

APPENDIX B – LIFELONG CONDITIONS & COMPLEX NEEDS COMMISSIONING STRATEGY

Introduction

Bridgend County Borough Council has developed 3 Commissioning Strategies looking at how current services will need to change and develop over the next 5 years, in order to continue to meet the needs of people in Bridgend County. This strategy describes how we will contribute to the wider health and wellbeing agenda by supporting adults with lifelong conditions or complex care needs. The strategy reflects the 7 wellbeing objectives laid out in the Council's Corporate Plan 2023-2028, which aim to have a county borough:

1. Where we protect our most vulnerable
2. With fair work, skilled, high-quality jobs and thriving towns
3. With thriving valleys and communities
4. Where we help people meet their potential
5. That is responding to the climate and nature emergency
6. Where people feel valued, heard and part of their community
7. Where we support people to live healthy and happy lives

Our approach to commissioning recognises the importance of modern public services in meeting the needs of vulnerable people in our communities and of managing growing demands and expectations. There are increasing numbers of vulnerable people with complex needs who require support and care that will be delivered by a range of statutory agencies such as health, leisure, housing, and social services, and by the voluntary and independent sectors. There are benefits to be gained by actively coordinating and co-producing our responses with others in a cost effective and efficient manner.

It is our aim to make our approach citizen-centred, accessible, flexible and responsive for those in greatest need and to enable people to maintain their independence for as long as possible in their own homes and local communities. We are committed to providing quality responses for our existing customers whilst also ensuring that support will be both sustainable and flexible to meet the needs of our future customers.

Overall, we want to ensure we are investing in the right things, that will make the biggest difference and be of the most value to the people of Bridgend. We will always ensure that we commission services in a way that involves us working with other organisations, and most importantly local people. We all need to work together to get the best outcomes, and this way of working is at the core of this Commissioning Strategy. The commissioning intentions below outline our goals and planned activity during 2023 to 2028.

The make-up of services for the clients in scope for this plan is complex, crossing several service areas and including a number of commissioning bodies. Some service changes will require further collaboration and partnership with other stakeholders, and some will focus on expanding or remodelling operational capacity, which may be developed in-house or commissioned externally. Our strategic commissioning intentions in this strategy have been developed in line with priorities identified in the BCBC Corporate Plan 2023-28 and the Cwm Taf Morgannwg Regional Area Plan 2023-2028. They will be reviewed to coincide with the requirements to review Population Needs Assessments and Market Stability Reports.

Financial context

The SSWB directorate is projecting a considerable overspend position in 2023/24 – which is estimated to be more than £12M at quarter 3 – which is over 12.5% of the annual budget. The overspend position is mainly due to the pressures of work to meet statutory duties against a backdrop of an exponential increase in demand. The directorate is also expected to make cost reductions/savings from 2024/25 as part of BCBC's MTFS plans. This will mean that any of the priority areas and commissioning intentions proposed within this strategy must be subject to a rigorous business justification and decision-making process, where there will be a clear intention of reducing costs and making efficiencies, as well as providing creative and innovative services which will deliver the best possible outcomes for the citizens of Bridgend.

Principles underpinning our commissioning intentions

The Council is committed to the following principles regarding care and support for people in Bridgend and these have informed the commissioning intentions in the strategy.

Early Intervention and Prevention

Targeted early interventions will help maintain a person's independence and reduce the need for higher levels of health and social care services. A better understanding of options available within a community, and targeted commissioning to create resourceful, self-sustaining activities will further prevent or delay the need for higher-tier services.

Enhance independence for the most vulnerable

For people who need social care and support, they will have an optimum level of control over their own lives to live safely and healthily and be able to access the support they need in order to be as independent as they can be.

Support unpaid carers

By providing services that will also benefit unpaid carers, we will ensure they are able to continue in their vital and important role supporting the people they care for.

Support the development of a sustainable and vibrant provider market providing a diverse range of high-quality and integrated services that can meet local needs

High-quality, flexible, innovative (using assistive technologies as required) and financially sustainable support delivered by a vibrant and responsive market of service providers. The Council will influence and drive the pace of change to support providers in delivering a range of innovative, cost-effective and diverse services that meet the needs of people in Bridgend.

Population Needs, Demand and Trends

Age Profile

Between the last two censuses (held in 2011 and 2021), the population of Bridgend increased by 4.5%, from just under 139,200 in 2011 to around 145,500 in 2021. Bridgend's

population saw the third-biggest increase in Wales, behind Newport (where the population increased by 9.5%) and Cardiff (4.7%).

There is an increasing number of older people living longer, so the demographic profile is one of an ageing population. This represents an expected increase in the range and level of social care services that will be needed in the future, over and above the general population increase.

The changing age profile also shows a reduction in working age adults. This reduction, along with the post-pandemic trend of people leaving the social care workforce, could impact on the pool of people employed in the care industry. This will require the Council and independent providers to consider how they can work together to ensure that their collective workforce is sufficient to meet the expected increases in demands. Given this emerging age-related pressure on service capacity, one aspect that will become increasingly important is the role of unpaid or informal carers. There are an estimated 18,000 unpaid carers in the county borough, but only around 1,600 are identified through existing social care or health partnerships.

The role of unpaid or informal family carers remains critical in supporting people to stay well in their own homes. Therefore, services that provide information and advice, or replacement care or support (respite), to enable informal carers to continue to play a role are key elements of any service development.

