authorities and Health Boards in relation to the commissioning of services for people with a learning disability.

Understanding need

In essence local authorities and health boards should together ensure that they produce commissioning plans and should each ensure that they talk and listen to people with learning disabilities and their family carers.

Providing effective care and support

Local authorities should review their quality assurance arrangements for care and support planning with individuals

Local authorities and health boards should share best practice across their boundaries

Local authorities and health boards should ensure that the lines of accountability and responsibility in relation to adult safeguarding are clear and understood

Health boards should consider how to strengthen the valuable health liaison work currently underway in primary and secondary care

Health boards should work with local authorities to ensure that people are offered equipment that meets their needs in a timely way

Policy makers should consider the Continuing Health Care process and its application for people with learning disabilities, to determine if any improvements to the process can be made.

Leading in partnership with people

Health boards and local authorities should ensure that their communication systems help staff on the front line to feel connected with the vision for care and support services.

Clear guidance should be in place about the duty of care of health boards when placing people with learning disabilities out of county or receiving an individual from another area

Chapter 9
What needs to change?

Meeting increasing levels of need

Data is telling us that we will need to meet the needs of more people with a wider range of need including people with severe learning disability and complex health needs who will require higher levels of support throughout adulthood and older people with a learning disability who will require a different service to current options. Whilst the data suggests that the numbers of increase are small, we know that the levels of need of people requiring support means that they will have a large impact upon our budget.

Delivering a new model of support

The Social Services and Wellbeing (Wales) Act 2014 has prompted a new paradigm within social care and Swansea has drafted a new model of support for people with care and support needs in response. This model is dependent upon a new practice framework for social workers who will support positive risk taking and managed independence and understand people's needs within the context of their family and their community. We expect to see a shift in the way people are supported away from traditional, formal services to more community based, preventative options. Our commissioning arrangements will adopt more co-productive ways of working and will be directed by the outcomes that have been co-produced locally. Swansea's draft Social Services Model supports a shift towards more preventative ways of working and we expect social work practice and service delivery to re-shape how we support people focusing on outcomes and prevention. Our resources will need to be targeted to deliver our corporate objectives and the outcomes that we have co-produced for people with a learning disability in Swansea.

Manage reducing resources

The financial resources we have available are reducing year on year and we need to achieve savings over the next two years. We can deliver improved outcomes and achieve savings by making better use of universal services and by promoting and supporting access to them rather than bringing people into formal service systems unnecessarily.

Making better use of the resources we currently spend will be addressed through co-productive approaches to re-modelling services and approaches. An example of this is the work that has already begun to re-model our approach to Supported Living in Swansea.

Shifting resources

We will manage a shift of resources away from tiers 3 and 4 towards tiers 1 and 2 of 5% over the next three years in Adult Services.

Working across the People Directorate

We will continue to work with colleagues across the People Directorate (Social Services, Poverty and Prevention, Education and Housing) to ensure we are working together effectively to meet the needs of children, younger adults and older people with a learning disability. The following strategic priorities and gaps have been identified through this approach:

Child Disability Family Support Commissioning Review Recommendations
- Developing a specification for play and leisure opportunities for children and young people with disabilities. This will look at all current commissioning arrangements in this area across Poverty and Prevention and Child and Family
- Developing a specification for a new Parent/Carer Engagement Forum to improve engagement, participation and involvement of parent carers working across the directorate with Child & Family, Poverty & Prevention and Education. This would involve pooling resources and jointly commissioning a new parent forum that encompasses the service currently provided.
- Enhance domiciliary care provision as current demand is not being met by current supply. Private providers have increased but we also need to enhance internal provision.

Family Support Interventions for Children and Young People with Disabilities
- Through the Family Support Commissioning Review we have identified a gap in generic family support for children with a disability.
- Education has identified an issue with educational psychologists being detracted from their role to fulfil business support functions. Currently there is one Family Liaison worker to support families through the statementing process in positive and supportive ways to avoid escalation. The need is for Family Liaison Workers who would link with Child and Family to support the child to attend school so that this alleviates pressure on the family and avoids potential family breakdown. The service outcome would be support for parents and stronger links between Education, Child & Family and Poverty and Prevention. This may involve developing a specification for tender and/or possible internal resources for Children with Additional Needs Service (CANS) for 2018/19. Funding for this will be a challenge and we will need to explore Invest to Save bid opportunities

Young Carers
- The strategic lead for young carers has moved from Adult Services to Child and Family Services and discussions have taken place about having a more joined up approach across Adult Services, Child and Family and Poverty and Prevention when commissioning support for young carers.
- Relook at Young Carers current commissioning arrangements and align with the strategic approach and pool budgets from across the directorate.

- Looking at how the young carer's voice is reflected in commissioning. Intermediate Care Fund money has been granted for a Western Bay post.
- Understand the relationship between Young Carers and the commissioning arrangements with the Carers Centre.

School based Counselling (10 – 18 year olds)
- Current school based contract comes to an end in October 2017. This is a statutory education service which will be reviewed jointly with a review to re-procure for a start date of 1st September 2018.

Families First
- Current Family Support arrangements commissioned through Welsh Government Families First expire on 31st March 2018.
- We will need to re-look at procurement arrangements for 2018/19 to ensure compliance with new Welsh Government Guidance which will be published in the Autumn
- Any proposed commissioning arrangements through Families First will be reviewed by the commissioning group to ensure alignment to the Family Support Continuum.

Overnight Respite
- Review current arrangements and undertake a procurement exercise to recommission overnight short breaks, both residential and fostering provision and go to market with new provision starting in 2018/19.

Education
- Need to improve Service Level Agreements and contract arrangements for specialist schools and equipment
- Need to build trust and confidence between parents, Local Authority and Schools
- Address capacity in specialist educational provision
- There is local reporting of an increase in the number of children being diagnosed with Autistic Spectrum Disorder and mainstream schools are finding it difficult to manage with the level of demand despite additional resources being made available.
- Additional Learning Need's will remain in place up to age 25 and this requires a close relationship between social services and education

The Western Bay Population Assessment sets out the following priorities:

- Effective management of transition
- Better redistribution of respite resources across the region
- Look at the potential of assistive technology within supported living

What do people who access services, their carers and staff tell us about how we can change?

Information
- Strategic review of need and planning a positive response
- Have a register of people coming through

Re-shape services
- Develop accommodation surrounded by community services
- To expand current services to make more space for new people
- Potential for private businesses – but may end up with lower quality
- Support more people into work
- Develop social enterprise
- Use volunteers
- Joining up services
- Increase community presence

Working together better
- Have generic teams
- Co-production - building new relationships with professionals based on trust and respect

Other
- Direct payments and shared support
- Pay good rates for Personal Assistants
- Access to employment
- Creative thinking
- Make it person centred
- Being able to challenge political decisions

Priorities for action
People with care and support needs, their carers and staff who work in services told us:
- Meaningful/accurate individual assessment
- Planning for the future
- Quality services and staff
- Co-production
- Commissioning Review
- Manage expectations
- Supporting move on from traditional services
- Community ties – family/friends/hobbies
- Information
- Resources – funding and staff
- Prevention
- Better links to children's services
- Better links to education
- Communication

Implications for Commissioning

- **Co-produce and Implement the Social Work Practice Framework**
- **Continue to develop the 'People' approach to commissioning to develop better links to Children's Services, Education and Poverty and Prevention**
- **Delivering a strategic approach to individual outcomes for adults with a learning disability and how we specify and measure performance**
- **Supporting services to meet the prevention and progression agenda through co-productive approaches**
- **Sustainable models of supported living to enable us to continue our approach of supporting people in tenancy based options. This will mean a shift away from the 24/7 model towards a more mixed arrangement. Right sizing will also support us to shift resources in this model and progression and move on will enable us to meet the needs of more people. We will continue to progress the Supported Living Framework Agreement to better manage the market in this area**
- **Assistive technology – using ICF to explore potential in supported living settings to relieve resources spent on night time support and looking at geographical clusters and collaborative commissioning arrangements**
- **Re-modelling day services to support more people in the community and to support more people into work through the development of social enterprises to lessen reliance on traditional forms of day care**
- **Improve information for and communication to people who access services, their carers and staff within assessment and care management and services so the vision and direction is well understood**
- **Increasing the use of direct payments and pooled arrangements**
- **Respite – consider how the resources currently dedicated to respite provision can be better understood and spent, especially high cost, specialist provision.**
- **Safeguarding – using the resources we have to ensure we support people to stay safe across the range of provision**
- **Understanding the needs of family carers in order to provide better support that meets their care and support needs**
- **Residential Care – needs reviewing to assess whether current provision delivers individual outcomes effectively**
- **Develop the external market for day opportunities**
- **Increase direct payments**
- **Consider older people with a learning disability accessing mainstream support for older people if their primary needs relate to age**
- **High cost packages of care need reviewing to ensure progression is being delivered, outcomes are being met and that packages of support are commensurate with need**

- **Are we identifying people who should be receiving Continuing Health Care, especially those individuals who require high levels of staffing?**
- **Review Clinical Team arrangements in our externally commissioned service**
- **Specialist provision for people with challenging behaviour needs reviewing to ensure it is cost effective, can meet future demand and works well alongside the continuum of provision.**

Physical Disability and Sensory Loss/Impairment Commissioning Strategy Action Plan 2017- 2020

1. Delivering the National Outcomes Framework

What Needs to Change to deliver the Outcomes?	What is happening already?	What would success look like?	Agreed Actions	Who can help make this happen and who will lead?
1.1.1 All services need to re-focus their delivery arrangements against the national outcomes framework	1. A new model for Assessment and Care management is being developed 2. Co-productive Strategic Commissioning arrangements have been implemented 3. Some contracts have been re-written to be outcome focused	Assessment methods and service delivery (internal and commissioned) are outcome focused and co-productive	1. Report that citizens have had input into the development of the Social Work Practice Framework in a way that ensures an outcomes focused approach 2. Report that remaining contracts have been re-written to build in outcomes and co-production 3. Confirm that internal services have refocused service delivery against outcomes and co-production	Social Services - Ffion Larsen (Lisa Banks) March 2018 Social Services - Rachel Evans (Contracting) July 2019 Social Services - Cathy Murray/Amanda Aldridge July 2018
1.1.2 The development of a peer framework for reviewing/measuring outcomes within services	As 2. above	Citizens are actively involved in monitoring and measuring the performance of services against outcomes	1. Report that co-productive monitoring and review approaches have been implemented across adult services	Social Services and Citizens Rachel Evans (Planning/Contracting) March 2018

1.2 Control over day to day life/Securing Rights and Entitlements:

I know and understand what care, support and opportunities are available and use these to help me achieve my well-being

