



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref PO/JB/146/2025
Ein cyf/Our ref PO/JB/146/2025

4 April 2025

Dear Chair,

During my appearance at the Local Government and Housing Committee's evidence session on 19 March 2025, I undertook to provide additional information on a number of areas as outlined below.

1. UK Government's changes to Employer National Insurance contributions

As stated at the evidence session, National Insurance is a non-devolved matter. The decision to make changes to employers' National Insurance contributions was taken by the UK Government in the UK Budget last year and came into effect from April.

The UK Government has confirmed it will provide the Welsh Government with funding to cover the increased costs of public sector employer National Insurance contributions. We have previously confirmed any funding will be passed directly to those services. Our initial estimate of the additional National Insurance costs to devolved public sector employers in Wales is £253m.

However, as the Finance Secretary confirmed in the Senedd on 2 April, the UK Treasury has decided to distribute additional funding support to meet the increased costs of public sector employer National Insurance contributions for Scotland, Northern Ireland and Wales using the Barnett formula. It is our view these costs should be funded in full across the whole UK and should not be based on a Barnett consequential of the costs for the English public sector.

The First Minister raised these concerns when she met the Chancellor and in follow-up correspondence. The Finance Secretary reiterated these concerns to the Chief Secretary to the Treasury. He was clear the UK Government should fully fund Welsh public sector employers' National Insurance contributions, in the same way as it plans to do for English public services.

We recognise organisations and businesses commissioned by the public sector to provide services and third sector organisations are concerned about the impact of changes to

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

employer National Insurance contributions. The UK Government's analysis shows more than half of employers with National Insurance contribution liabilities will either see no change or will gain overall in 2025.

We continue to make representations to the Treasury.

2. Workforce Task and Finish Group

The Workforce Task and Finish Group are due to report back to the Ending Homelessness National Advisory Board at its next two meetings (in April and July), before putting forward final recommendations for Welsh Government's consideration in early autumn. I will write to the Committee in due course with an update on next steps following receipt and consideration of their report.

3. Cardiff Homelessness Multidisciplinary team (MDT)

Please find attached a paper at Annex A from Cardiff Council and Cardiff and Vale University Health Board, providing information on their joint working via their Cardiff and Vale Health Inclusion Service (CAVHIS) and the Homelessness MDT.

4. Rapid rehousing (RRH) task and finish group

The purpose of the RRH Task and Finish Group is to help drive forward and embed RRH across Wales and help support partners that are integral in its delivery. The Group has identified two workstreams:

- **Workstream 1** - Aligning housing supply with the needs of people experiencing homelessness. A 'deep dive' has taken place with three local authorities – Conwy, Cardiff, and Rhondda Cynon Taf - to understand how data and information on the diverse housing needs of households experiencing homelessness is shaping the delivery of local authority plans for new housing. The group will identify good practice and barriers to providing the housing to meet the needs of people experiencing homelessness. The subgroup will present recommendations to the Ending Homelessness National Advisory Board in summer 2025. The results will then be used to inform updates to Welsh Government Guidance on Rapid Rehousing and Housing supply more generally.
- **Workstream 2** - To focus on communication and raising awareness and understanding of the RRH approach, including the benefits this approach delivers both for people experiencing homelessness, as well as for public services across Wales. The group is planning a national summit in autumn 2025, drawing together key partners from across public services and increasing awareness and buy in for the RRH approach.

5. Welsh Government's discussions with the DWP regarding removing financial barriers for young people in supported accommodation to find employment

Welsh Government officials attended a Department for Work and Pensions (DWP) workshop in July 2023 with Welsh local authority revenue and benefits representatives. The workshop's purpose was to inform DWP's early development of reform to Housing Benefits for Supported Housing, the subject of its recent consultation (see below). The issue of financial barriers for young people in supported housing was raised by both stakeholders at the session, and by Welsh Government as part of feedback on wider considerations. Welsh Government officials have also raised this issue with DWP officials during discussions in 2024, ahead of the launch of their consultation.

On 20 February 2025 the Ministry for Housing, Communities and Local Government and DWP launched their [joint consultation on Supported Housing regulation](#). The consultation is open for 12 weeks until 15 May 2025. Part 2 of the consultation relates to proposed changes to Housing Benefit Regulations for Supported Housing within Great Britain.

While the consultation does not include specific questions on financial barriers for young people in supported accommodation to find employment, Welsh Government will reiterate this overarching feedback as part of the consultation response.

6. Homeless statistics – release from prison

In the last full year of published data (2023-24), 1,548 households reported 'prison leaver' as the main reason for loss of last settled home, which represents approximately 11% of the total number of households owed a section 73 duty (households that were homeless, eligible for help and subject to a duty to help to secure accommodation).

