AGENDA

Committee	COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE
Date and Time of Meeting	WEDNESDAY, 15 NOVEMBER 2017, 4.30 PM
Venue	COMMITTEE ROOM 1 - COUNTY HALL
Membership	Councillor McGarry (Chair) Councillors Ahmed, Asghar Ali, Carter, Goddard, Jenkins, Kelloway and Lent

Time approx.

1   Apologies for Absence

To receive apologies for absence.

2   Declarations of Interest

To be made at the start of the agenda item in question, in accordance with the Members' Code of Conduct.

3   Minutes *(Pages 1 - 4)*

To approve as a correct record the minutes of the meeting held on 4th October 2017.

4   Cardiff's Night Time Economy Strategy 2017-2022 - To Follow   4.30 pm

(a) Councillor Lynda Thorne, Cabinet Member for Housing & Communities will be in attendance and may wish to make a statement.

(b) Joe Reay, Head of Performance and Partnerships will be in attendance to give a presentation and answer Members' questions.

(c) The way forward for this item will be considered at the end of the meeting.

5   **Development of a City Wide Employability Provision & a New**   5.15 pm
         Approach to Building Resilient Communities *(Pages 5 - 100)*

     (a) Councillor Lynda Thorne, Cabinet Member for Housing &
         Communities will be in attendance and may wish to make a
         statement.

     (b) The following officers will be in attendance to give a
         presentation, contribute to the discussion and answer Members'
         questions:
         • Sarah McGill (Director of Communities, Housing and
           Customer Services)
         • Jane Thomas (Assistant Director, Communities and Housing)

         • Louise Bassett (Partnership Delivery Team Leader)

     (c) The way forward for this item will be considered at the end of the
         meeting.

6   **Proposed Developments for Community Mental Health Services**   6.00 pm
         (Pages 101 - 124)

     (a) Councillor Susan Elsmore, Cabinet Member for Social Care,
         Health & Well-Being will be in attendance and may wish to make a
         statement.

     (b) Ian Wile, Director of Operations for the Mental Health Clinical
         Board, Cardiff & Vale University Health Board will be in attendance
         to give a presentation and answer Members' questions.

     (c) The following officers will be in attendance to contribute to the
         discussion and answer Members' questions:
         • Tony Young (Director of Social Services)
         • Amanda Phillips (Assistant Director, Adult Services)
         • Rebekah Vincent-Newson (Operational Manager, Mental Health)

     (d) The way forward for this item will be considered at the end of the
         meeting.

7   **Way Forward**   6.45 pm

8   **Date of next meeting**
         The next meeting of the Community and Adult Services Scrutiny
         Committee is scheduled for 6th December 2017 at 4.30pm.

Davina Fiore
Director Governance & Legal Services
Date: Thursday, 9 November 2017
Contact: Andrea Redmond, 029 2087 2434, a.redmond@cardiff.gov.uk

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

4 OCTOBER 2017

Present: County Councillor McGarry(Chairperson)
             County Councillors Ahmed, Asghar Ali, Carter, Goddard, Jenkins, Kelloway and Lent

17   :   APOLOGIES FOR ABSENCE

No apologies for absence were received.

18   :   DECLARATIONS OF INTEREST

No declarations of interest were received.

19   :   MINUTES

The minutes of the Community & Adult Services Scrutiny Committee held on 6 September 2017 were agreed as a correct record and signed by the Chairperson.

20   :   PROPOSAL TO DEVELOP A REGIONAL SOCIAL CARE TRAINING UNIT FOR CARDIFF AND THE VALE OF GLAMORGAN - PRE-DECISION SCRUTINY ITEM

The Chairperson welcomed Councillor Susan Elsmore, Cabinet Member for Social Care and Health; Tony Young, Director of Social Services and Angela Bourge, Operational Manager, Strategy Performance and Resources to the meeting.

The Chairperson invited Councillor Elsmore to make a statement in which she said that this was part of the jigsaw in relation to regional working. Councillor Elsmore Chairs the Regional Partnership Board and had attended the launch of the Strategic Plan 2017-2022; adding this was a key area going forward, and it was about better, more streamlined use of resources.

The Chairperson invited the Director of Social Services to make a statement in which he said that this was one of the later pieces in the improvement jigsaw and was a very important piece of work; he added that he had a statutory responsibility as Director of Social Services for the workforce. The workforce plan and strategic development had not had a great track record in Cardiff and the Vale previously; all parties were now very committed and looking to future proof the workforce which was an enormous task. There was a need for a regional workforce unit, this was an important step in establishing the infrastructure needed for that, so it was a good news story.

Angela Bourge provided Members with a presentation on The Proposal to Implement a Cardiff & Vale of Glamorgan Social Care Regional Workforce Development Training Unit, which gave information on Demands; Funding; Benefits of an Integrated Approach; Mitigation of Risks; Proposed Operational Structure; Ongoing Relationship with Cardiff Academy and the Governance & Performance Framework.

The Chairperson invited questions and comments from Members:

- Members asked about benefits to Cardiff, noting that the Vale is a third of the size; Members considered that gains for Cardiff didn't seem to be that great, apart from the kudos for hosting the unit, and there was great responsibility in doing this and there would be complexities in having Statutory Board line managers embroiled in complex HR systems. Officers advised that the Vale would be TUPE'd to Cardiff and become Cardiff employees and be on the DigiGov system; adding that the challenge would be meeting the needs of the Vale as they are very different to Cardiff's needs. It was noted that Cardiff already does a lot of regulatory work with the Vale, and reports on grants etc.; meaning that although challenging they were used to working together. This unit would streamline processes and avoid duplicated efforts. The Cabinet Member stated that this aligns with the direction of travel of the Regional agenda. The Director added that they both share the same providers and a common approach to the relationship with them. There was a public duty to do things once and properly, this would rationalise expertise and give direct control over the resource that covers the delivery.

- Members were interested to see what courses would be provided and were advised that officers go to providers on an annual basis to see what is needed or requested. Currently the courses were on outcome based approaches, planning and courses relating to the Act. Ongoing courses were Child Protection, Adult Protection, Safeguarding, E-Learning etc. Courses are generally based on what the market is saying is needed.

- Members asked if there had been any discussions on running courses on weekends. Officers advised that this does happen, courses are run on evening and weekends and some are available as E-Learning courses.

- In relation to the consultation feedback, Members noted that when staff were consulted in July, 87 responses were received back; Members asked how may were originally sent out. Officers noted the low number of returns, 800 Cardiff and Vale staff had been consulted. Officers stated that they do survey staff on other things and other times and low returns are commonplace. With regard to feedback, Officers added that there was a concern that Cardiff could dominate the unit due to its size and some of the Vale staff were worried that their ideas could be compromised. The needs of the 2 authorities are very different and this has to be acknowledged; part of the agreement would be the Governance arrangements which would ensure that Cardiff delivers for the Vale. This feedback had been anticipated and officers said that it was mitigated by the acknowledgement of the differences and that they would be managed.

- Members asked if Officers were satisfied that there had been enough consultation with Staff. Officers stated that more could always be done; Survey monkey had been used and the consultation survey was easy to complete in a few minutes. Officers did also go to staff groups and talk to staff face to face, there had also been management team discussions too. The Director added that Training and Development was often seen as a minority interest, the Board was trying to raise its profile as it is an important issue. The Cabinet Member added that of those who did respond, 86% did so in favour and that positives should be taken from that. Nationally, social care is

recognised as National Strategic Importance, there needed to be a sensible approach to accommodate people's needs fairly.

- Members discussed the fact that some people don't know that they can get help from the Council with care. Officers recognised that unpaid carers are a valuable part of the social care workforce, there is work undertaken with organisations who work with people to ascertain needs, take up training courses, awareness raising and guidance and support signposting. The Director added that there was also outreach work undertaken with the hard to reach communities and this had been well received.

- Members asked if there were any concerns about the Social Care funding review; officers said no, there had been very little changes this year in how it was administered; the review had been more about administering the funding rather than the funding itself.

- With reference to setting up the unit, Members asked if the one-off cost would be part of the grant or whether Council contributions would be needed. Officers advised that the one-off initial set up costs would be met initially by unfilled vacancies.

- Members noted that the unions had concerns over the OM2 position being created and asked if these concerns had been addressed. Officers advised that there had been no objections as such just that the Unions felt that the Council should not be creating any Operational Manager positions currently.

- Members asked if there was a risk of losing expertise for monetary gain in setting up the combined unit. Officers stated that there are currently 2 managers who are acting up, and have substantive posts to go back to; it was hoped they would both apply for the position.

- Members asked if the restructure would lead to a loss of staff. Officers advised that this was not envisaged, they would start with vacancies not being filled, and they did not envisage any loss of posts or displacement of staff.

- Members made reference to the Equality Impact Assessment; Officers noted that it was a mostly female workforce, so any changes have an impact. There were no post losses expected. With regards to salary, the OM2 post would be an opportunity for someone, and those currently acting up would have their substantive posts to return to. The Director added that in Social Care overall the workforce was over 80% female.

- Members asked about the practicalities of having 2 offices and 1 manager. Officers explained that would only be initially, they hope to find a suitable location between Cardiff and the Vale to suit both; currently the team deliver across the region from 2 bases.

AGREED – That the Chairperson on behalf of the Committee writes to the Cabinet Member conveying the observations of the Committee when discussing the way forward.

21 : COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE WORK PROGRAMME 2017/18

Alison Jones – Principal Scrutiny Officer outlined the report to Members. It was noted that at the last meeting of this Scrutiny Committee on the 6 September 2017, Members agreed the following:

- Committee meetings would aim to last no more than 3 hours, which equates to approximately 2 substantial items and 1 smaller item, as recommended by the Wales Audit Office.

- A system of briefs/updates/progress reports be established, to free up valuable Committee time, but also to keep Members informed of progress against these issues. Should any concerns or questions be raised these would then be brought onto the Committee's Agenda for formal consideration.

- Performance monitoring reports and "Deep Dives" into performance be scrutinised by a Performance Panel. The Panel would regularly report back to Committee with their comments, concerns or requests for further investigation at full Committee.

Members noted the Inquiries, Pre-Decision items, Briefings/Presentations; Briefings and Performance Panel items that would be programmed over the forthcoming year.

RESOLVED: to sign off the 2017/18 Work Programme.

22 : DATE OF NEXT MEETING

The next meeting of the Community and Adult Services Scrutiny Committee is scheduled for 15th November 2017 at 4.30pm.

CYNGOR CAERDYDD

CARDIFF COUNCIL

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

15 NOVEMBER 2017

DEVELOPMENT OF A CITY WIDE EMPLOYABILITY PROVISION & A NEW APPROACH TO BUILDING RESILIENT COMMUNITIES: PRE-DECISION SCRUTINY

Purpose of the Report

1. To give Members background information to aid the scrutiny of the draft report to Cabinet entitled '*Development of a city wide employability provision & a new approach to building resilient communities.*' The full draft report is attached at **Appendix A** and has **four** appendices:

   - **Appendix 1** - Economy & Culture Scrutiny Committee Letter and Response
   - **Appendix 2** - Consultation Report
   - **Appendix 3** - Focus Groups Report
   - **Appendix 4** - Equality Impact Assessment.

2. The Cabinet is to consider the report and its recommendations regarding the future delivery of employment services, transitional arrangements and further investigation and consultation on the approach to building resilient communities at their meeting on 16 November 2017. At this committee meeting, Members will have the opportunity to hear from internal witnesses. Members will then be able to decide what comments, observations or recommendations they wish to pass on to the Cabinet.

Background

3. Following a review of its anti-poverty schemes, the Welsh Government Communities First programme is ending on 31 March 2018. Communities First

organisations[1] in Cardiff provide a range of programmes that work with residents, community organisations, business and other key agencies to focus on improving the wellbeing and resilience of communities. There are currently four Communities First areas in Cardiff. Each area or "Cluster" is managed by a third sector organisation.

4. With the cessation of Communities First, the Welsh Government is making the following funding available for Cardiff:

    i)   Employability Grant – estimated to be between £650,000 - £750,000 per annum from 1 April 2018

    ii)   Community Facilities Programme – third sector organisations can submit bids to Welsh Government for capital grant funding for facilities that contribute to the community[2]

    iii)   Legacy Funding – £563,361 per annum from 1 April 2018.

5. In addition, the European Support funded *Communities for Work* programme is funded until 2020, with an allocation of £583,610 per annum.

Issues identified in the Cabinet Report

6. The funding from the Welsh Government, outlined above, does not match the previous level of funding for Cardiff for the whole of the Communities First programme. For example, in 2016/17 Cardiff received £2.98 million Communities First funding, with £2.08 million received 2017/18[3].

7. In order to prepare for the cessation of Communities First, Cardiff Council undertook a review of Employment Services in Cardiff and carried out consultation on proposals for future services. The Cabinet report states, at **point 13**:

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[1] In Cardiff the four Communities First clusters are: ACE (Caerau, Ely, Pentrebance and parts of Fairwater), BRG (Butetown, Riverside and Grangetown), ECLP (East Cardiff, Rumney, Llanrumney and Pentwyn) and STAR (Splott, Tremorfa, Adamsdown and parts of Plasnewydd)
[2] There is £4 million available in the Community Facility Grant Programme, for use across Wales
[3] Taken from Item 3 Communities First report to Cardiff Public Services Board 7 June 2017, available at: https://www.cardiffpartnership.co.uk/cardiff-public-services-board/executive-public-services-board/papers/

'*The review made clear that there is a need to changes services in Cardiff to improve accessibility, link together the many existing services and ensure that help is available to everyone who needs it, across the city.*'

8. The proposed new Employment Service is detailed at **points 15-25**, which highlight that the services will be directly provided by the Council employees and will be offered based on need.

9. At **points 22-25**, the Cabinet report sets out the approach that will be taken to engage with hard to reach individuals.

10. The Cabinet report provides an overview of consultation findings and emerging issues regarding building resilient communities, at **points 29- 41**, and states at **Point 39** that

'*Further work is required to develop all three strands of the Building Resilient Programme.*'

This aspect of the report falls under the remit of this Scrutiny Committee. The Economy & Culture Scrutiny Committee is scheduled to carry out pre-decision scrutiny of Employment Services, as set out in paragraphs 7 and 8 above at its meeting on 9 November 2017.

Proposed Recommendations to Cabinet

11. The report to Cabinet contains the following recommendations:
   i)   '*Agree the approach to future delivery of Employment Services as set out in the report.*
   ii)   '*Delegate authority to the Director of Housing, Communities and Customer Service to take the necessary actions to implement the new Employability Service and transitional arrangements.*
   iii)   *Authorise officers to review the approach to Building Resilient Communities programme, including a public consultation exercise, to inform a proposed way forward for Cabinet consideration.*

Consultation Undertaken

12. In September 2017, the Council commenced consultation on the proposed approach to future Employment Services and Building Resilient Communities, using a survey and focus groups. The survey was distributed online and via direct mail to Council address lists, with hard copies available in libraries and hubs. Five focus groups were held in Communities First cluster areas.

13. The results of the survey are detailed in the Consultation Report attached as **Appendix 2** to the Cabinet Report, which shows that 1,596 responses were received to the survey from across Cardiff. The findings from the five Focus Groups Report are detailed in **Appendix 3** to the Cabinet report, with 42 individuals taking part.

14. The Cabinet report states, at **point 27**, that

    '*82% of respondents to the public survey agreed with the proposal that the Council should directly provide and coordinate the services with only 6% disagreeing. 92% of respondents agreed with the proposal to introduce the simple gateway into services*.'

Previous Scrutiny

15. The Economy & Culture Scrutiny Committee undertook policy development scrutiny of the Employment Services proposals at their meeting on 14 September 2017. A copy of the Chair's letter and the response received, is attached at **Appendix 1** of the report to Cabinet.

16. Overall, Members of the Committee were supportive of the proactive approach adopted to the cessation of Communities First funding. Members highlighted:
    i)   the need to ensure marketing of the new gateway approach provides reassurance to potential service users re its independence and helpfulness;
    ii) the need to ensure systems are in place to engage potential service users who face difficulties accessing employment services;

17. Members also requested a progress report on mapping ESOL provision and accessing additional funding. Information on ESOL provision is included in **Appendix 4** to the Cabinet report, on **pages 24-25**.

Way Forward

18. Councillor Lynda Thorne (Cabinet Member – Housing and Communities) will be invited to make a statement. Sarah McGill (Director of Communities, Housing and Customer Services), Jane Thomas (Assistant Director, Communities and Housing) and Louise Bassett (Partnership Delivery Team Leader) will attend to give a presentation and answer Members' questions on the proposals for building resilient communities in Cardiff.

19. Pre-decision scrutiny aims to inform the Cabinet's decisions by making evidence based recommendations. Scrutiny Members are advised to:
    i)   look at the information provided in the report to Cabinet to see if this is sufficient to enable the Cabinet to make an informed decision;
    ii)   check the financial implications section of the Cabinet report to be aware of the advice given;
    iii) check the legal implications section of the Cabinet report to be aware of the advice given;
    iv)   check the recommendations to Cabinet to see if these are appropriate.

20. Members will then be able to decide what comments, observations or recommendations they wish to pass on to the Cabinet for their consideration prior to making their decisions.

Legal Implications

21. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters, there are no direct legal implications. However, legal implications may arise if and when the matters under review are

implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

Financial Implications

22. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters, there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

RECOMMENDATIONS

The Committee is recommended to:

i) Consider the information in this report, its appendices and the information presented at the meeting;

ii) Determine whether they would like to make any comments, observations or recommendations to the Cabinet on this matter in time for its meeting on 16 November 2017; and

iii) Decide the way forward for any future scrutiny of the issues discussed.

DAVINA FIORE
Director of Governance & Legal Services
8 November 2017

CITY OF CARDIFF COUNCIL   **Appendix A**
CYNGOR DINAS CAERDYDD

CABINET MEETING: 16 NOVEMBER 2017

DEVELOPMENT OF A CITY WIDE EMPLOYABILITY PROVISION & A NEW APPROACH TO BUILDING RESILIENT COMMUNIITES

HOUSING & COMMUNITIES (COUNCILLOR LYNDA THORNE)

AGENDA ITEM:

REPORT OF DIRECTOR FOR COMMUNITIES, HOUSING AND CUSTOMER SERVICES

Reason for this Report

1.   To provide an update on the exit arrangements for the Communities First Programme and to report back on the findings of the consultation undertaken to inform the way forward.

2.   To agree new arrangements for delivering Employment Services in Cardiff.

3.   To set out the proposed approach to building community resilience and improving community involvement and engagement.

Background

4.   On 14th February the Cabinet Secretary for Communities and Children announced that Communities First would be phased out by 31st March 2018. Instead there would be a new approach to tackling poverty. The new approach is focused on employment, early years and empowerment.

5.   Communities First is a programme that works with residents, community organisations, business and other key agencies to focus on improving the wellbeing and resilience of communities. There are currently four Communities First areas in Cardiff. Each area or "Cluster" is managed by a third sector organisation.

6.   Action is being taken, where possible, to mitigate any negative impact from the closure of these programmes. Council funding was made available to help the organisations to develop sustainability plans, this funding has provided staff training; consultancy to assist with business plan development and specialist workshops on commissioning and procurement.

7.   The Welsh Government is making new funding available from April 2018. The priority for this funding is helping people into work and building resilient communities. The new funding comprises of an:

      a. Employability Grant, the exact amount of this is unknown but is likely to exceed £650,000 per annum
      b. Legacy Funding of £563,361 per annum.

8.   In addition the European funded Communities for Work programme, currently delivered alongside Communities First, will continue to be funded until 2020, with an allocation for Cardiff of £584,903 per annum.

9.   While this funding is welcome it is significantly less than was previously available. In 2016/17 Cardiff received £2.98 million in Communities First funding, £578,000 for Communities for Work and £157,000 for the Lift employment programme. It is therefore very important that best use is made of the reduced funding that will be available.

10.   In order to consider the best way forward following the closure of Communities First a public consultation exercise was carried out during September this year. 1,596 responses were received to the survey which was available on line and in hard copy in hubs and other community buildings. 5 focus groups were held in the Communities First areas. Two briefing sessions were also held with elected members. Further details about the consultation are contained within the report. The feedback from this consultation has been used to inform the proposals below.

Issues

Employability Review

11.   Due to the need to achieve best value a full review of Employability Support across the City was carried out. The review identified over 40 different schemes offering employment support in Cardiff each with their own eligibility criteria. While the Council's Into Work Service offers open access services, the provision of more in-depth support and mentoring depends on postcode and various eligibility requirements such as age, benefit entitlement and ethnicity.

12.   Current employment support in the city is complex and it can be difficult for people to find the right service for them. There is no clear pathway into services and no needs assessment to ensure that the most vulnerable individuals receive appropriate assistance.

13.   It is clear that there are pockets of poverty throughout the City, not just in Communities First areas, and this need is not currently being met. Cardiff is also seeing higher levels of in-work poverty than in previous years and support for those already in employment is currently very limited. The review made clear that there is a need to change services in Cardiff to improve accessibility, link together the many existing services and ensure that help is available to everyone who needs it, across the city.

14. As a result of the review a proposed new approach to employment services has been developed that will offer services across the city based on need.

Proposed New Employment Service

15. It is proposed that the Council should directly provide core employment services across Cardiff. The new approach would bring together the various funding streams, including Communities for Work, the Employability Grant and the Council's own into work resources to create one service provided directly by Council employees. The new service would include the following:

Gateway into Service

16. A simple gateway to services via range methods including phone, internet, and face to face. Face to face access would be available through community hubs, libraries and other community buildings. The job clubs would continue to offer assistance with CVs and job search but this will be extended across the city.

In-depth Mentoring and Support

17. For those people who need additional support, a specialist mentoring service will be available. For the first time this will be available based on need regardless of postcode or benefit entitlement. One to one support will be provided to help people address any barriers they have to returning to work. The mentors will also help people with more complex needs address a range of issues by referral into specialist programmes.

Effective Employer Engagement

18. The Employment Service will work with Economic Development to understand the needs of employers and prepare people for real job opportunities. The service will link with both national and local employers to identify future skills requirements and inform the development of training provision.

Self-Employment and developing Social Enterprise

19. The new service would offer advice and assistance to help people to set up their own business or social enterprise, to help develop the entrepreneurial culture in individuals and communities.

In Work Poverty

20. The new approach would include support for those in low paid employment and on zero hour contracts, helping people to achieve higher level skills or more sustainable employment opportunities.

<u>Effective monitoring</u>

21.   By having a core service provided by the Council it will be possible to develop a single data base with one view of the individual to monitor outcomes. This data will help identify any gaps or duplication in services across the city and also measure the success of interventions more robustly.

<u>Proactive approach</u>

22.   Not all individuals will seek help and a proactive approach is needed to engage with these hard to reach individuals. This will be a key part of the design of the new arrangements. Close links will be developed with those who provide services to vulnerable and hard to reach individuals such as social landlords, health and hostel services to identify clients who are in need of the service.

23.   The Council has access to information that would allow for the effective targeting of support to those most in need, such as those affected by Universal Credit and other welfare reforms.

24.   The services will continue to work in foodbanks, job centres and other community venues to reach out to people who are in crisis and unsure of where to find help.

25.   The new service will provide volunteering and work experience opportunities and link closely with the Cardiff Commitment to connect people to opportunities in Public, Private and Third Sector organisations.

Consultation - Employability Service

26.   Consultation was undertaken on the proposed way forward for Employment Services and there was considerable support for the proposed approach.

27.   82% of respondents to the public survey agreed with the proposal that the Council should directly provide and coordinate the services with only 6% disagreeing. 92% of respondents agreed with the proposal to introduce the simple gateway into services. Useful information was gathered during the consultation on preferred methods of contact and types of support that people would like included in the new service. This will inform the detailed planning of the new provision.

28.   Given the support for the changes it is proposed the new arrangements for Employment Services are taken forward with the aim of full implementation by April 2018.

Building Resilient Communities

29. The Welsh Government's Legacy Fund is being made available from April 2018 to take forward the learning from Communities First and support the development of resilient communities.

30. The impact of the closure of Communities First was considered during the consultation:

    - 577 respondents were aware of the Communities First Programme. Of these 235 indicated they had taken part in a project or activity (only 15% of those who took part in the survey). 214 people were able to indicate which Communities First area they received support from.

    - Most had been involved in "Training and Community Learning", "Volunteering Opportunities and Time Credits" or "Support to Gain a Job or Qualification". These projects or activities were also the most valued by respondents.

    - 135 respondents, of the 215 that answered the question, felt there would be gaps after Communities First closes. More than 100 respondents went on to explain what they thought those gaps would be. Loss of community involvement and engagement, alongside volunteering and training were identified as key issues.

31. The consultation also explored how to build community resilience and improve community involvement and engagement:

    - 33% of respondents felt that they had a say in decisions about their community compared to 43% who did not, 24% did not know. Most respondents indicated that they have their say by taking part in surveys or questionnaires or being kept informed by reading newsletters/articles. When asked how they would like to be involved in the future these were also the top answers, however attending community events, workshops and involvement with a formal panel were also popular. There was a clear indication that respondents would like more opportunities to get involved on a face to face basis.

    - Respondents were also asked how they are currently involved in their community. The top three answers were "Community Volunteering", "Helping others in my Neighbourhood" followed by "Member of a Community Group". These were also the activities people were most likely to get involved in the future.

32. Engagement with the survey was good with nearly 1,000 comments received. This information has been combined with the learning from the stakeholder events and Members feedback sessions to identify the potential gaps in services and to inform the next steps.

Potential gaps in Services

33.   Three key themes have been consistently identified as potential gaps in services, these have been summarised below:

Health and Wellbeing

The identified need here included:
- Low level Mental Health Support and Confidence Building Activities
- Health and Wellbeing Support
- Befriending/Self Help/Peer Support Groups
- Low level Therapeutic Training (art projects/sewing groups/knit and natter)
- Social Prescribing linked to GP's
- Engaging with Older People and avoiding social isolation
- Low level community based volunteering

Pathways into learning

- Pathways into community based learning provision, including ESOL and Basic Skills
- Work with parents, children and young people linked to education

Community Engagement/Involvement

- Support for Community Groups
- Building and maintaining local knowledge and networks
- Formal/Structured volunteering/Time credits
- Community events to encourage engagement
- Signposting/Promotion of other Organisations and Services

34.   Having considered these potential gaps and the comments from the consultation it is proposed to commission two services:

- A City Wide Health and Well Being Service offering low level Mental Health and Wellbeing Support and community based activities including volunteering, befriending and peer led support.

- A city wide service to develop Pathways to Learning – this would promote access to and coordinate community based ESOL and Basic Skills provision. This would include working with parents, children and young people to encourage participation in learning opportunities and the provision of community homework clubs.

35.   These commissioned services would be funded by the Welsh Government Legacy Fund. They would provide city wide services that complement statutory services while avoiding duplication.

36.	In addition it is proposed that a new city wide approach to Community Involvement and Engagement is put in place. The new approach will build on the learning from both Neighbourhood Partnerships and Communities First to create a new framework for participation across the City, anchored in the Hubs, Libraries and Wellbeing Centres.

37.	The service will identify local issues and priorities and bring together the right people to find the solutions. It will also provide opportunities for Community Groups and individuals to get involved in their local area. It is proposed that this core Community Engagement and Involvement service will be supported and delivered by Council employed staff, funded through the Legacy Grant.

38.	Volunteering programmes that provide both formal and informal opportunities for people to volunteer at a level that's right for them should underpin all three proposals.

Next Steps

39.	Further work is required to develop all three strands of the Building Resilience Programme. It is proposed a full review takes place that includes mapping current provision and further face to face public consultation. The review will identify what is already available across the city, how people access these services and if there are any gaps or duplication. There is also a potential opportunity for joint commissioning with other partners such as Health.

40.	The information gathered from the review, mapping and consultation exercises will inform a proposed way forward for cabinet approval by Spring 2018 on:

- Commissioning a Health and Wellbeing Support Service across the City
- How to provide pathways to Community Learning
- A new approach to Community Involvement and Engagement

41.	Support will be provided to third sector and community organisations to ensure they are fully able to take part in any procurement process. It is also proposed that in 2018/19, an allocation of legacy funding is made available to those community organisations most at risk due to the closure of Communities First. This allocation will be for one year only and will be aimed at helping these groups to further develop their sustainability plans.