I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being

I am treated with dignity and respect and treat others the same

My voice is heard and listened to

My individual circumstances are considered

I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me

What Needs to Change to deliver the Outcomes?	What is happening already?	What would success look like?	Agreed Actions	Who can help deliver this and by when?
1.2.1 To ensure our processes and approaches support people to have control over day to day life	1. A new Practice Framework for Assessment and Care management is being developed	Quality of care and support Quality of life Whether people are treated with respect Whether people are in control of their daily life Whether people are involved in decisions about their care and support The Swansea outcome statements within the strategy are addressed within the Practice Framework	1. Report that physically disabled people and people with a sensory loss/ impairment have been actively involved in the development of the new Practice Framework 2. Report that the outcomes people want to see in relation to assessment practice are considered within the development of the new Practice Framework	Social Services - Ffion Larsen (Lisa Banks) March 2018
1.2.2 Information and advice needs to be more accessible, especially for people with sensory impairments	1. Information, Advice and Assistance service is being co-produced and we have gained a lot of insight which needs to inform the	Whether people receive the right information when and in the way they need it Staff have deaf/visual	1. Confirm that the I.A.A is being co-produced to ensure that issues around accessible information, advice and assistance are being addressed	Social Services Rachel Evans and Corporate Services in the Local Authority - December 2017

	development of information, advice and assistance services. 2. We have spoken to many people to understand what matters to them when it comes to accessible information and this will be used in making any changes 3. An Independent Advocacy Service is being developed	impairment awareness when giving information and advice Whether people are in control of their daily life Whether people are treated with respect People have access to advocacy to participate fully, have voice, choice and control Equality legislation is adhered to	2. Report that the new Independent Advocacy Service has been co-produced	Social Services-Rachel Evans (Planning) July 2018
1.2.3 Access remains problematic – this means access to equipment, information, services and transport etc.	People have told us what is problematic and have also told us how we can improve in these areas	Access is no longer a barrier Hearing loops and BSL in main public access points	1. Peer led approach to improving access to be developed, making recommendations based on the conversations we have held with citizens	Co-production Group/ Local Authority team responsible for supporting access to services/Corporate Complaints August 2018
1.2.4 Simplify the Direct Payments process and improve information available	There has been a significant level of citizen engagement in the development of the new Independent Living Team		1. Report that the issues raised in this strategy have been considered and addressed by the Independent Living Team	Social Services -Ffion Larsen March 2018
1.2.5 Communication with citizens needs to improve across the	Co-productive approaches should be helping with some of this	Feeling listened to Accessible communication:	1. Consider with citizens how communication will be improved and report on any	Co-production Group/Communication officers within the

board		Using e-mail or text for communicating with people who are deaf Trained Staff in deaf awareness and BSL where appropriate (domiciliary care) Face to face, rather than telephone, opportunities Deaf access worker We will get back to people when we say that we will No jargon Increasing number of communication platforms for communication e.g. Social Media	actions that will be undertaken	Local Authority/Corporate Access to Services colleagues September 2018
1.2.6 Citizens want to be involved in the recruitment of staff who support them		People will have a say in who supports them	Report how the recruitment process can be opened up to involve citizens	Co-Production Group, Human Resources within the Local Authority April 2018
1.3 Physical/Mental health and emotional wellbeing: _I am healthy and active and do things to keep myself healthy_ _I am happy and do the things that make me happy_ _I get the right care and support, as early as possible_				
What Needs to Change to deliver	**What is happening already?**	**What would success look like?**	**Agreed Actions**	**Who can help deliver this and by when?**

the Outcomes?				
1.3.1 Give mental health needs a higher profile within the assessment process		Whether people say they feel healthy physically and mentally Life satisfaction Whether people are living a healthy life style	1. Provide a report detailing how mental health needs are/will be captured in the assessment process that addresses the issues raised	Social Services - Ffion Larsen March 2018
1.3.4 Improve access to health and reducing health equality		Better access More health equality	1. Report that citizens, commissioners and providers have had the opportunity to influence the Sensory Plan, public health campaign and preventative approaches that Western Bay are developing	Western Bay colleagues, Strategic Commissioning Group for Learning Disability Need a timescale from WB
1.3.5 Improve access to public transport		Independent travel opening opportunities for people do the things they want to do	1. to be considered as part of 1.2.3 and 1.7.2	
1.3.6 Access to flexible respite options for carers	Respite options are available	Carers feel reassured by the arrangements we have in place	1. Consider and report on how respite provision can be developed to support a more flexible approach	Co-production Group, Carers July 2018
1.3.7 Carers Assessments – improvement in quality	Carers assessments are undertaken	Carers feel the carers assessment is a worthwhile process that has led to an improvement in their situation	1. Report that the views of carers are captured in the development of the Social Work Practice Framework	Carers Group supported by Angela Maguire March 2018
1.4 Protection from Abuse/neglect: *I am safe and protected from abuse and neglect* *I am supported to protect the people that matter to me from abuse and neglect*				

I am informed about how to make my concerns known				
No actions identified		How much abuse and neglect takes place Whether people say they feel safe		
1.5 Education, Training, Recreation: *I can learn and develop to my full potential* *I do the things that matter to me*				
1.5.1 Information needs to improve and access/support to take part		Adult learner outcomes and qualifications Whether people are able do the things that matter to them	Consider as part of 1.2.2 and 1.2.3	
1.6 Domestic, Family and Personal Relationships: *I belong* *I contribute to and enjoy safe and healthy relationships*				
1.6.1 Peer support opportunities to be developed	Co-production network is being developed	A sense of community Decreased Loneliness	1. Develop the Co-production network for Swansea	Adrian Bailey, SCVS February 2018

1.7 Contribution to Society: I engage and make a contribution to my community / I feel valued in society				
1.7.1 Tackling social isolation/discrimination		Whether people think the things they do in life are worthwhile / Participation in society	1. Consider and report on how social isolation and discrimination can be addressed	Co-production Group August 2018
1.7.2 Communities that are inclusive and accessible		Inclusive and accessible communities	1. Report that the Co-production Group has been able to influence the Western Bay response to the issue of inclusive and accessible communities	Western Bay/Co-production Group Need timescale from WB
1.8 Social and Economic Wellbeing and participation in work: I contribute towards my social life and can be with the people that I choose / I do not live in poverty / I am supported to work / I get the help I need to grow up and be independent / I get care and support through the Welsh language if I want it				
1.8.1 Improve support into employment/work related activity		People working / Gap in life expectancy between least and most deprived / 19-24 year olds who are not in education, employment or training / Material deprivation	1. Consider and report how Local Authority services can support physically disabled people and people with a sensory loss/impairment into employment	The Local Authority as a whole, Co-production Group March 2019
1.9 Suitability of Living Accommodation: I live in a home that best supports me to achieve my well-being				

1.9.1 More opportunities for people to live in their own home with the right support	There has been a growth in supported living options for this client group	Fewer people living in residential/nursing care	1. Develop an accommodation strategy for physically disabled people and people with sensory loss/impairment	Social Services - Rachel Evans (Planning)/Co-production Group September 2018
1.9.2 Develop the Supported Living model as an alternative to residential care	There has been a growth in supported living options for this client group	Increase in the range and number of supported living options		
2. Managing Demand/Changing the Model of Support Delivery of the Act and Social Services Model Prevention, Early Intervention, Progression 5% shift towards prevention/early intervention				
2.1 Information, Advice and Assistance Services to better reflect the outcomes that people want	Common Access Point currently and Emergency Duty Team in Social Care. Western Bay want to agree a common position about simplified or joined up health and social care access points	Outcomes as detailed in the co-produced work	This should be addressed through action point 1.2.2 above	As 1.2.2 above
2.2 Having the opportunity to be involved in the how services are re-shaped	Co-productive approaches within commissioning and service delivery Swansea Vale Development Group Some input into	Services are increasingly responsive to the needs of people who use them	1. Report that internal services has co-productive arrangements in place to support the planning, delivery and review of services 2. Build co-production	As 1.1.1 above

		recruitment		expectations into external contracts	
2.3 Increase the opportunity for citizens to be involved in reviewing existing processes to improve access and their experience of services (including being able to dip in and out of services)			Less complicated processes More holistic approaches More timely responses Improved transition planning More direct access to services Clearer referral routes Clearer information Services that address issues of access from the outset People able to dip in and out of services without fearing a loss of entitlement Improved experience of the process Innovative ways of accessing services e.g. open access	1. Report that citizens have been involved in reviewing existing processes and how they can be adapted to improve how these processes are experienced by citizens	Co-production Group/People currently accessing services, carers, staff November 2018
2.4 Better knowledge of younger people coming through and what sort of services they need	Child Disability Strategy being established The 'People' approach to commissioning means education, child and family and adult services are working more		Services will be available to support younger people with disabilities in a way which meets their needs	1. Engage with younger people and their carers to explore in more detail the types of services they need	Child Disability Team Family Carers, young people 'People' Commissioning Group March 2018

	closely together			
2.5 Need to capture unmet need to support a better understanding of gaps in current provision		People access services that meet their need	1. Report how unmet need is recorded and how it is used to inform service development/commissioning decisions	Social Services- Rachel Evans July 2018
2.6 Better knowledge of people with a physical disability to support more effective planning	Disability register Census information	A good understanding of the numbers of people with physical disability and sensory loss/impairment in Swansea	1. Work with Western Bay colleagues to address this information gap.	Strategic Commissioning Group March 2019
3. Managing Costs/Sustainability				
3.1 Review High Cost Care Packages in supported living and residential care	Some right sizing work has been undertaken	Packages are proportionate to the level of need	1. Systematically review all existing high cost packages of care	Social Services - Rachel Evans (Contracting) July 2018
3.2 Better understand the resources which are available for physically disabled people and people with sensory loss/ impairment	Some work has taken place to disaggregate budgets with a view to having greater clarity	Clarity on level of resources available and how they are currently spent	1. Determine the lead commissioner and put arrangements into place to understand, track and monitor spend	Social Services - Rachel Evans March 2018
3.3 Review internal day opportunities and respite provision	Internal services have a dynamic approach to service review and delivery	Internal services are as cost effective as they can be Models of support align with the	1. Review internal services for physically disable people and people with sensory loss/impairment, compare with services/models elsewhere and report on	Strategic Commissioning Group, Co-production Group, Cathy Murray

		requirements within the SSWB Act 2014	recommended changes	

CITY AND COUNTY OF SWANSEA

Draft
Physical Disability and Sensory Loss/Impairment Commissioning Strategy

Chapter 1
Introduction

The population served for the purposes of this Commissioning Strategy in the City & County of Swansea encompasses:

- Disabled people aged 18-64 and all people with sensory loss/impairments over the age of 18
- Those disabled young people who are in transition from Child Disability Services to Adult Services
- People with HIV, Cancer and Multiple Sclerosis

The Equality Act 2010 defines disability as having a physical or mental impairment that has a substantial and long-term adverse effect on carrying out normal day-to-day activities. The social model of disability advocates that it is society which creates attitudinal and physical disabling barriers and it is a positive approach to disability and focuses on removing barriers to equality. The City and County of Swansea is committed to the social model of disability which has been recognised by disabled people and was formally adopted by the Welsh Government in 2002.

