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Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr

Bridgend County Borough Council



Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont, CF31 4WB / Civic Offices, Angel Street, Bridgend, CF31 4WB

*Rydym yn croesawu gohebiaeth yn Gymraeg.
Rhowch wybod i ni os mai Cymraeg yw eich
dewis iaith.*

*We welcome correspondence in Welsh. Please
let us know if your language choice is Welsh.*



Gwasanaethau Gweithredol a Phartneriaethol / Operational and Partnership Services

Deialu uniongyrchol / Direct line /: 01656 643148
Gofynnwch am / Ask for: Mr Mark Anthony Galvin

Ein cyf / Our ref:
Eich cyf / Your ref:

Dyddiad/Date: Thursday, 23 March 2017

Dear Councillor,

COUNCIL

A meeting of the Council will be held in the Council Chamber, Civic Offices, Angel Street, Bridgend, CF31 4WB on **Wednesday, 29 March 2017 at 3.00 pm.**

AGENDA

1. Apologies for absence
To receive apologies for absence from Members.
2. Declarations of Interest
To receive declarations of personal and prejudicial interest from Members/Officers in accordance with the Members' Code of Conduct adopted by Council from 1 September 2008.
3. Approval of Minutes 3 - 16
To receive for approval the minutes of a meeting of Council dated 1 March 2017.
4. To receive announcements from:
(i) Mayor (or person presiding)
(ii) Members of the Cabinet
(iii) Chief Executive
5. To receive the report of the Leader
6. Western Bay Population Assessment 17 - 90
This item will be supported by a presentation from the Corporate Director – Social Services and Wellbeing
7. Delegation to Chief Officers - Election Period 91 - 92
8. Shared Regulatory Services - Review of Joint Working Agreement 93 - 102
9. To receive a Notice of Motion (proposed by Councillor MEJ Nott) 103 - 104
10. Urgent Items

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To consider any item(s) of business in respect of which notice has been given in accordance with Part 4 (paragraph 4) of the Council Procedure Rules and which the person presiding at the meeting is of the opinion should by reason of special circumstances be transacted at the meeting as a matter of urgency.

Yours faithfully

P A Jolley

Corporate Director Operational and Partnership Services

Councillors:

S Aspey
N Clarke
HJ David
G Davies
GW Davies MBE
PA Davies
E Dodd
DK Edwards
L Ellis
N Farr
EP Foley
CA Green
M Gregory
EM Hughes
CJ James
P James
RM James
RD Jenkins

Councillors

PN John
B Jones
CL Jones
M Jones
RC Jones
DRW Lewis
JE Lewis
JR McCarthy
HE Morgan
LC Morgan
MEJ Nott OBE
AD Owen
DG Owen
D Patel
RL Penhale-Thomas
G Phillips
DR Pugh
CL Reeves

Councillors

M Reeves
D Sage
CE Smith
JC Spanswick
G Thomas
M Thomas
JH Tildesley MBE
HJ Townsend
E Venables
KJ Watts
C Westwood
DBF White
PJ White
HM Williams
R Williams
M Winter
RE Young

COUNCIL - WEDNESDAY, 1 MARCH 2017

MINUTES OF A MEETING OF THE COUNCIL HELD IN COUNCIL CHAMBER, CIVIC OFFICES ANGEL STREET BRIDGEND CF31 4WB ON WEDNESDAY, 1 MARCH 2017 AT 2.00 PM

Present

Councillor RC Jones – Deputy Mayor

S Aspey	N Clarke	HJ David	G Davies
GW Davies MBE	PA Davies	E Dodd	DK Edwards
N Farr	EP Foley	CA Green	M Gregory
EM Hughes	CJ James	P James	P John
CL Jones	M Jones	DRW Lewis	JE Lewis
JR McCarthy	HE Morgan	LC Morgan	MEJ Nott OBE
AD Owen	D Patel	RL Penhale-Thomas	G Phillips
CL Reeves	M Reeves	CE Smith	JC Spanswick
G Thomas	M Thomas	JH Tildesley MBE	HJ Townsend
KJ Watts	C Westwood	DBF White	PJ White
HM Williams	R Williams	M Winter	RE Young

Officers:

Susan Cooper	Corporate Director - Social Services & Wellbeing
Nicola Echanis	Head of Education & Family Support
Deborah Exton	Group Manager - Finance
Mark Galvin	Senior Democratic Services Officer - Committees
Randal Hemingway	Head of Finance & Section 151 Officer
Andrew Jolley	Corporate Director Operational & Partnership Services
Darren Mephram	Chief Executive
Mark Shephard	Corporate Director - Communities
Kevin Stephens	Democratic Services Assistant

713. APOLOGIES FOR ABSENCE

Apologies of absence were received from the following Members:-

Councillor RD Jenkins (The Mayor)
Councillor D Sage
Councillor D Owen
Councillor B Jones
Councillor RM James
Councillor E Venables
Councillor D Pugh

714. DECLARATIONS OF INTEREST

None.

715. APPROVAL OF MINUTES

RESOLVED: That the Minutes of a meeting of Council dated 1 February 2017, be accepted as a true and accurate record.

716. TO RECEIVE ANNOUNCEMENTS FROM:

Mayor

The Deputy Mayor (in the Mayor's absence) confirmed that as Members were aware, Councillor Megan Butcher sadly passed away in February and her funeral was held last week. She took the opportunity to say a few words about Megan as she felt that she was an exceptional Councillor who over the years worked extremely hard for her community and numerous local charities.

Megan had the honour of being elected the first Mayor of Bridgend County Borough in 1996, and set a very high standard for subsequent Mayor's to live up to. Indeed the amount of money that she raised for her charities during her year has yet to be surpassed.

Megan was always generous with her time and had more energy than someone half her age, whenever anyone saw Megan she was rushing off to the next appointment of the day, whether it be as a Councillor or a proud mother and grandmother.

However, what struck the Deputy Mayor most about Megan was her positive "can do" attitude. She didn't wait for someone else to step in when she saw something that needed fixing, but rather she jumped in herself and everyone else was swept along with her! She was a true force of nature and will be sorely missed.

To honour Megan therefore, the Deputy Mayor asked that Members/Officers all rise in the Council Chamber to observe a minute's silence.

Cabinet Members

None.

Chief Executive

The Chief Executive advised, that in line with the Well-Being of Future Generations (Wales) Act, the Public Services Board is carrying out a consultation intended to assess the state of well-being across Bridgend County Borough.

Information obtained through the consultation will be used in the production of the board's Well-Being Plan.

This plan will set out a series of objectives that identify priorities agreed by the board for the area, and must be published by next year.

The consultation is underway, and those present could find out more from the Council's web site website.

The Chief Executive advised that he would be submitting a report to Council on 28 March concerning the Welsh Government's White Paper on local government and will soon be contacting all group leaders as part of this.

717. TO RECEIVE THE REPORT OF THE LEADER

The Leader reported, that in response to the news about Bridgend Ford today the Council was urgently seeking to work closely alongside Welsh Government and its partners to support this company in maximising its potential for winning new work and enabling the plant's success to continue.

Together with our partners, the Authority would also be looking at how it can offer a range of help and support to employees, if any are affected by any potential redundancies.

Bridgend Ford has been fundamental to the local economy for 30 years, and the Council will be making every effort to ensure that this can continue he concluded.

718. CORPORATE PLAN 2016-20 - REVIEWED FOR 2017-18

The Chief Executive presented a report, seeking approval of the Council's reviewed Corporate Plan 2016-20 for 2017-18 that was attached to the report as an Appendix.

He advised that the Corporate Plan set out the Council's priorities for 2016-20 as well as defining the Council's commitments for 2017-18. It also sets the Council's well-being objectives under the Well-Being of Future Generations (Wales) Act 2015, and outlines how the Council's Medium Term Financial Strategy (MTFS) and other strategic plans will support the Council's core business/priorities.

The Chief Executive then gave a resume of the background of the Corporate Plan for the above period, and how this integrated with the above 2015 Act.

The Chief Executive then referred Members to the current Corporate Plan which had been reviewed for the 2017-18 period, with the review in the main, focusing on refreshing the Council's commitments and measures of success for the next financial year, and defining and integrating the Council's well-being objectives into the Plan.

The three corporate priorities of the Council were its improvement objectives under both the Local Government (Wales) Measure 2009, and the Well-Being of Future Generations (Wales) Act 2015.

Areas of the document had been identified for review by the Wales Audit Office following them undertaking the Corporate Assessment, and these were contained in paragraph 4.4 of the report. The Council's Corporate Resources and Improvement O&SC considered the reviewed Corporate Plan in January 2017, and proposed a series of amendments which had also been incorporated into the Plan.

The Chief Executive advised Council that the reviewed Plan needed to be published by 31 March 2017 in order to meet statutory and regulatory requirements.

He then concluded his submission, by referring to page 30 of the Plan where it identified its main aims, which were:-

- To help local people develop skills and take advantage of opportunities to succeed and to extend that success to every community in the County Borough.
- To create conditions for growth and enterprise, and
- To create successful town centres

The key projects and programmes that would help the Authority achieve these aims over the life of the Corporate Plan, were the City Deal, Strategic Review of Post 16 Education and Training, a Successful Economy Programme, and alignment of Welsh Government Grants.

A Member referred to page 32 of the report, and welcomed the proposal to look to increase traineeships and apprenticeships within the Council which he felt were much needed.

A Member also referred to page 32 of the report, and noted that the Council was receiving significant resources from WAG both this and the next financial year. With this in mind, he asked what was BCBC's vision tackling poverty going forward, particularly in households where no one was working.

The Chief Executive advised that the Council did have a number of different grant funding initiatives in place for the next 12 months, though there had been a reduction in Communities First grant funding. He added that the Authority would need to be more creative with grants, including where there was flexibility to do so, in prioritising schemes that were subject to grant funding. These grants however covered a number of different areas of the Authority which included poverty experienced by families and deprived areas. The Chief Executive further added, that funding was overall declining, and allocation of this to different areas of the Council would be fully decided upon in the first quarter of the new financial year.

The Cabinet Member for Wellbeing and Future Generations, referred to page 40 of the report and the second measure relating to the percentage of care leavers who have experienced homelessness during the year. She felt that in the paragraph that immediately followed in respect of people sleeping on the streets or on friends' sofas/B&B's etc, the last line of this containing the words "some of which is a young person's choice" should be deleted.

Members supported this small change to the document, which the Chief Executive confirmed would be actioned.

RESOLVED: That Council approved and adopted the reviewed Corporate Plan 2016-2020 for 2017-18, subject to the small amendment to the document confirmed immediately above.

719. MEDIUM TERM FINANCIAL STRATEGY 2017-18 TO 2020-21 AND COUNCIL TAX 2017-18

The Chief Executive and Section 151 Officer submitted a joint report, the purpose of which was to seek Council approval of the Medium Term Financial Strategy (MTFS) 2017-18 to 2020-21, which included a financial forecast for 2017-21, a detailed revenue budget for 2017-18 and a Capital Programme for 2017-18 to 2026-27.

The report also included the proposed Council Tax requirement for the County Borough Council for approval by Council, together with the requirements of the Police and Crime Commissioner for South Wales and Community/Town Councils.

The Chief Executive advised that the MTFS strategy enables the delivery of the Council's Corporate Plan which Members had just approved. The S151 Officer he confirmed would talk on the key points of the Financial Strategy and the implications for council tax setting, whilst he was going to give an overview of how the MTFS relates to the Corporate Plan as set out in paragraphs 3 of the report.

The Chief Executive confirmed that this year the Authority have added what is termed the budget narrative. This he advised was an attempt to include within the MTFS what the Councils Budget Strategy is. The MTFS was not a collection of budget cuts he emphasised. It more included changes or reductions to budgets, and naturally these get the headlines and greatest scrutiny, but the more important part of the Strategy was how the several hundred million pounds that we will be spending is directed, and what lies behind those choices.

He proceeded by stating that the section of the report headed Corporate Financial Overview, was an attempt to explain how the Council is funded and the difference between net revenue budget and what we actually spend. This part of the report also set out how the principles that Members had developed for the Corporate Plan influence the MTFs, such as operating as One Council, supporting communities and individuals to create their own solutions, focusing diminishing resources on those with the greatest need and ensuring all our resources, in this case financial, are used effectively and efficiently.

The subsequent sections of the report took in major service areas and set out the scale of the Council's expenditure in each of these areas, and the Deputy Leader intended to expand upon this, when he opened debate on the MTFs proposals.

The Chief Executive stated however, by way of example, within education there was a strong emphasis on increasing efficiency. Some changes that the report set out included:

- Raising money through increased efficiency and commerciality of the schools catering service
- Collaborating with other councils on the delivery of educational psychology services
- Continuing Phased implementation of the learner travel policy

Social Care and Wellbeing services already have a strong track record of efficiency, and the report noted that over the past 3 years this Council has delivered £9million of savings in Social Care, and that the Strategy for the next few years was to manage demand and introduce new ways of working. Ways that lessen dependency and enable people to maximise their independence.

Therefore changes in these services set out in the report included:

- Greater use of shared lives family based care and support scheme to reduce dependence on residential placements
- Investing in new extra care schemes
- Learning disability services being net within the community with less dependence on day services

The Chief Executive advised that the S151 Officer would concentrate more on the finer financial detail of the MTFs, but as Members would note, there are sections in paragraphs of the report that summarise the budget approach to each of the groups of Council services, such as Supporting the Economy, Public Realm, Housing, Regulatory Services and internal support functions such as Property, Legal and Human Resources, each of which have their own expressions of financial strategy that support the corporate plan.

In terms of the report financial context, the S151 Officer confirmed that in the immediate aftermath of the UK's decision to leave the European Union, the newly appointed Chancellor of the Exchequer, Philip Hammond, announced that the government would abandon his predecessor's target of achieving a UK government budget surplus by 2019-20. While this indicatively suggests a higher level of public spending than previously expected, the Institute for Fiscal Studies reported on 8 November a worsening position of c. £25 billion by 2020 and warned of the potential requirement for further austerity measures. The UK government has therefore set new fiscal targets which aim for 2% underlying deficit and debt falling by 2020, and a balanced budget as soon as possible thereafter

He continued by reminding Members that last December local authorities received the Final Local Government Settlement, with an headline figure being an overall increase of 0.2%. However, whilst this took into account a number of transfers into the settlement it also included funding for a number of additional responsibilities. There was an actual cash increase in AEF from 2016-17 of £123k, however, Bridgend's funding on a like-for-like basis was a reduction of £0.6m, or -0.3%. Unlike previous years, the final settlement did not include funding to protect school budgets.

The S151 Officer advised that in terms of Settlement Implications in respect of years 2018-2021, there was currently no indication of any local government settlements for 2018-19 onwards.

Against a highly uncertain background of wider public sector finances, the MTFS "most likely" scenario assumptions of an annual reduction in AEF of -3.2% for 2018-21 have been maintained.

The S151 Officer then referred to paragraph 4.11 of the report and the Current Year Financial Performance, ie the in-year financial position as at 31 December 2016 as shown in Table 1 in this part of the report. After allowing for movements to and from reserves, the overall projected position at 31 December 2016 was a net under spend of £418k.

With regard to Scrutiny and Challenge, further efforts had been made this year to secure greater involvement of stakeholders in the development of the MTFS, including an eight week consultation during October and November 2016, to which there had been 2,533 responses, which equated to a 65% increase on the number of responses received last year.

He added that the majority of respondents agreed with the idea of protecting some services over others, with schools and social services being the most popular areas for protection. Equally the majority of respondents felt that schools should be expected to make efficiency savings too. Overall, 10 of the 11 budget reduction proposals put forward received majority support. A full list of these was shown in Table 2 on page 73 of the report.

The S151 Officer stated that in addition to the public consultation, Cabinet and CMB had been working with the Budget Research & Evaluation Panel over the last 6 months to facilitate the budget planning process. The draft budget report approved by Cabinet in November had also been scrutinised by each of the Council's Overview and Scrutiny Committees, resulting in a report from the Corporate Resources and Improvement Overview and Scrutiny (CRI) Committee. Cabinet had considered the Committee's recommendations on the MTFS, and a response to these was provided in Schedule A to the report.

Turning to paragraph 4.21 of the report, he went on to say that Cabinet and CMB have reflected on the responses received from the public consultation and the CRI Committee and has made a number of changes to its budget reduction proposals as a result. In particular budget reductions impacting on the public realm have been significantly reduced. The proposal to cease proactive resurfacing has been removed (£215,000), gully cleaning frequency will not be reduced (£40,000), and weed spraying will be maintained at the current level (£15,000), as will management of rear lanes and footpaths overgrowth (£30,000). Furthermore, the budget includes a new fund to be targeted towards public realm improvements, with a recurrent budget of £400,000.

The S151 Officer then referred to paragraph 4.23 of the report and the MTFS Resource Envelope, and that the planning assumptions here were based on an annual reduction in

AEF of -3.2%, and an increase in Council Tax of 4.2% for 2018-19, 4.5% for 2019-20 and 4.5% for 2020-21.

He confirmed that the budget always factors in external pressures and this year was no different. He highlighted to Members however, the sheer scale of external cost pressures BCBC like other local authorities faced. An example of these were the national living wage, apprenticeships levy, and the fact that inflation had risen significantly over recent months. In total he added, the Council has unavoidable pressures of \$7.230m in 2017-18.

Referring to paragraph 4.26 of the report, the S151 Officer advised that Table 5 therein (Budget Reduction Scenarios) showed the Council's potential net budget reduction requirement based on the forecast resource envelope. This Table reflected that there was a need for the Authority to achieve £5.8m in reductions to achieve a balanced budget.

Table 6 on page 77 of the report then outlined the Risk Status of Budget Reduction Proposals (RAG status), with a full list of these contained in Appendix B to the report.

Table 10 on page 80 of the report then confirmed the Net Budget Funding, and showed a Council Tax Income of £70,455.437. Therefore, taking into account the growth in Tax Base, it was proposed that there be a 2.9% increase in Council Tax for 2017-18 on an average Band D property.

The S151 Officer then gave a bit more detail regarding the rationale behind Schools' Budgets. Unlike previous years, the final settlement from Welsh Government did not include funding for Local Authorities to protect school budgets. The Council recognises that school funding accounts for around a third of net revenue expenditure, and that protection inevitably leads to increased pressure on other budgets. The 2017-18 budget includes both a 1% efficiency target for schools and allowances for inflationary and inescapable pressures to be met centrally. Taking the above into consideration, there was a small increase in overall school budgets.

The S 151 Officer then referred to Council Reserves and Balances Protocol attached at Appendix F to the report. He advised that principle 8 of the Council's MTFS sought to increase the Council Fund to 2.7% of Gross Revenue Expenditure GRE.

A review of the Council's reserves was undertaken at period 6 and 9 of 2016-17. Appendix F he added, also set out the forecast movement in the Council's Earmarked Reserves by the end of 2016-17 and 2017-18.

The S151 Officer then referred to the 10 year Capital Programme, and explained that Appendix G to the report sets out the proposed Capital Programme. The Welsh Government capital settlement provided the Council with £6.288m in 2017-18. No allocations had been provided for 2018-19, so for now it is assumed that this level of funding will remain constant for future years.

In respect to paragraph 4.56 of the report, the schemes set out in Table 14 were proposed to be included within the Capital Programme for 2017-18 onwards. There were also potentially large capital pressures for which funding has not currently been identified. These included significant highways schemes, 21st Century Schools band B and a permanent depot solution. He stressed that difficult decisions may be required in future years, around their prioritisation against a scarcity of funding.

He added then that the Capital Programme also contained a number of fixed annual allocations, and it was proposed that they remained at current levels for 2017-18, as shown in Table 15 on page 88 of the report.

The S151 Officer confirmed that there was also a need to amend the budget for two of the schemes currently within the programme, namely Brynmenyn Primary School and Digital Transformation and ICT. The background and reasons for this were contained in paragraph 4.68 of the report, and briefly explained by the S151 Officer for the benefit of Members. Consequently, the amount of funding held within the Capital Programme would be reduced by £1.5m to £1m.

In respect of Council Tax for 2017-18, the S 151 Officer advised that the net requirement for the Council for this period was £258.093m, and the amount to be funded from Council Tax was £70,455,437. This equated to a Council Tax of £1,335.42 on a Band D property, which as was stated earlier on in debate, amounted to an increase of 2.9%.

The Police and Crime Commissioner precept will rise to £11,514,348, which equates to a Council Tax of £218.24 on a Band D property, a 5% increase. The average Council Tax for the County Borough for 2017-18 was shown in Table 18 on page 94 of the report.

In relation to paragraph 4.82 of the report, the Council was also required to approve the Council Tax charges for Band properties for each of the community areas, and these were detailed in Table 20 on page 96 of the report.

The S151 Officer then referred to the section of the report entitled Equality Impact Assessment, and advised Members that a high level EIA had been undertaken and details of this was contained in Appendix I of the report.

He proceeded by confirming that he was required to report annually on the robustness of the level of reserves, and advised that these were sufficient to protect the Council in light of unknown demands or emergencies and current funding levels. He was also required he added, to report to Council if he does not believe that he has sufficient resource to discharge his role as required by S114 of the Local Government Act 1988. He concluded that Members should note that there was sufficient resource to discharge this role.

The Deputy Leader began by thanking the S151 Officer and his team, the Chief Officers, elected Members and the 2,533 members of the general public who all helped to shape what was before Members this afternoon. The report demonstrated that at Bridgend County Borough Council we “Work Together To Improve Lives “. Since taking up the role of lead Member for finance, he stated that his aim has been to unwind the perception held by many, that the only thing the Council actually does is collect the bins. However, it begins with blocks on the wall to represent service areas, and he thanked all Members for re-shaping the budget before them today.

The Deputy Leader stated that he wanted to try and re-focus attention on what we intend to do over the MTFS period looking forward, so we can improve efficiency and improve outcomes for the residents we serve.

When it comes to setting a balanced budget, the Council needed to use the net figure of about £258m and it was a statutory duty to set a balanced budget. However the gross budget is closer to £400m.

We receive specific grants of about £106m and these come with set criteria he added, such as housing benefit, supporting people and protecting the environment.

Fees and charges raise about £30m and Welsh Government funding comes to about £188m.

This means that Council tax will need to be set at just over £70m. That was an average increase of 72p a week, for a Band D household.

So what do the Authority spend £400m on?

The early part of the report refers to the budget narrative, the figures used there are net and link to Table 9 in the report, however, the total spend on each service was much more.

The Council will spend £145m on Education and Family Support. There were 59 schools educating about 20,000 pupils. Beyond this it has committed £24.7m to our 21st century schools programme, this is match funded by Welsh Government.

Between 2016 and 2019 we were investing almost £50m to bring our schools in to the 21st century and equip them to deliver the best possible education for future generations.

The Council had also invested over £2.5 m in 7 Flying start units which have given more than 1,000 pre-school children a flying start to their education.

This year we asked schools to find a 1% efficiency saving, which underlines our "One Council" approach.

However, we recognise that schools like other services, face financial pressures which they cannot avoid and were outside their control. We shall provide additional central funding, to meet nationally agreed pay awards and price inflation. This extra cash mean that schools will see an increase in funding this year. This demonstrated BCBC's commitment to protect the schools delegated budget from cuts and this approach was well received at a recent schools budget forum.

The Council have increased schools funding year on year from £80.8m 5 years ago to over £86.9m today, an increase of more than £6m over the life time of the Labour administration.

After Education the next big spend is Social Care and Wellbeing. The Authority will spend almost £75m caring for about 3,500 Adults and about 1,400 children. In addition £5.9m would be committed to sport, play and active wellbeing which included £1.3m to Halo to run our leisure centres and swimming pools, a partnership that has brought many benefits to the County Borough.

He was pleased to say that the Council has committed up to £3m, to build not one but two Extra Care homes, one for the Valleys Gateway, and one for Maesteg. Even in these times of imposed austerity from the Westminster government, the Council were committed to protect those who are in greatest need.

We are also aware that many concerns raised by the public and members relate to the Public Realm. The County Borough covers a land area of 28,500 Ha with 142,000 residents living in 63,549 homes. We have over 1348 Km (837 miles) of highways to maintain, which supports over 45,118,096m motor vehicle movements per year.

Investment in the Public Realm has inevitably taken a hit to enable continued investment in Education and Social Care, which is largely demand led.

£45 m will be spent on Community related services.

Much of this was grant money, where there is very little room for discretion.

Collection and disposal of waste is likely to be about £11m this year, which equates to about £173 per household.

Another £6m is spent on Highway maintenance. These are much smaller figures in comparison for very visible services.

A major challenge for the Council is how we manage public expectation and therefore it had listened to Members and the public through our consultation, and recognised their concerns. Therefore, it would establish a new recurrent fund of £400,000 to protect and invest in the Public Realm. The Council also hoped to work with Town and Community Councils to maximise the impact this new fund will have on things that matter locally.

Supporting the economy is a Corporate Priority and is seen as essential in raising economic prosperity for all.

The Authority recognised the importance of our main towns as meeting places, so in partnership with others we are seeking to invest around £20m, to make Bridgend, Maesteg and Porthcawl even more inviting for people to live, work and visit.

The City Deal will provide a once in a life time chance to make a positive impact on the County Borough.

Over the next 20 years the UK Government, Welsh Government and 10 Local Authorities across S.E. Wales will invest £1.2 billion in our region, which was expected to attract an additional £4 billion of private sector investment. This investment will deliver a single ticket fully integrated Metro system and 25,000 new jobs, just in time for when our youngest community residents leave education and enter the work place. BCBC's price tag for this is about £20 m over the life of the deal.

There are services that only the Council can provide like Public Protection. Public Protection Officers make sure that takeaway food and that the air we breathe are not harmful, and also that noise nuisance issues are dealt with appropriately.

The Council also provided Registrars, to record Births, Deaths and Marriages. It still had a housing service, with a statutory duty to address housing need, and combat homelessness.

In terms of Council tax and benefits, it would collect over £70m in Council tax, and hand out £50m in housing benefit, which can generate over 100,000 letters when people move into or around the County Borough.

There were a number of things the Council does to support the delivery of services.

Property and building maintenance, manage the Councils many assets, and our enhanced disposals programme helps support the investment in Schools, Extra Care and Highways. This year the Council hoped to generate around £1.75m from sales of surplus assets to add to the £14.3m received over the last few years.

Legal Services kept the Authority on the right side of the law and one third of this service is focused on child protection cases.

Finance followed the money to ensure transparency and accountability of the public purse. The team work incredibly hard, improving the transparency of the system helping him and others understand what can be a very complex network of activity.

Capital financing costs the Council around £13.6m and the team ensure we get best value in an acceptable risk.

HR oversees the needs of our 6,000 employees and has recently had to deal with the introduction of the Welsh Language Standards.