Source: Welsh Government [Statutory homelessness data](#)

Thank you once again for the Committee's interest in this important agenda.

Yours sincerely,



Jayne Bryant AS/MS

Ysgrifennydd y Cabinet dros Lywodraeth Leol a Thai
Cabinet Secretary for Housing and Local Government

Additional information for the Local Government and Housing Committee March 2025

Examples of joint working – Cardiff Council, Cardiff and Vale University Health Board

Introduction

There are two key services working in partnership to support health inclusion groups in Cardiff who face significant challenges accessing health and social care services: the Cardiff and Vale Health Inclusion Service (CAVHIS) and the Homelessness Multi-disciplinary Team (MDT).

a. Homelessness Multi-Disciplinary Team (MDT)

Funding: Core funding, Housing Support Grant, Complex Needs Funding, Substance Misuse Action Funding (SMAF) and self-organisational funding.

The Homelessness MDT was established in 2019 to provide therapeutic intervention, support, and treatment to people with complex support needs within homelessness. It focuses on delivering in-depth assessments that lead to person-centred, coordinated support and treatment plans.

The MDT comprises clinicians and practitioners from various organisations, including Cardiff Council, Cardiff and Vale University Health Board (CAVUHB), Cardiff Addiction Unit (CAU) Cardiff and Vale Drug and Alcohol Service (CAVDAS), Dyfodol, police, and probation.

With some initial funding from Welsh Government this model began as a housing-led initiative in partnership with CAVUHB to demonstrate a proof-of-concept. However, since 2019, significant progress has been made, and there is now clear leadership from CAVUHB to advance this approach and integrate it into mainstream delivery. This is evident from the developments of the Cardiff and Vale Health Inclusion Service outlined below.

b. Cardiff and Vale Health Inclusion Service (CAVHIS)

Funding: CAVUHB.

CAVHIS is a CAVUHB service designed for groups that face significant challenges when accessing health and social care services. The original CAVHIS model (previously known as Cardiff Health Access Practice) was commissioned to provide public health screening for newly arrived asylum seekers and refugees, as well as GP registration for 3-4 months while individuals are supported into traditional primary care services.

Over the past two years, to better meet the needs of health inclusion groups¹, CAVHIS has been expanding to implement a three-phased hub and spoke model outlined below. In June 2024, the CAVUHB Investment Group fully supported the Phase 1 business case.

Phase 1 (*full implementation expected by July 2025*): Embed and expand the outreach and in-reach aspects of the model. This includes GP and nurse outreach into high-need homeless hostels, probation services, sex parlours, and mobile gypsy traveller sites and a

¹ Health inclusion groups include people experiencing homelessness, sex workers, asylum seekers/refugees, individuals in the Criminal Justice System, and Gypsy, Roma Travellers. However, it is important to note that there is a spectrum of need within these groups, and this project focuses on those most in need.

health inclusion in-reach team based in the Emergency Unit and University Hospital Wales. Phase 1 will continue to work closely with Homelessness MDT.

Phase 2: Establish a service hub that will act as the coordination centre for the provision of health, housing, and social care for individuals in identified health inclusion groups. This hub will co-locate an extended multidisciplinary team (MDT) and relevant services.

Phase 3: Commission intermediate care beds, potentially as part of Phase 2 or earlier if suitable accommodation and a model are agreed upon.

2. CAVHIS and Homelessness MDT Partnership Working

The two services currently collaborate, with the vision to merge the services in Phase 2. Current partnership arrangements include:

- Information sharing via the Homelessness MDT WASPI. WASPI is being updated to incorporate new partnerships and reflect changes in data sharing legislation.
- CAVHIS and Homelessness MDT refer into one another's services:
 - CAVHIS GPs and nurses refer to the Homelessness MDT for comprehensive support from allied healthcare professionals, including occupational therapists, dietitians, mental health specialists, and substance misuse support.
 - The Homelessness MDT refers to the in-reach service and coordinates with GP and nurse services in high-need hostels.
- CAVHIS provides clinical governance to nurse role within the Homelessness MDT.
- CAVHIS attends Homelessness MDT meetings weekly to contribute to case management plans.

3. Key Successes

a. Partnership Working

Over the past few years, partnership working between Cardiff Council, CAVUHB, and third sector partners has increased significantly, demonstrating a clear joint commitment to tackling the severe and multiple disadvantages that health inclusion groups face.

All partners understand that a single system and service response is neither efficient nor cost-effective. We recognise the need to collaborate in developing approaches that reduce pressures on systems, provide cost savings, improve healthy life expectancy, and, importantly, save lives.