Consultation

Scrutiny / Member consultation

42.	Two briefing sessions were held with Elected Members on 30 August and 3 September 2017. The proposals were also presented to Economy & Culture Scrutiny Committee on 14 September and 9 November 2017 and

Community & Adult Services Scrutiny Committee on 15 November 2017. The Committee's letters and responses can be found at **Appendix 1.**

Public Consultation

43.   The online consultation opened on 6 September and ran until 4 October 2017. 4,000 hard copies were distributed to 18 locations across the City including Hubs, Libraries and 5 other community venues. Engagement sessions also took place in Job Clubs operating in Hubs across the City. A total of 11 drop-in sessions were held in community building, including 6 outside of Communities First postcodes.

44.   Social Media networks such as Twitter and Facebook were also utilised to promote the consultation with a potential reach of 131,578 users. The survey link was also shared with 86,868 email network users, including Neighbourhood Partnership, Youth Services and Communities First Networks. The link was also shared with 75 Elected Members and all Community Councils.

45.   This resulted in 1,596 people taking part in the survey, with nearly a thousand separate comments made. A copy of the full Consultation report can be found at **Appendix 2.**

46.   In addition five Focus Groups were held in Communities First Cluster Areas. A total of forty two people attended the sessions. Key findings to emerge from the focus groups are very similar to the findings contained in the online survey results. The full report can be found at **Appendix 3.**

47.   The results of the consultation have been considered and taken into account when developing the proposals in this report.

Reason for Recommendations

48.   To ensure that Cardiff's residents are supported into employment through the delivery of a joined up service that makes best use of all available funding.

49.   To ensure that the any gaps left by Communities First are mitigated and that a robust approach to Building Community Resilience is developed.

Financial Implications

50.   The Council has been invited to submit grant bids which includes an award for an Employability Service and a separate grant for Building Resilient Communities. In relation to Employability Services, the proposal in this report involves merging services provided by the Council and external partners into a single more efficient service delivery mechanism. The proposal is likely to involve the transfer of staff which will need to be managed within any grant funding approved. Current grant terms are for a period of two years and the directorate will need to ensure that costs of delivering the service are managed within the grant approved. Any

additional costs during the grant period or arising on cessation of the grant will need to be managed within existing Directorate Budgets.

51.   The report also refers to a similar approach in terms of provision of a single service provided or commissioned by the Council for Building Resilient Communities. This is subject to a further report to Cabinet when proposals are confirmed to ensure a more joined up approach to service delivery. Part of the grant receivable in 2018/19 is to be used as one off grant to continue legacy funding following the closure of Communities First. Savings proposals are outlined in the budget consultation for 2018/19.

Legal Implications (including Equality Impact Assessment where appropriate)

52.   All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. standing orders and financial regulations; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

53.   An Equalities Impact Assessment [EIA] is attached at **Appendix 4** Findings from this assessment have informed the proposals set out in this Cabinet report. Further EIAs will be completed for any additional specific areas of risk identified following this Cabinet decision.

HR Implications

54.   There are TUPE (Transfer of Undertakings (Protection of Employment) 2006) implications for the proposal set out in this report. This will involve the transfer of a number of employees from their current employer into the Council. Initial consultation has taken place with the Trade unions on this matter as well the current employers of the individuals concerned.

55.   Further consultation will take place following Cabinet's decision and the Council will carry out the transfer of the employees in line with the requirements of TUPE.

RECOMMENDATIONS

Cabinet is recommended to:

    1.   Agree the approach to future delivery of Employment Services as set out in the report.

2. Delegate authority to the Director of Housing Communities and Customer Service to take the necessary actions to implement the new Employability service and transitional arrangements.

3. Authorise officers to review the approach to Building Resilient Communities programme, including a public consultation exercise, to inform a proposed way forward for Cabinet consideration.

Sarah McGill
Director of Communities, Housing and Customer Services
20 October 2017

The following appendices are attached:

Appendix 1: Economy & Culture Scrutiny Committee Letter and Response.
Appendix 2: Consultation Report
Appendix 3: Focus Groups Report
Appendix 4: Equalities Impact Assessment

The following background papers have been taken into account

Date: 15 September 2017

Councillor Lynda Thorne
Cabinet Member, Housing and Communities
Cardiff Council,
County Hall
Cardiff
CF10 4UW

Dear Councillor Thorne,

Economy & Culture Scrutiny Committee: 14 September 2017

On behalf of the Economy & Culture Scrutiny Committee, please accept our thanks for attending our meeting to consider proposals developed in response to the cessation of Communities First. Members wish also to pass on their thanks to Sarah McGill, Jane Thomas and Louise Bassett for their attendance and for the excellent presentation that summarised the issues and proposals.

Members have asked that I pass on the following comments and observations and ask that these be included as our response to the current consultation on these proposals.

Members recognise the challenging circumstances facing the provision of employment services in Cardiff with the cessation of Communities First and are pleased that proposals have been developed to address these and improve service provision. However, given the reduction in overall funding available, Members recognise that some services currently offered by Communities First will not continue.

Members welcome the intention that the new services are accessible to all citizens, regardless of where they live. It is important that citizens have good access to employment services and it is heartening to see a number of routes offered for access, including hubs, job clubs, online and by telephone. Members are mindful that some of those citizens most in need of employment services may face additional

challenges in accessing these services, either because of previous poor experience with official services or because they do not live near a hub/ job club or because they either do not have access to the internet or a phone or find it hard to use these. Members therefore urge officers to ensure that the marketing of the new gateway approach provides reassurance to potential service users re its independence and helpfulness. Members are also interested to hear more about how officers will identify potential service users who face difficulties accessing these services.

Members are pleased that there will be an initial assessment of needs with onward signposting to council or external services, as required, and mentoring support. At the meeting, Members raised their concerns about future ESOL provision and were interested to hear that officers are mapping provision with a view to identifying possible additional funding provision. Members would like to be kept informed on progress with this.

Members also raised the specific needs of newly arriving refugees, such as Syrian refugees, many of whom are highly educated and require a different kind of support to access employment. Members were reassured to hear that officers recognise this and that appropriate support is available.

With regard to other specialist provision, Members note that officers are hoping that consultation responses will identify additional specialist services, to enhance the current list of specialist services.

Members also welcome the proposal to have a single database, which will enable better monitoring of outcomes for service users.

Moving on to the Legacy Fund, Members note that the Welsh Government criteria for this is very broad in order to allow flexibility. Members also note that Cardiff Council intends to use the responses received to the '*Helping people find work and Building Community Resilience*' consultation to shape the proposed use of the fund in Cardiff.

Members have scheduled pre-decision scrutiny of the Cabinet Report on Employment Services for our meeting on 9 November 2017. Members would like to
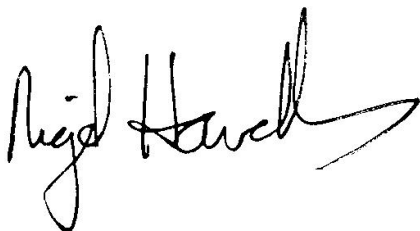
receive the consultation schedule with our papers for this item, in order that we can see the responses received and the corresponding actions proposed.

To summarise:

- Members urge officers to ensure that the marketing of the new gateway approach provides reassurance to potential service users re its independence and helpfulness.

- Members wish to hear how officers will identify potential service users who face difficulties accessing employment services.

- Members would like a progress report re mapping ESOL provision and accessing additional funding.

- Members would like to receive the consultation schedule with our committee papers for pre-decision scrutiny of Employment Services.

Thank you once again for your attendance at Committee and I wish you well with progressing proposals for future employment services.

Yours sincerely,

COUNCILLOR NIGEL HOWELLS
CHAIR, ECONOMY & CULTURE SCRUTINY COMMITTEE

cc   Members of the Economy & Culture Scrutiny Committee
        Sarah McGill
        Jane Thomas
        Louise Bassett
        Elizabeth Patterson
        Cabinet Support Office

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CARDIFF
CAERDYDD

Fy Nghyf / My Ref :   CM38415

Eich Cyf / Your Ref :   Scrutiny/Correspondence/CllrNH

Dyddiad / Date: 5th October 2017

Nigel Howells
C/O Member Services
County Hall
Atlantic Wharf
Butetown
Cardiff
CF10 4UW

Annwyl / Dear Councillor Howells

Economy & Culture Scrutiny Committee: 14 September 2017

Thank you for the opportunity to present the proposals on Employment Services and Building Resilient Communities to the Committee and for the helpful and constructive comments in your letter dated 15th September 2017. As requested the letter will form part of the response to consultation.

With regard to the specific issues raised I can confirm the following:

1. Members urge officers to ensure that the marketing of the new gateway approach provides reassurance to potential service users re its independence and helpfulness.

I fully accept and understand your concerns about the accessibility of the gateway and ensuring that those clients who may be harder to reach receive the help they need. The consultation being carried out will help inform the design of the gateway and I agree that proper marketing will be key to the success of the service. I would be happy to provide further information on this to a future committee should the proposals be agreed.

2. Members wish to hear how officers will identify potential service users who face difficulties accessing employment services.

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Officers are aware that not all individuals will seek help directly and that outreach and direct engagement with some clients will be necessary to help them into services. This will be a key part of the design of the new services. We know that many economically inactive and unemployed people are not actively engaged with employment services. This may be because they are not ready to return to work, have had poor experiences of employment services in the past, or are unaware of the range of services available. To overcome this lack of engagement, we recognise we need to reach out to people and be creative on how we engage them in services.

Having a consistent Framework of Employment provision across the city will make it much easier to engage with other organisations and services who have day-to-day contact with the most vulnerable individuals in the city.

We will create better pathways into the employment services through working with our teams already based in communities such as the Money Advice and Hub Teams. We will also link closely with our housing teams including housing officers and the Tenant Participation team. This will help us to identify potential clients living in council housing. We will work closely with our Registered Social Landlord partners to ensure that their front line staff can identify those who need help and refer them effectively.

We will also join up with services that visit the most vulnerable and isolated people in their own homes such as the Welfare Liaison Team and the Floating Support providers.

Plans are already in place to work closely with hostels and supported housing providers. This will allow us to work with homeless individuals and to target support at young people who are leaving care and those who have suffered domestic abuse.

We will be able to use all available data and resources to concentrate our efforts on those members of the community that need the most help. One of the greatest challenges facing the city over the coming years will be the rollout of the Welfare Reform. The Council has the information about those affected and will be able to proactively target wrap around support, including employment support, to help to those most affected by the changes.

The services will continue to work in foodbanks, job centres and other community venues to reach out to people who are in crisis and unsure of where to find help.

Other programmes focussed on tackling poverty such as Flying Start, Families First and Supporting People will also be aligned to the new service model.

In addition to the above, the need to engage with harder to reach individuals will inform the use of the Legacy fund.

3. Members would like a progress report re mapping ESOL provision and accessing additional funding.

Some initial work has taken place and a flow chart has been developed for clients and professionals to explain the process and contacts for accessing ESOL provision alongside a list of existing services available in the community. This work will continue through the development and implementation stage and an update on progress will be provided as part of the Cabinet Report in November.

4. Members would like to receive the consultation schedule with our committee papers for pre-decision scrutiny of Employment Services.

A consultation report will be developed and provided as part of the pre-decision scrutiny of Employment Services and Cabinet report due in November.

I hope the above is of assistance.

Yn gywir / Yours sincerely

Y Cynghorydd / Councillor Councillor Lynda Thorne
Aelod Cabinet dros Dai a Chymunedau
Cabinet Member for Housing & Communities

Helping people Find Work and Building Community Resilience

Consultation Findings

October 2017

CARDIFF
CAERDYDD

Helping People Find Work and Building Community Resilience

Background

The Welsh Government's approach to tackling poverty is changing. As part of these changes the Communities First Programme will cease and the Council will have some funding focused on helping people into work. There will also be some funding to help local people get involved in their community.

In September 2017 Cardiff Council initiated public and stakeholder consultation to gather views on how Cardiff should respond to these changes and explore ideas for new approaches to the provision of services.

Methodology

1. An online survey was designed and widely distributed by:
   - Direct Mail to Council Wide address lists containing: Library card holders, Castle Key holders, Active Card holder, Members of the Cardiff Citizens' Panel. In total this list included **83,843** unique email addresses.

2. A total of 4,000 paper versions of the survey made available at libraries and Hubs across the city. Officers within hubs played a vital role in the promotion of the survey to those visiting Hubs and offered support were necessary. Communities' First staff also assisted with the promotion and support in other community buildings. Completed surveys could be deposited in secure 'drop boxes' provided in Hubs or returned directly to Cardiff Research Centre in a FREEPOST return envelope.

3. Stakeholder engagement via a series of focus groups:
   - Five focus groups were held, covering the four Communities First clusters in the city, with a total of 42 individuals taking part. Topics covered included projects respondents had been involved with, and how they helped; concerns regarding the closure of Communities First; future need for services; and, current and future community involvement – a separate report, produced by WCVA Communities First Support Service, details the findings of this engagement.

This report focuses on the findings of the survey element of the consultation which received a total of 1,596 responses.

1. Employment Support Services - Helping People finding Work

In Cardiff there are over 40 different schemes with different qualifying criteria that help people back into work. Sometimes having so many schemes can be confusing and make it harder for people to find the right service for them.

Currently some people cannot get the services they need for example because of where they live or just because of their age. There is a need for a more joined up approach to services, with help available across the city for all who need it.

With less funding available and the requirement for a more joined up approach, the Council is proposing to directly provide and coordinate employment services across the city. The service will be available to everyone who needs it. The new services would be delivered through our network of Community Hubs and from other community buildings.

Do you agree with this proposal?

More than four in five respondents (82%) agreed with the Council's proposal to directly provide and coordinate employment services across the city. Only 6% disagreed.

Do you agree with this proposal?
(Base: 1,321)

Don't know 12%

No 6%

Yes 82%
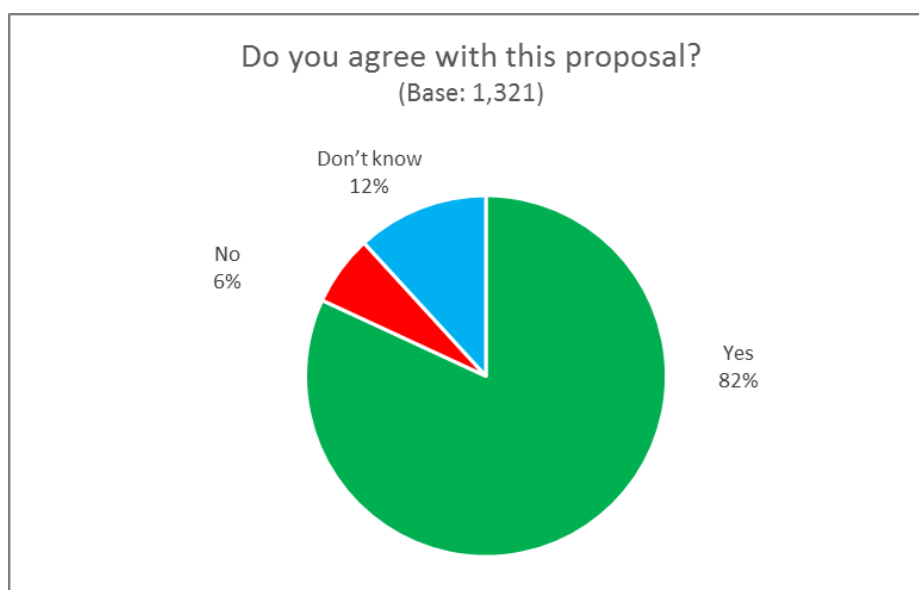
The minority of respondents that indicated that they did not agree with the proposal were invited to explain why. Sixty-two responses were received with the concerns focused on a small number of points:

❖ That the responsibility for finding employment opportunities for individuals should not rest with the Council.
❖ That service provision will under the proposal become generic rather than specialist.
❖ That community hubs are unsatisfactory locations. Reasons cited for this included; geographical distribution, travel costs, disability, Hubs considered chaotic and lack privacy and Council identify/trust.
❖ That services should be centralised in one locations e.g. Central Library rather than spread across the city.

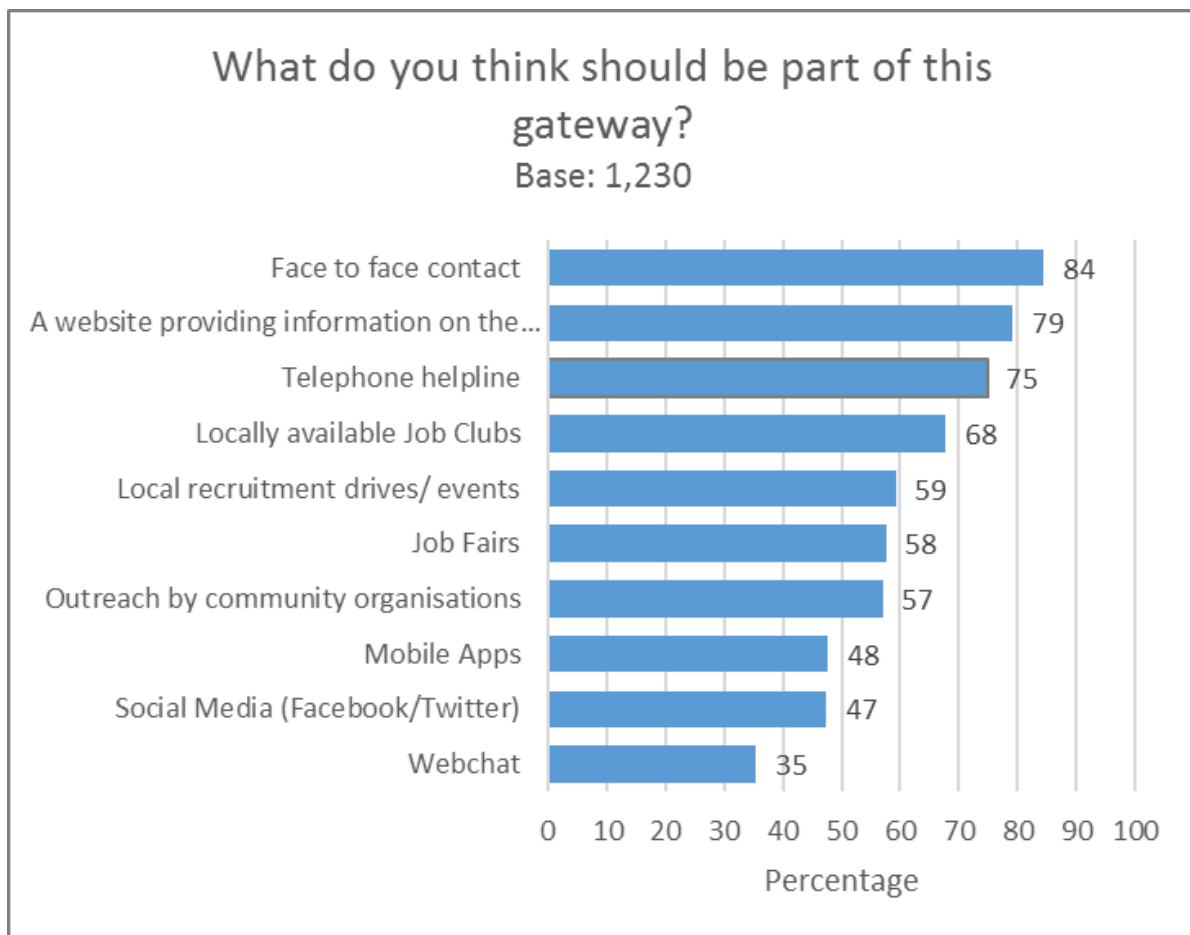**We think that a simple gateway is required to direct people to the services they need to help them back to work. Do you agree this would help?**

More than nine in ten respondents (92%) of respondents agreed that a simple gateway is required to direct people to the services they need to help them back to work. Only 3% disagreed.

Do you agree this would help?
Base: 1,233

Yes
92%

No
3%

Don't know
5%
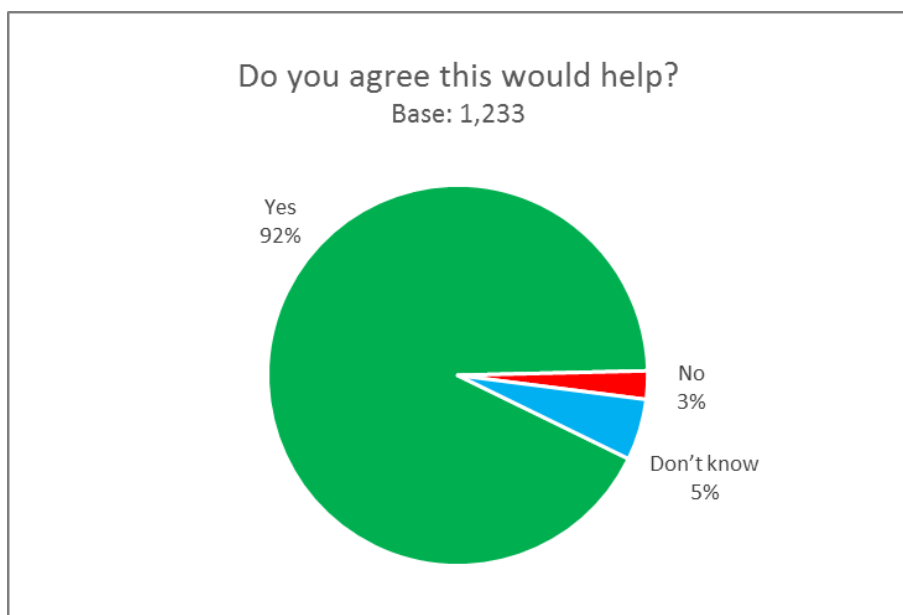
What do you think should be part of this gateway?

Respondents were given a list of options, and asked to specify which they felt should be part of the gateway to direct people to relevant services. The most popular responses were 'Face to Face contact' (84%), 'A website providing information on the support available' (79%), a 'Telephone helpline' (75%) and 'Locally available job clubs' (68%)

What do you think should be part of this gateway?
Base: 1,230

| Option	Percentage
Face to face contact	84
A website providing information on the…	79
Telephone helpline	75
Locally available Job Clubs	68
Local recruitment drives/ events	59
Job Fairs	58
Outreach by community organisations	57
Mobile Apps	48
Social Media (Facebook/Twitter)	47
Webchat	35

A Single Point of Access

What kind of employment support do you think is needed to help people into work and which ones would you use?

The types of support that respondents most felt were most needed to help people into work were:

- Local job clubs (85%)
- Apprenticeship opportunities (75%)
- Career advice (75%)

- Work experience/placements (73%)
- Short training courses (72%).

When asked which they would be most interested in using themselves, the most popular options were:

- Short training courses (33%)
- Career advice (31%)
- Local job clubs (29%)

- Training delivered locally (26%)
- Volunteering opportunities (26%).
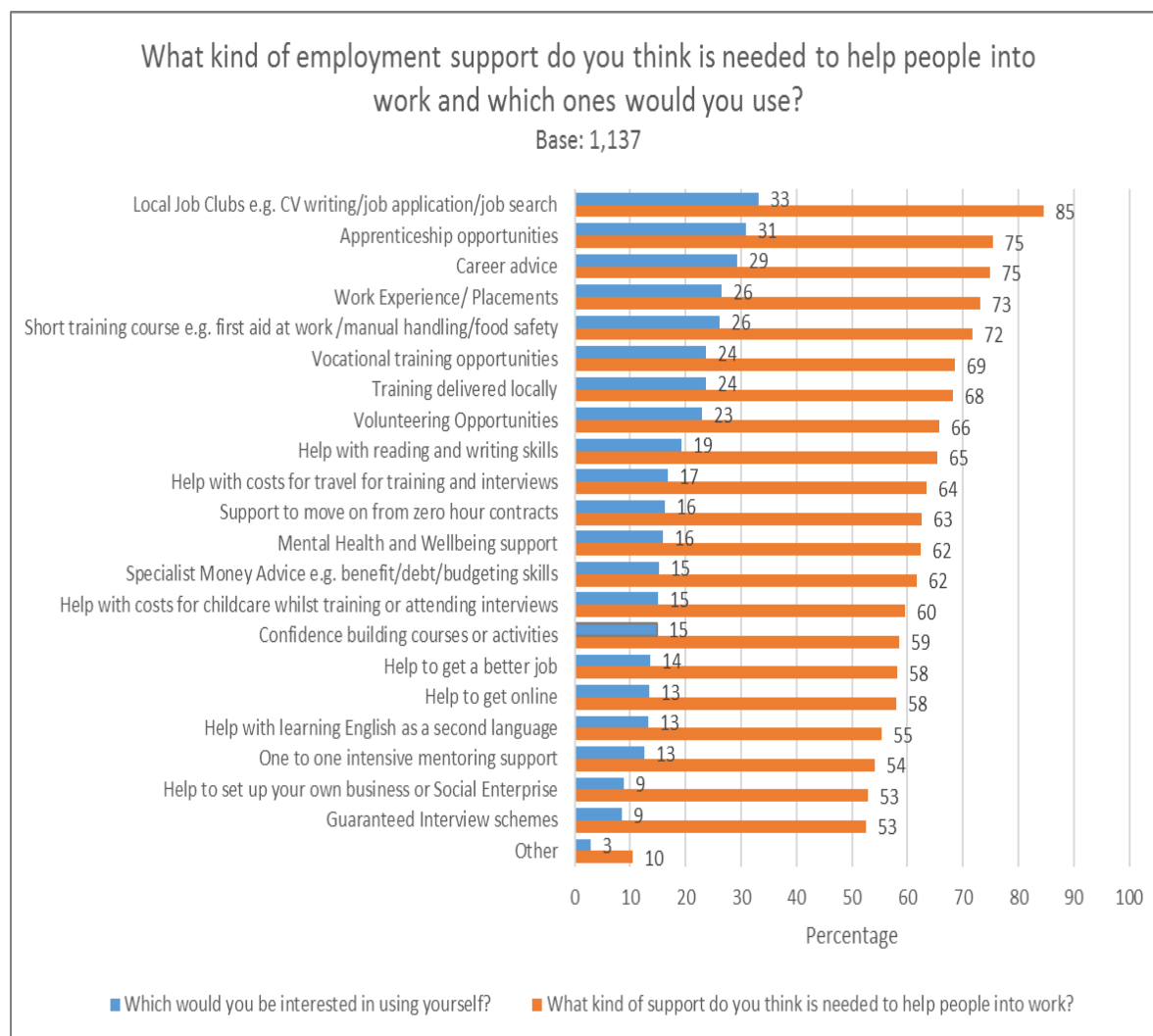
Those participating in the survey were also given the opportunity to share if there was anything additional that may be of benefit to those seeking work. A total of 49 responses were provided, these were varied with many picking up on aspects of the options previously provided. Additional suggestions included:

- Strengthening links to local businesses and colleges
- Guaranteed interview for local people for local jobs

- Help with interview skills
- Support for those with a disability
- Welsh language training

Do you think it is important that community organisations continue to provide some employment related services?

Just over half (56%) of respondents felt it is important for community organisations to provide employment-related service.