'Physical impairment' includes hearing and visual impairment. 'Long-term' is regarded as lasting for 12 months, or for more than 12 months or the rest of a person's life. 'Substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed

A progressive condition is one that gets worse over time. People with progressive conditions can be classed as disabled. There are special rules about recurring or fluctuating conditions e.g. arthritis. However, you automatically meet the disability definition under the Equality Act 2010 from the day you're diagnosed with HIV infection, cancer or multiple sclerosis.

Throughout this document, the terms sensory loss and sensory impairment are used. Both terms should be understood to include people with either a hearing loss, visual impairment or dual sensory loss. Sensory impairment is used as this term is felt to be more inclusive. However, there are occasions when the term 'sensory loss' is more appropriate, i.e. when describing people who lose their sight or hearing. The term deaf is used to describe two groups of people; people who use a signed or visual language as their preferred language and associate themselves with the deaf community and part of a linguistic and cultural minority and people who are hard of hearing or deaf who often use a spoken language as their preferred language. They may not associate with deaf culture and community.

This Commissioning Strategy considers the population we serve and how it is changing; it also considers how well placed the services we currently provide or commission are in delivering the wellbeing outcomes of the population in the future and how they need to change to deliver both the requirements of the Social Services and Wellbeing (Wales) Act 2014 and also the requirements of the Sustainable

Swansea. The Commissioning Strategy has been co-produced and the contents are a reflection of what physically disabled people and people with sensory loss/ impairment have told us. The action plan attached to this Commissioning Strategy has also been co-produced.

Chapter 2
Policy context

The Social Services and Wellbeing (Wales) Act 2014 came into effect on 6 April 2016 and provides the legal framework for improving the wellbeing of people who need care and support, carers who need support and for transforming social services in Wales. It reforms social services law, changes the way people's needs are assessed and the way in which services are commissioned and delivered. People with care and support needs will have more of a say in the care and support they receive and there is an emphasis on supporting individuals, families and communities to promote their own health and wellbeing.

The Act promotes the development of a range of help available within the community to reduce the need for formal, planned support from Social Services (statutory support). Local Authorities need to work with people to develop solutions to immediate problems and reduce the need for complex assessment and formal provision of care. Where people have complex needs, which require specialist and/or longer term support, local authorities will work with people and their families to ensure that high quality and cost effective services are available at the right time and in the right place.

Local Authorities and their partners need to make sure that people can easily get good quality information, advice and assistance, which supports them to help themselves and make the best use of resources that exist in their communities without the need for statutory support.

Local Authorities also need to ensure a shift from a deficit and dependency model to a model which focuses on people's strengths to promotes wellbeing and independence focusing on individual outcomes rather than service targets and objectives.

The Disability Discrimination Act (1995) and amendments 2004, 2005 aims to end the discrimination that disabled people face and gives rights in the areas of employment, education, access to goods, facilities and services, buying or renting land or property, and rights in relation to transport.

The Equality Act came into force on 1 October 2010. The Act brings together over 116 separate pieces of legislation into one single Act. The Act simplifies, strengthens and harmonises the current legislation to provide a discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Local Arrangements

Our vision for health, care and wellbeing in Swansea in the future is that:

"People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce".

Our Draft Social Services Model to deliver this vision is based upon the following six key elements:

- Better prevention
- Better early help
- A new approach to assessment
- Improved cost
- Working together better
- Keeping people safe

This Service Model comprises four levels of health, wellbeing and social care support for our population. We think it will help us to deliver "better support at lower cost".

This Commissioning Strategy will support the delivery of Swansea's corporate priorities with particular emphasis on safeguarding vulnerable people and building sustainable communities:

- Safeguarding vulnerable people
- Improving pupil attainment
- Creating a vibrant and viable city and economy
- Tackling poverty
- Building sustainable communities,

At the same time, across Wales, public sector funding is under increasing pressure and therefore in Swansea, we need to reduce expenditure on adult social care. Added to this pressure is a growing population, which is placing additional demand on our service. This means we need to save money and meet the additional demands placed on our service whilst delivering the requirements of the Act.

In the document "Better Support at Lower Cost" (2011)[1] the Social Services Improvement Agency notes:

"It is increasingly recognised that the twin goals of improving efficiency and delivering better outcomes for service users are not necessarily in conflict with each other. Some councils recognise that the kinds of service transformation they are now contemplating would make sense in terms of service improvement even if current financial constraints…. were not present"

---

[1] "Better Support at Lower Cost" SSIA 2011

Our Commissioning Strategy therefore needs to deliver:

- The vision for Social Services
- The co-produced outcomes for physically disabled people and people with sensory impairments in Swansea
- The requirements of the Social Service and Wellbeing (Wales) Act 2014 and Disability and Equalities Legislation
- Our Corporate Priorities, and
- The savings required through the Sustainable Swansea Programme

Chapter 3
Commissioning and Governance Arrangements

Our arrangements for strategic commissioning have been co-produced during 2016. The purpose of the Strategic Commissioning Group is to ensure a strategic approach to commissioning services for physically disabled and sensory impaired people in Swansea. The Strategic Commissioning Group will:

- **Develop insight** into what outcomes are important to people using services, and what kinds of support could achieve these outcomes
- **Effectively plan** support and activities to meet the needs and deliver outcomes, building on the strengths if individuals and communities in which they live
- **Improve delivery and quality** of services

The Strategic Commissioning Group will oversee the co-production of:
- Commissioning Strategies and action plans
- Service changes
- Procurement Plans i.e. what we want to purchase from the pr
- Contract registers
- Market Position Statement
- Service specifications
- Evaluation and review of the effectiveness of services to deliver improving outcomes

The Strategic Commissioning Group will be guided by the principles of co-production in undertaking all of the above functions. We will:
- Define people who use services as people with assets and skills
- Break down the barriers between people who use services and professionals
- Build on people's existing capabilities
- Include reciprocity and mutuality
- Work with peer and personal support networks alongside professional networks
- Facilitate services by helping organisations to become agents for change rather than just being service providers.

Chapter 4
Population Assessment

How many people have a physical disability and how is this changing over time?

Calculating numbers of physically disabled people in the population is complicated, since there is no one, definitive source of information and no 'set' population. It is also difficult to accurately predict numbers of people who are likely to become disabled over time, either as a result of a deteriorating condition or as a result of accident. The Population Assessment recently undertaken across Western Bay highlights this area as a gap in our knowledge.

How many people have a sensory loss/impairment and how is this changing over time?

- The largest cause of visual, hearing and dual sensory loss is the ageing process.
- It is estimated that 1 in 10 people over 65 have some degree of age-related macular degeneration.
- 1 in 5 people aged 75 and over are living with sight loss.
- There are more than 11 million people in the UK with some form of hearing loss; one in six of the population.
- By 2035, it is estimated that there will be 15.6 million people with hearing loss in the UK - that's one in five of the population.
- There are approximately 250,000 people in the UK with both hearing loss and sight loss. Of these 220,000 are aged 70 or over.
- As many as 2 in every 1,000 children are estimated to have sight loss.

Risk factors – visual loss/impairment:

- It is believed that people with sight loss are 1.7 times more likely to have a fall and 1.9 times more likely to have multiple falls. Of the total cost of treating all accidental falls in the UK, 21% was spent on the population with visual impairment.
- Smokers double their risk of developing age related macular degeneration a painless eye condition that causes the blurring and gradual loss of central vision. Smoking can make diabetes-related sight problems worse, and has been linked to the development of cataracts.
- Obesity has been linked to several eye conditions including cataracts and age related macular degeneration. Obesity also has a strong link with diabetes and an exacerbation of sight deterioration in diabetic retinopathy.
- People from African/African-Caribbean populations are considerably more at risk of developing glaucoma and have higher risk of age-related macular degeneration. People from Asian populations are at higher risk of cataracts. Both groups are at higher risk of diabetic eye.

- An estimated 60% of stroke survivors have some sort of visual dysfunction following a stroke. The most common condition is some loss of visual field which occurs in 30% of all stroke survivors
- Uncontrolled high blood pressure can cause blood vessels in the eye (retina) to tighten and cause damage to the eye which causes vision problems.
- Older people with sight loss are almost three times more likely to experience depression than people with good vision.
- Adults with learning disabilities are far more likely to be visually impaired than the general population.

Risk factors- hearing loss/impairment:
- Prevalence of hearing loss/impairment is higher in Black and Minority Ethnic (BME) communities, particularly in more recent migrants from countries with low levels of immunisation against conditions such as rubella.
- There are environmental factors linked to a greater risk of a hearing impairment, for those people regularly subjected to loud noise.
- People with hearing loss are also highly likely to have problems such as tinnitus and balance disorders which contribute as risk factors for falls and other accidental injuries.
- Those who become suddenly deafened through trauma or infection are likely to experience emotional distress and find it difficult to cope with the sudden, negative impact on their health and well-being.
- People with hearing loss/impairment may also have other additional disabilities or long-term health conditions that limit their daily activities such as arthritis and mobility problems. This often means that barriers to inclusion and feelings of isolation are worsened.

What issues do physically disabled people and people with sensory loss/impairment face?
Despite the difficulties of calculating definitive population numbers, information gathered for the needs assessment from nationally compiled research reports and statistics and from locally held discussions with disabled people, highlights the following key issues:

Employment
- Disabled people are nearly 7 times as likely as non-disabled people to be out of work.
- In the UK around 1 in 4 blind or partially sighted people of working age are in employment.
- The consequences of being unemployed are well documented and include high rates of poverty, stress and physical ill health, feelings of boredom and powerlessness, increased incidence of mental ill health, loss of confidence and self-esteem, and social exclusion.

- The longer a person remains unemployed the less likely they are to find work, since employers are reluctant to take on those with a record of unemployment. If the person is disabled they must also clear barriers associated with negative and stereotyped attitudes towards disability

Social Justice

- People who are disabled or who have long-term ill health are more likely to suffer reduced life chances in education, employment, accommodation, family life and relationships and leisure opportunities.
- Those people who experience multiple problems become disproportionately more likely to experience social exclusion and to suffer 'justiciable problems' i.e. problems that lead them to resort to civil law. In fact, ''long-standing ill-health or disability was the most influential predictor of justiciable problems being reported. …' ('Causes of Action: Civil Law and Social Justice.' The Final Report of the First LSRC Survey of Justiciable Problems, Legal Services Commission, 2004 found more up to date one 2010.
- 'Causes of Action' notes that disabled or ill respondents report domestic violence twice as often and clinical negligence four times as often as others.
- Problems in finding employment, or with debt if unemployed, or discrimination once in work, were also reported as were problems with neighbours (exacerbated by spending longer periods of time at home).

