



**BWRDD PARTNERIAETH
RHANBARTHOL
CAERDYDD A'R FRO
CARDIFF & VALE
REGIONAL PARTNERSHIP
BOARD**

Annual Report 2024-25



June 2025



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Foreword

I am delighted to introduce the 2024-25 Annual Report for the Cardiff and Vale Regional Partnership Board. Our Board brings together colleagues and stakeholders from across our region who have a shared interest in improving the health and well-being of the people who live in Cardiff and the Vale of Glamorgan.

We seek to shape how health and care services are delivered, making sure that people get the right support, at the right time, in the right place.

Together, we have agreed a 5 year Joint Area Plan which outlines our commitments as a partnership to the people of Cardiff and the Vale of Glamorgan.

This report marks the end of our second year of the Joint Area Plan and sets out our progress towards delivering these promises together. Our plans are focused around key life stages; recognising the need for a shared endeavour to enable people in Cardiff and the Vale of Glamorgan to start well, live well and age well. This annual report brings to life the role of all partners, highlighting what we can achieve when the third sector, public sector and independent sector work together to deliver for our region. In particular, the tri-annual social value report which is contained within this annual report, highlights the unique contribution the third sector to our partnership.

We have made valuable progress, and we will continue to face into the challenges over the coming few years.

For now, I would like to thank everyone who has contributed to the outstanding services set out in this report. I am particularly grateful to the service users who have provided personal feedback. Learning from their experiences will continue to be a central focus as we look to the next phase in delivering our shared aspirations.

Prof. Charles Janczewski,
Chair of the Regional Partnership Board 2024-25
and
Chair of the Cardiff and Vale University Health Board





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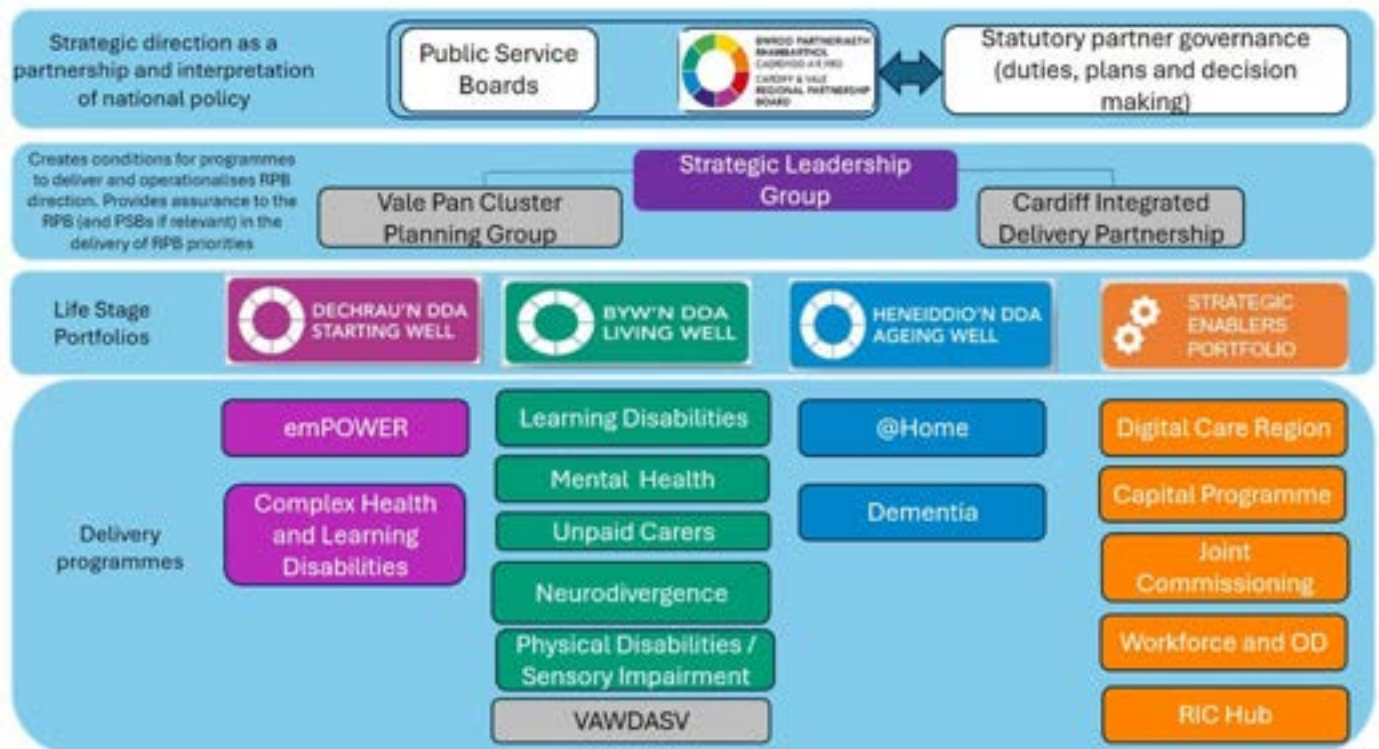
The Cardiff and Vale Regional Partnership Board

We are a strategic group of public and not for profit organisations who come together to enable transformation and integration of community based services. Our RPB includes representatives from the health board, local authorities, third and independent sector partners who work effectively together to meet the care and support needs of people in the area.

We have a mature structure of programme governance arrangements to ensure we are in a position to drive change across the region and to influence effectively at a national level.

Our website provides a comprehensive overview of the work we do, together with regular updates on our events and activities.

Alternatively, please contact hsc.integration@wales.nhs.uk for additional enquiries.





Starting Well

Our Starting Well Programme is focused upon working with partners to strengthen support for babies, children and young people. We are committed to advancing early intervention services, particularly in mental health and neurodiversity, ensuring that children with complex health needs receive timely and effective support.

In addition, we also want to collaborate closely with families, aiming to provide cohesive services that address the diverse needs of babies, children and young people and promote their well-being and development.

Our commitment to babies, children and young people



Over the next 5 years we will:

- Work together to keep our babies, children and young people safe from harm
- Deliver a Nurturing, Empowering, Safe and Trusted approach to emotional wellbeing and mental health
- Improve the support offer for babies, children and young people with co-occurring complex needs



This is important because:

- The first 1000 days are critical to future life chances
- c. 118,000 of our population are between 0 and 19 years old
- The 2011 Census identified 1,579 young carers in Cardiff and the Vale of Glamorgan, but this is known to be an underestimation
- The pandemic had a significant negative impact on mental health and well-being
- We see increased paediatric emergency attendances for mental health disorders and strain on specialist services such as Child and Adolescent Mental Health Services (CAMHS) crisis teams
- The developmental trauma caused by Adverse Childhood Experiences (ACEs) will have an impact on adult mental health. Addressing these issues will reduce likely demand for services in the long term

We will deliver:

- Preventative approaches in education, health and support
- Service delivery improvements aligned to NEST
- Our plans for No Wrong Door
- Accessible information to children and young people
- Enough provision in our region to meet care and support needs
- A Joint Recovery Service for emotional wellbeing and mental health by Summer '23 including increased accommodation in Cardiff
- Better transition between services
- Integrated care model for co-occurring complex needs
- A joint approach to commissioning and funding complex care and support
- Therapeutic support for care experienced children such as Enfyys and ARC
- A Trauma Informed Approach where appropriate

With the following results:

Children and young people will:

- Feel involved with service changes
- Receive the support they need at the time they need it
- Have early responses that are needs led and trauma informed, not diagnosis dependent
- Experience a joined-up approach across services
- Early intervention and prevention across a child's journey starting within the first 1000 days and beyond
- Strengthen data and information that supports better partnership planning

This will mean

- Increased involvement of young people in service development
- Reduced waiting times for assessment
- Reduced unscheduled admissions to hospital
- Reduced length of hospital stay
- Increased local placements
- Joint service delivery
- Increased access to community support





Progress so far....



DECHRAU'N DDA
STARTING WELL

2024-25 Delivery Plan – Babies, Children and Young People



In 2024-25 we set out to:

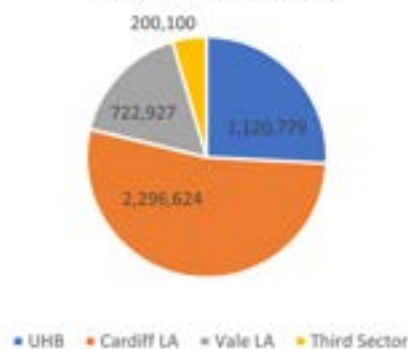
- Implement revised governance for Starting Well by end of Q1 2024/25
- Expand the No Wrong Door model
- Embed a revised *Goleudy* model

Governance:

1. Starting Well Leads Group
2. 4 x priority operational groups
3. Third sector stakeholder group

Priority area	2024-25 Deliverable	Progress
Early Years/ First 1000 days	<ol style="list-style-type: none">1. Develop regional governance for planning & delivery of Early Years priorities for babies.2. Develop & write a Regional maternity and early years strategy.	In progress. TBC following governance review.
<u>emPOWER</u>	<ol style="list-style-type: none">1. Implementation of new pilot model of delivery for local authorities of the <i>Goleudy</i> model.2. Expansion of Multi-Agency No Wrong Door early intervention to include education services.3. Develop and pilot multi-agency No Wrong Door for young people with complexity of need.4. GP Signposting pilot with West Quay General Practice – Vale of Glamorgan.	In progress. TBC following governance review.
Complex Health and Learning Disabilities	<ol style="list-style-type: none">1. Scope the development of a multi-agency No Wrong Door for children and young people with complex additional learning needs2. Review 2019 joint continuing care protocol & revise to meet current need3. Review the Regional Transition protocol & map against existing delivery	In progress. TBC following governance review
Neurodiversity	<ol style="list-style-type: none">1. Implement a Single Point of Access into Children's ND services2. Pilot launch of the Summary Care View for babies, children and young people who present on the Neurodevelopmental pathway	Completed

Prog 1 Emotional wellbeing and mental health
Allocation 2024/25



Prog 2 CYP with comp illness & disability
Allocation 2024/25





Progress so far....

Starting Well Highlights

- Workshops with statutory partner leads took place across the year to reassess priorities and focus for the work of the Starting Well Programme. A Strategic Board has now been established to support joint working across the region.
- We also supported the development of the UHB Babies, Children and Young People strategy, launched at the end of 2024. RPB partners delivered a 'hotshot session' with Welsh Government sharing learning and improvements enabled through the early year's integration transformation programme.
- The regional approach to No Wrong Door was highlighted through a visit by Welsh Government colleagues to the Ely and Careau Children's Centre, championing the contributions via RIF and embedding the wider strategic approach.
- A film was commissioned through Ty Hafan to explore the implementation of the NYTH/NEST framework and to promote the voices of children with complex needs. The film focused on the Ty Hafan Youth Board which supports children to have a voice about the care that directly affects them.
- The RPB also championed a creative film developed by Llamau promoting young people's views on "What Good Looks Like" in relation to the NYTH/NEST framework.
- We supported the Wonderfest event through hosting a stall to create the space to chat openly with children and young people around how engagement can be improved, and information can be better shared in an age appropriate way.

Key Performance Outcomes

Programme Drivers

263 Thinking Together Conversations

287 children received support from Family Support

4,446 children and young people received support through reunification, with 3,461 children maintaining with family

163 families worked with by ARC, 13 children receive therapy from Enfys

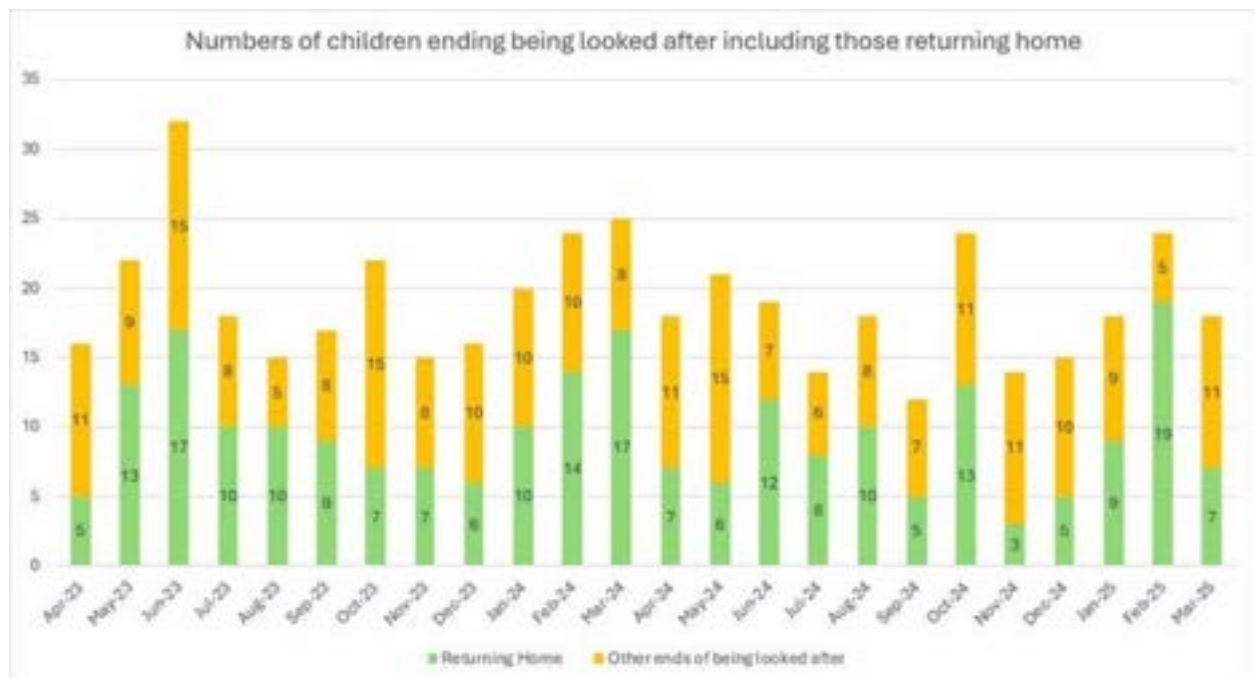
20 children and young people closed by Goleudy

On average 152 children and young people receiving enhanced dietetic service through their special school each quarter





Programme Drivers



**RPB stall at
Wonderfest**



The Hangout



**Cardiff and Vale UHB - Launch of
Babies, Children and Young
People's Plan**



Some Service Users' Perspectives

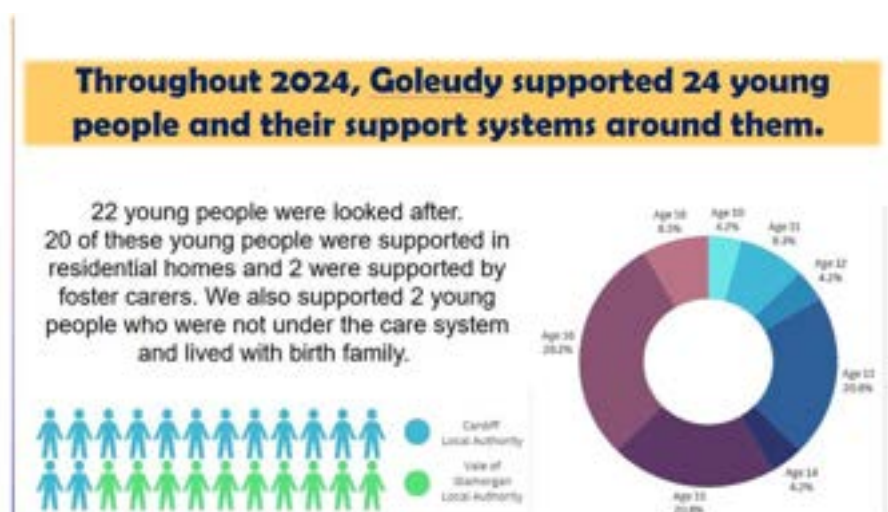
The **Re-unification Vale initiative** was developed to support families in reuniting safely and sustainably, with a strong focus on ensuring the long-term wellbeing of children and young people. Rooted in a trauma-informed and relationship-based approach, the initiative brings together professionals across services to create tailored, consistent support plans that enable children to return home from care when it is safe to do so.