Do you think it is important that community organisations continue to provide some employment related services?
Base: 1,106

Don't know 31%

Yes 56%

No 13%
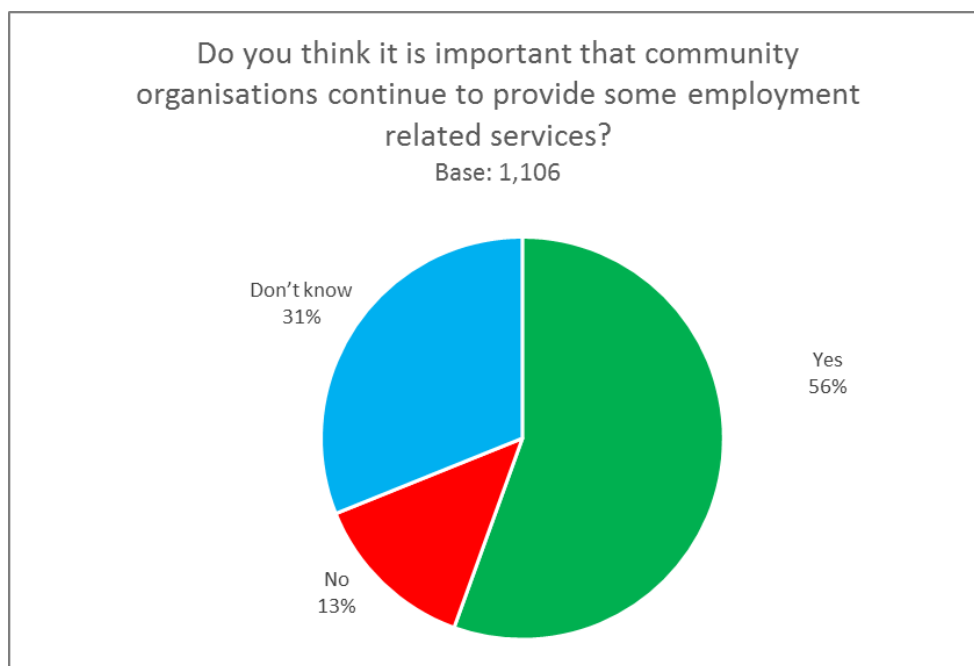
Those responding 'yes' were asked to specify which services they felt are best provided by a local community organisation.

Over 300 separate comments received with over 20 separate services referenced. Where possible broad groups were made with services relating to Mental Health Support, Volunteering and Work Placements featuring highly.

- Local job clubs (34%)
- Local training opportunities (22%)
- Employment support services (16%)

- ESOL/Basic skills (45%)
- Volunteering opportunities (13%)
- Mental Health support services (13%)

2. Building Community Resilience

The Welsh Government has announced that funding for Communities First will end by March 2018. As part of this survey, Cardiff Council wanted to hear from those who had been involved in the programme and how they felt the closure could impact both them and their local community.

Are you aware of/have you used the Communities First programme?

Of the 1596 people taking part in this survey, a total of 1,131 gave an answer to this question. Of these, 573 (51%) respondents reported to have awareness of the Communities First programme.
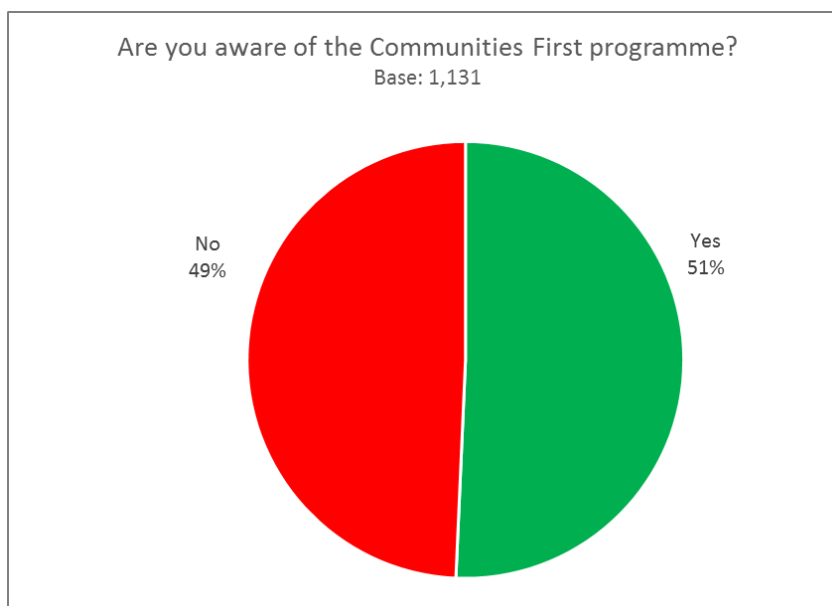
A total of 235 respondents reported to have previously taken part in a Communities First Project of Activity. <u>This number equates to just 15% of those taking time to complete the survey.</u>

Health Warning: Over the course of the consultation period, it became increasingly clear to officers that respondents were often unsure which elements of activity were funded or delivered directly by Communities First.
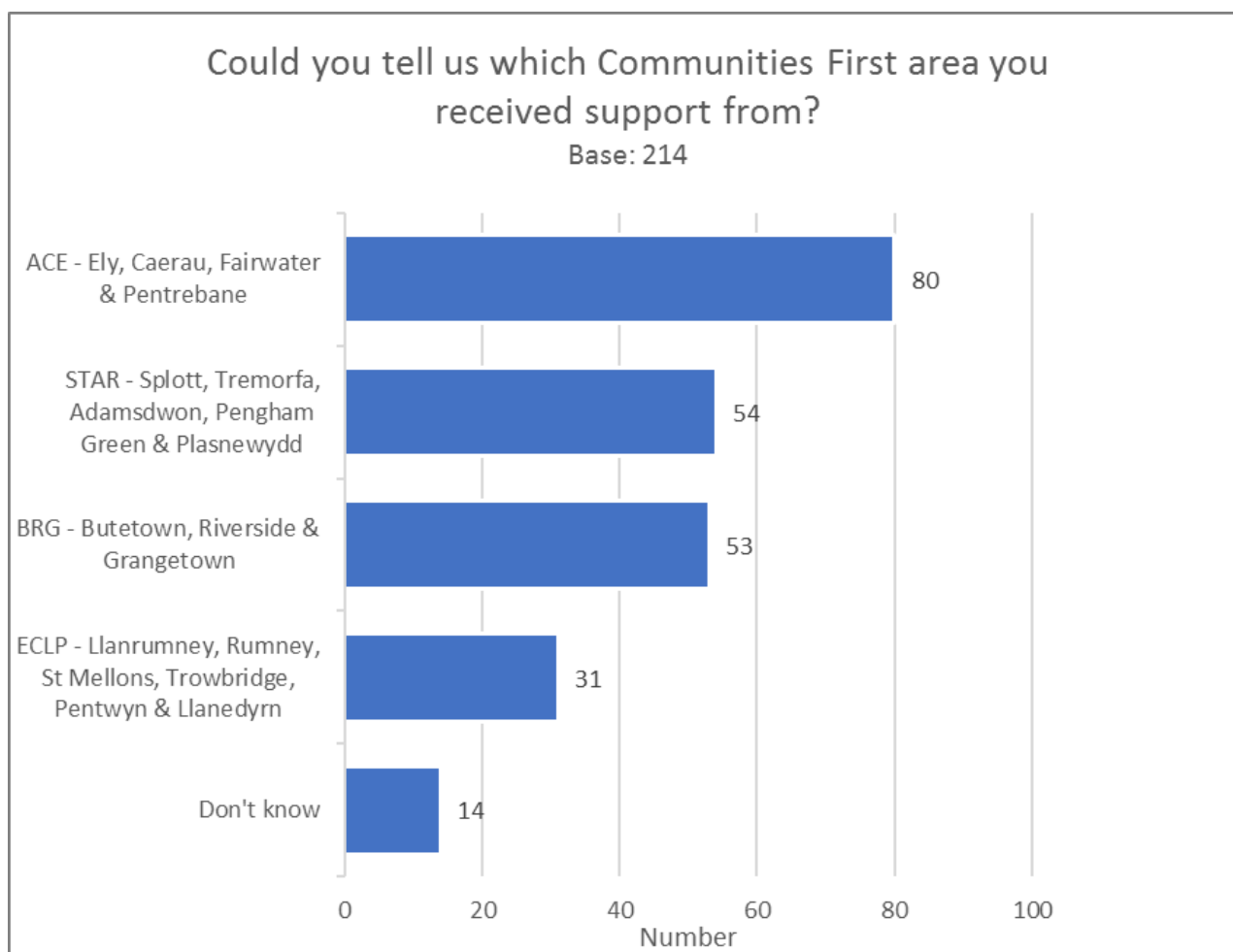
This is also reflected in the small number of people that went on to say they were involved in a project or activity after indicating they were aware of Communities First.

The same issue was also highlighted in the Focus Group findings.

Which Communities First area you received support from?

Respondents who reported that they had taken part in a Communities First Programme or Activity were asked which area they received support from.

(Respondents could tick more than one area)

Could you tell us which Communities First area you received support from?
Base: 214

Area	Number
ACE - Ely, Caerau, Fairwater & Pentrebane	80
STAR - Splott, Tremorfa, Adamsdwon, Pengham Green & Plasnewydd	54
BRG - Butetown, Riverside & Grangetown	53
ECLP - Llanrumney, Rumney, St Mellons, Trowbridge, Pentwyn & Llanedyrn	31
Don't know	14

Health Warning: *The issue of respondents being unsure which activities were delivered directly by Communities First continued in this question.*

Your involvement...

The Projects or Activities respondents were most likely to report to have been involved in were 'Training or Community Learning' (41%), 'Volunteering Opportunities/Time credits' (38%) and 'Support to gain a job or qualification' (37%). These same services were also reflected when respondents were asked which of the projects or activities had been of most value to them.
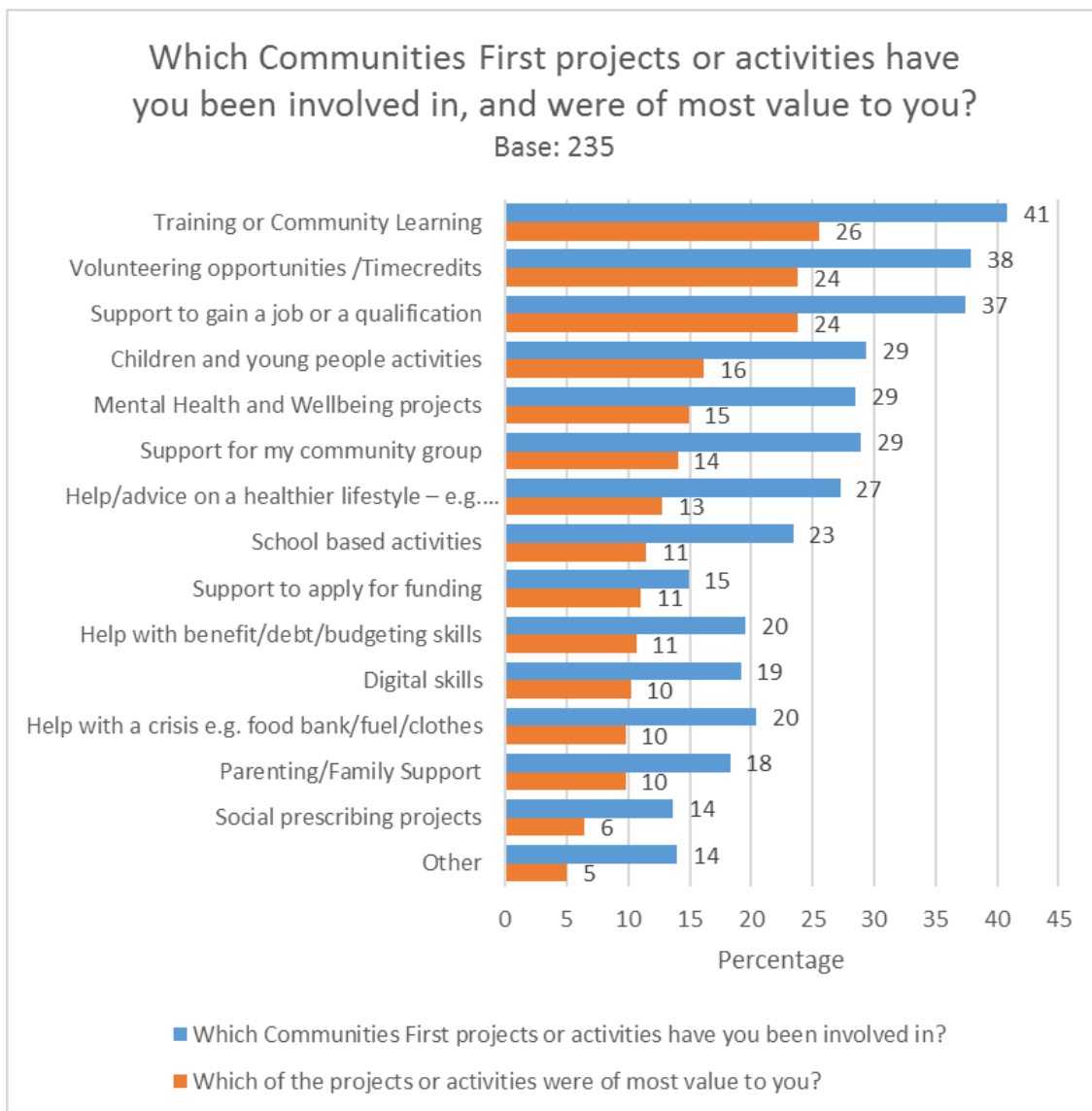

Respondents were asked to explain why this particular project or activity had been important to them. Volunteering, health and wellbeing, confidence building, improved skills, gain a qualification or job and access to social networks are mentioned consistently in the comments section.

Respondents strongly emphasised how the programme had helped them as an individual make changes or access support in their community. Provided below are the activities and projects which people identified as being most important to them along with a selection of the comments made.

Project	No.	Comments
Mental Health and Wellbeing projects	46	• *They (STAR) offer a holistic approach to supporting individuals, reducing social isolation, confidence building, and skills improvement. They really get to know the person and what it is that they need and can achieve.* • *It help me to gain the skills and experience as well as the confidence to set up my own business and help in volunteering in the community.* • *To meet other community members and make friends to be less isolated and leave my house more. Lovely helpful staff who care and always try to help.* • *It gives less fortunate people and lonely people somewhere to go even if it's just for a chat* • *Helped with my confidence, social contact and improve my wellbeing*
Support to gain a job or a qualification	37	• *It completely transformed my life positively. I am now empowered and employed* • *Provided me with skills to secure a job and helped me gain confidence with working with people*
Training or Community Learning	32	• *Locally based, short/no waiting lists, flexible approach re appointments and funding for training* • *They were important because it help me to gain the skills and experience as well as the confidence to set up my own business and also help in volunteering in the community.* • *I am no longer homeless, I am getting help with food, children's child care benefits and volunteer work placement to help find a job* • *Following over 38 years of office environment the course helped me adjust to my new life style*
Support for my community group	23	• *Because I have not got many friends and this project gives me company and advice support* • *help me communicate and meet other people*
Volunteering opportunities /Timecredits	19	• *Because it got my whole family involved in helping to keep the area clean and litter free* • *It has helped build confidence gain understanding and learn new skills.* • *feels good to help others* • *it has helped me not only gain confidence in myself which I can apply to everyday life but has given me extra skills & support* • *Empowering people in communities*
Children and young people activities	15	• *Breakfast club / children's activities* • *Got me through a difficult time and helped me look towards my future.*
Help/advice on a healthier lifestyle	4	• *It has helped build confidence gain understanding and learn new skills.*
Other/Miscellaneous Comments	42	• *C.F. helped me with every part of my life as much as they can by giving the opportunities that I could not afford.* • *Everything I have been involved with at communities first has allowed me to grow as a person and to meet others in my community and bond with people.* • *They understand the local people and local issues. Very supportive and understanding, great resources and will be hugely missed.*

Could anything have been done better?

A third of respondents (33%) felt that things could have been better.

Could anything have been done better?
Base: 210

Yes
33%

Don't know
25%

No
42%
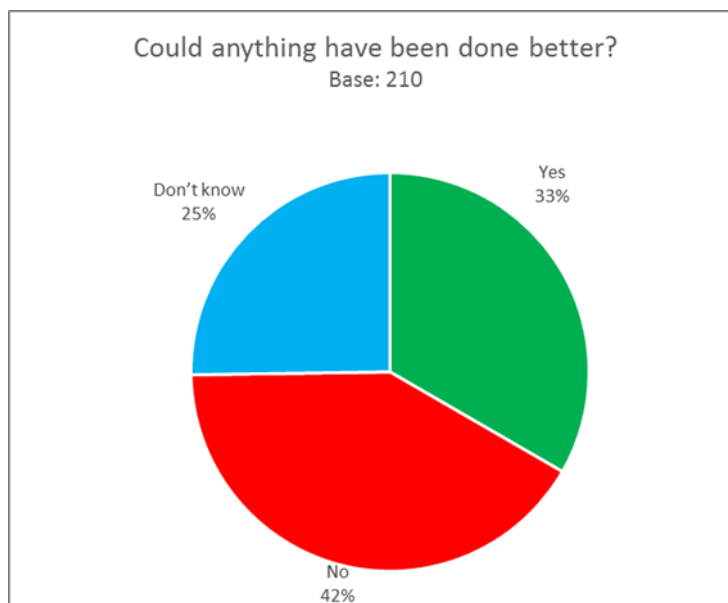
Fifty-six respondents also provided some explanation as to what it was that they felt could have been improved.

Responses to the questions were varied but could be broadly attributed to the three themes of Access, Organisation and Outcomes:

a) **Access** - Comments were made that individuals found projects difficult to access because of their high concentration in particular geographic areas. Similarly it was felt that opportunities were targeted towards specific demographics e.g. older people rather than being open to those in the greatest need with comments including: *"Activities were not taken up by the right people – they were full of graduates and pensioners"*

b) **Organisation –** Aspects of the existing services were considered by some to be poorly managed with lengthy waiting times, bureaucracy and a lack of communication all mentioned by those that have participated in projects with one respondent commenting that, "nobody knew what was going on".

c) **Outcomes –** The purpose of the individual projects was a source of confusion for some of those that had been involved. One participant recalled that there seems to be '*no clear outcomes*' whilst others said that "*projects were focused on short term achievements"* and that *"money could be more wisely spent on early intervention programmes".*

Do you think there will be any gaps once Communities First closes?

One hundred and thirty five people or 63% of those respondents who had previously had involvement with a Communities First project or activity felt there would be gaps once the programme closes.
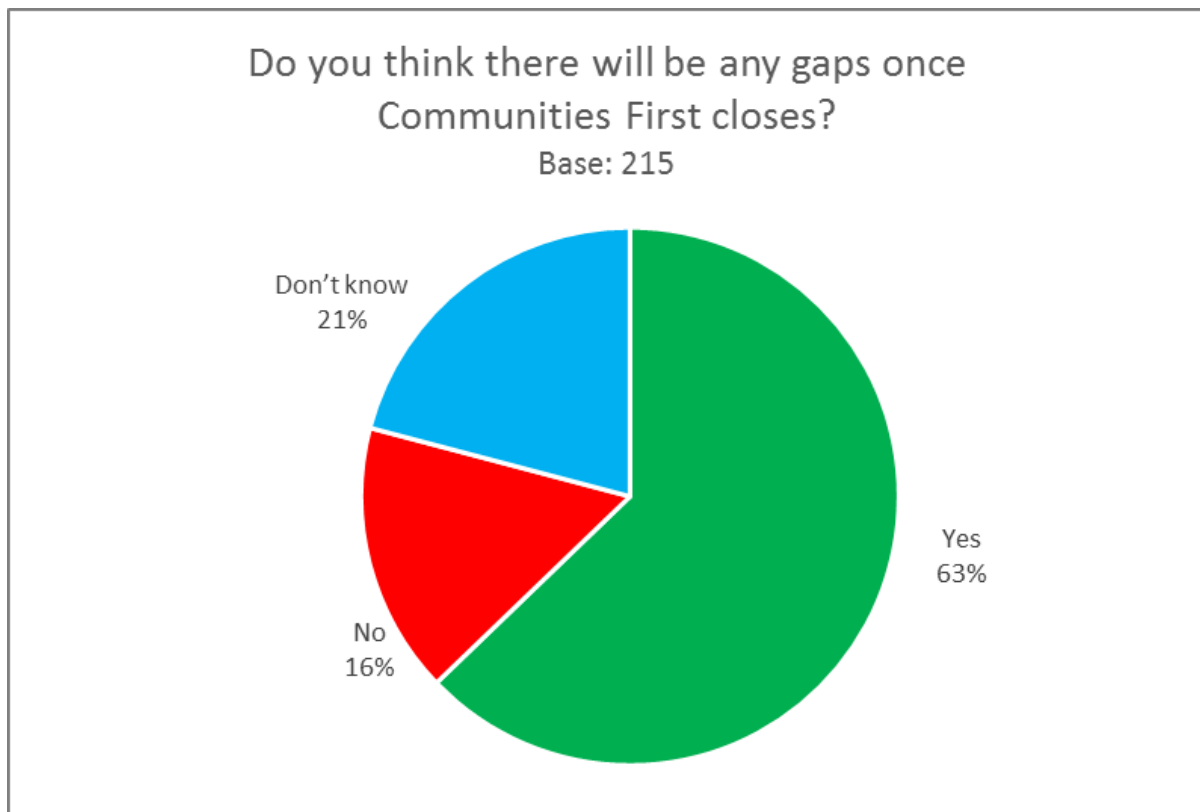
One hundred and four respondents went on to explain what they felt those gaps would be and shared any ideas they had on how those gaps could be filled.

It was possible to categorise the concerns raised into a handful of themes, most commonly mentioned were:

   a) Opportunities for Volunteering/Training and Employment.

   b) Loss of community involvement and engagement opportunities which benefit health and well-being, build confidence and decrease social isolation.

   c) Loss of local knowledge and networks.

   d) Activities/support for children, young people and parents

Further comments on the gaps and how they could be filled have been themed into the table overleaf:

Gaps	No.	Comments
Opportunities/Pathways into Learning/Training and Employment	39	• *If there weren't training like this I wouldn't have had the opportunity to study a community course at Taff Housing which led to a university place and receive the study first award at Cardiff met which is only for people from communities first areas.* • *Support with English as a second language* • *There will always be a need for a basic level of training that the employers want but are not willing to pay the training costs for. If your organization can somehow get the employers to allow a training course to be run on their premises that are relevant to any vacancies they may have that would get your foot in the door and you would also get a better idea of the training needs of the business communities as a whole.* • *Lack of support for after school education.* • *Help with training and eventually helping the community improve.* • *Parents and children will miss out on parents getting involved in their child's education.*
Health &Well-Being Includes: Mental Health Support, befriending, social interaction.	35	• *Communities first provided a lot of support to the most vulnerable of the community, without it they might lose the sense of belonging* • *Communities first has helped me with my mental wellbeing, got me out of the house and into activities in the community.* • *I will have nowhere close to go as I have learning difficulties and a disability I cannot walk far.* • *Need to keep opportunities for community sociability.* • *Employ people who are designated and monitored to look after older people's health and wellbeing.*
Loss of Local knowledge/Loss of information source and support networks.	29	• *They were out in the communities and this may not be fulfilled with support just from hubs which can be a long way for people to travel. they listened to what the community wanted and adjusted their services to meet people's needs rather than being one size fits all.* • *Danger that local first-hand knowledge and experience is lost/dissipated and clients reluctance to central based services* • *Communities First has not only acted as a wide network of services for members of the community, being able to offer advice, support and directions to other useful organisations / services, but it has also been a network for organisations in their own right to access each other.* • *The gaps are too many to mention, they include being a point of contact between people and services, support with marketing and advertising.*
Community Engagement/Involvement/ Volunteering	10	• *Community development activities unrelated to work but important for health & wellbeing. Opportunities for residents to meet, volunteer, develop and share skills.* • *Depending on the transition, local knowledge and trusting relationships may be lost* • *Less community involvement* • *Community links. Community events improve the community* • *Community groups set up to access funding. Groups with resources which smaller groups could access to borrow equipment* • *We hope Timecredits will continue support for community groups volunteering.*
Funding	8	• *There will be gaps because of the reduced funding but it is difficult to identify them at present. Biggest problem is likely to be getting people to attend activities or initiatives.* • *Gap in funding.*
Misc.	18	• *Access to a broad range of anti-poverty services will reduce as will the connections to mainstream provision that the project facilitates* • *Communities first was unavailable in some areas and useless in others. There was not enough accountability for words. A one-directive project is the way forward.* • *Local access to projects but I think that rationalisation will help cut cost while still providing access to help that is needed.*

We are interested to hear how you would like to get involved in local activities and projects and how you could influence and shape the community you live in.

Do you think you have a say in decisions that affect you and your local community?

More than two in every five respondents (43%) did not feel that they have a say in decisions that affect them and their local community compared to (33%) of respondents who did and (24%) did not know.
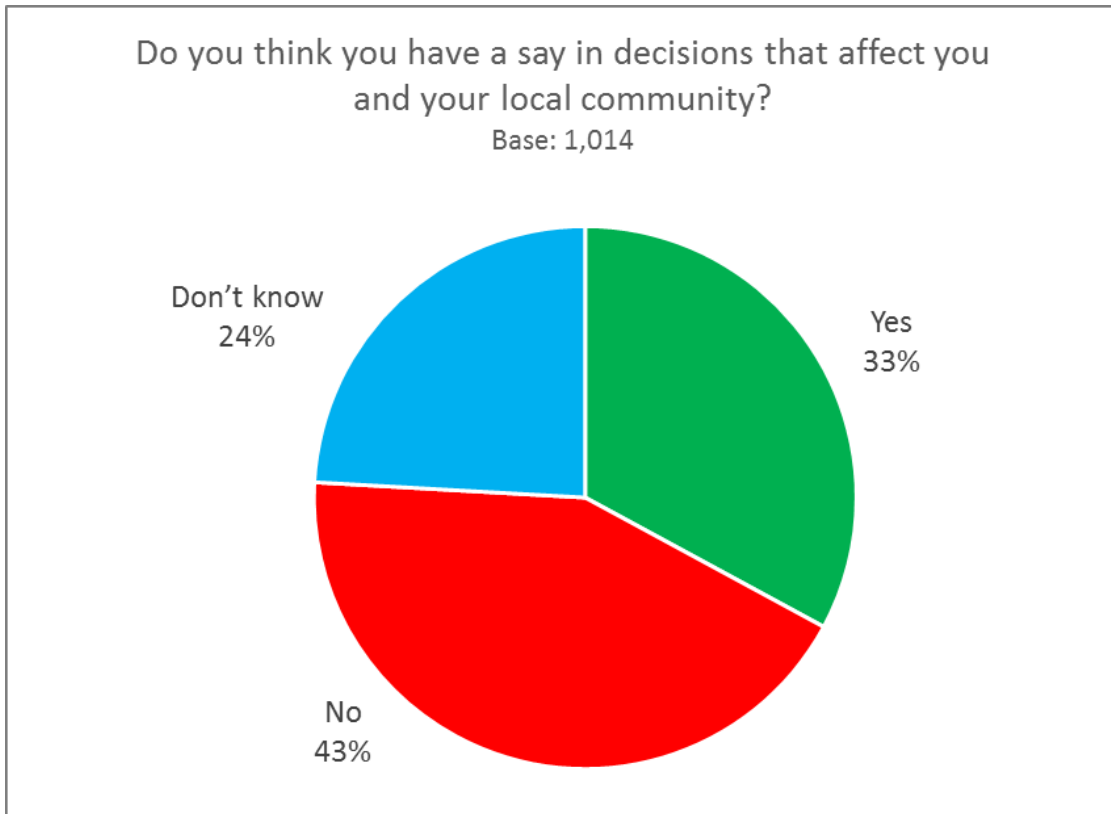
Listed below are a number of ways that you could have a say in the decisions that affect your community.

Two in five respondents reported that they currently have their say by taking part in surveys or questionnaires. 27% kept informed by reading newsletters/articles and 18% currently get involved through social media such as Twitter or Facebook.

Surveys, newsletters and articles were also the ways that people wanted to be involved and informed in the future however there was also a reported interest in more face to face engagement such as community events, workshops and involvement with a panel.

How do you get involved currently, and how would you like to get involved in the future?
Base: 1,596

Category	Future	Current
Take part in surveys and questionnaires	25	40
Kept informed via newsletters/articles	22	27
Getting involved through Social Media – e.g Facebook/Twitter	14	18
Attending community events and fun days where I can get information about plans for my local area and get…	18	16
Attend community workshops where I can give my views and help shape local services	15	9
Be a member of a formal panel/forum (that help to shape service delivery e.g. citizens panels/health and social care	15	7
Be a member of a Voluntary Council such as Cardiff Third Sector Council (C3SC)	9	5
Take part in formal campaigning for change	7	5
Be a school governor	7	4

■ How would you like to be involved in the future? ■ How do you get involved currently?