Access

- Access is a fundamental issue of prime concern to disabled people and affects all aspects of life on a daily basis. Access encompasses not only problems to do with physical barriers in the built environment – such as steps, kerbs, narrow doors, lack of adapted toilet facilities, lack of disabled parking bays etc., but also information, transport, and language.

Transition

- The years of transition from childhood to adulthood (from age 14—25), can be fraught with difficulty and uncertainty for all young people, but especially for those who are disabled.

- At this life stage there are high levels of uncertainty about future service provision and reduced education, employment, and leisure opportunities in comparison with non-disabled people of similar age
- Employment is important as is education

Housing

- Disabled people are prone to being 'selected out of home ownership', are 'often relegated to housing of poorer standard ', and report problems relating to homelessness.
- Leaving home, an important life stage on the road to adulthood can become a potentially insurmountable hurdle because of scarce accommodation options. As a result disabled people may live with their parents in the family home for much longer periods of time than their non-disabled peers.

Health

Self-reported general health is an important measure of the health of the population, commonly used in decisions relating to health and social care resource allocation. The latest census analysis suggests that this measure can overlook the health and social care needs of a significant number of disabled people, particularly amongst the elderly and those living in deprived areas. The way in which people judge their general health changes as they age and this is strongly influenced by the area in which they live across

England and Wales. In 2011, 4.3 % (2.4 million people) of the population said they were in very good or good general health despite having a disability. The statistics demonstrate that:

A disability is not a barrier to 'Good' health

The likelihood of being in 'Good' health despite a disability however decreases with age. This may be because children with a disability (or the parents and carers of children with a disability) have a more positive outlook than adults when it comes to thinking about their general health. The findings may also reflect more adequate health and social care provision among the young disabled population, allowing them to overlook the limitations of their disability.

Men who are disabled are more likely to be in 'Good' health than women

Among the disabled population males are more likely than females to be in 'Good' health despite their disability, particularly when their disability limits them a lot in their day-to-day activities. Differences are most noticeable at younger ages which may reflect different social and cultural attitudes to health among males and females at different ages.

There is a strong relationship between where you live and how you view your general health

Disabled people living in more affluent areas are more likely to be in 'Good' health than disabled people living in more deprived areas. This may be because people living in more affluent areas are more able to overcome the limitations of their disability and so judge their general health more favorably. It may also because people living in more affluent areas have better access to adequate health and social care than people living in more deprived areas.

Other health related issues:
- Most disabled people use the same health services as everyone else – GP practices, dentists, clinics etc. However many find their ability to access these services hampered by physical barriers, staff attitudes and lack of training, and poor or inappropriate information provision.
- There are particular issues for disabled people who use a wheelchair but who can't physically access dental practices in the city. Some have difficulties in accessing their own GP practice.
- Many disabled people talk of health care staff not listening to them or recognizing their own expertise about their bodies and conditions.
- For Deaf people, waiting times for interpretation services can make having to go to hospital in an emergency a very frightening experience, as they are often unable to understand what is happening to them and what they need to do.

Leisure and Recreation
- Many disabled people talk of their desire to keep fit, lose weight, eat well and prevent long term health problems from occurring. However, there is limited

access to mainstream leisure facilities, and a lack of specialist help or support as an alternative.

- Many gyms and swimming pools are still not wholly physically accessible to people who use wheelchairs. For example, entry to the building may be possible but not to the changing rooms, or there may not be specialised gym equipment, or staff on hand to alert blind people when equipment is free.

Income and Poverty

- Disabled people have a disproportionate risk of being poor, i.e. of having an income below 60 per cent of the national median average.
- Disabled people face costs additional to those of non-disabled people in meeting their everyday needs. For example, major expenditure may be required to purchase equipment essential for independence, or more may need to be spent on heating, clothing and recreation.
- **Disabled People's Costs of Living: 'More than you would think'** by Noel Smith, Sue Middleton, Kate Ashton-Brooks, Lynne Cox and Barbara Dobson with Lorna Reith, Joseph Rowntree Foundation (2004), and more recently; **Disability And Minimum Living Standards**: *The additional costs of living for people who are sight impaired and people who are Deaf* by Katherine Hill, Abigail Davis, Donald Hirsch, Matt Padley and Dr Noel Smith, Centre for Research in Social Policy and University Campus, Suffolk, (2015) both highlights the added costs associated with living with an impairment and the latter emphasises the additional costs for people to participate in society and maintain independence. Interpretation services are key.
- **Disability and Poverty** Joseph Rowntree Foundation, Augusta 2016, Tinson, Aldridge, Born and Hughes states that disabled people make up 28% of people in poverty and a further 20% of people live in a household with a disabled person. It recommends strategies for; supporting people back into work through reducing the disadvantages people face in the labour market, reducing the costs of disability for people, and increasing resources available to support people.
- **Out of Sight, Visual Impairment and Poverty in Wales,** The Bevan Foundation/RNIB Cymru 2012
- Maintaining warmth during the winter months is a particular issue for many disabled people. Households lacking central heating or good insulation are more expensive to keep warm.

'Being Disabled in Britain: A life less equal' 2017, Equality and Human Rights Commission highlights that across education, employment, health, justice, political involvement and leisure, people with disabilities are likely to still have less opportunity to exercise their rights.

https://www.equalityhumanrights.com/sites/default/files/being-disabled-in-britain-executive-summary.pdf

What do we know about future demand from physically disabled people and people with a sensory loss/impairment?

People who access services highlighted the following:

- Increased demand as people are living longer
- More people lives are saved through medical intervention requiring support
- Younger disabled people are not necessary going to want current traditional residential services leading to increased demand for accessible housing provision and more supported living options
- People are becoming more independent and require services that maintain this independence
- More people are living alone
- Families need more support
- Transition to adult services needs improving
- Need to plan services through life stages
- People expect the co-production of services
- People's expectations will continue to change
- Need to increase direct payments

Western Bay Population Assessment highlighted the following future demand issues:

- It is anticipated that the numbers of children with hearing loss/impairment will increase slightly over time due to the projected modest increase in the number of people in younger age groups in the Western Bay area.
- It is estimated that 4% of the working age population in Wales wear hearing aids or are profoundly deaf. The rate at which hearing loss/impairment occurs, increases very significantly by age. The vast majority of people with hearing loss are elderly. The growth in the expected numbers of adults expected to experience a hearing impairment could be attributed to the growth in the population aged 65 and over.
http://www.westernbaypopulationassessment.org/wp-content/uploads/2017/03/Sensory-PDF-2.pdf

What Matters to Physically Disabled People and People with Sensory Loss/Impairment?

We asked people with a disability and their carers what a good life looks like and this is what they told us:

Independence through improved access
Access to equipment
Access to transport
Access to information
Access to services

Friendship/relationships

Peer support

Choice and control

Seen as expert in own life
Being able to 'dip in and out' if things change

Feeling valued and respected

Being listened to

Wellbeing

Hope

Issues for commissioning from the Population Assessment

- Develop an outcomes framework to capture what matters to people and support people to do more of what matters e.g. Access, independence, choice and control, equality, respect and relationships
- Introduce co-productive approaches within individual and strategic planning and service delivery to deliver more of what matters to people
- Improve communication with citizens
- Peer led approaches to improving access
- Improve access to health and reducing health inequality
- Assessing and meeting carers' own support needs
- Understanding the level of demand and needs within the BME community in Swansea than we do currently
- Supporting people into work or work related activity
- Tackle social isolation, discrimination
- Appropriate Housing

Chapter 5
Outcomes to be delivered through this Strategy

Outcomes Framework

The City and County of Swansea undertook a co-productive approach in the development of a specific set of outcome statements for physically disabled people and people with sensory loss/impairment in Swansea to sit within the National Outcomes Framework. An outcome refers to the change that will occur following a particular course of activities or interventions.

- **Wellbeing (*I know and understand what care, support and opportunities are available to me and I get the help I need, when I need it, in the way I want it*)**

  In Swansea this means:

  I receive Information that works for me. It is provided jargon free, in my language and is fully accessible within the Equality Act.

  I am equipped with information about services and told about what's on in a timely way

  I make a difference by helping to plan, develop and deliver services by passing on what I have learnt

  I receive a joint, shared needs assessment that captures my history

- **Physical and mental health and emotional well-being (*I am happy and I am healthy*)**

  In Swansea this means:

  My physical and mental health needs are met

  I am treated as an individual, non-judgmentally, trusted and believed

  I am supported to remain independent or rebuild independence

My communication needs are considered and met to enable me to make joint decisions and establish self-management partnerships

- **Domestic, family and personal relationships (*I belong and I have safe and healthy relationships*)**

  In Swansea this means:

  I am able to join in, meet new people and make friends

  I am able to meet up with similar people to share experience, engage in peer support communities and self-management partnerships.

  I am supported with my communication needs and my mental health is considered to help me with talking to people

  I can engage in mutually caring relationships with people that support me

- **Education, training and recreation (*I can learn and develop to my full potential and I can do the things that matter to me*)**

  In Swansea this means:

  I have opportunities to try-out a range of activities

  *I am equipped information about **Education, training and recreation** services, sign posted and told about what's on to help me try-out a range of activities.*

  I can access appropriate training with support

  I have access to fit for purpose opportunities in clean and safe environments

- **Contribution made to society** (*I can engage and participate and I feel valued in society*)

  In Swansea this means:

  I am involved and play a role in the community

  I am valued as an individual, my skills are recognised and I gain respect in the community

- **Social and economic well-being** (*I am supported to work, I have a social life and can be with people I choose, I do not live in poverty and I get the help I need to grow up and be independent*)

  In Swansea this means:

  I am supported to maintain employment or be supported into employment

  Transport and parking are accessible and blue badges available

- **Suitability of living accommodation** (*I have suitable living accommodation that meets my need*)

  In Swansea this means:

  I am able to live in MY own home with the right support at the right time

- **Securing rights and entitlements** (I *have voice and control, I am involved in decisions that affect my life, my individual circumstances are considered, I can speak for myself or have someone who can do it for me and I get support through the Welsh language if I need it*)

  In Swansea this means:

  I am heard and given fair access to services based on my needs, I have voice, choice and control

  I am regarded as an expert in my own life, my perspective is valued and what works for me is understood

  I am offered equal choices and opportunities

  I take responsibility for my own life

  My strengths are recognised and my abilities developed.