This commitment is evident through the efforts of the Health Inclusion Programme Board, Health Inclusion Implementation Group, and various working groups which bring together partners to implement the vision.

b. Data Collection

One of the project's biggest challenges is collating data on health inclusion groups. Baseline data is limited because these patients often do not engage with existing services, and when they do, they are not coded within Patient Administration Systems at the GP or hospital level. This makes it difficult to accurately describe or predict the demand and trends within these groups.

To evidence need and monitor impact, significant work has been undertaken at a local level to gather both quantitative and qualitative data. Key data exercises include:

- Tracking the NHS activity of 462 people experiencing homelessness. This monitoring is conducted via NHS numbers for those who have been seen by GPs in homelessness hostels. As the model progresses, this data set will expand.
- Quarterly reporting on homeless deaths of individuals known to the Council's accommodation and support gateway. A partnership with the South Wales Coroners has been established to understand, where possible, the cause of death. Additionally, work is underway with the medical examiner's office to improve reporting.
- Conducting an in-depth review of 25 people experiencing homelessness to understand the costs to public services within a two-year period.
- Collated data on demand, including a Health Inclusion Needs Assessment for Cardiff and Vale conducted in 2022, and further reviewed the spectrum of need for these cohorts in Cardiff to identify those most in need.

CAVHIS is working with health and housing colleagues to improve the visibility of health inclusion groups within health data. A list of housing statuses has been agreed upon, and work is ongoing to embed these into health assessments and systems. This

c. Impact to Date: Reduced Pressure and Costs on Systems

The tracking of 462 people experiencing homelessness provided evidence demonstrating that this cohort accessed care reactively, presenting to urgent and emergency care services with complex presentations. This was central to the phase 1 business case. This data has also allowed us to monitor the impact of the service to date.

A 9-month comparison of pre and post the in-reach service implementation (January-September 2023 vs. January-September 2024) has shown a:

- 20% reduction in Emergency Unit attendances (826 to 660), saving £36,164.
- 50% reduction in time spent in the EU (9,926 hours to 4,966 hours).
- 15% reduction in admissions (177 to 150).
- 41% reduction in length of stay (1563 to 921), saving £402,463.
- 41% reduction in the number of people attending more than 10 times.

While the data focuses on the Emergency Unit and secondary care, it is important to highlight that the community outreach service and the Homelessness MDT, alongside the in-reach service, will also contribute to the reductions outlined above.

d. Impact to Date: Improved Outcomes for Patients and Staff

The project recognises the power and importance of qualitative data, collecting direct feedback from people using the services and staff. In February 2025, at the official launch of the in-reach service, a patient spoke about the impact of the service:

"The CAVHIS team have been really great. They come and see me once or twice a week. They've really helped me out and made me feel comfortable."

"I've done my treatment because of the staff I've met — I've been clean off heroin for two months. It's not long, but for me, it's good. I've moved to a different hostel now, and I've got a good support team around me."

Both health, council, and third sector staff have provided positive feedback on the service. A staff member from the Emergency Unit stated that the in-reach service:

"allows a stretched clinical team with multiple priorities to deliver holistic and compassionate care to vulnerable people who have significant health and social needs but, for a variety of reasons, often struggle to access support services not designed with them in mind."

Work is also underway to develop a health inclusion engagement network to ensure the voices of people using services are embedded into its design and delivery.

4. Key Next Steps:

Develop shared outcome measures between Health and Council: Measures to demonstrate the impact of the model on the whole person's journey. By collaborating on these measures, we aim to capture comprehensive data that reflects improvements in health, housing stability, and social care.

Enhance data collection: Following the success of the newly launched 'Single View of the Child,' we are investigating possibilities to develop 'Single View of The Adult,' which would use the information, intelligence, and data we have across the Council and public services to develop a 'Single View' of the contacts each adult has with our services. The single view of the child is underpinned by the principle that **linking data is more important than building a single data system**. Lessons learned from the rollout of universal case management systems confirms **linking disparate systems together** is a more sustainable and efficient way than finding a single monolithic system to solve our data problems (which would take more time and expense).

Identify a suitable building for Phase 2: Phase 2 is crucial for CAVHIS to take on full primary care responsibilities for the agreed groups. The new hub will enable the co-location of services, merging CAVHIS and the homelessness MDT, access to allied health professionals, specialist community clinics, and seamless integration with in-reach and outreach elements. This will provide holistic, person-centered care with a 'no wrong door' approach.

Intermediate care beds: Reviewing information from the benchmarking exercise, develop and agree on a local model, covering aspects such as the pathway, length of stay, funding, workforce, and location.

Identify funding: Source revenue and capital funding to progress the project forward, aiming for co-commissioned joint funding of health inclusion that is fully integrated and sustainable.