We also now lived in a Digital Age the Deputy Leader added. ICT and Digital play a vital role in delivering services. Around £8m would be invested to ensure we are flexible and convenient to our customers. The transformation will be organic taking staff and customers along at a pace that is comfortable for all.

These other services cost the Council around £25m.

Finally, Democratic services cost to the public of 54 democratically elected members including support is ¼% of gross budget.

To help Councillors to respond to very local issues in their ward and become even more accountable to their electorate, the Council will introduce a Community Action Fund, and this fund will allow Members to invest up to £5,000 in a number of projects that benefit the wellbeing of their local area. Neighbouring wards can pool funds and Town and Community Councils are encouraged to also get involved.

The Deputy Leader thought this was an innovative approach, and possibly the first of its kind in Wales. It was hoped that this will stimulate grass root decision making and support the Council's objective to help people to be more self-reliant.

A Member referred to page 170 of the report where it detailed outcomes of the consultation on the MTFs, and she was totally in agreement with the view made that certain services such as Schools and Social Services should be protected over others. In relation to this, she asked if there was any planned redundancies in either of these Departments.

In respect of Social Services, the Corporate Director Social Services and Wellbeing confirmed that the service was currently being modernised and transformed in order to change and re-shape services so that they are delivered in a different and more efficient way so as to realise savings required under the MTFs. She added that there had been a few redundancies that had to be made last year due to the above, though nothing was planned along these lines in the immediate future.

The Leader added that the Authority looked at making redundancies where staff were in post as a last resort. However, restructures of Directorates had to be made from time to time, particularly during the period of austerity, and therefore this did sometimes result in staff being moved to different roles within their Directorate. If they did not have or were able to match the skills required for an alternative role within the Authority, then unfortunately on occasions this did result in infrequent cases of staff redundancy.

A Member pointed that any cuts to school budgets resulted to a degree in job redundancies, since 70% of schools budgets are spent on staffing. He stated that for many years the annual Council budget had been approved as a result of general consensus by Members of all parties at Council. He confirmed that such consensus was as a result of the Cabinet responding positively wherever practicable, to recommendations from the various Overview and Scrutiny Committees and Budget and

Research Evaluation Panel (BREP). He proceeded by stating that this year, sadly consensus on the MTFS proposals were fractured as both the Children and Young People Overview and Scrutiny Committee and the BREP, recommended that school budgets should not be cut. In light of this, and given the warning from Head Teachers to the above Overview and Scrutiny Committee, he urged all Members to reconsider their support for a budget which he felt would be of detriment to the life chances of young people. He felt that Members should listen to the educational professionals rather than Accountants, who were already managing tight finances on a day to day basis, and vote against the MTFS proposals due to the cuts imposed upon schools. He added that no other Welsh local authority had proposed this for the up and coming financial year, apart from a small cut by Neath Port Talbot County Borough Council. He concluded by stating that if Members supported the MTFS before them, then they would probably committing the Authority to 4 years of savings amounting to over £3m, at the expenses of Bridgend County Borough schools and the future wellbeing of young people. He therefore moved an amendment that was duly seconded, that the recommendations of the report be not supported.

The Deputy Leader referred to page 79 of the report and Table 9, where it was evidenced that the Council was not intending to cut school budgets. The MTFS proposals had been discussed with the School Budget Forum in Porthcawl, where the proposals in respect of schools had been warmly welcomed.

A Member whilst appreciating the report for its style and layout, also expressed her disappointment in the budget cuts for schools. In England schools were protected by Central Government, and as she was a school governor of two schools, she felt that she could not support the recommendations of the report due to this proposed cut, which amounted to £869k. Some school governors were also concerned with this proposed reduction as well as the relevant Overview and Scrutiny Committee and BREP, who as part of the MTFS, had asked Cabinet to find the cut elsewhere in the Authority.

A Member was pleased to see that the Communities Directorate were set for a balanced budget, though he was once more concerned of the continued cuts in respect of services provided by this Directorate year on year, as these were public facing and subject to a considerable number of complaints from constituents. He was pleased however, to note that not all of the cuts originally proposed for service areas of this Directorate for 2017-18 had been recommended for next year by Cabinet who had changed some of these, after considering certain recommendations made through both the overview and scrutiny process and by BREP.

The Leader advised that the School Budget Forum was a statutory body, and it was incumbent upon the local authority to consult with them on the MTFS. The Cabinet met with the Forum after receiving all the recommendations that came through BREP, and discussed the MTFS proposals with them and they welcomed the proposals as they were expecting a 1% cut and were not aware that this would be partly offset by the adjustments to the schools' delegated budgets as explained in paragraph 4.42 of the report.

The Leader added that no one wished to see a reduction in schools budgets, however, £30m had to be found under the MTFS in future years, and therefore savings had to be made in all areas of local authority services. Cabinet had listened to and acted upon some recommendations of BREP on the budget, but not all of these could be taken on board as if they were, it would neither be balanced or sustainable.

A Member voiced some concern that the budget cuts imposed upon schools would result in increased difficulty in attempts to positively tackle child poverty. Pupils qualifying for free school meals was increasing in Maesteg schools, and possibly also in

other deprived areas of the County Borough, and the proposals for schools would not help this.

A Member further added, that he was concerned that the cuts proposed for schools would affect performance of secondary age pupils obtaining 3 A star and 3 A grades in core level subjects, resulting the Council falling further behind the all Wales average.

The Cabinet Member Education and Regeneration advised that there was a process that needed to be followed when setting a balanced budget, and unfortunately there were times when statutory as well as non-statutory services are subject to this. He reiterated what had been said earlier in debate, which was that cuts being faced by schools would to a degree be negated due to the transfer out of the Revenue Support Grant of £46k, formerly provided in respect of teacher registration fee subsidies, together with a reduction in the cost of business rates following the 2017 business rates re-evaluation. He added that support was also continuing to be given by the Council to private agencies that supported young children, such as nursery age groups.

The Cabinet Member Social Services and Early Help, confirmed that he felt some of the comments made during debate had been a little unfair in terms of the Council's commitment to Family Education and Social Services. He added that it was unfair year on year cutting other areas of the budget to continually supplement the areas of Education and Family Support and Social Services. He felt that the MTFs proposals more reflected the Authority's mission of adopting a One Council approach, and to make savings fairly and proportionally, but at the same time to continue providing excellent services to constituents and other members of the public.

A Member stated that he had concerns over the terminology of 'efficiency savings', suggesting that this form of wording probably would be taken different ways by different people. He accepted that the environment in which pupils are taught can have an effect on attainment, which is why he had positively supported the Authority's 21st Century schools programme through this Council term, but ultimately, he felt it was a numbers game in so much as having the appropriate number of staff in each school to be able to provide the resources that underpin high quality education. This was a quality he considered, that each and every child in the County Borough expected and deserved. He felt that if the MTFs was approved today, Members who were school governors would be summoned to a governing body meeting in the not too distant future, and asked to identify areas for cutting which will could mean staff, as there are so few other areas that could be cut. He felt that the elements of the Corporate Plan that referred to standards and targets in Education were hugely undermined by the 1% proposed cut. The most recent inspections at two of the BCB's three comprehensive schools found the deficit in budgets to be a problem, and highlighted it as an issue that needed addressing going forward. There were many other schools across Bridgend facing similar budget dilemmas, and that was before the 1% cut. To that end, he felt Members should be mindful of firstly the highly-praised Estyn inspections at some of our schools recently, not least that of Bryntirion Comprehensive and Ysgol Cynwyd Sant in Maesteg, but certainly the fact that there were schools in the County that require significant additional support, as demonstrated by adequate or even unsatisfactory Estyn inspections. He advised that Members would also recollect that at a recent meeting of Council, BCBC proceeded with the City Deal, as it appeared the risk of not doing so was too great. He believed that the risk of proceeding with a 1% cut to schools was just too great, which is why he felt unable to support the budget before him today.

As this concluded debate on the MTFs, it was moved and seconded that an electronic vote be taken on whether or not to have a recorded vote on the recommendations of the report, in view of the fact that some Members were opposed to the proposal to cut schools budgets, which was unanimously carried.

A recorded vote was then conducted, the result of which was as follows:-

For (the report's recommendations)

Against

Cllr G Thomas
Cllr CJ James
Cllr MEJ Nott
Cllr M Thomas
Cllr N Farr
Cllr D Patel
Cllr RE Young
Cllr A Owen
Cllr R Williams
Cllr J McCarthy
Cllr D Lewis
Cllr JE Lewis
Cllr P James
Cllr DBF White
Cllr G Phillips
Cllr PA Davies
Cllr M Jones
Cllr M Reeves
Cllr M Gregory
Cllr JC Spanswick
Cllr CL Jones
Cllr LC Morgan
Cllr PJ White
Cllr HJ Townsend
Cllr HJ David
Cllr HM Williams
Cllr CE Smith
Cllr C Reeves

Total 28

Did not vote

Cllr RC Jones

720. URGENT ITEMS

None.

The meeting closed at 3.42 pm

Cllr EM Hughes
Cllr GW Davies
Cllr PJ John
Cllr DK Edwards
Cllr R Penhale-Thomas
Cllr C Westwood
Cllr EP Foley
Cllr E Dodd
Cllr S Aspey
Cllr G Davies
Cllr JH Tildesley
Cllr M Winter
Cllr N Clarke
Cllr CA Green
Cllr KJ Watts
Cllr H Morgan

Total 16

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO COUNCIL

29 MARCH 2017

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

WESTERN BAY POPULATION ASSESSMENT

1. Purpose of Report

1.1 The purpose of the report is to approve the Western Bay Population Assessment in accordance with the Social Services and Wellbeing (Wales) Act 2014 and appoint the City and County of Swansea as the Lead Co-ordinating Body to submit the Assessment to Welsh Ministers on behalf of Western Bay.

2. Connection to Corporate Improvement Plan/Other Corporate Priority

2.1 This report links to the following Council's Priorities:

- Helping people to be more self-reliant;
- Smarter use of resources.

2.2 In addition, the Population Assessment must be taken into account by Public Services Boards when preparing the Wellbeing Assessments required by the Wellbeing of Future Generations (Wales) Act 2015.

2.3 The Population Assessment must inform and be informed by the Integrated Medium Term Financial Plans prepared by Health Boards as well as linking to other relevant key plans, such as housing and homelessness plans.

3. Background

3.1 The Social Services and Wellbeing (Wales) Act 2014 requires that local authorities and local health boards must jointly carry out an exercise known as a Population Assessment.

3.2 The purpose of the Population Assessment is to create an evidence base that will support the delivery of the statutory functions on both organisations and also inform planning and operational decisions.

3.3 There is detailed statutory guidance which governs how Population Assessments should be developed and the minimum content that each should contain.

3.4 The Assessment must be published in the form of a regional report but within the report the situation for each local area must be set out.

- 3.5 The first Population Assessment must be completed, approved and published by 31st March 2017.
- 3.6 The report for the Western Bay area consists of three layers of detail:
- A suite of web-pages designed to provide a high level summary of care and support needs, services and key issues for the Western Bay area; (the link is included in this report);
 - A suite of downloadable documents ('chapters') which provides a more detailed description of arrangements, (an example is attached at **Appendix A**. A full copy of the chapters is available in the Members Meeting room);
 - A suite of technical reports (topic papers) which contain the evidence and analysis that the two other products are based upon (an example of which is attached at **Appendix B**).
- 3.7 The Population Assessment will be used to develop an Area Plan by the Regional Partnership Board for developing services across the Western Bay Region.
- 3.8 The Population Assessment is also part of the evidence being collated by the Public Services Board in developing the Wellbeing Assessment which will be published in April/May 2017.

Legislation

- 3.9 Section 14 of the Social Service and Wellbeing (Wales) Act 2014 requires that local authorities and Local Health Boards must jointly carry out an assessment of the needs for care and support, and the support needs of carers in the Local Authority's area.

This assessment must also identify:

- a) the extent to which those needs are not being met
- b) the range and level of services required to meet those needs
- c) the range and level of services required to deliver the preventative services required in section 15 of the Act; and
- d) how these services will be delivered through the medium of Welsh

Purpose of the Population Assessment

- 3.10 The purpose of the Population Assessment is to ensure that Local Authorities and Local Health Boards jointly produce a clear and specific evidence base in relation to care and support needs and carers' needs to underpin the delivery of their statutory functions and inform planning and operational decisions. This will ensure services are planned and developed in an efficient and effective way by public sector partners to promote the well-being of people with care and support needs.

- 3.11 The Population Assessment will drive change, including by enabling both local authorities and Local Health Boards to focus on preventative approaches to care and support needs. It will provide the information required to support resource and budgetary decisions; ensuring services and outcomes are targeted, sustainable, effective and efficient. It will underpin the integration of services and particularly support the duties set out in Part 9 of the Act (Co-operation and Partnership).

Approval and Publication Requirements

- 3.12 A single regional report must be prepared for the Western Bay area and that report must be approved by the Board of the ABMU Health Board and the full Council meetings of each of the constituent Local Authorities.
- 3.13 Upon completion, assessment reports must be published on the websites of all Local Authorities and Local Health Boards involved in their production. A copy of the Population Assessment report must also be sent to Welsh Ministers at the time of publication. This function can be delegated to the Lead Co-ordinating body, who in this case is the City and County of Swansea.
- 3.14 The Population Assessment report should be drafted using accessible language so that it can be considered by members of the public. It is important that the assessment report explains clearly how the local authorities and the Local Health Board have arrived at their decision in relation to the needs identified and the level of services required to meet those needs.
- 3.15 The report must be published by 31st March 2017.

4. Current Situation / Proposal

Overview of arrangements established to prepare the Population Assessment

- 4.1 A steering group was established to prepare the Population Assessment with members drawn from the three Local Authorities, the Health Board, Public Health Wales and the Councils for Voluntary Service.
- 4.2 There are three layers of data/information to the Assessment:
- I. A detailed, technical level of data in the form of topic papers;
 - II. Summaries of the topic papers available in downloadable format;
 - III. A suite of web pages drawing out the headlines of the assessment.
- 4.3 In line with the statutory guidance produced by Welsh Government, each level of data has been structured in accordance with core themes:
- Learning Disabilities/Autism
 - Mental Health
 - Health/ Physical Disability
 - Sensory Impairment

- Carers
- Violence Against Women, Domestic abuse and sexual violence
- Secure Estate
- Older people
- Children and Young People
- Safeguarding and Deprivation of Liberty Safeguards (DoLS)

4.4 Additionally, there is an introductory section explaining the purpose of the Population Assessment and its limitations; for example, the data is from 2014/15 and, therefore, there may be more relevant, current data available. Also included are resource sections which provide high level context for the delivery of health and social care, making particular reference to financial and workforce arrangements.

Developing the Topic Papers ('technical reports')

4.5 A Data Sub-Group developed the technical level of detail for the assessment in the form of topic papers. Data collection was structured to provide consistency across the core themes. Topic papers were developed for each local authority area and drew on a range of published statistical data as well as qualitative and quantitative data held by partner organisations. Where possible, service managers were involved in providing or confirming the data collection and the interpretation placed on the data collected.

4.6 At the conclusion of the data collection phase, 10 individual topic papers had been produced. It is not intended that these are "published" but they can be made available on demand as technical reports.

Incorporating the voice of service users and carers and wider stakeholders

4.7 The statutory guidance emphasises the importance of ensuring citizens and wider stakeholders can contribute to the development of the Population Assessment.

4.8 An Engagement Sub-Group was formed to explore how this requirement could be accommodated within the timescale of the project. It was identified that work was being undertaken in parallel by the three Public Services Boards across the Western Bay region to engage with a wide range of stakeholders to explore their perceptions of wellbeing, as part of the requirements for the Wellbeing of Future Generations (Wales) Act 2015. Arrangements were made to incorporate questions relating to the wellbeing of people who need care and support and their carers in that exercise. Additionally, the research contract which was awarded to Miller Research Ltd., following a competitive bidding exercise provided for all secondary research available across the Western Bay area which contained information about the wellbeing of people with care and support needs and carers to be analysed.

4.9 The research report prepared by Miller Research Ltd. summarises the findings of both the primary research conducted by the company and the

secondary research evidence made available by the partners who have participated in this exercise.

- 4.10 The Western Bay Regional Citizen's Panel has received updates about the Population Assessment, as it has been developed and the final report has been shared with the Regional Citizen's Panel as the principal engagement mechanism for receiving feedback on the report and its findings. The ABMU HB Stakeholder Reference Group (SRG) has also been part of the engagement exercise. Any feedback from the Regional Citizen's Panel and the SRG will be collated and worked into future iterations of the Population Assessment and will inform the Area Plan.

Developing the Regional Report

- 4.11 The regional report has been produced as a digital output, supported by other formats to meet the accessibility requirements in the guidance. Essentially the top level of the report is a suite of webpages which attempts to convey a straightforward and accessible account of:
- a) the needs of people for care and support across the Western Bay region;
 - b) the range of services in place to meet those needs; and
 - c) the factors that will need to be planned for in the next period.
- 4.12 The webpages are structured according to the core themes, with the addition of the introductory and resource sections referenced earlier in this report.
- 4.13 Bridging the gap between the high level web pages and the more detailed technical topic papers are a set of downloadable summaries, or chapters. There is a chapter summary for each core theme which brings together the three detailed topic papers for each core theme, adopting an easy to read format.
- 4.14 Both the webpages and the downloadable summaries are available in Welsh and English and there will be audio book and other formats made available, where appropriate, to ensure adherence to the guidance regarding accessibility, which also takes into account policies partner organisations have in place for their public information.
- 4.15 The task of preparing both the webpages and the downloadable summaries was overseen by an Editorial Sub-Group. Essentially the work involved drawing out the main themes from the technical documents produced by the Data Sub-Group and the findings of the Engagement Sub-Group. An external provider was engaged to create the web resources as there was no resource available from within partner organisations to undertake this aspect of the work. Draft outputs were reviewed and signed off by the Editorial Group members.
- 4.16 The web pages can be accessed via the following link:

<http://westernbay.dns-systems.net/index.php/en/home/>

Emerging Themes

4.17 The Social Services and Wellbeing (Wales) Act 2014 provides a statutory framework for local authorities to exercise their social services functions with their partners and it is therefore the new law for improving the well-being of people requiring care and support, including both service users and carers.

4.18 It is worth reflecting that the fundamental principles of the SSWB Act are to promote:

- **Voice and control** – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over, reaching the outcomes that help them achieve well-being;
- **Prevention and early intervention** – increasing preventative services within the community to minimise 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 and delivery of services.

4.19 An initial mapping of the themes emerging from the Population Assessment suggests the following:

Mapping of themes from Western Bay Population Assessment (2017)	
Needs relating to regional demographics	<ul style="list-style-type: none"> • Chronic conditions • Childhood - obesity • Childhood - smoking • Early deaths – males • Mental Health – adults • Mental Health – children • Links to poverty and deprivation/homelessness • People experiencing social isolation • People who depend on public transport • Dementia/Early onset • Vulnerable people living in rural areas • Available accommodation/tenancy – with support
Demand which is increasing	<ul style="list-style-type: none"> • Safeguarding children • Safeguarding adults • Mental Health - support • Mental Health- substance misuse • Violence against women • Carers – support for wellbeing • Prisoners with the Secure Estate • People requesting Direct Payments • Transitions • Respite care • Telecare/Assistive

	<ul style="list-style-type: none"> • Substance misuse • Risks associated with vulnerability – children and young people, learning disabilities, mental health and secure estate
New population demand	<ul style="list-style-type: none"> • Older people with learning disabilities with long term sensory conditions • Children and young people with complex conditions e.g. autism and complex behaviour/emotions • Physical disabilities/Health/ Brain injury • Refugee/Asylum seekers • Resettlement of prisoners

4.20 Some early key messages emerging from above analysis:

- **Safeguarding:** balancing efforts to focus on prevention with the need to respond to an increasing number of safeguarding concerns;
- **Meeting needs:** early intervention and effective assessments promoting strengths and positive solutions can help to meet outcomes as well as reduce future demand;
- **Violence against women:** The need to ensure effective links between social services and health and the new Violence Against Women, Domestic Abuse and Sexual Violence Partnerships;
- **Mental Health:** gap in Child and Adolescent Mental Health Service availability/ accessibility;
- **Learning Disability:** data suggests an ageing population who are outliving carers, and may suffer long term conditions such as dementia, sensory loss and chronic conditions;
- **Transport:** the importance of public transport, especially for older people, children and young people;
- **Place:** the importance of good facilities and the physical environment for wellbeing – especially in terms of children, young people and older people and their perceptions of crime and safety;
- **Remodelling services and upskilling workforce:** in order to promote independence and improved outcomes through targeted interventions, and to help manage demand (**outcomes- based commissioning**);
- **IAA:** Promoting access to up to date information and advice as well as improved management of expert knowledge held by professionals and within third sector, and wider communication of what is available via web and other public channels;
- **Collaboration:** as way of managing resources and addressing demand, needs from new populations and meeting financial challenges.

Risk Management

- 4.21 This is the first Population Assessment conducted under the Social Services and Wellbeing (Wales) Act 2014. There are a number of issues that have arisen in the course of completing the exercise which should be documented to inform further exercises. It is planned that a lessons learned exercise will be completed to identify the salient issues. This will reduce the risks that

resources are not used efficiently in completing future exercises; and the conflicts between this legislation and provisions contained within the Wellbeing of Future Generations (Wales) Act 2015 and the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2016 would otherwise continue.

Next Steps

- 4.22 The Corporate Director of Social Services and Wellbeing and the Regional Programme Director, Western Bay will provide Members with a presentation on the Population Assessment at the meeting of Council on 29th March 2017.
- 4.23 Once the Population Assessment has been approved by the three Local Authorities and the Health Board, arrangements will need to be established to prepare the Area Plan, setting out the future pattern of services for the Region. In addition, information relating to Bridgend County Borough will be able to be extracted for relevant Bridgend related reports.
- 4.24 As far as the Population Assessment is concerned, the webpages will be hosted by the City and County of Swansea on behalf of the Western Bay partnership (with links to/from partner websites as required in the Act). As part of the contract for creating the web resource, training is available to ensure the information asset created can be maintained and built upon.
- 4.25 The Steering Group and its sub-group members also intend to carry out a “lessons learned” exercise. The exercise will seek to identify learning to inform:
- The Western Bay partnership – in relation to future work connected with the assessment. In particular, to address limitations in the data and the analysis, as well as improvements that the participants identify could be made to the process of creating and publishing future assessments;
 - Welsh Government - it was evident in completing this exercise that there was difficulty in meeting all of the statutory requirements set out in guidance as other aspects of the Act had not been fully embedded. It was also evident that there is significant overlap with other legislative requirements – in particular the Wellbeing of Future Generations (Wales) Act 2015 and the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2016. It will be important to draw these issues out clearly so that Welsh Government officials can reflect on whether changes to the policy framework might be made.
- 4.26 The Population Assessment has demonstrated that there is a commonality across the four statutory organisations in what we are trying to achieve in delivering health and social care services. It is going to provide the opportunity to focus on high level regional working priorities going forward which add value. The next steps include a workshop for the Regional Partnership Board to review the Population Assessment. The Population Assessment is a ‘live’ tool and therefore will be adapted and updated.

Role of the Regional Partnership Board

- 4.27 The Regional Partnership Board is required to ensure that partners work effectively together to respond to the Population Assessment. The Board is not required to approve the Population Assessment. Approval of the Population Assessment is the responsibility of the Health Board and the full Councils of the three local authorities.
- 4.28 The Regional Partnership Board does however, have a critical role to play in identifying the main priorities emerging from the Population Assessment and to consider the implications for the Board in preparing the Western Bay Area Plan.

5. Effect upon Policy Framework and Procedure Rules

- 5.1 There is no impact on the Policy Framework and Procedure Rules.

6. Equality impact Assessment

- 6.1 An Equality Impact Assessment (EIA) has been developed to support this exercise and it identifies that there is greater insight into the care and support needs of some people with protected characteristics than others. Gaps in the data have been identified and included in the Equality Impact Assessment and should be used to inform future research and data development considerations.

7. Financial Implications

- 7.1 A budget was established by the Regional Partnership Board to complete the Population Assessment and was funded from the Welsh Government's Delivering Transformation Grant together with in-house staff resource and in-kind contributions from partners.

8. Recommendation

- 8.1 It is recommended that Council:
- a) Approves the Western Bay Population Assessment;
 - b) Authorises the Corporate Director of Social Services and Wellbeing to publish a link to the Population Assessment on the Council's website;
 - c) Appoint the City and County of Swansea as the Lead Co-ordinating Body to submit the Population Assessment to Welsh Ministers on behalf of the three local authorities and the health board in the Western Bay region.

9. Contact officer

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10 Background Documents

Social Services and Wellbeing (Wales) Act 2014
Part 2 Code of Practice (General Functions)
Equality Impact Assessment.












MENTAL HEALTH

WHAT DO WE MEAN BY MENTAL HEALTH?

“ Mental health is a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community (World Health Organisation, 2014) ”

 http://www.who.int/features/factfiles/mental_health/en/

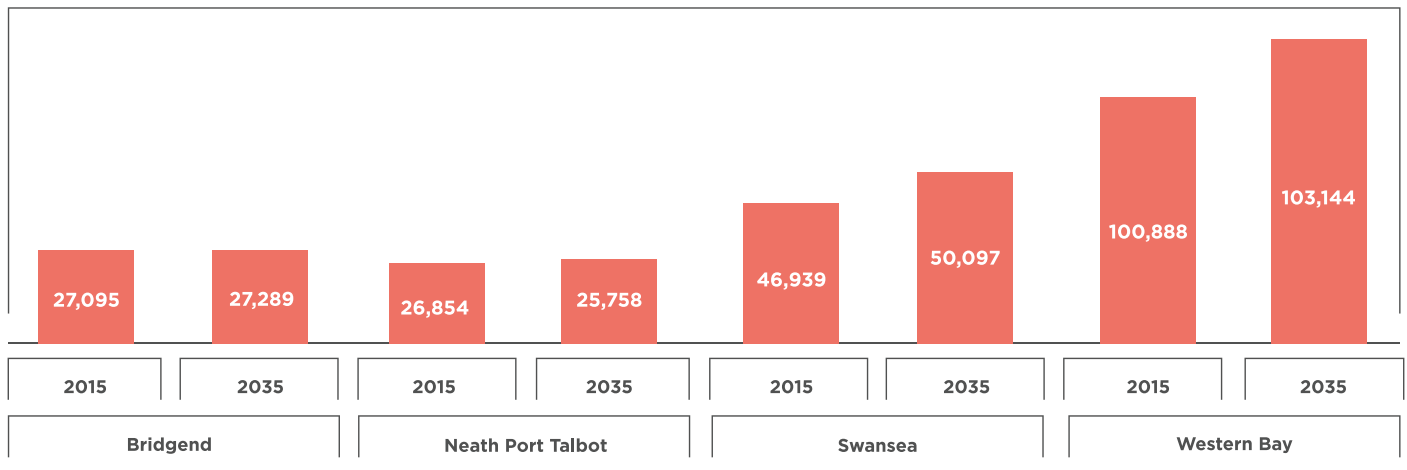
The estimated prevalence of adult mental health problems (in those aged 16-74) has been surveyed in the Psychiatric Morbidity Survey within the UK every seven years since 1993, with the survey in 2000 the last year for which data has been published with estimates relating to Wales, as well as for England and Scotland. The terms used in the survey include:

-  Mental Health Disorder – refers to all mental health illnesses covered by the survey.
-  Common Mental Disorders (CMD) – refers to a specific range of the six most common mental illnesses:
 -  Mixed anxiety and depressive disorder
 -  Generalised anxiety disorder
 -  Depressive episode • Phobias
 -  Obsessive compulsive disorder
 -  Panic disorder
-  Probable psychosis – this term is used to describe mental illness that is more severe than common mental disorders and mostly relates to schizophrenia and schizotypal illnesses (characterised by cognitive or perceptual distortions and the inability to maintain any close relationships) and serious mood disorders. The term ‘probable’ has been applied because the prevalence data is taken from a survey and diagnosis was not possible.
-  Personality Disorder – there are a number of categories of personality disorder, including depressive, dependent, paranoid, borderline, anti-social and obsessive compulsive.