  I am treated with regard to equality legislation and justice, my rights are upheld and reasonable adjustments made to enable me to access all services

  I am treated equally, fairly with respect, dignity, love and compassion

- **Protection from abuse and neglect** (*I am safe and protected from harm and abuse*)

Chapter 6
Current Support Options for Physically Disabled People and People with a Sensory Loss/Impairment

We asked people where they currently get support

This is what they told us:

Tier 1	Tier 2
Family Friends Neighbours Carers Peers Community Groups Social networking Media Charities Council Services NHS – primary Local Area Coordinators	Third sector organisations Charities Council Services NHS – secondary care Local Area Coordinators
Tier 3	**Tier 4**
Social Services – day opportunities, social workers Advocates Local Area Coordinators Supported Housing Social media - Deaf Women's Health Facebook group Third sector organisations – SCVS, Carers centre Charities Personal Assistants	Social Services – day opportunities, social workers Advocates Local Area Coordinators Supported Housing Social media - Deaf Women's Health Facebook group Third sector organisations – SCVS, Carers centre Charities - Huntington's Society Personal Assistants

Universal Services and Early Intervention -Tier 1 and 2:

The Voluntary Sector in Swansea is varied and well-used. Voluntary sector organisations provide services to, meet the needs of and engage with disabled people who may not use Social Services. Groups range from being small, community based and volunteer led, to large national bodies with paid fieldworkers.

Some groups provide support and information on particular impairments or health problems; others raise money for research into specific conditions. Some take on a lobbying and campaigning role in order to break down the physical and social barriers faced by disabled people.

Many groups are peer run and offer highly valued peer support and social interaction.

Swansea Disability Forum is made up of representatives from these local disability groups and voluntary sector organisations. It campaigns on issues which affect physically disabled people and people with a sensory impairment.

Swansea Association for Independent Living (SAIL) is a local voluntary organisation of disabled people working to eliminate the barriers preventing disabled people from living full and independent lives.

Swansea Access for Everyone (SAFE) is a local access group who work towards achieving a built environment that is accessible to everyone.

Swansea Council for Voluntary Service (SCVS) is the umbrella organisation for voluntary activity and works to support and develop the voluntary sector by providing information, advice and support services and by representing the views of the sector to government and policy makers.

Co-production Network is a group made up of Citizens, service providers, social workers, commissioners and carers and it supports co-productive activity within Social Services.

The Stroke Association offers support and information for people who have had a stroke and their carers.

Information, Advice and Assistance RNIB Cymru, Action on Hearing Loss Cymru, Deafblind Cymru and Sense Cymru are working in partnership to provide information, advice and support to people with sensory loss in Wales.

The Carers Centre provides a range of information, advice, support, services and events for Carers.

Disabled Facilities Grant Individuals can apply for a grant regardless of tenure to make adaptations to properties.

For smaller adaptations, Care and Repair offer advice and assistance for disabled owner-occupiers on repairs, adaptations and maintenance issues.

Community alarms provide an emergency telephone link for older and disabled people. The purpose of the alarm is to give added security to individuals or to provide reassurance for their informal carer.

Integrated Community Equipment Service provides a range of equipment for people to live more independently.

Housing ADAPT assists disabled people to find suitably adapted accommodation. This is a strong partnership between the City & County of Swansea, Coastal Housing Group, Gwalia Neighbourhood and Family Housing Association which enables us to make the best possible use of the adapted properties in Swansea, as well as significantly improve and streamline the process of applying for adapted accommodation.

Concessionary Travel Everyone aged 60 and over and people with certain disabilities are entitled to free travel on local bus services in Wales.

People who are unable to travel on their own on health grounds are able to apply for a **Companion Travel Pass** which allows both the disabled person and a companion to travel free of charge.

Railcards are available for both disabled and older (60+) travellers, allowing holders to buy rail tickets at a discount.

Local Area Coordination is support to keep individuals and communities strong and connected. This support currently covers only certain parts of Swansea.

The Common Access Point is the first point of contact with the Local Authority and this approach seeks to support people to access available services; both in the community and the Local Authority depending on the level of need.

Our **Third Sector Broker** sits within the Common Access Point and supports and develops knowledge of the third sector.

More Formal Support - Tier 3 and 4:

Integrated Community Hubs
There are 3 Integrated Community Hubs covering Central, West and North of the city. The hubs geography aligns with the local GP networks and provides integrated services including:

- District nurses
- Occupational Therapy
- Physiotherapy
- Social Work
- Mental Health Link workers
- Dementia Support Workers
- Domiciliary Care (Rapid Response, Reablement and Complex Needs)

These integrated services provide a simplified system of assessment and service provision which supports a shift towards strengths based approaches that will focus on prevention and early intervention. The aim of which is to reduce or delay people developing more complex needs by providing rapid access to information, assistance and support when it is needed.

Swansea Vale Resource Centre

The Centre provides a short term Rehabilitation Service which enables people who have a physical impairment to live more independently. The aim is to enable people to find new ways of doing things that they are finding difficult, and to look for practical solutions to encourage greater independence.

Within Swansea Vale the Sensory Services Team provides specialist advice, support and practical assistance for adults with a physical or sensory disability who have difficulty managing. Services might include:

- equipment and adaptations to help someone manage at home
- training and skills to maximise independence
- assistance with personal care
- support with mobility impairment

Home Care Service / Domiciliary Care

Longer term Domiciliary Care (help at home with personal care) is provided through a range of providers.

Direct Payments People can opt to receive a Direct Payment to help them pay for and manage their own social care services. Direct Payments are a more flexible way of delivering social care services to those who are eligible for Social Services support.

Individuals use the money to:

- Employ someone directly to help support them (a Personal Assistant)
- Buy care from a private registered care agency
- Make own arrangements instead of using Social Services day care or respite care
- Purchase Social Services provision using the Direct Payment

Direct Payment statistics for people with a physical disability

Purpose	March 2016	February 2017
Short Break	99	115
Day Opportunities	2	6
Help at Home	4	5
Total	105	126

Supported Living

This means living in ordinary housing as a tenant, usually shared living with 2-3 other people with a disability with an appropriate level of tenancy and domiciliary support.

This could mean 24 hour support through to much lower levels depending upon the person's needs. Additional support can be accessed on a 24 hour basis. It is always the intention to increase independence and reduce levels of support over time if possible.

Residential Care
This means living in a residential care home or nursing care home with personal care/nursing care.

Short Breaks
A range of options are provided:
- Short break (respite) at home: A fully trained support worker will come to your house for up to 3 hours a week.
- Short break in a local authority care home
- Day service: A day out of the house for the person you care for
- Shared Lives: staying in a family home with specially trained families who will provide the care and support you need.
- Direct payments: instead of Social Services organising support you can organise services yourself to suit your needs, giving you more flexibility and control over the arrangements you make.

Abertawe Bro Morgannwg University Health Board (ABMU Health Board) In
addition to the Integrated Community Hubs, ABMU provides a comprehensive range of hospital and community health services for Swansea, Neath Port Talbot and Bridgend, including the Swansea population of approximately 250,000. Services are provided from 9 hospitals with over 1,800 beds and in a range of community premises. These include psychiatric day centres and resource centres, health centres, health clinics, hired premises, GP surgeries and in patients' homes.

ABMU Health Board 'Take Time for Yourself Team' – an award winning team who promote the importance of making health care information and communication accessible to patients who are deaf, hard of hearing, blind, partially sighted or have dual sensory loss.

ABMU Health Board Audiology and eye clinics provide assessment and rehabilitation for children, young people and adults.

Chapter 7
How well are current services (across the four tiers) delivering these outcomes?

Current arrangements for understanding the impact of services

Commissioning and Service provision have moved to an increasingly outcome focused way of working and systems and processes are being developed to support this. Some of our contracts are outcome focused and performance is measured against the delivery of outcomes (particularly in Supporting People). The new Supported Living Framework sets out clear expectations of an outcome focused, co-productive approach and performance will be measured against outcomes at an individual and strategic level. However, this is not currently routine it is therefore difficult currently to be certain about how well current services are delivering outcomes when outcomes are neither expressly specified nor measured across the piece.

What do people think about services?

We asked family carers, providers and commissioners tell us how well current arrangements are delivering outcomes. This is what they told us:

Staffing
- Some 'Excellent' staff, **however**
- Staffing shortages
- No cover for specialist social care workers when sick or on holiday

Quality of Services
- Some 'Excellent' services and staff
- User led organisations like SAIL
- Continual improvement
- Some good projects
- Respite in Ty Cila
- Alternative therapies for people with progressive conditions
- Sight loss rehabilitation services at Swansea Vale – support independence and gave information
- Rehabilitation services for people with physical disability, **however**
- Lack of joined up services
- Poor access to services

- Lack of choice
- No Welfare Rights service in Swansea (Deaf Community)
- Direct payments are difficult to understand and take a long time to set up
- No provision for people with progressive life limiting conditions (Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Huntington's etc.)
- Alternative therapies service cut for people with progressive conditions
- Lack of respite for carers
- Respite provided isn't flexible
- Transport – lack of access to
- Difficult to manage services with different client groups – competing needs

Approaches
- Some co-productive approaches

Information
- Lack of accessible information which is not available in one place
- Not enough information about direct payments given by social workers

Communication/information
- Lack of communication
- Social services not informing people when worker is off sick
- No British Sign Language clips on council website
- Deaf people being told to phone
- People using Jargon
- Crisis situations could be prevented by better communication
- Never hearing back or getting regular updates after meetings

Process
- Lack of opportunity to shape and influence
- Process is slow and too complicated– e.g. referral process
- People not knowing where they are in the process of accessing services
- Lack of transition planning
- No discharge package from hospital
- Lack of planning – e.g. people with progressive conditions
- Lack of timely intervention
- People not seen in context of family unit. 'Come and look at all our needs and provide a flexible response to the family'
- Poor assessment process
- No ongoing social work support (and not knowing family)
- Not seeing people holistically – may have both physical disability and mental health for e.g.
- No direct referrals (for preventative services like Swansea Vale)

Access
- In emergency people don't know where to turn (Deaf)
- Lifeline phone service not accessible for Deaf people
- Poor British Sign Language interpretation (Deaf).
- Information only provided in written English (Deaf Community)

- Domiciliary care staff not being able to communicate via British Sign Language
- Given forms by reception staff and cannot read English (Deaf)
- People not understanding that English is second language (Deaf)

Resources/Funding

- Lack of finances
- Time limited funding means short term services/projects
- Not enough capacity in RAISE (3rd sector Welfare Rights service)
- No independent advocacy for people with physical and sensory loss
- No befriending service
- No counselling support post trauma
- Current post trauma model is limited and doesn't meet everyone's needs
- Lack of access to physiotherapy, Occupational Therapy and speech and language
- Third sector signposting but no support for carers
- Low pay scale for Direct Payment Personal Assistants

Issues for Commissioning:

Our systems for measuring the impact of services need to be developed to focus increasingly on the measure measurement of outcomes and the action plan for this strategy needs to address the issues raised by individuals in relation to their perception of the current performance of services.

Chapter 8
What do we spend?

What do we spend on services for physically disabled people and people with a sensory loss/impairment?

The budgets for physical disability and sensory loss/impairment services sit within the Integrated Services, Mental Health and Learning Disability and service provision budgets. It is difficult to disaggregate the budgets that sit within integrated services to identify the element spent on physically disabled people and people with a sensory loss/impairment.

