

# Pecyn Dogfennau



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Chief Executive,  
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County Hall, Carmarthen. SA31 1JP

DYDD MAWRTH 7<sup>FED</sup> O FEHEFIN 2016

**AT: HOLL AELODAU'R PWYLLGOR CRAFFU GOFAL  
CYMDEITHASOL AC IECHYD**

YR WYF DRWY HYN YN EICH GALW I FYNYCHU CYFARFOD  
O'R PWYLLGOR CRAFFU GOFAL CYMDEITHASOL AC IECHYD  
SYDD I'W GYNNAL YN Y SIAMBR, NEUADD Y SIR,  
CAERFYRDDIN AM 10:00YB AR DDYDD MERCHER 15<sup>FED</sup> O  
FEHEFIN 2016, ER MWYN CYFLAWNI'R MATERION A  
AMLINELLIR AR YR AGENDA ATODEDIG.

*Mark James*

**PRIF WEITHREDWR**



**AILGYLCHWCH OS GWELWCH YN DDA**

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# **PWYLLGOR CRAFFU GOFAL CYMDEITHASOL AC IECHYD 14 AELOD**

## **GRŴP PLAID CYMRU – 5 AELOD**

- |    |            |                       |
|----|------------|-----------------------|
| 1. | Cynghorydd | T.T. Defis            |
| 2. | Cynghorydd | W.T. Evans            |
| 3. | Cynghorydd | D.J.R. Llewellyn      |
| 4. | Cynghorydd | G. Thomas (Cadeirydd) |
| 5. | Cynghorydd | J.S. Williams         |

## **GRŴP ANNIBYNNOL – 4 AELOD**

- |    |            |                           |
|----|------------|---------------------------|
| 1. | Cynghorydd | S.M. Allen (Is-Gadeirydd) |
| 2. | Cynghorydd | I.W. Davies               |
| 3. | Cynghorydd | E.G. Thomas               |
| 4. | Cynghorydd | H.I. Jones                |

## **GRŴP LLAFUR – 4 AELOD**

- |    |            |                |
|----|------------|----------------|
| 1. | Cynghorydd | K. Madge       |
| 2. | Cynghorydd | E. Morgan      |
| 3. | Cynghorydd | B.A.L. Roberts |
| 4. | Cynghorydd | J. Williams    |

## **POBL YN GYNTAF (SIR GAERFYRDDIN) – 1 AELOD**

- |    |            |             |
|----|------------|-------------|
| 1. | Cynghorydd | S.M. Caiach |
|----|------------|-------------|

# AGENDA

1. YMDDIHEURIADAU AM ABSENOLDEB
2. DATGAN BUDDIANNAU PERSONOL
3. DATGAN CHWIPIAID PLAID SYDD WEDI EU GWAHARDD
4. CWESTIYNAU GAN Y CYHOEDD (NID OEDD DIM WEDI DOD I LAW)
5. EITEMAU AR GYFER Y DYFODOL 5 - 6
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Mae'r dudalen hon yn wag yn fwriadol

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

## 15<sup>th</sup> JUNE 2016

**Forthcoming items for next meeting –  
Tuesday 20th September 2016**

Discussion Topic	Background
Safeguarding Adults from Abuse - Annual Report 2015/16	This is one of the Council's key priorities and in the past, the Scrutiny Committee has received regular updates on the issues and progress being made in developing robust processes to safeguard adults.
TIC Project Update	The TIC Team was established to support a programme of transformational change across the Local Authority and to seek opportunities to drive out waste and inefficiency by delivering more purposeful services. This item will provide the Committee with an update on the work of the Team and examples of projects that it has supported in services that are within the Committee's remit.
Extra Care Schemes	This will provide the Committee with an update on the Extra Care Schemes now operating within the County.
Deprivation of Liberty (DoLS)	The Deprivation of Liberty Safeguards (DoLS) (part of the Mental Capacity Act 2005) are aimed at ensuring that individuals in care homes, hospitals or supported living facilities are cared for in ways that do not inappropriately restrict their freedoms. This item will provide the Committee with an update on the latest developments.