The most recent regional population analysis identified the following as some of the key trends and factors that are, or will, affect the regional population:

- Ageing population, though CTM has below average life expectancy.
- Bridgend population will increase by 3% over next 10 yrs and 5% over the next 20 years.
- Number of adults (18+) identified with autism expected to increase over the next 20 years (6%).
- Dementia is more likely for people with a learning disability.
- CTM Disability Benefit claims are higher than average.
- The proportion of the population identified as disabled is increasing with just over one in five aged 16 to 64 identified (21.8%).
- A higher proportion of women than men identified as disabled.
- Percentage of people claiming PIP with mental health conditions higher than Wales average (CTM 3.9%, Wales 3.3%)

The population analysis for the region in 2021 identified the following overall commissioning priorities for Cwm Taf Morgannwg which have also informed this strategy:

- Support people with the right information to live safely in their local community.
- Maintain their independence and prevent escalation of needs.
- Offer support to be well-connected and socially engaged.
- Support people to be active participants in maintaining their own physical and mental health.

Commissioning Intentions 2023-2028

In line with the priorities laid out in the CTM Regional Area Plan, as well as our strategic commissioning principles, the Planning Group for Adults with Lifelong Conditions or Complex Needs will oversee a range of service developments to prioritise and target funding and resources to be most effective over the next 5 years.

Accommodation-based

1. Expansion and diversification of Shared Lives (Adult Placement Scheme)

Rationale:

This service provides long-term placements or short breaks/respite in a family home. The Shared Lives 'host' family provides day-to-day care or support, and work as self-employed carers under the Adult Placement Scheme. As noted in the PNA, this is one of the more person-centred, cost-effective and outcome-focused housing options and we want to support more people through it.

Current Position:

The Shared Lives (Adult Placement) Scheme is provided through a partnership with the Vale of Glamorgan Council. The two councils have some slight differences between how the service is run and the partnership aims to align the services over time. While being open to other client groups, it remains largely a service for learning disabilities. It's size and reach has remained very static in Bridgend over recent years.

Bridgend Shared Lives Capacity Aug 2023					
c.34 registered host carers (21 Households)					
19 Individuals access Long-term placements, and 7 use Short-Term (respite) placements					
Shared Lives	Year End Placements (Long-term)				
Client Category	03/2019	03/2020	03/2021	03/2022	03/2023
Learning Disability	23	25	26	25	24
Mental Health	1	1	1	1	1
Physical Disability	1	0	0	0	0
Total	25	26	27	26	25

Commissioning Intentions:

Our commissioning intention is to incrementally increase the number of people who use the Shared Lives service in Bridgend every year. It is also an aim to increase the diversity of people who access the service so that more people with mental health or physical disabilities are supported by the scheme. To achieve this we will:

- Continue to work in close partnership with Vale of Glamorgan to bring greater alignment between the two areas and consider introducing a new 'banding system' to pay Shared Lives carers based on the levels of care and support they provide.
- Undertake a recruitment and retention drive for the scheme to attract new self-employed Shared Lives carers and broaden access for wider groups of people. This will allow people in other services, such as Supported Living, mental health services, or out-of-county residential

placements, to move into a Shared Lives placement in Bridgend or the Vale which may be more suitable for them.

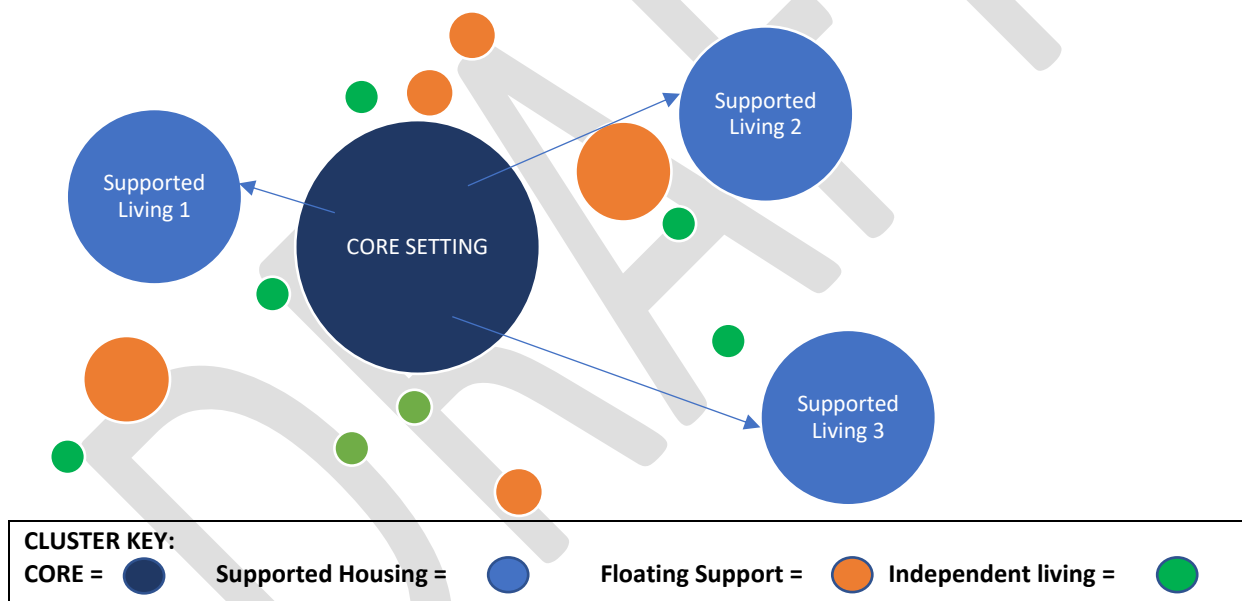
- Expand the design of the Shared Lives scheme to provide short breaks for a wider range of people to use as a respite option, including people with dementia, mental health (e.g., a 'safe' bed, or for crisis placements), people with physical or mobility challenges, and also as a 'step-down' option for people waiting for hospital discharge to their own homes.