How do you get involved in your community currently, and how would you like to be involved in the future?

How do you get involved currently, and how would you like to get involved in the future?
Base: 1,596

Category	How would you like to be involved in the future?	How do you get involved currently?
Community Volunteering e.g. litter picking/community gardening	14	13
Helping others in my neighbourhood e.g. shopping or visiting elderly or vulnerable people	16	13
Member of a community group delivering a project or activity in my community	13	9
Fundraising for local causes	8	9
Member of a social support group with similar interests e.g. lunch club, gardening club or mother and toddler group	11	9
Formal volunteering for an organisation or public services such as in a Hub or in a Hospital	13	9
Neighbourhood Watch	10	6

Please tell us if there is any other way that you would like to be involved?

A total of 39 respondents provided a varity of additional examples regarding how they would like to be involved, a selection of the comments made included:

"Environmental projects such as river 'daylighting', nature flood alleviation schemes, pollinator projects, tree planting and nature corridors."

"I will be retiring next year but am considering offering my services to the Heath Hospital as a volunteer visitor in the Chaplaincy Department."

"Helping refugees and other people not from the UK to settle into life in a new country."

"I am a teacher and would love to help with literacy/numeracy/ICT skills. I have tried to find opportunities to volunteer however all the opportunities for volunteering appear to be in the day when I am at work."

Are there any further comments that you would like to make?

A total of 124 comments were left, with most respondants voicing support for the work done by Communities First and the help it provided to those individuals.

| Gaps	No.	Comments
Communities First (or similar) is needed	26	• *It is a terrible thing that Communities 1st is closing and I believe this decision will have an impact on these communities for a long time to come.* • *It's a shame that in Cardiff only ACE is set up and will be able to carry on after Com1st is gone. You would have thought that after all these years there would be many groups set up ready to carry on after com 1st. Such a shame.* • *Everything communities first was important and of course the employment related stuff is, but it's all the other community development stuff that they do which has had the biggest impact on the community as it has empowered people to believe in themselves and create groups to provide soft skills and places for people to go. Without this support these types of things wouldn't happen. You need a service which provides this type of support to the community otherwise groups aren't confident enough to take their ideas forward.*
Value service from Hubs	15	• *The service provided by the hub is of great importance and helps me with questions and issues I have regarding employment and support.* • *I think it is very important to have the hub because they are really helpful with what they do* • *Hubs are an invaluable asset to the community.*
Not able to volunteer	14	• *I am a teacher in Ely, I would love to volunteer and spend more time helping my community. However I currently work 60+ hours a week and barely have time for my family.* • *In our 80's so more likely to be recipients of service* • *I am fully occupied with church community and supporting my family practically, emotionally and financially. I have no spare time and energy for community too.*
Help needed for specific groups	12	• *I do not see any mention of schools and targeting pupils approaching employment age - particularly those who are not going to University. What I call "the other 50%" The 50% that we all rely on!* • *Over the last 10 year North Cardiff has be total neglected and has lost a lot of its community programme. I have been out of work for several years and find it hard access any help due to my postcode. There is no access to work courses in North Cardiff for the last year I had to travel to St Mellons to do a computer course which is two buses from Llanishen.* • *Feel that carers in the area don't get considered*
Communities First helped me	9	• *Job Clubs help me loads* • *Without community first I would not be doing as well today. They helped me with mental health, money issues and are there as a friend when in need.* • *The reason I am glad for communities first is I have looked into doing courses on my own and it is too expensive and I have no support, whereas with community first knowing that there is someone to help if needed has given me more confidence*
Needs co-ordination	8	• *I think there has to be clarity you can't have people running their own groups without government being in charge* • *I think one service would be better, get more customers to use our service. making services duplicated makes It confusing on occasions* • *I think that it is critical to organise these activities as if running a business with clear command, communications and control.*
Continue to provide volunteering opportunities	7	• *Please continue to grow and develop the Time Credits scheme!* • *Concentration on members of the community with vulnerabilities is priority, however involving members of the community who may be working full time or a single parent family is crucial in building valuable relationships in communities* • *I enjoyed my time as a volunteer for Cardiff council and people should be given opportunity to improve their skills*

Should not be left to volunteers	7	• *I appreciate that the new funding has been reduced but I would hope that your proposals do not depend on the use of volunteers rather than professional people who have the correct training. If we are looking at ways to get people back into work, then there is a certain irony in expecting volunteers to take the place of paid professionals.* • *Litter picking and gardening are things I pay council tax for.* • *I hope that the current services are not to be handed to the voluntary sector for quality delivery. Volunteering should be just that, voluntary.... relying on volunteers to keep our communities functioning in the right directions is not right. Surely a proportion of our community charge is to cover this as a service available to all, and free at the point of use.*
Provision of training/ education is important	6	• *I saw barely a mention of education as being the bedrock of human betterment; including one's own career (and life...). We have some fantastic, world leading education establishments around Cardiff, most of whom are not in it for profit. Make more of them* • *Need to provide more courses each month* • *Wales needs good quality well paid jobs or its best young people will leave. It also needs to vastly improve educational attainment and training and to continue to participate in Pisa tests.*
Want to improve my English	5	• *Improve my English to go to the university* • *I want improve my English language for support my family*
Prioritise spending of public money	5	• *Tackle crime and its root causes such drug addiction and prostitution.* • *Funding should be made available for Part-time longer term studying, i.e., counselling studies. Support for people to move up in their careers. More affordable housing and less student accommodation across the city. Community Building activities*
Build/strengthen communities	4	• *The only best and only way of reducing poverty is to provide employment in those areas, ensure that employment pays better than benefits, and remove bad and negative influences from those communities (reduce crime, drug use and criminals from the streets). It is not easy, but everything else whilst well-meaning tends to be futile.*
Empower / build confidence	3	• *These courses are a fantastic way to help people like myself build on confidence and feel part of a community. I look forward to what my future holds.*
Work with businesses/ organisations	3	• *The council should collaborate and seek views direct from DWP job coaches (nb: not managers) as these employees have front line experience of what support and opportunities job seekers need to help them into work.* • *Opportunities to link business with prospective employees*
Against Communities First	2	• *Communities First has been a complete waste of money and projects should only be funded if they lead to employment, not just leisure courses for the better off. Full of Ladies of Llandaff who Lunch*
Agree with proposal	2	• *I agree with the proposal* • *Joining up back to work services with council funding and location in hubs and libraries (not just in former CF areas) would be very good to see. It needs a broad range of "volunteers" with range of skills and needs full time paid support/organisation such as community organisers*
Miscellaneous	23	• *The proposed scheme is in danger of providing yet another layer of bureaucracy and management and won't be self-sustainable* • *There is nowhere I can go at convenient time's day or evening that I can be part of, and contribute. Many community activities are held too early or too late for me. Also I don't drive and getting around in winter in the dark is difficult so I need a flexible service and solid base.*

Finally, respondents were asked to indicate areas that they would like to receive more information and to leave contact details. The highest level of interest was expressed towards shaping services and influencing decisions.

	Number reporting to want more information	Number supplying contact details
I would like help getting back to work	125	86
I would be interested in shaping services and influencing decisions	171	135
I would be interested in Volunteering Opportunities in my local community	155	128

Location

A total of 868 respondents gave their postcode, which are shown on the map below. The map also highlights awareness of Communities First amongst respondents. Awareness of Communities First was evenly spread across the city despite activities being present in only particular areas.
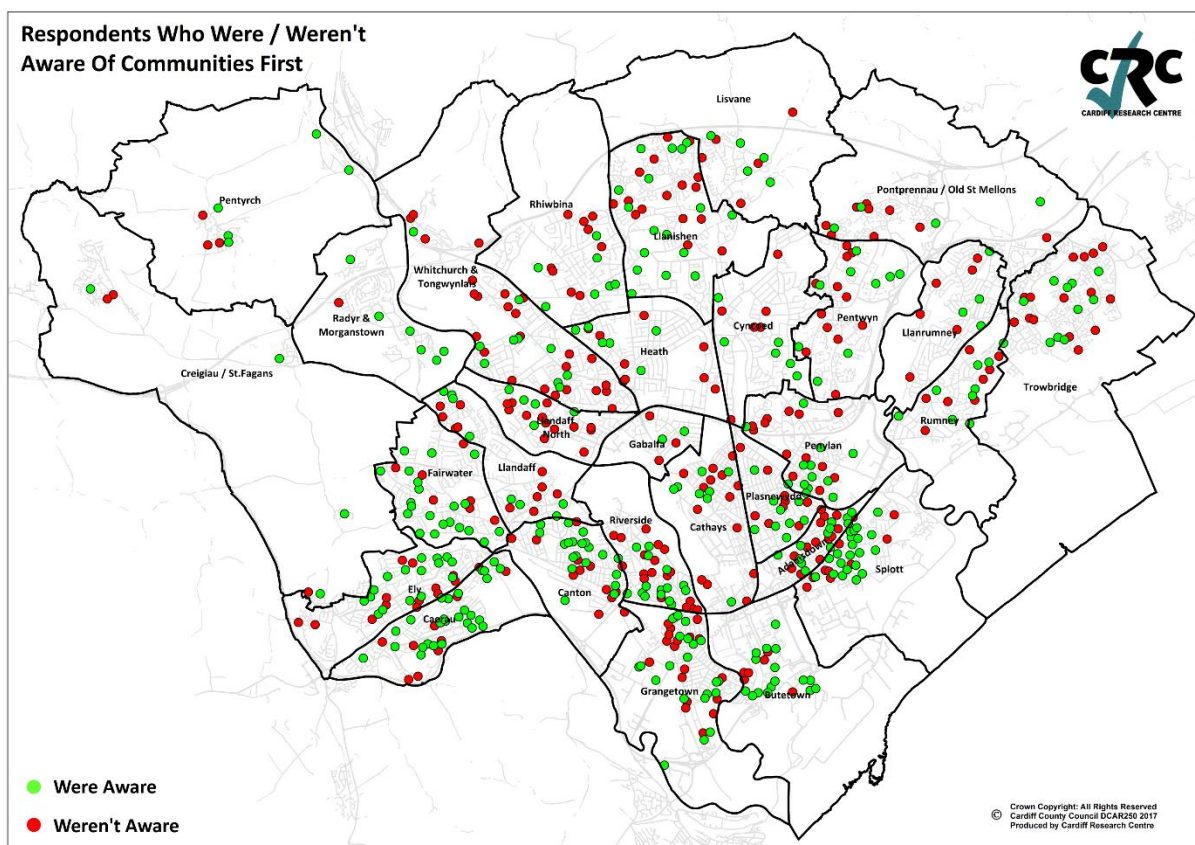
Respondent Demographics

Gender

	No	%
Female	534	*56.1*
Male	406	*42.6*
Other	2	*0.2*
Prefer not to say	10	*1.1*
Total	952	*100.0*

Age

	No	%
Under 16	3	*0.3*
16-24	54	*5.6*
25-34	207	*21.5*
35-44	192	*19.9*
45-54	203	*21.1*
55-64	193	*20.0*
65-74	90	*9.3*
75+	21	*2.2*
Total	963	*100.0*

Which of the following best describes what you are doing at present?

	No	%
Working full time (30+ hours per week)	372	*38.4*
Working part time (less than 30 hours per week)	149	*15.4*
Wholly retired from work	132	*13.6*
Unemployed - Registered Job Seeker	98	*10.1*
Unemployed - Unregistered but seeking work	54	*5.6*
Caring for a child or adult	35	*3.6*
Permanently sick or disabled person	27	*2.8*
In full time education	26	*2.7*
Looking after home	15	*1.5*
On a zero hour contract	12	*1.2*
On a government training scheme	5	*0.5*
Other	43	*4.4*
Total	968	*100.0*

Do you identify as a disabled person?

	No	%
Yes	109	*11.4*
No	805	*83.9*
Prefer not to say	45	*4.7*
Total	959	*100.0*

Please tick any of the following that apply to you:

	No	%
Deaf/ Deafened/ Hard of hearing	14	*13.6*
Mental health difficulties	37	*35.9*
Learning impairment/ difficulties	15	*14.6*
Visual impairment	7	*6.8*
Wheelchair user	3	*2.9*
Mobility impairment	30	*29.1*
Long-standing illness or health condition (e.g. cancer, HIV, diabetes, or asthma)	42	*40.8*
Prefer not to say	4	*3.9*
Other	13	*12.6*
Total	103	*100.0*

What is your ethnic group?

	No	%
White - Welsh/English/Scottish/Northern Irish/British	742	*77.4*
White - Irish	10	*1.0*
White - Gypsy or Irish Traveller	5	*0.5*
White - Any other white background (please specify)	44	*4.6*
Mixed/Multiple Ethnic Groups - White and Black Caribbean	18	*1.9*
Mixed/Multiple Ethnic Groups - White and Black African	7	*0.7*
Mixed/Multiple Ethnic Groups - White & Asian	7	*0.7*
Mixed/Multiple Ethnic Groups - Any other (please specify)	2	*0.2*
Asian/Asian British - Chinese	7	*0.7*
Asian/Asian British - Pakistani	15	*1.6*
Asian/Asian British - Bangladeshi	6	*0.6*
Asian/Asian British - Indian	10	*1.0*
Asian/Asian British - Any other (please specify)	3	*0.3*
Black/African/Caribbean/Black British - African	29	*3.0*
Black/African/Caribbean/Black British - Caribbean	5	*0.5*
Black/African/Caribbean/Black British - Any other (please specify)	3	*0.3*
Arab	8	*0.8*
Any other ethnic group (please specify)	10	*1.0*
Prefer not to say	28	*2.9*
Total	959	*100.0*

Helping people find work and Building Community Resilience

Cardiff Council

CARDIFF
CAERDYDD

Consultations on a new approach to:

1. **Helping people find work and**

2. **Building Community Resilience**

The Welsh Government's approach to tackling poverty is changing. As part of these changes the Communities First Programme will cease and the Council will have some funding focussed on helping people into work.

There will also be some funding to help local people get involved in their community.

As this funding will be significantly less than before we need to take a new approach to providing services.

We are keen to gather views on how Cardiff should respond to these changes.

1. Employment Support Services - Helping People finding Work

In Cardiff there are over 40 different schemes with different qualifying criteria that help people back to work. Sometimes having so many schemes can be confusing and make it harder for people to find the right service for them.

Currently some people can't get the services they need for example because of where they live or just because of their age. There is a need for a more joined up approach to services, with help available across the city for all who need it.

Q1 **With less funding available and the requirement for a more joined up approach, the Council is proposing to directly provide and coordinate employment services across the city.**

The service will be available to everyone who needs it.
The new services would be delivered through our network of Community Hubs and from other community buildings.

Do you agree with this proposal?

Yes ☐   No ☐   Don't know ☐

Q1a **If no please tell us why**

☐

Q2 **We think that a simple gateway is required to direct people to the services they need to help them back to work. Do you agree this would help?**

Yes ☐   No ☐   Don't know ☐

Q2a **What do you think should be part of this gateway?**

Telephone helpline ☐
A website providing information on the support available ☐
Mobile Apps ☐
Social Media (Facebook/Twitter) ☐
Webchat ☐
Face to face contact ☐
Locally available Job Clubs ☐
Job Fairs ☐
Local recruitment drives/events ☐
Outreach by community organisations ☐

Q3 **What kind of employment support do you think is needed to help people into work and which ones would you use? (tick all that apply)**

	What kind of support do you think is needed to help people into work?	Which would you be interested in using yourself
Local Job Clubs e.g. CV writing/job applications/job search	☐	☐
Career advice	☐	☐
Short training courses e.g. first aid at work /manual handling/food safety	☐	☐
Vocational training opportunities e.g. retail/teaching assistants/social or child care/construction/hospitality	☐	☐
Training delivered locally	☐	☐
Work Experience/Placements	☐	☐
Volunteering Opportunities	☐	☐
Apprenticeship Opportunities	☐	☐
Guaranteed Interview schemes	☐	☐
Help to get a better job	☐	☐
Support to move on from zero hour contracts	☐	☐
Help to set up your own business or Social Enterprise	☐	☐
Help with costs for travel for training and interviews	☐	☐
Help with costs for childcare whilst training or attending interviews	☐	☐
One to one intensive mentoring support	☐	☐
Help to get online	☐	☐
Specialist Money Advice e.g. benefit/debt/budgeting skills	☐	☐
Help with learning English as a second language	☐	☐
Help with reading and writing skills	☐	☐
Confidence building courses or activities	☐	☐
Mental Health and Wellbeing support	☐	☐
Other	☐	☐

Please tell us if there is anything else:

Q4 **Do you think it is important that community organisations continue to provide some employment related services?**

Yes ☐   No ☐   Don't know ☐

If yes, which services are best provided by local community organisations?

2. Building Community Resilience

Responses from this survey will help us to create more opportunities for local people to be involved in their community and have a say in the things that matter most to them.

The Welsh Government has announced that funding for Communities First will end by March next year. If you have been involved in the programme we are interested in hearing your views about Communities First and how this closure will impact on you and your community.

Q5   Are you aware of the Communities First Programme?

Yes ☐   No (Go to Q12) ☐

Q6   Have you ever taken part in a Communities First Project or Activity?

Yes ☐   No (Go to Q12) ☐

Q7   Could you tell us which Communities First area you received support from?

☐ ACE - Ely, Caerau,Fairwater & Pentrebane
☐ BRG - Butetown, Riverside and Grangetown
☐ ECLP - Llanrumney, Rumney, St Mellons, Trowbridge, Pentwyn & Llanedeyrn
☐ STAR - Splott, Tremorfa, Adamsdown, Pengam Green, Plasnewydd
☐ Don't know

Q8   Your involvement... (tick all that apply)

	Which Communities First projects or activities have you been involved in?	Which of the projects or activities were of most value to you?
Help/advice on a healthier lifestyle – e.g. cooking skills or physical activities	☐	☐
Mental Health and Wellbeing projects	☐	☐
Social prescribing projects	☐	☐
Help with a crisis e.g. food bank/fuel/clothes	☐	☐
Help with benefit/debt/budgeting skills	☐	☐
Digital skills	☐	☐
Training or Community Learning	☐	☐
Parenting/Family Support	☐	☐
School based activities	☐	☐
Children and young people activities	☐	☐
Support to gain a job or a qualification	☐	☐
Volunteering opportunities /Timecredits	☐	☐
Support for my community group	☐	☐
Support to apply for funding	☐	☐
If other please specify	☐	☐

Page 53

Q9   Could you tell us why this project or activity has been important to you?

Q10   Could anything have been done better?

Yes ☐   No ☐   Don't know ☐

Q10a   If 'yes' please explain?

Q11   Do you think there will be any gaps once Communities First closes?

Yes ☐   No ☐   Don't know ☐

Q11a   If 'yes' please tell us what you think those gaps will be and any ideas on how those gaps could be filled.

We are interested to hear how you would like to get involved in local activities and projects and how you could influence and shape the community you live in.

Q12   Do you think that you have a say in decisions that affect you and your local community?

Yes ☐   No ☐   Sometimes ☐

Q13   Listed below are a number of ways that you could have a say in the decisions that affect your community.

	How do you get involved currently?	How would you like to be involved in the future?
Kept informed via emails newsletters/articles	☐	☐
Getting involved through Social Media – e.g Facebook/Twitter	☐	☐
Take part in surveys and questionnaires	☐	☐
Attending community events and fun days where I can get information about plans for my local area and get involved in community projects and activities.	☐	☐
Attend community workshops where I can give my views and help shape local services	☐	☐
Be a member of a formal panel/forum (that help to shape service delivery e.g. citizens panels/health and social care)	☐	☐
Be a school governor	☐	☐
Take part in formal campaigning for change	☐	☐
Be a member of a Voluntary Council such as Cardiff Third Sector Council (C3SC)	☐	☐

If other please specify:

Page 54

Q13a **Listed below are a number of ways you could be involved in your local community. (tick all that apply)**

	How do you get involved currently?	How would you like to be involved in the future?
Community Volunteering e.g. litter picking/community gardening	☐	☐
Helping others in my neighbourhood e.g. shopping or visiting elderly or vulnerable people	☐	☐
Formal volunteering for an organisation or public services such as in a Hub or in a Hospital	☐	☐
Member of a community group delivering a project or activity in my community	☐	☐
Member of a social support group with similar interests e.g. lunch club, gardening club or mother and toddler group	☐	☐
Fundraising for local causes	☐	☐
Neighbourhood Watch	☐	☐

Please tell us if there is any other way you would like to get involved

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Q14 **Are there any further comments that you would like to make?**

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If you would like further information please provide your contact details

I would like help with getting back to work ☐
I would be interested in shaping services and influencing decisions ☐
I would be interested in Volunteering Opportunities in my local community ☐

Name:

Email:

Address (if no email):

ABOUT YOU

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and by supplying it you consent to the Cardiff Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Cardiff Council or disclosed to others for a purpose permitted by law.

Q15   What is your postcode:

Q16   Are you...

Female ☐   Male ☐   Other ☐   Prefer not to say ☐

If 'other please specify

Q17   What was your age on your last birthday?

Under 16 ☐   25-34 ☐   45-54 ☐   65-74 ☐

16-24 ☐   35-44 ☐   55-64 ☐   75+ ☐

Q18   Which of the following best describes what you are doing at present? (Tick one box only)

Working full time (30+ hours per week) ☐   Permanently sick or disabled person ☐

Working part time (less than 30 hours per week) ☐   Wholly retired from work ☐

On a government training scheme ☐   Looking after home ☐

In full time education ☐   Caring for a child or adult ☐

Unemployed - Registered Job Seeker ☐   Unemployed - Unregistered but seeking work ☐

On a zero hour contract ☐   Other ☐

If 'Other', please specify

Q19   Do you identify as a disabled person?

Yes ☐   No ☐   Prefer not to say ☐

Q20   Please tick any of the following that apply to you:

Deaf/Deafened/ Hard of hearing ☐   Mobility impairment ☐

Mental health difficulties ☐   Long-standing illness or health condition ☐

Learning impairment/difficulties ☐   (e.g. cancer, HIV, diabetes, or asthma)

Visual impairment ☐   Prefer not to say ☐

Wheelchair user ☐   Other ☐

If 'Other', please specify

Page 56

Q21   What is your Ethnic group?

White - Welsh/English/Scottish/Northern Irish/British ☐

White - Irish ☐

White - Gypsy or Irish Traveller ☐

White - Any other white background ☐ (please specify)

☐

Mixed/Multiple Ethnic Groups - White and Black Caribbean ☐

Mixed/Multiple Ethnic Groups - White and Black African ☐

Mixed/Multiple Ethnic Groups - White & Asian ☐

Mixed/Multiple Ethnic Groups - Any other ☐ (please specify)

☐

Asian/Asian British - Chinese ☐

Asian/Asian British - Pakistani ☐

Asian/Asian British - Bangladeshi ☐

Asian/Asian British - Indian ☐

Asian/Asian British - Any other ☐ (please specify)

☐

Black/African/Caribbean/Black British - African ☐

Black/African/Caribbean/Black British - Caribbean ☐

Black/African/Caribbean/Black British - Any other ☐ (please specify)

☐

Arab ☐

Any other ethnic group ☐ (please specify)

☐

Prefer not to say ☐

Thank you for your time. Drop off at local hub or you can use the Freepost address below:

FREEPOST CF3474
Cardiff Research Centre
Room 401
County Hall
CF10 4UW

Page 57

Helping People Find Work
and Building Community Resilience

Consultation
Focus Groups Report
25th September– 3rd October 2017

WCVA Communities First Support Service
on behalf of
Cardiff Council

Contents

1. Introduction

This report reflects on the key messages to arise in a series of focus groups held with service users, volunteers and community members in the current Cardiff Communities First clusters.

Cardiff Council is currently undertaking a wide-ranging consultation following the decision by Welsh Government to end the Communities First Programme. The rationale for the consultation is set out in Cardiff Council's briefing paper, "Helping People Find Work and Building Community Resilience".

This report is not a summary of discussions (full transcripts of each session are available) but a reflection of the fears and aspirations of communities, thus highlighting gaps as well as opportunities towards the building of resilient communities.

2. Communities First in Cardiff

Communities First was launched in 2001 as a long-term Welsh Government programme, aimed at the regeneration of some of the most deprived communities in Wales. It developed into the Welsh Government's flagship anti-poverty programme.
In Cardiff, Communities First has been delivered through four third sector organisations know as clusters since 2012/13:

- **BRG -** Butetown, Riverside and Grangetown hosted by South Riverside Community Development Centre (SRCDC)

- **STAR -** Splott, Tremorfa, Adamsdown and Plasnewydd hosted by Cardiff Community Housing Association (CCHA)

- **ACE -** Ely and Caerau, with Fairwater hosted by Action for Ely and Caerau (ACE)

- **ECLP -** Llanedeyrn and Pentwyn - Rumney, Llanrumney, Llanedeyrn, Pentwyn, St Mellons and Trowbridge hosted by Cardiff Third Sector Council (C3SC)

In October 2016, Carl Sargeant, Cabinet Secretary of Communities and Children announced that he was "minded" to phase out the Communities First programme. This decision was confirmed in February 2017.

A new approach to the building of resilient communities was announced by Welsh Government alongside the decision to close Communities First. There will be no new programme but a new approach focused on employment, early years and empowerment will be developed.

With the closure of Communities First, Welsh Government is making the following funding available to Local Authorities from April 2018,

- Employability Grant focused on providing the infrastructure for the continuing Communities for Work programme.
- The Legacy Fund focussed on developing new or maintaining the most effective aspects of the Communities First Programme to support the development of resilient communities.
- Community Facilities Programme – Third sector organisations can submit bids to Welsh Government for capital grant funding for facilities that contribute to the community

3. The Focus Groups

Focus groups were held in all four Cardiff clusters at dates and venues set out in Table 1 below.

Table 1: Dates Venues and Participant Numbers of Focus Groups

Cluster	Date	Venue	Participant Numbers
BRG	25/09/2017	Grangetown Hub	10
STAR	28/09/2017	Splott Communities First Office	8
ECLP	29/09/2017	Rumney Hub	3
ACE	02/10/2017	Dusty Forge, Ely	16
ACE	03/10/2017	Dusty Forge, Ely	5

All focus groups followed a common format around the following questions:

Question 1: Which Communities First project(s) have you been involved with?

Question 2: In what ways did the project(s) help you?

Question 3: What concerns might you have regarding the closure of Communities First?

Question 4: Are there services you feel you may need to access in future?

Question 5a: How are you currently involved in your community?

Question 5b: Are there ways in which you would like to be involved?

Numbers at each session were variable but represented a cross section of ages as well as sections of the community, involved in a wide range of activities.

The number of participants in Rumney was low. This group were the only ones who voiced some issues with Communities First but it is difficult to gauge, because of low numbers, whether these were general concerns in this part of Cardiff.

4. Key roles of Communities First

This section outlines the key roles people felt Communities First had in their areas.

4.1 Access to training, volunteering and employment

A major theme to emerge from all the focus groups was the importance of the low level, community development type activities used by Communities First to encourage, motivate and support people. There were many testimonials evidencing how this approach had benefitted individuals and how people had been engaged through for example litter picks, community murals or social activities.

"They suck you in" said one volunteer describing how popping in to a Communities First office had led to her accessing training.

- *"I have been here for 12 years and over those years it has been wonderful watching people grow, seeing their confidence and self-esteem increase. People who could not read or write have now got government jobs and gone to college. It is a wonderful achievement! This is what spurs me on."* Ely participant.

Another Ely participant said, *"You start off being involved in one thing but that leads on to being involved in others."*

One participant in Grangetown described people as *"blooming"* through Communities First. This echoed similar comments throughout and a belief that the 'growing people approach' was important for accessing hard to reach groups.

- *"They are steps towards accessing English classes, applying for jobs, being able to support your children with their learning."* Grangetown participant.

Being local was important to people.

- *"One vital thing about Communities First is that it is local. If you move the courses away, immediately cost is involved, when it is local you don't have to have bus fare or childcare expenses."* Ely participant.

There was concern about how people would access services without the Communities First presence.