Assessment and professional support
Sensory Services Team - £160,700
Integrated Teams - £9,292,800
Intake Support - £340,700

Internal Service Provision
Swansea Vale Resource Centre - £575,400
Ty Cila - £786,900
Social Centres - £7,800
Home Care – the budgets are not disaggregated

External Provision:

Supported Living
£513,599 across 3 external providers (some of this sits within Mental Health/Learning Disability budget and some with the Integrated Teams)

Residential/Nursing Care
£757,119 across external providers (20 individuals, some high cost placements)

Domiciliary Care
£933,200

Direct Payments
Independent Living Service Team - £177,829
Actual Packages:
Day Care - £21,288
Domiciliary Care - £827,356
Short Term - £21,641

Aids/equipment

Community Alarms - £3,700
Community Equipment Pooled Fund- £548,700
Call monitoring system - £77,000?
Aids and Adaptations (Disabled) - £52,500

Issues for commissioning from spend information:

- Identifying who is the lead commissioner for physical disability and sensory loss/impairment provision
- Support a co-productive approach to commissioning and service delivery and monitoring and review
- Direct, track and monitor spend from a population perspective

Chapter 9
What needs to change to deliver these outcomes?

People told us the following needed to happen:

Re-shape services
- Opportunity to shape and influence
- Lifeline – good if had icons for emergency services (Deaf)
- New service in place of sign translate which could be done co-productively
- Specialist Deaf social worker (British Sign Langauge level 3) – could contact via face time and sort out problems efficiently
- More flexible respite
- Sitting service for carers
- Specialist input for progressive conditions

Open up the Process
- People using services being part of recruitment
- Planning of services
- Make the most of people's abilities whilst someone is well
- Mystery shopper to test quality

Improve Access
- Deaf access worker
- Deaf people using face time or skype to talk to each other – could also be used to access services
- Direct text numbers for services (Deaf)
- Face to face access (Deaf)
- Domiciliary care staff qualified to use British Sign Langauge specific to role (Deaf)

Improve Communication
- Deaf people prefer email
- Holding surgeries at Deaf Centre
- Staff having Deaf Awareness training – made compulsory
- Visual prompt for staff about working with Deaf people around deaf awareness
- Better links to other agencies

Work together better
- More joint working with health
- Use Disability Groups and Deaf Centre to co-produce services

We also asked people 'what supports do physically disabled people and people with sensory loss/impairment need to live a good life?'

This is what they told us:

- Meeting up with similar people to share experiences
- Support to remain independence or rebuild independence
- Good communication
- Reasonable adjustments to be made
- Good, accessible information
- Right level of support to meet individual needs and carers needs
- Improving access to universal services
- Next steps support to help people move on from services
- Specialist Deaf social worker (BSL level 3) – could contact via face time and sort out problems efficiently.
- Staff who have Deaf Awareness training - compulsory staff training.
- Visual prompts for staff about working with Deaf people
- Welfare Rights support
- Timely support
- Timely, efficient (and if needed direct) referral process
- Advocacy
- Flexible responses to need
- New and different relationships with professionals

We asked people 'what are your top three priorities'?

This is what they told us:

- Access to services / support (information, physical, communication and timely/ responsive).
- Specialist services (advocacy, befriending, welfare rights, progressive conditions, health services, early intervention / prevention).
- Co-production (involving people in all aspects of: their lives, services, commissioning, recruitment, training. Creating social enterprises and user led services).

We asked people what models they want to look at.

This is what they told us:

- DIAL in Dartford – as a one stop shop for information
- Dial a Ride schemes
- Scotland in terms of user led services
- Independent Living Centres
- Guide Dogs service in North Wales working with children ('Movement Matters')
- Bridgend has information available in British Sign Language
- Gloucestershire – people with Huntington's
- Paul Williams- equality officer in Bridgend (Deaf)
- Residential care settings for Deaf people in Carmarthenshire

- Sheffield as a good county in terms of using continuing healthcare monies more effective Star centre in Cheltenham
- RNIB college in Hereford
- Carmarthen – early intervention scheme. Education pays for rehab to work with children with sight loss

What are the Commissioning challenges?

Meeting increasing levels of need

The data tells us that we will have to meet the needs of more people with a wider range of issues including people with sensory impairment alongside other long term, complex conditions, who will require higher levels of support. In particular, older people with dementia and Black Minority Ethnic communities which may require a different access to service arrangement.

Delivering a new model of support to deliver services which support people to do more of what matters to them

The Social Services and Wellbeing (Wales) Act 2014 has prompted the development of a new model of support for people with care and support needs. We expect to see a shift in the way people are supported away from traditional, formal services to more community based, preventative and user led options. Our commissioning arrangements will adopt more co- productive ways of working and will be directed by the outcomes that have been co-produced locally.

Managing reducing resources

The financial resources we have available are reducing year on year and will continue to do so. We can deliver better outcomes and achieve savings by making better use of universal services and by promoting and supporting access to them rather than bringing people into formal service systems unnecessarily.

Making better use of the resources we currently spend will be addressed through co-productive approaches to re-modelling services and approaches. An example of this is the work that has already begun to re-model our approach to Supported Living in Swansea.

Shifting resources

8.5.4 We will manage a shift of resources away from tiers 3 and 4 towards tiers 1 and 2 of 5% over the next three years in Adult Services.

Western Bay

- Access to better range of information, advice and assistance in their care and support, such as direct payments and assistive technology, as well as support to carers, and that communication aids such as hearing loops are available at all main public access points including GP surgeries and hospitals.
- Creating communities that are inclusive and accessible to people with sensory impairment. Promoting professional and public awareness of the need for better lighting.
- Future commissioning intentions are developed through coproduction and engagement, and then made clear in that Western Bay publishes a 'sensory plan' aimed at improving health and well-being outcomes for local population.

This should include a public health campaign, wellbeing interventions and preventative approaches to sensory impairment.

- Persons with disabilities may be more vulnerable to secondary and age related conditions and premature death
- There is a gap in information held about physically disabled people. This needs to change to help people access relevant services
- Future planned housing should be built to Lifetime Homes Standards to support healthy aging and promote independence
- Organise health care through primary and community care services rather than just around hospitals

Appendix 4: Learning disability, Mental Health and Physical Disability Commissioning Review Timeline – Gateway Two Timeline

	Jan 18	Feb 18	Mar 18	Apr 18	Ma 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Mental Health Sup Housing						■												
Day Services												■						
Res Care						■												
Dom Care																		■
LDSup Housing			■															
Res Care			■															
Dom Care																		■
Day Services												■						
PD Sup Housing						■												
Day Services												■						
Dom Care																		■
Res Care						■												

Safeguarding PDDC

The Safeguarding PDDC will play an integral part in developing the Commissioning reviews and advising the Cabinet Member on their progress and any changes that may be needed. The Committee Members will have an opportunity to look at the work done on the Commissioning Reviews so far and will have an opportunity to discuss issues with senior officers and the Cabinet Member prior to the Commissioning reviews going to Cabinet.

If we want Members to be truly involved in developing policy, we have to share papers and ideas with them prior to formally coming to Cabinet.

We had one informal meeting to discuss progress on the Commissioning Reviews to this point; Members were updated on the work since November 2015 when the progress commenced. We will be discussing the reviews at the December meeting of the Safeguarding PDDC.

The Commissioning processes are very much public processes and I would hope that members of the public will take part in this process as and when the opportunity arises.

Councillor R Doyle,

Chair of Safeguarding PDDC

Cyngor **Abertawe**
Swansea Council

Joint Report of the Cabinet Members for Health & Wellbeing and Children, Education & Lifelong Learning

Cabinet – 14 December 2017

Expansion of the Childcare Offer for 3 and 4 Year Olds

Purpose:	To seek approval to extend the Childcare Offer to other wards across Swansea
Policy Framework:	Childcare Act 2006 Healthy City Strategy/ Early Years Plan. Foundation Phase Policy
Consultation:	Access to Services, Finance, Legal, Education
Recommendation(s):	It is recommended that:

1) the proposals for the expansion of the Childcare Offer to the Phase 1 reserve areas (as detailed in 3.1) be re-affirmed.

2) the proposals to Welsh Government for the expansion of the Childcare Offer to a Phase 2 (as detailed in 3.5) be approved.

3) full rollout to all areas follows Phase 2 in line with Welsh Government funding confirmation.

4) the Director of People and Director of Place develop arrangements for the management of future capital funding opportunities.

Report Author:	Sian Bingham
Finance Officer:	Carol Griffiths
Legal Officer:	Stephanie Williams
Access to Services Officer:	Sherrill Hopkins

1. Introduction

1.1 The Welsh Government's (WG) "Taking Wales Forward" Programme identified free childcare as one of its main pledges for the next 5 years.

1.2 The childcare offer provides working parents with 30 hours of government-funded childcare and early education for 3 and 4 year olds for 48 weeks of the year.

1.3 The childcare offer combines the successful minimum of 10 hours a week of Foundation Phase provision during term times, with additional childcare up to 20 hours. During the weeks of the year when the Foundation Phase is not provided, qualifying children will receive 30 hours of childcare, supporting working families with the costs of holiday care.

1.4 The government-funded childcare is available:
- from the term following the child's third birthday and will continue until the child starts reception class in his/her primary school the September after their fourth birthday.
- if all parents in the household work the equivalent of at least 16 hours at national living wage or national minimum wage, therefore earning at least £107 per week.

1.5 Swansea was selected as 1 of 7 Local Authorities to work with the Welsh Government to pilot the new Childcare offer prior to full national rollout in September 2020.

1.6 The Offer of 30 hours of free early education and childcare per week to 3 and 4 year olds has been piloted in 7 wards across Swansea since July 2017 as well as Gwynedd, Anglesey, Flintshire,   Blaenau Gwent Caerphilly and Rhondda Cynon Taf. Gwynedd and Anglesey have been working together on a joint project. Other local authority areas will be added as the work to pilot the scheme continues.

1.7 Testing the offer is allowing the Welsh Government and the Local Authority to make sure that lessons are learnt in relation to what works and what doesn't, building on experience and evidence to deliver for all working parents in Wales.

1.8 Welsh Government expect the Offer to:
- be driven by parental choice
- be flexible
- provide an offer of provision through the medium of english and welsh
- respond to geographical demands
- provide high quality provision (e.g must be CSSIW registered, workforce etc)

1.9   The Welsh Government has committed to full rollout across Wales by the end of the current Assembly term in March 2020.

1.10   Across all 7 pilot LA areas Welsh Government has funding for 2,600 3 and 4 year olds during year 1. Swansea's proportional share of this is 258 children for the Autumn term.

2.   Progress to date

2.1   In Swansea the Childcare Pilot went live in July 2017 across 7 wards that were approved in Cabinet in March 2017. The areas chosen fall into 2 categories:

1. Testing "all on one" sites – selection of wards with schools that provide the Foundation Phase as well as already registered CSSIW wrap around, after school and holiday childcare on site. These areas are Dunvant, Penclawdd, Llangyfelach and West Cross.
2. Testing wards with high levels of childcare providers/places in the wider community provided (via day nurseries, childminders, out of school childcare and playgroups etc) and low levels of school on site childcare. These areas are Morriston, Pontarddulais and Gorseinon.

