

Cwm Taf Morgannwg
Regional Housing Support Collaborative Group (RHSCG)
6th February 2024 – Orbit Business Centre, CF48 1DL
Minutes / Workshop Q4

| Attendees | | Representing |
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| Ryan Jones (Chair) | MS | Housing BCBC |
| Jessica Ware | JW | Housing BCBC |
| Suzanne Stephens | SS | Housing MTCBC |
| Carrie Davies | CD | Housing MTCBC |
| Hannah Mills | HM | Housing MTCBC |
| Susan Preece | SP | Housing RCTCBC |
| Emma Howells | EH | RPB Housing Rep (deputy) |
| Claire Lagier | CL | Housing Outreach Service Rep |
| Lorraine Griffiths | LG | Support Provider Rep |
| Mariam Elmirghani | ME | Support Provider Rep |
| Bethan Underwood | BU | Health, Housing & Innovation Rep |
| Alyson Jones | AJ | Mental Health Rep / Social Services Rep |
| Chrystelle Walters | CW | Mental Health Rep - CTM under 18s |
| Kelly Bosley | KB | Probation Rep |
| Kelly Francis | KF | CTM Regional Development Co-ordinator |

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| 1 | <p><u>Welcome</u></p> <p>The Chair gave everyone the opportunity to introduce themselves. No declarations of interest raised.</p> <p><u>Apologies</u> Cllr Michelle Symonds, Cheryl Emery, Cllr Bob Harris, Cllr Rhys Goode, Deborah Evans, Phillip Daniels, Rachel Honey-Jones, Ceri Ford, Sarah O’Keeffe, Jennifer Ellis, Rachel Gronow, Melinda Powell, Emma Richards, Gary Hortop, Kristie Williams, Christa Bonham-Griffiths, Rachel Thomas, Lisa Curtis-Jones, Lukasz Kuziow, Lynne Berry, Nicola Eynon.</p> |
| 2 | <p><u>Minutes of previous meeting and actions.</u></p> <p><u>Minutes:</u> Accepted and no issues posed. No former actions to discuss.</p> |
| 3 | <p><u>LA Responses to the Welsh Government’s White Paper</u></p> <p>LA representatives discussed their recent half-day consultations with Welsh Government:</p> <p>MTCBC - SS: The White paper appears to want to prioritise everyone, which can in effect end up prioritising nobody. Whilst we agree with the aspirations within the paper, there is a clear lack of resources available to make this achievable in the short term and we see this as a long-term ambition, and so don’t agree with the timescales proposed for implementation, when all LA’s still dealing with housing crisis from Covid. Also, need to consider the intensive pressures on services at the moment and potential unintended consequences</p> <p>BCBC - RJ: We couldn’t agree with many of the proposals because of the practicalities.</p> |

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| | <p>RCTCBC - SP: WG are listening but how much will be taken on board. We agree with the previous comments regarding unintended consequences and priority need. Pressure is huge at the moment as well as complexity of cases and volume.</p> <p>ER (RSL Rep) - Agreed with the comments made by the LA representatives. There are a number of matters to consider including planning, access to land, priority need, date order not necessarily fair, intentionality, cohorts of people with complex and challenging needs, plus too many people for too few houses.</p> <p>BU (Health, Housing & Innovation Rep) - There is a massive impact for mental health and the NHS have a duty to refer. Health and housing are invariably linked.</p> <p>LG & ME (Service Provider Reps) – Service providers support the LA Reps and their responses to the White Paper. From a Service provider point of view matters raised included; intentionality, trauma, don't restrict waiting lists, deliberate manipulation, need to invest more in prevention, domestic abuse arm and positive opportunities. As far as the White Paper is concerned the 'how' was missing.</p> |
| 4 | <p><u>HSG Budgetary Implications 2024-25 / RDC Funding</u></p> <p>MTCBC - HM: It has been hard to plan spend for 24-25. We've had continued pressures from the volume of people needing support within TA, in our hostels and other supported accommodations and in their own tenancies and properties, combined with a cost-of-living crisis, which has meant that providers are struggling to deliver contracts without an uplift in funding. We have been re-focussing the housing support programme to ensure that we target support where it is most needed and where it is most effective. We are at the point where some of our contract values do not cover the costs of delivery at present. This has resulted in making some difficult commissioning decisions. From 1st April 2024, we will decommission several of our specialist floating support schemes which will be replaced by 3 generic floating support schemes.</p> <p>We have also reviewed our pricing policy which will take effect from April 1st. The aim of this is to support our providers to pay staff wages which reflect the skills and dedication required for this type of work and keep up with necessary wage increases.</p> <p>There will be a change in the way the RDC post is funded next year also, with the grant being re-distributed according to the old SP funding form.</p> <p>BCBC - RJ: Preventative services will be cut first if the funding and the 'how' don't materialise. Final budgets announced at the end of February but in real-terms cut, what you get for your money is a lot less today. Providers have been existing at a loss and having to top-up these losses from their own funds. People are requiring more support but the budget is not meeting demand.</p> <p>There are ever increasing complexities but we don't have the required supported accommodation available because of a lack of funding.</p> <p>RCTCBC - SP: Continuous pressure for our services/providers as we have been made aware the majority are running on deficits and we agree this should not be happening. However, with no increase in budgets we are being forced to decommission more services to free</p> |