This case study highlights the key outcomes achieved to date, including strengthened family relationships, reduced placement breakdowns, and increased confidence among practitioners. It also outlines the challenges encountered during implementation, such as navigating complex family dynamics and ensuring continuity of support, and shares valuable lessons learned to inform future practice.

The Re-unification Vale is an excellent example of the kind of impactful, collaborative work made possible through Regional Partnership Board (RPB) funding. The full case study can be accessed [here](#).



Goleudy supports young people, their families and support systems who are in the most distress across Cardiff and the Vale of Glamorgan. Consisting of psychologists, occupational therapists, social workers and education staff, the team work with multi-agency colleagues to co-construct trauma-informed and formulation-driven 'wrap around' interventions to help young people.





Social Value Impact

Case Study

Action for Children provides an intensive **Family Support Service and Family Aids** in partnership with Vale of Glamorgan Council to support specialist parenting interventions to parents of children with learning disabilities, learning difficulties or who are at risk of entering child protection. The service offers practical support to help improve parenting skills and gain confidence to manage independently and create a safe, supportive family environment. The service received a referral to increase parental capacity through bespoke work with a mother to deliver a pre-birth and newborn parenting programme and prevent family breakdown.

The mother's first child had been removed from her care, and she had previously struggled to act on advice given or follow instructions, which increased the risks of her ability to safely and consistently parent a newborn baby. She had had a challenging start to her own life but displayed emotional warmth when talking about her unborn baby, with good routines in place, having maintained her tenancy demonstrating stability in her home life. A bespoke adapted package of individual intensive support was provided for the mother to support her to learn new skills. The practitioner enabled her to engage with other professional services, including midwife and hospital appointments, relationship therapy and children's services meetings.

Sufficient time was given to ensure she fully understood information and advice, had processed it and felt able to act on it and she found the support she received helpful and beneficial.

She feels confident to put the new skills learned into place to safely care for her baby and she understands the importance of bonding and attachment. She also now feels less guilty about some difficulties she experienced bonding with her first baby.





Social Value Impact

Case Study

Family Lives provides a **Parent and Wellbeing Support Service** that accepts referrals from professionals and parents, and volunteers deliver a range of interventions to address specific needs of families with children with emotional wellbeing and mental health needs, through individual and group sessions as well as workshops on effective parenting techniques, communication and neurodivergence.

Dee was a self-referral into the service having heard about it from a wellbeing officer at her daughter's school. Although she was uncertain about the support provided, she recognised she needed some help. Dee was able to share her situation, and details were shared about services with a home visit scheduled for an initial assessment. Dee expressed concern that her youngest daughter Laura may require support from neurodevelopmental services as she had been experiencing frequent mood swings and intense "rage-fuelled episodes".

She felt she struggles with empathy and has a challenging temperament that has persisted since her childhood. The service agreed to help Dee gain a better understanding of her daughter's behaviour and how she can best be supported.





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Living Well

Our Living Well Programme is focused upon supporting adults to maintain their health, independence and quality of life. We are committed to working with partners across health, social care and the third sector to strengthen preventative services, with particular attention to mental health, social connection and healthy lifestyles.

In addition, we want to empower individuals to take an active role in their own well-being by ensuring access to integrated, community-based support that responds to their needs and promotes independence at every stage of adulthood.

Our Living Well portfolio includes commitments to a number of important groups within our population:

- Unpaid Carers
- People with Learning Disabilities
- Neurodiversity
- Mental Health
- Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)





Living Well

Our commitment to unpaid carers



Over the next 5 years we will:

Identify and recognise unpaid carers for the vital contribution they make to the community and the people they care for, and in doing so enable unpaid carers to have a life alongside caring.



This is important because:

Unpaid carers play a vital role in our communities by providing care and support to people who would otherwise require health or social care intervention.

The economic value of the contribution made by unpaid carers in Wales is estimated at £8.1 billion a year. It is estimated that there are over 50,000 unpaid carers across Cardiff and the Vale of Glamorgan.

Our Unpaid Carers Partnership exists to:

- Increase awareness of the role of unpaid carers
- Increase identification of unpaid carers
- Improve services and access to support for unpaid carers
- Improve the wellbeing of unpaid carers and therefore reduce the need for crisis or long-term intervention

We support the region to deliver against the priorities of the National Strategy for Unpaid Carers in Wales:

- Identifying and valuing unpaid carers
- Providing information, advice and assistance
- Supporting life alongside caring
- Supporting unpaid carers in education and the workplace

We will deliver:

- The Unpaid Carers Charter
- Continued delivery of the Carers Gateway
- Specific support for Young Carers
- Strengthened the role of carers in discharge planning
- Improved carers assessment process
- Inclusion of unpaid carers needs across all our partnership commitments

We will also:

- Build mental health and wellbeing support for unpaid carers
- Improve physical and emotional support for young carers to reduce the risk of adverse childhood experience (ACE)
- Reduce waiting times for specialist services
- Early access to the right advice and support
- Improve flexible planned and emergency respite for unpaid carers including young carers
- Support employment alongside and after caring
- Support employers to understand the role of unpaid carers and ensure they are supported and maintained in employment
- Update and publicise the carers directory

With the following results:

Carers will:

- Be recognised for the vital role they play in providing care and support
- Understand their rights
- Have access to support that enables them to carry out their role
- Have access to breaks and respite
- Be supported to have fulfilling lives that work alongside their caring role
- Play a fundamental role in planning care and support for the person they look after

This will mean:

- Increased numbers of carers assessments
- Increased number of recognised unpaid carers
- Increased numbers of unpaid carers accessing information and support

Progress so far.....

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2024-25 Delivery Plan Unpaid Carers



In 2024-25 we set out to:

Identify and recognise unpaid carers of the vital contribution they make to the community and the people they care for, and in doing so enable unpaid carers to have a life alongside caring.

Governance:

1. *gŵyl* Programme Board – bi-monthly
2. *gŵyl* Engine Room – monthly
3. Project groups – various

Priority area	2024-25 Deliverable	2024-25 Progress
Carer Friendly	<ol style="list-style-type: none"> 1. Implement a new model to increase Carer Friendly organisations (with specific focus also on schools) 2. Support the Unpaid Carers Assembly and wider engagement activities 	Completed
Information and Advice	<ol style="list-style-type: none"> 1. Implement and test a new model for the Carers Gateway 2. Develop resources to signpost carers for mental health and wellbeing support 3. Increase discharge support for unpaid carers through designated hospital-based support staff 4. Develop a regional understanding of assessment pathways and processes 	<ol style="list-style-type: none"> 1. Completed 2. Ongoing 3. Further work planned in 2025-26 4. Completed
Respite/Short Breaks	<ol style="list-style-type: none"> 1. Commission the 3rd sector to provide short breaks for unpaid carers (final year of the scheme) 	Completed
Young Carers	<ol style="list-style-type: none"> 1. Implement a new model of young carers support in Cardiff 2. Develop a regional approach to young carers support 	<ol style="list-style-type: none"> 1. Completed 2. Ongoing





Living Well

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Progress so far.....



2024-25 Delivery Plan Unpaid Carers



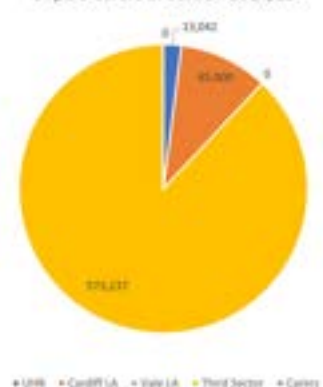
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1. Strategic Programme Board - bi-monthly
2. Strategic Engine Room - monthly
3. Project groups - various

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Unpaid Carers allocation 2024/25



Living Well

Unpaid Carers Highlights

- Co-produced the second annual Unpaid Carers Assembly attended by X number of unpaid carers, stakeholders and local communities. The conference celebrated unpaid carers and raised awareness of the vital role they play within health and social care, the need for their voices to be heard in influencing change in future service provision.
- New models have been implemented for the Carers Information Service, Carer Friendly and Young Carers services. Partnership working has been key in re-establishing the programme and ensuring the support provided is personalised, flexible and accessible for unpaid carers, in particular promoting and helping people identify as an unpaid carer.
- Unpaid Carers received short breaks and respite, providing 1,334 unpaid carers with a range of short breaks provided by 8 third sector organisations. Through the Short Breaks grant fund, 3rd sector organisations were commissioned to offer unpaid carers much needed rest, providing them an opportunity for self-care and improved wellbeing.



Key Performance Indicators

690 new carers identified and supported by Carers Information Service

6,686 calls and emails handled by Carers Information Service

63 new young carers supported by Young Carers project, and 191 new personal objectives set by young carers

282 staff attending Young Carers In School project training sessions

Average number of identified young carers in schools per quarter:

- 114 in primary schools
- 322 in secondary schools



Programme Drivers

535 carers assessments undertaken for carers 18+ by Cardiff LA

315 carers assessments undertaken for carers 18+ by Vale LA

5,202 carers registered with Cardiff LA as at Q4

973 carers registered with Vale LA as at Q4



Unpaid Carers - A Service User Perspective

During the year, we conducted semi-structured interviews with people associated with the project and thematically analysed the responses to summarise people's experiences and the impact of the Vale Unpaid Carers Hub. [Click here to view the full summary.](#)

People's Experience - Vale Unpaid Carers Hub

"Everyone I spoke to throughout was really friendly. They were all compassionate. They all clearly knew that it would make a difference and when I was given the response, the voucher came quite quickly. I couldn't say any criticism really."

"They're always looking for new opportunities, and whenever I've passed on opportunities, they're always open to suggestions, they try somewhere new, somewhere different and keep a close eye on what's working or what's not working."

"It can be a difficult role as you have to put your personal feelings aside, but we have worked really well to get back to a really strong team and making sure that we're all looking after each other."

"We listen to people, and we can be their voice in doing referrals and supporting them... it's making sure they know they have their own voice, because sometimes they lose that."

"We also want to ensure people recognise that they are a carer. I think it's really important. We do that by having conversations with people and being out in the community."



Unpaid Carers - Social Value Impact

The Carers Gateway – Vale Carers Hub provided by TuVida.

Carers Gateway is a single point of access to information and advice, aiming to make Unpaid Carers feel more confident and supported in their roles which ultimately will lead to better care for the individuals they support. The Carers Gateway has been running since 2019, although the new model of delivery with Tuvida within the Vale of Glamorgan was established in 2024 following the liquidation of our original third sector partner.

This service helps people identify as an unpaid carer and understand their rights and invaluable contribution they make to the care system, this includes:

- Information, advice, and assistance.
- Support focussed on what matters to you.
- Help to access local support services.
- Awareness of who could be a carer and their needs.
- A trusted place for carers to have their voices heard.

Scope

2022-23: Regional service
2023-24: Regional service
2024-25: The Vale of Glamorgan



As with every area, the population need of each locality/ cluster differs. Vale Carers Hub are flexible in their approach when engaging with local communities and will consider underrepresented groups, in particular rural communities and deprived areas within the Vale. With 919 unpaid carers on an open caseload with the Vale LA, further work is needed to identify the hidden unpaid carers and ensure they are supported to continue their caring role safely.





Unpaid Carers - Social Value Impact

Carers Information Service Performance Indicators

2024/25

- 1,989 unpaid carers supported. 1,131 in Cardiff, 858 in the Vale of Glamorgan.
- 690 new carers identified and supported. 200 in Cardiff and 490 in the Vale of Glamorgan.
- 6,686 calls and emails handled. 5,254 in Cardiff and 1,432 in the Vale of Glamorgan.

2023/24

- 482 unpaid carers supported. 52 in Cardiff, 430 in the Vale of Glamorgan.
- 200 new carers identified and supported. 17 in Cardiff and 183 in the Vale of Glamorgan.
- 1,674 calls and emails handled. 127 in Cardiff and 1,547 in the Vale of Glamorgan.

2022/23

- 475 unpaid carers supported. 104 in Cardiff, 371 in the Vale of Glamorgan.
- 410 new carers identified and supported. 99 in Cardiff and 311 in the Vale of Glamorgan.
- 2,599 calls and emails handled. 305 in Cardiff and 2,294 in the Vale of Glamorgan.



The Short Breaks Project

The Short Breaks project, has been supported by Welsh Government since 2022-23, which has supported regions over the past three years to improve access for unpaid carers to a short break from caring to help improve wellbeing and support life alongside caring. This is in line with the regional Unpaid Carers Charter. The region has utilised the funding through C3SC who have implemented a grant fund for 3rd sector organisations to provide short breaks. In 2022-23, this was also increased through funding available

Scope

The project was a regional project through the national Short Breaks scheme and has been running for the last 3 years since 2022-23. A total of 5033 unpaid carers received short breaks and 26 3rd sector organisations were supported to provide these.

Some feedback includes:

"Thankyou so much for this well needed break away for the night for me and my mother, it's been four years since our last break away from home it means the world to us and has actually brought a huge smile to my mother's face all day today it's been a while since having any positive news so thankyou all at lioness community projects"

"It is very difficult to get anyone to understand you, let alone help with specific things. i've never been on a weekend break and I feel you are the first person who promised something and gave it. thank you lioness, your process was simple, respectful and sensitive"

"This has been a positive experience for my son, he has warmed to the volunteers very quickly as this normally takes quite some time. It has given him some confidence to go and do activities without mum or dad being there. I would recommend this project to any new recipients."