2.2   In addition, the Cabinet Report identified a further 3 reserve wards should the Welsh Government target at a local and/or national level require additional areas in order to be achieved. The Wards identified were Llansamlet, Penllegaer and Gowerton.

2.3   The Offer has been widely publicised and promoted, examples include staff attendance at school fetes (in the selected wards), letters to parents deemed eligible for the "Offer", development of publicity materials and leaflets, events via the Family Information Service and other community activities, delivery of several provider engagement events. A particular focus will be raising eligible parents awareness of the fact that they can access holiday care under the "Offer" as well as term time care.

2.4   To date 170 applications have been received and 133 applications have been processed and confirmed as eligible to receive the Offer. 64 CSSIW registered childcare settings have signed up to the Offer. According to Welsh Government there has been a 66% take-up of the Offer in Swansea, which compares favourably to the national average of 59%.

2.5   To date there have not been any known issues in relation to the lack of available childcare places.

2.6   Whilst no formal evaluation and customer feedback has been undertaken,   some example of positive outcomes as a direct result of the "Offer" include:
   o   Anecdotal evidence suggesting that there is less reliance on informal childcare amongst parents currently eligible for the "Offer"

- o Some parents being in a position to increase the number of hours their child/ren attend formal childcare.
- o Evidence of WG initiatives dovetailing e.g Pace and the Childcare Offer.
- o Eligible parents able to improve quality of living with the reduction of their childcare costs.
- o 2 full day care settings in particular have reported that brand new children have accessed their settings.

2.7 In addition it should be noted that the Pilot has been a good example of effective collaborative working across a number of departments and sections within the Council as well as with a variety of external stakeholders.

2.8 Learning from the Pilot to date includes:
- o The difficulty in widely promoting the "Offer" due to the fact that this is not available across the whole of Swansea, which makes it difficult, especially advertising via social media.
- o The ever evolving nature of the "Offer"
- o The importance of recognising the IT system as a "pilot", as the system continually needs to respond to changing needs and demands.
- o The "pilot" has focused on electoral wards as opposed to the geographical areas/communities which has been difficult in terms of promoting the Offer.
- o The difficulty in achieving any firm conclusions in respect of outcomes due to the small scale of the "pilot".

3. Expansion

3.1 A Welsh Government letter dated 30 October 2017 has been received in which invites the Council to extend the Offer to its reserve areas: Llansamlet, Penllegaer and Gowerton.

3.2 In addition Officers have been approached by Assembly Officials in relation to a further Phase 2 expansion.

3.3 Capital funding for the Childcare Offer of £60million over 2017/18, 2018/19 and 2019/20 has been included in the Welsh Government's draft budget. It is understood that business cases for the capital funding will be invited in the New Year with an expectation of linkages with other capital funds such as the 21st Century Schools and Flying Start etc.

3.4 The commitment is for the Offer to be available to all areas across Wales by the end of the current Assembly term. An implementation plan will be developed as soon as further details are known in relation to the Welsh Government's plans to achieve the full rollout. In addition, arrangements will be developed to respond to opportunities to access capital funding for the Offer.

3.5   It is proposed that the remaining stages of expansion adopt a geographical approach.   Phase 2 proposals have been identified following an analysis of the current pilot areas and the need to link surrounding Wards to reflect whole communities. The North West area of Swansea has been identified for Phase 2 as particular difficulties have occurred during the Pilot in relation to families identifying themselves as living in Gorseinon however not being in the actual electoral ward and have therefore not been eligible. In addition the proposed cluster   of wards for Phase 2 provides the opportunity to include Penderry which is not only of the most deprived areas in Wales however also enables linkages between employability programmes and a newly established childcare facility in the area. It is therefore proposed that the following areas are submitted to Welsh Government as Swansea's Phase 2 expansion:

Penderry, Kingsbridge, Upper Loughor Lower Loughor, Penyrheol, Cockett.

3.6   It will be necessary to await confirmation from Welsh Government prior to implementation. As such it is not yet known when implementation of Phase 2 will begin.

4. Risks and Issues

4.1   That it is difficult to estimate the eligibility and take-up which could result in Swansea not maximising or exceeding the available budget. *Mitigation: This is a Welsh Government commitment. It has already been flagged up with Welsh Government as an issue and forms part of the cost modelling and monitoring that Welsh Government Officials are undertaking at every stage of the rollout of the Offer.*

4.2   That providers and schools may not want to sign up to the scheme and its requirements. *Response: The scheme is about parental choice and early dialogue with relevant schools and providers will be beneficial. To date this has not been an issue as there has been a high level of positivity.*

4.3   That families not living in a year one pilot area will feel aggrieved. *Response: There is a WG commitment to rollout across Wales within the next 2 years.*

4.4   That there is insufficient childcare in the right place, in the right language and at the right time to meet parental demand. *Response: This will continue to be monitored via feedback and also intelligence gathered. Consideration will also be given to any opportunities arising from Welsh Government Capital funding.*

4.5   That parents choose the 20 hours childcare and decide not to take up the Foundation Phase offer. *Response: The pilot will be important for the*

future development of the scheme and early education in Swansea. To date this has not been a significant factor.

4.6 Capacity within the Early Intervention Services to administer and manage the Offer robustly as it expands. *Response: Subject to confirmation of its continuity, full use of the administration grant from WG will be made as soon as it is clear what the demands will be when operating at a greater scale.*

5. Next Steps

5.1 Informing WG of Swansea's expansion proposals and awaiting confirmation that these can be implemented and levels of resourcing that will be received.

5.2 Collaborating with colleagues in Education and IT relating to the plan for expansion so that systems reflect any new areas.

5.3 Informing key stakeholders of any approved plans for expansion.

5.4 Engaging and involving key stakeholders such as schools and childcare providers on a phase by phase basis.

5.5 Informing parents / carers in the new areas.

5.6 Seeking formal feedback from existing parents/carers and providers as well as feeding into the national evaluation.

5.6 Ensuring sufficient capacity to manage the Offer as it is rolled out Swansea wide.

5.7 Developing capital business cases to respond to identified demands/pressures.

5.8 Implementing processes for the management of the Additional Learning Needs element.

6. Equality and Engagement Implications

6.1 A full Equality Impact Assessment report was drafted at the beginning of the pilot and continues to be updated - please see background paper). Consultation and engagement (in an accessible way) continues throughout the process and the EIA will continue to demonstrate further developments.

7. Financial Implications

7.1 To date funding from WG has been received for the Pilot as separate elements i) funding for the administration of the Pilot ii) funding to fully

cover the payment to providers for the 20 hours childcare iii) funding in relation to supporting children with additional learning needs.

7.2 No formal financial documentation has been received from WG at this stage for expansion however any WG approved areas will be subject to the standard national fee per hour per child. The purpose of this Report is to seek approval to the proposed plan for expansion in order to enable planning to continue.

7.3 No formal details have been received in relation to the Capital Funding for the Childcare Offer.

8. Legal Implications

7.1 The Childcare Act 2006 places a duty on local authorities to secure as far as is reasonably practicable, sufficient childcare for working parents in their area. In addition the Education (Nursery Education and Early Years Development and Childcare Plans (Wales) (Amendment) Regulations 2005 place a duty for Local Authorities to provide a free part time, good quality education place the term following a child's third Birthday. This initiative will assist in meeting this duty.

7.2 No formal contractual documentation has been sent from Welsh Government at this stage. This will be scrutinised by the legal department when it is received.

Background Papers: EIA Screening Form

Appendices: None

**Report of the Cabinet Member for Children,
Education & Life Long Learning**

Cabinet – 14 December 2017

Workways+ Project – European Social Fund Grant Extension and Additional Funding Acceptance

Purpose:	To seek approval to extend the Workways+ project to 2022 and approve the increase in grant allocation from WEFO.
Policy Framework:	Swansea Bay City Region Economic Regeneration Strategy.
Consultation:	Access to Services, Finance, Legal.
Recommendation(s):	It is recommended that Cabinet:

1) Note the progress achieved by the project to date.
2) Authorise the Head of Financial Services, acting as the Authorising Contact for the Project, to accept the Grant Extension and Additional Funding Offer made by the Welsh European Funding Office (WEFO).
3) Note that regular reports are to be made on progress to the External Funding Panel.

Report Author:	Kathryn Donnan
Finance Officer:	James Moore
Legal Officer:	Debbie Smith
Access to Services Officer:	Catherine Window

1. Introduction

1.1 Workways + is an employability project supported by the European Social Fund (ESF) within the South West region. The project focuses on a narrow target group of those who are 25+ and long term unemployed or economically inactive, with complex barriers to employment but living outside of Communities First wards. (Communities First wards are currently served by the national 'Communities 4 Work' ESF project only).

1.2 Approval of the project was granted on 9th February 2016, with staff recruitment undertaken throughout April and May 2016. Following staff appointments, the project started delivery during June 2016.

1.3   The team is now well established and continually working to engage new participants and maintain existing contacts with different venues, referral organisations and employers.

2.   Project Delivery

2.1   In April 2017 WEFO were considering the WW+ programme being extended to the end of November 2020, by reviewing the figures and performance to date. However, before this reprofile could be finalised, WEFO approached the project in May 2017 to offer a delivery end date of December 2022 with an additional £10 million of funding.

2.2.   After consultation with all the Regional Partners the additional funding, offered to the project by WEFO, has been accepted by the Regional Management Team in Neath Port Talbot Council. As a result, all regions within the project have reprofiled their project finances and outcomes to run until December 2022. The additional £10 million has been divided across the Regional Partners based on the profiled delivery outcomes. Due to the success of the project delivery in Swansea, we have been awarded a greater proportion of the additional grant money than any other Regional Partner.

2.3   The figures achieved to date are in the table below and the reprofiled figures can be seen in the background papers :

WEFO Output	Original Target Nov'18	Revised Target Dec'22	Achieved October 2017
Participants Engaged	917	1591	270
Entering employment including self-employment upon leaving	206	358	74
Gaining a qualification or work relevant certification	459	796	29
Completing work experience placement or volunteering opportunity	367	636	53
In employment 6 months after leaving	93	162	3
Engaged in job search upon leaving	172	2	0

2.4   Difficulties have been experienced in procuring training provision due to the absence of a regionally procured training framework, however with the revised project approval imminent from WEFO to December 2022 and the regional framework being in place by June 2018, at the latest, the gaining a qualification or work relevant certification outputs will increase, with the target being met by December 2022. Crucially the project has already achieved 21% of its employment target against the new profile, so is on track to meet the target of 358 by December 2022.

2.5   The additional budget and time will also allow for additional staff to be recruited to support the client group and increase performance of the project in certain areas, namely qualifications and work experience placements.