- *"How do we access it once you remove Communities First? Who goes and sits in that community for five or seven days a week and gets the customers?"* Grangetown participant.

Even when people sought out support from other organisations, inconvenient opening times or limited appointment slots could be a barrier.

4.2   A joined up approach

Some people accessed Communities First via their use of other Projects, Services or Activity promoted but not led by Communities First Individuals spoke of their use of foodbanks, second hand clothing resources, cooking on a budget courses to name just a few examples. This was all part of the supportive flexible approach most people experienced.

It was not always clear from the discussions which elements of activity were funded or delivered directly by Communities First. There was however a sense that Communities First provided the underpinning by facilitating activity (even if funded from elsewhere) e.g.   Providing accommodation for courses or activities and encouraging participation through promotion and signposting.

- **"I can't say it was them that did it, it was probably the things they promoted helped me I suppose" Rumney participant.**

People seemed to be unclear on the suggested way forward in the absence of the Communities First programme.

- *"They're saying it's going to be early years, empowerment and employment. So you can have as much help as you want until you turn eight and then from when you're eight until you're 16 you're not important enough. But then when you're 16 and unemployable there will be stuff for you."* Splott participant.

In Rumney one person felt that Communities First could work with other organisations, (Red Cross was mentioned) to maximise resources.

Time credits were an important bridging mechanism mentioned in four of the five sessions. These could then be used to enhance people's lives. The benefits included enjoyment e.g. the ability to go on trips, visit the theatre as well as practical benefits e.g. getting a haircut.

4.3   Attitude and ethos

People felt that Communities First worked because it had a friendly, approachable, non-judgemental attitude.

- *"The staff are like human hubs. The best thing Communities First did for me was gave me my identity back."* Splott participant.

Some people compared this to accessing other services in other spaces within their communities.

- *"There not people in suits. They're relaxed and nice and friendly."* Splott participant.

Simple things like the offer of a cup of tea when walking through the door, the time to listen to people and patience provided for many. The encouragement they needed to

volunteer or attend a course. As discussed above, this led to attending courses and training.

- *"One gentleman came into the centre, lay down on the floor and said he wanted to commit suicide. A couple of months ago, about six months afterwards, he applied for a course. That's massive. That's an extreme example but would he have got that elsewhere?"* Grangetown participant.

Rumney was the only focus group where the attitude and ethos was not a major factor. Here one participant felt that if Communities First were not there, another organisation would deliver the service.

4.4 Community cohesion

Communities First provides a space that is open to **all** in the community. Its services are not aimed at particular ages, backgrounds, employment status etc. Indeed, some of the most successful projects included a cross section of people e.g. the young man who attends the *"knit and natter "*session.

- *"We worked on a local art project, but soon became involved with other projects and people came from other groups to join ours, lots of kids and young people."* Ely participant.

Communities First has given many a feeling of being part of a community.

- *"Through volunteering we get taught community cohesion."* Splott participant.

People in Splott feared that the fragmentation of services in a local area, if aimed at specific groups, would undermine community cohesion.

People stressed the need for a base from which to get things going and small amounts of money for room booking etc.

Supporting local communication was an important role in building community cohesion. In Splott there was a concern about the loss of the Spotlight newsletter as an important way of accessing information. In Ely, the Grassroots publication was mentioned but this is not produced by Communities First. Several people said they had found Communities First by social media but word of mouth within a community was also important.

4.5 Supporting health and well-being (especially mental health)

People described how, before engaging with Communities First, they lacked confidence, motivation and experienced mental health issues.

- *"I feel so much better about myself"* Ely participant.
- *"It's given me a sense of worth, even though I'm not working"* Splott participant.

Community based engagement activities helped to address lack of self-esteem and gives purpose to lives. How this led on to volunteering, training and employment and opportunities for people have already been commented on above.

The ability of Communities First to support wellbeing clubs and similar activity addressing stress, anxiety and confidence was a common theme in the groups. Losing the health aspect of any future approach was perceived as a major threat.

5. Priorities for local communities

In summary the priorities for people, to emerge from the focus groups included the need for:

➢ An approachable, friendly, non-judgemental interface with the community.

➢ An accessible service which is partly about where something is located, partly about the ethos discussed above but fundamentally about flexibility to see the potential of individuals and help them with their barriers.

➢ Recognition of the value of confidence building, addressing mental health and wellbeing needs in a supportive environment.

➢ A long-term commitment to a community in a way that is joined up, not just a series of project based interventions.

➢ A whole community approach.

Most focus groups spoke about the need for services aimed at all sections of a community. In Rumney, some specific groups such as young people and single mothers were perceived to be the most detrimentally impacted by the ending of Communities First.

In the short-term people have very practical questions about what to do following Communities First closure along the lines of, "where do we go for…? ", "who do we talk to?"

6. Community participation and engagement

Cardiff Council has said in its own research that it needs to reach out to people and engage them in services.

The focus groups shone some light on how people feel they can participate in their communities and engage in decision making.

People who attended focus groups were, in the main, already heavily involved in their communities ranging from running breakfast clubs, community history projects, school projects and many more. Their priority, following the closure of Communities

First, is to secure future funding, premises and volunteers to enable their initiatives to continue.

Some people had ideas for new initiatives, including new community activities to foster community cohesion, social events for the elderly and a new Parent Teacher Association (PTA). In order to pursue these ideas, people will need support with funding, regulation as well as skills to get organised and publicise new activities. Practical help such as support with a venue may also be needed.

Where organisations like ACE continue to exist, people will continue to seek help from these sources. Where offices are closing people are unsure where they can go and who they can talk to. In Rumney, there was an assumption that another organisation would fill the space left by Communities First. In the other groups, there was a feeling that opportunities for involvement will be reduced if the staff employed by the programme are lost.

The best method for engaging with communities it was felt was to support community events and simply come out and talk to people.

7. What this means for building community resilience

Cardiff Council has highlighted a need for a more coherent service across the City, while adjusting to the reduced funding that will be available. This report ends with some reflections on what conclusions can be drawn from the focus groups about the shape of such a service across the City.

➢ Firstly, the importance of people and local groups in communities with the right skills e.g. flexible, responsive and engage people through positive attitudes and a friendly face. Trust is an important factor in the successful engagement of the hardest to reach people.

This means supporting a culture and community networks to support people and act as a focus for the sort of cohesive communities on which resilient communities are built.

➢ Secondly to understand the value of social activity and small-scale action in the community e.g. litter picks. These have impacts of their own but have much wider significance in getting people into volunteering, training and employment.
➢ Thirdly and finally the need to keep talking to people through as many avenues as possible.

These three things underpin all the feedback from the focus groups.

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Equality Impact Assessment
Corporate Assessment Template

Policy/Strategy/Project/Procedure/Service/Function Title: Phase out Of Communities First Programme
New/Existing/Updating/Amending: Existing

Who is responsible for developing and implementing the Policy/Strategy/Project/Procedure/Service/Function?	
Name: Louise Bassett	**Job Title:** Partnership Team Leader
Service Team: Neighbourhood partnership & Communities First	**Service Area:** Housing, Communities and Customer Services
Assessment Date: Oct 2017	

1. What are the objectives of the Policy/Strategy/Project/ Procedure/Service/Function?
Closure Communities First Welsh Government confirmed on 14 Feb 2017 that the Communities First (CF) Programme will be phased out this year. All activities and spend on the Programme must cease by 31st March 2018. Welsh Government has changed its approach to tackling poverty across Wales; the new all-Wales approach will be focused on the three E's Employment, Early Years and Empowerment. The current spend on Communities First nationally is £31.7 million per annum, of which Cardiff received £2,088,866 for 2017/18 after a 30% reduction to the budget was applied. CF is 17 years old and has had many successes but, since it was launched and then re-focused in 2012, there have been significant changes in the economic and political landscape, a new legislative context, including the Well-being of Future Generations (Wales) Act 2015 (WFG Act) and the introduction of Public Services Boards ("PSBs) Taking Wales Forward is the Welsh Government's new Programme for Government, it sets out the government's programme to drive improvement in the Welsh economy and public services, delivering a Wales which is prosperous and secure, healthy and active, ambitious and learning, united and connected. It has become clear that jobs growth and full-time employment opportunities for low income households are essential, particularly to reduce the number of people as living in workless households and also tackle rising levels of in-work poverty. We know that 70% of those who move out of poverty do so because they have found employment. Over the period 2007 to 2012, of people aged 18 to 59 who were not working and living in a household in poverty, 70% of those who entered employment left poverty Source: http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/povertyandemploymenttransitionsintheukandeu/2015-03-10

Equality Impact Assessment
Corporate Assessment Template

There are currently four Communities First areas in Cardiff. Each Cluster is managed by a third sector organisation. There is also an additional programme called Lift operating in one CF area and covers only East Cardiff, Llanederyn and Pentwyn) The Lift programme will also be phased out alongside CF this year.

Each cluster area is managed by a third sector organisation. The service level agreements (SLA's) in place with the third sector partners will end on 31st March 2018.

The cluster delivery teams each developed individual delivery plans, which included a range of projects and activities under three main themes being Healthier, Learning and Prosperity. Community involvement is a key feature of the Communities First programme and each cluster developed its own Community Involvement plan.

The Council has been working with the Cluster Delivery Teams to review current projects and staffing arrangements since the initial announcement in October 2016. Details on the projects that will be phased out this year are included in the graph below:

Graph 1 – Communities First project phase out periods (2017-18) by Month.
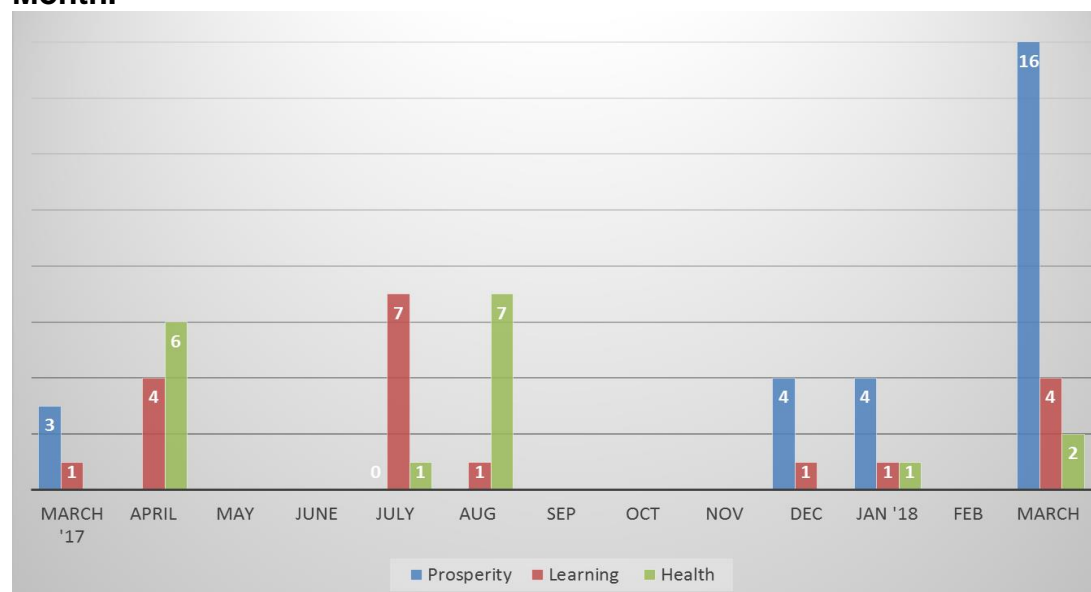
The focus for all the areas will be on Employment, Training, and the associated pathways around Health and Wellbeing.

Due to the reduced funding this year some projects will be funded until the end of March while others will need to cease at an earlier date. Considerable action is being taken to mitigate any negative impact from the phasing out of Communities First where possible with local teams developing exit plans for each project or activity locally.

| 4.C.400 | Issue 1 | Nov 11 | Process Owner: Rachel Jones | Authorised: Rachel Jones | Page 2 |

Equality Impact Assessment
Corporate Assessment Template

Removal of some services, buildings and support staff for CF residents may have some negative impacts if projects are closed and buildings closed where maintained significantly through CF income. A phasing out over 12 months will help mitigate these negative impacts, as it will leave time to find alternative funding sources where possible for both services and buildings. In addition, £4m has been made available by Welsh Government in the Community Facilities Programme for third sector organisations to apply for to help secure buildings future sustainability plans.

There will also be a Legacy fund available to help build Resilient Communities From April 2018 The fund can be flexible, and should be used primarily to help build "Resilient Communities." This could include maintaining existing effective initiatives or developing new ones that have been identified locally to meet a priority need.

The Legacy fund should align with the Wellbeing and Future Generation Act (WFGA), and should link directly to the Public Service Board's Wellbeing objectives and the development of local plans. As part of the new approach to resilient communities, this should have a positive impact on people with protected characteristics across Cardiff.

The funding available through the Employment Grant and Communities for Work provides the opportunity to focus on employment within a wider setting, which evidence shows, is the most effective way out of poverty. Again, this new funding can be utilised based on individual needs, not just postcodes.

New Approach
Due to the phase out of Communities First, as stated previously some funding will be made available to Local Authorities to help people back to work through employment services and to assist with building strong and resilient communities across the city from April 2018.

It should be noted that this will be significantly less than in the previous arrangements for Communities First.

A review of employment support services provided across the City has taken place to look at a new approach to helping people into work. This is an opportunity for a more consistent and coherent approach to delivery to be applied across the City and proposals for a more joined up and cohesive Employability Support Service to be developed.

Moving forward it will be important to ensure that there is no duplication of the work carried out under the other tackling poverty work steams and there is a single approach to tackling poverty in the city.

We need to take into account better integration of activity and funding opportunities into a "Whole System" approach to tackling poverty.

The various funding streams available for the employability services need to be completely aligned to avoid duplication, and crucially to ensure that individuals are effectively supported through appropriate interventions that are accessible across the city.

Whilst learning from the success of existing projects, the focus should be on achieving efficient joined up services which focus on participants with the greatest level of need, regardless of postcode.

The objectives are to therefore exit the Communities First Programme by March 2018 and develop more coherent services for Employment Provision across the City, while adjusting to the reduced funding that will be available.

As well as the review public consultation has also taken place to help identify any gaps from the closure of Communities First and to help inform the use of the Legacy Funding and develop an approach to Building Resilient Communities.

2. Please provide background information on the Policy/Strategy/Project/Procedure/Service/Function and any research done [e.g. service users data against demographic statistics, similar EIAs done etc.]

Deprivation in Cardiff - An Overview
<u>Welsh Multiple Areas of Deprivation</u>
Cardiff as a whole consists of 214 LSOA's. Of the 214 LSOA's Cardiff has 16 which are classified as the most 10% deprived, 5 areas in the 10/20% deprived and 4 in the 20/30% deprived (WIMD 2014). The areas of deprivation are made up of Income, Education, Health, Employment, Enviroment, Housing, Community Safety and Access to Services.

- Income: 41 areas are 10% Most deprived, 25 are 10/20% deprived and 14 are 20/30% deprived.
- Employment: 28 areas are 10% Most deprived, 17 are 10/20% deprived and 19 are 20/30% deprived.
- Health: 31 areas are 10% Most deprived, 16 are 10/20% deprived and 17 are 20/30% deprived.
- Education: 37 areas are 10% Most deprived, 30 are 10/20% deprived and 18 are 20/30% deprived.
- Housing: 79 areas are 10% Most deprived, 23 are 10/20% deprived and 21 are 20/30% deprived.

When looking at a Neighbourhood Partnership level we consistently see greater deprivation in Cardiff East, Cardiff South East and City & South. However the map demonstrates a more complicated picture with significant variation at a local level. The map shows that poverty can be found in parts of the city that are generally considered to be more affluent.

Equality Impact Assessment
Corporate Assessment Template

Map 1 – The 2014 WIMD Overall Ranks Cardiff

The 2014 WIMD Overall Ranks in Cardiff

1. Cardiff West
2. Cardiff South West
3. City & Cardiff South
4. Cardiff South East
5. Cardiff East
6. Cardiff North

Welsh Lower Super Output Area Rank
(Cardiff Count in Brackets)

1 to 191 (38)	Most Deprived
192 to 382 (21)	
383 to 573 (19)	
574 to 955 (21)	
956 to 1,909 (115)	Least Deprived
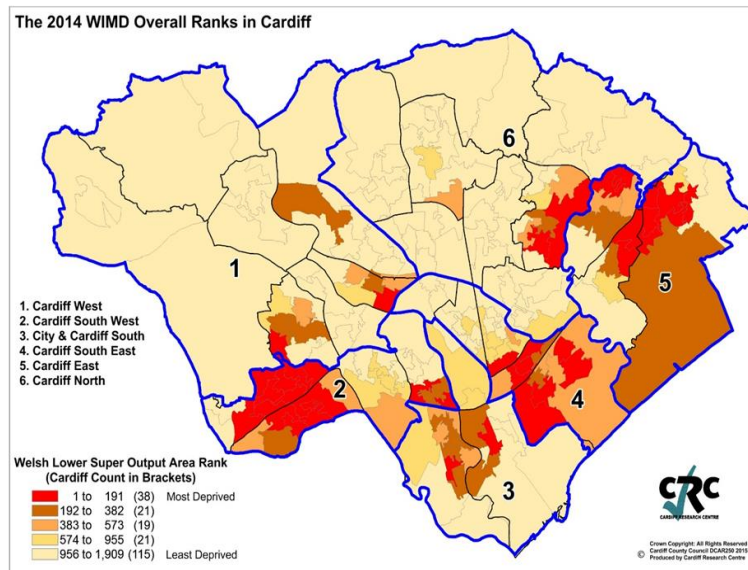
Overview

Cardiff is just below the all Wales average in terms of number of workless households. However:

- Nearly a third (31%) of households in Cardiff – that is over 45,000 homes - are estimated to be living in poverty.
- Approximately 16% of dependent children aged 15 and under are living in households that rely on benefits.
- In-work poverty is also a growing issue, with over a quarter children and young people under the age of 20 in the city living in low-income families, ranging from 4% in Rhiwbina to 47% in Ely.
- Over 60,000 people in Cardiff live in the 10% most deprived areas in Wales

In Cardiff some of Wales' most and least deprived communities can be found within miles of each other. Almost one fifth (19.2%) of the areas in Cardiff are within the 10% most deprived areas in Wales.

Number of young people not in Education Employment or Training (NEET)
Cardiff has the second highest percentage of Year 11 school leavers not in education, employment or training of any local authority in Wales. The cost of not addressing this issue is not just economic, but there are also effects on levels of unemployment, crime, health and well-being. In particular, our most vulnerable young people such as children leaving care and young adult carers face significant challenges and barriers to progression and are more likely to leave school with no qualifications.

Equality Impact Assessment
Corporate Assessment Template

<u>Welfare Reform</u>
One of the greatest challenges in tackling poverty will be the rollout of Welfare Reform. Currently there are 798 of households affected by the Benefit Cap, many of which are larger families. These families will need considerable support to help them back to work and out of poverty. Universal Credit will be rolled out to more people in Cardiff from February 2018, greater emphasis will be placed on actively seeking work and support will be needed to help people meet this requirement and prevent them from being sanctioned.

Communities First Overview
Communities First is a community-focussed programme that supported the Welsh Government's Tackling Poverty agenda. The Communities First Programme in Cardiff covered approximately a third of the city.

There are 4 Communities First Clusters across Cardiff, which between them include all of the Lower Super Output Areas (LSOAs) which are eligible for inclusion in the programme. These Clusters are made up of Lower Super Output Areas (LSOAs) which are the most deprived 20% in Wales according to the Welsh Index of Multiple Deprivation (WIMD) 2011.

Most Clusters across Wales cover areas with populations of 10,000 to 15,000 people though some are slightly smaller and a few are larger. The Cluster populations for Cardiff are much larger in size ranging from 20,300 in the Butetown, Riverside and Grangetown (BRG) to 30,700 in Cardiff East, Llanederyn and Pentwyn (ECLP) Cluster, which is the largest Communities First Cluster in Wales.

Table 1 - Cardiff Clusters population estimates.
 *Source: LSOA Mid-Year Population Estimates 2011, ONS Figure 2 - Communities First Clusters in Cardiff

Cluster Name	Population	No. of LSOA
Cardiff West – delivered by Action for Caerau and Ely (Caerau, Ely and Fairwater)	25,300	16
BRG – delivered by South Riverside Community Development Centre (Butetown, Riverside, Grangetown)	20,300	12
Cardiff East (ECLP) – delivered by C3SC (Llanrumney, Pentwyn, Rumney and Trowbridge)	30,700	19
STAR – delivered by Cardiff Community Housing Association (Adamsdown, Plasnewydd and Splott)	25,300	14
Total	**101,500**	**61**

Equality Impact Assessment
Corporate Assessment Template

Map 2- The Communities First Cluster areas in Cardiff
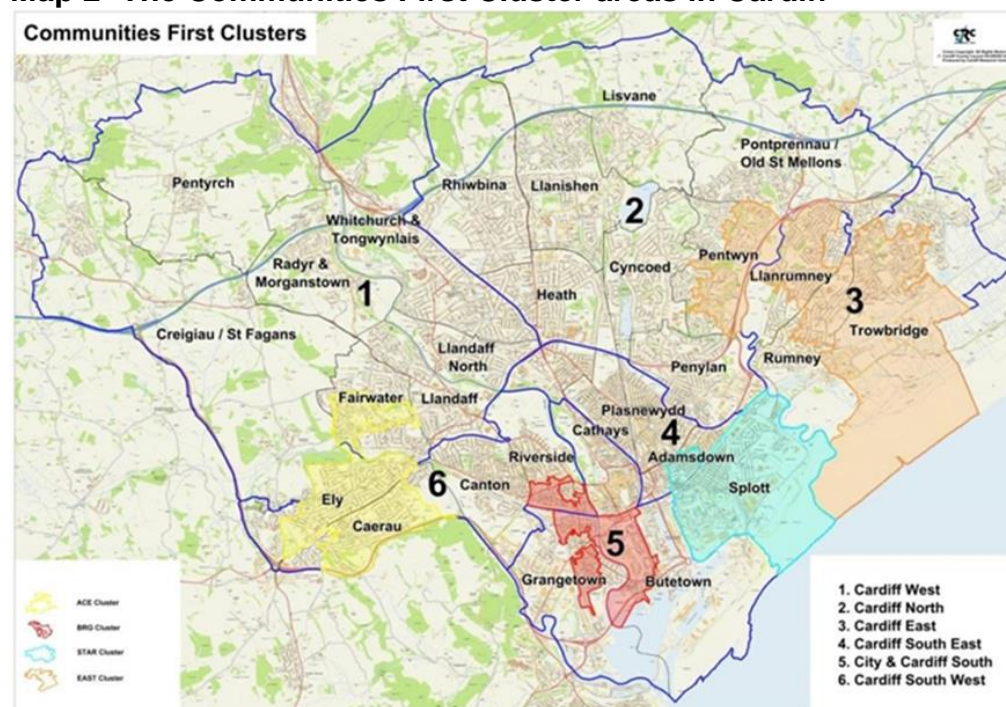
Delivery in relation to the population
Cardiff has a population of 354,300 people. Between 2002 and 2013, Cardiff's population grew by 13%. This is a bigger percentage increase in population than experienced by London or any of the English core cities (Cardiff Liveable City Report 2015).

At the peak of Communities First delivery in 2015-2016, the programme was engaging with an average of 13% of the population within the cluster population areas. The 2016-2017 delivery saw a decrease averaging 8%. Unfortunately as we are only two quarters into 2017-2018 of the phase out year we have not been able to cleanse data from two clusters to identify unique participant figures to provide an accurate figure. The unique number of individuals engaged in the clusters has decreased significantly across the three-year period.

Based on the data provided, there are relatively few projects focused specifically on particular groups with protected characteristics (e.g. Age/Gender/Disability). Clearly, those with protected characteristics also access generalist provision but the Communities First Cluster providers do not routinely collect data on participants' protected characteristics which have led to a limited understanding of the mitigation required moving forward.

Equality Impact Assessment
Corporate Assessment Template

Graph 2- Unique Participant engagement in the Communities First programme in Cardiff 2015-17.

Unique Participant Engagement - Communities First 2015-2017

	Cardiff West	BRG	ECLP	STAR	Cardiff Total
■ 2015-16	4914	3054	3651	1433	13052
■ 2016-17	2647	2064	1949	1759	8419
■ 2017-18	0	0	746	476	1222
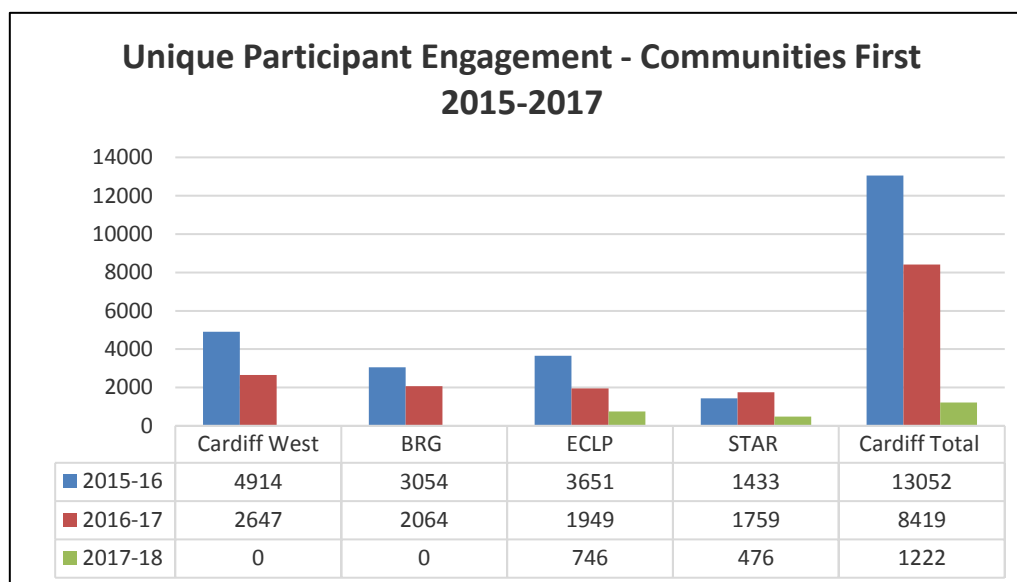
Note: - Cardiff West and BRG data for 2017-2018 is not available at this point as they no longer utilise the Cemp database system and therefore no data will be available until the end of the year period.

Project participant's data submitted via result-based accountability scorecards by each cluster register the number of people who have engaged in particular projects. However, this data is provided to the Local Authority anonymised and includes duplication as participants can be engaged in several different projects. Therefore, unique participant numbers are likely to be lower as individuals may be part of multiple projects and counted more than once.

At qtr.1 & 2 2017/18 data shows that ACE has 1291 participants in total BRG have 1009; ECLP have 521 in total and STAR has reported 659 through there quarterly reporting score cards.

Table 2- The percentage of the cluster population who have been engaged in Communities First.

Cluster Name	Population	Unique participants work with (no') 2015-16	% of the population	Unique participants work with (no') 2016-17	% of the population	Unique participants work with (no') 2017	% of the population
Cardiff West	25,300	4,914	19%	2,647	10%	0	0%
BRG	20,300	3,054	15%	2,064	10%	0	0%
Cardiff East (ECLP)	30,700	3,651	12%	1,949	6%	746	2%
STAR	25,300	1,433	6%	1,759	7%	476	2%

Total	101,500	13,052	13%	8,419	8%	1,222	1%

*Population data was sources from WIMD 2011 – Communities First Base line data.

The population data above is sourced from the WIMD 2011 – Communities First baseline data. The population figures shown next to each cluster area are for the Communities First cluster area LSOA and do not equate to the entire Cardiff population.

Mitigating Risk

As the approach to tackling poverty will now be refocused, for Cardiff this is an opportunity to be clear about the specialisms of each of the tackling poverty programmes and develop better pathways between them. Recognising, no single programme can tackle poverty by itself, going forward the focus will be on how we better align funding streams to help people into work, and ensure people are involved and can have a say in the local services that matter to them.