Short Breaks 2022-23

1,654 unpaid carers accessing a short break

15 organisations providing short breaks

Short Breaks 2023-24

2,155 unpaid carers taking a short break

11 organisations providing the short breaks

Short Breaks 2023-24

2,155 unpaid carers taking a short break

11 organisations providing the short breaks





Living Well - Neurodiversity

Our commitment to people with neurodiversity

Over the next 5 years we will:
Ensure people who are Neurodiverse
receive the right support at the right time.



This is important because:

There are over 6,000 people with a diagnosis of Autism in the region. Not all autistic people will have been diagnosed.

The number of people aged 18-64 with an autism spectrum disorder is expected to increase by about 13% (425 people) between 2017 and 2035, with the largest increases being seen in people aged 35-44 those aged 75+.

Across Wales, negative mental health impacts were particularly significant for autistic people during the pandemic, specifically depression and anxiety.

Welsh Government is expanding the RPB's focus from Autism to include all Neurodiversity issues.

We will deliver:

We will build on our existing service provision by:

- Strengthening support to ensure the right support is available at the right time
- Improving ADHD service provision
- Transitional arrangements which enable a seamless journey for young people into adult hood
- Meeting the new national guidance on neurodiversity requirements
- Improving timeliness and access to assessment and diagnosis
- Implementing the Code of Practice

With the following results:

People with neurodiversity will have:

- Timely access to assessment, diagnosis, care and support
- Access to a skilled, multi-agency service
- Stronger links with Children and Young People's provision to maximise prevention and early intervention opportunities and promote better transitions into adult life

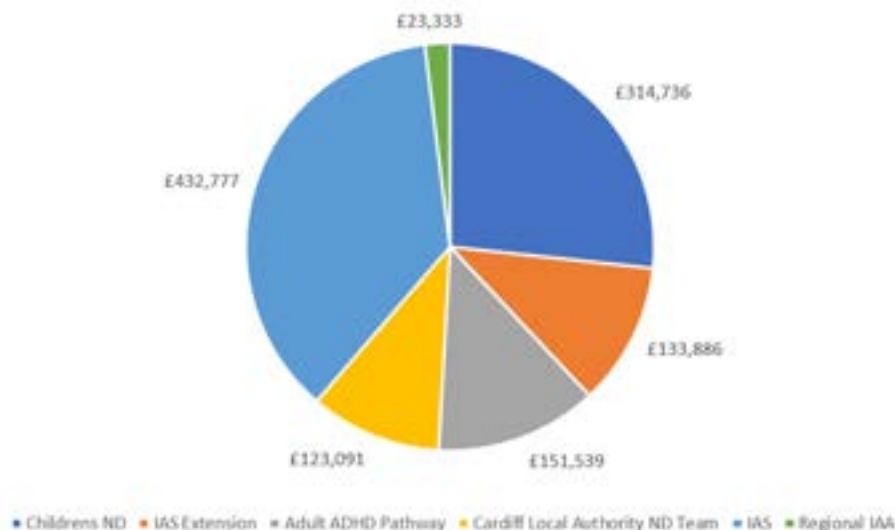
This will mean

- Reduced waiting times for access to assessment
- Increased access to support
- Increased practitioner awareness
- Increased well-being of adults

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Neurodiversity - What have we achieved so far?

ND Programme Inc. RIF Contribution



Neurodivergence Improvement Programme Highlights

- The Programme Delivery Group for maintaining oversight of the ND funded interventions and ensures a regional perspective has been maintained.
- In addition, agreement was reached for the creation of a Strategic Regional Board to drive system wide change and improvement across the breadth of Neurodiversity services, ensuring a focus on a needs led model of support.
- The opportunity to apply for additional funding for families of children who have been on the Neurodiversity waiting list for over a year was maximised and an additional £77,000 secured to work predominantly with third sector partners to deliver supportive interventions that met the expressed needs of families on the waiting list.
- The children's ND Community Connector roles provide support into children's services and the impact of their intervention showcased through case studies that have been used at a national level. Their roles continue to support families within their local communities.
- My Voice Matters films were developed by Cardiff People First highlighting the importance of advocacy and recognising the voice of people with LD.



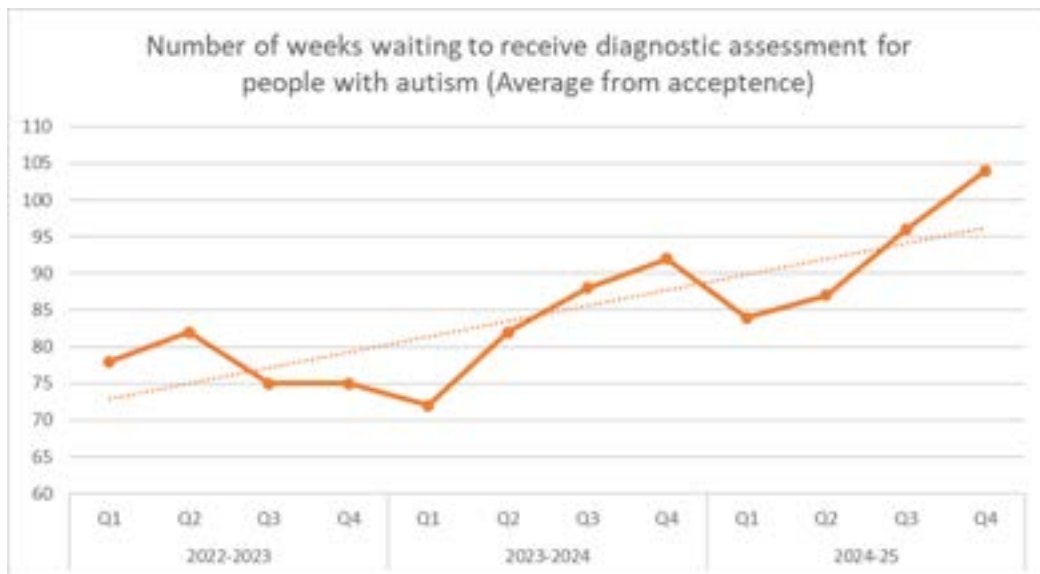
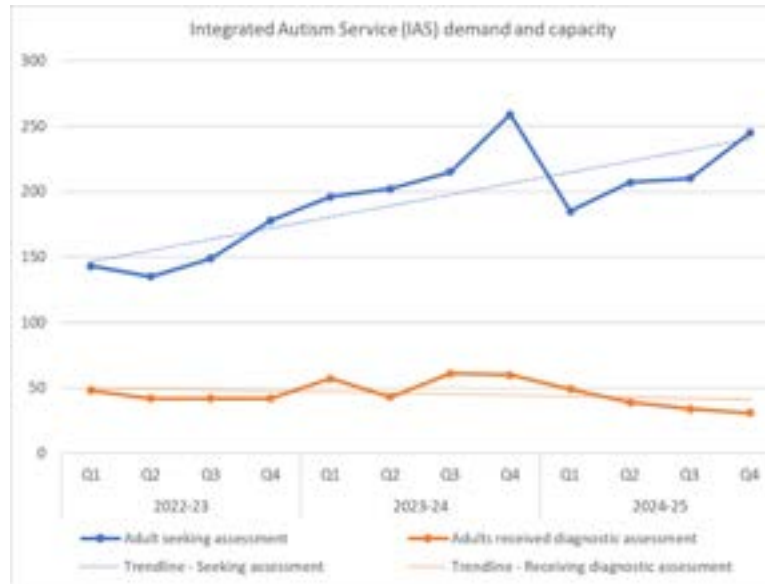
Key Performance Outcomes

1899 referrals from individuals, 847 seeing diagnostic assessment (IAS)
 153 individuals received a diagnostic assessment (IAS)
 2,559 referrals and 1,538 referrals accepted (Children's ND)
 23 referrals for ND team and transition (ND Transition Cardiff)
 76 individuals on caseload as at Q4 (ND Transition Cardiff)





Programme Drivers





Neurodivergence - A Service User Perspective

Case Study - Community Connectors

Neurodiversity encompasses a range of differences in brain function and behaviour, including autism, Attention Deficit Hyperactivity Disorder (ADHD), dyslexia, and other cognitive variations. The Community Connectors initiative was designed to provide targeted support for neuro-diverse children, ensuring they and their families receive the right resources, guidance, and opportunities to thrive.

A Community Connector is a professional or volunteer who helps individuals and families navigate and access local services, support networks, and community resources. Their primary role is to bridge gaps between people in need and the services available to them. In the context of this initiative, Community Connectors play a vital role in supporting neuro-diverse children and their families by:

- Signposting to Services – Helping families find and access relevant support, such as healthcare, education, and social services.
- Providing Emotional and Peer Support – Many connectors have lived experience, making them relatable and effective in offering guidance.
- Facilitating Workshops and Sessions – Running educational sessions on topics like sleep, toileting, and navigating neurodiversity. Reducing Isolation – Creating peer support networks so families don't feel alone in their experiences. Advocating for Families – Working with schools, healthcare providers, and social services to ensure families get the help they need. This case study examines the key outcomes, challenges, and lessons learned from implementing the Community Connectors program.

You can read the full case study [here](#)

Here are Sarah and Libby our lovely Community Connectors





Neurodivergence - A Service User Perspective

Case Study - Supporting the Wait

RPB worked with the Children's ND team to identify the areas of need expressed by families on the ND waiting list to create a package of support that best used the additional funding made available from the Welsh Government at the end of 24/25.

As this was only single funding and needed to be spent before the end of the financial year, we were clear that anything delivered would be promoted as one-off support to avoid unfairly raising expectations. However, the learning from these interventions will be embedded in our future work to support a move towards a more needs led service and to better support families in the longer term. The interventions focused on three key areas of improvement:

- improved access to information for parents that will better support their needs whilst on the waiting list.
- improved support for parents whilst on the waiting list to deal with the specific needs of their children especially linking them to existing support including peer to peer.
- better understanding of support needs experienced by parents to inform and influence future provision, together with appropriate level of evaluation of short-term interventions to improve experiences in the future.
- testing of small-scale low-cost interventions as an alternative and/or additional to existing service provision and support, identifying opportunities for improved cross system efficiencies.

One of the interventions was additional sessions provided by the Behaviour Support Hub, participants feedback included:

"Lots of new info, given me confidence to put some new strategies in place and that what I've been doing so far is appropriate"

"Excellent workshop providing a wealth of useful information providing reassurance to worried parents and explaining useful tips and strategies"

"Very informative course with ideas to help support your child before, during and after a meltdown"





Living Well - Learning Disabilities

Our commitment to people with learning disabilities



Over the next 5 years we will:

Develop integrated support services enabling people with learning disabilities to live as independently as possible in their local community



This is important because:

In 2017, an estimated 7,081 adults in Cardiff have a learning disability, of whom 1,175 received support from Learning Disability Services (equal to 78% of people with a moderate or severe learning disability).

For the Vale of Glamorgan and estimated 2,400 adults have a learning disability, of whom 448 received support from Learning Disability Services. This represents 90% of those with a moderate or severe learning disability.

People with learning disability are more likely to have or develop other co-morbidities and experience greater health inequalities.

These people are also more likely to have been dis-advantaged by COVID-19 and the cost-of-living crisis.

We will deliver:

- Improved access to annual health checks and wider primary health choices
- Smooth transitions between services and support
- Improved access to information on local services
- Improved services for people to live closer to home with the right support and maximise their independence
- Access to work, activities and volunteering (employment opportunities)
- Improved information to young people and carers on moving from child to adult services
- Increased the number of Adult Placement Carers
- Increased the availability of technology to support independent living
- Ensured people with learning disabilities and Down Syndrome have equitable access to dementia screening
- Develop outcome-based commissioning for service delivery

With the following results:

People with learning disabilities will:

- Be involved in service developments
- Receive the support they need at the time they need it
- Have equitable access to health care and support
- Be able to live independently and have equal access to their community
- Have access to information and technology to support their independence
- Have increased access to work, volunteering and day opportunities
- Have increased access to GP and other health checks

This will mean:

- Increased number of people accessing health check with GP (collected already)
- Increase in access to local offer (complex needs day service data)

Learning Disabilities - What have we achieved so far?



2024-25 Delivery Plan - Neurodivergence

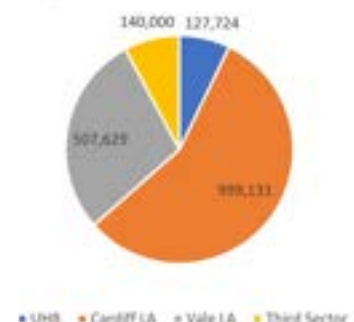


In 2024-25 we will aim to:
Implement new ways of working across diagnostic services that respond to increasing demand for assessment

Governance:
1. Strategic leadership forum
2. NPD delivery board
3. Regional lead board for neurodivergence
4. NPD steering group

Priority area	2024-25 Deliverable	2024-25 Progress
Support to adults requesting an ASD assessment	Develop business proposal that outlines demand and capacity & sustainability options for delivery of the Integrated Autism Service	In progress
Develop a New Working Door for CYP ND pathway	Implement a single point of Access into Children's ND services that provides a response to referral & intake to the right part of the system based on presenting needs	Completed
Develop an ADHD pathway for adults	Pilot an ADHD pathway to use CMAT to test new ways of working	Completed
Strengthen Information & Advice	Deliver an Information and Advice service from local authority front doors that support ND people based on presenting needs	Completed

Learning Disabilities allocation 2024-25





Living Well - Learning Disabilities

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Learning Disabilities - What have we achieved so far?



2024-25 Delivery Plan - Neurodivergence

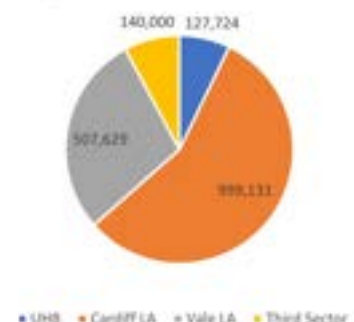


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Learning Disabilities allocation 2024-25





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REGIONAL PARTNERSHIP
BOARD



Learning Disabilities Service Highlights

- The Learning Disabilities Strategic Board has been re-established to provide direction and oversight to the delivery of integrated support and services that can most effectively be delivered through partnership.
- 2 additional management roles have been established; one for the region as a whole and the other focused upon Health Board-specific issues relating to Learning Disabilities. These roles provide much needed additional capacity to ensure the continued improvement of Learning Disability services across the region.
- Our two Lived Experience Support Workers presented at ADFEST Wales conference for people with Learning Disabilities together with a stall showcasing employment opportunities as well as ways to engage around Annual Health Checks. Some of their work engaging with people in the community is showcased in this [video](#).
- The RPB has driven the creation of a regional improvement project for increasing awareness and uptake of the Annual Health Check offer for people with Learning Disabilities. Working with GP practices across the region, the project seeks to learn from good practice both locally and across wider Wales and highlight the importance of this much-needed intervention. The approach embedded learning from previous initiatives in this area and partnered with interested GP Practices, People First Cardiff and people with lived experience.
- An event to co-create improvements to information and support available for people with a Learning Disability and their families and carers regarding sex and relationships was delivered in March 2025. Watch a video of the day [here](#). This will drive future work and improvements, directed and led by people with lived experience of Learning Disabilities.