Discussion Topic	Background
Commissioning Framework for Domiciliary Care	This item will provide the Committee with an overview of the commissioning framework for domiciliary care services including details of the inspection process undertaken by the Care & Social Services Inspectorate Wales (CSSIW).
Q1 Performance Monitoring 2016/17	<p>This standard 6-monthly report allows members to undertake their monitoring role in relation to the relevant departments' services. The report also includes details of the compliments and complaints received by the relevant departments.</p> <p>Following agreement by the Scrutiny Chairs &amp; Vice-Chairs Forum, all the scrutiny committees will now receive performance monitoring reports for quarters 1 and 3 from 2016/17 onwards. The end of year position will be captured as part of the Council's Annual Report and Improvement Plan document.</p>
Budget Monitoring 2016/17	This is a standard quarterly item which enables members to undertake their monitoring role of revenue and capital budgets in relation to the Education & Children Department.
Social Care & Health Scrutiny Committee Annual Report 2015/16	In accordance with Article 6.2 of the County Council's Constitution, each Scrutiny Committee must prepare an annual report giving an account of its activities over the previous year. This report will provide members with an overview of the Committee's work during the 2015/16 municipal year.

**PWYLLGOR CRAFFU GOFAL  
CYMDEITHASOL AC IECHYD  
15<sup>fed</sup> O FEHEFIN 2016**

**Gofalwyr Di-Dâl**

**Ystyried y materion canlynol a chyflwyno sylwadau arnynt:**

Bod y Pwyllgor yn:

- Ystyried y cynnydd a wnaed hyd yn hyn a'r canlyniadau a gyflawnwyd o ran y ddwy ffynhonnell waith ac yn chyflwyno sylwardau arnynt.
- Cymeradwyo Adroddiad Blynyddol Mesur y Gofalwyr i'w gyflwyno i Lywodraeth Cymru.

**Rhesymau:**

- Rhoi gwybod i'r Pwyllgor Craffu am y cynnydd a wnaed ynghylch dau beth o ran ein cefnogaeth i ofalwyr di-dâl:
  - Strategaeth Gwybodaeth ac Ymgynghori ar Gyfer Gofalwyr Hywel Dda 2012-2015 (y cyfeirir yn gyffredinol ati fel Mesur y Gofalwyr) ac Adroddiad Blynyddol 2015/2016 (Atodiad 1).
  - Adroddiad Blynyddol Bwrdd Partneriaeth Strategol Sir Gaerfyrddin ar gyfer Gofalwyr 2015/16 (Atodiad 2) a'r Cynllun Gweithredu (Adroddiad Monitro) (Atodiad 3)
- Mae Llywodraeth Cymru yn mynnu cael adroddiad blynyddol ar gynnydd y Rhanbarth a chyflawniad Mesur y Gofalwyr. Mae Cyngor Sir Gaerfyrddin yn bartner cyfartal yn y Rhanbarth.
- Er mwyn i'r aelodau gyflawni eu dyletswyddau craffu mewn perthynas â monitro perfformiad.

**Angen cyfeirio'r mater at y Bwrdd Gweithredol / Cyngor er mwyn gwneud penderfyniad: NAC OES**

**Aelod y Bwrdd Gweithredol sy'n gyfrifol am y Portffolio:**

Cyng. Jane Tremlett (Gofal Cymdeithasol ac Iechyd)

<b>Y Gyfarwyddiaeth:</b> Cymunedau	<b>Swyddi:</b>	<b>Rhifau Ffôn / Cyfeiriadau E-bost:</b>
<b>Enw Pennaeth y Gwasanaeth:</b> Chris Harrison	Pennaeth Comisiynu Strategol ar y Cyd	<a href="mailto:chris.harrison@pembrokeshire.gov.uk">chris.harrison@pembrokeshire.gov.uk</a>
<b>Awdur yr adroddiad:</b> Jonathan Rees	Swyddog Datblygu ar y Cyd – Gofalwyr	01554 747565 <a href="mailto:jonrees@sirgar.gov.uk">jonrees@sirgar.gov.uk</a>



## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 15<sup>th</sup> JUNE 2016

## Unpaid Carers

### BRIEF SUMMARY OF PURPOSE OF REPORT

To inform the Social Care & Health Scrutiny Committee of work that is ongoing in support of unpaid carers. There are 24,000 unpaid carers in Carmarthenshire with almost 10,000 of them caring for up to or over 50 hours every week. The contribution to the local economy in the region is substantial.

A Regional work stream developed under the Carers Information and Consultation Strategies Measure has been ongoing for 3 years with the strategy reaching its final term in 2016. Ongoing funding to assist the transfer of the strategic initiatives to the new SSWB Act has been provided by Welsh Government for a further 2 years at a slightly reduced rate (5% less per annum). This funding will be mostly utilised to deliver the ongoing work of the Investors in Carers Programme (IiC). The annual report (in draft) prepared for Welsh Government is attached and the Scrutiny committee is requested to endorse this for submission to the Welsh Government.

In Carmarthenshire a Carers Action Plan was launched in late 2014 and targets activity in relation to the National Carers Strategy. Carers Health and Well Being, Carers and Employment, A Life beyond Caring and Young Carers and Young Adult Carers are the themes therein. A monitoring report covering each activity stream is attached.

The Carmarthenshire Strategic Partnership Board for Carers Annual Report 2015/16 is also attached.

Not recognising or supporting unpaid carers could lead to the following outcomes:

1. A decline in the numbers of carers/family members prepared to take on a caring role
2. Poor health outcomes for citizens with a caring role
3. Contravention of the Human Rights and the Equalities Acts

These outcomes may result in increased costs to health and social care budgets.

<b>DETAILED REPORT ATTACHED?</b>	<b>YES</b>  <b>Appendix 1 – Hywel Dda Information &amp; Consultation Strategy for Carers 2012-2015</b>  <b>Appendix 2 – The Carmarthenshire Strategic Partnership Board for Carers Annual Report 2015/16</b>  <b>Appendix 3 – Action Plan (Monitoring Report)</b>
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## IMPLICATIONS

**I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report.**

**Signed: Chris Harrison      Head of Strategic Joint Commissioning**

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
<b>YES</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>

- 1. Policy, Crime & Disorder and Equalities**
- A decline in the numbers of carers/family members prepared to take on a caring role.
  - Poor health outcomes for citizens with a caring role
  - Contravention of the Human Rights and the Equalities Acts

## CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below:

Signed: Chris Harrison Head of Strategic Joint Commissioning

1. Local Member(s) – N/A
2. Community / Town Council – N/A
3. Relevant Partners – N/A
4. Staff Side Representatives and other Organisations – N/A

**Section 100D Local Government Act, 1972 – Access to Information  
List of Background Papers used in the preparation of this report:**

**THESE ARE DETAILED BELOW:**

Title of Document	File Ref No. / Locations that the papers are available for public inspection
Hywel Dda Information & Consultation Strategy for Carers 2012-2015	Attached – Appendix 1

Mae'r dudalen hon yn wag yn fwriadol

# Hywel Dda University Health Board



## Hywel Dda University Health Board (H DUHB) Information & Consultation Strategy for Carers 2012-2015

### 2015/2016 Annual Report



**Hywel Dda Information & Consultation Strategy for Carers – 2012/2015  
Annual Report 2015/16**

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## **1 JOINT FOREWORD**

The Carers Strategies (Wales) Measure 2010 (Carers Measure), clearly identified that through support, guidance and information, Carers are able to establish and maintain a healthy lifestyle, and improve their health and wellbeing. The resultant effect is that, in the majority of situations, a cared-for person is able to remain in their home whilst being safely and appropriately supported. This principle, combined with our partnership approach to the Information & Consultation Strategy has delivered significant progress noted in our previous annual reports, positively acknowledged by Welsh Government, partners and external stakeholders alike.