Once achieved we project that the scheme will require resources which would have otherwise have been drawn from other services, so will be funded by a redistribution of budgets from residential, supported living, and respite care.

2. Develop new Core & Cluster Accommodation / Community Living Networks

Rationale:

A 'core & cluster' (C&C) accommodation model has been identified as beneficial for all client groups. This type of service offers higher-level care and support within one or two 'core settings' which allows for an operational base of staff to work in a more outreach way with people living in a 'cluster' of housing accommodation within the locality.



For example some local areas elsewhere in the UK have a 'core' central 24/7 supported living, Extra Care, or small residential setting, with the 'cluster' made up of satellite supported accommodation, step-down, 'move-on' or independent living units for a wide range of people including autism and neurodiversity. Step-down accommodation can include general housing (adapted where needed) as well as designated 'supported living' accommodation.

What comprises the core and cluster can vary greatly from place to place, and there are a wide range of models to learn from. We want to develop arrangements in Bridgend which make the most of the opportunities that Core and Cluster models offer, and which at the same time fit well with existing community arrangements and Primary Care 'clusters'.

Overall this flexible model also offers good opportunities to nurture a 'community network' of mutual support between people who may have similar needs or interests and who live more or less independently in the local area. It represents a potentially cost-effective way of delivering a mix of

higher and lower-level support and allows opportunity for people to step up or down into different levels of service, which is a more person-centred and progression-based approach to simply placing someone in a static housing arrangement.

Current Position:

Currently we do not have Core and Cluster arrangements in place, or a common view about what they should comprise or how they should be developed or which client groups they might best serve. There is one C&C scheme at planning stage in Bridgend town centre. Due to setbacks during the Covid pandemic, the site development was stopped. There is work now underway to review the original plans and redesign the layout with the intention to provide 16 self-contained living units, and a shared house as supported accommodation in close proximity.

The model has been identified as potentially useful in Bridgend for neurodiverse people (e.g. with autism) and may also benefit other groups of people who need varying levels of flexible support. It may be possible over time to shift existing Supported Living services towards a more flexible C&C model, reducing 'fixed' levels of care delivered within a static living environment.

We want to develop the approach further with new clusters in other parts of the county, including one in the north and one in the west. These other clusters may have completely different layouts and building designs to the one planned for Bridgend town.

Commissioning Intentions:

Our commissioning intention is to develop a comprehensive core and cluster approach to service co-ordination and delivery across Bridgend. It will involve the following:

- Work with partners to ensure that the initial pilot core and cluster is established and implemented in Bridgend town.
- A review to secure a comprehensive understanding of support needs for localised groups of people, clarify the scope of people who might benefit, involvement of supported living services, close partnership working with Housing teams and RSLs, as well as potential capital funding investment in each local area of the Borough.
- As part of the analysis of options, we will consider including an 'Extra Care' building as a core setting where people with greater personal independence and a lower level of care needs can be supported in their own apartment within a shared building supported by care staff. An Extra Care setting offers an excellent opportunity to have a core building as a base for staff who can support people more flexibly and offer outreach support into the wider local community.
- Detailed specification of arrangements to be introduced in new clusters, namely Maesteg and Porthcawl in addition to the one planned for Bridgend.

We do not project that this approach, once established, will require service running costs additional to those already committed for these services. In fact we think from the evidence so far that it is likely to require lower costs or facilitate support for more people for the same resources. It is likely that some capital investment and implementation costs will be incurred.

3. Expanding Supported Living, including Specialist Supported Living (Closer to Home)

General Supported Living:

Rationale:

Supported Living can be a cost-effective option when compared to out-of-county or residential placements. It allows someone to live with their own tenancy, usually in a shared house with others who may need similar levels of care and support. Supported Living houses often have staff working 24 hours a day, and it is common to have waking night staff to support some individuals.

Supported living services are provided predominantly, though not exclusively, for people with learning disabilities. The main commissioned service in Bridgend has remained static in terms of the number of people supported for some time. This is largely due to the available capacity within the contracts, with very few new properties being available, and while there are some empty spaces within some of the houses, these can be difficult to use due to the need for compatibility between tenants, as well as issues around accessibility or mobility within a property.

Some people have also increased their levels of support, particularly since the pandemic, and there is a need to help people regain a level of social activity and independence they may have lost.

As most people in the service have a long-term tenancy agreement, there is limited scope to have people move in to houses within the service. In this regard there is a growing demand with no additional capacity within the main commissioned service, and there is an increasing level of individual 'spot purchased' placements being made into other schemes not managed via the Council's Framework Agreements, and which are additional to the main supported living service.

As such, this service is being run beyond capacity and needs to be reviewed in line with current and projected demands.