Considerable action is being taken to mitigate any negative impact from the closure of Communities First. Recognising that there are both challenges and opportunities to consider Cardiff has also provided additional support to the four third sector organisations affected by Welsh Government decision to close the programme. Phasing out of the programme over 12 months will allow time for the current providers to secure other sources of funding for the staff, projects and activities they would like to continue to deliver as part of their organisations sustainability plans. It has also allowed time for exit plans to be developed that should have the least impact on participants involved in the programme this year.

Welsh Government has acknowledged the potential impact to third sector organisations affected by the closure of Communities First, particularly that they could be faced with large redundancy costs. Therefore, staff employed through the third sector will be eligible for statutory redundancy costs from the Communities First funding allocation for 2017-18. Each third sector organisation has factored the costs into this year's budget However, these costs will be subject to change throughout the year as staff may take up other employment opportunities or alternative funding sourced.

The Council will work with the providers and partners to ensure any participant involved in a Communities First project or activity still requiring support is found an alternative service to help them. This will ensure no person who need ongoing support is left without a service post April 2018.

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Review and Consultation

Whilst there has been a great deal of feedback from CF delivery teams and service users on the value of individual projects, evidence has not been found that the overall CF approach is effective in tackling poverty or promoting prosperity at a population level Wales-wide. Whilst the programme assists people on an individual basis, statistics on those living in poverty in Wales

Equality Impact Assessment
Corporate Assessment Template

suggest that CF has made no impact on poverty levels in the general population. This is particularly relevant for certain groups with protected characteristics as they are more likely to be living in poverty, e.g. disabled people, and some Black and Minority Ethnic (BME) groups. Independent evaluations of CF's effectiveness carried out by Welsh Government to date have not provided strong evidence.

An online survey was designed and widely distributed through out September 2017. Direct Mail to Council Wide address lists containing: Library cardholders, Castle Key holders, Active Card holder, Members of the Cardiff Citizens' Panel. In total, this list included 83,843 unique email addresses.

A total of 4,000 paper versions of the survey were made available at libraries and Hubs across the city and in various Communities First buildings. Officers within these buildings played a vital role in the promotion of the survey and offered support were necessary. Completed surveys could be deposited in secure 'drop boxes' provided in Hubs or returned directly to Cardiff Research Centre in a FREEPOST return envelope. The consultation received a total of 1,596 responses.

Consultation Report

Five focus groups were held, covering the four Communities First clusters in the city, with a total of 42 individuals taking part. Topics covered included projects respondents had been involved with, and how they helped; concerns regarding the closure of Communities First; future need for services; and, current and future community involvement – a separate report, produced by WCVA Communities First Support Service, details the findings of this engagement.

Evidence used: Analysis from the engagement responses plus review of Communities First performance, employment services and stakeholder engagement.

The New Approach
The new approach and the reduced funding made available by Welsh Government from April 2018 in place of Communities First will be prioritised on building strong community involvement and participation mechanisms across the City and helping people into work. The new funding available needs to consider the Public Service Board (PSB) priorities identified through the Well-Being Needs Assessment, and to support the effective delivery of the Employability Grant outcomes. Going forward with a greatly reduced budget a more consistent and coherent approach needs to be applied to all the provision that is available

Equality Impact Assessment
Corporate Assessment Template

Working with the mix of different organisations and funding streams has meant service delivery for Employment Services in particular has been complex. Another concern is around the data collection, with different providers using separate databases, identification and tracking of individuals across services or geographical areas has also been issue, this is especially problematic when identifying those with protected characteristic that will be affected.

There has been gaps in some areas and duplication in others. Just by mapping, Employment and Training Services over 40 different services were available across the city.

Investment in the Flying Start and Families First programmes will continue, both provide practical support to thousands of families and their children across the City. In Cardiff, Families First receives around £5.5 million and Flying Start £10.2 million a year from Welsh Government to deliver the programmes.

The Families First programme key elements will remain the same but the strategic projects commissioned through the programme will be refocused to concentrate on the delivery of parenting support and support for young people. This refocus alongside continuation of Flying Start will help mitigate the closure of Communities First.

Flying Start will continue to address the needs of those families eligible for the service, which is currently defined by their postcode. Cardiff has already identified the importance of aligning the main anti-poverty programmes. As part of these arrangements, programme managers from Supporting People, Communities First, Families First and Flying Start, and also representation from Public and Primary Health, Police, Fire and Third Sector have come together to discuss common strategic themes, align work programmes and delivery plans to avoid duplication and to identify any potential gaps or duplication.

There have also been a number of working groups looking at particular issues such as alignment of employment programmes, mitigating the impact of welfare reform, parenting provision and workforce development. The other important factor is the Councils commitment to locality working. This approach seeks to align delivery within local communities through local partnership working. These networks will be utilised in the approach to developing further alignment between programmes. Demonstrating a whole system approach ensures the best use of all resources in a local area through joint approaches between communities, public, voluntary and private sectors. Another key approach to focus on with our partners is Adverse Childhood Experiences (ACE's) which are a major barrier to well-being and economic prosperity, recognising that early intervention is key to long term health and well-being. Cardiff want to ensure that plans recognise this approach and

Equality Impact Assessment
Corporate Assessment Template

help tackle the underlying problems which lead to adverse childhood experiences, which we know can have a lasting effect on those affected.

The new approach to resilient communities and the phasing out of CF is set firmly within the context of the Wellbeing and Future Generation Act (WFGA) The future approach will be developed using the WFG Act's 5 ways of working, involving communities and partners from across the third, public and private sectors.

We want to ensure the new approaches developed are integrated and working with other grant funded programme and across public services. In addition, the WBFG Act has established mechanisms to improve the economic, social, environmental and cultural well-being of the local area and the communities. More broadly the WFG Act established a new approach focused on integration and partnership working at a local level, with much greater involvement of local communities. This new approach calls into question the appropriateness of a 'top-down' Welsh Government grant programme like Communities First targeted at very geographically limited areas.

There is a strong emphasis on gaining decent employment which will be supported by Communities for Work, and the Employability Grant. The recent extension of PaCE will also benefit both men and women who are parents seeking/in work and need affordable and accessible childcare

Employability Provision

As part of the new approach, it is proposed that the Council should directly provide core employment services across Cardiff. The new approach would bring together the various funding streams, including Communities for Work, the Employability Grant and the Council's own into work resources to create one service. The new service would include the following:

Gateway into Service
A simple gateway to services via range methods including phone, internet, and face to face. Face to face, access would be available through community hubs, libraries and other community buildings. The job clubs would continue to offer assistance with CVs and job search but this will be extended across the city.

In-depth Mentoring and Support
For those people who need additional support, a specialist mentoring service will be available. For the first time this will be available based on need regardless of postcode or benefit entitlement. One to one support will be provided to help people address any barriers they have to returning to work. The mentors will also help people with more complex needs address a range of issues by referral into specialist programmes.

| 4.C.400 | Issue 1 | Nov 11 | Process Owner: Rachel Jones | Authorised: Rachel Jones | Page 12 |

Equality Impact Assessment
Corporate Assessment Template

Effective Employer Engagement
The Employer Engagement service will focus on understanding the needs of employers and preparing people for real job opportunities. The service will link with both national and local employers to identify future skills requirements and inform the development of training provision.

Self-Employment and developing Social Enterprise
The new service would offer advice and assistance to help people to set up their own business or social enterprise, to help develop the entrepreneurial culture in individuals and communities.

In Work Poverty
The new approach would include support for those in low paid employment and on zero hour contracts, helping people to achieve higher level skills or more sustainable employment opportunities.

We know from the data collected and from the low number of participants in the CF Programme not all individuals will seek help and a proactive approach is needed to engage with these hard to reach individuals. This will be a key part of the design of the new arrangements. Close links will be developed with those who provide services to vulnerable and hard to reach individuals such as social landlords, health and hostel services to identify clients who are in need of the service.

The Council has access to information that would allow for the effective targeting of support to those most in need, such as those affected by Universal Credit and other welfare reforms.

The services will continue to work in foodbanks, job centres and other community venues to reach out to people who are in crisis and unsure of where to find help.

Building Resilient Communities
Three key themes have been consistently identified through the review and consultation as potential gaps in services moving forward.

Health and Well Being activities, especially Mental Health and low level confidence building activities. There will also be consideration given to developing provision that helps build pathways to learning – this would promote access to community based ESOL and Basic Skills provision. This would include working with parents, children and young people to encourage engagement and participation in other community based learning provision and community based homework clubs.

In addition, it is proposed that a new city wide approach to Community Involvement and Engagement is put in place to help mitigate the issues identified.

Equality Impact Assessment
Corporate Assessment Template

Volunteering programmes that provide both formal and informal opportunities for people to volunteer at a level that is right for them should underpin all the new activity moving forward.

At this point in time it has been identified that further work is required to develop a response to resilient communities that takes into account people views more widely. The changing economic and political landscape and a new legislative context are also relevant to future developments of any new approach put in place.

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3   Assess Impact on the Protected Characteristics
3.1   Age

Will   this   Policy/Strategy/Project/Procedure/Service/Function   have   a **differential impact [positive/negative/]** on younger/older people?

	Yes	No	N/A
Up to 18 years	X		
18 - 65 years	X		
Over 65 years	X		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.

Consequences and differential Impact on residence aged;
The Communities First Programme is targeted at deprived communities. Particular projects target different age demographics within those communities based upon needs of the community. The areas of deprivation that are targeted are done so through **WIMD data (2011).** The WIMD statistical data shows a break down averaging 23% of the population, which are ranging from 0-15 years old, 66%, 16-64 year olds and 11% 65+ years in each cluster area as shown in Graph 3.

Graph 3 – Cardiff's CF population by age can be seen broken into three sub categories. *Source: WIMD 2011*

Equality Impact Assessment
Corporate Assessment Template

Cardiff Cluster Population By Age
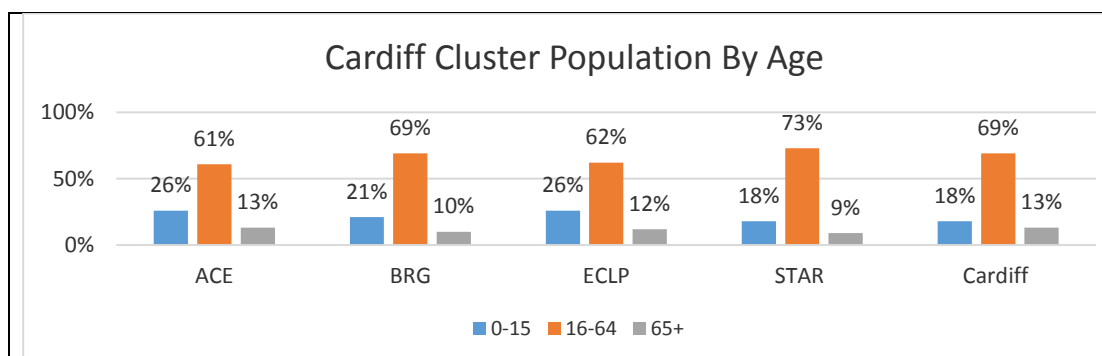
The table below (Table 3) is produced based on two data sources;

1) The engagement statistics are collated from the Cemp database performance management system, which clusters use to input demographic and personalised data for all participants they engage with.

2) The population statistics are sources from **WIMD (2011).** The population figure are captured on a cluster level against the population estimate of clusters LSOA (Table2). Whilst a Cardiff wide overview is also captured above to show a citywide overview.

Table 3- No' of individuals being worked with against the cluster population (by age) '2015-2016 delivery' No detailed data for 16/17 or 17/18 is available at present

Age	Cardiff West		BRG		ECLP		STAR		Cardiff Wide	
	No'	(%) cluster population	No'	(%) cluster population	No'	(%) cluster population	No'	(%) cluster population	Head count	As a proportion of the total cluster population (%)
0-24 years	**1008**	3.98	**865**	3.71	**437**	1.41	**486**	2.03	**2796**	2.67
25-44 years	**303**	1.19	**608**	2.6	**212**	0.685	**540**	2.25	**1663**	1.58
45-64 years	**863**	3.41	**103**	0.44	**110**	0.036	**237**	0.99	**1313**	1.25
65+	**151**	0.59	**29**	0.12	**33**	0.1074	**76**	0.300	**289**	0.27

Engagement statistics show that a citywide engagement figure cannot be used to show a breakdown as the engagement with different age ranges differs greatly from one cluster area to another. Cardiff West have double the engagement figure for the 0-24yrs & 45-64yrs of the other Clusters which

from a city wide perspective give an inaccurate reflection of engagement across Cardiff.

Differential Impacts for 65+ Yrs.
From the data we have available, a small number of CF projects deliver specifically to this age group Communities First provide a range of activities, which support people of all ages. There is recognition those preventative services which enable older people to remain healthy and in their communities is a benefit to everyone and if needed some projects may be continued under the proposed legacy grant funding and other programmes. This will be via a more integrated delivery approach with other programmes. The Social Services and Well-being Act 2014 and the commitment to improve quality of care are all ongoing pieces of work that will develop a joined up response to working with older people.

Differential Impacts 0-15 Year Olds – Communities' First has phased out work with young people in and out of the school based environment this year e.g. Homework provision and school based activities have been phased out and risks have been mitigated where possible. As stated in the background information *'In Cardiff, Families First receives around £5.5 million and Flying Start £10.2 million a year from Welsh Government to deliver programmes aimed at this age range.'* The separate arrangements have led to duplication in some cases. As part of the exit plans developed to phase out the Cardiff Communities First Programme, 0-15year old school based provision has transitioned into other services possible. The mitigation took place before the end of the school year to enable cluster staff to remain present for a short period to support the groups, share information and successfully hand over to key partners effectively.

Differential Impacts 16-64 Yrs. – Communities First work directly with 16-64 year olds who are furthest from the job market in order to engage them through a range of provision, which is designed to remove barriers to employment or community engagement.

Due to the changes, a full review of Employability Support across the City was carried out. The review identified over 40 different schemes offering employment support in Cardiff each with their own eligibility criteria. While the Council's Into Work Service offers open access services, the provision of more in-depth support and mentoring depends on postcode and various eligibility requirements such as age, benefit entitlement and ethnicity. This has meant no underpinning systems in place for access and delivery. Each Cluster area has delivered some good programmes but all in a different way causing some confusion on what is delivered when and where.

Current employment support in the city is complex and it can be difficult for people to find the right service for them. There is no clear pathway into

services and no needs assessment to ensure that the most vulnerable individuals receive the appropriate assistance.

It is clear that there are pockets of poverty throughout the City, not just in Communities First areas, and this need is not currently being met. Cardiff is also seeing higher levels of in-work poverty than in previous years and support for those already in employment is currently very limited. The review made clear that there is a need to change services in Cardiff to improve accessibility, link together the many existing services and ensure that help is available to everyone who needs it, across the city.
Mitigation
As a result a proposed new approach to employment services has been developed that will offer services across the city based on need post 2018.

What action(s) can you take to address the differential impact?

There is a potential negative impact for those of all ages who live within CF areas and access the programme if particular projects cease. However, services will be mainstreamed where possible and therefore may continue as part of the new approach, although delivery may be through a different mechanism. Some projects may be continued under the legacy grant funding and aligned with other programmes, a more integrated delivery may deliver more effectively for more communities

For those aged 16-64 the new approach to helping people find work and building resilient communities may benefit a far greater number of people across Cardiff irrespective of where they live, with a particular focus on early intervention and empowerment.

CF currently only covers a third of the city, and a far smaller number than that actually access the services provided in the Cluster areas. The new approach will work with people based on need not just the individual's age or postcode.

Although potentially negative for those children and young people resident in CF cluster areas who access the programme. Flying Start and Families First future approach in Cardiff may have a far wider reach and potential positive impact, and on consideration of more robust data, services can be better planned and responsive to the needs of people across the City.

As another example, Cardiff has developed the Cardiff Commitment. The ultimate goal of the Cardiff Commitment is to ensure that all young people in the city secure a job, post education and training, that allows them to be the best that they can be; a job that unleashes and grows their own talents and skills and enables them to contribute fully to the prosperity of the city. At the same time, the Cardiff Commitment seeks to drive up skills development and educational attainment in the city, by connecting young people, schools and wider educational institutions with business and employers.

Equality Impact Assessment
Corporate Assessment Template

Respondents to the consultation overwhelming supported the new approach to employability services and building resilient communities.

3.2 Disability
Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on disabled people?

	Yes	No	N/A
Hearing Impairment		X	
Physical Impairment		X	
Visual Impairment		X	
Learning Disability		X	
Long-Standing Illness or Health Condition	X		
Mental Health	X		
Substance Misuse	X		
Other		X	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.

Graph 4- Cardiff Cluster Population – households with one or more person with a limiting long-term illness. *(Source: WIMDS 2011)*

Cardiff Cluster Population - Households with one or more person with a limiting long-term illness
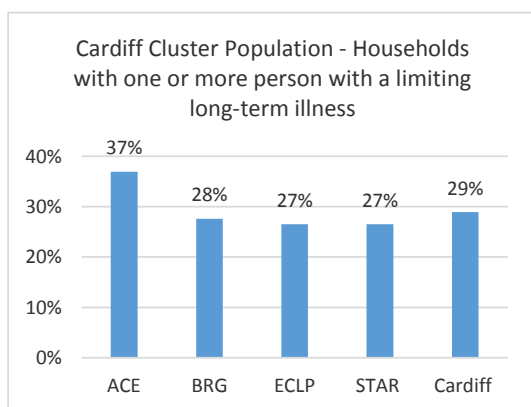
Each of the cluster areas in Cardiff have an average 29% population of households with one or more persons with a limiting or long-term illness.

The data in this area is inconclusive as Cardiff wide 3242 individual from 3 cluster areas selected prefer not to say. Therefore, the only information, which is available, is a part response from a much smaller percentage of the population.
Source WIMD (2011)

The table below (Table 4) is produced based on two data sources;

3) The engagement statistics are collated from the Cemp database performance management system, which clusters use to input demographic and personalised data for all participants they engage with.

Equality Impact Assessment
Corporate Assessment Template

4) The population statistics are sources from **WIMD (2011).** The population figure are captured on a cluster level against the population estimate of clusters LSOA (Table2). Whilst a Cardiff wide overview is also captured above to show a citywide overview.

Table 4- No' of individuals being worked with against the cluster population (by disability) '2015-2016 delivery'

Disabled*	Cardiff West		BRG		ECLP		STAR		Cardiff Wide	
	No'	(%) cluster population	No'	(%) cluster population	No'	(%) cluster population	No'	(%) cluster population	Head count	As a proportion of the total cluster population (%)
Yes	87	0.34	33	0.1%	23	0.007	103	0.43	246	0.23
No	378	1.49	135	0.6%	118	0.038	497	2.07	1128	1.07
Prefer not to say	1094	4.324	1437	6%	-	-	711	2.96	3242	3.09

People who identify that their day-to-day activities are limited because of a health problem or disability, which has lasted, or is, expected to last, at least 12 months.

Evidence suggests that disabled people are particularly at risk of living in poverty and therefore may be disproportionately represented in the cluster areas on which CF is focused. It has not been possible to find evidence to confirm one way or the other, or to identify how many disabled people access CF projects due to the inconsistent data collection by the providers.

Whilst, from the data we have, there are few, if any, projects that are focused specifically on disabled people other than those with mental health conditions.

Individuals with a disability can access all of the CF projects. However there are several projects that target people with long term health issues including mental health, though not all projects provided for low level mental health interventions are available in each CF area.

In addition, Disability Wales has been awarded grant funding by the Welsh Government for the three years 2017-2022: to achieve the following strategic outcomes:

- Gain a greater understanding of the experiences and needs of disabled
- people to help inform policy development;

- Promote and raise wider awareness of the rights of disabled people and
- the issues that affect them, and empower disabled people to make informed choices;
- Help to deliver a more diverse pool of decision makers in public life and
- public appointments by identifying and addressing barriers to engagement and participation for disabled people

Further work will be carried out in the remaining months to understand;
- Service user and stakeholder priorities in relation to Mental Health and Wellbeing provision.
- A gap analysis will be carried out to identify where mitigation is required and if service can transfer to alternative partners or community groups.
- A range of partners including Health will be involved in exploring alternative provision or where possible signposting groups to alternative support.
- Any gaps identified will form part of the new approach developed.

The exit plans for each cluster identified potential community groups that would be affected by the closure of Communities First. The Cluster teams are working with the local groups such as the people in pain groups and the befriending projects to look at sustainability or alternative support mechanisms post April 2018.

What action(s) can you take to address the differential impact?

Whilst there is a potentially negative impact for the relatively small number of disabled people who live within CF areas and access the programme. There are no specific projects focused on disabled people, but disabled people access projects open to all, as do others with protected characteristics. However, going forward services may continue in a different way, particularly those that focus on Mental Health and limiting long-term illnesses could be mainstreamed or jointly run with other programmes such as Health programmes.

In addition, the new approach to employability support services and resilient communities may benefit a far greater number of people that identify themselves as disabled across the City irrespective of where they live. Monitoring the phase out of Communities First and through follow up at each quarter during performance meetings to ensure that all services are handed over to alternative provision effectively and any potential gaps in services are identified and factored into a new approach.

Continue to work with partners and communities to mitigate the closure of Communities First. The focus moving forward will need to consider how Cardiff better uses its own infrastructure to provide meaningful community

Equality Impact Assessment
Corporate Assessment Template

involvement and participation alongside the employability services developed.

key themes have been consistently identified through stakeholder engagement and consultation as potential gaps in services, these have been summarised below:

- Low level Mental Health Support
- Health and Wellbeing Support
- Befriending/Self Help/Peer Support Groups
- Low level Therapeutic Training (art projects/sewing groups/knit and natter)
- Social Prescribing linked to GP's
- Engaging with Older People and avoiding social isolation
- Low level community based volunteering
- Formal volunteering
- Community Engagement and Involvement
- Pathways to Learning
- Timecredits
- Local knowledge and Networks

These key themes will be explored further during the closure of Communities First. Some projects may be continued under the proposed legacy grant funding and through other programme alignment; a more integrated delivery mechanism may deliver more effectively for more communities.

Respondents to the consultation overwhelming supported the new approach to employability services and building resilient communities.

3.3 Gender Reassignment

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on transgender people?

	Yes	No	N/A
Transgender People (People who are proposing to undergo, are undergoing, or have undergone a process [or part of a process] to reassign their sex by changing physiological or other attributes of sex)		X	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
There is not an expected differential impact on transgender people. Currently services are delivered to a very small number of individuals identifying as transgender.

| 4.C.400 | Issue 1 | Nov 11 | Process Owner: Rachel Jones | Authorised: Rachel Jones | Page 21 |

Equality Impact Assessment
Corporate Assessment Template

What action(s) can you take to address the differential impact?
None foreseen, however consideration of support will be taken with each of the characteristics to ensure that no group are unduly impacted by the phase-out of Communities First.

3.4. Marriage and Civil Partnership

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on marriage and civil partnership?

	Yes	No	N/A
Marriage		X	
Civil Partnership		X	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
Communities First engage with everyone within their cluster areas and do not discriminate on the bases of Marital status. Communities' First delivery activity is not directed at or towards any individual on the marital status. Therefore, there is no evidence to suggest there would be an impact upon individual based upon marital status.

What action(s) can you take to address the differential impact?
None foreseen, however consideration of support will be taken with each of the characteristics to ensure that no group are unduly impacted by the phase-out of Communities First, single approach to poverty alignment and gateway approach to employment.

3.5 Pregnancy and Maternity

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on pregnancy and maternity?

	Yes	No	N/A
Pregnancy		X	
Maternity		X	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
Only one of the four clusters delivers a project, which targets pregnant women, which is in the Cardiff West cluster.
Currently services are delivered to a very small number of mums and expectant mothers.
The Cardiff West cluster have been is dialog with the Flying Start programme to ensure that the 10-15 individual pregnant women and fathers they engage

Equality Impact Assessment
Corporate Assessment Template

with each year are supported through the transition and exit of Communities First.

What action(s) can you take to address the differential impact?
Any additional unforeseen consequences, however consideration of support will be taken with each of the characteristics to ensure that no group are unduly impacted by the phase-out of Communities First.

3.6   Race

Will this Policy/Strategy/Project//Procedure/Service/Function have a **differential impact [positive/negative]** on the following groups?

	Yes	No	N/A
White		X	
Mixed / Multiple Ethnic Groups	X		
Asian / Asian British		X	
Black / African / Caribbean / Black British		X	
Other Ethnic Groups	X		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
Graph 5- Cardiff Cluster Population – Persons who identify themselves as of an Ethnic Minority.

Cardiff Cluster Population - Persons who identify themselves as of an Ethnic Minority

■ACE ■BRG ■ECLP ■STAR ■Cardiff

ACE 10% BRG 47% ECLP 12% STAR 21% Cardiff 15%
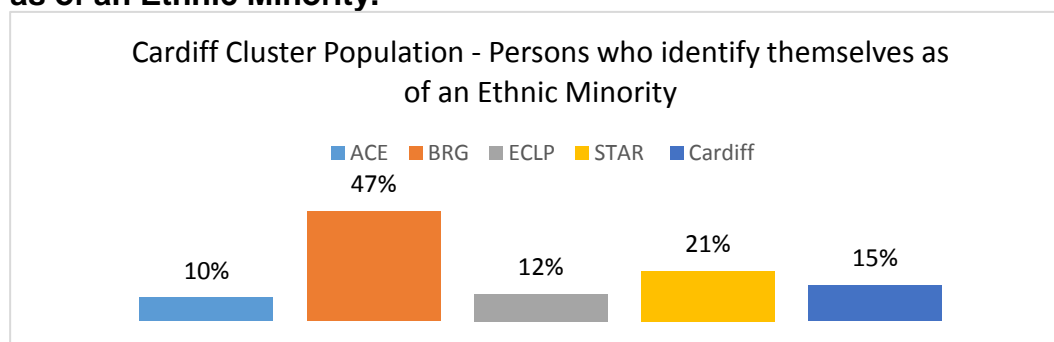
Source WIMD (2011)

15.3% of the population in Cardiff as a whole identifies themselves as of an Ethnic Minority. Graph 3 sourced from WIMD data 2011, Communities' First baseline data shows that two cluster areas have higher numbers than the Cardiff average of resident who identify themselves as of an ethnic minority.

The table below (Table 5) is produced based on two data sources;

5) The engagement statistics are collated from the Cemp database performance management system, which clusters use to input demographic and personalised data for all participants they engage with.

4.C.400	Issue 1	Nov 11	Process Owner: Rachel Jones	Authorised: Rachel Jones	Page 23

Equality Impact Assessment
Corporate Assessment Template

6) The population statistics are sources from **WIMD (2011).** The population figure are captured on a cluster level against the population estimate of clusters LSOA (Table2). Whilst a Cardiff wide overview is also captured above to show a citywide overview.

Table 5- No' of individuals being worked with against the cluster population (by Ethnicity) '2015-2016 delivery'

Ethnicity (Race)	Cardiff West		BRG		ECLP		STAR		Cardiff Wide	
	No'	(%) cluster population	No'	(%) cluster population	No'	(%) cluster population	No'	(%) cluster population	Head count	As a proportion of the total cluster population (%)
White	422	1.66	195	0.8%	140	0.045	371	1.55	1128	1.07
Mixed / multiple ethnic groups	18	0.071	0	0%	6	0.002	78	0.33	102	0.09
Asian / Asian British	16	0.06	229	1%	7	0.002	74	0.30	326	0.31
Black / African / Caribbean / Black British	5	0.01	185	0.8%	9	0.002	133	0.55	322	0.30
Other ethnic group	17	0.06	95	0.4%	7	0.002	60	0.25	179	0.17
Not Stated	1091	4.31	901	4%	1026	3.342	631	2.63	3649	3.48

The above graph shows that the highest areas of diversity from the **WIMD (2011)** population date. The engagement data captured supports the population statistics in the both STAR and BRG engage with the highest number of BME individuals in Cardiff.

What action(s) can you take to address the differential impact?

All ESOL providers are aware of the closure and work is ongoing to make sure that any gaps are addressed moving forward. Despite the large investment in Communities First access to ESOL remains a significant issue across the City. It is recognised the BRG & STAR work with the most diverse communities in terms of both established BME communities and new arrivals to the Country.