+ WHO IS AFFECTED AND HOW?

Mental health disorders are very common. In Wales, 1 in 4 adults will experience some kind of mental health problem or illness within their lifetime, 2 in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder (Together for Mental Health, 2012).

▼ Projected number of people with at least one mental disorder - Wales (PMS 2000)



COMMON MENTAL DISORDERS

Results from the 2000 survey show the prevalence of Common Mental Disorders was slightly higher in Wales (19% of people) compared to the overall United Kingdom result of 16%. Common Mental Disorders are the most commonly occurring type of mental disorder for which people are likely to seek treatment or support.

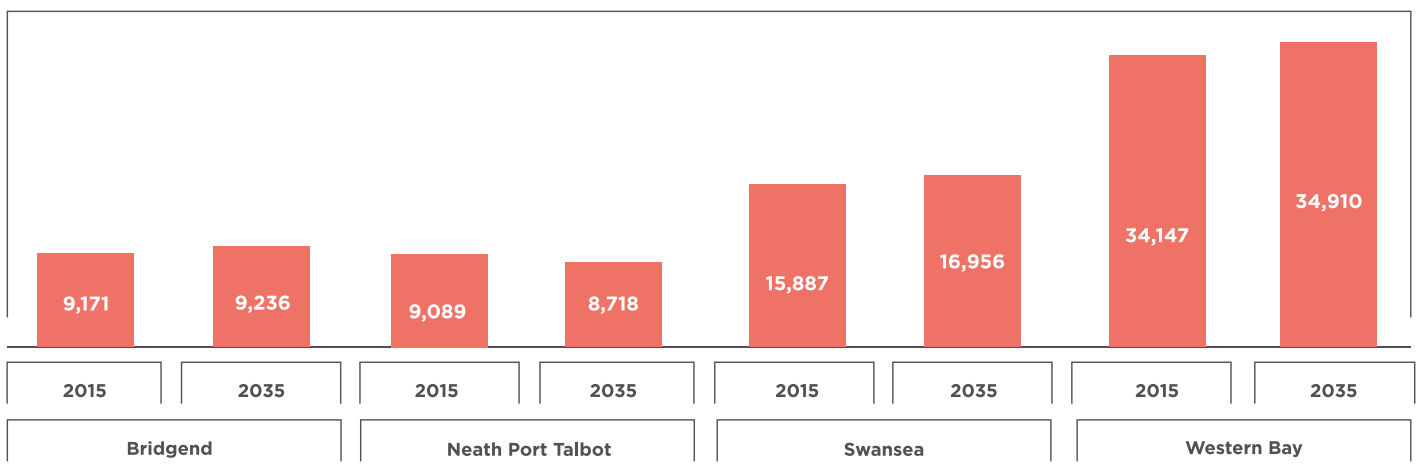
- The prevalence of personality disorder in Wales in 2000 was 4.4%
- 5% of the population in Wales, aged 16-74 have a probable psychotic disorder.

2015		2035		2015		2035		2015		2035					
Bridgend				Neath Port Talbot				Swansea				Western Bay			
19,800		19,942		19,624		18,823		34,303		36,609		73,726		75,374	
4,585		4,618		4,544		4,359		7,944		8,478		17,073		17,455	
521		525		516		495		903		963		1,940		1,984	

■ Projected number of people with at least one common mental disorder - Wales (PMS 2000)
 ■ Projected number of people with any personality disorder (PMS 2000)
 ■ Projected number of people with a probable psychotic disorder Wales (PMS 2000)

The most frequently-occurring Common Mental Disorder is mixed anxiety and depressive disorder, (sometimes called Cothymia) with 8.8% of the adult population experiencing this disorder:

Projected number of people with at least one mental disorder - Wales (PMS 2000)



PERSONALITY DISORDER

Personality disorders are persistent and they are often expressed through dysfunctional patterns of behaviour that are found to be pervasive and adversely affect a person’s life. Levels of distress and treatment-seeking vary across the personality disorders. In many cases, personality disorders are extremely difficult to treat.

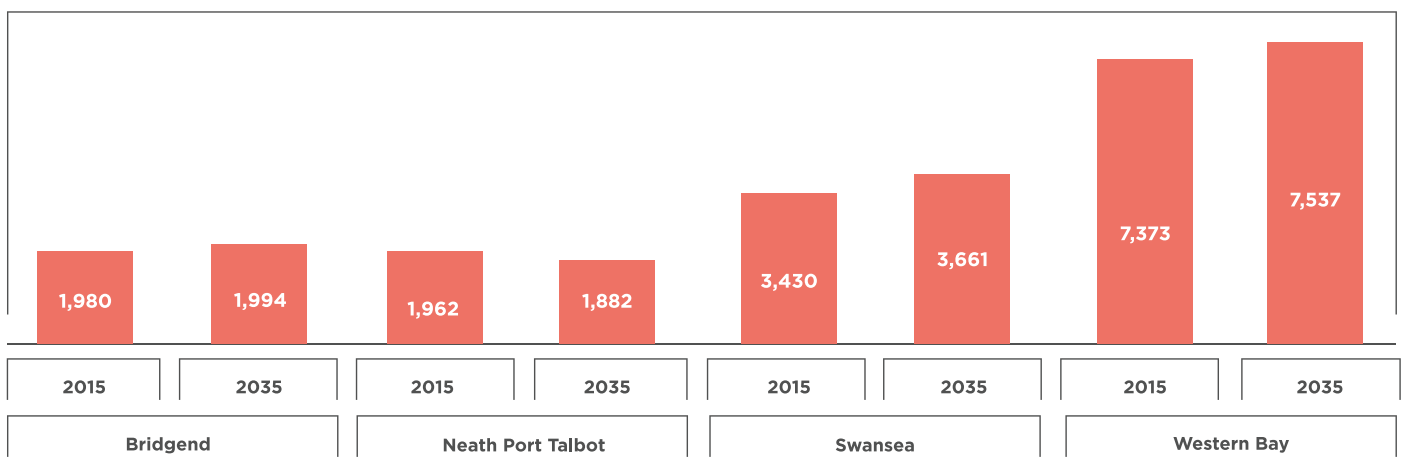
The following chart shows the projected numbers across Western Bay to 2035 at fiveyear intervals, given a prevalence of 4.4% of the adult population.

Projected number of people with any personality disorder (PMS 2000)

	2015	2020	2025	2030	2035
+					
Bridgend	4,585	4,602	4,575	4,608	4,618
Neath Port Talbot	4,544	4,498	4,427	4,398	4,359
Swansea	7,944	8,089	8,163	8,325	8,478
Western Bay	17,073	17,189	17,331	17,331	17,455

The most frequently-occurring personality is obsessive-compulsive personality disorder with 1.9% of the adult population affected:

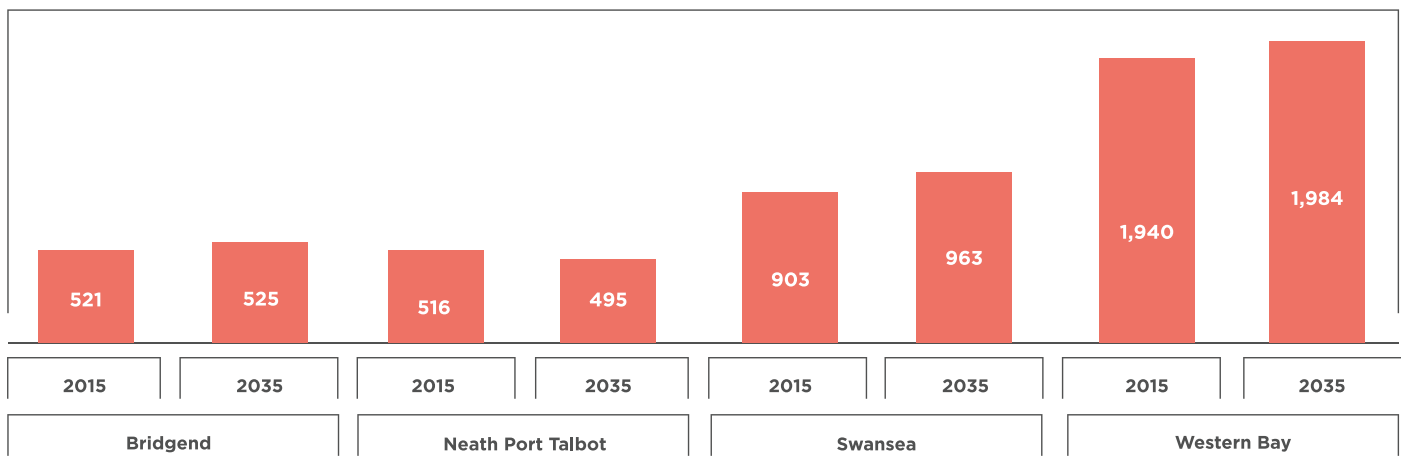
Projected number of people with an obsessive-compulsive personality disorder (PMS 2000)



COMMON MENTAL DISORDERS

The following chart shows the projected numbers of people with probable psychotic disorder across Western Bay to between 2015 and 2035.

Projected number of people with a probable psychotic disorder Wales (PMS 2000)



EARLY ONSET DEMENTIA




Numbers in this population group are projected to remain stable, however improvements in diagnosis may increase these figures.

Projected number of people with a probable psychotic disorder Wales (PMS 2000)

	2015	2020	2025	2030	2035
+					
Bridgend	38	40	42	40	38
Neath Port Talbot	39	39	39	37	35
Swansea	60	62	63	61	60
Western Bay	137	141	144	138	133



WHO IS RECEIVING HELP AND WHAT SUPPORT IS AVAILABLE ?

-  According to the 2000 Psychiatric Morbidity Survey the treatment used most often for CMDs and people with probable psychosis is medication, with 99% of those with probable psychosis receiving medication as part of their treatment, and 83% of those with CMDs receiving medication as part of their treatment. Of those with probable psychosis 48% receive some form of therapy / counselling, while just 38% of those with CMDs receive this form of therapy. Of those with CMDs 62% receive only medication as treatment.
-  Looking at the whole of Western Bay using the projection for having seen GP within last 2 weeks for 2015, approximately 4,700 GP consultations in a fortnight were carried out with people with CMDs or a probable psychotic disorder. Over a 52-week period, this is over 122,000 consultations (125,000 by 2035).
-  For the whole of 2015, approximately 30,100 patients with CMD / probable psychosis will have spoken to their GP about a mental or emotional problem. Compared to the 122,000 consultations undertaken, it could be suggested that each CMD / probable psychosis patient, on average, will speak to their GP about a mental or emotional problem roughly 4 times in a year.

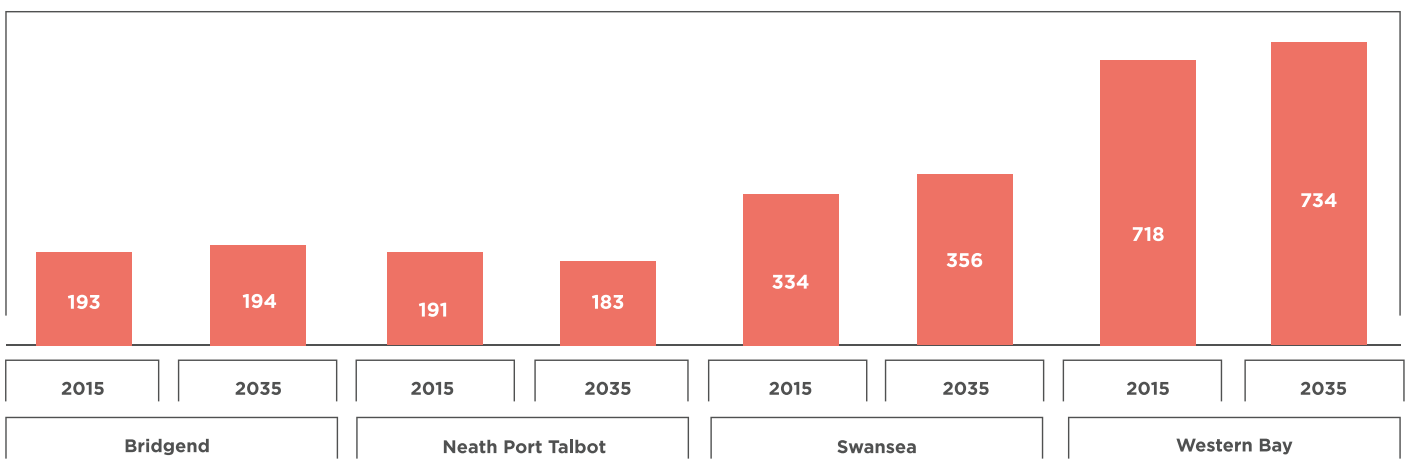
GPs treat the highest proportions and numbers of people with mental disorders. The majority of people with mental health issues either live in the local community with minimal support from Adult Social Care (ASC) or from specialist mental health services, they either self-manage, have family/community support or access primary health care. There are also a significant number of people with serious mental health problems who are supported to live in the community by specialist community services, such as:

- ▶ Psychiatrists
- ▶ Psychologists
- ▶ Community psychiatric nurses
- ▶ Community learning difficulty nurses
- ▶ Other nursing services
- ▶ Social workers
- ▶ Self-help/support groups
- ▶ Home help/home care workers
- ▶ Outreach workers

18% of people with a CMD are anticipated to use community care services within a year, while 51% of those with a probable psychosis are also anticipated to use community care services.

Day service is another aspect of community provision and is usually most focussed on those with the most serious disorders, particularly psychotic disorders. Only 3% of people with CMDs use day services compared to 37% of people with a probable psychosis.

▼ **Projected number with a probable psychotic disorder receiving day service during the previous year (PMS 2000)**



Across Western Bay services for those aged 65 and over with mental health problems are provided in hospitals and in community settings. Inpatient services are provided from both General and Community Hospitals across Bridgend, Neath Port Talbot and Swansea and include:

- + Assessment and admission: provided at Cefn Coed Hospital, Neath Port Talbot Hospital, Tonna Hospital, Ystradgynlais Community Hospital and Princess of Wales Hospital.
- + Continuing care and respite: provided at Cefn Coed Hospital, Garbgoch Hospital, Neath Port Talbot Hospital, Tonna Hospital, Glanrhyd Hospital and the Croeso Centre and Maesteg Community Hospital.

The rate of adults aged 65 and over receiving mental health services in Neath Port Talbot has increased gradually but in comparison to other local authorities in Wales is still very low and is well below the Wales average.

▼ **There are a range of community based mental health services and teams across Western Bay.**

- + Complex Needs Services for Women – Dechrau Newydd: Community Dialectical Behaviour Therapy service for women with mental health complex needs (primarily borderline personality disorder). This service works with patients in secondary care in close partnership with Community Mental Health Teams and in-patient services.
- + Crisis Resolution Home Treatment Teams (CRHTT): offer support and care for those people who without it would be admitted to hospital. They act as the gatekeeper to inpatient beds in order to ensure that all alternatives to inpatient care have been explored. Also support the early discharge of those people who have required inpatient care. Provide advice and signposting to people referred to them, but who they assess as not requiring their services.
- + Crisis Recovery Units (CRU): A day hospital type environment for people who require more support than can be delivered in their own home but do not require hospital admission.
- + Prison In- Reach Team (PIR): Community Mental Health Team based within both HMP Parc and HMP Swansea. The service provides assessment, management and Care Co-ordination of prisoners who are presenting with serious mental illness. Close liaison with probation (MAPPA) and wider third sector services to manage presenting risks.









THINGS PEOPLE TOLD US MATTER TO THEM

- + Support people to feel safe and involved in communities with sufficient amenities and services.
- + Help local support groups to provide practical support.
- + Improve access to information including support around financial management e.g. debt, welfare benefits
- + Help people to 'have a voice' and make informed choices and decisions
- + Access to GP appointments and social services
- + Improve public transport to help people to independently access services to carry out day to day activities.



WHAT CHANGES DO WE NEED TO PLAN FOR ?

An effective mental health care pathway will ensure:

-  People experiencing an acute mental health episode are kept safe and provided with a therapeutic environment to begin to recover. Often these settings need to be secure,
-  Access to recovery and rehabilitation services when the initial crisis has passed and the person is ready to continue their recovery,
-  Resettlement/step down services to help people make the move back to the community when they no longer need more intensive support, and
-  Medium to long term on-going community based support so people with mental health needs are supported to live where they choose e.g. in supported living, in their own tenancies, with host families etc.

The current pattern of mental health support is not yet in line with this model, individual service user outcomes and levels of independence could be better supported.



Secure settings, residential care and nursing care are used more than they should be and service users can stay in them longer than is ideal. Reasons for this include:

- +

A lack of specialist mental health respite/short term crisis beds to use to stabilise a person during a mental health relapse so to be safe staff may choose to use residential care
- +

A lack of specialist mental health step down services to help people make the transition from hospital or from a residential care setting back to the community so there is a tendency to support people in residential setting for longer
- +

A lack of acute mental health beds which means there is significant pressure to discharge people from hospital as quickly as possible. Sometimes this is before people are ready to move back to their home in which case a safe place needs to be found
- +

A lack of specialist community mental health recovery/ rehabilitation service to continue to support people to recover in a community setting, and;
- +

A lack of community based support services that can meet the needs of people with complex mental health needs, notably behaviour that is challenging to services. This includes a lack of:

 - ▶ Mental health supported living services
 - ▶ Shared lives carers with mental health expertise
 - ▶ Housing (specialist and disbursed) that is suitable for adults with mental health needs
- +

In Western Bay there is currently no single point of access for children and young people to receive universal or specialist mental health support.
- +

Need to improve Transitions from Children’s Services - Transition planning should start at an early age and needs to focus on skills development and building resilience for young people. Currently mental health needs are not always detected during transitions work and plans to meet mental health needs are not put in place.



-
- + Adult Population - Currently people with mental health needs can often only access generic support until they experience a mental health crisis that brings them into contact with specialist services. When this is the case, individual outcomes and wellbeing suffer and support costs escalate. Specialist mental health respite/short term crisis beds are used to stabilise a person during a mental health relapse which could lead to the use of residential care.
 - + Demographics - It is expected that demand on all social care services will grow due to the anticipated demographic changes in Western Bay. Projections indicate that there will be an increase of people with a mental health problem. In order to facilitate choice, control and longterm independence, we need to explore and invest in a range of preventative and supportive services within the community.
 - + Prison Population – A significantly high number of prisoners have a mental health problem, with 9 in 10 prisoners experiencing a diagnosable mental health and/or substance misuse problem (Together for Mental Health 2012).
 - + Direct Payments – Adult Social Care expenditure on Direct Payments has significantly increased over the last five years. It is important to ensure that those who receive services directly commissioned from ASC and those who are in receipt of direct payments have sufficient information, advice and advocacy to make informed decisions about their care and are involved in their care planning as much as their capacity allows.
 - + Financial drivers – Local Authorities are facing a challenging financial future and will have to face difficult decisions in terms of services and how they will be delivered. The financial climate and the need to make significant efficiencies requires us to look at innovative ways of service improvement, including collaborative models and to review the balance between what is directly owned and provided by the Authority and what is provided by external partners.
 - + Section 117 of the Mental Health Act – Health and Social Services have a statutory joint duty to work in partnership with other relevant agencies to provide aftercare to certain patients that have been detained for treatment in hospital under particular sections of the Mental Health Act. Service Users in receipt of aftercare provided under S117 cannot be charged for these services.
 - + Rurality - Across Western Bay there are a number of rural and valley communities. Current accommodation based support commissioned by Adult Social Care is largely based in and around town centre. It is important to look at the services we commission to ensure that Service Users can remain within their own homes when possible and receive support and care within their communities.

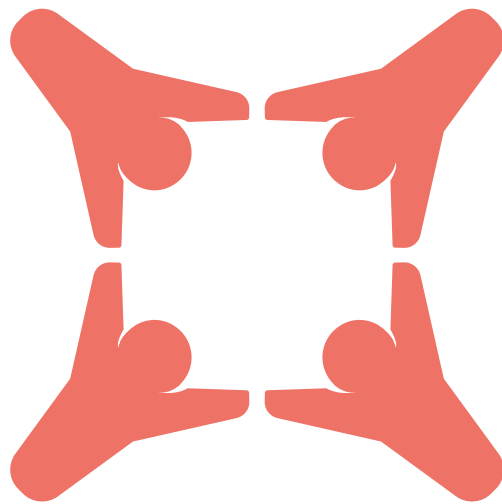


- + Deprivation – Evidence suggests that there is a link between poor mental health and deprivation. Factors including homelessness, poverty, abuse, social isolation and poor working conditions can have a negative impact on a person’s mental wellbeing.
- + Enabling Independence – Moving away from traditional care models will require us to work closely with Service Users, Carers and families to help vulnerable people attain the skills and confidence that will enable them to attain maximum independence and also to support people to maintain their levels of independence for as long possible. This will also require changes to our care co-ordination and assessment processes to ensure that there are positive responses to risk taking and that support is appropriate to the level of need.
- + Complexity of need and co-occurring conditions – There has been an increase in the number of people with a mental illness who also have other health and/or wellbeing issues. It is important to work in partnership with Health and other Agencies to develop services that can meet these needs and develop integrated pathways to ensure that Service Users receive a holistic response.
- + Need to build up the community infra-structure to better support people with mental health needs - There is a need to develop:
 - ▶ The skills of staff so they better support people with mental health needs,
 - ▶ Provider services to better support people with complex mental health needs and in particular to better support people with behaviour that is challenging,
 - ▶ Better information and advice so that child and adult service users and staff are better able to access the existing community infrastructure,
 - ▶ A clinical crisis response service that provides a 365 24/7 response as the current service only operates from 9 a.m. to 9 p.m.
 - ▶ Non-clinical crisis house services in the main towns. These could also house an information hub, drop in services etc. to help people self-manage their mental health needs,
 - ▶ More effective employment support for people with mental health needs.
 - ▶ Peer support networks to offer low level support to people self-managing their mental health needs (including social activities) across all of Western Bay
 - ▶ The Mental Health care and support market and the local community infrastructure each need to be improved.



- + Consideration should also be given to the challenge of providing responsive mental health care to asylum seekers or refugees who are coping with trauma of migration, uncertainties around their immigration status and cultural differences.
-





WESTERN BAY

POPULATION ASSESSMENT REPORT

www.westernbay.org.uk

WESTERN BAY POPULATION ASSESSMENT 2016/17

BRIDGEND AREA

MENTAL HEALTH

1) OVERVIEW OF CURRENT AND FORECASTED NEEDS

The estimated prevalence of adult mental health problems has been surveyed within the UK every seven years since 1993, with the survey in 2000 being the last year for which data has been published that included estimates for Wales, as well for England and Scotland. The 2000 survey and subsequent years, surveys those aged 16-74.

It was published as Psychiatric Morbidity among adults living in private households, 2000, and described as “the report of a survey carried out by Social Survey Division of the Office for National Statistics on behalf of the Department of Health, the Scottish Executive and the National Assembly for Wales”.

The 2007 survey was England-only. Results of the 2014 survey have yet to be published.

The term “survey” understates the range of methodologies involved in the periodic assessment of the prevalence of mental health problems: a range of screening instruments are used and face-to-face interviews are also involved, including both lay and clinical researchers.

The estimates of prevalence and service use in this section are derived from the Psychiatric Morbidity for 2000, unless otherwise specified. Furthermore, the headline figures from the 2000 survey that reported Wales-specified estimates for Common Mental Disorders (CMD) and probable psychosis have been used throughout. The graphs showing “Wales (PMS2000)” in the titles are calculated from prevalence rates for Wales in 2000. GB (PMS2000) denotes whole survey results for 2000. Projections marked as “(PMS2007)” denote derivation from the England/Scotland 2007 survey.

Defining Mental Illnesses

The terms used in this document relate to the terms used within the survey of psychiatric morbidity.

The common term **Common Mental Disorders (CMD)** refers to a specific range of six of the most common mental illnesses –

- Mixed anxiety and depressive disorder
- Generalised anxiety disorder
- Depressive episode
- Phobias
- Obsessive compulsive disorder
- Panic disorder

In the 2000 survey, CMDs were referred to as “neurotic disorders” which is terminology no longer used.

The term **probable psychosis** is used in the 2000 survey to describe mental illnesses that is more severe than the CMDs and mostly relates to schizophrenia and schizotypal illnesses, as well as more serious affective illness (mood disorders), such as bipolar affective disorder. Given the nature of the survey methodology, an accurate diagnosis of psychosis is not possible and is therefore described as “probable”. The 2007 survey found that methods used to assess “probable psychosis” resulted in a slightly higher proportion of people (0.5%) identified than survey instruments that more accurately assessed a diagnosis of psychosis (0.4%).