From the outset the Partnership has recognised Carers as equals and an asset in the provision of care, rather than passive recipients of support services. The provision of quality information has provided Carers with the opportunity to input directly to the planning, development and delivery of high-quality, flexible support. In turn this has provided individuals and communities with the resources to manage their caring responsibilities with confidence and enjoy life alongside their caring role.

We have now seen the mainstreaming of areas of good practice within the partner organisations. The Investors in Carers (IiC) scheme has seen the vast majority of General Practitioner (GP) surgeries in the region achieve bronze level, with several committed to achieving silver status. This serves to demonstrate the ongoing commitment to Carers and a longer term, proactive approach to identify and support Carers through Primary Care, within their communities.

The scheme delivers a number of cultural changes particularly;

- Increased communication between professionals and voluntary organisations
- Recognition of their role and the identification of ‘hidden’ Carers
- Targeted health checks for Carers
- Evidence of involvement and feedback from Carers on the services they receive, in design, development and delivery

The good practice developed through this scheme has also been extended to include secondary care settings including community hospitals and elderly mental health units, with excellent links implementing the same scheme across community pharmacies.

The investment in the “Carer Aware” training package on a regional basis has seen a great deal of work taken forward in raising awareness amongst

## **Hywel Dda Information & Consultation Strategy for Carers – 2012/2015 Annual Report 2015/16**

staff across all sectors. The original E-learning method training has been supplemented with alternative facilitated sessions to reach as many staff as possible, particularly those with no access to personal computers during their normal work.

Significant progress has been made in taking forward the Young Carers agenda in 2015/16, working closely with commissioned voluntary sector organisations and other key stakeholders. This has been complemented by the development and subsequent commissioning of the Young Carer Aware E-learning package, endorsed fully by each local Children's and Young Peoples Partnership (CYPP).

Considerable strides have also been made across Mental Health services culminating in areas of increased engagement within the proposed development of the "Triangle of Care" (TOC) model in 2015/16. The latter is closely linked to the work already established as part of the Investors in Carers (IiC) Scheme and the work of the regional Mental Health Carers Forum.

It is also encouraging that mechanisms have been developed to ensure that Carers' views have been sought through various networks including several significant consultation initiatives at both a local and all-Wales basis. We are also pleased that the roles of Carer Ambassadors, Carer Leads and Champions at all levels continue to feed back Carers views whenever possible. The formal inclusion as members of the Programme Board ensures that Carers input to the developments at the highest level. The innovative approach of an on line survey has also enabled the Health Board to establish the number of Carers across the workforce.

Carers' views, their experiences and our ability as a partnership to respond have been embedded within our report supported by comments received directly through various engagement initiatives and commissioned services.

The key challenges over the next year will be to maintain the positive progress made now that funding has been confirmed during the transition to the SSWBA implementation, particularly to ensure that information, advice and assistance is provided when delivering health care services. Long term maintenance and development of the initiatives is essential and the appointment of substantive posts linked to Investors in Carers Scheme and Young Carers can maintain the momentum.

The effort across the partnership, has laid a solid foundation on which, the SSWBA and the Well-being of Future Generations (Wales) Act 2015, (WFG) can now build and truly advance the Carers' agenda.



**Hywel Dda Information & Consultation Strategy for Carers – 2012/2015  
Annual Report 2015/16**

We are therefore delighted to endorse the following Annual Report outlining the positive progress that has been delivered over the past 3 years, in partnership for the benefit of Carers across the region.