Equality Impact Assessment
Corporate Assessment Template

There are several other organisations and community groups currently providing specialist support and services to this particular community. These include Oasis, Cardiff, Trinity Centre, BAWSO, Race Equality First, Women Connect, Welsh Refugee Council, Shah Jalal Mosque, Cardiff Chinese Elderly Association, WSSAG – Women Seeking Sanctuary Advocacy Group, New link Wales, ACES – African Caribbean Elders Society and Diverse Cymru. Cardiff and Vale Health Board also provide a range of services targeted at Support for ethnic minorities including Marie Curie Cancer Care – Improving palliative care services for Minority Ethnic families.

ESOL provision will continue within the cluster areas regardless of Communities First funding post March 2018. ESOL is delivered through three organisations within the Cardiff & Vale Community Learning Partnership (CVCLP) that are funded and quality assured by Welsh Government to deliver Essential Skills courses in the City.

Additional funding has been allocated by Welsh Government to this partnership for next year to assist with the current waiting lists and to develop the new Reach Hub which will have a team of assessment coordinators to undertake:
- Mapping ESOL provision across the city in order to identify gaps in provision and avoid duplication
- Work to establish demand for ESOL provision across the city by liaising with providers and key partners
- Establish a central ESOL referral point for organisations and learners across Cardiff and the Vale
- Develop publicity/information including a REACH website for ESOL provision

The CVCLP partnership will continue to work with the organisations involved in CF delivery to offer community based ESOL provision. The Employability Provision and Communities for Work (CFW) will be focused on intensively helping those furthest from employment into jobs, and this will include people from a BME background. There are also specific projects funded through European Funding that will specialise in supporting people into training and employment such as Gofal and Oxfam.

In addition, the new approach to employability support services and resilient communities may benefit a far greater number of people across the City irrespective of where they live.

Respondents to the consultation overwhelming supported the new approach to employability services and building resilient communities.

3.7   Religion, Belief or Non-Belief

Equality Impact Assessment
Corporate Assessment Template

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on people with different religions, beliefs or non-beliefs?

	Yes	No	N/A
Buddhist		X	
Christian		X	
Hindu		X	
Humanist		X	
Jewish		X	
Muslim		X	
Sikh		X	
Other		X	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
There is no anticipated differential impact on individuals based on religion, belief or non-belief.
What action(s) can you take to address the differential impact?
No expected differential impact based on religious belief, or non –belief. Any additional unforeseen consequences, however consideration of support will be taken with each of the characteristics to ensure that no group are unduly impacted by the phase-out of Communities First, single approach to poverty alignment and gateway approach to employment. In addition, the new approach to employability support services and resilient communities may benefit a far greater number of people the City irrespective of where they live.

3.8 Sex
Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on men and/or women?

	Yes	No	N/A
Men		X	
Women		X	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
Evidence suggests that lone parents (who are predominantly women) are

Particularly at risk of living in poverty and therefore may be disproportionately represented in the cluster areas on which CF is focused. It is often reported that men have been a harder group to reach in Communities First. Historically, participation was higher by women than men.

There is some evidence more recently that there are more men utilising the programme to gain new skills in order to gain employment.

What action(s) can you take to address the differential impact?

Potentially negative for those people resident in CF cluster areas and accessing CF services. However, this will depend on the future approach, which may have a far wider reach and potential positive impact, and on consideration of more robust data, services will be provided more consistently and can adjust accordingly to meet gender related needs.

There are numerous programmes and grants which promote gender equality, including around violence against women, pregnant women or mothers of small children. Therefore, no additional unforeseen consequences, however consideration of support will be taken with each of the characteristics to ensure that no group are unduly impacted by the phase-out of Communities First.

The new approach to employability support services and Communities for Work (CFW) will be focused on intensively helping those furthest from employment into jobs regardless of gender. The recent extension of PaCE will also benefit both men and women who are parents seeking/in work and need affordable and accessible childcare.

In addition, the new approach to employability support services and resilient communities may benefit a far greater number of people across the City irrespective of where they live.

Respondents to the consultation overwhelming supported the new approach to employability services and building resilient communities.

3.9   Sexual Orientation
Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on the following groups?

	Yes	No	N/A
Bisexual		X	
Gay Men		X	
Gay Women/Lesbians		X	

Equality Impact Assessment
Corporate Assessment Template

Heterosexual/Straight		X	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
The clusters do not deliver or engage with individuals on the bases of sexual orientation, nor is any evidence or information captured regarding this area.

What action(s) can you take to address the differential impact?
No expected differential impact based on Sexual Orientation or additional unforeseen consequences; however, consideration of support will be taken with each of the characteristics to ensure that no group are unduly impacted by the phase-out of Communities First, single approach to poverty alignment and gateway approach to employment.   In addition, the new approach to employability support services and resilient communities may benefit a far greater number of people across the City irrespective of where they live.

3.10   Welsh Language
Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on Welsh Language?

	Yes	No	N/A
Welsh Language		X	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
The **Census (2011)** shows that the percentage of Welsh speakers in the Cardiff as a whole is 11% in comparison to Gwynedd at 65%, Isle of Anglesey and Ceredigion at 47%.   There are 86 different languages spoken in Cardiff alone, particularly in the south areas of Cardiff residents that engage traditionally present with higher number of other language needs as well the welsh language **Census (2011).**

Equality Impact Assessment
Corporate Assessment Template

Graph 6- Percentage of Population Aged 3+ able to speak Welsh, 2011 (Census). Figure 1 illustrates that % of individuals in Cardiff who are able to speak   Welsh is far lower in the Communities First areas of Cardiff e.g. LLanrumney, Rumney, Pentwyn, Adamsdown, Caerau and Grangetown. Figure -1 Percentage of population Aged 3+ able to speak Welsh, 2011 Census. Cardiff Lower Super output areas. *Figure 1- The 2011 Census represents the most recent data on numbers of Welsh speakers in the city.* **Impact -** With significantly less provision overall in the area, there will be fewer activities to be publicised and therefore fewer bi-lingual posters in the area, potentially decreasing the general awareness of Welsh Language. No specific projects targeted at the Welsh speaking community have been identified by any of the providers or as part of the review.
What action(s) can you take to address the differential impact?
Going forward if delivery/ part delivery of the new employment programme or the legacy fund is internal or contracted externally providers will continue to be obliged through their service level agreements to abide by the Welsh language Act. This will be monitored in two key ways. Internally a service area action plan ensures that teams within Cardiff council are aware of their obligation; recognise where they are meeting them; and key actions required to meet the standards. Externally quarterly contract monitoring is performed to ensure the provider is abiding by the Welsh Language standards.

Equality Impact Assessment
Corporate Assessment Template

Any additional unforeseen consequences, however consideration of support will be taken with each of the characteristics to ensure that no group are unduly impacted by the phase-out of Communities First, single approach to poverty alignment and gateway approach to employment. The Employability Provision and Communities for Work (CFW) will be focused on intensively helping those furthest from employment into jobs, and this will include meeting requirements under the Welsh Language Standards.

In addition, the new approach to employability support services and resilient communities may benefit a far greater number of people across the City irrespective of where they live.

4.   Consultation and Engagement
What arrangements have been made to consult/engage with the various Equalities Groups?

Stakeholder consultation has been ongoing since the initial announcement regarding the closure of Communities First. In order to consider the best way forward following the closure of Communities First a public consultation exercise was also carried out during September this year.

1,596 responses were received to the survey which was available on line and in hard copy in hubs and other community buildings. Focus groups were held in the Communities First areas.

Two briefing sessions were also held with elected members. The cluster and hub staff ensured that service users were aware and supported to complete the survey if required.

The survey was widely promoted to ensure everyone has an opportunity to complete it electronically or written, with a freepost envelope or drop off points at all hubs in Cardiff.

The Focus groups brought together Local Community members and service users from Communities First areas to explore their views in more detail. The Focus groups were facilitated by the Welsh Council for Voluntary Action (WCVA).
Both the survey and the focus group consultation followed a consistent methodology. Both reports will inform new service specifications.

The surveys were provided in both electronic and hard copy to each cluster where specific outreach sessions were held for the characteristics stated above that would be affected by the phase out e.g. youth service provision, ESOL Classes.

5.   Summary of Actions [Listed in the Sections above]

| 4.C.400 | Issue 1 | Nov 11 | Process Owner: Rachel Jones | Authorised: Rachel Jones | Page 30 |

Equality Impact Assessment
Corporate Assessment Template

Groups	Actions
Age	Monitoring the phase out of Communities First and follow up each quarter during performance meetings to ensure that all services are handed over to alternative provision effectively and any potential gaps in services are identified and factored into a new approach.
Disability	Monitoring the phase out of Communities First and follow up each quarter during performance meetings to ensure that all services are handed over to alternative provision effectively and any potential gaps in services are identified and factored into a new approach.
Gender Reassignment	**N/A**
Marriage & Civil Partnership	**N/A**
Pregnancy & Maternity	**N/A**
Race	Monitoring the phase out of Communities First and follow up each quarter during performance meetings to ensure that all services are handed over to alternative provision effectively and any potential gaps in services are identified and factored into a new approach.
Religion/Belief	**N/A**
Sex	**N/A**
Sexual Orientation	**N/A**
Welsh Language	**N/A**
Generic Over-Arching [applicable to all the above groups]	Continue to work with partners and communities to mitigate the closure of Communities First. The focus moving forward will need to consider how Cardiff better uses its own infrastructure in place to provide the services and remove duplication. In addition, the new approach to employability support services and resilient communities may

Equality Impact Assessment
Corporate Assessment Template

	benefit a far greater number of people across the City irrespective of where they live.

6.   Further Action

Any recommendations for action that you plan to take as a result of this Equality Impact Assessment (listed in Summary of Actions) should be included as part of your Service Area's Business Plan to be monitored on a regular basis.

All actions stated above are currently being actioned and monitored in quarterly performance meetings to ensure a smooth transition of services.

7.   Authorisation

The Template should be completed by the Lead Officer of the identified Policy/Strategy/Project/Function and approved by the appropriate Manager in each Service Area.

Completed By : Rosanna Taylor	Date:
Designation: Outcome Delivery Officer	25/10/2017
Approved By: Louise Bassett	26/102017
Designation: Partnership Delivery Team Leader	
Service Area: Housing, Communities and Customer Services	

7.1   On completion of this Assessment, please ensure that the Form is posted on your Directorate's Page on CIS - *Council Wide/Management Systems/Equality Impact Assessments* - so that there is a record of all assessments undertaken in the Council.

For further information or assistance, please contact the Citizen Focus Team on 029 2087 3059 or email citizenfocus@cardiff.gov.uk

References

Census (2011), Office for National Statistics, 2011 Census: Digitised Boundary Data (England and Wales) [computer file]. UK Data Service Census Support. Downloaded from: https://borders.ukdataservice.ac.uk/

WIMD (2011), Stats Wales: WIMD 2011, [Internet}
https://statswales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation/Archive/WIMD-2011
[Accessed on 17/10/ 2017]

CYNGOR CAERDYDD

CARDIFF COUNCIL

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

15 NOVEMBER 2017

COMMUNITY MENTAL HEALTH SERVICES REVIEW

Purpose of Report

1. To provide Members with an overview of the Community Mental Health Services Review prior to the presentation by the Cardiff & Vale University Health Board at this meeting of the Scrutiny Committee. The Case for Change is attached as **Appendix A** to this report.

Background

2. At the September meeting of this Scrutiny Committee, Members considered Quarter 1 Performance. The Director of Social Services' report on performance outlined progress against a Community Mental Health Services Review project, which was being lead by the Cardiff and Vale University Health Board.

3. Members agreed that they would wish to receive a briefing on the Review project to advise them of the proposals.

Overview of the Project

4. The Review aims to further improve integrated mental health services for working age adults in the community, consisting of the Community Mental Health Teams (CMHTs), Crisis Teams and specialist teams within a whole community system including primary care mental health services and non-statutory services.

5. The Review also intends to address concerns over poor accommodation of CMHTs, as well as increasing demand and the impact this has on professional and statutory roles and the delivery of psychological interventions. Improving these aspects of the service will support changes that will help continue work towards a vision for services whilst continuing to provide therapeutic, high quality and safe service. The catalyst for this Review relates to previous concerns raised by community staff, service users and carers, feedback from GPs and also benchmarking of community performance.

6. The review is complementary to the "Shaping Our Future and Well Being "Strategy, and "Together for Mental Health" delivery plan.

What are Mental Health Community Services?

7. Mental well-being has been defined by the World Health Organisation as: *'A state whereby individuals recognise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities'.* The **'Together for Mental Health'** national strategic plan focuses on resilience, prevention and recovery and has an all ages, life course approach. The strategy focuses on the needs of people with and without a mental health diagnosis and acknowledges the roles that primary care, the statutory and third sector play in promoting well-being for service users and carers.

8. In 2010, the Welsh Government issued the Interim Policy Implementation Guidance and Standards for Delivering Community Mental Health Services. This guidance sets out a tiered model of mental health care and places CMHTs at the heart of secondary mental health care in Wales. It states that CMHTs:

   ➢ Receive referrals (at present mainly from primary care)
   ➢ Undertake screening assessments
   ➢ Offer a range of more specialist assessments and interventions and deliver a constructive discharge

9. In 2012 the Mental Health (Wales) Measure 2010 was implemented. The Measure provides primary legislation and regulation on the provision of Local Primary Mental Health Support Services (Part 1) and the co-ordination of care and treatment for relevant patients receiving secondary mental health services in Wales (Part 2). Part 2 of the Measure places recovery and a holistic approach to care and treatment planning at the forefront of delivering secondary mental health care.

Overview of Mental Health Services in Cardiff and the Vale of Glamorgan[1]

Diagnosis of Mental Illness

10. According to the GP registers in Cardiff and the Vale as at March 2016, there were 4,372 people with a diagnosis of a serious mental illness.

11. There were also 2,947 people with a diagnosis of dementia. However, according to the Alzheimer's Society 2014 report, GP data represents only a fraction of people with dementia in the community[2]; therefore, under-diagnosis is an issue, despite Cardiff and Vale having the best detection rate in Wales.

Service usage

12. Benchmarking data shows that the Community Mental Health Team caseload per 10,000 weighted populations is 147 within Cardiff and Vale, which is similar to NHS Benchmarking data of 140. Within this service, there are 252 contacts per whole time equivalent, compared to 240 across the UK.

13. The numbers of admissions per 100,000 populations are 245 in Cardiff and Vale, compared to 234 across UK benchmarking data. Bed occupancy in Cardiff and Vale is 115%, whereas across the UK it is 91% on average.

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[1] Source: Case for Change – Proposed Developments for Community Mental Health Services – Cardiff & Vale UHB
[2] Alzheimer's Society, http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1666

Cardiff and Vale Community Mental Health Services

14. In Cardiff and the Vale adult mental health community services are delivered out of 8 CMHTs, five in Cardiff and three in the Vale.

Community Mental Health Teams
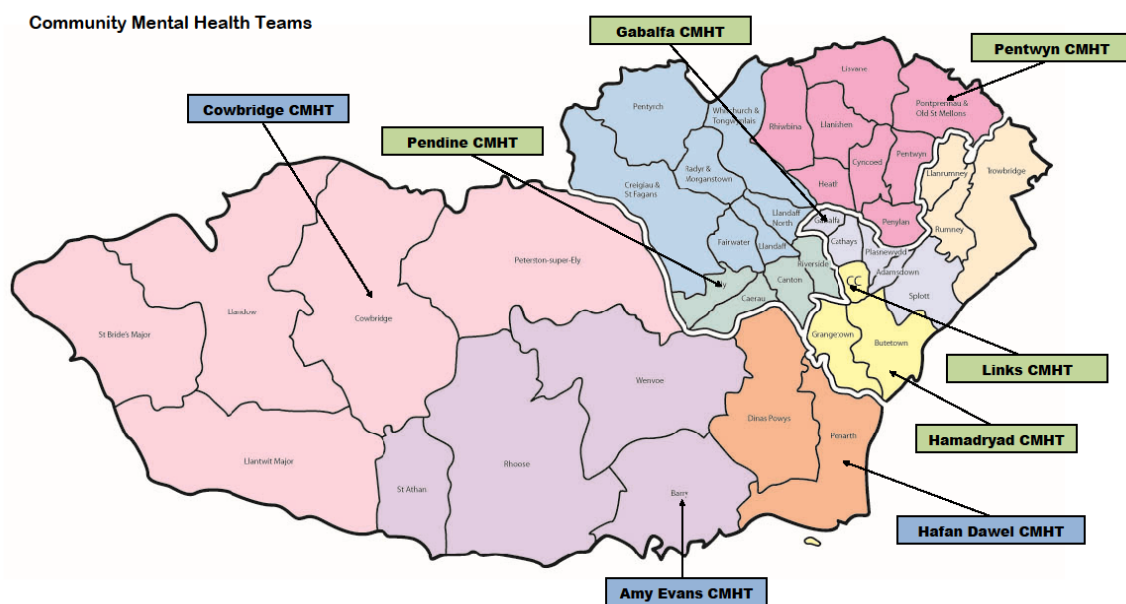
Way Forward

15. At this meeting, the following witnesses will be in attendance:

    i) Councillor Susan Elsmore (Cabinet Member for Social Care, Health & Well-Being)
    ii) Tony Young (Director of Social Services)
    iii) Amanda Phillips (Assistant Director, Adult Services)
    iv) Ian Wile (Director of Operations for the Mental Health Clinical Board, Cardiff & Vale UHB)
    v) Rebekah Vincent-Newson (Operational Manager, Mental Health)

Ian Wile from the Cardiff and Vale UHB will make a presentation to Committee.

16. Members may decide any comments, observations or recommendations they wish to pass to the Cardiff and Vale UHB and Cabinet for their consideration following the presentation at this meeting.

Legal Implications

17. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

Financial Implications

18. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

RECOMMENDATIONS

It is recommended that the Committee:

i.   Consider the information provided in the presentation and the information set out in **Appendix A**; and

ii.   Decide the way forward with regard to any further scrutiny of this issue.

DAVINA FIORE
Director of Governance and Legal Services
7 November 2017

2017

Case for Change

2017

Proposed Developments for Community Mental Health Services

This document sets out proposals to further improve integrated mental health services for working age adults in the community, consisting of the community mental health teams, crisis teams and specialist teams within a whole community system including the primary care mental health services and non-statutory services

Contents

1. <u>Summary</u>

This document sets out proposals to further improve integrated mental health services for working age adults in the community, consisting of the community mental health teams, crisis teams and specialist teams within a whole community system including the primary care mental health services and non-statutory services.

The proposals have been shaped by previous engagement with partners and stakeholders, including patients, carers and staff following concerns raised by these stakeholders that the Community Mental Health Teams (CMHTs) were facing particular challenges including:

'excessive referral demands'
'low core caseload contact time with patients'
'were a catch all service'
'were working in mostly poor environments'
'have difficulty in delivering psychological therapies'
'suffering reductions in LA staff who are unable to deliver statutory work'
'working to a lack of vision for community services'
'slow progress with modernizing professional roles'

This document is being used as a case for change to enable stakeholders and agencies to test service model options against a set of clinical, professional and operational aspirations based on the service users experience and needs.

This will inform the next stage of the engagement process, in conjunction with the UHB and Community Health Council to agree how we test this and develop an implementation plan based on an EQIA.

To date strategic parameters advised by the UHB and council relate to it being complementary to the Shaping Our Future and Well Being Strategy and Together for Mental Health delivery plan.

The next stage will be to collaborate with stakeholders, including the Community Health Council and other partners to agree the next steps of engagement.

DRAFT June 2017

2. <u>Purpose of the Document</u>

This document sets out some specific service improvements that the UHB and its partners would like to make to community mental health services for working age adults in secondary care. This is in order to address concerns over poor accommodation, increasing demand, the impact that has on professional and statutory roles and the delivery of psychological interventions. Improving these aspects of the service will crucially support changes that will help us to continue to work towards our home first vision for the services whilst providing a therapeutic, high quality and safe service. The catalyst for this review relates to previous concerns raised by community staff, service users and carers around these issues, benchmarking of community performance and activity and feedback from GPs.

To inform and support this work, in 2015 we have already sought the views of the patients, carers, staff and the wider community in describing what success looks like and what service model options are available to us in achieving this success.

We now want to test back what we have heard, share our response to the issues raised and discuss the proposed way forward for a whole system in primary and secondary care and our partners. We are committed to working with our communities and partners to improve health outcomes for everyone, delivering outcomes that matter to people, and would like to thank everyone who has contributed so far and people who contribute to this next phase of engagement. As the UHB takes the next steps we are also looking forward to working with partners and stakeholders to further progress our services.

3. <u>The University Health Board</u>

Cardiff and the Vale University Health Board is one of the largest NHS organisations in the UK, providing healthcare services for the 475,000 people living in Cardiff and the Vale of Glamorgan. Working with many professional groups, we promote healthy lifestyles whilst planning and providing healthcare in people's homes, community facilities and hospitals. In addition to considering the needs of the local population, the UHB also provides specialist care to the people of South Wales, Wales and for some services, the wider UK.

Our mission, Caring for People; Keeping People Well is why we exist as a health board and our vision is that a person's chance of leading a healthy life is the same wherever they live and whoever they are.

In making this vision a reality, we have been working with staff and people who use our services and partner organisations to shape our strategic direction. At its heart our strategy, **Shaping Our Future Wellbeing**, has the desire to achieve joined up care based on the 'home first' idea, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.

DRAFT June 2017

SHAPING OUR FUTURE WELLBEING - MENTAL HEALTH

A PERSON'S CHANCE OF LEADING A HEALTHY LIFE IS THE SAME WHEREVER THEY LIVE AND WHOEVER THEY ARE

HOSPITAL · M4 · LIAISON PSYCHIATRY · EXPERT · SCIENTIST · PEER SUPPORT · INFO · REHAB SUPPORT · LOCAL SURGERY · JOINED UP CARE · ADULT MENTAL HEALTH HOSPITAL · CUSTODY SUPPORT · NURSE · GP · DOCTOR · CRISIS TEAM · POLICE STATION · CUSTODY DIVERSION

DIGITAL · MULTI-FAITH CENTRE · WORKING IN PARTNERSHIP · TREATMENTS & SUPPORT AT HOME · ADVICE HELPLINE · MENTAL HEALTH INFORMATION · CARER SUPPORT · PATIENT HELD RECORD · HOME FIRST · CHOICE · VIRTUAL CLINICS

HEALTHY LIFESTYLES · SUPPORTIVE COMMUNITIES · COMMUNITY CENTRE · ACTIVE LIFESTYLE · COMMUNITY SUPPORT · HEALTH INFO · SELF HELP · MOBILE SCREENING · STIGMA FREE CAFÉ · VOLUNTEERS

HEALTH & HOUSING CENTRE SINGLE POINT OF CONTACT · COMMUNITY MENTAL HEALTH SERVICES · CAMHS · CLINICS & MINDFULNESS SERVICES · COORDINATOR · WELLBEING SUPPORT · KEY WORKER · PSYCHOLOGICAL THERAPIES

VOLUNTARY SECTOR WORKER · HOUSING OFFICE · PSYCHIATRIC NURSE · POLICE · ADDICTION SUPPORT · SOCIAL WORKER

ADVICE AND TREATMENT · PHARMACY · DENTIST · OPTICIAN · SCHOOL · LIBRARY HUB · RESILIENCE TRAINING

PERSON-CENTRED CARE · WORKING BETTER TOGETHER ACROSS CARE SECTORS · HEALTHY EATING · JOINED UP CARE · PROMOTING PREVENTION AND AWARENESS

VISUALISING 2025

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THIS IS OUR VISION OF MENTAL HEALTH CARE OVER THE NEXT 10 YEARS, CREATED BY PEOPLE WHO BOTH USE AND PROVIDE CURRENT SERVICES

PREVENTION
We will support the residents of Cardiff and the Vale and the employees of the Health Board to adopt healthy lifestyles, creating an environment that encourages good health and wellbeing. Health professionals will work to remove the stigma of mental health conditions. Effective and accessible methods of ensuring the early detection of mental health conditions will be accompanied by clear signposting of where to seek help. By focussing our care where it is most needed, we will work to reduce health inequalities.

PLANNED CARE
The needs of the person with a mental health condition will be central to their care. We will ensure rapid diagnosis and delivery of evidence based treatment, with clear signposting of all services and support available. People will be supported to monitor and manage their condition in partnership with their healthcare professionals. Care will be co-ordinated by a key worker and delivered in the community where possible. People will be supported to live with the impact that their mental health condition has on their physical, psychological and social wellbeing. Their feedback will be essential to the development of future services. Support will be offered to carers, recognising their role as vital healthcare partners

UNPLANNED CARE
People with an established or new onset mental health condition who require emergency assessment will have access to 24 hour specialist advice, triage and assessment. Anyone accessing emergency health services, whose symptoms and investigation are suggestive of a mental health condition, will have immediate access to a mental health assessment service. Anyone with a known mental health condition who presents to emergency health services will be diverted, if safe and effective to do so, into mental health services. If accessing emergency health services, a person with a known mental health condition will be immediately co-managed by a specialist mental health team. Discharge from hospital will be co-ordinated by a key mental health worker.

END OF LIFE CARE
The end of a person's life will be dignified and focussed on achieving his/her own goals and aspirations. A person will be able to choose where they wish to receive care at the end of their life and we will ensure that staff and facilities are available at home, in the community and in hospital which allow people to remain with their families and friends.

For more information visit
www.bit.ly/SOFWHome

CARING FOR PEOPLE, KEEPING PEOPLE WELL
GIG NHS CYMRU WALES · Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board

KEY
DIGITAL/ INTERNET · ELECTRONIC PATIENT HELD RECORD · HOME FIRST · COMMUNITY · HOSPITAL

ACHIEVE JOINED UP CARE BASED ON 'HOME FIRST', AVOIDING HARM, WASTE AND VARIATION, EMPOWERING PEOPLE AND DELIVERING OUTCOMES THAT MATTER TO THEM.

## 4. <u>What are Mental Health Community Services</u>

Mental well-being has been defined by the World Health Organisation as: 'A state whereby individuals recognise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities'. The **'Together for Mental Health'** national strategic plan is designed to ensure that people will be resilient in life and to life changes, will be prevented from developing a mental illness and where a mental illness has developed, to promote recovery. It has an all ages, life course approach, and includes both prevention and treatment elements. Therefore the strategy focuses on the needs of people with and without a mental health diagnosis. It acknowledges the roles that primary care, the statutory and third sector play in promoting well-being for service users and carers.