Current Position:

BCBC itself operates 10 Supported Living schemes (separate dwellings), currently delivering over 3200 hours of care and support per week to 35 people with a learning disability. In addition, via a Framework Agreement, we commission 4 independent providers who operate in 7 locality clusters across the borough. These commissioned services support around 100 individuals in nearly 50 housing units. The independent providers deliver approximately 9000 hours of support per week.

Other LD supported living placements are made on a spot purchase basis, approx. 20 at any time in addition to the commissioned capacity under the Framework. As there is no equivalent Framework Agreement for mental health services, the Council also uses a small number of non-framework specialist mental health providers for supported living, where social work teams make individual spot-purchased placements, indicatively 20-30 at any one time.

People with physical disabilities or mobility needs also use a small number of non-framework specialist providers, where social work teams make individual spot-purchased placements. There are approximately 10 people who use this type of supported accommodation. A major barrier is physical accessibility or suitable adaptations within available properties.

There is very limited scope for age-appropriate shared housing within the current capacity.

Commissioning Intentions:

Our commissioning intention is to implement a broadened supported living model in Bridgend which is more responsive to people's changing needs and is able to support more people as part of a new framework agreement to be introduced in 2026. This will involve the following:

- We will carry out a comprehensive review of current contracts and internal plans for LD, and MH, and PD Supported Living to determine the existing volume of placements across Framework and non-framework spot arrangements, and assess capacity in light of projected future demand.
- We will also review options for gender-specific, condition-specific, or age-appropriate accommodation for supported living, e.g. Transition House, Step-down for MH hospital discharge, specialist ND house, etc., in order to avoid higher-cost placements elsewhere.
- We will also review options for single occupancy accommodation, including Extra Care, in line with increasing demand from younger age groups (i.e. from Transition).
- We complete this review and analyse the outcomes of the service review in readiness for a wider Framework that might accommodate up to 200 people currently within the mixed service arrangements.
- We will engage with partners to co-produce the basis a new provider framework for broadening the supported living model from the current contracting arrangements, with nomination rights and funding arrangements that avoid perverse incentives, and consider if Supported Living tenancies can enable 'move on' to more independent living.
- We will then complete preparatory work towards a new Framework to begin in 2026 (at the end of current Framework term).

Specialist supported living, to include multi-disciplinary support from health and social care:

Rationale:

There is an identified gap for more specialist accommodation for people with much higher levels of complexity and care needs. This level of service usually involves multi-disciplinary support from Health as well as Social Care services - a 'wrap-around' service within one specialist house.

The number of people supported in this way is relatively small, but without the right local services for them, the costs of providing care can be prohibitive and lack of local housing may mean people are living far away from their own family or community.

Targeted development of specialist accommodation 'closer to home' is therefore desirable for both the people being supported, in being able to live closer to their families or within their own community, and also as a way to better manage social care budgets where the only alternative is for people being placed into high-cost specialist placements elsewhere.

Current Position:

In addition to 'standard' supported living schemes, the Community Learning Disability Team works in partnership with CTM University Health Board, who joint-fund a number of more complex care packages under a 'Specialist Supported Living' Framework which includes 3 'Closer to Home' schemes, plus another 3 'specialist' schemes in Bridgend.

Each specialist scheme supports between 2 to 4 people, with most people needing both health and social care support.

A fourth 'Closer-to-Home' scheme has been agreed in principle by regional partners, where capital funding may be available once a suitable location has been identified and secured for a suitable new build house. A Section 33 Agreement between the Health Board and the Council has been proposed which will help provide a level of governance and financial oversight for the shared costs of such a service.

A 'care needs profile' is needed of people living out of county or with high levels of complex care and support which may identify where further such schemes need to be developed in the future.

Commissioning Intentions:

Our commissioning intention is to work with key partners to develop sufficient 'Closer to Home' capacity to meet current and projected needs more effectively and to deliver a new more responsive provision through the next Framework contract in 2026. This will involve the following:

- We will review the effectiveness of existing specialist services in order to more clearly define and develop a service model for new and tailored housing for people who need highly adapted accommodation with 24/7 specialist staff support.
- We will analyse all out-of-county and specialist placements where there may be potential for them to return closer to home if suitable accommodation could be provided.
- We will continue plans to develop a fourth Closer to Home scheme, to support 4 or 5 placements, pending capital funding and a S33 Agreement to be developed.

At the present time it is not clear whether the services proposed will require additional resources. This will depend on the identified needs of the relevant population and the extent to which new arrangements can help to ensure support is cost-effective.

4. Accessible / adapted accommodation programme

Rationale:

The Population Needs Assessment and the CTM Regional Area Plan identify that for people with sensory loss or limiting physical conditions or disabilities, a main priority includes staying safe in their own home or in appropriate accommodation.

People with various care and support needs will be able to live a relatively independent life in their own home if suitable adaptations can be made. This can include wider doorways, lower kitchen units, accessible fixtures and fittings, installation of mobility aids and adaptations (e.g. ceiling hoists), and suitable access into the property. In some cases, the use of mainstream or specialist Assistive Technology will enable someone to meet their wellbeing outcomes within their own home. Working in partnership with other agencies, social care can be delivered to support people to remain in their home and to maintain their independence as far as possible.