**Bernardine Rees, OBE,  
Chair & Carers Champion,  
Hywel Dda University Health Board**



**Cllr Catherine  
Hughes  
Carers Champion,  
Ceredigion County  
Council**



**Cllr Jane Tremlett,  
Carers Champion,  
Carmarthenshire  
County Council**



**Cllr Mike James,  
Carers Champion,  
Pembrokeshire  
County Council**

## 2 CONCLUDING POSITION 2015/16

In line with previous years, the continued focus on the Key Aims presented in the Information and Consultation programme and has delivered significant improvements to Carers lives and outcomes across our communities as well as an increased focus on workforce colleagues with caring responsibilities.

Over 9,800 Carers has been identified across the region, with 100 Young Carers who have received assessments by Social Services. In addition, Carer training was completed by over 900 staff through the Carer Aware e-learning, staff briefings and IIC workshops.

### a. Welsh Government (WG) Feedback – “Carer’s Voice”

Following the feedback to previous Strategy reports, Carers involvement and input has significantly increased in designing and implementing the Strategy, with Carers representatives on all major groups, forums and the Programme Board. Supported by the Key Performance Indicators (KPIs), in line with Welsh Government requirements, this report demonstrates the progress of the Strategy and the commitment across the Hywel Dda Partnership to actively listen to the Carer’s Voice, in line with the previous Welsh Government feedback below;

*“This is a detailed and robust report, containing good analysis and detailed information of the awareness raising of Carers providing a number of examples where and how information is disseminated to Carers. There is strong evidence of the training programmes provided and undertaken by staff and Carers. Recruitment of dedicated personnel has been effective and successful in raising the importance of identifying Carers. Strong evidence that Carers are involved in decision making and have been included in the development of a number of strategies and consultations which includes “The Young Carers Charter”. There has been a significant increase in the involvement of Carers of people with mental health problems in developing mental health strategy and services. The provision of monitoring/feedback system for Carers has been effective. The report provides both qualitative and quantitative information.”*

### 3 KEY PROGRESS AND DEVELOPMENTS 2015/16

#### a. Carer Engagement

Carers' issues and questions are now a permanent feature of the Health Board's communication strategy, featuring in the "Talking Health" programme and Citizen's Panel surveys. At a community level, Carer's issues feature in learning sessions at GP surgeries and local, community National Health Service (NHS) staff surveys. Hywel Dda's own Health Board website, now has a permanent Carers section providing valuable information and guidance on services and support for Carers, NHS staff, agencies and pharmacies to enhance the Carers agenda at all levels, whether at community or hospital locations. This compliments the websites and information displayed by our local authority partners. The Programme's partnership approach has enabled common and consistent messages, themes and literature to be provided across the Region.

The health board has now included Carers as a specific element of the Patient Public Engagement (PPE) programme and its communication team has a dedicated role to ensure these cultural changes are embedded for the future.

#### **Carers Story**

*An 82 year old Carer from Haverfordwest required a replacement hip operation but was concerned how that would impact on him looking after his wife with multiple sclerosis. Following a discussion with the Carers Information Service, the local authority and the health board were able to make the necessary arrangements for the pre-operative assessment for the replacement care required. The latter was arranged so that both the Carer and Cared for spent a week together in a local residential care home and the Carer sent the following message by email – "Wishing to thank you from the bottom of our hearts for all the work that you have done on our behalf. Many, many thanks. Happy to report that things are going well....My hip operation took place and I was able to spend about a week in Ward 1 before spending another week with my wife in Torestin. I am now home, feeling able to look after myself whilst my wife remains in Torestin until I will be able to drive and bring her home for me to care for her again. So, all being well, I should be 'back on my feet' by the end of this month".*

*"The above demonstrates the importance of highlighting Carers as a priority when planning services provided by the Health Board and the*