The term personality disorder relates to the following categories:-

- Avoidant
- Dependant
- Obsessive compulsive
- Paranoid
- Schizotypal
- Schizoid
- Histrionic
- Narcissistic
- Borderline
- Antisocial
- Passive-aggressive
- Depressive

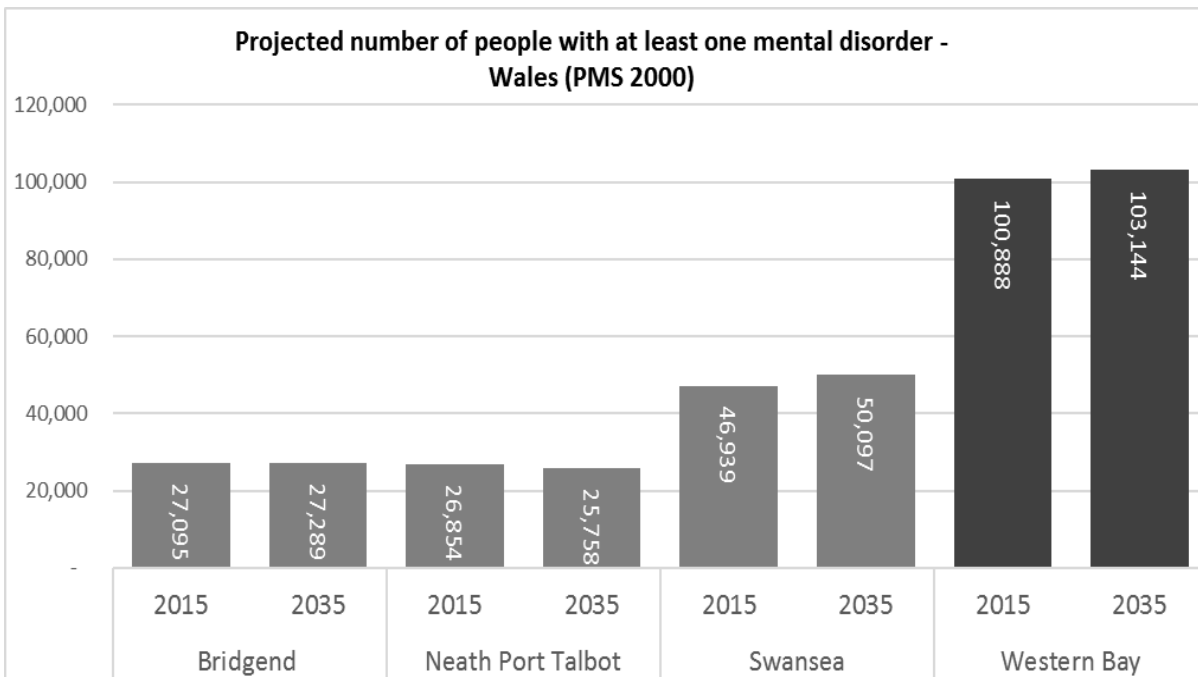
The 2000 survey also looked at drug and alcohol misuse and dependence, but this will be covered in more detail elsewhere.

The term **mental health disorder** refers to all mental illnesses covered by the survey, and thus includes all the above. The 2007 England survey extended the range of diagnoses covered by the survey and some material from that survey is extrapolated to Wales in this document.

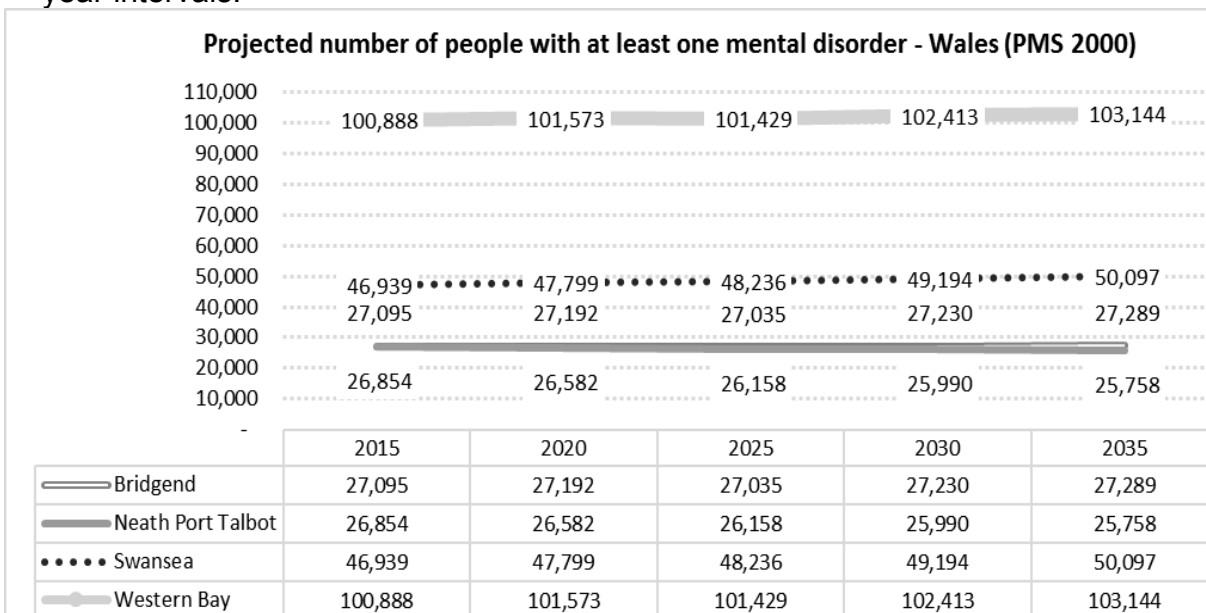
Adults with a mental health disorder

Mental health disorders are very common. The overall proportion of people experiencing at least one mental health disorder within the previous year for the UK in 2000 was 23%. For Wales, this was 26%. The 23% figure for any mental disorder remained stable for England in 2007. As such it is assumed that the Wales prevalence estimate of 26% has also remained stable.

The chart below shows what 26% of the population represents in 2015 and in 2035 for Western Bay.



The following chart shows the projected numbers across Western Bay to 2035 at five-year intervals.



As the projections are essentially based on population sizes, the projected results are largely based on changes in population size. The figures above thus reflect modest increases in the population size of Swansea and Bridgend, but a modest reduction in adult population in Neath Port Talbot by 2035.

Prevalence of Common Mental Disorders (CMDs), Personality Disorders and Probable Psychotic Disorder

The prevalence of Common Mental Disorders was slightly higher in Wales (19% of people) compared to the overall Great Britain result of 16.4%. The 16.4% figure for any CMD remained fairly stable for England in 2007, dropping from 16.4% to 15.1%. However, the prevalence for the age group 16-64 was much more stable: 16.3% in 2000 and 16.4% in 2007. Since the under 65s are the larger proportion of people, it is assumed that the Wales prevalence estimate of 19% has also remained stable.

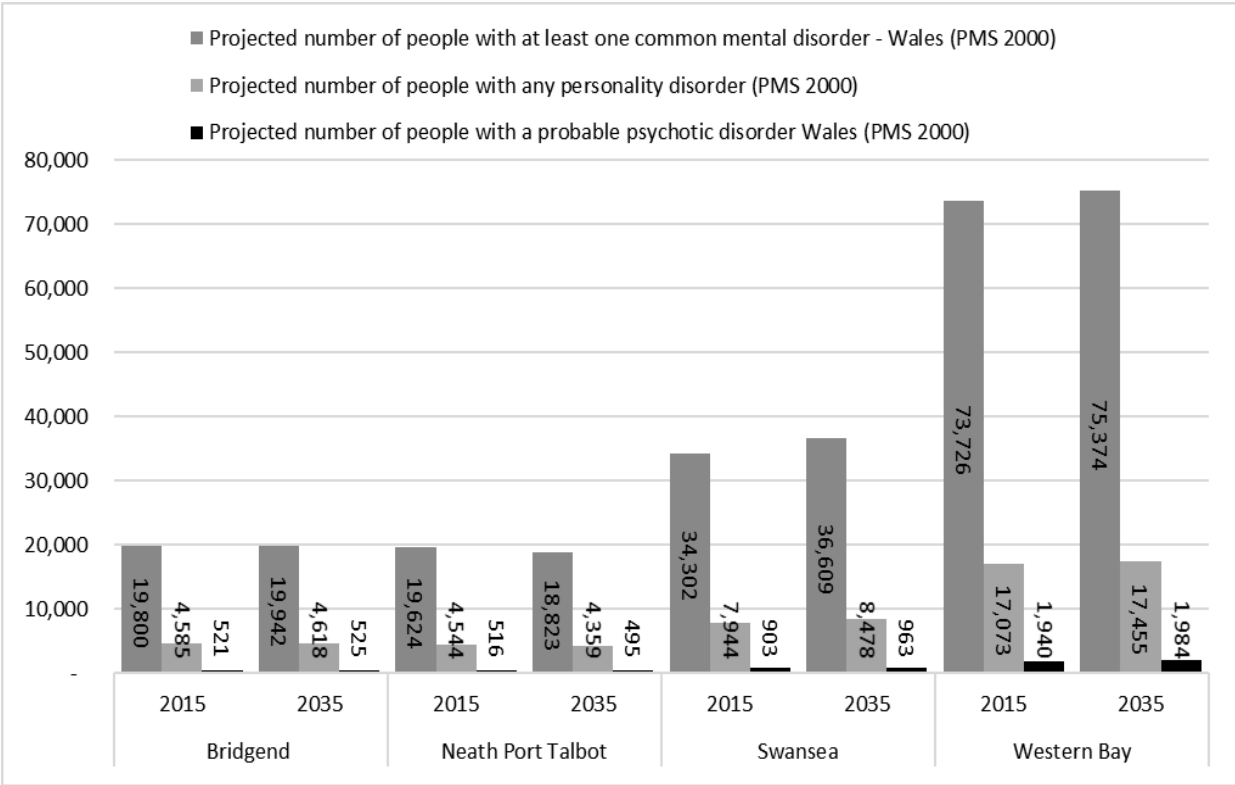
The prevalence of personality disorder in 2000 was 4.4% of the population. The 2007 survey focussed on only two personality disorders.

The prevalence of probable psychotic disorder was the same in 2000 for Wales as for Great Britain at 5% of the population. The prevalence rate in 1993 had been similar at 0.4% of population. The 2007 survey for England also found the same prevalence of 5%.

The chart below shows for 2015 and for 2035 the estimated prevalence expressed as % of people aged 16-74 for each category:-

- 19% with a CMD as per Wales figures in 2000 survey
- 4.4% with a personality disorder as per 2000 survey
- 0.5% with a probable psychotic disorder as per all surveys 1993-2007

Note that the following graphs show the two types of illness but there will be a level of overlap with some people experiencing both. See section below on co-morbidity.



As the projections are essentially based on population sizes, the projected results are largely based on changes in population size. The figures above thus reflect modest increases in the population size of Swansea and Bridgend, but a modest reduction in adult population in Neath Port Talbot by 2035.

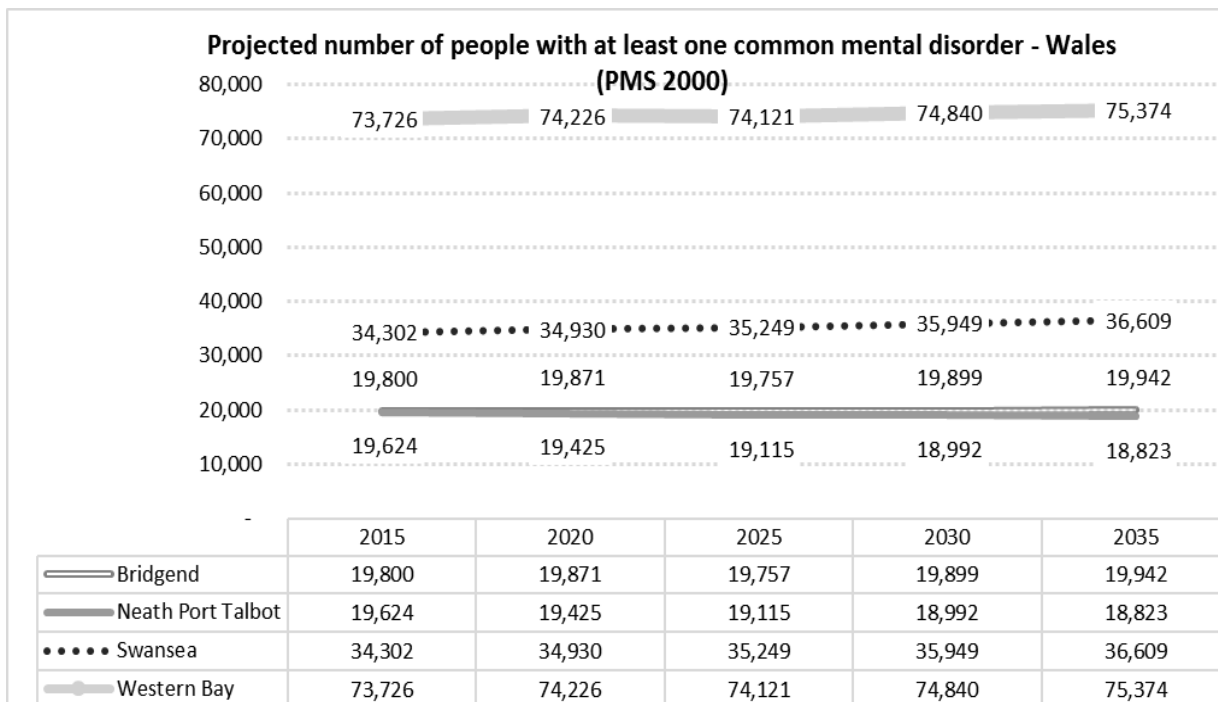
Projected Prevalence of Common Mental Disorders

CMDs are the most commonly occurring type of mental disorder for which people are likely to seek treatment or support. The disorders are:-

- mixed anxiety and depressive disorder,
- generalised anxiety disorder,
- depressive episode,
- phobias,

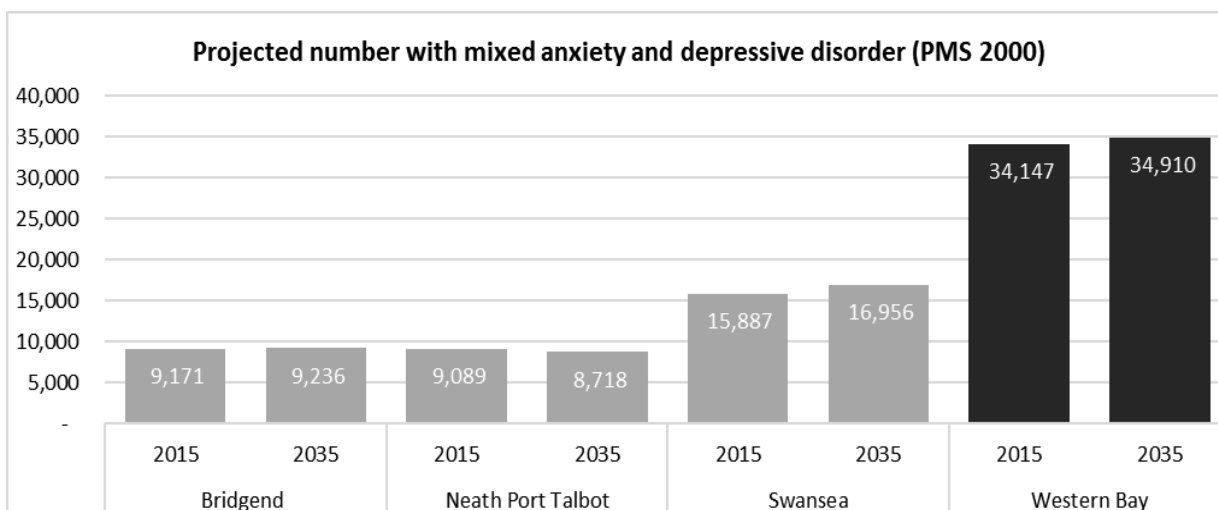
- obsessive compulsive disorder
- Panic disorder.

The following chart shows the projected numbers across Western Bay to 2035 at five-year intervals given a prevalence of 20% of the adult population.



Specific Disorders

The most frequently-occurring CMD is mixed anxiety and depressive disorder, (sometimes called cothymia) with 8.8% of the adult population experiencing this disorder:-

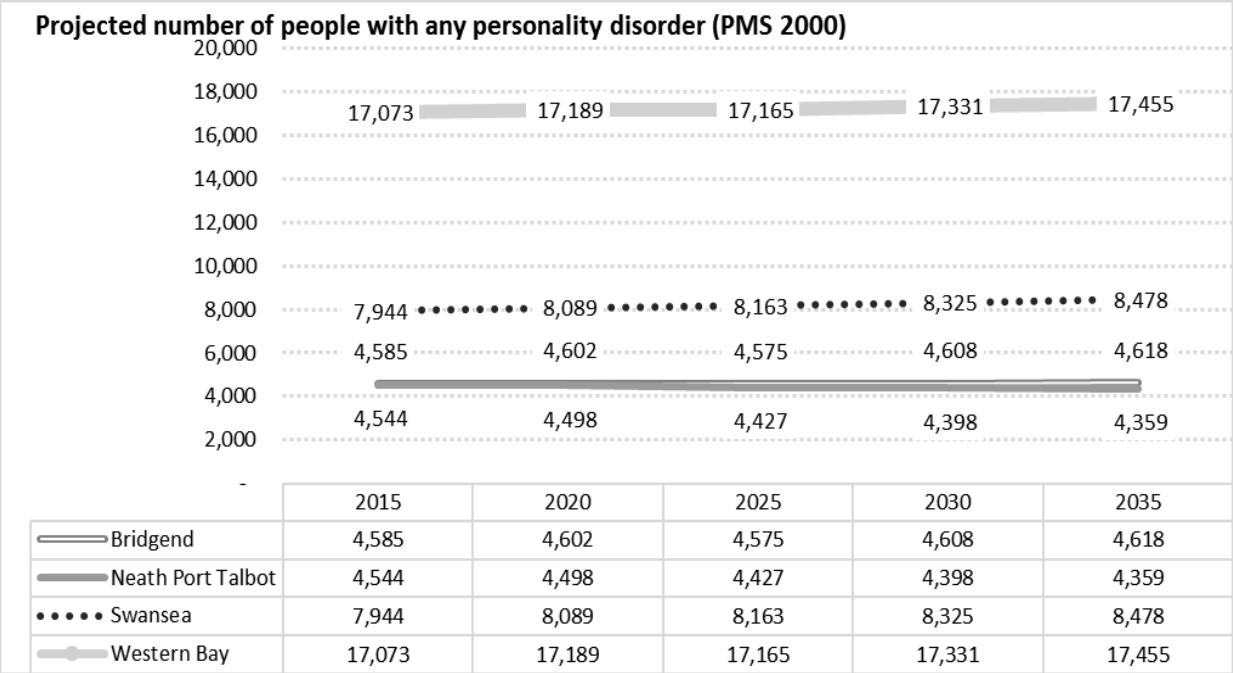


Projected Prevalence of Personality Disorders

Personality disorders are persistent and they are often expressed as dysfunctional patterns of behaviour that are found to be pervasive and adversely affecting the

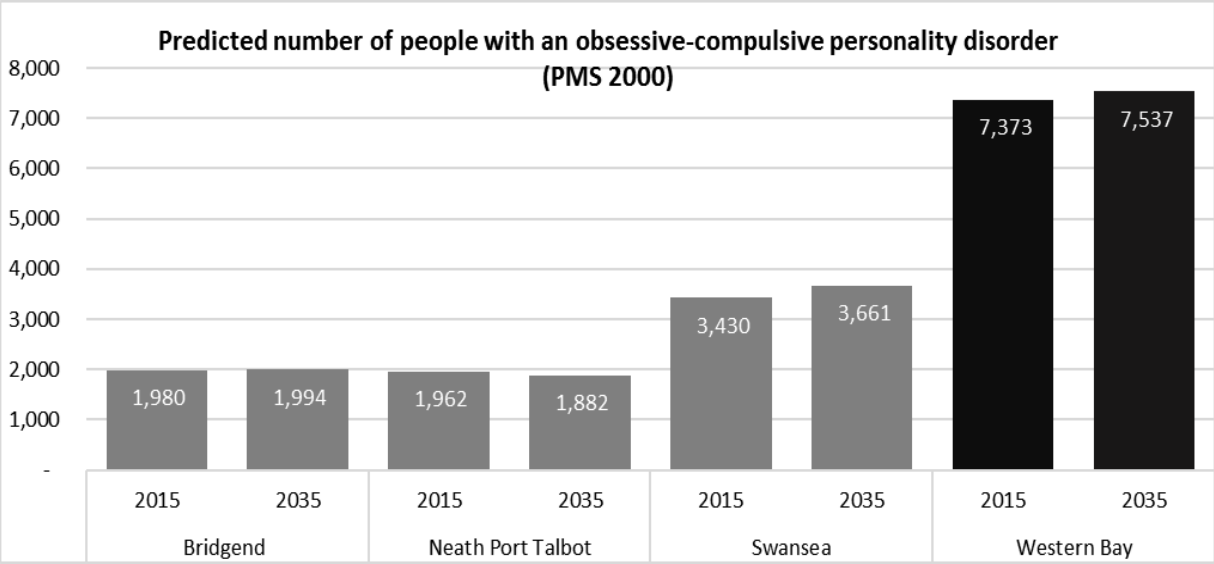
person's life. Levels of distress and treatment-seeking vary across the personality disorders. In many cases, personality disorders are extremely difficult to treat, if at all.

The following chart shows the projected numbers across Western Bay to 2035 at five-year intervals, given a prevalence of 4.4% of the adult population.

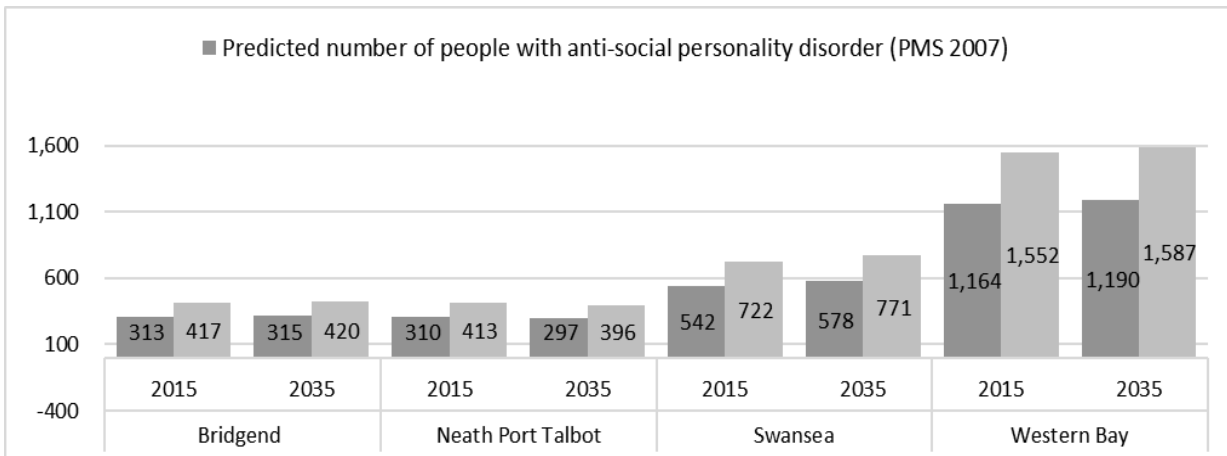


Specific Personality Disorders

The most frequently-occurring personality is obsessive-compulsive personality disorder, (sometimes called cothymia) with 1.9% of the adult population affected:-



Using estimates from the 2007 survey, it is possible to estimate the prevalence of antisocial and borderline personality disorders, at 0.3% and 0.4% of the population respectively.

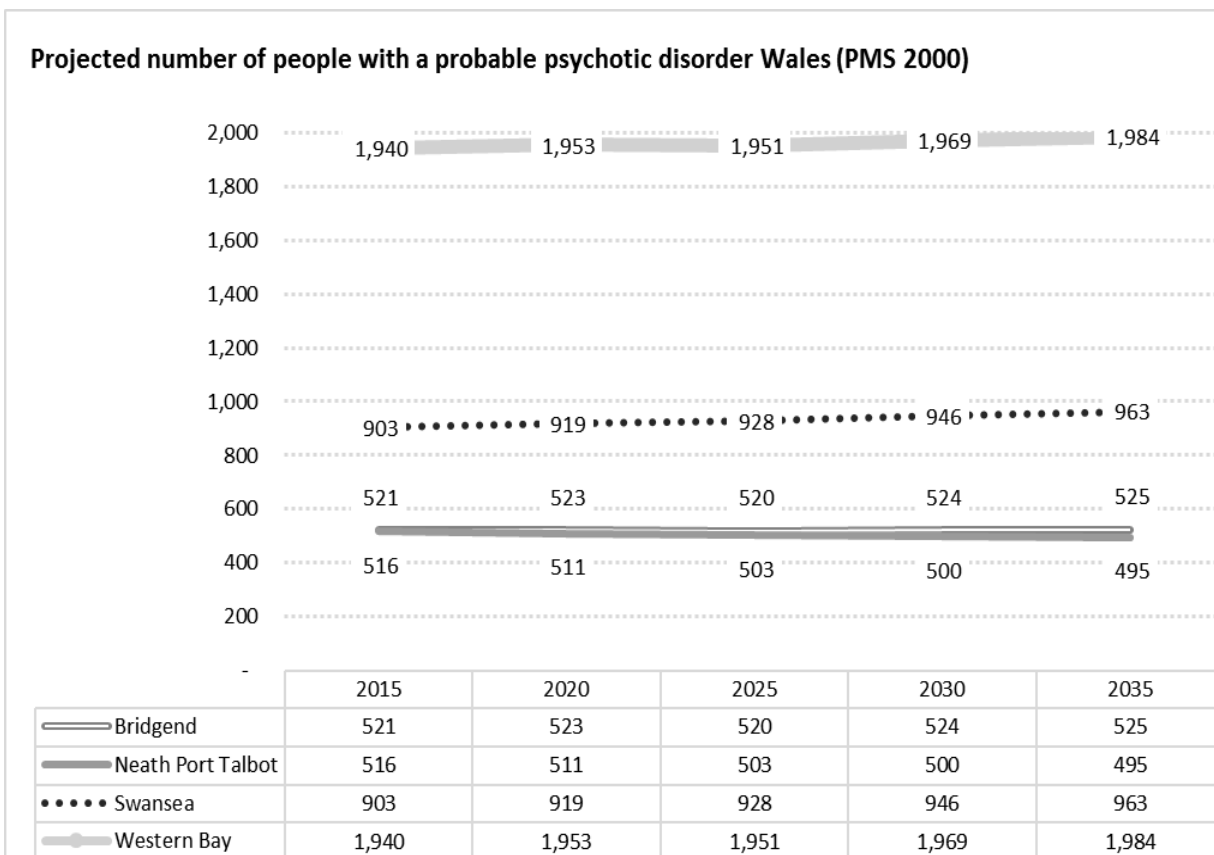


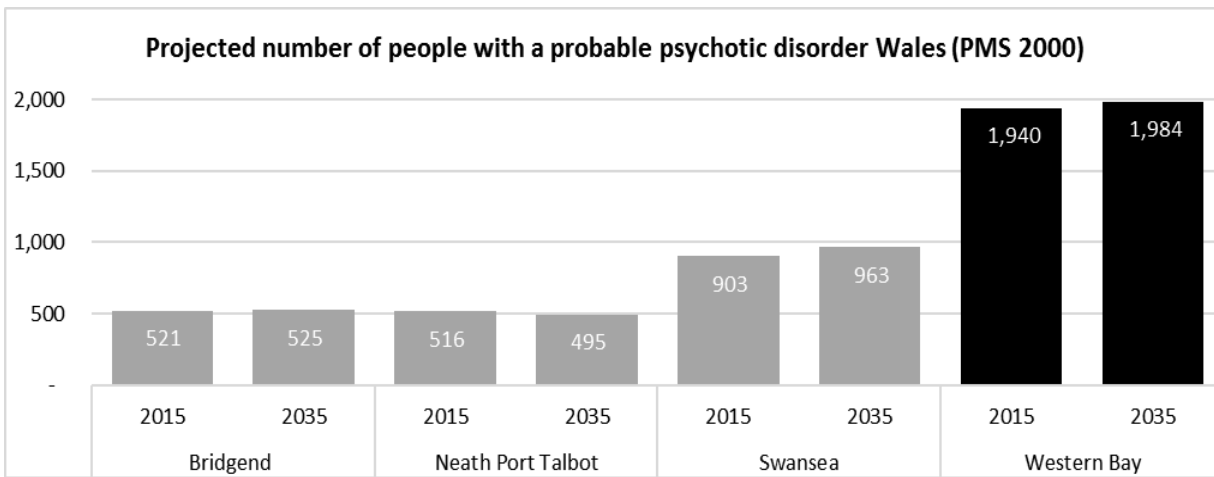
Note these two disorders may co-occur (probably rarely) so there could be some overlap between people in each category.