Current Position:

People with physical or mobility needs are often supported in their own homes as there is no dedicated respite or permanent accommodation for younger adults, and very limited accessible accommodation for people with higher physical and mobility needs. Some people have accessed residential nursing placements, especially for short-stay respite, but it should be noted that most nursing homes tend to support older people as their main client group, so age-appropriate support is not really available.

The BCBC Housing team will often support social care teams in accessing the Disabled Facilities Grant (DFG) or similar funding to pay for installations and adaptations in people homes to allow them to live more independently.

Social services teams have previously held a register of adapted or accessible accommodation, which identified suitable properties for people to take up short-term or longer-term tenancies. However, this register has not been fully maintained in recent years. Housing colleagues advise that they can access some relevant information on the lists of accommodation they hold, which may help identify suitable accommodation for people with disabilities or mobility needs.

Recently released capital funding streams, accessed via regional partners, is also being targeted towards Housing with Care, including options to make smaller scale adaptations where it supports a person's continued independence.

Commissioning Intentions:

Our commissioning intention is to work with partners to develop a new multi-disciplinary work programme to help people with disabilities or sensory loss to access support and adaptations to help them live at home or as close as possible. It will draw on existing resources but offer a more integrated and well-informed response. This will involve:

- Establishing the multi-disciplinary membership for the work programme, and creating a clear communications plan for it.
- Work with Housing teams, OTs and other partners, including RSLs, to map and identify accessible accommodation to support people with physical disabilities or mobility issues, e.g. bariatric beds, use of Assistive Tech/eqpt, etc.
- Mapping the locations of appropriate properties and considering their potential for inclusion within a Core & Cluster accommodation model.
- With regional partners and via the Housing with Care Project Board, explore options via capital funding strategies in partnership with Housing teams and RSLs, to secure suitable properties mapped against identified housing needs.
- With Housing team colleagues, develop a 'Home Adaptations Programme' for identifying minor changes and building works to existing homes/properties that would enable continuity of independence for people.
- Use of Disabled Facilities grant (DFG) or other appropriate funding to enable minor adaptations or to fund building works to help maintain tenancies.

5. Emergency, short-stay and respite accommodation

Rationale:

The regional PNA identifies unpaid carer support and respite as a priority for all client groups. Emergency, short-stay and respite services allow people to temporarily take a break from their usual living arrangements, and often support unpaid carers or family with a break from their caring role.

More age-appropriate and condition-appropriate accommodation is needed to support people for short-term placements, sometimes in cases of emergency, or more often in order to allow a period of respite for family or unpaid carers. Current emergency and respite provision in Bridgend does not always support the range of people who require it, and a review and needs analysis is needed to meet future demand.

Current Position:

BCBC has a small number of short-stay accommodation options, including Glyn Cynffig, Ael y Bryn, and Breakaway. These tend to be used to maximum capacity with very limited additional capacity available. There is some use of other accommodation options, such as Shared Lives, but these are limited in scope due to accessibility needs (e.g. ground floor accommodation, mobility aids such as hoists, etc) or age or condition-specific suitability.

The Council runs Ael y Bryn as its own temporary or emergency residential unit, for supporting people with short-term but higher levels of need. LD and MH services are the main users of this, although not exclusively. Ael y Bryn is run as a 5-bed emergency accommodation that will typically provide around 1200 nights of support throughout a year to around 10 different individuals.

The Council also runs its own 6-bed LD respite residential accommodation, called 'Breakaway'. This is supplemented through one small independent provider with capacity to take up to 2 placements at any time. Around 40 people will benefit in any month from a respite placement in one of these settings, with 100-150 nights per month provided.

Glyn Cynffig (Respite accommodation) is a Rehabilitation Hostel for people with Mental Health difficulties, Learning Disabilities, and other vulnerable adults. Individuals have a short stay with a programme of rehabilitation and preparation for returning to independent living. The service is sometimes used by people with physical disabilities for a short break.

Commissioning Intentions:

Our commissioning intention is to better match our emergency, short stay and respite provision to the needs of our local population, and to redesign our services so they meet these needs. Our intention is to produce a 'short stay' service plan, consult on this and begin to implement agreed changes. It will involve:

- We will carry out a review of BCBC's accommodation-based services (both internally and externally) and the future needs of the Bridgend population to identify how the most appropriate and most effective forms and levels of care can be offered. Within this, include a review of options and demand for using Shared Lives, supported living, residential or other accommodation services for short-term or emergency placements. The review will include an analysis of the capacity and potential use of:
 - BCBC Emergency accommodation, e.g.
 - The planned relocation and expansion of Glyn Cynffig.
 - Options for a 'wet or dry' house to support people with substance misuse issues.
 - A 'safe' bed for people in distress who don't require admission into hospital following AMHP assessment.
 - Short Break and respite accommodation to meet the needs of clients, e.g.
 - Expansion of Breakaway for LD.
 - A dedicated MH respite capacity.
 - Respite beds in residential care homes that allow for physical disabilities or bariatric needs to be supported.
 - Age-appropriate respite accommodation.
 - Undertake an Options Appraisal for the potential use of Extra Care settings for short-stay / respite placements.

Non-accommodation-based services

6. Specialist Care & Support at Home or in the Community

Rationale:

An aim of care at home is to enable people to stay living independently in their own homes. For some people, support is also provided for them to access their local community, which maintains social relationships and allows people to live as normal a life as possible.