## Hywel Dda Information & Consultation Strategy for Carers – 2012/2015 Annual Report 2015/16

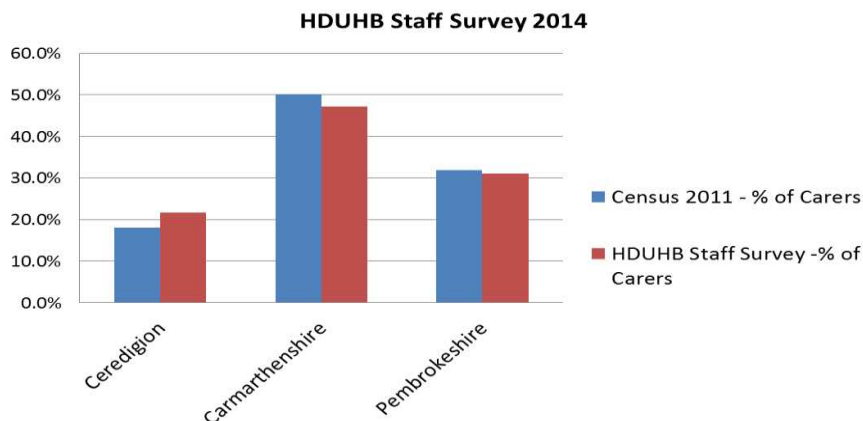
*wider impact on well-being and patient treatment” – Peter Llewellyn, Assistant Director, Strategic Partnerships, Hywel Dda University Health Board*

### b. HDUHB Staff Survey

During 2014, the Programme conducted an on-line survey which provided a clear insight on Carers in our workforce and clearly highlighted the constant change in priorities of their personal and professional roles. Many long-serving colleagues have managed the position for a number of years.

*“While I could discuss it at work I don't tend to bring how stressed I am at home into the workplace as I work in a busy office environment and it would not help anyone”*

The survey outcomes are shown below compared to the 2011 Office for National Statistics (ONS) census and it's clear that the Health and Social Care workforce constitute a significant proportion of the caring community.



**Figure 1 – HDUHB Staff Survey 2014**

It also highlights the impact directly on HDUHB and its' ability to deliver health care services.

*“I could not go to another post that could not help with flexible working conditions”*

The survey results were previously published and clearly demonstrate that simple steps advising and assisting our own workforce, can have a significant impact on their individual well-being. In turn, this directly

## Hywel Dda Information & Consultation Strategy for Carers – 2012/2015 Annual Report 2015/16

improves our ability to consistently deliver quality Health and Social care.

### ***HDUHB Staff Survey 2014***

In particular, the respondents highlighted some issues which directly affect service delivery and performance specifically;

- 44% stated that caring affected training.
- 30% of staff had reduced skill levels due to their caring role.
- 40% stated that their work suffered as a result of caring
- 75% of staff reduced their hours or bought additional leave to perform their caring role, clearly impacting on their own standard of living.

During 2016/17, a key focus of the transition plan will be towards improving information and advice for colleagues on their work/life balance and Caring responsibilities.

*“More tired in work as I take annual leave to attend appointments and care for my partner when their unwell...”*

### **c. Carers Information & Guidance**

In partnership with local authorities, third sector brokers and commissioned providers, an extensive audit programme was completed on Carers communications in wards, clinics, departments and GP practices.

The information group has now developed communication protocols and action plans for Carers' information, on a regional partnership basis, and has now developed strong links to continue this approach for the future. Over 40 new information boards have been installed at secondary health care settings, including hospital outpatient departments and in particular ward reception areas which are seen as key locations to provide Carers with relevant information and support.

### **Carers Story**

*Mrs S. cares for her partner who is frail and recently suffered a fall. Mrs S. was referred to the service via the liC registration form at Llwynhendy GP practice as her partner was undergoing rehabilitation at Prince Philip Hospital. An appointment was made with the Carers Outreach worker to talk through the support available. Mrs S. was concerned how she would care on her own when her partner was transferred home considering her own health conditions. The Social Care and Occupational Therapy assessment processes were discussed as well as equipment loan from the British Red Cross. Following a number of visits from the Outreach Worker Mrs S. has now attended a Llanelli's Carers Group and feels happier and better able to manage her caring role.*

In partnership with Marie Curie, there is on-going distribution of the revised, Carers specific literature such as revised “Say I’m fine....and mean it”,



**Figure 2 “Say I’m Fine....and Mean It”**

and inclusion of Carers’ information in bedside folders and with all discharge “take home” medicines, providing information and guidance to a wider and relevant audience. Future work will develop similar “affinity” approaches to deliver cost-effective communications and advice to Carers.