A video of our Sex and Relationships Event

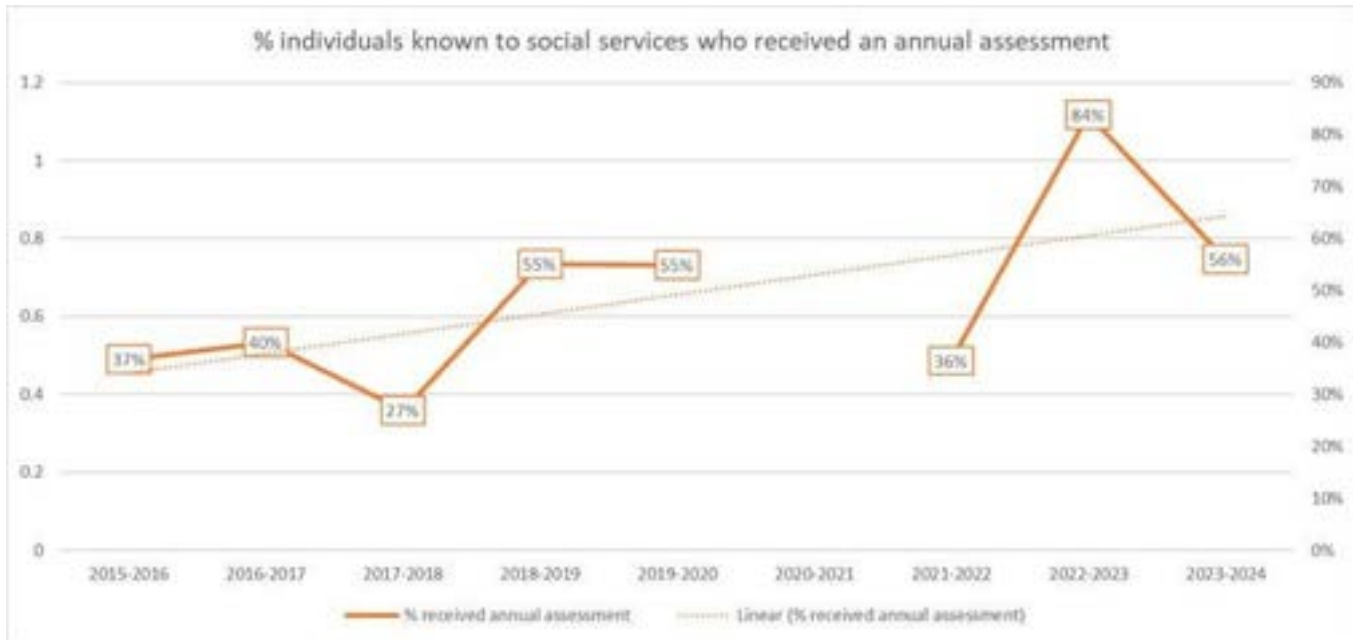




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REGIONAL PARTNERSHIP
BOARD



Programme Drivers



Key Performance Outcomes

56 people discussed at Transition Review Interface Group (TRIG)

83 people accessing day opportunities as part of their transition (18-25)]

352 care plan reviews for people with learning disabilities completed by Planning and Review team

340 people in supported living placements in Cardiff (Q4)



Learning Disabilities - A Service User Perspective

The Shared Lives initiative offers adults with learning disabilities the opportunity to live more independently in a family-based setting, matched with a host carer who provides tailored support in a shared home environment. It focuses on supporting individuals to achieve personal outcomes such as greater independence, community inclusion, and an improved quality of life.

The service supported “R,” a woman with previous experience in Shared Lives whose initial placement ended due to compatibility issues. Despite this, Shared Lives remained the most suitable option to meet her continued aspiration for independent living. With the support of a dedicated project worker and her family, R transitioned towards a new placement. Though medical challenges caused delays—necessitating additional training for the host and health funding—ongoing communication and problem-solving helped keep her goal on track.

The case illustrates both the value and complexity of Shared Lives arrangements, highlighting the importance of integrated planning, flexible funding pathways, and coordinated care between health and social services to meet individual needs effectively. You can read the full case study [here](#)



LD Liaison Service - Joanna Jones

Joanna Jones is a Health Care Support Worker within the Cardiff Community Learning Disability Health Team, seconded through the Regional Partnership Board as part of the Learning Disability Liaison Service. Joanna plays a vital role in improving the accessibility, safety, and person-centred nature of healthcare for individuals with learning disabilities across the region.

As someone with lived experience of both autism and specific learning difficulties, Joanna brings authentic insight, empathy, and advocacy to her role — embodying the principles of inclusion and co-production. Her work creates tangible social value by empowering individuals with learning disabilities to access equitable care, influencing professionals through training and engagement, and shaping service delivery through accessible resources, public speaking, and creative projects.

Joanna’s contributions not only enrich health services but also challenge societal attitudes, helping to build a region where everyone is respected, heard, and supported to thrive. Read the full case study [here](#)





Violence against women, domestic abuse and sexual violence (VAWDASV)

Our commitment to reducing Violence Against Women, Domestic Abuse and Sexual Violence



Over the next 5 years we will:

Ensure that people who live, work, study in and visit Cardiff and the Vale of Glamorgan can live positive, independent lives without being affected by violence and abuse.



This is important because:

Violence against women, domestic abuse and sexual violence (VAWDASV) has far-reaching consequences for families, children, communities and society.

Whilst anyone (women, men, children and young people) can experience VAWDASV, it is women and girls who are disproportionately affected by domestic abuse, rape and sexual violence, sexual exploitation, including through the sex industry, modern day slavery, forced marriage, honour-based abuse, female genital mutilation, child sexual exploitation and abuse, stalking and sexual harassment.

This can happen in any relationship regardless of sex, age, ethnicity, gender, sexuality, disability, religion or belief, income, class, geography or lifestyle.

We will deliver:

- Improved awareness amongst survivors, bystanders, and service providers of the recognition and management of VAWDASV
- Deliver the required elements of the National Training Framework to all relevant staff
- Improved multi-agency responses by increasing understanding of risk factors & lived experiences
- Monitoring of evolving trends in all forms of abuse & ensure services anticipate changes in demand
- Continued investment in specialist support services and strengthen availability of provision
- Increased practitioner understanding of perpetrator behaviour

We will build on this by:

- Ensuring the lived experiences of survivors informs ongoing service development and delivery
- Maintaining and extending a range of interventions to target known and potential perpetrators of abuse
- Challenging victim blaming attitudes to restore survivors' confidence & ability to access services
- Prioritising intervention for children & young people to prevent issues from arising or escalating

With the following results:

- Strong partnership working to deliver timely and effective victim-centred service responses
- Accountability for abusive behaviour remains with the perpetrator(s)
- A range of opportunities to break the cycle of all forms of victimisation are available to perpetrators through education, early intervention and behaviour changing programmes
- Children and young people are informed and understand the importance of consent and healthy relationships
- Communities are supported to understand the nature of VAWDASV and the action(s) that they can take to challenge
- Specialist, high quality, needs-led, strength-based, trauma-informed and person-centred services are available to survivors of VAWDASV in the region
- Survivors can access therapeutic support to rebuild their lives free from abuse

20

VAWDASV - What have we achieved so far?



2024-25 Reducing Violence Against Women, Domestic Abuse and Sexual Violence



In 2024-25 we set out to:

Continue to undertake the activity identified in the regional VAWDASV Strategy 2023-2028 Implementation Plan

Governance:

- Regional VAWDASV Executive and related sub-groups
- Regional MARAC Steering Group and Operational Group

Priority area	2024-25 Deliverable	2024-25 Progress
PROTECT - Improve the multi-agency response and support to all victims and their children regardless of risk levels and needs.	Develop Standard Operating Procedures for daily discussion / MARAC processes	Role review complete Progress on SOPs paused due to workforce changes.
SUPPORT - Ensure that innovative, flexible and evidence-based services are available to meet the needs of victims experiencing any form of VAWDASV	Recommission specialist VAWDASV services	Delayed due to implementation of new legislation. Vale contract will be retendered in 2026.
PREPARE - Improve strategic planning and commissioning of VAWDASV services through a more coordinated partnership approach across the region.	Develop and agree a regional dashboard of high-level data and outcomes	Data analysis commenced.



VAWDASV - Programme Highlights

- The Safe and Together whole family approach is implemented in Children's Social Care in Cardiff, with RISE staff undertaking joint visits with the Specialist Domestic Abuse Social Worker and Social Work Assistant co-located at the One Stop Shop. These Social Officers also deliver the Safe and Together training to other social care colleagues and recently delivered training on coercive control cases to all of intake and assessment and MASH. A tool has been developed for social workers to assist with their analysis of allegations and counter allegations.
- The National Training Framework materials were updated to reflect regional changes in policy and practice, specifically for the Ask and Act Group 2 for Education. A Regional Training Needs Analysis exercise has been successfully completed. Training has been focussed on technology assisted abuse, non-fatal strangulation and the harms to children from domestic abuse. Workplace Group 3 continues to expand, with an increasing number of staff members receiving training.
- Work has been undertaken on identifying existing VAWDASV survivor engagement initiatives across statutory, voluntary, and community sectors. Categorising engagement levels, assessing accessibility and inclusion, and mapping regional coverage to identify gaps.
- Successful White Ribbon Campaign: funding raised through campaign activities in Cardiff enabled the distribution of 'The Hare That Hurts', a trauma-healing book, to every primary school in Cardiff, to aid safeguarding practitioners to support children affected by abuse.
- A regional calendar of events saw strong attendance from a range of stakeholders.
- The programme partners with Safer Merthyr Tydfil to deliver community-based early intervention programmes for perpetrators of VAWDASV, with a commitment to a step-up, step-down approach.



VAWDASV - A Service Users Perspective

This case study explores the vital crisis intervention and recovery support delivered by RISE for a vulnerable young woman fleeing severe familial and sexual exploitation. At just 18, Client X accessed the RISE service following emergency accommodation placement in Newport, having survived harrowing experiences including domestic abuse, grooming, coercive control, and criminal and sexual exploitation. Through a trauma-informed, multi-agency response, Client X was supported into refuge accommodation in Cardiff, with wraparound services addressing her safety, health, housing, financial, and emotional needs.

The social value of RISE's approach lies in its ability to create safety and restore dignity for individuals experiencing extreme and complex forms of harm. This case highlights the essential role of specialist services in supporting recovery from exploitation, addressing unmet health needs, rebuilding confidence, and breaking intergenerational cycles of abuse. It also demonstrates the importance of early identification, holistic support, and sustained advocacy in empowering survivors to navigate recovery and begin to rebuild their lives with agency and hope.

Read the full case study [here](#)



VAWDASV - Social Value Impact

This case study highlights the impact of trauma-informed, multi-agency support for individuals experiencing domestic abuse. It follows the journey of ZT, who faced significant risks linked to stalking, harassment, poor mental health, and housing insecurity. Through coordinated work involving specialist support services, the police, MARAC, housing authorities, and charitable funding streams, ZT was safely relocated to a secure home, enabling her and her child to rebuild their lives free from fear.

This case powerfully demonstrates the value of integrated services that go beyond crisis response. By championing both individual and institutional advocacy, the support provided not only increased ZT's safety and stability but upheld her dignity and voice throughout a complex process.

The collaborative approach underscores the vital role of partnership working in achieving just outcomes for those facing systemic barriers, and in promoting long-term well-being and resilience for survivors of violence. You can read the full case study [here](#)





Mental Health

Our commitment to people with mental health needs



Over the next 5 years we will:

Work with people with mental health needs and other stakeholders to find out more about their experiences and priorities, then develop and deliver services that support people to have good mental health.



This is important because:

A recent ONS survey recorded that 9% of our regional population had a self-reported mental disorder.

This is likely to have increased in the aftermath of COVID-19.

Welsh Government's cornerstone strategies for mental health – Talk to Me 2 and Together for Mental Health have reached their conclusion and new strategies are under development.

Locally, we recognise specific concerns relating to the impact of increases in the cost of living, homelessness, social isolation along with the needs of a range of people recognised as priority groups within other sections of this Area Plan.

We need to ensure that enabling good mental health is a key priority for all priority groups.

We will deliver:

During 23/24 we will review previous strategies and action plans, working with people to identify and deliver key priorities for development over the next 5 years.

This is likely to include:

- Identifying new ways of building and retaining our workforce
- Delivery of the psychological support wherever it is required
- Delivering trauma informed care in all our mental health provision
- Making best use of technology and social prescribing
- Pathways for people with emotionally unstable personality disorders
- Development in adult fostering as an alternative to hospital and placement
- Developing effective links with groups across our community with a high prevalence of mental health disorders
- Include needs-based mental health support within integrated cluster-based services
- Effective transition arrangements for young people with a mental health need/serious emotional distress when entering adult services (18+)

With the following results:

A delivery plan co-produced with people with mental health needs and other stakeholders setting out the changes we are committing to and measures that will demonstrate impact.



Mental Health - Progress so far



2024-25 Delivery Plan – Mental Health



In 2024-25 we set out to:

Establish new working arrangements to take forward a co-produced plan for adults with mental health needs. We'll also consider how best to work together for children with mental health needs.

Governance:

1. Strategic Leadership Group
2. Mental Health Joint Operational Group (JOG)

Priority area	2024-25 Deliverable	2024-25 Progress
Older adults with mental health needs.	<ul style="list-style-type: none"> - Complete 2 further co-production events with service users; - Develop an agreed set of outcomes for older people with mental health needs; - Identify a plan and delivery structure to help achieve this. 	One event completed following decision to undertake an annual event only.
Other groups with mental health needs.	<p>Specific plans to be developed for:</p> <ul style="list-style-type: none"> - Shared Lives; - The Sanctuary; - Place based planning. 	Collaborations underway with leads.



Mental Health - Key achievements in the past year

The past year has been a milestone in our mental health work, marked by a number of significant achievements:

Empower Mind Events

We began the year with the highly successful Empower Mind event, which served as a catalyst for change. The event brought together:

- People with lived experience
- Carers
- Multi-sector partners

The event highlighted the disjointed nature of current mental health services and led to the identification of three critical priority areas:

- Need for more awareness and complex signposting – People found it difficult to navigate services due to the complexity of the system.
- Need for consistent service provision – Services were not always available when needed.
- Role of empathy and person-centred care – Users reported feeling unsupported and not listened to.