The least prevalent are dependent and schizotypal personality disorders, at 0.1% of the population.

Projected Prevalence of Probable Psychotic Disorder

The following chart shows the projected numbers of people with probable psychotic disorder across Western Bay to 2035 at five-year intervals, given a stable prevalence of 0.5% of the adult population across the surveys carried out 1993-2007.





Projected Numbers Receiving Treatment, Contact with GP & Receiving Community Services

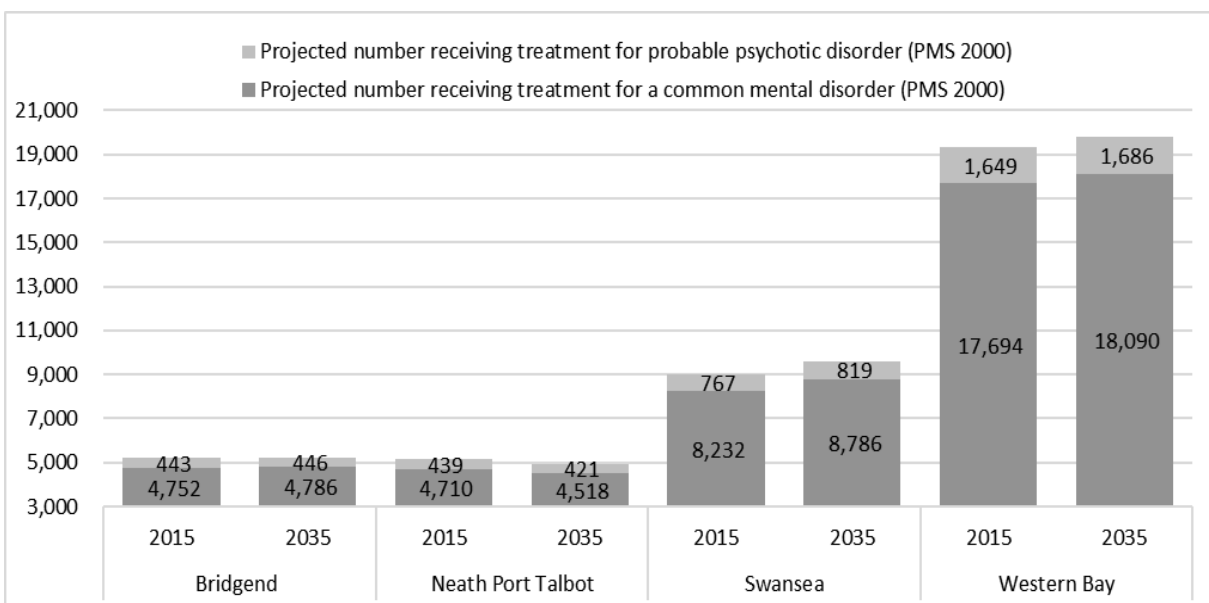
The projected numbers in these sections are based on the projected prevalence rates set up above and compared to the findings of the 2000 survey regarding these topics as related to CMDs and probable psychotic disorders. We present only treatment data for CMDs and probable psychosis due to absence of data for personality disorder.

Receiving Treatment

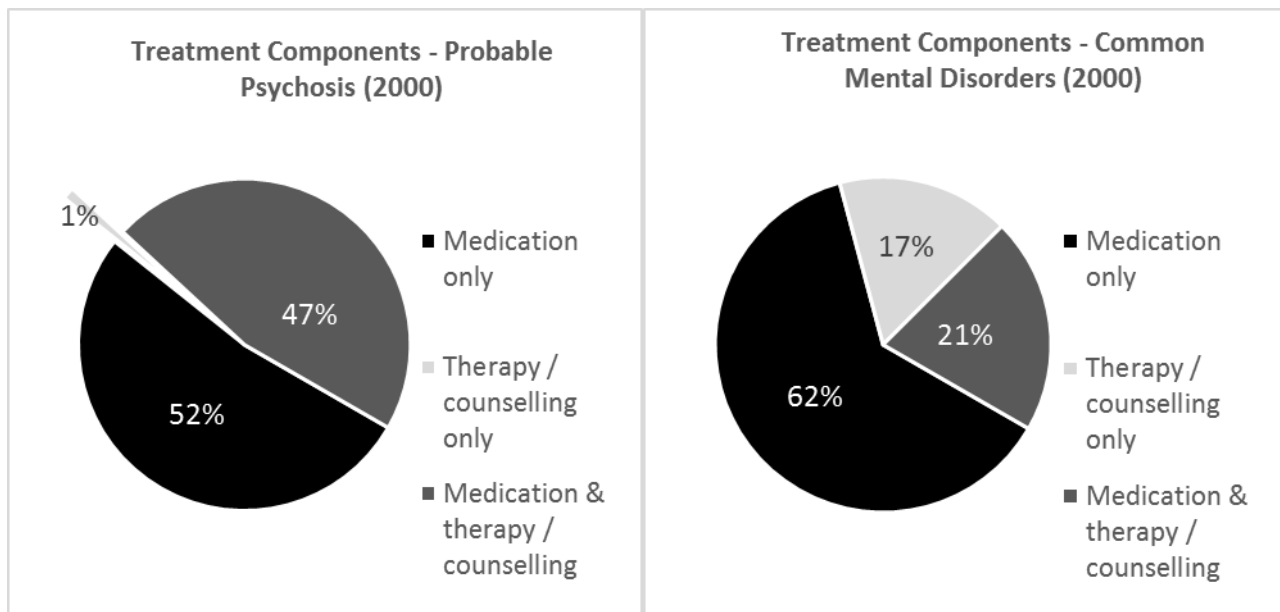
Treatment is explicitly defined in the survey as those receiving the following in the previous year:

- Receiving medication **and / or**
- Receiving counselling / therapy.

In 2000, 24% of people with CMD were projected to be receiving treatment, as were 85% of people with a probable psychotic disorder. The 2007 survey for England showed 81% for probable psychotic disorder while treatment for CMDs remained at 24%. The 85% treatment rate has been retained as the 2007 data for probable psychosis was regarded as less reliable due to smaller sampling rates. The 24% treatment rate for people with CMDs is also used.



It is possible for a person to experience both and therefore there will be some overlap in the two sets of numbers.



The treatment used most often for CMDs and probable psychosis is medication, with 99% of those with probable psychosis receiving medication as part of their treatment, and 83% of those with CMDs receiving medication as part of their treatment. 48% of those with probable psychosis receive some form of therapy / counselling, while just 38% of those with CMDs receive this form of therapy. 62% of those with CMDs receive only medication as treatment.

Talking to GP about a Mental or Emotional Problem

General Practitioners consider that a large proportion of their consultations relate to mental health problems. The data from the 2000 survey suggests people with mental health problems may be much more likely to speak to their GP about a mental or emotional problem than those who do not have such problems.

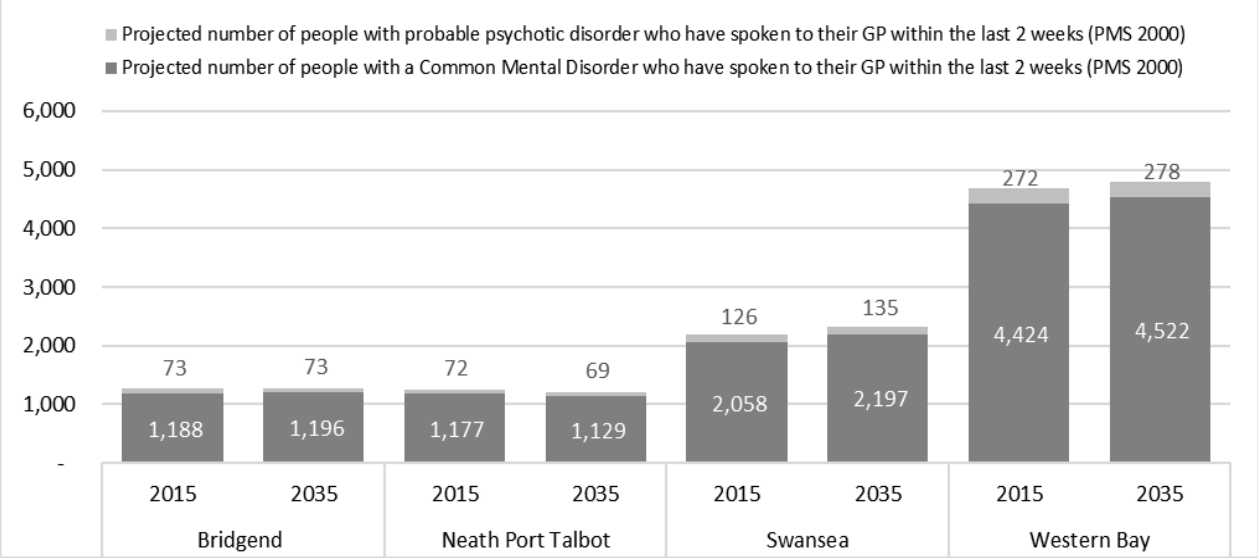
The table below shows that 14% of people with a probable psychotic disorder spoke to their GP about a mental or emotional problem in the last 2 weeks compared to 2% of people who do not have such a disorder: a seven-fold difference. Similarly, those with CMDs are six times more likely to have spoken to their GP than those without CMDs.

	% of people spoken to GP about a mental or emotional problem			
	With CMD	Without CMD	With probable psychotic disorder	Without probable psychotic disorder
Have spoken to GP about a mental or emotional problem				
Within previous 2 weeks	6	1	14	2
In the last year	39	6	71	11

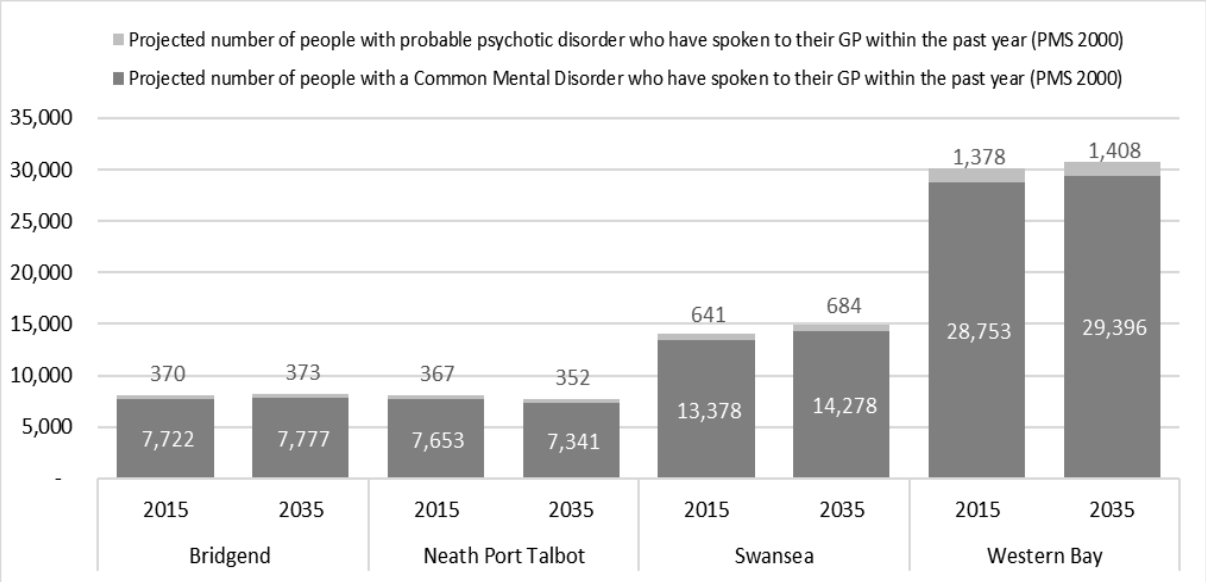
Looking at the whole of Western Bay using the projection for having seen GP within last 2 weeks for 2015 in the graph below, approximately 4,700 GP consultations in a fortnight were carried out with people with CMDs or a probable psychotic disorder.

Over a 52-week period, this is over 122,000 consultations (125,000 by 2035).

It should be remembered that there will also be a considerable number of additional consultations that relate to substance misuse or to personality disorder.



The graph below shows the projected numbers of people with CMD/probable psychosis who had spoken to their GP within the previous years.



For a whole of 2015, approximately 30,100 patients with CMD / probable psychosis will have spoken to their GP about a mental or emotional problem. Compared to the 122,000 calls, it could be suggested that each CMD / probable psychosis patient, on average, will speak to their GP about a mental or emotional problem roughly 4 times in a year.

Accessing Community Services

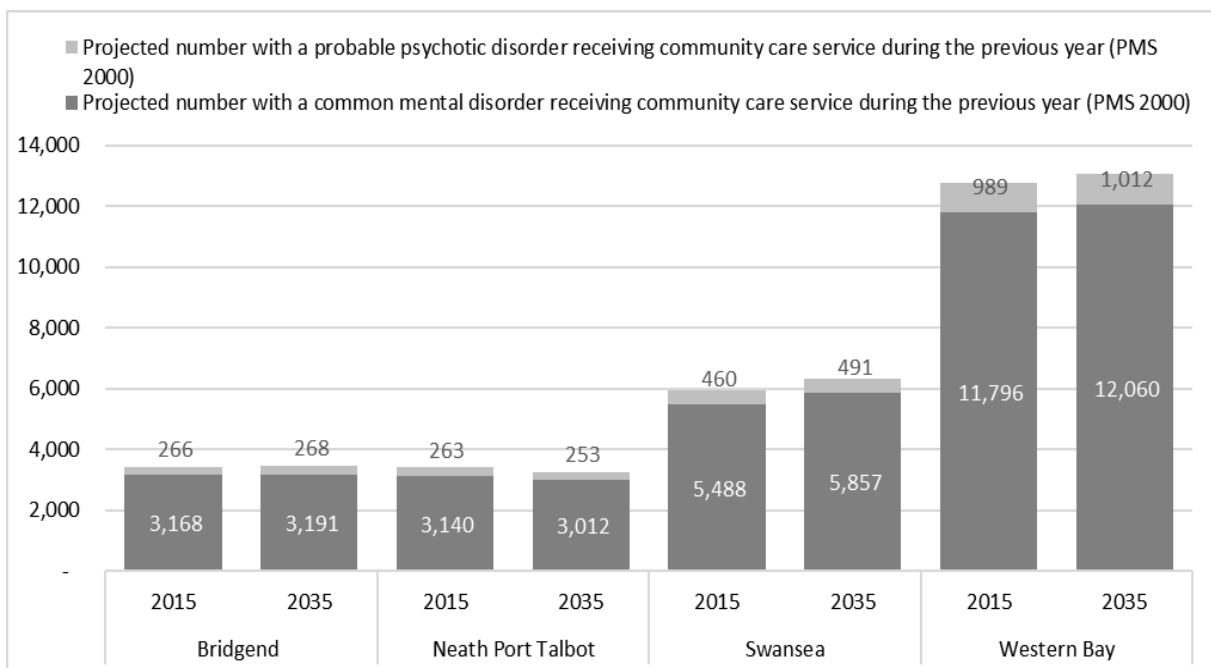
Definition of community services

GPs treat the highest proportions and numbers of people with mental disorders. People who have more serious mental health problems would be more likely to access more specialist services. Within the psychiatric morbidity survey, these are known as **community services**.

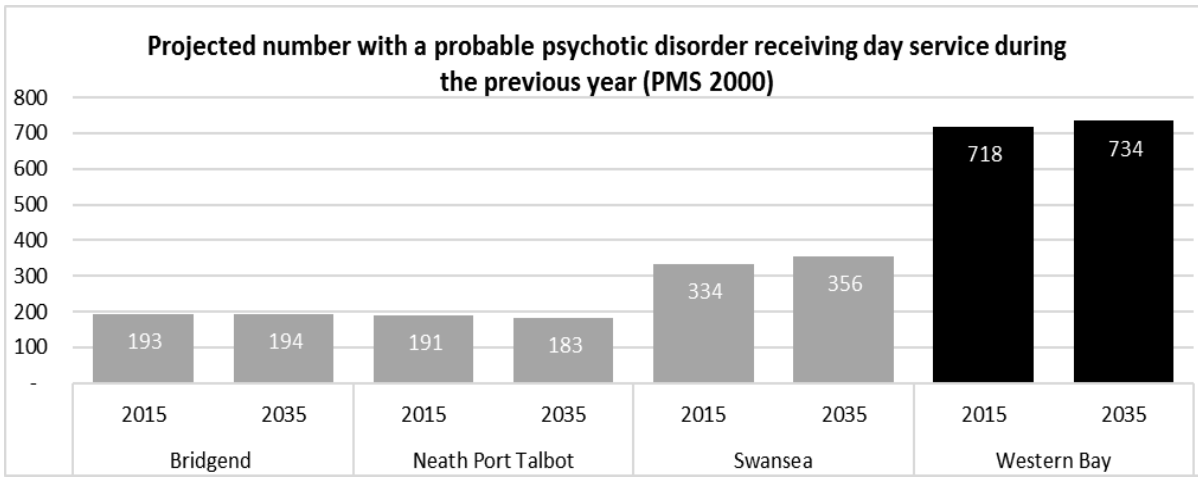
The term community services relates to any of the following:-

- Psychiatrist
- Psychologist
- Community psychiatric nurse
- Community learning difficulty nurse
- Other nursing services
- Social worker
- Self-help/support group
- Home help/home care worker
- Outreach worker

18% of people with a CMD are anticipated to use community care services within a year, while 51% of those with a probable psychosis are also anticipated to use community care services.

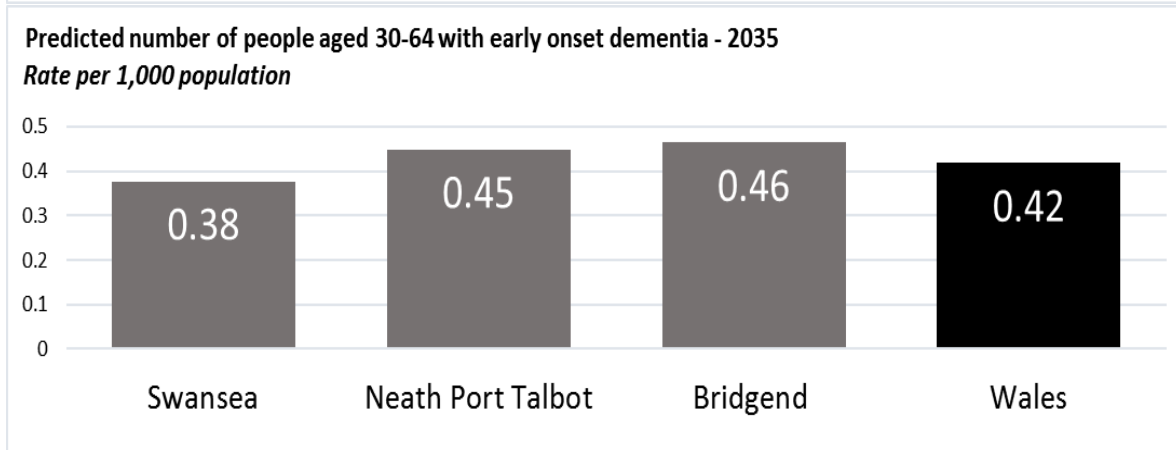
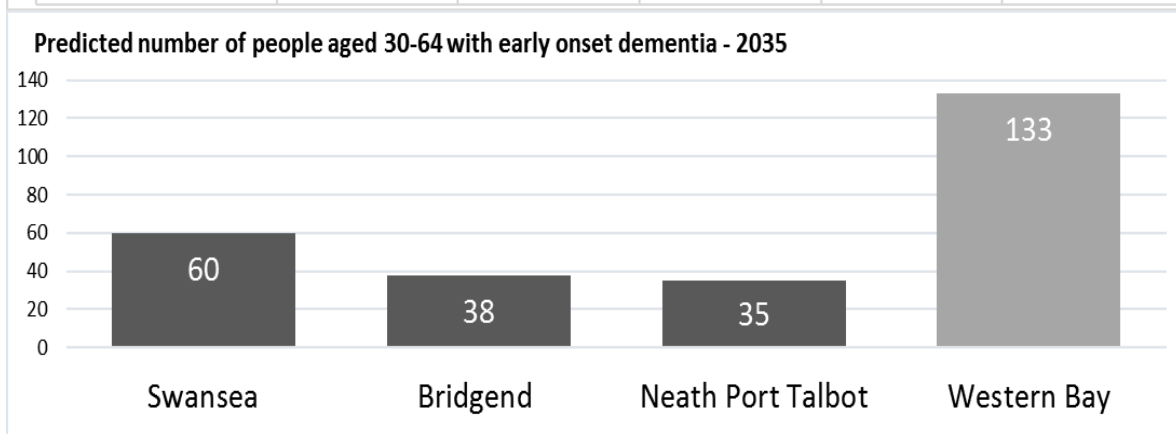
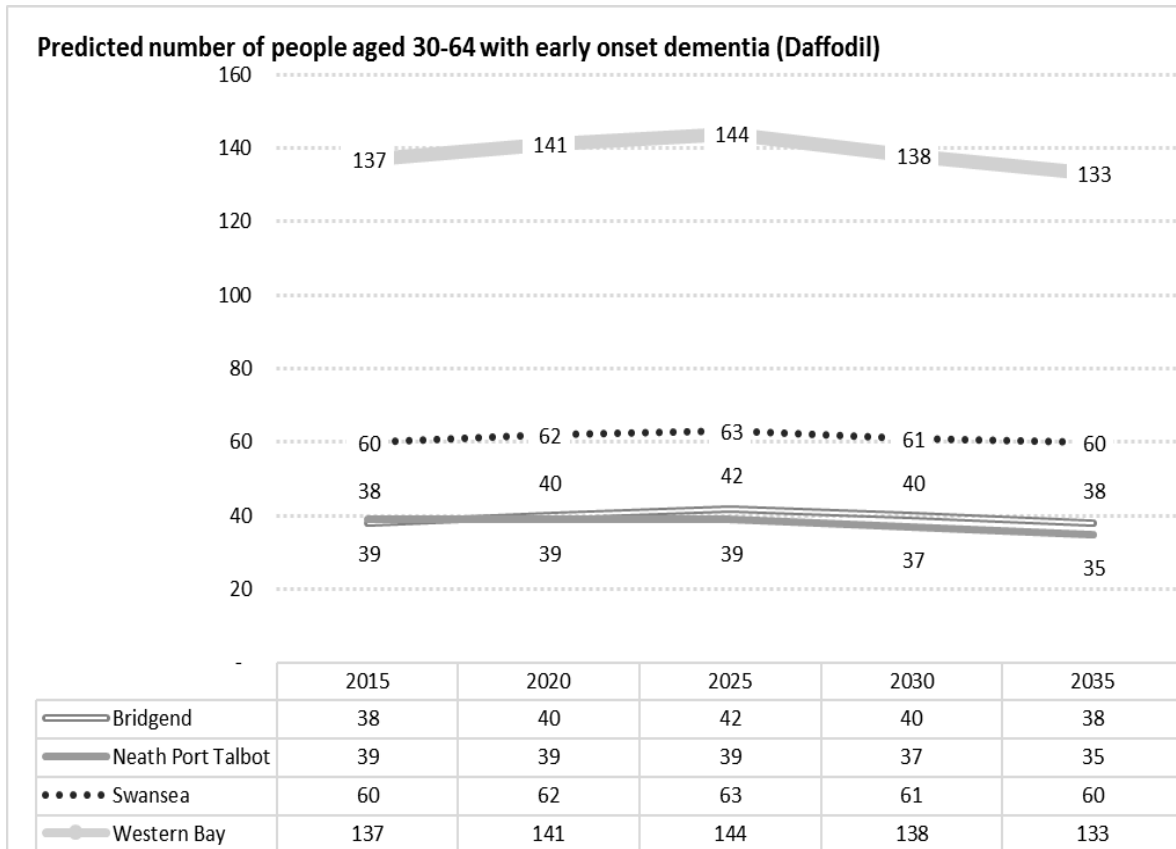


Day service is another aspect of community provision and is usually most focussed on those with the most serious disorders, particularly psychotic disorders. Only 3% of people with CMDs use day services compared to 37% of people with a probable psychosis.



Early-Onset Dementia

Numbers in this population group are projected to remain stable.



Strategic Considerations

The Mental Health Commissioning and Delivery Plan complements our Adult Social Care (ASC) Commissioning Plan, *Living Independently in Bridgend in the 21st Century (2010-20)*, it is intended to be a vehicle for implementing our vision for ASC and to align and deliver the values and objectives specified in key local and regional strategic commissioning documents. This plan embraces the principles set out in the Welsh Government strategy and delivery plan for mental health and wellbeing in Wales: *Together for Mental Health* and supports the Western Bay Health & Social Care Programme *Moving Forward Together: Joint Commitments for Mental Health Services* and will help to drive forward the implementation of *Social Services and Wellbeing (Wales) Act 2014*. To ensure that our direction of travel will deliver the outcomes that matter to those who require services, this plan has been developed in consultation with key stakeholders and partners, including Service Users and Carers.