Care at home (domiciliary care) is predominantly delivered for older people but is still a significant and valuable service for other people with care and support needs, including learning or physical disabilities, neurodiversity, or mental health. Many such people rely on long-term care packages.

CIWT and Sensory Team clients are often supported with short breaks for carer respite in their own homes, as there is no dedicated respite (or permanent) accommodation for younger adults, and very limited accessible accommodation for people with higher physical and mobility needs.

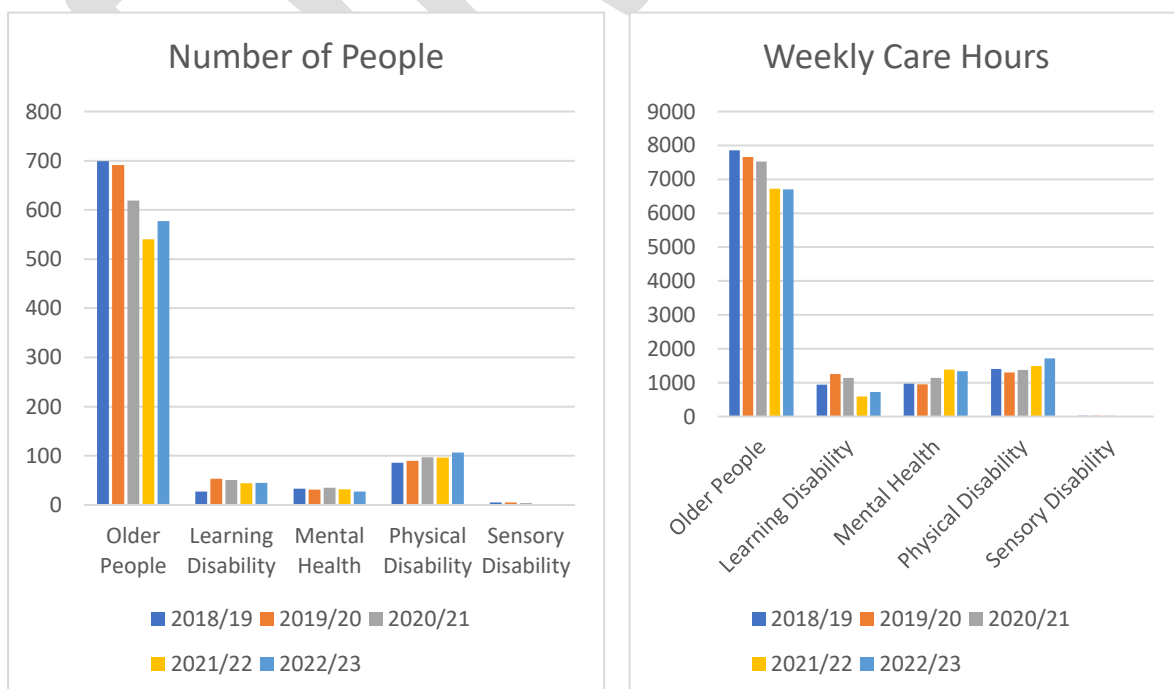
A need has therefore been identified to increase the capacity of specialist domiciliary care providers, for example, to work with people who may have more complex physical care needs alongside behaviours that require a specialist approach in providing support.

Other specialist services, such as the Sensory Support Communicator Guides, are also needed which are not regulated domiciliary care, but can still support someone to remain as independent as possible in their own home or community. As such, more specialist services are needed in addition to generic domiciliary care.

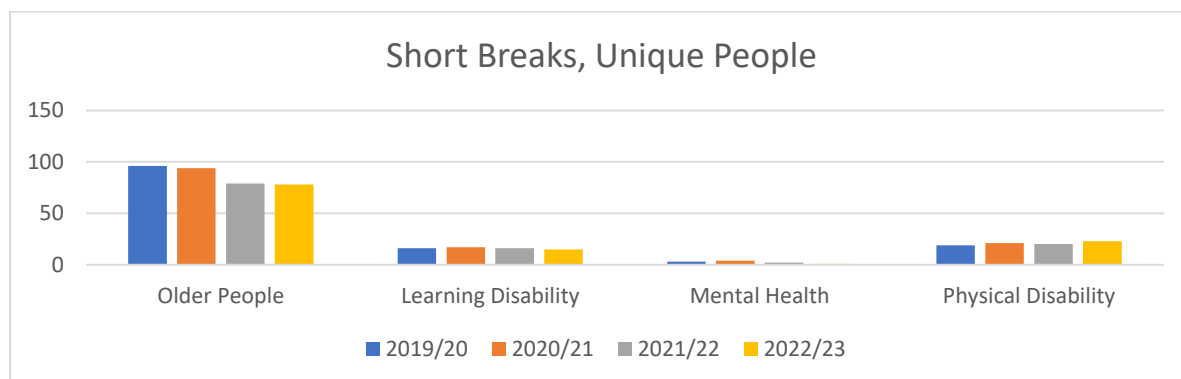
Current Position:

Domiciliary Care

The Council operates a Care at Home Framework of service providers, and some of the placing social work teams also 'spot-purchase' more specialist care packages directly from local providers.



Additionally, this service can enable a short break (respite) for some families where a longer session of support can be provided.



In addition to the services captured in the above data, the Council also commissions a Supported Living Framework of providers who can deliver more specialist 'outreach' care and support to people with a learning disability living independently within their locality.