#### **d. Staff Awareness & Training**

The workforce development through training and briefings has given staff the tools and skills to understand the caring role better and recognise and value Carers as an asset in successful patient treatment and community support. In turn, this has prompted the need for cultural shifts within the Health Board to further embed Carer involvement and recognition.

## **Hywel Dda Information & Consultation Strategy for Carers – 2012/2015 Annual Report 2015/16**

The momentum gained through the Carers Measure has clearly established the wider understanding around the “chain” of care and the importance of partnership working, whether through health, social care or third sector and independent organisations.

### **4 ENGAGEMENT WITH CARERS AND STAKEHOLDERS**

Throughout the programme, the Carers Measure and its implementation across the region has featured strongly with regular reports featuring in community health council locality meetings and 50+ Forums.

Historically, whilst Carers have featured in the health board/local authorities’ and stakeholder reference groups; the Carers Measure has increased the focus such that Carer representation is now viewed as essential across the region. The development of regular discussions through Carer Forums, Carer Leads, Carer Ambassadors and Carer Champions has also been instrumental in gaining essential input into the design and delivery of our Partnership services. The on-going partnership programme has also provided a forum to share and refine best practice across the Region.

Collaborative planning and delivery has proven invaluable for events such as Carers Rights Day and Carers Week to maximise the impact of budgets across organisations, as well as enable the identification and assistance to hidden Carers who beforehand had previously been unsupported.

It is clear that the Carers Measure has embedded the principles of partnership working and engagement with Carers, and has laid a solid foundation to a consistent method of receiving and responding to Carer feedback. Future support and funding for Carers services will only increase the positive attitudes across the workforce and recognition of the huge part Carers play in our communities.

During 2014/15 the Health Board revisited the Equality Impact Assessment (EIA) as part of the Carers Measure Programme and whilst this received a positive assessment, it highlights the need for monitoring and ensures future plans reflect the ever changing profile of our communities. Particularly, with current low level demand from Polish and Eastern European communities.



**EIA Extract**

*“There was also evidence of positive engagement with a large range of stakeholders with no indication of any negative impacts. These stakeholders included older people, mental health carers, carer forums and health board staff, utilizing a number of different engagement methods”*

**Stakeholder feedback & Strategy development**

A consistent message from Carers in which ever form that we engage with them is that they are not a demanding cohort of caring individuals. They don't seek much more than recognition and responsive services that support them to continue in their caring role. In short, Information, Advice and Assistance.

*“Mr X felt socially isolated due to his caring role and lacked confidence. He was interested in learning more about how he could take advantage of Information Technology to help with his caring role. The carers outreach worker discussed activities offered by third sector services and he agreed to be referred to LINKS to take part in their Information Technology sessions. He has since participated in social activities with the group at LINKS including meeting up to play pool. The carer has also attended Information Technology lessons organised by the Llanelli Carers Group.”*

Carers have expressed preferences for a single point, face to face contact for assistance and we were pleased to further develop Carer outreach services during the Programme. This model has now been developed across the Hywel Dda Region and we have implemented outreach services in all 3 Counties, providing an additional channel for Carer support.

Over the last 12 months, this message has been repeated consistently at a range of forums, groups and through individual feedback received from Carers. Work has commenced to extend these engagement methods into Hospitals, Schools, Community Services, Education and Housing Departments, and the SSWBA clearly reinforces this approach with requirements on all departments to identify Carers as early as possible.