Collaborative and integrated approaches to planning, commissioning and delivery are key elements to successfully taking forward our intentions and commitments. Our commitment to partnership working can be seen through our involvement with the Bridgend Local Services Board and our continuing work as a member of the Western Bay Health and Social Care Collaborative, which is a partnership between the City & County of Swansea, Bridgend County Borough Council, Neath Port Talbot County Borough Council and Abertawe Bro Morgannwg University Health Board (ABMU).

In the context of this Plan, support includes meeting the individual's health, social, housing, personal, wellbeing and educational needs. The main focus of this Plan is adults with mental ill health and their families and/or Carers within the county borough of Bridgend but also has links into the Children's and Adolescent Mental Health Team (CAMHT), the Older People Mental Health Team (OPMH) and the regional picture within the Western Bay Collaborative. It complements the development and implementation of Bridgend's ASC *Dementia Commissioning and Delivery plan*, which specifically concentrates on dementia and older people mental health services.

Our definition of mental health problem, mental illness and mental ill health has been taken from *Joint Commitments for Mental Health*:-

Mental health problem - emotional distress that may not constitute a mental illness but may be a predisposing factor to mental illness.

Mental illness – a diagnosable condition including both common mental health problems and severe and enduring mental health problems.

Mental ill health – a term which incorporates mental illness and mental health problems.

Our vision is for all the people who receive support from Adult Social Care and it applies to people requiring mental health services and Carers and families that require support. This vision supports the Council's improvement priorities of 'working together to improve lives within the borough' as set out in our corporate plan, *Working Together to Improve Lives*.

Our vision is:-

“To promote independence, wellbeing and choice that will support individuals in achieving their full potential in healthier and vibrant communities” (Wellbeing Directorate Business Plan 2008-11).

This will mean promoting the principles of choice, independence, empowerment, opportunity, dignity and respect. It will involve safeguarding vulnerable people and developing preventative approaches to ensure that people receive the most appropriate level of assistance, in order to reduce the need for long term support from statutory Agencies.

The establishment of a new model of assistance and support will enable us to achieve our vision. This model requires a change in traditional commissioning practices to a person-centred approach that promotes positive outcomes for individuals and offers value for money. Our model has five key elements which are linked to our assessment process and strives to enhance a person’s independence by providing appropriate responses to identified needs.

Key Elements of our model:-

- 1. Enabling Approaches** that allow people to make better-informed decisions about the type of support they require.

This will be achieved by:-

- **Improving signposting and information** about support options to enable people to continue managing their needs themselves;
- **Expanding the range of independent advocacy support** available to assist people to make informed choices and decisions about support arrangements that impact on their lives;
- **Promoting and improving the take up of direct payments** and encouraging people to become involved in the planning of their support and to have more control over their own future;
- **Supporting Carers and families** by increasing the offering and take up of carer assessments, continually improving the involvement and engagement of Carers and improving the consultation process and flow of information to Carers.

- 2. Preventative Approaches** that focus on early identification of changes to a person’s needs that constitute a risk to their continued independence and ability to manage their own needs.

This will be achieved by:-

- **Supporting independence in the home** by increasing the range of options for maintenance of independence and targeted assistance in a person’s own home;
- **Increasing community opportunities** by expanding the use of individually planned support arrangements in a range of integrated community settings that reduce high dependence on statutory services;
- **Increasing the range of short break options** in the community for Service Users and Carers which are appropriate, accessible and flexible outcome focused breaks;

- **Creating more opportunities for supported employment** which enable people to access voluntary or paid work and reduce the need for formal support;
- **Providing intermediate care and reablement approaches**, which offer short term intensive support that enables people to either regain or maintain their level of functioning for living independently;
- **Remodelling community support facilities** into integrated specialist community support resources that can deliver specialist and intensive support packages for people on a time limited basis.

3. Specialist Preventative Approaches that provides alternative options of support for those who are at high risk of requiring long term support and/or face unnecessary prolonged support in settings that reduce independence.

This will be achieved by:-

- **Providing rapid responses and supporting people at a time of personal crisis** by increasing the range of specialist support arrangements so that unnecessary admissions to traditional care settings which reduce a person's independence are reduced.
- 4. Integrated Living** that enables people with complex needs who have become socially isolated to access some form of flexible social care housing related support, and in some circumstances, to access integrated community based housing schemes where there is access to higher levels of social care support.

This will be achieved by:-

- **Consolidating and increasing the number of supported independent housing schemes** for people with more challenging needs through the development of a progression pathway model;
- **Refocusing and coordinating social care housing support arrangements** more closely with mainstream community and integrated health and social care responses and work with partners to enhance the range of housing and support options for people with a range of needs.

5. Interventionist Approaches for people who require more specialist inputs and whose needs cannot be met without intensive packages of support.

This will be achieved by:-

- **Developing integrated specialist health and social care resources** based on the reablement model of support and tailored to the individual needs of the person;
- **Developing a range of permanent interventionist support models** for people with specialist and complex needs in partnership with local and regional partners and preferably linked to their local community networks of support.

Successful delivery of our new model of assistance and support will be achieved through the development of effective evidence based commissioning and planning arrangements. Improving of our commissioning approach will enable us

to respond to the assessed needs of individuals and maximise people's independence through the procurement of quality services that offer value for money and achieve positive outcomes for the individual.

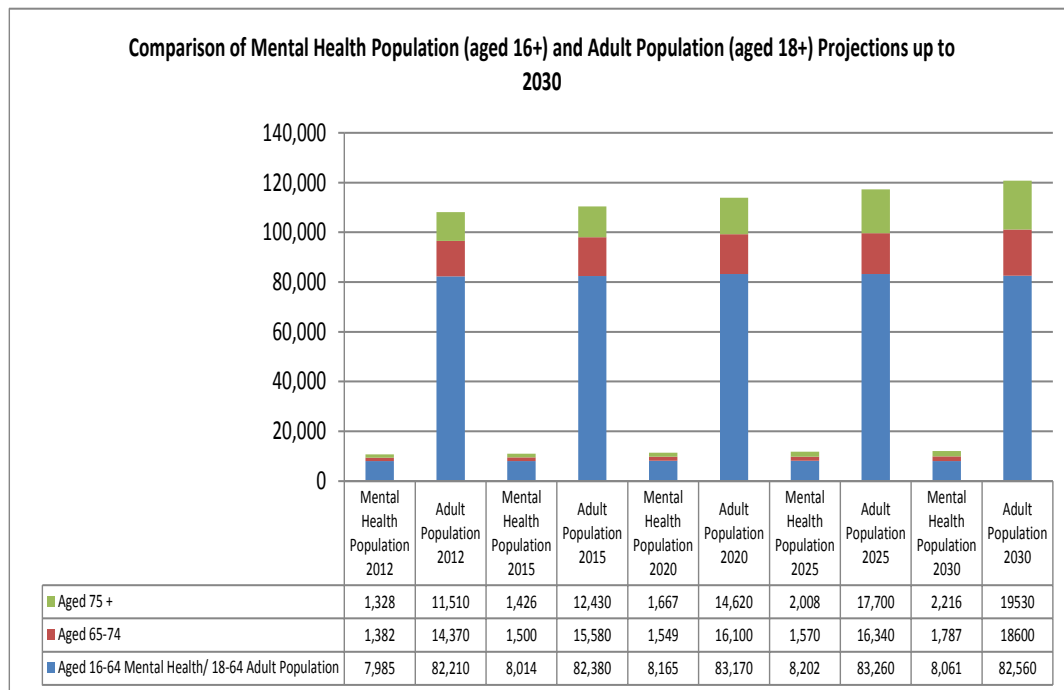
Current Position within Bridgend

In Wales, 1 in 4 adults will experience some kind of mental health problem or illness within their lifetime and 2 in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder (*Together for Mental Health 2012*).

The below information helps to set out Bridgend's current picture and projected changes with regards to the boroughs adult mental health population, their needs and our available services. This data does not include dementia figures as this is contained within the Dementia Commissioning Strategy.

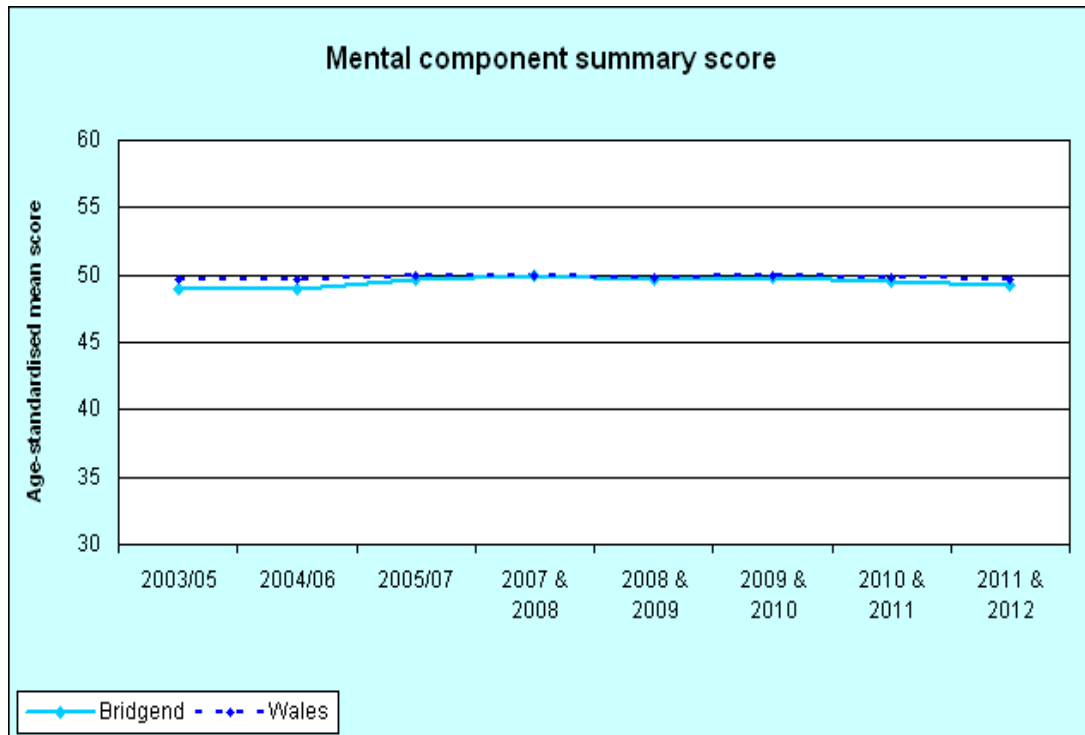
The Welsh Health Survey (2012) states that in Bridgend, 13% of adult respondents report as being treated for a mental health illness. The survey also highlighted that in Wales a higher percentage of women (14%) than men (8%) report being treated for a mental illness.

Projection of need: The below diagram shows the predicted number of people in Bridgend with a mental health problem. These predictions are based on projection data from *Daffodil* using information taken from the Welsh Health Survey. Adult respondents were classified as having a mental health problem if they reported as currently being treated for depression, anxiety or 'another mental illness'.



Mental Component Score: The below diagram taken from the Welsh Government's *Statistics for Wales: Local Area Summary Statistics for Bridgend* compares the mental component summary score for Bridgend against the trend for Wales. The score, which is a relative measure of well-being, shows that

although there has been a slight decline over the last few years, the mean score for 2011/12 was not significantly lower than the Welsh average.



Our service and financial data indicates the following emerging themes:

- A significant proportion of the ASC mental health budget is spent on a small number of high cost residential and nursing placements. This demonstrates a need to review high cost placements to ensure that people are receiving appropriate levels of support in the most appropriate settings and that this is supported through models of support that promote the progression pathway. It also highlights the need to explore options for developing a brokerage service for high cost placements with our Western Bay partners.
- The number of people supported in residential or nursing placements has remained roughly the same over the last few years, yet at the same time, the number of Service Users receiving domiciliary care has risen. There has been an increase in the number of people receiving domiciliary care in Mental Health and a rise in the number of assessed and delivered hours. This may indicate that demand for traditional models of support has been reduced and that those who require services want to receive support within their own homes and communities.
- More people are choosing to receive direct payments and the net budget for this has significantly risen year on year to reflect this increase in demand although there is still low take-up in Mental Health services. We therefore need to ensure that those who choose to directly purchase services are able to access appropriate information and advice.

- The majority of accommodation based services, including supported living establishments, are located in or around Bridgend town centre and there is very little provision within the valleys. In order to enable people to remain within their own communities, we must look at the range of support models across the borough that supports independent living, including the promotion of community based support networks.
- There has been a reduction in the number of people being referred into the Crisis Resolution Home Treatment Team. We must continue to focus on early intervention and development of preventative models of support to ensure that Service Users receive appropriate and timely responses and we have clear pathways in place to support those who are experiencing a crisis.
- Since the introduction of the Mental Health Measure, there has been a reduction in the number of people being referred to the Mental Health team and an increase in people being referred to the Assisting Recovery in the Community Centre (ARC). This reduction appears to indicate that we are successfully enabling more people to access primary care services in line with part 1 of the Mental Health Measure.
- Data shows that there has been a reduction in the number of people requiring services provided by the Assisted Recovery in the Community (ARC) service including community support day care provision. This combined with the increase in the number of people being referred to ARC appears to demonstrate that people are being successfully signposted to non-statutory community support services. By working collaboratively with community groups, third sector and voluntary organisations, we can further maximise opportunities for local services to offer support networks.

Challenges for the Future

There are a number of national and local factors that impact on ASC, which are key drivers in terms of strategic planning such as:-

- **Demographics** - It is expected that demand on all social care services will grow due to the anticipated demographic changes in Bridgend. Projections indicate that Bridgend will see an increase of people with a mental health problem. In order to facilitate choice, control and long-term independence, we need to explore and invest in a range of preventative and supportive services within the community.
- **Citizen Directed Support** - The Welsh Government's approach to Citizen Directed support requires Local Authorities to:-
 - Extend the use of Direct Payments;
 - Work in a person-centred and outcome-focused way;
 - Develop support pathways in collaboration with key partners.

ASC expenditure on Direct Payments has significantly increased over the last five years. It is important to ensure that those who receive services directly commissioned from ASC and those who are in receipt of direct payments

have sufficient information, advice and advocacy to make informed decisions about their care and are involved in their care planning as much as their capacity allows.

- **Prison Population** – A significantly high number of prisoners have a mental health problem, with 9 in 10 prisoners experiencing a diagnosable mental health and/or substance misuse problem (*Together for Mental Health 2012*). HMP/YOI Parc is the largest prison in Wales and there are plans to further expand the prison. Approximately 80% of prisoners from HMP/YOI Parc were released to live in Wales (HMP/YOI Parc Inspection Report, July 2013). Unless prisoners in Wales have made themselves intentionally homeless, they are guaranteed accommodation on release. Therefore, we must ensure that services are able to meet the needs of those with offending behaviours in a timely manner and that we work in partnership with other agencies to ensure that they receive appropriate support.
- **Substance Misuse** – In Bridgend, 45% of adult respondents to the Welsh Health Survey reported that their daily alcohol consumption was above guideline amounts. The number of referrals in Bridgend for alcohol misuse in 2012/13 was 364 and in the same year there were 304 referrals for drug misuse (StatsWales). The Welsh Government's 2008-18 substance misuse strategy *Working Together to Reduce Harm* highlights that substance misuse can be both a symptom and cause of a mental illness and notes the negative effects that a person's substance misuse can have on the health and wellbeing of their families. In order to deliver effective support that meets the complex needs of Service Users with co-occurring substance misuse problems, it is important to work collaboratively with other organisations and Agencies to deliver coordinated treatment pathways.
- **Complexity of need and co-occurring conditions** – There has been an increase in the number of people with a mental illness who also have other health and/or wellbeing issues. It is important to work in partnership with Health and other Agencies to develop services that can meet these needs and develop integrated pathways to ensure that Service Users receive a holistic response. Some of the most frequent co-occurring conditions in Bridgend include:-
 - Substance Misuse;
 - Personality Disorders;
 - Offending Behaviours;
 - Autistic Spectrum Disorder;
 - Women with complex, chaotic and offending behaviours;
 - Sensory Impairment;
 - Physical frailty and physical disability.
- **Carers** – According to 2011 Census data, there were 17,919 Carers in Bridgend. It is acknowledged that this figure is likely to be much lower than the actual number of Carers in the area. Local Authorities are keen to find ways of offering and providing support and assistance to help Carers and families care for their loved ones. The Social Services and Wellbeing (Wales)

Act 2014 places Carers on an equal footing to those they care for and ensures access to assessments and the appropriate services. In addition, The Carers Strategy (Wales) Measure 2010 also places new legal duties on the NHS and Local Authorities to work together in consultation with Carers to publish and implement a joint Carers Information and Consultation Strategy.

- **Financial drivers** – Local Authorities are facing a challenging financial future and will have to face difficult decisions in terms of services and how they will be delivered. The financial climate and the need to make significant efficiencies requires us to look at innovative ways of service improvement, including collaborative models and to review the balance between what is directly owned and provided by the Authority and what is provided by external partners. Despite the challenges posed by the current financial situation, the **key** driver for this plan is to develop the way services are delivered to make them person-centred and focused on delivering independence, rehabilitation and recovery approaches.
- **Section 117 of the Mental Health Act** – Health and Social Services have a statutory joint duty to work in partnership with other relevant agencies to provide aftercare to certain patients that have been detained for treatment in hospital under particular sections of the Mental Health Act. Service Users in receipt of aftercare provided under S117 cannot be charged for these services.
- **Rurality**- Bridgend has a number of rural and valley communities. Current accommodation based support commissioned by ASC is largely based in and around Bridgend town centre. It is important to look at the services we commission to ensure that Service Users can remain within their own homes when possible and receive support and care within their communities.
- **Deprivation** – Evidence suggests that there is a link between poor mental health and deprivation. Factors including homelessness, poverty, abuse, social isolation and poor working conditions can have a negative impact on a person's mental wellbeing.
- **Enabling Independence** – Moving away from traditional care models will require us to work closely with Service Users, Carers and families to help vulnerable people attain the skills and confidence that will enable them to attain maximum independence and also to support people to maintain their levels of independence for as long possible. This will also require changes to our care co-ordination and assessment processes to ensure that there are positive responses to risk taking and that support is appropriate to the level of need.
- **Collaboration** – The progression of the collaboration agenda requires robust governance procedures and the need to develop processes for sharing risks, funding and ownership in order to progress our shared agendas.

Strategic Drivers

There are a number of national, regional and local strategic drivers that have and continue to shape the development and delivery of mental health services.

National objectives -

- **Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales and Delivery Plan; 2012 16** – Aims to improve outcomes for those who require mental health services, their Carers and their families and improve the wellbeing of the wider population. It places the Service User at the centre of service delivery, emphasises the importance of partnership working and promotes a ‘recovery and enablement’ approach to help people to live independently and reach their full potential. The Strategy focuses on six high level outcomes:-
 1. To improve whole population mental health and wellbeing;
 2. To reduce the impact of mental health problems and/or mental illness on individuals, families, Carers and their communities;
 3. To reduce inequalities amongst people experiencing mental illness and mental health problems;
 4. To increase the feeling of control that people in receipt of assessment, treatment and services have over decisions made that affect them;
 5. To demonstrate the long term economic advantage of a whole population, all ages approach to improving mental health and wellbeing and treating mental illness;
 6. To improve the values, attitudes and behaviours of staff within the public, independent and Third Sector in relation to mental health and wellbeing.

The associated Delivery Plan sets out key actions for the Welsh Government and key partners to deliver the six high level outcomes.

- **Mental Health (Wales) Measure 2010** - Places a legal duty on Local Health Boards and Local Authorities with regards to the assessment and treatment of people with mental health problems and will improve access to independent mental health advocates. The Measure will result in an increase of services available within primary care, ensure that all patients receiving secondary services have a Care and Treatment plan, enable adults discharged from secondary services to refer themselves back into services for assessment and provide opportunities for all in-patients to receive help from an independent mental health advocate if required. The four Parts of this Measure are:-
 1. Part 1 - Local and Primary Mental Health Services – places a legal duty on Local Authorities and Health Boards to establish local primary mental health services across Wales within and alongside GP settings, including assessment, short term interventions, information and advice, and where appropriate, onward referral to other services;
 2. Part 2 – Care Co-ordination and Treatment Planning - gives all people who receive secondary mental health services an individual Care and Treatment plan;

3. Part 3 – Assessments of Former Users of Secondary Mental Health Services – allows eligible adults discharged from secondary care to self-refer directly into secondary services without the need to see a GP if they believe their mental health is worsening;
 4. Part 4 – Independent Mental Health Advocacy – extends the Independent Mental Health Advocacy (IMHA) scheme to enable all inpatients in Wales in receipt of assessment or treatment to request support from an IMHA.
- **Social Services and Wellbeing (Wales) Act 2014** - Aims to empower those in need of social care services and their Carers and to promote their independence by affording them a stronger voice and giving them more control over the services they receive. The Act emphasises the promotion of equality, improvement of service quality and provision of information and stresses the need for commissioners to achieve a shared focus on prevention and early intervention. Key elements of the Act include:-
 - Revised assessment, eligibility and care support and review arrangements and practices;
 - New ways of providing information, guidance and wellbeing support for the public;
 - Strengthening early intervention, reablement and prevention services;
 - Further strengthening our work with and support for Carers;
 - Revising safeguarding arrangements;
 - Strengthening Direct Payments arrangements;
 - Promoting social enterprises, co-ops and the third sector in the provision of care, support and preventative services;
 - Duties to meet the needs of self-funders on request;
 - Clarification charging arrangements.
 - **Carers Strategies (Wales) Measure 2010** – Intends to improve the lives of Carers by placing a legal duty on Health Boards to lead on the development of a joint carers' information and consultation strategy with partner Local Authorities. Both the Health Board and Local Authorities have a responsibility to commit to and implement the joint strategy, which will ensure Carers:-
 - Receive appropriate information and guidance;
 - Are actively engaged with and involved in decisions about the provision of services they, or the person they care for, receive.
 - **The Williams Commission Report 2014** – Recommends a proposed reduction in the number of Local Authorities in Wales based on mergers of the existing 22 Local Authorities. At date of publication, the future shape of local government in Wales was still uncertain; however, this report emphasises the importance of collaboration and partnership working with neighbouring authorities.

Local and Regional Objectives

- **The Western Bay Health and Social Care Collaborative** – Aims to provide improved sustainable services that meets people's needs by working in partnership to identify gaps in service provision, reduce duplication and deliver

new service models. The Western Bay Mental Health Project sits within this collaborative and has identified the following work streams to progress:-

- Development of community resources;
 - Provision of effective unscheduled care models;
 - Implementation of the Mental Health Measure;
 - Development of community support and accommodation models.
- **Western Bay Health and Social Care Programme: Moving Forward Together, Joint Commitments for Mental Health** – Sets out how we, with our Local Mental Health Partnership Board partners will deliver the high level outcomes within *Together for Mental Health*. The commitments place a focus on:-
 - Promoting mental wellbeing and helping to build resilience for people, families and communities;
 - Working together with people in providing support and care;
 - Working together between and within organisations;
 - Holistic care for the most vulnerable.
 - **Abertawe Bro Morgannwg Carers Partnership Carers Information and Consultation Strategy 2013-16** – This is a response to the Carers Strategies (Wales) Measure 2010 and sets out how the partnership will support Carers through the provision of information and ensuring Carers are involved in decisions about the services that they, and those they care for, receive.
 - **The Local Services Board (LSB) Single Integrated Partnership Plan: Bridgend County Together April 2013 – March 2018** - Sets out the vision for Bridgend as '*a healthy, prosperous and safe county where people can reach their full potential*'. One of the four priority areas within this vision is to ensure that '*people in Bridgend are healthier*'. To achieve this priority, the Plan goes on to state that it will focus on care within the community as opposed to hospital or residential care.
 - **BCBC Corporate Plan: Working Together to Improve Lives (2013-2017)** – Explains the Council's vision for the borough and identifies its priorities for improving the lives of citizens within Bridgend. These improvement priorities include:-
 - Priority 4 - working together to help vulnerable people to stay independent;
 - Priority 5 - working together to tackle health issues and encourage healthier lifestyles;
 - Priority 6 - working together to make best use of resources.

The Plan emphasises the need to work with partners to develop a range of accommodation and support options to help sustain or achieve independence and the development of services that enable people to live healthy independent lives.

- **BCBC Wellbeing Directorate Business Plan 2014-15** – Identifies how the Wellbeing Directorate will contribute to the Council's improvement priorities in

2014-15. The Plan sets out the Directorate's priorities, commitments and milestones for 2014-15. With regards to mental health these include:-

- Pilot the single point of access to Mental Health services in Bridgend;
 - Co-ordinate the wellbeing information and advice service so that Service Users know about support that is available to them;
 - Develop a dementia plan to ensure that the right services are available to support people with dementia.
- **BCBC Adult Social Care Commissioning Plan: Living Independently in Bridgend in the 21st Century (2010-20)** - Sets out a range of principles that meets the requirements and objectives of local strategies and provides a framework for exploring the potential of integrating the ASC and local NHS agenda. A key theme of the strategy is to promote collaboration and partnership across organisations, communities and individual people. It highlights that there is a need to move from traditional commissioning practices to more person-centred enabling approaches that promote positive outcomes for individuals.
 - **BCBC Supporting People Local Commissioning Plan 2013/14** – Highlights mental health as one of the dominant lead needs for housing related support (7%). The Plan's vision is to develop a range of 'joined-up' services that will provide a number of options to support a person's independence. A key message within the Plan is the need for preventative and emotional support services, the creation of community support networks and the development of a range of care models that offer more flexible levels of support.

Journey So Far

Over the last few decades there have been significant changes to the delivery of Mental Health services, not only in Bridgend but across the UK. Current models of support have moved away from traditional inpatient based care, which focused on 'treatment', towards multidisciplinary community based approaches that promotes the 'recovery' philosophy.

There are many interpretations of the recovery philosophy but the underlying concept within the Mental Health (Wales) Measure 2010 is 'the belief that it is possible for someone to maintain, gain or regain skills that help them to live as fulfilling a life as possible, despite serious mental illness'.

Current Services

The current model for mental health services in Bridgend is largely a result of incremental changes in service design in response to policy developments, local pressures and organisational transformations. There is a recognition locally that there needs to be a greater investment in the development of a wider range of mental health services, for example the expansion of more community based approaches. We must therefore, work in partnership with stakeholders to ensure that the services we provide meets, and continue to meets, the changing needs of the population through effective planning and commissioning.