**EmpowerMind -
Our Mental Health &
Wellbeing as Older People**

Wednesday March 19th, Cornerstone,
Charles Street, Cardiff, CF10 2GA
10.30am-3.30pm - Including lunch &
refreshments

Do you use NHS mental health services for older people?
A welcome to older people 65, people with dementia, family and
friends (unpaid carers)

Improving mental health and wellbeing, improving lives,
improving services...

Come along to participate in a fun day together, share what works
well and what would make a difference.

The day includes presentations, conversations, yoga and more

Expenses available.

If you have caring responsibilities please let us know so that we
can support you to attend.

For info and booking contact Cardiff and Vale Regional
Partnership Board - Hsc.Integration@wales.nhs.uk
Or call Caniad on 07979 436204

Logos: NHS, GY5, C3SC, caniad, cavamh, FULT 1988, and others.



Photo from Empower MIND event



Strengthening Partnerships: The Joint Operational Group (JOG)

Insights from the Empower Mind event were brought to the Joint Operational Group, led by Mental Health Services for Older People. The group has since expanded to include:

- Third sector organisations
- Social prescribing initiatives
- Health and social care partners

This expansion reflects our commitment to co-produced, collaborative working, ensuring our response is shaped by what people say they need.

The Joint Operational Group is now led on a rotational basis by different partners, ensuring shared ownership, innovation, and sustained momentum across sectors. Focussed on three key areas of delivery, based on the feedback through our events:

- Access and Referrals: Simplifying pathways into mental health support.
- Person-Centred Care and Support: Placing the individual at the heart of service delivery.
- Provision of Services: Ensuring that services are consistently available and responsive to local needs.

We are now working on a new model based on co-production principles, actively engaging diverse communities to ensure services reflect people's real needs. This model supports a joined-up, integrated approach to mental health planning and delivery.

Over the past year, we have laid strong foundations for a more connected, empathetic, and effective mental health system in Cardiff and Vale of Glamorgan Through active collaboration, listening to lived experiences, and focusing on co-production, we are building a mental health service that truly puts people first.

Key Focus Areas for 2025-26:

- Build on the ongoing work to achieve outcomes for those living with Mental Health Conditions.
- Complete co-production events with service users for deep understanding of people's needs
- Develop an agreed set of outcomes for older people with mental health needs through a plan and delivery structure to help achieve this.
- A collaborative event between Regional Partnership Board and Pre-birth pathways (with all partners) to include in draft early years pathways delivery plan
- Review currently pathways for early years specific to Mental health including early years trauma



Ageing Well

We are committed to ensuring that everyone in Cardiff and the Vale of Glamorgan has the opportunity for their later years to be as healthy and fulfilled as possible. This aim is supported through 2 programmes of work:

- @Home: establishing integrated, locality-based health and care services focused on meeting and improvement of the health and wellbeing of the local population;
- Dementia: raising awareness of this illness and its determinants whilst working to develop community-based services that enable equitable, timely access to diagnosis and person-centred care.

Ageing Well - What have we achieved so far



**HENEIDDIO'N DDA
AGEING WELL**

2024-25 Delivery Plan @Home

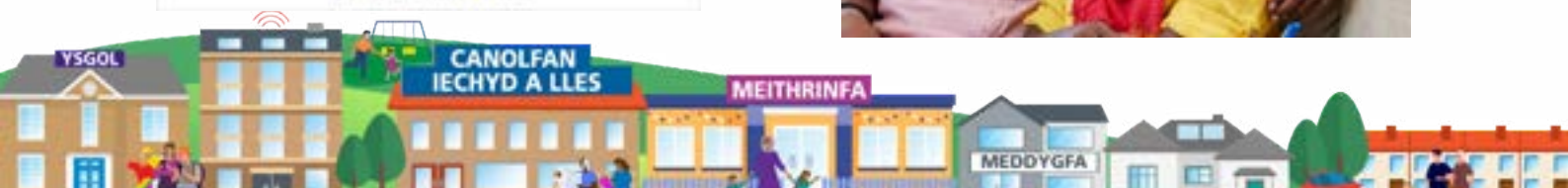
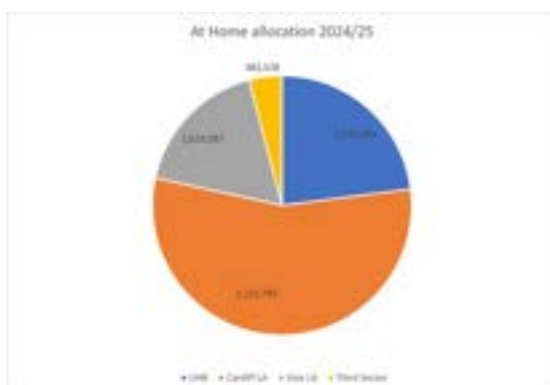



North Star:
Accelerating the delivery of our place-based, integrated care model in 2024
Area Plan commitment:
Establish integrated, locality-based, health and care services focused on meeting and improving the health and wellbeing of the local population

Governance:

1. @Home Programme Board – bi-monthly
2. 4 Goals Board – monthly
3. @Home Engine Room – monthly
4. Project groups – various

Priority area	2024-25 Deliverable	2024-25 Progress
Connected communities	<ol style="list-style-type: none"> 1. All 57 GP practices have access to social prescribing 2. Place plans completed for all 9 clusters 3. Role of Housing With Care Centres agreed including co-location of teams 	Ongoing
Integrated clusters/locality teams	<ol style="list-style-type: none"> 1. MDT meetings operational in all 9 clusters, or at locality level if needed 2. Model agreed and rollout of Integrated Care Hubs completed 3. Telehealth model defined and pilot implemented and evaluated 4. Future Care Planning model and standard operating procedures designed and agreed 5. Delivery of the Community Nursing specification as part of cluster/locality delivery model 	<ol style="list-style-type: none"> 1. Completed 2. Completed 3. Completed 4. Ongoing 5. Ongoing
Intermediate care	<ol style="list-style-type: none"> 1. Capacity and demand analysis defined to determine workforce model for intermediate care 	<ol style="list-style-type: none"> 1. Alternative approach underway
Enhanced community care	<ol style="list-style-type: none"> 1. Rollout of <u>Safe@home</u> including: GP and care home referrals 2. A defined ECC integrated delivery model comprised of: CAV247, UTCs 3. A joined-up integrated discharge model 	Completed
Blue print	<ol style="list-style-type: none"> 1. Defined blueprint which describes the governance, models of care and how services fit together as a cohesive whole 	<ol style="list-style-type: none"> 1. Ongoing



Ageing Well

The @Home programme has achieved significant progress against its 2024-25 annual delivery programme:

- Multi-disciplinary Team meetings are now operational throughout the region in all 9 clusters;
- Our Integrated Care Hub Model has been agreed for roll-out across the region;
- We have defined a Telehealth model and are testing this via a pilot with TEC Cymru;
- A new Community Nursing service specification has been agreed which complements the cluster/locality delivery model;
- All 55 GP practices have access to social prescribing across the region;
- Our Safe@home service has continued to grow, providing crisis support and avoiding hospital admission;
- We continue to refine our ambitions for an Integrated Community Care Service.

In addition:

- A Future Care Planning model was designed and agreed;
- We undertook a Place Based Planning pilot to inform wider work in the coming year;
- The role of Housing With Care Centres was agreed including co-location of teams;
- We supported planning for a joined-up integrated discharge model.



Ageing Well - Key Performance Outcomes

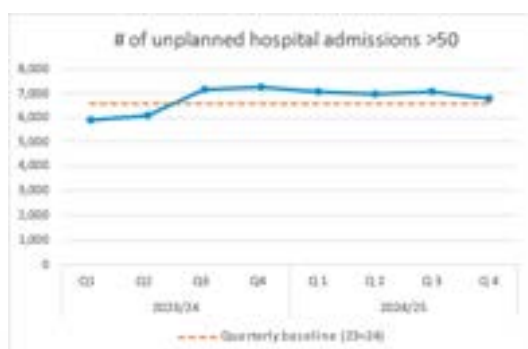
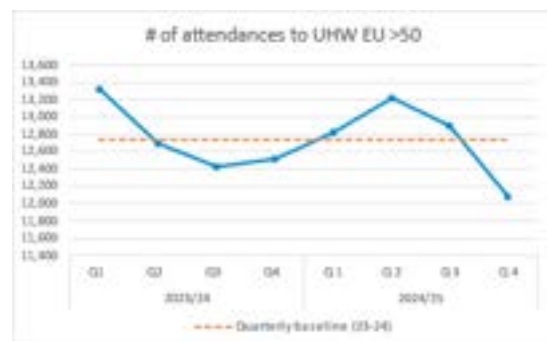
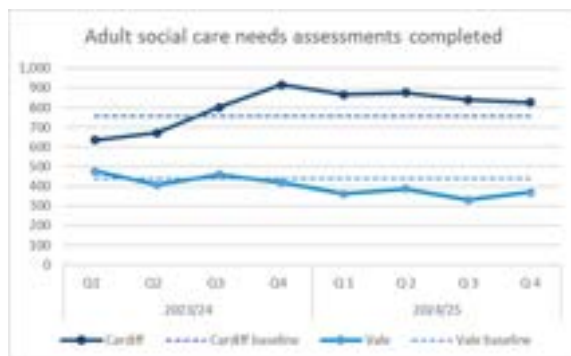
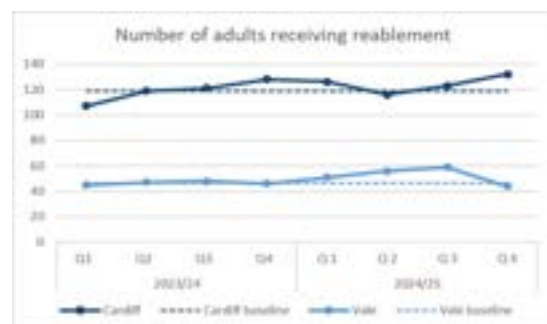
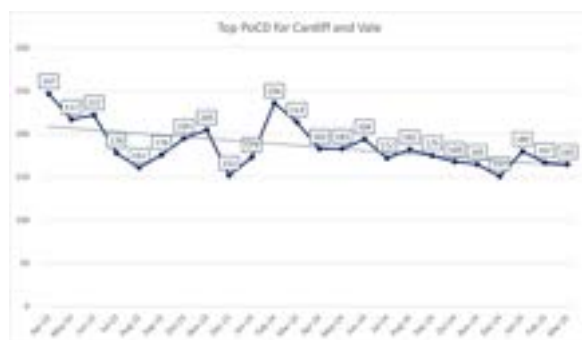
96,260 people received information, advice and assistance. 67% had their needs met in full with no onward referral to social care.

7,017 people received Safe@Home support within an average of 11 hours. 67% had their needs met in full with no onward referral to social care.

6,565 people were supported through home based or reablement intermediate care services.

95 people were supported via step down bedded reablement whilst another 182 were supported by the Accommodation Solutions Team.

Programme Drivers





@Home - a service users perspective

Safe@Home have been collecting feedback from service users via a questionnaire, and we have summarised some of the comments provided to capture people's experiences and reflections on the impact of the service.

People's experience with Safe@Home

"I hope this service will continue as it is vital to keep elderly patients safe at home and also less pressure in hospitals."

"I'm so glad this service exists, I am terrified of being whisked off to hospital!"

"The whole team were supportive and kept me informed of everything. Any questions were answered and my mother's needs were always a priority."

"In my short experience with Safe@Home I found it was a speedy process with invaluable care at home for what would have been a traumatic time in hospital."

@Home - Social Value Perspective

Our Connected Communities Model supports clusters to engage with the third sector for social prescribing, to keep people well in their local communities and to connect people to a range of groups and services. Over the last 3 years this has included:

- **Action for Caerau and Ely (ACE)** who support Cardiff South West Cluster with social prescribing through dedicated community connectors. They work with GP practices and Independent Living Services as well as a range of third sector organisations to support people to connect with their community and services over a range of health and wellbeing issues. People can be referred in by their GP and ACE follow up with a conversation to support an understanding of what matters to the individual, and the support and services accessed are all based on the needs of the individual.

Through the RIF funding, the project is now part of the Locality based models within the @Home programme, accepting referrals directly from cluster MDTs for social prescribing. Through social prescribing, ACE is connecting people to activities, groups, and services in their community to support with their practical, social and emotional needs that affect their health and wellbeing.

The Project offers:

- Social Prescribing / Wellbeing Connector Service
- Community Development
- Activities and Networking



@Home - a service users perspective

Some quotes from people who have accessed the social prescribing service include:

"The chats have helped me think more clearly, feel way more motivated and positive about the future"

"I don't feel so cut off"

"Thanks for all your help, it's brought faith back there is people and services out there for help"

This project supports the community in developing local solutions as well as improving the health and wellbeing of residents.

Our community contact centres are also supported by a range of third sector providers who can offer additional support across the region, including connecting people to their community and providing support services such as finance support, befriending and shopping; these include:

Age Connects: this Broker's Service is integrated in Cardiff and Vale's Community Resource Teams (CRT) and ensure that a range of voluntary, health and social care services are pulled together in response to the identified needs of older people who have been referred to the CRT's. The Community Liaison Officer will conduct home visits and perform comprehensive assessments to ensure necessary wrap around services are in place. The project supports people with shopping, accessing community services & help with social interaction.

You can access the full @home case study [here](#)





Dementia



**HENEIDDIO'N DDA
AGEING WELL**

Our commitment to people with dementia



**BWRDD PARTNERIAETH
RHANBARTHOL
CAERDYDD A'R FRO
CARDIFF & VALE
REGIONAL PARTNERSHIP
BOARD**

Over the next 5 years we will

Raise awareness of Dementia and its determinants whilst working to develop community-based services that enable equitable and timely access to diagnosis and person-centred care.



This is important because:

There are approximately 7,000 people living with dementia assumed to be living in our region. However, 47% of these people are currently un-diagnosed.

It is anticipated that these numbers will increase by c.25% over the next 5 years

One third of this population live in care homes whilst the others live within the community.

The condition brings with it co-morbidities and complications including delirium and increased infection risk.

Our local plan is already in place that focuses on bringing dementia management closer to home.

We will deliver:

- Compassionate communities who are aware of their risk factors through a coordinated campaign of raising awareness and an increased number of 'dementia friendly' communities.
- Community-based care and support through increasing advocacy in the design of person-centred care plans and service developments.
- Clear community-based pathways for timely assessment and diagnosis.
- The Dementia Friendly Hospital Charter.
- A regional approach to dementia care learning and development.