Direct Payments

These are cash payments made to individuals by the council in lieu of service provision. The Direct Payment (DP) is based on an individual's assessed need and the equivalent cost to the council of providing support services. The recipient is therefore in charge of paying for their own care and support.

A DP is most commonly used to pay for a Personal Assistant (PA) who can provide the care and support needed. PAs are not regulated in the same way as domiciliary care workers but can still support people with similar levels of care. DPs can also be used for one-off or ad hoc payment for goods or services that support a person's well-being.

DPs offer a higher degree of autonomy, flexibility and independence for people to secure the right type of support for themselves, without the more limited capacity and timing of support that might be available from commissioned care at home services.

People using Direct Payments	Snap Shot Year End				
	03/2019	03/2020	03/2021	03/2022	02/2023
Learning Disability	109	109	113	112	114
Mental Health	6	9	8	9	9
Physical Disability	58	62	58	58	62
Sensory Disability	7	6	6	6	5
Older People	37	50	48	53	51
Total	217	236	233	238	241

Learning Disability services are proportionately the largest user of DPs. There is a reasonable level of use for people with a physical disability, and also some limited, though innovative, use of DPs within mental health and sensory services.

Specialist Sensory Support Services

People who may have a visual or hearing or speech impairment may require ongoing support for either a short or longer period. This is not regulated domiciliary care but is commissioned as a specialist Sensory Support Service using 'communicator guides' to support people in daily living activities. These guides support adults with acquired deaf blindness or multi-sensory impairment. Acquired deaf blindness can make many people feel isolated, communicator guides help people connect, and feel part of their community. Guides can do things like:

- Give practical help with day-to-day tasks like shopping.
- Help with taking emails or calls.
- Set and support attendance at medical appointments.
- Act as an interpreter.

On the basis of population need projections the need for the Sensory Support Service have been projected to increase incrementally over a number of years:

Year	Weekly Average Number of Individuals receiving a Service	Weekly Average number of hours provided to each individual	Overall average actual weekly hours	Actual hours provided per annum
2020-21	13	3.25	42.25	2203
2021-22	14	4.25	59.5	3102
2022-23	15	5	75	3911
2023-24 Projected	16	5	80	4,171
2024-25 Projected	17	5	85	4,432
2025-26 Projected	18	5	90	4,693
2026-27 Projected	19	5	95	4,953
2027-28 Projected	20	5	100	5,214
2028-29 Projected	21	5	105	5,475

Commissioning Intentions:

Our commissioning intention is to expand the capacity and responsiveness of specialist care and support for people at home or in the community. This will help them to be happy in their homes and reduce the need for residential care. We will agree a programme of improvement that will involve:

- Exploring how to secure the increased range and capacity needed for specialist domiciliary care & support, e.g. for people with physical disabilities, PBS needs, specific neurological conditions, or sensory impairment.
- Working with domiciliary care framework providers to identify those able to adopt more specialist support roles and identify where additional staff training may enable a greater uptake of more complex care packages.
- Exploring how best to widen the scope and use of Direct Payments through the implementation of the Council's new Direct Payments policy.
- Reviewing the capacity of sensory services with planning for additional service development as needed, e.g. training social workers / professionals in communication techniques; or emotional / practical support for families when there is a sudden onset of sensory loss.

7. Review and remodelling of Community Hubs, Daytime Opportunities & Social Activities

Rationale:

There is an identified need to develop different approaches and options for age and condition-appropriate daytime opportunities and social activities to enable people to maintain social contact and friendships, access information advice and assistance in their local community, and to provide a level of daytime respite for family or carers.

The nature of daytime support is changing for learning disabilities services, affected by both the changing age profile of supported individuals, as well as changes in choices being made following the Covid pandemic. The co-produced priority to develop more social activities, 'day or night', as well as the outcomes from recent opportunity assessments undertaken will further influence the nature of this type of support.

The Council is also increasingly looking to work with independent or third sector partners to deliver more accessible and targeted activity within its own Community Hubs and through other community centres, e.g. the ARC or the Mental Health Wellbeing Retreat.

Current Position:

Within the integrated service model (LD/OP) it is noted that attendance from LD clients is reducing. There is very little daytime opportunity provided for people with mental health, sensory or physical disabilities. Individuals may attend for a number of sessions per week, as follows:

Daycare Attendances Days/week	Snap Shot Year End				
	2018/19	2019/20	2020/21	2021/22	2022/23
Client Category	30/03/2019	28/03/2020	03/04/2021	02/04/2022	11/02/2023
Learning Disability	676	657	663	655	620
Mental Health	0	0	0	2	2
Physical Disability	1	1	1	1	1
Older People	226	221	180	192	191
Total	903	879	844	850	814

Mental Health Wellbeing Retreat

This is run as a partnership with a local voluntary sector group to support people in mental health crisis. The retreat has four aims:

- Support the improved access to MH services for Bridgend residents.
- Support improvement of the people and carer experience, involvement and engagement.
- Support improvement of environment, physical, mental and social well-being outcomes for people accessing the retreat.
- Signpost to other support services in the wider community.

The retreat is run as an out of hours service, open 4 evenings per week (inc weekends). Since it opened in Dec 2020 the service has had referrals for around 1450 people, averagely 45 per month, presenting with a range of mental health issues. Access to the Wellbeing Retreat is by referral only. Referrals can be made via statutory health care professionals, GP's, Social Workers, 111 press 2, and key third sector partners.