Key components of our current model include:-

- CMHTs are the main source of community mental health services. They are at the core of the mental health system and are specialist, multidisciplinary, multiagency teams which provide mental health assessments and support to individuals accessing services. CMHTs prioritise interventions based on need, risk, and vulnerability for individuals whose complexity of care cannot be met within primary care services;
- The multi-disciplinary and multi-agency Home Treatment Team to support people experiencing crisis within their own homes in order to avoid admission or readmission into mental health inpatient services;
- Outpatient consultant clinics to support people within the community;
- A Primary Mental Health Support Service developed in partnership with ABMU HB under the provisions of Section 2 of the Mental Health (Wales) Measure 2010 to support and secure local provision of mental health services;
- Structured day opportunities, psychological and psychotherapeutic interventions provided out of the ARC centre;
- The specialist Perinatal Response Management Service (PRAMS) for those experiencing significant stress and/or other mental ill health in pregnancy and up to a year after birth;
- A range of inpatient specialist services at Princess of Wales Hospital and Glanrhyd, including assessment, respite, rehabilitation and long-stay beds;
- Residential and nursing care establishments for people with high or intensive support needs;
- Glyn Cynffig Hostel to provide support and assistance to adults recovering from serious mental illness, including those with co-occurring serious mental illness and substance misuse;
- Supported living accommodation providing supportive environments to enable people to live independently within the community;
- Floating support to provide targeted and flexible responses to assessed need;
- Domiciliary care providing personal and practical support within a person's home;
- A range of voluntary sector services providing a range of information, support, advocacy, activities and befriending for Service Users and Carers.

What have we done and what are we doing

Within the last few years, there has been a great deal of activity across mental health services in order to drive forward our commissioning and service objectives. Some recent and upcoming projects include:-

- Working with our colleagues in Supporting People to create a short-term fixed accommodation service for individuals with mental health problems who are also experiencing 'vulnerable and chaotic' lifestyles;
- Progressing the development of a community service model based on a circle of support in partnership with our colleagues in Supporting People;

- Appointing a Mental Health Elected Member Champion to help tackle stigma and discrimination attached to mental illness;

Creating of a local primary Mental Health Support Service, which delivers:-

- Comprehensive primary mental health assessments;
 - Short term interventions;
 - Information and advice about treatment to Service Users and Carers;
 - Support and advice to GPs and other primary care workers;
 - Support to Service Users in regards to their onward referral to secondary mental health services.
- Developing a service to boost community resilience, combat discrimination and provide services to those affected by suicide;
 - Progressing the development of community support services that will focus on prevention, information, signposting, early intervention and improving community resilience with our Western Bay partners;
 - Establishing a complex case panel to ensure that Service Users leaving hospital are appropriately supported in the community;
 - Moving away from traditional day centres by providing day opportunities within the community.

Opportunities

We have been able to identify a number of opportunities to further progress our commissioning and service objectives, including:

- Supporting people to move into services that offer more appropriate levels of support through the development of a progression pathway model;
- Developing a range of accommodation options, including crisis provision and alternatives to traditional inpatient facilities for those with complex needs;
- Working with accommodation providers to develop a more flexible market, which is able to meet demand and provides greater independence;
- Reviewing high cost placements to ensure that people are receiving appropriate support in an appropriate model of care;
- Working with colleagues in Supporting People to maximise joint commissioning opportunities;
- Improving information flow from Social Workers to the Commissioning Team so that practice knowledge informs commissioning activity;
- Building on our collaboration with partners in Health to develop integrated services. In the context of Western Bay, consider ways to pool budgets and holistically purchase services and expand the range of therapeutic responses for individuals exhibiting behaviour deemed to challenge services;
- Evaluating the quality and outcomes of Care and Treatment Plans to ensure that they are person centred and deliver outcomes that are important to Service Users;

- Developing a single point of access across the Western Bay area so that there is equitable and consistent access into mental health services across the region;
- Undertaking a review of unscheduled care and crisis provision to reduce likelihood of hospital admission and support early discharge;
- Encourage the take up of Carers assessments and exploring opportunities to further support Carers to continue in their caring role;
- Improving the way we measure outcomes of services for Service Users so we know what difference our modernised services are making.

What we want to Achieve

We aim to work with our stakeholders and partner organisations to reshape existing services in order to achieve our vision of providing person centred services that enable independence, maximise personal potential and are flexible and responsive to need, whilst ensuring effective use of funding within the context of BCBCs Medium Term Financial Strategy. Below are some high level objectives, which we intend to take forward over the next three years.

Care Coordination

Continue to ensure that care plans and reviews are person centred;

- Build on current assessment processes to deliver clear outcome focused care planning that supports the recovery approach and the progression pathway;
- Work with colleagues in children's services at earlier points to develop more effective transitions to adult services;
- Promote positive approaches to risk taking with partner agencies and Service Users by building on current risk management approaches to enable independence and reduce the need for more intensive support whilst identifying and appropriately supporting those who are at increased risk of suicide, self-harm, self-neglect and/or harm to others;
- Ensure that Service Users are supported to be involved in the decisions that affect them as much as their capacity allows and follow best practice to assess mental capacity, to enhance mental capacity and utilise the most appropriate ways of helping Service Users make their own decisions;
- Continue to develop processes that enable Service Users to define the outcomes that matter to them;
- Provide information to Service Users and Carers so they can play an informed part in their Care and Treatment pathway;
- Develop a single point of access for people requiring mental health services.

Range of Care Models

Develop a clear progression pathway through different models of support and accommodation, which provides alternatives to hospital admission and supports the recovery approach;

- Establish effective care pathways that promotes integrated support, care planning and service delivery so that Service Users who have a mental illness alongside other health and social problems experience holistic support and treatment;
- Work with the provider market and stakeholders to develop a wider choice of and increased access to 'move on' accommodation and housing related support models, including enabling, step down and floating support;
- Create needs-led services that supports Service Users at the appropriate level and for appropriate periods of time and promotes 'move-on' into lower levels of support in order to attain maximum independence;
- Increase opportunities for people to receive support that enables them to remain in their own homes;
- Support the maintenance of mental health by working proactively with other agencies and partners to encourage the development of community based support networks and models, including information, community and non-specific mental health services;
- Develop appropriate and specialist models of care to support those with complex needs and co-occurring conditions;
- Provide robust care pathways for those in crisis and develop a range of support models to ensure that those in crisis receive appropriate and timely responses;
- Develop preventative and specialist models that help people remain out of traditional care services and reduce the likelihood of crisis situations.

Independent Living

- Promote the development of local support networks in the community and prevent social isolation by maximising opportunities for local services to offer natural support networks;
- Continue to expand opportunities for individuals to develop life skills that promotes and enables independence;
- Work with community groups, third sector and voluntary organisations to collaboratively develop localised support networks;
- Improve opportunities for individuals to access training, education and work;
- Further develop ways to enable Carers to continue in their caring role by providing appropriate information, advice and services.

Collaboration

Respond to national policies and objectives, such as the implementation of the Social Services and Wellbeing (Wales) Act, the Mental Health (Wales) Strategy, the Cares Strategy (Wales) Measure and Together for Mental Health;

- Progress the Western Bay Collaboration agenda and respond to the Williams Report by working with neighbouring Authorities and Health Boards to identify possibilities for jointly commissioning and delivering services;
- Seek further opportunities to pool budgets and align services to improve experiences for Service Users through the provision of coordinated care models;

- Work alongside partners to help people to move on from traditional care settings to more community based and needs led services that offer flexible levels of support;
- Work with colleagues in Supporting People to identify housing related support solutions in order to develop effective and sustainable community based lower level support and preventative services, which promote independence;
- Work with other agencies, including Health and the Third Sector to enhance quality of services and improve effectiveness of services provided to Service Users, especially those with co-occurring conditions;
- Optimise opportunities to identify and attract funding from partner agencies to further develop services;
- Explore opportunities to develop a regional brokerage service for high cost placements.

Commissioning and Planning

- Implement clear mechanisms for improving the information flow from practice to commissioning so that practice knowledge informs commissioning activity;
- Carry out further development activity to ensure that the local market can respond to future demand;
- Strengthen engagement approaches so that Service Users and Carers are involved in the planning, development and implementation of the services they require;
- Produce a robust and transparent market position statement that outlines our commissioning intentions to transform and shape services for the future.

Equalities

Underpinning everything we do is our commitment to our public sector duties of advancing equality of opportunity between people who have protected characteristics and people who do not, fostering good relations between those who have a protected characteristic and those who do not and eliminating discrimination, harassment and victimisation. With this in mind, we will continue to progress our commitment of ensuring that:-

There is equitable access to services which are responsive to, and inclusive of, the individual needs of those with protected characteristics;

- People are not discriminated against or stigmatised because of their mental ill health;
- Welsh speakers are able to receive services that meet their linguistic preferences

2) PROFILE OF SPEND AND ACTIVITY

Social Services& Wellbeing - Adult Social Care (SERBA) Budget Monitoring Summary											
15/16											
	FULL YEAR BUDGET			ACTUAL TO DATE			FULL YEAR FORECAST			Projected Variance (Under)/ Over	Comments
	Budget Exp	Budget income	Net Budget	Actual Exp	Actual Income	Net Actual to Date	Full Year Forecast Exp	Full Year Forecast Income	Full Year Net Forecast		
AOSBAD - ADULTS MENTAL HEALTH NEEDS											
DOSB24 - RESIDENTIAL CARE											
7412 RESIDENTIAL/NURSING MH	1,949,510	(805,280)	1,144,230	1,989,162	(864,916)	1,124,246	1,989,162	(864,916)	1,124,246	(19,984)	0
Total	1,949,510	(805,280)	1,144,230	1,989,162	(864,916)	1,124,246	1,989,162	(864,916)	1,124,246	(19,984)	
DOSB25 - SUPPORTED & OTHER ACCOMM											
7400 GLYN CYNFFIG	567,720	(422,580)	145,140	460,138	(376,360)	83,777	460,138	(376,360)	83,777	(61,363)	project spend
Total	567,720	(422,580)	145,140	460,138	(376,360)	83,777	460,138	(376,360)	83,777	(61,363)	
DOSB26 - DIRECT PAYMENTS											
7418 DIRECT PAYMENTS MH	76,680	(7,000)	69,680	84,189	(45,167)	39,022	84,189	(45,167)	39,022	(30,658)	
Total	76,680	(7,000)	69,680	84,189	(45,167)	39,022	84,189	(45,167)	39,022	(30,658)	
DOSB27 - HOME CARE											
7411 MH SUPPORTED LMNG	119,060	(2,870)	116,190	123,914	(960)	122,954	123,914	(65,179)	58,735	(57,455)	
7413 INDEPENDENT DOM CARE-MH	256,190	0	256,190	464,309	(45,828)	418,482	464,309	(45,828)	418,482	162,292	
7419 HOME CARE MENTAL HEALTH	0	0	0	0	0	0	0	0	0	0	
Total	375,250	(2,870)	372,380	588,223	(46,788)	541,435	588,223	(111,006)	477,217	104,837	
DOSB28 - DAY OPPORTUNITIES											
7421 ASSISTED RECOVERY IN THE COM.	636,610	(296,800)	339,810	625,463	(296,806)	328,657	625,463	(296,806)	328,657	(11,153)	
Total	636,610	(296,800)	339,810	625,463	(296,806)	328,657	625,463	(296,806)	328,657	(11,153)	
DOSB29 - OTHR SERV MENT HLTH NEED ADULT											
7444 BRIDGEND ASSERTIVE OUTREACH TM	0	0	0	239	0	0	481	0	481	481	
Total	0	0	0	239	0	0	481	0	481	481	
DOSB30 - ASSESSMENT & CARE MANAGEMENT											
7430 MENTAL HEALTH (ACMT)	775,810	(190,770)	585,040	740,978	(191,432)	549,546	740,978	(191,432)	549,546	(35,494)	
7438 CASWELL CLINIC	294,290	(258,880)	35,410	292,211	(258,877)	33,334	292,211	(258,877)	33,334	(2,076)	
Total	1,070,100	(449,650)	620,450	1,033,190	(450,309)	582,881	1,033,190	(450,309)	582,881	(37,569)	
Total AOSBAD	4,675,870	(1,984,180)	2,691,690	4,780,603	(2,080,346)	2,700,018	4,780,845	(2,144,565)	2,636,280	(55,410)	
AOSBAF - OTHER ADULT SERVICES											

3) CURRENT PRIORITIES

Priority Actions, Outcomes, Delivery and Monitoring

The Reshaping Mental Health Project Board has been established with the strategic aim of working with key stakeholders, to review and remodel current mental health services. The overall aim of the Project Board is to create a sustainable mental health service that focuses on the prevention of mental illness and recovery for those who become unwell. This will be achieved by:-

- Responding to national and local strategies through the reshaping of existing services;
- Creating sustainable services that can continue to respond to the future needs of citizens within the Borough and are responsive to demographic changes;
- Improving outcomes for people with a mental illness through the development of a range of suitable accommodations options.

The key objectives of the Project Board are to:-

- Optimise opportunities for community networks and support systems;
- Create a progression pathway model for accommodation based services, which promotes the recovery philosophy;
- Review current unscheduled care and crisis provision;
- Undertake a review care coordination and CMHTs;
- Develop a local dementia commissioning and delivery plan that provides a response to future demographic pressures.

This Plan sits under the Project Board and we have a clear project plan to deliver the changes and progress our strategic objectives as part of the ASC Remodelling Programme.

Our vision for the future of mental health services is ambitious; we must therefore prioritise our strategic objectives in order to deliver these changes within the next 3 years. Prioritisation of our objectives has taken into account the following factors:-

- Responding to the individual needs of people with a mental illness who potentially require ASC services;
- Delivering statutory duties;
- Meeting national, local and regional objectives and performance targets;
- Effectively managing allocated resources;
- Meeting the financial demands within the Council and meeting the requirements of our Medium Term Financial Strategy.

The key priority actions for change over the next 3 years, the outcomes and the leads for taking forward our priorities within our timescale are set out in the below table. Progression against the priority actions by the relevant leads will be overseen by the Reshaping Mental Health Project Board, who will report to the ASC Remodelling Programme Board. An annual report by the Director of Social

Services will set out how we have progressed against our identified priorities within the previous year, which will help us to focus our attention on achieving our aims and identify how to proceed over the following 12 months.

The Commissioning and Transformation team regularly obtain information on incidence, prevalence, activity and demographic data in order to assess and project need within the borough. This information, alongside service performance and quality data obtained by the Contract Monitoring Team, will help us to understand the way in which this Plan is delivering our identified outcomes and monitor the impact of this Plan on those requiring ASC services.

We will regularly review our plan to ensure that the identified actions are relevant and responsive to changes this will be undertaken through population needs mapping, market analysis, service reviews, Service User and carer feedback and evaluating our practice against national policy, local strategic plans, research and best practice.

PRIORITY ACTION	OUTCOME	LEAD
<u>Collaboration Agenda</u>		
Progress the Western Bay Mental Health Programme agenda to identify opportunities to pool budgets, align services and develop mechanisms to jointly commission and procure services.	The development of collaborative approaches to the commissioning and delivery of support and care will provide a joined up approach between the Western Bay partners. This will result in seamless services, improved individual outcomes for Service Users and financial efficiencies.	Western Bay Mental Health Programme Board
Work with Partners within the ABMU HB footprint to respond to national policies, such as the Social Services and Wellbeing Act, Carers Strategy (Wales) Measure and Together for Mental Health.	The overall health and wellbeing outcomes of citizens will be improved.	Western Bay Carers Executive Group Western Bay Mental Health Programme Board Western Bay Partnership Board
Work with colleagues in CAMHT and Children's Services to develop a transition strategy. Implement practices and cultures which ensure identified support needs are continued and planned at the right time.	The development of a Mental Health Transition Strategy for young people entering into adulthood.	BCBC
Work with other agencies to deliver coordinated, joined-up support to those with co-occurring conditions.	Service Users with co-occurring conditions will receive holistic, timely and seamless responses for their individual needs.	BCBC

<p>Develop a single point of access for people requiring mental health services.</p>	<p>Those that require services will have improved experiences through the provision of seamless and timely responses, which provides consistency and avoids unnecessary duplication of information.</p> <p>Service Users will have equitable and consistent access into mental health services across the Western Bay region.</p>	<p>Western Bay Mental Health Programme Board</p>
<p>Develop robust care pathways and crisis provision and models of support that prevent hospital admission and promotes early hospital discharge.</p>	<p>Those who experience a crisis will receive safe, appropriate and timely responses that are recovery and reablement based so that disruption to their lives is minimised and they are enabled to achieve more control over their lives and discover/rediscover a sense of personal identity which is distinct from their mental illness.</p> <p>Services will be able to respond to the individual needs of those requiring urgent responses in a manner that is least restrictive to the Service Users independence.</p>	<p>Western Bay Partnership Board</p>

Reshaping CMHT

<p>Have a planned approach and rationale to specialist placements to ensure people receive the right levels of support and that specialist placements are achieving positive outcomes for Service Users.</p>	<p>People receiving specialist care are supported to achieve their maximum independence. Reviewing these models of care with our stakeholders will help ensure longer term sustainability of specialist placements.</p>	<p>Western Bay Mental Health Programme Board</p>
<p>Enhance person centred assessment and review process by ensuring Service Users are better able to play an informed role in the development of care and treatment plans through the provision of information and advice.</p>	<p>Service Users will feel supported to realise their aspirations which are central to the support planning process. Goals will be clearly set and reviewed, and progress will be effectively monitored so that Service Users are able to lead meaningful and satisfying lives as defined by them.</p>	
<p>Enable Carers to support their loved ones by encouraging the take up of carer assessments and through the provision of appropriate information and</p>	<p>Providing Carers with the right support and information at the right time will improve the health and wellbeing of Carers as individuals in their own right.</p>	

advice.	<p>Supporting Carers to maintain their caring role at their chosen level will reduce instances of crisis intervention and result in more planned transitions.</p> <p>Carer support will empower both the Carer and Service User to make informed choices about future care arrangements and where appropriate, prepare both parties for transition into alternative support arrangements.</p>	
Implement clear and consistent protocols for the sharing of information between agencies, Service Users and Carers	Agencies, Staff, Service Users and Carers will have access to appropriate information and will have a clear understanding of the legal protocols.	Western Bay Carers Executive Group
<p>Develop clear mechanisms to improve the information flow from practice to commissioning, to ensure that practice knowledge informs commissioning activity through a seamless approach.</p> <p>Reinforce Social Workers and the CMHT's role in the commissioning and monitoring process of mental health services. Ensure that assessment and reviews systems are strengthened and link into the planning and commissioning process, including the development promotion of preventative services.</p>	<p>An evidence based approach to commissioning will ensure services are responsive to identified support needs and create sustainability of the care market.</p> <p>Service users will have a range of support options to meet their individual needs. Options will offer the right levels of support in order to maximise their independence and fulfil their aspirations.</p> <p>Preventive services will reduce the need for more intensive support and reduce risk to Service Users independence.</p>	
Enhance processes for Service Users and Carers to inform commissioning activity and improve their role in the commissioning process.	Services and responses will be informed by those that require them and ensure that they are responsive to need.	
Take a positive approach with partner agencies and Service Users around risk taking. Build on current risk management approaches to promote greater independence and reduce the need for managed interventions to help empower citizens.	<p>Integrated working will provide partner agencies with a better understanding of how they can support the Service User to take positive risks.</p> <p>Creating a supportive environment in which the Service User feels safe to take positive risks will empower the Service User to have greater control, choice and independence over their lives.</p>	

Accommodation Progression Model

<p>Work with colleagues in Supporting People to identify housing related support solutions to help refocus energy to community based services and lower level support services which stimulate independence. Strive to develop preventative models of intervention which help people remain out of traditional care services.</p>	<p>A comprehensive range of appropriate and flexible accommodation and housing related support services, which will provide Service Users with opportunities to live as independently as possible, for as long as possible, within their communities.</p> <p>Evidence progression through the mandatory Supporting People Outcomes Framework tool.</p>	<p>Supporting People Planning Group</p>
<p>Work with colleagues in Supporting People to identify housing related support and care solutions, which encourage independence and promotes the recovery philosophy through the utilisation of community based and lower level support services.</p>	<p>A comprehensive range of appropriate and flexible accommodation and housing related support services will provide opportunities for Service Users to live as independently as possible, for as long as possible, in their own communities.</p> <p>Progression will be evidenced through the mandatory Supporting People Outcomes Framework tool.</p>	<p>Supporting People Planning Group</p>
<p>Carry out further market development activity to ensure that the local market for support and accommodation is able to meet demand for support from Service Users.</p>	<p>Local support and accommodation services will be sustainable and responsive to future demands and will meet the needs of Service Users that are not currently having their needs met locally.</p> <p>Service Users will have appropriate accommodation options that will meet their support needs and promote their independence within their local communities.</p>	<p>Mental Health Accommodation Group</p>
<p>Drive forward and develop a clear “Progression” pathway building on transition through support planning that focuses on the support needed to help each Service User “Progress” to be as independent as is possible for them as an individual.</p>	<p>Support packages will be as individualised as possible, utilising a range of community-based options, so that Service Users are encouraged and facilitated to live as independently as possible and enabled to reach their full potential.</p>	<p>Mental Health Accommodation Group</p>
<p>Work with our current provider market and stakeholders to develop a wider choice and increased access to appropriate accommodation and housing</p>	<p>A range of robust accommodation and housing related support options will be made available to Service Users, which will empower them to live</p>	<p>Mental Health Accommodation Group</p>

related support. In particular, flexible and enabling support models that encourage “progression” and supports reablement approaches so that Service Users are supported to move towards and/or retain maximum independence.	independent lives within their local communities. Service Users will be appropriately placed in care settings that offer the correct levels of support and maximises their independence.	
Local Area Coordination on Mental Health		
Strengthen approaches to community development by maximising opportunities for local services to offer natural support networks for people with mental ill health. Work with community groups, third sector and voluntary organisations collaboratively to offer localised support networks.	Greater choice of sustainable community based opportunities will reduce the number of Service Users requiring long term paid support. Good community networks will reinforce and promote the role of Service Users as important and valued members of their community and reduce stigma relating to mental ill health. Service Users will be given further opportunities to make positive contributions to their local community as equals and reduce instances of social exclusion.	Western bay Community Services Project
Promote and improve the mental and emotional wellbeing of the general population within Bridgend.	Citizens of Bridgend will be able to better deal with the stresses of everyday life and be productive members of their communities. Bridgend will be a healthier, fairer and more productive society.	Western bay Community Services Project
Ensure that Service Users are supported to access a range of social and day time opportunities within their local communities, including education, volunteering and employment.	Service users will have access to a wide range of meaningful activities that will develop their confidence and independence. These opportunities will empower Service Users to fulfil their ambitions and reach their full potential.	
Development of a Dementia Commissioning and Delivery Plan		
Develop a vehicle for implementing our vision for ASC dementia services and to align and deliver the key principles and objectives specified in key local and regional strategic documents.	The development of a commissioning strategy and the implementation of a delivery plan will ensure people in the borough with a diagnosis of dementia receive flexible and supportive care interventions, which promotes or maintains their	

	<p>independence for as long as possible. People with a diagnosis of dementia will receive appropriate and flexible interventions based on good practice to maintain their quality of life and lead fulfilling lives.</p>	
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4) EXISTING STRATEGIC GROUPS

Platforms for Engagement

We recognise the importance of developing robust mechanisms to ensure that stakeholders, partners, Service Users and Carers are involved in the planning, consultation and monitoring process of ASC services. To facilitate effective planning and delivery of support, it is essential that commissioners take full account of stakeholders' experiences when assessing the effectiveness of commissioned services.

We also recognise that Service Users and Carers are central to the development of future plans. We believe that their contribution in shaping our commissioning objectives will help place them at the heart of all we do and enable us to deliver effective, outcome focused service models.

Our vision for engagement models for people with mental ill health places Service Users and Carers at the centre of the process and we are committed to further developing the way in which those who receive services, and their Carers, are involved within the commissioning process. The aims of engagement are to achieve robust platforms that will enable stakeholder to help us:-

- Shape current and future objectives;
- Influence and test priorities;
- Help facilitate delivery of priorities;
- Help drive forward and develop localised community services;
- Focus on what matters to Service Users and families;
- Facilitate better planning and coordinated market development.

This Plan has been developed in consultation with all stakeholders, including Service Users, Carers, practitioners, the third sector, providers and strategic partners from Health and Supporting People. Below is a summary of the emerging themes from feedback received from a series of consultation events we held to help inform our commissioning objectives.

Service Users

Develop mechanisms to ensure that Service Users and Carers are involved in the planning, development and implementation of the services they require;

- Support Service Users to be involved in the decisions that affect them as much as their capacity allows;

- Continue to develop processes that enables Service Users to define the outcomes that matter to them;
- Provide information to Service Users and Carers so they can play an informed part in their care and treatment pathway;
- Ensure there are robust care pathways for those in crisis and develop a range of support models to ensure that those in crisis receive appropriate and timely responses;
- Support the maintenance of mental health by working proactively with other agencies and partners to encourage the development of community based support networks and models, including information, community and non-specific mental health services;
- Develop processes to help people progress to be as independent as possible in their own communities;
- Promote the development of local support networks in the community and prevent social isolation by maximising opportunities for local services to offer natural support networks;
- Continue to expand opportunities for individuals to develop life skills that promotes and enables independence and improve opportunities for individuals to access training, education and work;
- Work with community groups, third sector and voluntary organisations to collaboratively develop localised support networks;
- Improve the understanding of mental health problems within the community and combat the stigma attached to poor mental health;
- Explore uses of information technology in the support and care process;
- Ensure that that there are clear information sharing processes across all agencies;

Carers

Engagement approaches should be strengthened so that Service Users and Carers are involved in the planning, development and implementation of the services they require;

- Ways to enable Carers to continue in their caring role by providing appropriate information, advice and services should be further developed;
- Put in place mechanisms to improve the take up of carer assessments;
- Have a focus on promoting day time opportunities that will offer respite for families and Carers – perhaps by maximising opportunities for local services to offer support;
- Develop process to help people progress to be as independent as possible in their own communities;
- Ensure there are robust crisis pathways and provision;
- Continue to progress person centred Service User assessments and review processes;
- Work with CAMHT to ensure that transitions into adult services are well planned and that young people are supported to make the transition into adulthood;
- Improve the provision of information and focus on ensuring Carers are involved in decisions about the services that they, and those they care for, receive;

- Further strengthen links between agencies responsible for the delivery of support to a Service User;
- Continue to respond to the Social Services and Wellbeing (Wales) Act 2014 so that those in need of social care services and their carers are empowered by affording them a stronger voice and giving them more control over the services they receive;
- Ensure that there are clear information- sharing processes across all agencies.