We will build on this by:

- Improving accommodation solutions.
- Innovating research including 'technology enabled care' to support strength-based approaches in care for all ages and stages.
- Building pathways for people with learning disabilities who are at higher risk of developing dementia.
- Improving awareness and access to Advance Care Planning.
- Hospital-based Liaison Support to create a dementia friendly journey through hospital.
- Innovating flexible support for unpaid carers, including responsive respite options for different needs.

With the following results:

People experiencing dementia will:

- Know how to actively reduce their risk factors.
- Live in local communities who are empowered to be safer places for people with dementia.
- Receive an earlier diagnosis, especially in those population groups where dementia is likely to be most prevalent.
- Have specific plans in place to reduce the need for an emergency hospital attendance / admission.
- Have plans in place to support their needs when a hospital visit is necessary.
- Receive support to develop advance care plans where appropriate.
- Receive optimised access to the right accommodation, assistive technology and support to enable independence.
- Unpaid carers will have access to a wide range of help and support.

This will mean:

- Reduced waiting times for assessment and diagnosis.
- Increased numbers of dementia friendly businesses and communities.
- Reduced attendances at ED
- Reduced unplanned admissions due to lack of support for unpaid carers.
- Increased numbers of workforce trained through the Good Work Framework for dementia.

CONSULTATION DRAFT Version 1.0

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Dementia - What have we achieved so far?



**HENEIDDIO'N DDA
AGEING WELL**

2024-25 Delivery Plan - Dementia



**BWRDD PARTNERIAETH
RHANBARTHOL
CAERDYDD A'R FRO
CARDIFF & VALE
REGIONAL PARTNERSHIP
BOARD**

In 2024-25 we set out to:
People with dementia will be supported to live well and do the things they need to and enjoy in their communities

Governance:

1. Dementia Delivery Group – quarterly
2. Dementia Champions Network – 8 weekly
3. Project groups – various

Priority area	2024-25 Deliverable	2024-25 Progress
Community prevention and compassionate communities	<ol style="list-style-type: none"> 1. Launch and effectively distribute and promote the dementia prevention booklet 2. Further develop the Dementia Friendly network through a targeted approach as well as consolidate and promote organisations who have already pledged 3. Continue to widen engagement and coproduction within the programme, through the OpeningDoors, Listening Campaign and EmpowerMind events 	Completed
Community care and support	<ol style="list-style-type: none"> 1. Mapping services and developing effective seamless pathways between community services and organisations 2. Ensure professionals, service users and unpaid carers are aware of existing services and how to access them 	<ol style="list-style-type: none"> 1. Completed 2. Ongoing
Assessment and diagnosis	<ol style="list-style-type: none"> 1. Continued delivery of GP led Memory assessment clinics alongside consultant led diagnosis 2. Develop clear pathways for information, advice and support made at the time of diagnosis 	<ol style="list-style-type: none"> 1. Completed 2. Ongoing
Dementia Friendly Hospital Charter	<ol style="list-style-type: none"> 1. Improve inpatient settings and teams to become more dementia friendly through wider rollout of John's Campaign and self assessment tool (VIPS) 2. Increase inpatient activities and links with wider ward teams, including discharge support 3. Dementia aware support from ambulance teams and in EU through collaboration with WAST 4. Continue to use dementia care mapping as a tool for discharge and improving patient care with additional mappers 	<ol style="list-style-type: none"> 1. Ongoing 2. Completed 3. Ongoing 4. Completed
Programme enablers	<ol style="list-style-type: none"> 1. Increase number of staff who are informed and skilled level training 2. Amplify areas of good practice to raise awareness about the programme 	<ol style="list-style-type: none"> 1. Completed 2. Ongoing



Dementia

Significant progress has been achieved by the Dementia Programme in taking forward its 2023-24 delivery plan:

- [Dementia risk reduction resource](#) has been shared across Cardiff and Vale to all libraries, hubs and GPs
- Engagement with people at grass root levels continues with a focus on underrepresented communities, this has included more rural communities in the Vale and minority ethnic communities in Cardiff
- 2 additional dementia connectors (a single point contact) recruited to further support people living with dementia.
- Scoping and mapping of the community care and support services available across the region has been undertaken.
- Brain health and Memory Assessment services continue to empower people to know their risk and support with assessment through ongoing development of the assessment pathway.
- Dementia Engagement work has been recognised and published in Journal of Dementia Care.
- [Dementia programme collaborative work with WAST](#) (Welsh Ambulance Service Trust) and Cardiff and Vale UHB has been selected for Bevan Exemplar work to develop more seamless handover.
- Staff across health and social care have been supported with dementia learning development through dedicated training.

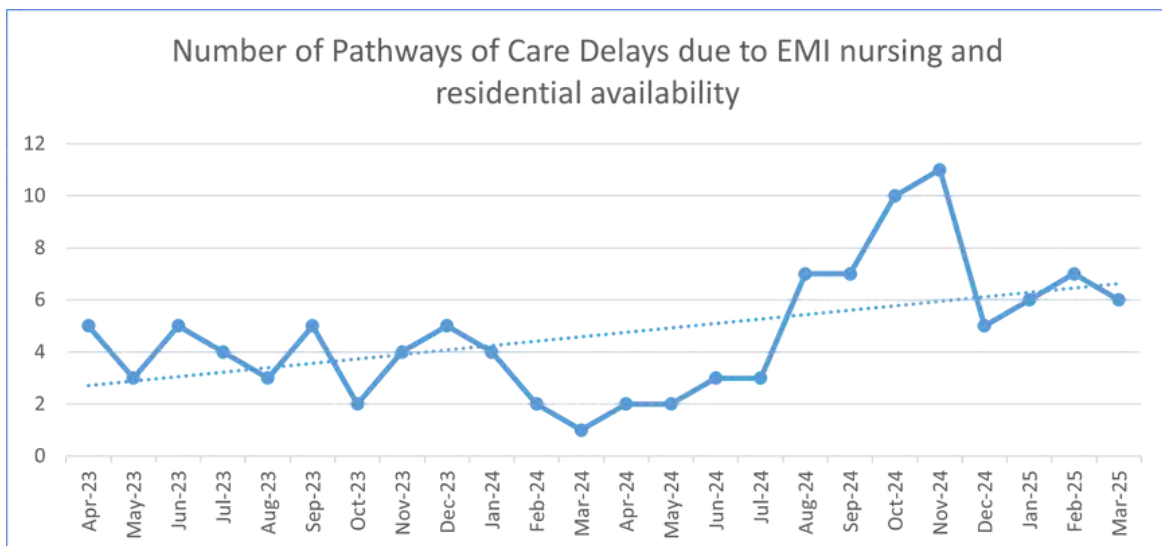
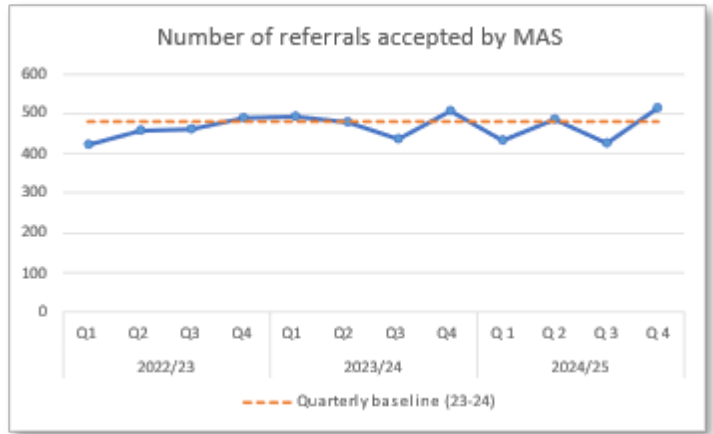
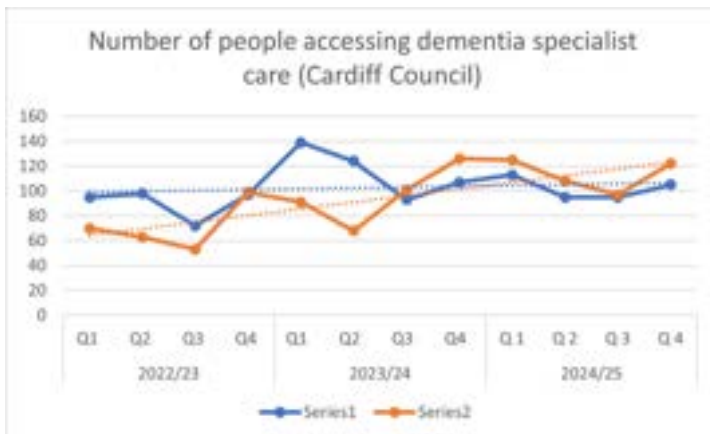




Dementia - Key Performance Outcomes

- 261 new organisations have pledged to become Dementia Friendly
- 4,211 people have been enabled to recognise challenges for people affected by Dementia as a result of Dementia Friendly Communities.
- 8,373 contacts have been made by Memory Assessment Service Link Workers resulting in 3,114 referrals to CRT or VCRS.
- 143 GP clinics have taken place, seeing 207 new referrals. 62% of people diagnosed were in Stage 1 of Dementia development allowing them more time to prepare for the future.
- 9,077 people were supported by Mental Health Matters to have therapeutic activities during an inpatient hospital stay

Programme Drivers



Dementia - A service users perspective

Cardiff and Vale's Dementia Champion's Network is led by people with lived experiences and acts as a scrutiny and sense checking group for the wider dementia programme. As described by the Co-Chair Ceri Higgins, it has become a "special place, for learning and reflecting" with professionals and people affected by dementia committed to co-producing change and improving services. The Champion's Network is working towards developing a 'Co-production plan' and has held multiple discussions and workshops over the last 6 months to build people's confidence and understanding of what true co-production looks like and the benefits of working in collaboration with people with lived experience.



In addition, people with lived experience are represented on our Dementia Delivery Group and are leading the dementia Champion network that is advisory to Dementia Delivery group. As dementia affects 1 in 2 of us, many stakeholders attend the meeting as professionals who also have lived experience, cementing the message that "dementia is everyone's business".

A series of engagement events have been held since August 2023, titled "Opening doors to Brain Workout". These events are co-produced and tailored specifically to individual community needs and have been focused on outreach and engagement with underrepresented groups such as ethnic minorities, rural communities, deprived communities etc. The hope is to break down stigma towards brain health and dementia, promote services and build long lasting connections between communities and those affected by dementia.

EmpowerMind engages with older people affected by mental health and provides a safe space with citizens and stakeholders from across Cardiff and the Vale to have their say about the future of mental health services for older people especially for those living with Mental Health condition due to complex caring for someone living with dementia. In March 2025, the second annual event was held in March 2025, to look back at the achievements from the last 12 months and next steps were agreed including priority work areas for the coming year.



Dementia - Social Value Impact

Dementia Connector Small Grant Awards

A portion of funding totalling £60,000 was utilised to support the dementia connector function for small grants for 3rd sector organisations to support this area, this included:

- Mental Health Matters received a grant to provide early information and advocacy support, addressing a known service gap.
- The Alzheimer's Society used its grant to offer targeted information and advice to carers of people living with dementia, helping to reduce isolation and empower informal caregivers.
- Cardiff-based third sector organisation C3SC used its grant to support existing community groups in identifying what people want from the dementia programme.

These initiatives complemented and enhanced the existing workstreams of our third sector partners and significantly contributed to a growing understanding of what people expect from the role of a Dementia Connector. This feedback is now directly informing our broader work around community care, support planning, and integration.

Mental Health Matters (MHM) delivers therapeutic activities that engage inpatients with dementia, aiming to improve their well-being and cognitive stimulation during their hospital stay. Activities are provided within St Davids Hospital and University Hospital for Wales and include:

1-2-1 support and group activities including bedside support, befriending, mobility and dexterity games, yoga, creative writing, arts and crafts, outdoor activities and interactive machine sessions.

Other activities include:

- Pets as Therapy
- Welsh National Opera
- Rubicon Dance
- BBC National Orchestra of Wales
- Social Prescribing
- Supporting Discharge



When an older person is admitted to hospital it can feel isolated and uncertain. MHM provides much needed social interaction and builds connections with inpatients becoming that trusted friendly face. In addition, the wellbeing coordinators often alleviate pressures of healthcare workers, supporting with mealtime and the discharge process.



Dementia - Quantative Outcomes

2022-23: 9,044 people supported through therapeutic activities

2023-24: 7,403 people supported with therapeutic activities

2024-25: 9,077 people supported with Therapeutic activities

Wellbeing outcomes

These activities support personalized well-being outcomes by boosting mood, offering a break from the clinical setting, and providing a reason to get up and participate each day.

They encourage social inclusion, which supports cognitive health, and give patients something enjoyable and meaningful to talk about.

Activities such as drawing, singing, walking, and one-to-one discussions not only support emotional recovery but also improve trust and communication between patients and care staff.

Partnerships with groups like Welsh National Opera and Rubicon Dance add creative and physical outlets that are both therapeutic and enjoyable. Many patients feel motivated to continue these activities even after leaving the hospital, extending the benefits into their everyday lives. Overall, these interventions support holistic care by enhancing mental, emotional, and social well-being during hospital stays.



RPB Community Empowerment Award Winners



Dementia

The **Opening doors to Brain Workout** engagement series received only £400, but has managed to run multiple events with the good will of communities, services and volunteers. This project really shows the strong relationships that have been built among third sector and statutory partners, working collaboratively to achieve a common goal of engaging and connecting with under-represented communities.

Aiming to address barriers and leveraging opportunities for inclusive Cognitive Health Programmes, the project looks to increase inclusivity and accessibility of dementia and mental wellbeing resources across diverse communities, such as:

1. Economically deprived communities
2. BAME (Black, Asian, Ethnic Minority) communities
3. Geographically segregated communities
4. LGBTQ+ communities
5. Intergenerational work

The project is committed to working co-productively with the communities and third sector partners to understand the specific challenges faced within each community and will work to build long-lasting relationships, community-led solutions and deep connections to local culture.

Outcomes from the Opening Doors to Brain Workout



- 21 events in 14 months
- 1,300 people connected
- 34 partner organisations involved
- 10 community volunteers trained
- Rise in percentage of people making earlier connections from under-represented groups
- Increase in Memory Assessment Service contacts with BAME communities from 1% to 4%.