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| | <p>up funding. We may be at risk in the future of providers pulling out from Supported Accommodation contracts if they are not financially viable.</p> <p>Demand is saying we need more supported accommodation that is so challenging to find in the current housing crisis along with, capital funding for improvements with provider's higher costs for high level support that are sometimes not financially viable through the tender process. This poses more challenges on the HSG Programme and having the right services at the right level to support the cohort and complexities of clients coming through the system at the moment.</p> <p>Our Locality Based Tender is still in the process of being finalised, we were not in a position to increase the funding and had to retender on the same financial envelope as we did 5 years ago.</p> <p>Action: KF to collate a list of all the provider contracts and RAG rate them according to the risk of them being decommissioned. HSG leads to consider if those at risk of being decommissioned could be delivered regionally instead.</p> |
| 5 | <p><u>Partner/Stakeholder/Representative Update: Funding Impact for Services</u></p> <p>CTM Regional Provider Forum (RPF) update:</p> <p>LG and EM (Service Provider Reps):</p> <ul style="list-style-type: none"> - Living wage obligations. - Projects running on a deficit. - Pressures on budgets are intense. - Non-engaging service users can drain resources and could make them in eligible for HB. - Placements are for support and so it's important that a service user wants support and actively engages otherwise it is just providing a roof over their head and they therefore are not eligible for HB to cover the full cost of rent and service charge to live in the project. - In every case support involves more than just housing support. - Type of properties and housing stock varies and managing risk can be more challenging in some properties than others. - The need for projects to increase staffing levels to manage risk is increasingly needed and this presents issues when staff resources are unavailable or can be costly; in some projects agency staff costs increasing in order to deal with complex needs cases. - Service users are often deemed as having behavioural issues and not health/substance needs and the NHS won't get involved. - Working together - what is it LAs need from Service providers when we are unable to manage the risk? Can decisions be made together between Service providers and LA teams? Where do we all stand and how do we work together? <p>ER (RSL Rep) - Need more fluidity and reciprocal arrangements agreed with Service providers and LA. The RSL sector should be able to help as well. Possibly create a map of the gaps. Managing risk is different to managing people with high support needs. Risk and complexity are two separate things.</p> <p>BU (Health, Housing & Innovation Rep) - Need to increase the level of interaction with health services.</p> |

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| | <p>KB (Probation Rep) - Criminal justice order enforcement issues need to be fed back to probation by Service providers.</p> <p>Action: KF to arrange a separate Task & Finish group to include LA Reps and Service Provider Reps to further explore working together (also consider including RSLs, Probation and Health Reps).</p> |
| 6 | <p><u>Workshop session</u></p> <p>Please see separate documents containing information from the workshop session:</p> <ul style="list-style-type: none"> • CTM Complex Needs Data (<i>sent to all members on 13/2/24</i>) • Fact Sheet 2024 - Service User Questionnaire (<i>sent to all members on 13/2/24</i>) • Case Studies • Workshop Group Discussion |
| | <p><u>Meeting dates 2024/25:</u></p> <p style="padding-left: 100px;">Q1 Tuesday 7th May 2024 Q2 Tuesday 3rd September 2024 Q3 Tuesday 3rd December 2024 Q4 Tuesday 4th March 2025</p> <p>If there is an issue with any of the proposed meeting dates for 2024/25 please contact Kelly.Francis@merthyr.gov.uk. These meetings will take place at 1.30pm until 3pm.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. KF to collate a list of all the provider contracts and RAG rate them according to the risk of them being decommissioned. HSG leads to consider if those at risk of being decommissioned could be delivered regionally instead. 2. KF to arrange a separate Task & Finish group to include LA Reps and Service Provider Reps to further explore working together (also consider including RSLs, Probation and Health Reps). |