Practitioners

Young Service Users need to be supported to make the transition from CAMHT to CMHT in order to help prepare for the move into adulthood;

- Clear crisis pathways should be developed to provide Service Users with timely and appropriate responses;
- The development of robust community links and improving social inclusion could help Service Users to remain within their own communities and reduce reliance on statutory support services;
- There is a need to ensure that Service Users can be supported within their own homes and communities;
- Carers should be provided with education, advice and support to help enable them to support their loved ones;
- Accommodation-based support should be person-centred and needs led;
- Consideration should be given to increasing the provision of independent accommodation options with floating support;
- Services need to be responsive to changing needs and able to meet the wider needs of those with co-occurring conditions.

Providers of Mental Health Services and the wider Third Sector

Ensure there is equitable access to services and improve availability of services across the borough;

- Develop a wider range of community and social opportunities that are more age and gender appropriate, including opportunities that are open to the wider population not just those with mental health problems;
- Continue to work with partner agencies to deliver holistic care and support to those with co-occurring issues;
- Promote person centred and outcome focused approaches, including time-limited support, which is tailored to the individual and/or fluctuating needs of Service Users;
- Implement practices that focus on building the resilience and confidence of Service Users so that they are able to live more independent and fulfilling lives without the need for formal staff support;
- Expand the range of accommodation models to enable progression into more independent living arrangements;
- Further enhance promotion of independent advocacy and increase access to information and advice so those who receive care are able to be fully involved in decisions that affect them as much as their capacity allows;

- Look at ways to help the wider community and Carers acquire the knowledge and skills to help support those with mental ill health and assist the development of natural support networks;
- Develop robust crisis pathways and signposting to ensure timely and appropriate responses;
- Explore opportunities to pool budgets and collaboratively commission services with other Local Authorities and Health;
- Have a range of appropriate 'step-down' and 'move-on' accommodation.

5) EXISTING STRATEGIC PLANS

Mental health services have changed hugely over the last few decades. There is a shift away from an illness and 'treatment' model to a 'recovery' model with an emphasis on community provision as opposed to hospital and institutional care. Within the Council there is recognition that mental health services need to be improved and have service users and carers at the heart of the commissioning process.

Collaborative and integrated approaches to planning, commissioning and delivery are key elements to successfully taking forward our intentions and commitments with respect to mental health services. Our commitment to partnership working regionally can be seen through our involvement with the Western Bay Health and Social Care Collaborative. Locally, collaboration is evident in our work with the Bridgend Local Health Board and our Reshaping Mental Health project which is part of our Remodelling Adult Social Care programme.

The Mental Health (Wales) Measure 2010 has introduced important changes to the support available for people living with mental health issues in Wales. It places new legal duties on Local Health Boards and Local Authorities regarding assessment, treatment and access to independent mental health and advocacy.

Welsh Government has also embraced its responsibility to deliver improvements in mental health and wellbeing. It has published 'Together for Mental Health' (2012), a cross cutting strategy that sets out the vision for improvement of mental health and wellbeing for the people of Wales and recognises that mental health and wellbeing are not the sole responsibility of one organisation.

As part of the Western Bay Collaborative, a joint strategy for mental health services was published in 2013. During 2014 we have produced a Bridgend Mental Health Commissioning and Delivery plan which is currently out for consultation. This plan will be the main vehicle for implementing our vision for mental health services over the next three years.

The Caswell Clinic Social work team has continued to provide a service for the patient population detained in the medium secure service which maintains regular numbers of approximately sixty patients. The team also currently provides aftercare and monitoring to between 20 and 25 service users discharged from the Caswell Clinic across the sixteen local authorities who the service represents.

6) FUTURE USE OF RESOURCES

Priorities identified for 2015/16

- Improve access to availability information advice and assistance.

Key Objectives for 2015/16

- Detailed needs mapping to inform service developments with respect to accommodation;
- Improve the interface between Parts 1 and 2 of the Mental Health Measure to ensure a seamless service and positive outcomes for individuals;
- Fully integrated I.T. and client data base system and information sharing protocol;
- Improve engagement with service users and carers;
- Work with colleagues in Western Bay to review the model for CMHTs;
- Work with colleagues in communities to maximise supporting people opportunities;
- Develop a crisis provision;
- Enhance prevention and wellbeing provision in preparation for the Social Services Wellbeing Act;
- Progress S 33 agreement in respect of the Caswell integrated team;
- Review the outcomes of the Caswell social work/community team.

What did we do in 2015/16?

The Local Primary Mental Health Support Service (LPMHSS) continues to go to from strength to strength. Customer service questionnaires have indicated that 90% of those who have received the service have regarded it as helpful and would recommend it to others. Comments from those who have used the service include; **“it has helped me come off my medication and keep my job”**, **“My new interests will help me negotiate my blackest days”**. With respect to how the service could be improved the Directorate received the following comment; **“I would have liked the service for longer”**.

The ARC service is also developing innovative approaches to respond to need such as mindfulness and stress control programmes. 104 people have attended drop-in stress control sessions, 68 people have attended activity sessions and 56 people have attended anxiety and depressions sessions. One service user who attended made the following comment “this is just the first step in my life of change”.

In relation to GP referrals, the introduction of a new system for signposting referrals has been piloted. This prescription for signposting involves the GP completing a form with the service user to present at ARC when attending regularly arranged drop in clinics. Since the trial of this system 48 people have attended signposting clinic.

A single point of access (SPA) for GP referrals into secondary mental health services has been successfully piloted in Bridgend. This is currently being evaluated with a view to rolling out the scheme in Neath, Port Talbot and

Swansea. Interviews are being undertaken with staff that operate the system and with General Practitioners who refer into the SPA The Bridgend scheme will be developed this year to include all referrals to secondary mental health services which will improve access for those who are most vulnerable.

A review of community mental health teams is currently being undertaken in order to establish a new model of service. This review is in response to a regional review of mental health services commissioned by Western Bay which identified a number of recommendations such as; enhancing the single point of access, reviewing current models and improving crisis interventions. Visits are taking place to crisis units in other parts of the country which will help inform a future model.

An accommodation work stream has put in place a single procurement and brokerage process for high cost specialist mental health placements. Within Bridgend we have seen more cost effective placements as a result of adopting the process as well as better outcomes for individuals. A common policy and procedure for aftercare services (under s117 of the Mental Health Act 1983) has been agreed enabling consistency across the region. Recently the work stream has undertaken an accommodation needs mapping exercise. This data is being used in Bridgend to inform adult social care commissioning plans. It is also enabling us to collaborate with colleagues in communities to develop specific mental health housing projects such as increasing the provision of floating support and a specialist housing project for those with complex mental health issues.

Improving provision for those in crisis is a key objective in the mental health commissioning plan. Work is currently being undertaken with health colleagues to scope the development of a crisis service and Bridgend was represented on visits to Crisis facilitates in Leeds and Hereford. This is in response to service user and carer feedback which has indicated that it is an area which needs improvement.

Within the Caswell Clinic integrated team the outcomes in terms of aftercare has demonstrated that the established systems are achieving satisfactions for over 50% of the service users who are now living independently or other community placements. This does also indicate that 50% are transferred to low or high secure units and/or returned to prison. Whilst this may not be a satisfactory outcome for the service user it does evidence that the team is also meeting the public protection remit of the service.

Engagement with service users and carers is improving. A 'Stronger in Partnership' group (SIP) brings together professionals, service users and carers across the Western Bay region. This ensures mental health plans are more responsive to need. An example of this is that carers had raised concerns about the sharing of information. A guidance document has been produced which will be promoted and circulated widely and training for staff on information sharing is ongoing.

The Time to Change Wales (TTCW) campaign is a Welsh Government initiative aimed at changing attitudes within the Welsh workforce in relation to mental health. TTCW aims to work with organizations to sign a pledge and develop action plans to create 'mentally healthy' workplaces where staff are actively encouraged to talk about mental health. It is also designed to raise awareness, understanding and tolerance of poor mental health. Bridgend will be signing this pledge as part of a Western Bay commitment in February 2016.

Addressing issues of stigma and discrimination is also a priority in the mental health commissioning plan. Training concerning mental health and wellbeing is being rolled out across the Council to raise awareness. An E learning package will be launched across the Council in November to raise awareness of mental health; the different conditions and interventions and issues of stigma and discrimination.

A meeting has been arranged with head teachers to enable the Authority to raise awareness regarding young people and mental health and wellbeing in schools. This initiative also aims to help early identification of mental health concerns regarding young people and facilitate early intervention.

As part of the Western Bay collaborative the Authority has supported the development of an electronic library of on line self-help guides to offer information and advice on a wide range of subjects including anxiety, dealing with bereavement and alcohol dependency. In the first two months there have been 1624 visits to the electronic library across the region.

Supporting carers to continue in their caring role is a priority in the commissioning plan and a specific forum for carers who support people with mental health issues has been established. There have also been initiatives to support carers at work such as events to raise awareness and provide information as well as a Facebook page for council employees. To date, seven employees have accessed this page; the intention is to further promote this to encourage carers at work to share their experiences.

As part of the preparation for the Social Services and Wellbeing (Wales) Act 2014, a Local Area Coordinator has been appointed to focus on early intervention and signposting. 30 individuals with mental health issues have accessed the service to date. Individuals are being supported within their community networks to access wellbeing activities which is resulting in better outcomes for those individuals. One example is that a gentleman suffering from depression and anxiety was unable to work. He has since been referred into a woodworking work project to regain confidence and share his skills with view to eventually returning to work.

Who is better off?

- The process of Care Co-ordination under Part 2 of the Measure ensures that objectives are set for individuals which are outcome focussed. It is also empowering to uses of the service. (MH013)

- The Measure continues to improve performance in relation to the number of service users who have now a valid care and treatment plan.
- The consultation undertaken in relation to the Mental Health Commissioning and Delivery Plan has improved communication with service users and carers.
- There has been improved collaboration between health and social care which resulted in better outcomes of individuals. An example would be the Single Point of Access Development.
- The Western Bay Brokerage and Complex Case Panel has enabled better outcomes for service users requiring community accommodation.
- The drop in referral system at ARC combats high rates of referrals, re referrals and non-attendance as well as increasing the responsibilities of the individuals to have control over their support needs and interventions.
- Between Oct and Dec 236 people were seen for assessment or initial contact with the ARC service and 97% people were seen within the target of 28 days.
- 204 individuals were referred for support in relation to employment and training between April and Dec. Of these 46 people were already in work and were supported to maintain their employment.
- The accommodation needs mapping has informed supporting people and adult social care commissioning plans.
- The range of accommodation has increased which has improved outcomes for those individuals with accommodation needs.
- Service users have reported positive outcomes from attending ARC services – **“it has helped me negotiate my darkest days”**.
- The electronic library of mental health self-help guides received 1600 hits during the first two months of operation.
- The initial evaluation of the Single Point of Access with those operating the service has been positive.

Preparation of Core Processes

Whilst there is general compliance with the Mental Health Measure requirements, there is need to ensure that monitoring of care and treatment plans is undertaken by managers routinely to ensure quality outcomes for service users.

Assessment and Care Co-ordination Processes are currently being revisited to ensure consistency across Adult Social Care in preparation for the Social Services and Wellbeing Act implementation.

Clear systems with respect to financial processes need to be established and mental health services need to be compliant (especially with regard to Section 117 of the Mental Health Act).

Social Services and Wellbeing (Wales) Act 2014

The Social Services and Wellbeing (Wales) Act aims to empower those in need of social care services and their carers to promote their independence by

affording them a strong voice and giving them more control over the services they receive. The Act emphasises the promotion of equality, improvement of service quality and provision of information and stresses the need to achieve a shared focus prevention and early intervention. Current priorities and service objectives will respect to mental health fully reflect the Act's vision for delivering services.

Partnership Working/Collaboration

With respect to mental health services, partnership working is integral to all service developments. This can be evidenced at a national, regional and local level. The Local Primary Mental Health Support Service, Community Mental Health Teams and Mental Health Older Peoples team are multi-disciplinary. The ARC service is provided in collaboration with health and is subject to a Section 33. ARC continues to forge positive and productive links with community groups to provide opportunities for individuals and supports the Act's prevention and wellbeing agenda. The future aim is to forge stronger collaborative links in the delivery of opportunities, networks and support services.

The Western Bay programme is collaboration between Bridgend, Neath and Swansea local authorities plus ABMU. Third Sector organisations as well as service users and carers are also represented on the Western Bay Project Board.

A number of multi-agency forums meet to steer the implementation of the Mental Health Measure and progression and delivery of the Joint Strategy for Mental Health.

The strength of the Caswell social work team lies in the experience of the team in working in a multi-disciplinary team and in forensic practice. It is also a service which collaborates with the 16 local authorities it serves which is dependent on good communication and liaison.

Developments in relation to reshaping mental health services are also being progressed with colleagues in Communities, Third Sector and independent providers.

Service User/ Carer Engagement

- Service user and carer engagement has been an integral component in developing services for adult mental health and sit on planning forums such as the regional mental health partnership. Feedback has informed service priorities and plans have been amended accordingly.
- Engagement with service users and carers is improving. A stronger in partnership group brings together service users and cares across the Western bay region. This ensures future plans are more responsive to need. An example of this is that carers had raised concerns about the sharing of information. A guidance document has subsequently been produced and is being circulated widely and training for staff on information sharing is ongoing

- Officers regularly attend service user and carer forums to improve communication and engagement.

SUMMARY

With respect to the Adult Mental Health service, we are able to demonstrate improved access to early interventions, the Local Primary Mental Health Service is going from strength to strength and improved care and treatment planning is resulting in better outcomes for service users and enabling them to have better control over their lives – **“my life is so much better with these tools and I am slowly on the road to recovery”**.

We have also improved our relationship with colleague in Supporting People and we are developing new accommodation projects specifically for mental health. There is however, still much to do.

The following priorities for improvement have been identified for 2016/17 –

- Bridgend is an early adopter of the integrated Health and Social Care Systems. (WCCIS) The Mental Health Service will need to fully implement the new system during 2016/17.
- Development of a collaborative approach to wellbeing across sectors including service users, cares and the public.
- The authority is seeing a change in the profile of those requiring mental health supports. More than 60% have a substance misuse issue or other conditions such as physical frailty or a sensory impairment. There are many who have a Personality Disorder, an offending history or are a concern to their communities. The service needs to be remodelled to be able to respond to those complex individuals.
- A crisis provision needs to be developed in collaboration with health as an alternative to hospital.
- Whilst relationships with partners are positive, some arrangements/problems need revisiting such as the use of 136 and conveyance concerning the Mental Health Act.
- Efforts to progress a S 33 in relation to the team at Caswell have not progressed during 15/16 , it will be necessary to confirm during 2016/17 that health do not wish to proceed.
- There is a need to have clear transitional plans for young people with mental health issues.
- People who live with mental health issues are telling us that they still face discrimination and hostility which needs to be tackled.
- There is a need to improve emotional wellbeing resources and mental health support for council employees.
- Focussed attention is required to implement the early intervention, information and prevention requirements of the Social Services and Wellbeing Act in mental health.

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO COUNCIL

29 MARCH 2017

REPORT OF THE MONITORING OFFICER

DELEGATIONS TO CHIEF OFFICERS – ELECTION PERIOD

1. Purpose of Report

- 1.1 To seek Council's approval of proposed arrangements to enable the Authority to continue to function effectively during the period between the forthcoming election and the appointment of Council Committees at the Annual Meeting of Council on 17 May 2017.

2. Connection to Corporate Improvement Plan/Other Corporate Priorities

- 2.1 The report deals with the overall probity of decision making and therefore has a potential impact on all Council Corporate priorities.

3. Background

- 3.1 The Local Government Elections are scheduled to take place on 4 May 2017. Existing Members hold office until the fourth day after the Elections and new Members take office on the fourth day following the Elections. A Leader will be elected, and a Cabinet will be appointed, at the Annual Meeting of Council scheduled to be held on the 17 May 2017. Overview and Scrutiny and such other committees as Council considers appropriate will also be appointed at the Annual Meeting.
- 3.2 There will be a period of time, during May 2017, where the Authority will be without Council Committees. In order for the Authority to continue to function effectively arrangements will need to be put in place providing for the delegation of functions not otherwise delegated.

4. Current situation / proposal

- 4.1 It is proposed that all Council functions be delegated, where it is lawful to do so, to the Chief Officer with responsibility for that function for the period from the date of the local elections on 4 May 2017 until the 17 May 2017.

5. Effect upon Policy Framework & Procedure Rules

- 5.1 This report will temporarily affect the Procedure Rules.

6. Equalities Impact Assessment

- 6.1 There are no equality implications attached to this report.

7. Financial Implications.

7.1 There are no financial implications.

8. Recommendation

8.1 That Council approves the proposal set out at paragraph 4.1 of this report.

P A Jolley

Corporate Director Operational and Partnership Services and Monitoring Officer

13 March 2017

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Senior Democratic Services Officer – Committees
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Bridgend
CF31 4WB
Tel: 01656 643148

Background Papers:

None

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO COUNCIL

29 MARCH 2017

REPORT OF THE CORPORATE DIRECTOR OPERATIONAL AND PARTNERSHIP SERVICES

SHARED REGULATORY SERVICES - REVIEW OF JOINT WORKING AGREEMENT

1. Purpose of Report

- 1.1 To recommend changes to the Joint Working Agreement between the partner councils for the provision of Regulatory Services
- 1.2 To seek approval to amend the regionalised service as outlined in this report.

2. Connection to Corporate Improvement Objectives/Other Corporate Priorities

- 2.1 This report relates to the following priorities in the Corporate Plan 2013-2017:

Smarter Use of Our Resources

3. Background

- 3.1 In April 2015, Bridgend County Borough Council, the City Council of Cardiff, and the Vale of Glamorgan County Borough Council signed a joint working agreement for the provision of regulatory services across the three Council areas. The document created the Shared Regulatory Service (SRS) and the Shared Regulatory Services Joint Committee.
- 3.2 At the time of creating the Joint Working Agreement, some of its provisions were conceptual in nature and over the last 18 months, it is evident that some aspects of the agreement require amending to allow the more effective operation and management of the service.
- 3.3 Any changes to the Joint Working Agreement are subject to Clause 26 of the Agreement which states:

"This Agreement cannot be varied without the approval and prior written consent of all Participants. Where the Participants agree to make changes to this Agreement, a Deed of Variation shall be entered into between the Participants and appended to this Agreement

- 3.4 Amendments to the Joint Working Agreement will improve the functioning and governance of the SRS. Such changes require ratification by each Council

4. Current Situation

- 4.1 The first eighteen months of the SRS has been dominated by the move toward, and development of, the new Operating Model agreed by the three Councils in Autumn 2014 and formally initiated in April 2015. Creating a shared service has involved significant change. Many of the changes are provided for within the Joint Working Agreement, and those changes have been implemented successfully. In December 2015, an audit of the shared service concluded that that the effectiveness of the internal control environment was sound and substantial assurance can be placed upon the management of risks.
- 4.2 However, there are aspects of the Joint Working Agreement that require updating and amending. Some of the changes proposed in this report are administrative in nature, while others advocate a change in the current operating practices. These changes have been considered by the officer Management Board for the Shared Service, all three Section 151 officers, and agreed as appropriate by the Joint Committee. The proposed changes are set out in the Deed of Variation found in Appendix A.

5. Effect upon Policy Framework and Procedure Rules

- 5.1 The proposals contained within this report require Executive and Council decision.

6. Equality Impact Assessment

- 6.1 An EIA was produced when the SRS was originally created and has been updated further as the project progressed.

7. Financial Implications

- 7.1 There are no specific financial implications arising from this report. However, if the revised paragraph 11.9.2.A on page 22 is enacted, this could commit the Council to additional costs of around £22,500. This would be above the agreed budget and would have to be met from the directorate budget where available.

8. Recommendation

- 8.1 That Council approves the proposed changes to the Joint Working Agreement between the partner councils for the provision of Regulatory Services because amendments to the Joint Working Agreement will improve the functioning and governance of the Shared Regulatory service. Such changes require ratification by each Council.
- 8.2 That the Senior Responsible Officer with responsibility for the Shared Regulatory Service be authorised to approve administrative changes to the Joint Working Agreement as long as there is no extension of delegations to the Shared Service or additional financial implications.

P. A. JOLLEY
CORPORATE DIRECTOR LEGAL AND OPERATIONAL SERVICES

March 2017

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Bridgend, CF31 4WB

Background Documents

The Shared Regulatory Services Business Plans 2015/16 and 2016/17
The Joint Working Agreement executed on 10th April 2015

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Dated

2017

DEED OF VARIATION

BETWEEN:

BRIDGEND COUNTY BOROUGH COUNCIL (1)
THE COUNTY COUNCIL OF THE CITY AND COUNTY OF CARDIFF (2)
THE VALE OF GLAMORGAN BOROUGH COUNCIL (3)

This Deed is dated

PARTIES

- (1) Bridgend County Borough Council (BCBC)
- (2) The County Council of the City and County of Cardiff (CCC)
- (3) Vale of Glamorgan Borough Council (VGBC)

BACKGROUND

(A) The Parties are party to an agreement for a Shared Regulatory Service (Collaboration), a copy of which is attached at the Schedule to this deed.

(B) The Parties have agreed that it is desirable for the better operation of the Shared Regulatory Service to vary the Joint Working Agreement. Consequently the Parties wish to amend the Agreement as set out in this deed with effect from the date of this deed (Variation Date).

AGREED TERMS

1. VARIATION

With effect from the Variation Date the Parties agree the following amendments to the Agreement:

Joint Working Agreement – April 2015	Joint Working Agreement – 2017
Page 4 clause ii delete “Regulatory Shared Service”	Insert – “Shared Regulatory Service”
Page 6 definition of CIWM delete “the Weights and Measures Act 1975 and who holds the qualifications prescribed in Section 75 of the aforesaid 1975 Act”	Insert “the Weights and Measures Act 1985 and who holds the qualifications prescribed in Section 73 of the aforesaid 1985 Act”
Page 10, clause 1.2.4	Add “and any legislation analogous to the legislation listed in Schedule 1 Part 1”
Page 14 delete “a copy thereof shall be forwarded to the Chief Executive of each participant”	Insert – “a copy thereof shall be presented to the Cabinet of each participant”
	Page 14 NEW – Insert clause 5.6 “The Participants will arrange for a report to be made to their respective Cabinets for information purposes apprising the respective Cabinets of the content of the report required under paragraph Clause 5.1”.
Page 19 – Clause 9.3 delete “1975”	Insert “1985”
	Page 21 Amend 11.9.1 to read “save as provided in paragraph 11.9.2 and 11.9.2A without the prior consent of each of the Participants liable to contribute to such expenditure.
	Page 22 NEW Insert 11.9.2.A

	<p>“The Head of the Shared Regulatory Service, in consultation with Lead S151 Officer, may in the case of an unexpected event incur expenditure of up to £100,000 in excess of the Agreed Budget, without the provision of prior consent. Details of the expenditure will be reported back to the Participants’ S151 Officers within five working days of the commitment being known and reported to the next Board and Joint Committee meetings”.</p>
Page 25 Clause 15.2 delete “Regulatory Shared Service”	Insert – “Shared Regulatory Service”
Page 32 Clause 18.4.2 delete “Regulatory Shared Service”	Insert – “Shared Regulatory Service”
Page 32 Clause 18.5 delete “Regulatory Shared Service”	Insert – “Shared Regulatory Service”
Page 33 Clause 18.7.2 delete “Regulatory Shared Service”	Insert – “Shared Regulatory Service”
Page 41 Clause 31.1 delete “Regulatory Shared Service”	Insert – “Shared Regulatory Service”
Schedule 1 Part 1 – delete Part 1	Insert NEW Schedule 1 Part 1
	<p>Page 53 NEW Clause 2(iii) Insert</p> <p>“Exercise any delegations assigned to the Head of Regulatory Services by the Joint Committee”</p>
Page 60 Clause 2(e) delete “Regulatory Shared Service”	Insert – “Shared Regulatory Service”
Page 60 Clause 4.2 delete “Regulatory Shared Service”	Insert – “Shared Regulatory Service”
Page 60 Clause 4.4 delete “Regulatory Shared Service”	Insert – “Shared Regulatory Service”
Schedule 4 – delete all	Insert NEW Schedule 4
	<p>Page 74 insert NEW Clauses 3.1A and 3.1B</p> <p>“Clause 3.1A Notification of any proposed saving requirement to be made by the Service must be provided to the Head of Service and the Lead Financial Officer at least 12 months in advance of the year to which they relate. Indications of the following three year savings requirement should be provided to the Head of Service prior to the start of each financial year”.</p> <p>“Clause 3.1B In the event of financial changes that are outside the control of the Shared Regulatory Service such as, but not restricted to changes in legislation, inflation or pension fund contributions, then the Shared Regulatory Service shall commence consultation with the Participants on funding these changes as soon as possible”.</p>

2.2 Except as set out in Clause 2.1 the Agreement shall continue in full force and effect

3. CONFORMED COPY

The Parties acknowledge that the Agreement as amended by this deed shall be read and construed as the same appears as a conformed copy attached at the Schedule to this deed.

4. GOVERNING LAW

This deed and any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with it or its subject matter or formation shall be governed by and construed in accordance with the law of England and Wales.

5. JURISDICTION

Each party irrevocably agrees that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with this deed or its subject matter or formation.

This document has been executed as a deed and is delivered and takes effect on the date stated at the beginning of it.

THE SCHEDULE
CONFORMED AGREEMENT

The Common Seal of
BRIDGEND COUNTY BOROUGH
COUNCIL was hereunto affixed
in the presence of:

.....
Head of Legal Services/Operational Manager

The Common Seal of
THE COUNTY COUNCIL OF THE
CITY AND COUNTY OF CARDIFF:

.....
Authorised Signatory

The Common Seal of
THE VALE OF GLAMORGAN
BOROUGH COUNCIL was
hereunto affixed in the
Presence of:

.....
Head of Legal Services/Operational Manager

MEETING OF COUNCIL – 29 MARCH 2017

THE ROYAL BRITISH LEGION – REQUEST FOR NOTICE OF MOTION

As Armed Forces Champion for the local authority, I can confirm that the Royal British Legion have requested BCBC's formal support for the Legion's ongoing '**Count them in**' campaign which is calling for changes to the UK Census, in order to capture data at a local authority level regarding the size and needs of the Armed Forces Community. To date the campaign has received excellent support across Wales and the UK with official pledges from

- One third of all MP's
- 31 Welsh Assembly Members
- Welsh Government
- 119 Local Authorities
- 18 Military Charities and academic institutions including Help for Heroes, CAIS Change Step, SSAFA, Combat Stress and Walking with the Wounded.

The full support of local government in Wales for this campaign will send a clear signal to the UK government and Office for National Statistics, that local partners are committed to delivering for the Armed Forces Community but that currently it is difficult to plan services due to the lack of accurate and reliable data relating to the Armed Forces Community in our local areas.

I therefore recommend that a Notice of Motion is supported by Council to also add official support for the Royal British Legion's '**Count them in**' campaign.

Councillor MEJ Nott OBE.

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