You can access the full case study on Dementia friendly Communities [here](#)



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Enabling Partnership

In addition to our work for each of the population groups outlined above, we are also committed to supporting service areas which are fundamental in enabling our partners to work together effectively. These include:

- Regional Commissioning Board
- Digital
- Workforce
- RIC
- Capital





Regional Commissioning Board



2024-25 Regional Commissioning



In 2024-25 we set out to:
We will increase understanding of the private and third sector providers

Stakeholder engagement groups:
Vale provider forums
Cardiff Nursing & Residential Services Association
Vale Section 16 forum
Cardiff Adult Section 16 forum
Cardiff C&P Section 16 forum

Priority area	2024-25 Deliverable	2024-25 Progress
Planning	Establish an agreed quarterly monitoring and reporting tool Further align partners commissioning dashboards	Draft completed. Pilot planned for 25-26
Market Usage, Stability and Sufficiency	Continued deliver of Market Stability workstream	Ongoing on a cyclical basis
Commissioning approaches alignment	Continued delivery of OP res SS&CC work stream	Ongoing on a cyclical basis
Cost of care	Deliver a report following further development and use of a calculator created by following the Let's Agree to Agree toolkit for residential care and home care services	Ongoing on a cyclical basis
Social Value	Provide a structure to facilitate the sharing and alignment of individual partner approaches to the new Section 16 requirements	First phase of reporting complete, with forward work planned for 25-26

The Regional Commissioning Board works on behalf of the Regional Partnership Board, to ensure the partnership bodies work effectively together to:

- Ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this;
- Ensure that services and resources are used in the most effective and efficient way to improve outcomes for people in their region;
- Promote the establishment of pooled arrangements where appropriate;
- Prepare flash reports for the Regional Partnership Board and Strategic Leadership Group on the extent to which the board's objectives have been achieved;
- Consider regional contracting and fee setting.

This year the group has undertaken a review of all social value contracts to understand the scale and scope of third sector provision across the region funded by statutory partners. This work will now be extended into the coming year.

- Specification and contract development for older people in residential care
- Annually reviewing market stability
- Working with local providers to inform fee setting arrangements
- Section 16 forums and social value
- Developing an equipment protocol for residential care settings
- Contributing to the development of the Escalating Concerns national draft code
- Linking with Regional Workforce Board colleagues on ensuring support for Migrant Care Workers.



Section 16 Forums

Cardiff Adult Services Section 16 (Transformation and Innovation) Forum

Since our initial workshops held at Insole Court on 20th February and virtually on 1st March 2024, entitled Working Collaboratively to Transform the Way Services are Commissioned and Delivered, we have been working diligently to finalise the Terms of Reference for the Forum and ensure that our membership reflects the key areas of commissioning that Adult Services undertakes. We also renamed the Forum so that it better supported the aims of our Terms of Reference. It is now called the Transformation and Innovation Forum.

Two subsequent Innovation and Transformation Forums have been held on 30th September and 10th December 2024. Representatives were in attendance from Cardiff Council, Cardiff People First, Pedal Power, Age Connects, Cardiff & the Vale Integrated Partnership Team, Cardiff Third Sector Council, IMPACT Network, and various unpaid carer champions.

Anonymised Information was shared on current Adult Services contracts and their annual value. Discussion points centred around the Council's commissioning priorities, budget constraints and cost-effective Section 16 service delivery such as Shared Lives and Supported Living as cost-effective alternatives to care homes.

A briefing was shared on the new changes to procurement and commissioning legislation and opportunities were offered for Forum members to take part in a new Impact Network. The first meeting of the Cardiff Impact Network was held in November and agreed that the focus of their work will be on commissioning differently paying particular attention to the challenges for small providers such as issues like limited funding and complex commissioning systems and collaboration, with an emphasis on how larger organisations can support smaller ones. The findings and recommendations from the Impact Network will provide important information to help shape the future work of the Forum.

An important element of the Transformation and Innovation Forum is the ability for members to actively participate in workshop discussions that help shape the future work of the Forum. In the second meeting, participants came together to consider opportunities for delivering unregulated support services that contribute to meeting an individual's needs as set out in their Adult Services Care and Support Plan. Discussions identified services outside regulated care, such as food provision, friendship groups, shopping services, and home adaptations. They identified challenges and opportunities related to the delivery of these services including contract lengths, grant usage and effective collaboration. The discussions also identified the importance of including unpaid carers in the planning and design of these services.



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Vale of Glamorgan Section 16 Forum

Our 16 forum meets on a quarterly basis. The meeting is co-chaired by the Head of Resource Management and Safeguarding and a lead from the 3rd sector. The forum covers commissioning for the Adults and Children.

The desire is to create a meaningful, long lasting and further reaching forum. Through pre-engagement, co-design approach and shared ownership we've created something that has now been in existence for a year and is working incredibly well. The ToFR were coproduced. We're working to upskill all parts of the sector, not just the bigger organisations, promoting funding streams available and supporting the application of this. Engagement was key in the beginning and ongoing, we currently have a two year rolling plan of activity. The forum is focused on bringing down the barriers in commissioning for the 3rd sector.

The forum currently has 44 attendees/members with active encouragement for an increase in that number. In addition to the forum itself, a series of co-designed workshops take place throughout the year focusing on the commissioning objectives of commissioners and the third sector. Attendance at workshops has been variable and both hybrid and in person meetings are offered. Feedback from the 3rd sector has been really positive. A highlight from this year has been a workshop featuring the national office in the Welsh Government on the National Framework for Care and Support Principles and Standards. The focus was 'what does good commissioning look like to a provider?'

Future planned workshops include:

- **Meaningful market engagement prior to commissioning – what do providers want to see?**
- **Day services for older people in the Vale of Glamorgan - Market engagement session,**
- **The voice of the citizen to plan and award services.**

Surveys have been sent to organisations to gain their views on future workshop ideas, which we will incorporate into our timetable.



Digital

2024-25 Digital Care Region		
<p>This Year: The Regional Summary Care Viewer will allow health and care information and present it in a single record that enables it to be placed in the right place, at the right time and to the right staff. It supports staff to make better informed decisions in the interests of patients, service users and carers.</p> <p>Governance: Regional Digital Board</p>		
Priority area	2024-25 Deliverable	2024-25 Progress
Summary Care Viewer	Deliver a Summary Care Viewer application that enables regional partner organisations to safely and legally share digital information	Pilot projects completed for NHS and VCRI. Future work planned in 2025-26.
Single Sign On and In Context launch. Integration of regional networks to support data sharing	To build a network structure that allows staff in which ever organisation they are located to access the Summary Care Viewer without having to separately login. The viewer will present the same patient / service user the user is viewing on the local PC.	Progressed with future work planned in 2025-26.
Regional Information governance framework	Deliver an Information Governance process and set of documentation to manage multiple IG arrangements across the CWR region	Complete
Connecting Care, DHCW program to replace UHB and Vale of Glamorgan care record systems (Paris and WCCIS)	Procurement of replacement systems for UHB and VoG that deliver the organisations current and future requirements.	Progressed with future work planned in 2025-26.

The Digital Care Region (DCR) has made strong progress in developing the Summary Care Viewer (SCV), Wales' first integrated Health and Care Shared Record, across Cardiff and the Vale. The SCV is a secure, web-based platform that brings together information from multiple care systems—currently Paris and WCCIS—with plans to integrate EMIS and Eclipse in the near future. It provides frontline staff with a single, real-time view of essential patient and service user information.

In 2024–25, key milestones included piloting the SCV with the Vale Community Resource Service and the Neurodiversity Service, improving access to joined-up information while maintaining strong information governance via the Regional Information Governance Assurance Group (RIGAG).

A pilot to share Future Care Plans between GP practices and Welsh Ambulance Service Trust launched this year. This fills a critical gap by giving emergency responders real-time access to patient care preferences, improving outcomes and respecting patient wishes.

The DCR team continues to work closely with Digital Health and Care Wales (DHCW) as part of the national Connecting Care programme, supporting the procurement of new mental health, community health, and social care systems for the region.

Work has also begun on assessing options for a regional business intelligence system to enhance data accessibility and support improved decision-making across health and care partners.





Vale Community Resource Service (VCRS) and Neurodiversity teams piloting the SCV

- Established strong IG governance through RIGAG. No data breaches reported during SCV pilots
- Future Care Plans pilot approved, enabling real-time information sharing between GPs and WAST
- Ongoing partnership with DHCW supporting Connecting Care system procurement
- Business Intelligence options appraisal underway to enhance regional data insights





Workforce

2024-25 Workforce		
 This Year: Continued support recruitment, training, and retention of care staff and ensure training and development of social workers.		
 Governance: Regional Workforce Partnership Board		
Priority area	2024-25 Deliverable	2024-25 Progress
Regional Workforce Charter	Implement delivery of the Charter's 5 commitments	Ongoing implementation plan in place following finalisation of the charter
Unification of terms and conditions	Continue to review pay rates and recruitment processes with a view to limiting disparities across the sector.	On pause pending national development
Fast Track to Care	Delivery of fast track training programme for home and residential care.	Positive development with data highlighted below
Cardiff Care Academy	Bespoke training and mentoring package supporting anyone wishing to work within health and social care.	Positive development with data highlighted below

The Regional Workforce (social care) Partnership Board (RWPB) seeks to support recruitment, training, and retention of social care staff and has made progress in the following areas:

Regional Work Supporting the Overseas Workforce

The Cardiff and Vale region has made significant strides in supporting the overseas social care workforce. As part of these efforts, a comprehensive training programme, commissioned through Acute Training Solutions, is being piloted and rolled out across the region.

14 acute training sessions undertaken with a focus on Welsh culture and social care workforce integration. Development of a multi-lingual app tailored to the needs of overseas social care workers with information on cultural norms, employment laws, local services and community integration. Celebratory event recognising the achievements of care workers who have gained qualifications in recent years.

In addition, the RWPB has:

- updated its Charter to ensure that it reflects the evolving needs of the workforce while supporting efforts to recruit, retain, and develop a diverse and competent social care workforce;
- continued implementation of Fast Track to Care, offers participants to complete the 3-day WeCare Wales online training before continuing with tailored training and support provided by the Vale of Glamorgan Council via workforce development and a new communities for work partnership.
- undertaken joint collaboration work with Cardiff Councils Into Work Advice Service, Job Centre Plus, Careers and Working Wales, our bespoke training, mentoring and employment package has seen a huge increase in service demand.

18 cohorts have graduated from Fast Track to Care

131 participants have completed training

53 participants have gone on to secure roles in social care.

198 candidates have been supported by the Care Academy

93 candidates have then entered sustainable employment within health and social care.



Regional Innovation Co-ordination (RIC) Hub

2024-25 Regional Innovation Coordination Hub

Priority area	2024-25 Deliverable	2024-25 Progress
Social Prescribing 1. National Framework 2. Mapping Community Connector Function and enabling more joined up approach 3. Primary Care Cluster Support 4. Implementing SP referral on-discharge from hospital for patients identified at risk of loneliness and isolation 5. Lifestyle One-Stop Shop	1. Aligning with, supporting and embedding the National Framework for social prescribing roll out and support SPs Champions 2. Mapping organisations and persons fulfilling 'community connector' function by Aug24 to better understand who is delivering SP in the region and enable whole system approach, links established between SP providers where they currently do not exist by Mar25 3. Primary Care Clusters - Develop and strengthen SP Provision, Resources (non-governance standards and evaluation metrics) 4. Establish communication mechanisms between cluster RCP and hospital, Workshop facilitation, develop evaluation metrics 5. Fund and support event, Evaluation and learning	Please see information below
Digital Care Region	Funding to support further development of the summary Care Viewer	Please see Digital section
Palliative Care	Funding 18-month pilot input in ED	Please see information below



The Regional Innovation Co-ordination (RIC) Hub has supported a number of developments over the past year including further development of a shared care record across our region. The Summary Care Viewer is being piloted in two areas: integrated community service supporting older adults, and services supporting children on Neurodevelopmental pathways. It is hoped that this will:

- Increased productivity and reduced pressure on system
- Improved communication between organisations
- Increase safety and care quality for patients
- Reduce unwanted conveyancing of people to hospital
- Improve patient outcomes and patient choice.



- Community Connector Mapping to better understand who is delivering social prescribing in the region and enable a whole system approach
- Primary Care Cluster Support: providing practical support and advice to primary care cluster leads for social prescribing
- Establishing communication mechanisms to ensure people are made known to the respective cluster Multi-disciplinary Teams following discharge from hospital.
- Healthy Lifestyle One-Stop Shop Proof of Concept: providing screening and healthy holistic life choices to all those who live in the Eastern Vale Cluster aged 18+.
- Storytelling support provided to the region's Climb Intensive Learning Academy and Spread and Scale to help promote, evaluate and capture evidence and impact.
- Enable proactive palliative care to patients with life-limiting diagnoses admitted to ED in order to support care being relocated back to the community.

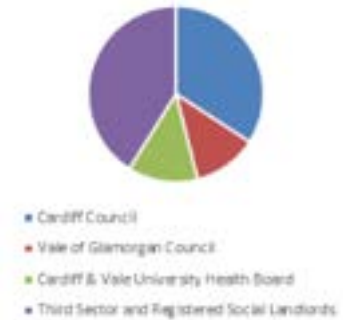




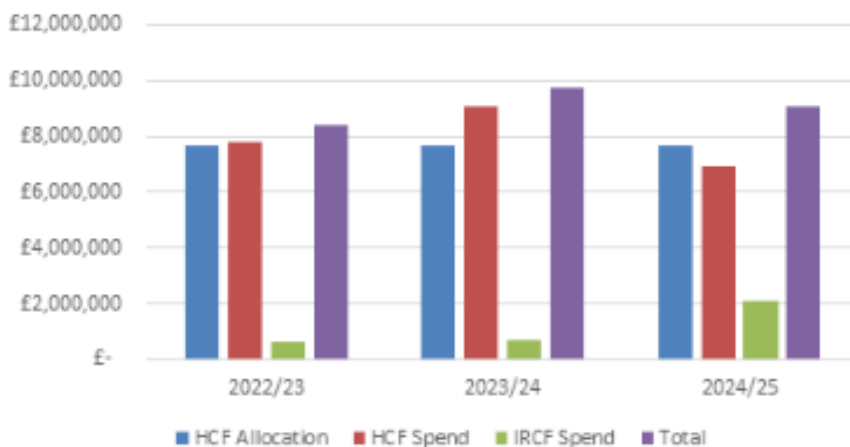
Capital



2024/25 Funding Expenditure by Partner



CAVRPB Capital Programme (2022-25)



- The HCF programme achieved close to 95% spend for 24/25, following two years of achieving full spend and utilising national underspend.
- Cardiff & Vale RPB is the first in Wales to have an IRCF project approved under Priority 3, with almost £1m awarded for five units providing residential care for young people with additional support needs.
- The Strategic Capital Plan has been refreshed in quarter 4 of the 2024/25 financial year, with particular attention to the capital pipelines section.

Including Registered Social Landlords, charities, and third sector bodies, the Cardiff & Vale Capital Programme has invested £10m in the Third Sector over a three-year period of 2022 to 2025. This amounts to 43% of the total regional capital allocation via the Housing with Care Fund.