In 2010 the Welsh Government issued the Interim Policy Implementation Guidance and Standards for Delivering Community Mental Health Services. This guidance sets out a tiered model of mental health care and places Community Mental Health Teams (CMHTs) at the heart of secondary mental health care in Wales. It states that CMHTS:

➢ Receive referrals (at present mainly from primary care)
➢ Undertake screening assessments
➢ Offer a range of more specialist assessments and interventions and deliver a constructive discharge

Subsequently in 2012 Mental Health (Wales) Measure 2010 was implemented. The Measure provides primary legislation and regulation on the provision of Local Primary Mental Health Support Services, Part 1, and the coordination of care and treatment for relevant patients receiving secondary mental health services in Wales, Part 2. Part 2 of the Measure places recovery and a holistic approach to care and treatment planning at the forefront of delivering secondary mental health care.
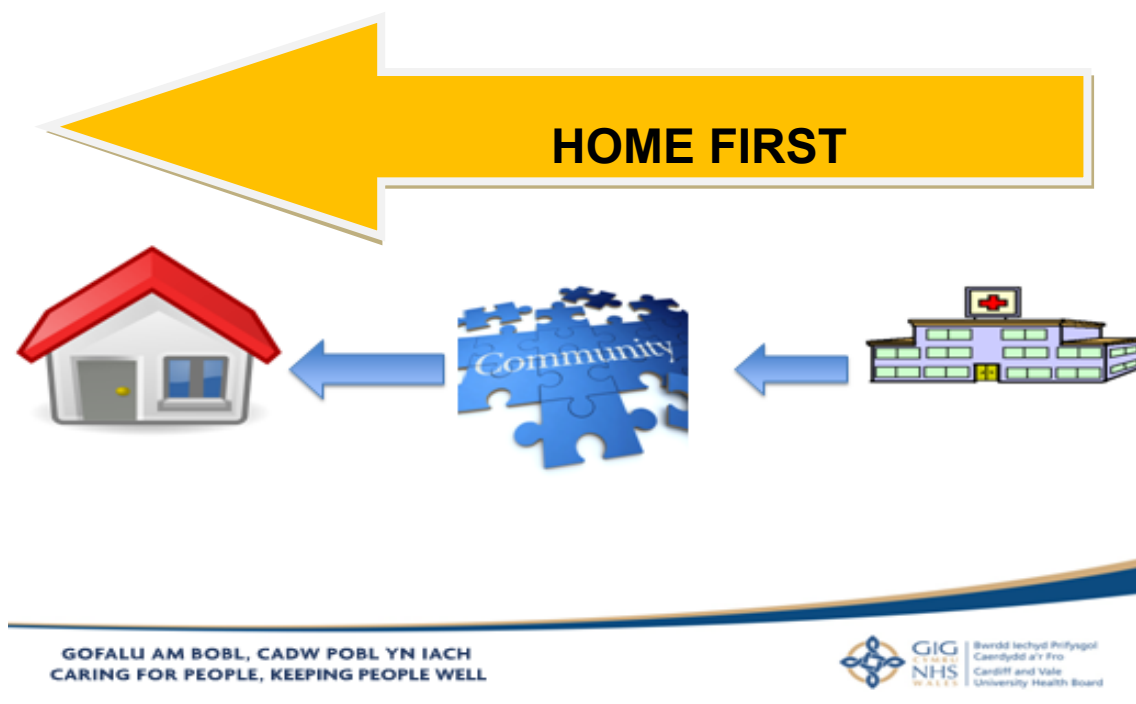
5. Our Population in Cardiff and Vale

Size
The population of Cardiff and Vale of Glamorgan is growing rapidly. Currently, around 484,800 people live in this area and between 2005 and 2015, the number of people increased by 9.2%, more than twice the Wales average of 4.4%. The number of people aged over 85 years has increased by almost 35% between 2005 and 2014[1]. This population growth is set to rise further with the largest increase (10.4%) in population was seen in Cardiff which increased from around 320,000 in 2005 to 350,000 in 2014
Projected Population 2021 - Under 16 - 99,100 / 16 – 64 - 336,200 / 65 – 84 - 72,400 / 85+ - 12,800

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[1] Office of National Statistics (ONS) mid-year population estimates (MYEs), 2005 and 2015

DRAFT June 2017

Total - 520,500

Age and Gender
The city of Cardiff has a skewed population compared to the Vale of Glamorgan because of the large numbers of students and disproportionately fewer older people. In 2014, approximately 18.4% of Cardiff's population was aged 15-24. As a higher proportion of mental disorders develop between the ages of 14 to 20, Cardiff has greater incidence of mental illness. In contrast a fifth of the Vale's population was aged 65+ in 2014, with its greater proportion of older people, the population of the Vale is likely to comprise a higher overall percentage of people with dementia than Cardiff.

Ethnicity
The proportion of people from the black and ethnic minority (BME) community[2] in the Vale of Glamorgan is 4% and is similar to the Wales average at 6%. In Cardiff, however, the proportion stands at 16%[3].
Research shows that the incidence of psychosis is higher in the African Caribbean and Black African populations[4].

Educational Attainment
The percentage of Year 11 school leavers who were known to be not in education, employment or training (NEET) in 2015 in Wales was 2.8%, ranging from 1.7% in the Vale of Glamorgan to 4.5% in Cardiff[5].
In general, people with a psychotic illness have fewer qualifications and are more likely to have left school before the age of 16 with no qualifications, compared to other groups.

Unemployment
In 2010,the percentage of people who were claiming one or more employment related benefits in Wales was 14.7%, whereas in Cardiff and the Vale, it was slightly less at 12.2% and 11.9% respectively. Mental health conditions are the primary reason for those claiming health-related benefits[6]. More recent data for the year ending 30th June 2016 suggests 4.4% of Vale of Glamorgan residents and 5.2% of Cardiff residents are classed as unemployed.

Housing and Homelessness
The number of households in Cardiff who were deemed to be eligible, unintentionally homeless and in priority need was 820 in 2014/15. In the Vale of Glamorgan this was

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[2] BME defined as all non-white ethnic groups aggregated from KS201EW table (ONS, Census 2011)

[3] Office of National Statistics (ONS) Census 2011, KS201EW.

[4] Morgan et al, First episode psychosis and ethnicity: initial findings from the AESOP study, World Psychiatry, 2006, 5:1, 40-46.

[5] Careers Wales Pupil Destinations from Schools in Wales, 2015

[6] ONS and DWP data from Public Health Wales Observatory, Nov 2009 to August 2010

235[7]. Of these households, 50 had a member who was vulnerable due to a mental illness, learning disability or learning difficulty. Statistically, you are more likely to have a mental health condition if you are homeless: 43% of those accessing homelessness projects in England were suffering from a mental illness.

Diagnosis of Mental Illness
According to the GP registers in Cardiff and the Vale as at March 2016, there were 4,372 people with a diagnosis of a serious mental illness.
There were also 2,947 people with a diagnosis of dementia. However, according to the Alzheimer's Society 2014 report, GP data represents only a fraction of people with dementia in the community[8]; therefore under-diagnosis is an issue, despite Cardiff and Vale having the best detection rate in Wales.

Deprivation
Deprivation is associated with poorer mental health outcomes and those with a poorer level of income are more likely to have a common mental illness. Deprivation in the Vale of Glamorgan is largely clustered around Barry and 6.4% of the Vale areas fall into the 10% most deprived in Wales. In contrast, areas of deprivation in Cardiff are mainly in the southern arc of the city and 15.8% of Cardiff's areas fall into the 10% most deprived in Wales[9]. Cardiff includes some of the least deprived areas of Wales (e.g. in Cyncoed) and some of the most deprived (e.g. in Splot), which partly explains the large gap in healthy life expectancy in males (24.4 years) within the local authority.

Prevalence
According to the Welsh Health Survey 2014-15, 13% (age-standardised) of adults in Wales reported currently being treated for a mental illness, the prevalence was 14% and 11% for Cardiff and Vale respectively[10].
This is likely to be an underestimate of the people who have a mental illness as surveys suggest that in England 16% of people have a common mental illness.
In terms of a diagnosis of a serious mental illness (schizophrenia, bipolar disorder and other psychoses), there are 4,372 people on primary care registers with these conditions, which is 0.9% of the total GP list size[11].
A prediction tool, PsyMaptic has calculated that, in Cardiff and the Vale, we would expect to find 61 new cases of psychosis per annum, between the ages of 16-64[12].
In Cardiff the number of persons age 30 and over predicted to have dementia in 2016 was 3,677 rising to 5,242 in 2030. In the Vale of Glamorgan, the number of persons

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[7] Info base Cymru, 2013/14. Available from:
http://www.infobasecymru.net/IAS/themes/housing/tabular?viewId=26&geoId=1&subsetId=

[8] Alzheimer's Society, http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1666

[9] This is taken from the results of the Welsh Index of Multiple Deprivation 2011.

[10] WHS, 2014-15, WG. http://gov.wales/docs/statistics/2016/160622-welsh-health-survey-2015-health-status-illnesses-other-conditions-en.xls (Table A2)
[11] Quality and Outcomes Framework, June 2016, WG
https://www.gpcontract.co.uk/browse/262/Dementia/16
[12] Psymaptic, http://www.psymaptic.org/prediction/psychosis-incidence-map/

age 30 and over predicted to have dementia in 2016 was 1,867 in 2013 rising to 2,905 in 2030[13].

In 2016, there are 2,947 people with a diagnosis of dementia on GP registers in Cardiff and Vale. When adjusted to take account of the age structure of the population in 2013, the dementia rate is 2.9 per 1,000 people, compared to 2.7 per 1,000 people for Wales as a whole[14]

Service usage

Benchmarking data shows that the Adult Community Mental Health Team caseload per 10,000 weighted populations is 147 within Cardiff and Vale, which is similar to NHS Benchmarking data of 140. Within this service, there are 252 contacts per whole time equivalent, compared to 240 across the UK.

The numbers of admissions per 100,000 populations are 245 in Cardiff and Vale, compared to 234 across UK benchmarking data. Bed occupancy in Cardiff and Vale is 115%, whereas across the UK it is 91% on average.

Suicide

Suicide rates in Wales are higher than in England but lower than in Scotland and Northern Ireland[15]. During the period 2002-2015, European age-standardised rates (EASRs) (aged 10+) in Cardiff and Vale ranged from 12.1 per 100,000 in the Vale of Glamorgan to 13.1 per 100,000 in Cardiff, similar to the Wales rate of 12 per 100,000 persons[16]

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[13] Daffodil Projections, Welsh Government, 2016

[14] Produced by Public Health Wales Observatory, using Audit+ (NWIS).

[15] Using data produced by Public Health Wales Observatory, taken from ONS, GROS & NISRA

[16] Figures produced by Public Health Wales Observatory, using PHM & MYE (ONS)

Concluding Comments
It is clear from the population information that Cardiff and Vale offers a diversity of challenges related to growth, ethnic mix, morbidity, risk and homeless which are unique challenges collectively. The mental health clinical board is aware that these additional factors challenge the sustainability of services is the current service model remains the same.

6. Cardiff and Vale Community Mental Health Services
In Cardiff and Vale Mental Health adult mental health Community services are delivered out of 8 community mental health teams, five in Cardiff and three in the Vale
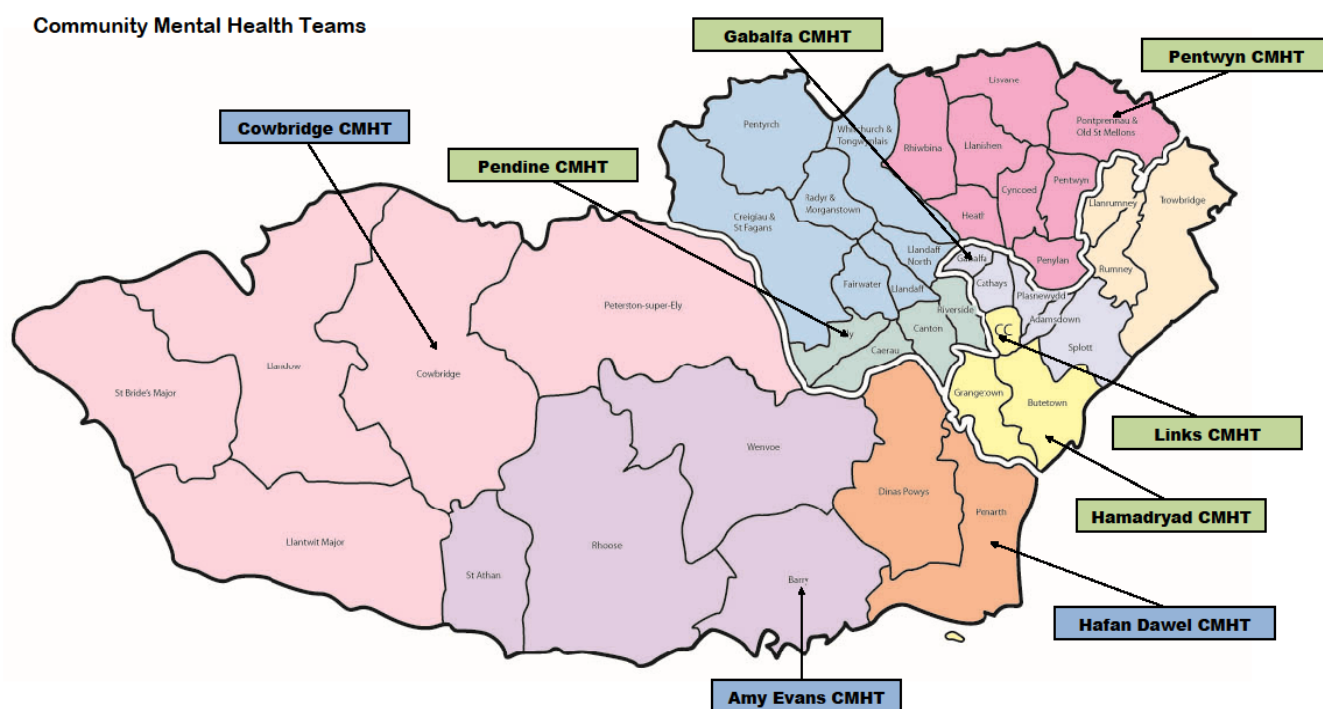
Each CMHT has developed a process of referral management, that although has consistencies across the neighbourhood footprint, is also based on local interpretation, resource and practice. Each CMHT has developed local relationships with GP practices in the area. The 8 CMHT neighbourhood boundaries are currently not aligned to localities, clusters or Local Authority boundaries.

These Multi disciplinary and multi agency teams began to be developed three decades ago and moved the health and social care support of the majority of people with a serious mental illness into these community settings, acting as the cornerstone of mental health services. These local teams enabled people to be cared for and treated

closer to or at home. All 8 teams provide a range of referral responses from routine within 28 days to the EU equivalent of emergency response times within 4 hours of a GP request. All emergency and urgent requests are responded to in person by the CMHT duty workers. The teams work to Welsh government guidelines for Community Mental Health Teams.

The teams provide caseload care and support for up to 3,500 people across Cardiff and Vale at any one time and deal with up to 600 referrals per month between them.

CMHTs in Cardiff and Vale are jointly operated by the UHB and Local Authority. To their clients on caseloads they offer a specialist MDT service including community based outpatients and psychological interventions as part of a whole system in conjunction with in-patients, crisis and home treatment teams, liaison services and a range of specialist community teams such as peri-natal, assertive outreach, borderline personality disorder, forensic, rehabilitation and eating disorders.

Within Cardiff & Vale the modernization agenda has had an impact on the operation of CMHTs in particular the development of Primary Mental Health Support Services (PMHSS) and the Mental Health Measure (MHM) which are intended to support CMHTs to focus on those most in need allow the CMHTs to focus on those with the most complex needs. In addition over the last few year CMHTs have had much of their traditional roles eroded with the introduction of Crisis Resolution and Home Treatment Teams (CRHTTs), and other specialist teams which has impacted on the way they work.

CMHT staff also describe how the nature of the mental illnesses are becoming more complex and diverse such as dual diagnosis, neuro-developmental disorders and personality disorder with the interpretation of secondary care responsibility becomes more diverse as a consequence. This has been a challenge to services. All teams have an appointed Integrated Manager in post whose responsibility includes *'overall responsibility for the integrated pathway and service user experience through the CMHT from referral to discharge'*

7. <u>Progress Towards The Mental Health Strategy</u>

➢ CrisisTeams – Two 24 hour admission avoidance teams currently the largest in Wales
➢ Use of PARIS – All of mental health service users on PARIS with collaborative use with the Local Authority in Community Adult services
➢ Referral Response – Best practice referral standards in Wales with all emergency and urgent referrals a clinician to clinician discussion. All breaches of referrals times for emergency and urgent referrals require same day reporting.
➢ Part1 Services – Developing primary care mental health services including PMHSS are currently receiving double the referrals of the rest of the service combined. This preventative service will be added too by emerging mental health specialist roles in GP practices
➢ Integration – Although 'light touch' integration, the teams have sustained integrated arrangements for a number of years

➢ Specialist Teams – including Borderline Personality Disorder, Assertive Outreach, Eating Disorder Services, First Episode Psychosis, Autistic Spectrum Disorder Service and other specialist community services have been developed in support of CMHTs. Their impact on CMHT work will be greatly affected by the future community service model

8. Why Further Change?

During the IMPT period 15/16 the Adult Mental Health Directorate approached the MHCB seeking support in a number of areas related to CMHT practice which were confirmed through national benchmarking feedback and an extensive internal engagement exercise in 2015/6 to all community stakeholders over 10 events. This exercise was led by the Clinical Board. The following challenges were identified for the sustainability and quality of Community Mental Health Services:

❖ ***Increasing Demand & Reducing Resources***
Figure 4 shows the pattern of referrals into CMHTs alongside Part 1 referrals

Figure 1.
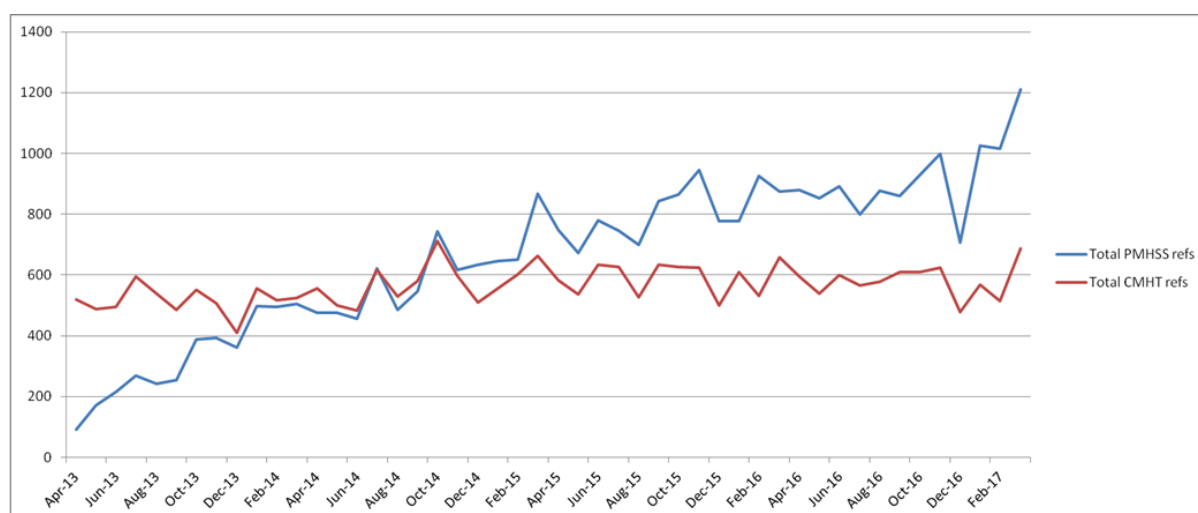
Within the context of these increasing referral numbers from GPs an analysis of referrals was undertaken at the time which showed:

➢ There had been little or no impact on referrals following the introduction of PMHSS services – this was a national picture – in fact 17.3% of referrals were redirected to LPMHSS following screening
➢ 68% of referrals are not accepted into CMHT for ongoing care
➢ GP's are the main source of referral
➢ There was little change in classification of referral pre screening (GP) and post screening (CMHT)

Staff Feedback at the time

> ➤ There have been social workers lost to the teams, depleting core team numbers and adding pressure to duty rota commitments with a typical CPN or social worker spending less than 50% of their time with service users on their caseloads. This is a conservative estimate with this role varying widely from CMHT to CMHT.
> ➤ The assessment process is inefficient and over burdensome with paperwork
> ➤ The assessment focus takes up a great deal of CMHT time and resources leading to delays in assessment outcome and reduced capacity for longer term recovery interventions

❖ *Clinical Contact time & Psychological Interventions*

UK benchmarking confirms the challenges described above with Cardiff and Vale touching the lower quartile performance of contact time with service users.

Work is underway to assess the number of service users who receive prescribed psychological interventions by an appropriate professional in a timely way. This work is ongoing but the benchmarking results reflect CMHT psychology support to be amongst the lowest in Wales which is emerging from the analysis

❖ *Operational Variation*

The arrangement of eight separate CMHTs creates duplication in the management and function of the teams and necessitates a multitude of lines of communication. It is suggested that this increases the opportunity for errors, duplication and inequality of service provision across Cardiff and the Vale. The current arrangement demands a great deal of administration and management time which impacts on the time and resource available for evidence based recovery interventions. Each team has adopted own practices, resulting in varying patient experience.

❖ *Weakened integrated management arrangements*

The Staff structure responsible for the management and delivery of the CMHTs includes an Integrated Manager being responsible for their nominated team. When the current arrangements were implemented, due to the pace required, the posts are a relatively low grade/band in the team requiring persuasion to manage rather than seniority. This current arrangement is unsatisfactory. It is notable that there is very little opportunity for working across the teams as patients are allocated to a single team according to the location of their GP. Staff comment at the time included:
> ➤ Lack of clarification of the roles and responsibilities within the team, leaving teams feeling 'fragmented'

❖ Limited Development of New Ways of Working

During the 2015 engagement period and since, regular feedback from service users relate to them requesting to be seen by the highest qualified health specialist when they are in most need and conversely a range of disciplines and agencies during recovery to reflect their social and well-being needs. Together with the limited availability of a psychological model of care in specialist services the current service model and configuration is reflective of these concerns.

❖ Impact of Specialist teams

Specialist Teams have proliferated within the mental health service model due to the diversity of complex care needing support. These teams include forensic, addictions, neuropsychiatry, borderline personality disorder, Assertive Outreach, Eating Disorder Services, First Episode Psychosis, Autistic Spectrum Disorder Service and other specialist community services have been developed in support of CMHTs. Their impact on CMHT work will be greatly affected by the future community service model. This again is an example of where core CMHT work has been eroded and diverted into specialist services. The reported impact on CMHTs is that what was intended to ease the pressure on caseloads for these specialist problems, although these new teams support a small number of complex patients, they teams have raised expectations on services. CMHTs feel they are now expected to deliver complex care plans for those service users with these specialist needs who do not meet the criteria of the specialist teams.

❖ **Accommodation review**

Half of the eight CMHT bases have health and safety concerns, with repeated governance risks raised by the UHB and Local Authority CMHT staff and managers. Although efforts are being made to alleviate the greatest areas of concern the current accommodation is not sustainable, with immediate concerns in the mid Vale and two teams in Cardiff. Hopefully this will align with the SOFWB intentions to develop locality based services, including accommodation and co-locate clinically allied services.

❖ **Catch all service**

Feedback that boundaries are being blurred between primary and secondary care mental health services and there are representations that the Mental Health services need to reclaim the specialist service agenda for CMHTs and become a mental illness service compared to a mental health and well-being service in primary care.

❖ **Outpatients**

The UHB has currently set a challenge to its clinical boards to consider the out-patient model and the value of it being on a general hospital site ans well as reviewing its value in terms of outcomes for service users, particularly out-patient follow up arrangements. In mental health outpatients moved off hospital sites decades previously but the model exists in CMHTs

❖ **General Feedback from 2014/5 engagement**

94 service users and carers responded to a survey
  ➢ Feedback of CMHT's was generally positive with 33% of respondents praising the work they do
  ➢ Many respondents felt that they were not listened to
  ➢ 13% of people said that services were not accessible when they needed them and that the definition of 'crisis' was too narrow
  ➢ Families responded highlighting a need for a point of contact within services, especially within the CMHT
  ➢ Families also stated that there should be clearer processes and information for accessing crisis support out of hours
Staff feedback not covered above
  ➢ Valued multi-disciplinary working and undertaking joint assessments

➢ Suggestion that assessments and emergency interventions should be carried out by a separate team so CMHTs can have more time to focus on recovery
➢ Use of an end of day meeting to discuss assessments was useful where it existed

9. <u>**What Does Success Look Like**</u>

The Joint Commissioning Panel for Mental Health (JCMHP) issued guidance for commissioners of community specialist mental health services in May 2013. The JCPMH is a collaboration co chaired by the Royal College of General Practice and the Royal College of Psychiatrists. Of note the guidance states that :

'There is currently no standard model for the commissioning and provision of community mental health care services' but states that there should be consideration of five key issues :
➢ Core Purpose
➢ Service Overview
➢ Service Components
➢ Service Standards
➢ Service Outcomes

The Joint Commissioning Mental Health Panel states that there is no single or 'optimum' model of community specialist mental health services. *'The CMHT will be based on a generalist MDT that provides assessment and treatment interventions that are compatible with current evidence-based guidance, to a defined catchment population'.* In order to continue to shift the balance of care towards home, and to optimise how the community services do this, and in the absence of clear model direction from national policy, services are left to considering local arrangements and benchmarking to consider options for change.

In doing this in Cardiff and Vale, there are a number of objectives and service principles against which any options for change will be measured. These include the following areas against which any options for improvement will be measured through further engagement:

Does the Option:
➢ Address environmental concerns including limited group rooms , therapy areas, toilets and meeting rooms, DDA compliance across all facilities & reduce overcrowding for staff and patients
➢ Reduce demand and improve conversion rates from assessment into caseloads
➢ Reduce multiple assessments for scheduled care, i.e. ADHD & unscheduled care
➢ Provide needs based assessment that meets WG targets for waiting times and reduces duplication. Support an assessment format that is based on needs of the client and support the Social Services Health and Wellbeing Act assessment requirements.

- ➢ Enable the care and treatment of critical masses of patients allowing development of specialist clinics with medical support, i.e. physical health monitoring, ERG groups
- ➢ Improve benchmarking results regarding contact times and staffing norms in community services
- ➢ Progress the New Ways of Working agenda for professional groups
- ➢ Complement the Shaping our Future and Well Being strategy such as locality working & improved access to partner and 3rd sector agencies via the Health and Wellbeing Hub
- ➢ Complement the all Wales Together or Mental Health Strategy delivery plan
- ➢ Simplify referral pathways for GPs
- ➢ Support the increased delivery of Psychological Therapies as per 26 week soon to be Tier 1 WG target
- ➢ Increase access and speed to care and treatment for people with serious mental illnesses
- ➢ Increase access for 'Hard to Reach' groups based on ethnicity, gender and other protected characteristics.
- ➢ Improve benchmarked areas of quality and safety towards upper quartile performance for UK standards
- ➢ Support and strengthen integration
- ➢ Ensure delivery of home first principles – Care within the patients home and reasonable travelling distances.

10. <u>What Service Models Exist To Achieve That Success</u>

Options to be considered:
1. **Do nothing**. Retain all eight CMHT bases

2. **Move existing services to locality team bases with minimal remodelling of services**. Realign GP practices to locality model, no significant changes to working patterns. All clinicians to manage a mixed caseload of new assessments and SMI. Development of a psychological therapies hub to improve access to psychological interventions. Centralize duty systems per locality to optimise professional's time.

3. **Locality Model for all Community Services**. For all community services including CMHTs, CRHTTs & all Specialist Teams to devolve to and operate out of a central locality team base with a central point of access to all services. Separate assessment, intervention and recovery pathways. Develop Psychological Therapies hub

4. **Locality model for community services, split between inpatient and community services.** Splitting inpatient and community responsibilities for the medical workforce. For all community services including CMHTs, CRHTTs & all Specialist Teams to devolve to and operate out of a central locality team base with a central point of access to all services. Segregation of assessment and long term condition management. Development of a psychological therapies hub to improve access to psychological interventions.

5. **Adopt a functional community team model such as the North East London Foundation Trust model.** Three localities. Functional split between inpatient and community services. Sector split of community services – Assessment and brief intervention team, IAPT service, Community Recovery Team managing patients with long term needs, Crisis and Home Treatment services to mirror locality structure.

The options described above are only intended to capture possible service models for the purpose of an options appraisal.

11. <u>Next Steps/Recommendations</u>

The review and development of a whole system such as community mental health service maybe the most complex change faced by the Mental Health Clinical Board and its partners to date, involving multiple professionals, agencies and team bases all with specific challenges and priorities requiring resolution or improvement.

This review has to negotiate short term problems such as accommodation and the demands on professionals of duty work, to longer term sustainability issues of practice and professional development, matching the clinical model to need, and team integration.

It is a priority to present this to SLG for partners to initially agree the account of the challenges, what is the vision for success and what are the range of options available, against which to appraise that vision.

Following this agreement the MHCB recommends that the next step of this review is to be a neutral process where our multi agency partners critically assess each option against criteria deemed important to the services and the organisation. When a agreements are reached in terms of accommodation, service models, integration and governance arrangements, a refreshed implementation team is established with appropriate leadership and extended terms of reference to develop and implementation plan beyond the current plan which seeks to resolves more short terms challenges such as the assessment pathway.

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