3   Project Governance

3.1   Advice was sought from Swansea Council's procurement team before any training was procured for individuals on the project participants and more recently on setting up a Local Training Framework. Training is procured in line with Swansea Council's CPRs and European Funding procurement rules and regulations.

3.2   The Service Level Agreement (SLA) between each of the joint beneficiary authorities, acting as delivery agents, and Neath Port Talbot County Borough Council as Lead Beneficiary was signed on the 18th October 2017 and each beneficiary has a copy of the signed SLA.

3.3   Neath Port Talbot County Borough Council have established a Regional Management Team in their capacity as Lead Beneficiary. As Joint Beneficiary, Swansea Council is responsible for ensuring key officers provide information to the Regional Team for monitoring of project outputs and expenditure on a quarterly and monthly basis, respectively. The formal role for leading on the delivery of the project in Swansea, along with monitoring performance and expenditure, is undertaken by an External Funding Programme Officer, located in the Economic Development and External Funding service who is also be responsible for a team of Mentors and Employment Liaison Officers. The External Funding Programme Officer will be line managed by the External Funding Manager, as part of the Economic Development and External Funding service. The formal reporting of finance and output information will be collated by the External Funding Programme Officer with the support of External Funding Officers for onward transmission to the Regional Management Team.

4.   Equality and engagement implications

4.1   Every European programme is subject to a full Equality Impact Assessment, which are available for public consultation as programme development progresses. See Appendix for the EIA screening form. Projects and business plans developed for submission to the programme must detail how they will address equality issues as a cross-cutting theme. The level of integration of equality into project design is part of the formal development and assessment process for every business plan and project seeking European funding. These cross-cutting themes are included within the Business Plan and cover:

- equal opportunities and gender mainstreaming;
- Welsh language;
- sustainable development; and
- tackling poverty

4.2   The Business Plan (Further Strategic Criterion – Cross-Cutting Themes) addresses the specific ways in which these themes will be addressed throughout implementation of the project.

4.3   In line with the Equality Act 2010 and Public Sector Equality Duty for Wales, the City and County of Swansea will ensure that the project adheres to the City and County of Swansea Strategic Equality Plan 2016-2020 and Neath Port Talbot County Borough Council Strategic Equality Plan 2015-2019, meeting the higher requirements of each local authority's standard procedures.

5.   Financial Implications

5.1   Approval of the project was expected by 31st December 2015, with a 3 year project duration, and a start date of 1st January 2016. Cabinet approved the project on 3rd December 2015 with WEFO approval being granted on 9th February 2016. The project started delivery during June 2016.

5.2   A number of issues were taken into consideration then the business plan was developed, based on experience from the current programming round:
*   The use of 15% flat rate for overhead costs removed the need for an audit trail for certain internal transactions and has also met part of the match funding requirement for the programme.
*   The programme is smaller in scale given that staffing resources will be more limited than the previous programme. The 15% flat rate overhead will also reduce administrative burden particularly in relation to audit. The team is proportionate to the scale of the programme based on experience from the previous round.
*   Redundancy costs are included to cover for the duration of the programme.
*   Procurement advice is and will be sought as required and will build on good practice established via previous EU programmes.
*   Internal match funding requirement being kept low using internal staff time and flat rate overhead.
*   Document retention and storage arrangements are now following the central archiving arrangement led by the Economic Development and External Funding service, as agreed at Executive Board in June 2014.

5.3   Projected Budget
*   Total Project Cost: £4,991,129.00
*   Total ESF Grant: £3,975,504.00 (79.65%)
*   Total Match Funding: £1,015,625.00 (20.35%)

5.4   With match funding comprised of:
*   Staff in-kind match: £580,839.63
*   Flat rate overhead contribution (part of 15% flat rate overhead allocation): £435,131.36

5.5   Neath Port Talbot County Borough Council assumed full responsibility for the European Grant when they signed the offer letter with WEFO. The SLA means that in the event of a breach of the terms of the offer letter, the Authority will be required to repay grant accordingly. The same controls are applied to delivery of Swansea's element of the Workways project as would be applied to direct delivery to WEFO.

5.6   No other costs to be incurred and appropriate management arrangements will be implemented to ensure successful grant compliance and audit.

6.   Legal Implications

6.1   Documentation prepared to support implementation of current collaborative arrangements will need to be reviewed against updated WEFO and related Welsh Government guidance, taking into account lessons learned from current implementation arrangements.

6.2   Generally the terms attached to EU Grant Funding are legally binding and should be formally recorded in an appropriate document/contract with external delivery partners as required.

6.3   Procurement rules (both EU and the Council's) will have to be fully complied with in all respects, whether in relation to inter-authority services or the procurement of services from external delivery agents.

6.4   The Council will have to comply with all Conditions attached to the offer letters from Welsh European Funding Office.

6.5   Any documentation entered into as referred to in this Report will have to contain any necessary clauses required by the Head of Legal Democratic Services and Business Intelligence and the Head of Financial Services to protect the Council's interests so far as they are able.

Background Papers:
Cabinet Report and Approval – 3 December 2015
Workways+ Business Plan
C80896 - NPT - Reprofiled Outputs Version 1D
Swansea - ext to Dec 2022 - June 2017 - draft v2
Workways SLA Agreement (Signed Original with Legal)

Appendices: EIA Screening Form

Equality Impact Assessment Screening Form

Please ensure that you refer to the Screening Form Guidance while completing this form. If you would like further guidance please contact your directorate support officer or the Access to Services team (see guidance for details).

Section 1
Which service area and directorate are you from?
Service Area: Planning and City Regeneration
Economic Development and European Funding
Directorate: Place

Q1(a) WHAT ARE YOU SCREENING FOR RELEVANCE?

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
☐	☐	☒	☐	☐	☐

(b) Please name and describe below
Workways+ Project
European Social Funded Project
7 year duration – commenced June 2016 and continuing to December 2022
Regional Project, led by Neath Port Talbot County Borough Council.
The Workways+ project is aimed at, as required under Priority Axis 1:
Tackling Poverty through Sustainable Employment, Specific Objective 2, To increase the employability of Economically Inactive and Long Term Unemployed people aged 25 and over, who have complex barriers to employment.

Q2(a) WHAT DOES Q1a RELATE TO?

Direct front line service delivery	Indirect front line service delivery	Indirect back room service delivery
☒ (H)	☐ (M)	☐ (L)

(b) DO YOUR CUSTOMERS/CLIENTS ACCESS THIS…?

Because they need to	Because they want to	Because it is automatically provided to everyone in Swansea	On an internal basis i.e. Staff
☐ (H)	☐ (M)	☒ (M)	☐ (L)

Q3 WHAT IS THE POTENTIAL IMPACT ON THE FOLLOWING…

	High Impact (H)	Medium Impact (M)	Low Impact (L)	Don't know (H)
Children/young people (0-18)	☐	☐	☒	☐
Any other age group (18+)	☐	☒	☐	☐
Disability	☐	☐	☒	☐
Gender reassignment	☐	☐	☒	☐
Marriage & civil partnership	☐	☐	☒	☐
Pregnancy and maternity	☐	☐	☒	☐
Race	☐	☐	☒	☐
Religion or (non-)belief	☐	☐	☒	☐
Sex	☐	☐	☒	☐
Sexual Orientation	☐	☐	☒	☐
Welsh Language	☐	☐	☒	☐
Poverty/social exclusion	☐	☒	☐	☐
Carers (inc. young carers)	☐	☐	☒	☐
Community cohesion	☐	☐	☒	☐

Equality Impact Assessment Screening Form

Q4 **HAVE YOU / WILL YOU UNDERTAKE ANY PUBLIC CONSULTATION AND ENGAGEMENT RELATING TO THE INITIATIVE?**

☐ YES   ☒ NO   **(If NO, you need to consider whether you should be undertaking consultation and engagement – please see the guidance)**

If yes, please provide details below

Equality Impact Assessment Screening Form

Q5(a) HOW VISIBLE IS THIS INITIATIVE TO THE GENERAL PUBLIC?

High visibility	Medium visibility	Low visibility
☐ (H)	☐ (M)	☒ (L)

(b) WHAT IS THE POTENTIAL RISK TO THE COUNCIL'S REPUTATION?
(Consider the following impacts – legal, financial, political, media, public perception etc...)

High risk	Medium risk	Low risk
☐ (H)	☐ (M)	☒ (L)

Q6 Will this initiative have an impact (however minor) on any other Council service?

☐ Yes   ☒ No   **If yes, please provide details below**

Q7 HOW DID YOU SCORE?
Please tick the relevant box

MOSTLY H and/or M ⟶ HIGH PRIORITY ⟶ ☐ **EIA to be completed**
                                                          Please go to Section 2

MOSTLY L ⟶ **LOW PRIORITY /** ⟶ ☒ **Do not complete EIA**
                NOT RELEVANT   **Please go to Q8**
                                                           followed by Section 2

Q8 If you determine that this initiative is not relevant for a full EIA report, you must provide adequate explanation below. In relation to the Council's commitment to the UNCRC, your explanation must demonstrate that the initiative is designed / planned in the best interests of children (0-18 years). For Welsh language, we must maximise positive and minimise adverse effects on the language and its use. Your explanation must also show this where appropriate.

The project is funded by ESF grant, no core funds are required, with the exception other than staff in kind match funding. By the very nature of a EU funded project, all delivery must be additional to what is available via core services and provision.

The project, as set out in the business plan, identifies the main objectives of the operation in line with the Cross Cutting Themes, which ensures that the operation fulfils its statutory obligations.

The main objective of the Operation is to help people aged 25+ who are economically inactive or long term unemployed into employment. The Workways+ Mentors will use a person centred approach to ensure that each participant receives the support required to overcome their barriers to employment. The Workways+ Employment Liaison Officers will work alongside the Mentors to support the work ready participants. They will also liaise with employers to ensure that the employers are supported and understand the needs of our participants.

In line with the Equality Act 2010 and Public Sector Equality Duty for Wales, the City and County of Swansea will ensure that the project adheres

Equality Impact Assessment Screening Form

to the City and County of Swansea Strategic Equality Plan 2016-2020 and Neath Port Talbot County Borough Council Strategic Equality Plan 2015-2019, meeting the higher requirements of each local authority's standard procedures.

The Cross Cutting Themes are:
- Equal Opportunities
  - Equal Opportunities and Gender Mainstreaming
  - Welsh Language
- Sustainable Development
- Tackling Poverty and Social Exclusion

In addition to the equality duty, the City and County of Swansea is committed to ensuring that the UNCRC are embedded into policy and practice. Due regard will be given for Children's Rights in the delivery of the project.

Section 2

NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email – no electronic signatures or paper copies are needed.

Screening completed by:
Name: Kathryn Donnan
Job title: External and European Funding Programme Officer
Date: 16.11.17

Approval by Head of Service:
Name:
Position:
Date:

Please return the completed form to <u>accesstoservices@swansea.gov.uk</u>