In addition, £173k (12%) of the IRCF revenue allocation for the Cardiff & Vale RPB to invest in co-ordinating and facilitating the development of seamless, integrated delivery of services through health and social care hubs has been delivered via the Third Sector. An overview of the range of third sector partners supported by capital funding over the last 3 years can be viewed below.





Third Sector Capital Fund 2022

16 applications for £100k capital funding

Motion Control Dance: new sensory and tactile equipment for their dance sessions with people with disabilities and older people with health issues.

- Gibbonsdown Community Group for kitchen equipment and appliances to create a community cafe.
- Improved accessibility for Headway who provide services for people with long term complex conditions due to brain injury.
- Furniture and decoration for family and carer accommodation at Moss Rose Cottage to enable respite and independence trials.
- New physical activity equipment for the Sporting Memories Foundation.
- New play equipment for Ty Robin, an Action for Children initiative for children with complex needs.
- Physical enhancements for YCSA residents.
- Improved accessibility for Cathays and Central Youth and Community projects which cater for service users with additional learning needs and associated physical disabilities.
- Equipment to support the needs of the deaf community via Wales Council for Deaf People.
- Equipment to facilitate the expansion of Vision 21 which supports people with Learning Disabilities.
- The provision of sensory packs by ACE.
- Structural survey for Vale Plus.
- Volunteer management software system for Age Connects together with 2 laptops to support welfare outreach sessions.

Third Sector Capital Fund 2023

20 applicants awarded funding totalling £150k.

- Kitchen refit for Barnardo's Ely Family Centre
- Support to develop an accessible, community-based multi-agency hub in the Western Vale by Music in Mind.
- New sensory equipment and office supplies for the Touch Trust.
- Gym equipment for Barry YMCA to develop a new project for children at Ysgol Y Deri.
- Accessibility improvements for Headway Cardiff and South East Wales.
- Office equipment for Riverside Advice, a specialist welfare rights organisation.
- New kitchen installation at ValePlus chapel.
- Accessibility improvements for Grow Cardiff, a charity seeking to improve health and wellbeing through community gardening.





Third Sector Capital Fund 2023 cont.

- Range of equipment for Recovery Cymru Community a charity which supports people and families affected by substance misuse.
- Various equipment for Aubergine Cafe and Events, a social enterprise serving plant-based food in Cathays Community Centre. The Café is owned and staffed entirely by Autistic and Neurodivergent people
- Training equipment for Women Connect First, a charity that supports BAME women, older women, children and young girls
- Installation of a Changing Places Facility at Amelia Trust Farm.
- Refurbishment support for Community Care and Wellbeing Service
- Capital support for MENFA who provide educational activities and skill building for older people, BAME people, children and young people.
- Support launch funding for new Goldies Cymru sessions in Barry and to support older vulnerable people and their carers.
- Activity sets, kitchen equipment and venue adaptations for Butetown Community Association.
- Equipment for Alhunsu Community Trust Group serving older people and women from ethnic minority backgrounds.
- Refurbished recording studio for Cathays and Central Youth and Community Project.
- Keyboard and charger for Barry Community Choir



Third Sector Capital Fund 2024

18 third sector organisations awarded £150k

- Heroes Rights (CUBE) made alterations to help turn a cellar into a recording studio
- Llanrumney Hall Community Trust purchased furniture to enhance their visitor environment
- Age Connects purchased nail pliers for their nail cutting service
- A new chapel door for ValePlus and ValePlus extra improving access and reducing fire risk
- A new ramp, accessible planting beds and wheelchair accessible pathways for Grow Cardiff
- Access improvements for Hope St Mellons to improve visibility and safety of their main entrance
- Neurodiverse-friendly Kitchen refurbishment for Church Army
- Building renovations for Cathays and Central Youth and Community Centre
- Building enhancements for With Music In Mind to support their expansion in the Western Vale.
- Sensory and cooking equipment for St Vincents Centre Beyond Differences Group
- Indoor and outdoor equipment for the City Hospice garden
- Expansion of Independence and Wellbeing groups by Headway Cardiff and SEW for people with brain injuries.
- Innovate Trust activity support for people with learning disabilities - including 4 wildlife cameras
- Accessible composting toilet for Breathe Creative, enabling wheelchair users enhanced access to the allotment
- Refurbishment of Barnardos Ely Family Centre
- Enhanced lighting to improve accessibility for Butetown Community Association
- Refurbished cafe and reception to improve accessibility for Friends of Pedal Power
- Enhanced care kitchen and creche for Women Connect First, making a more attractive environment for service users



Third Sector Capital Fund 2024 cont.

With Music in Mind: The funding has supported our organisation by enabling us to create a lovely, warm, welcoming space for the community to access a variety of services. With new underfloor heating and up-to-date insulation, the space will be energy-efficient and the new electrics will ensure long-term safety. The new layout will mean that wheelchair users can easily navigate the space. With Music In Mind and our project partners will be able to run many more services from the community hub, and therefore access many more people in the community who need advice and support.

Barnardo's: The new kitchen will enable Ely Family Centre to become a resource for the community and a safe and warm space with a wider reach. The teaching of the cookery skills facilitates family wellbeing, supporting families to spend time together cooking which in turn facilitates positive experiences that keep families together. Some of these families may only be a young person from FEPS and their parent/s, but all families are important for wellbeing.

Touch Trust: One of our Creative Facilitators, explained the impact of one of the new armchairs on guests. 'It's really useful; the high back and stability are really important for guests, and it's much more stable than the old one.' Another colleague, described our new reception desk, 'It was such a nice surprise to come in last Wednesday. It just looks so lovely. It looks really professional, and it does make a massive difference when visitors arrive.'

The technology upgrades, a direct result of your support, have been a game-changer. The new music equipment, for instance, is used in every session, significantly improving sound quality and reliability. This has profoundly impacted our guests. The Creative Facilitator described the experience of a guest: 'He likes to sit and relax, so playing music with him really works. His movement is now very limited, so he can't get up and dance anymore. The music has to sound good, as long as it's peaceful because it's for him; it's a relaxation session.'

Barry YMCA: The funding has made a huge impact on the club as well as its gymnasts, particularly those with additional needs. With the introduction of the mats, it meant that apparatus that some of the children with additional needs couldn't manage, can now confidently enjoy in a safe and developmental way.





Third Sector Capital Fund 2024 cont.



Grow Cardiff:

- 19 Grow Well project volunteer participants have taken part in the project, helping with the re-design and re-landscaping work in the garden as well as sowing seeds and new plants.
- 25 visitors have dropped into the garden and taken part in a Grow Well session (local residents, other providers/organisations).
- 10 staff from Starbucks and Hubbub enjoyed an away day, supporting the installation of the polytunnel and other garden based activities for their health and wellbeing.

A service user perspective:

"I have some health issues which limit my ability to work and which led to me giving up my self-employment a few years ago which I had increasingly struggled to do but which gave me a sense of pride and identity. Things changed, and I found myself with more time on my hands, but my situation, as well as a pandemic, have impacted on my confidence and put a strain on some friendships so loneliness has been an issue for me.

When I started going to the garden project in Riverside on a Thursday, I was quite anxious, not knowing what to expect, but I was always greeted so warmly by the staff and volunteers, they made me feel very welcome. Firstly, we would have a cup of tea and a sit down while we discussed what jobs needed to be done. There was never any pressure to do anything at all, it was ok to just be there, for as long or as little time as I felt comfortable with, depending how I felt on the day. Just being part of the group, whether I was actively gardening or just sitting, watching or chatting, however the time was spent, it was helping my mental health and I didn't feel so isolated. Gardening, being hands-on with plants and nature, slowing down and observing more closely has had such a calming effect on me. I've also learnt a lot and I've been able to transfer some of that knowledge to my own garden, which I've enjoyed more and more since volunteering.

Last year I started working regular hours at Museum Wales which meant that I was no longer able to go to the Riverside garden so I started going to the Grow Well garden at The Dusty Forge in Ely on a Monday instead. Now that things have settled down and I have a framework to my week I have prioritised this activity because the benefits to my mental health and well-being are so tangible to me. I really enjoy being part of the team and I always come away feeling more connected, positive and happy.

I hope the project will continue to grow and provide opportunities for people to make friends and gain confidence like I have done, it is such a valuable resource to me."





Third Sector Capital Fund 2024 cont.

Heroes Rights (CUBE) The funding has been used to create a podcasting studio for the children and young people at CUBE. The funding was used to build the studio and purchase a podcasting equipment mixing desk, TV, laptop for podcasting and Mac pro for filming and editing. The total of all the equipment came to £7,947.96 and the remaining cost was match funded.

Llanrumney Hall Community Trust The funding has allowed us to provide a more comfortable and useful environment for our visitors. All of our chairs were mismatched and scruffy as all donations – mainly ex dining chairs that were very heavy and took up a lot of space. 4 The new chairs are comfortable and have allowed us increase capacity significantly across the majority of rooms.

Age Connects Thanks to the grant, we have transitioned to sterilising nippers in-house using the autoclave we purchased, reducing costs from £1.75 per nipper to just 60p - a saving of over 65%. This cost-saving measure enables us to reinvest funds in resources that directly enhance the services we provide to our vulnerable clients.

ValePlus & ValePlus Extra The new doors have made a huge difference, the premises is now fully accessible to all wheelchairs and walkers as we are able to open up both doors. It is also saving us money on utilities as there are no gaps like the previous old doors.

Grow Cardiff were able to co-produce a new design for the site with local people, re-landscaping the Grow Well community garden at Grange Medical Practice, in order to improve accessibility across the whole site for patients and local people with mobility and access needs, particularly those using wheelchairs. The funding allowed Grow Cardiff to add a ramp onto the site, accessible planting beds and create wheelchair accessible pathways in the garden.



Forward Look: Key Focus Areas for 2025-26

As we progress into the third year of our **Joint Area Plan 2023-2028**, the Cardiff and Vale Regional Partnership Board (RPB) remains steadfast in its commitment to enhancing health and social care services across the region. Our collaborative efforts are guided by the priorities established in the plan, ensuring that we address the evolving needs of our communities.

Starting Well

Improving the support for children and young people with highly complex needs, improve life opportunities through identifying the added value of partner working in the early years, work towards a needs led model to better support neurodivergence in children, develop a digital solution to improve safeguarding, and discover how all children can better be supported with data that works across different sectors.

In addition we will seek to strengthen our relationship and support for our regional integrated family support services.

Living Well

Unpaid Carers

Unpaid carers mental wellbeing continues to be an area of focus – and was also highlighted at the Unpaid Carers Assembly as a key priority. A local task and finish group has been established and will continue to develop this area.

Short Breaks funding has been announced for 2025-26, so this area will continue to be a focus for development, including learning from other regions and best practice case studies. Increase discharge support for unpaid carers through designated hospital-based support staff will be implemented in 2025-26.

People with Learning Disabilities:

Improve the data across the partner organisations to help us better understand the population, make sure that the voice of lived experience better informs and drives work through the principle 'nothing about us without us', continue to improve interventions that make a huge difference to people including Annual Health Checks, support through sex and relationships work, Acute Liaison Nurse support for when people are in hospital, ultimately enhancing prevention and promoting independence.

Neurodivergence

Continue to work together to improve our shared understanding of the current situation regarding need and provision of services, embed the voice of people with lived experience in our programme, explore better ways of providing support that rely less on a diagnosis, and make sure we improve against the Autism Code of Practice.



Mental Health

Building on the ongoing work to achieve outcomes for those living with mental health conditions.

Complete co-production events with service users for deep understanding of people's needs.

Develop an agreed set of outcomes for older people with mental health needs through a plan and delivery structure to help achieve this. A collaborative event between Regional Partnership Board and Pre-birth pathways (with all partners) to include in draft early years pathways delivery plan.

Review currently pathways for early years specific to mental health including early years trauma

VAWDASV

Continue implementation of our agreed plans.

Sensory Impairment:

Undertaking a baseline assessment of need.

Ageing Well:

@home

Due to the scale and complexity of the work in this area, many of the priorities supported in 24- 25 will continue into the next year. These include:

- Development of an Integrated Community Care System, including implementation of the next phase of delivery bringing together:
- Further spread of our Connected Communities model – our multidisciplinary team model for clusters including social prescribing and discharge follow-up
- Development of an Integrated Community Care Service to respond to more people in the community and avoid the need to go to hospital where appropriate. This includes; Safe@home, Urgent Primary Care Centres, Digital Navigation Centre, Physicians Response Unit, District Nursing and a new model for community hospital working.
- Development of a regional approach to Future Care Planning, building on the initial scoping work undertaken in 2024-25 to develop and implement a new way of working to support people to consider their future care needs and wishes.



Dementia:

- Contribution of lived experience from Cardiff and Vale region into the development of new iteration of dementia action plan.
- Strengthening co production plan with lived experience.
- Strong emphasis on communication and engagement to connect with underrepresented communities.
- Continue to work towards making dementia everyone's business.
- Roll out the work of new dementia connectors.
- Continue to build on existing programme of work.

Strategic Enablers:

The success of our Joint Area Plan is underpinned by the development of key enablers:

- **Effective Information Sharing:** Ensuring seamless communication between services to provide coordinated care.
- **Digital Innovation:** Leveraging technology to enhance service delivery and patient engagement.
- **Workforce Development:** Investing in training and resources to equip our staff with the skills necessary to meet emerging challenges. In 2025-26 work will focus on implementing the revised Workforce Charter for the region.
- Continuing the development and implementation of our **Regional Capital Plan**.
- **Regional Commissioning Board** - continuing the development of our commissioning plans and building the work of our section 16 Fora
- **Population Needs Assessment** - in the coming year we will be seeking to pilot a new cyclical approach to our PNA development.

Underpinning all this work is a commitment to grow together in partnership. We will seek to gauge the strength and effectiveness of our work through a planned Self Assessment process, the results of which will be included in our 2025-26 Annual Report. In collaboration with local Public Service Boards and Pan Cluster Planning Groups, we are dedicated to delivering clear and measurable outcomes for our citizens. Our collective efforts are focused on creating a health and social care system that is responsive, efficient, and centered around the needs of the people we serve.

A comprehensive overview of our delivery priorities for the coming year can be accessed in our Annual Delivery Plan 2025-26 which will be available from end May 2025.





Appendix 1: Funding and Support

Programme	Description	Amount (£k) 2024-25	Total Spend (£)
Regional Integration Fund	RPB Infrastructure	750	754
	At Home	9,264	9650
	emPower	4,125	3873
	Complex Health and Learning Disability	820	781
	Learning Disabilities	1,774	1696
	Unpaid Carers	479	459
	ICF Autism	398	463
	ICF Dementia	1,585	1555
	Short breaks	172	172
	Social Value	45	45
	Digital	35	0
	Total	19,448	19,448
WCCIS		173	173
Neuro-diversity		635	631
Regional Innovation Co-ordination Hub		250	250
IRCF (Capital Fund) Revenue		450	441