There are discussions ongoing at a regional level to look at expanding this service, in particular for self-refer opportunities for people in the community who are reluctant to contact statutory mental health services and people who experience mental health and emotional wellbeing issues but work full time.

The ARC service is an integrated MH Daytime Opportunities service which is delivered jointly by the Council and CTM UHB under a Section 33 Agreement which provides for joint governance and financial arrangements. The ARC service consists of OTs, Support Time and Recovery Workers and a specialist Employment Officer. The ARC building in Bridgend town acts as a MH community resource centre for a range of mental health support services, including having been the service base for the primary care psychological therapy team. ARC provides support across a range of mental health needs and receives referrals from GPs, primary and secondary mental health teams, as well as from crisis and home treatment teams and psychiatrists. Support is based on identified need and aims to maintain and maximise independence and function. The service provides short to medium term interventions, Occupational Therapy, activity planning, social support, and employment advice and support. The service also runs a post-natal MH support group, working closely with the peri-natal MH team.

The Advice and Guidance team at ARC provide direct access for the community and receives contacts directly from members of the public looking for support. In 2021-22, 1,187 people contacted this part of the service for advice and information, with the majority presenting with stress/anxiety and low mood caused by issues such as bereavement, family and work stress and personal trauma.

Commissioning Intentions:

Our commissioning intention is to improve the design, range, quality and impact of our services. We plan to implement changes through the following activities:

- Consider and develop aspects of service design following the recent Opportunity Assessment undertaken.
- Work with BCBC corporate teams (whole council approach) to optimise existing BCBC Hubs and assets to be used creatively with local partners to offer a wider range of appropriate and accessible daytime or evening sessions, including weekends.
- Work with the Wellbeing Team to scope and map other accessible/community locations to be considered as a potential 'contact centre' for people who may need help or support or a safe meeting space.
- Community Hubs to offer targeted support to people with autism and neurodiversity, e.g., providing a venue for peer support groups; post-diagnosis support, in partnerships with Health and other agencies; IAA services inc employment, social activities and independent living; activities for personal development, including information and advice to aid physical and mental health, positive relationships, and personal wellbeing; and Referral Pathways to other support services (e.g. MH / LD) or to suitable accommodation as needed.
- Develop more age and condition-appropriate daytime opportunities, e.g., building on 'Discovery Days' activities for the younger Transition age group, or support for cognitive impairment/brain injury.
- Review options for the expansion of the Mental Health Wellbeing Retreat as a crisis support centre, e.g. more options for self-referral.
- Community Hubs to offer greater access for Mental Health Support within local areas: e.g., this might include Maesteg Hospital / Cwm Calon or other re-development plans.

- Extend services from ARC as part of a community outreach programme to reach people where they live.
- Review and consider options for offering preventative and early interventions in the community for people with lower-level learning difficulties that also need access to MH services.
- Further develop partnerships with Community Navigators, the Wellbeing Team, and external agencies to facilitate access to mainstream community groups and activities.

The improvement programme as proposed is not expected to require additional resources, but instead generate efficiencies required as part of MTFs plans and proposals.

Prevention & Wellbeing

8. Skills for Independence and Employability

Rationale:

The regional CTM Population Needs Assessment, the Regional Area Plan 2023-2028, and other stakeholder feedback has identified a priority to support people with help towards employment opportunities. This has a significant benefit in maintaining or increasing people's ability to live more independently, giving them personal skills and meaningful activity in the local community. This also potentially reduces demand on other social services, e.g. day services.

There is also potential to explore social enterprise opportunities providing benefits for the individuals involved as well as striving for a beneficial social or environmental impact within the local economy.

Current Position:

A part of day opportunities in Bridgend includes two longstanding training/employment skills projects delivered via BCBC's partner Awen Trust.

There are currently around 20 trainees with a learning disability attending **Wood B**, a carpentry skills enterprise. Most of these trainees are relatively independent in managing their own care and support needs. They attend between 1 and 4 days/week Monday to Friday.

The **B-Leaf** horticultural project allows people with higher levels of support needs to attend a bespoke centre based in Bryngarw Park. This project can support up to 30 people who might attend between 1 and 5 days/week.

In terms of capacity, Wood-B has seen a small increase over recent years, although current numbers attending B-Leaf are lower following the pandemic. Together, these projects enable up to 50 individuals to access some work-related daytime activity.

Awen Trust has secured feasibility funding to explore the replacement of the buildings that house the work projects. However, no capital funding has been identified at this stage.

Commissioning Intentions:

Our commissioning intention is to review our current services and implement a revised model for supporting employability and independence. It will involve:

- Building on the LD employment projects currently run by Awen Trust, review the merits and relative benefits of the two current projects with regard to the running costs and skill requirements of staff, and consider whether other service models, e.g. social enterprise, may be more beneficial.
- Increase the focus on accredited learning and develop better future links with further education providers.
- Scope opportunities to expand the remit and capacity to offer activities and learning opportunities to help a wider group of people (MH, PD, SI) move towards independence, with a focus on supported voluntary work or access to employment.
- Identify employment, volunteering and training opportunities within other Council contracts and partnerships to support personal learning and development towards employment or meaningful activity (e.g., libraries, food and beverage, customer service).
- Work with partners, e.g. Employability, to identify other employers in the local community who may support work placements.

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