## 5 PUBLIC SECTOR ORGANISATIONS

### a. Scrutiny/Policy/Single Integrated Plans

The initial Information and Consultation Strategy was presented to the Local Health Board, Local Authorities and County Voluntary Councils for scrutiny, comment and feedback. Following consultation, the Strategy was published as final, representing alignment with Single Integrated Plans across the Region in support of the Carers Measures aims, objectives and legislative requirements. During this period, the strategy was published for patient, public and partner consultation and feedback through the normal channels and mechanisms.

The Programme Board has regularly reviewed the governance framework to maintain its relevance to regional authorities and county plans and ensure that Carers have direct input to the strategy implementation.

The programme progress has regularly been reported at Scrutiny Committees, demonstrating the achievement of common aims and objectives between health, local authorities and third sector organisations to improve Carers' outcomes.

The future governance will clearly reflect organisational changes within the health board and its' Partner organisations. At this time, it is proposed that reports from the Programme Board will be fed into the Improving Experiences Committee within HDUHB. In addition, changes will be required during 2016/17 to reflect changes brought about by the SSWBA and WFG acts and the introduction of Public Service Boards and Regional Collaboratives.

### b. Health Board Priorities

The health board's Integrated Medium Term Plan (IMTP) has taken the initial Information and Consultation strategy further through ensuring that Carers issues are mainstreamed into everyday working practices for NHS and Local Authority staff to work effectively with Carers, and in true partnership to deliver;

- Earlier and planned support for Carers
- Creation of cultural change in the NHS and its relationship with Carers
- Carers mainstreamed into working practices in the NHS at all phases from
- Design through to service delivery.

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Additionally, the liC schemes across GP practices, health centres and community pharmacies have promoted and supported the health board's objectives and its' integrated plan, particularly;

- Facilitating the early identification of Carers and Young Carers
- Ensuring early planned support through partnership mechanisms
- Recognition, involvement and support for Carers as partners and assets in the health care process.

Hywel Dda has now introduced a specific web page, dedicated to Carers' issues to ensure that the latest information and guidance is available and demonstrates that Carers are a core focus of its services. The communications team within Hywel Dda has now taken responsibility, as a core function, to update the pages with the latest news, accessible by both the public and NHS staff.

[www.hywelddahb.wales.nhs.uk/carers](http://www.hywelddahb.wales.nhs.uk/carers))

### c. Regional Partnerships / Commissioning

The advantage of taking a partnership approach has been a recurring theme in meeting the aspirations of the Carers Measure. In particular, effective collaboration and joint service commission between health, authorities and the third sector has proved hugely beneficial as the example below demonstrates;

#### ***Carer Story – Stroke Association/Carers Information Service***

*“A woman who cares for her grandchildren due to family circumstances has also suffered several strokes and has recently diagnosed with a terminal condition. Due to her condition, the woman has not been able to bath and can't manage stairs, so sleeps on the sofa. Following a meeting with the Stroke Association and co-ordinated activity with the Carers Information Service, several outcomes were achieved;*

- *Motorised bed/chair funded through a Stroke Association grant was supplied*
- *Fastrack application with the Council and installation of a stair lift*
- *Access to the bath for washing & relaxation*
- *Improved family interaction during a difficult time, particularly for grandchildren*
- *Increased rest and less reliance on the family*

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However in going forward the impact of Local Authority cuts on spending and the potential reorganisation following the Williams review will challenge these established partnership arrangements. There will be an opportunity though for Carers to benefit from further integration of health & social care and the new regional collaborative arrangements spanning Pembrokeshire, Carmarthenshire, and Ceredigion.

### **Carer Story – Carers Information Service**

*Funding applications were submitted for Carers Trust Grants, obtaining £282 for a wheelchair power pack to enable the Carer to take her husband out in his wheelchair as her own health problems make it difficult to use a manual wheelchair.*

*“The recently commissioned service ‘Carers Outreach Workers’ by Hywel Dda University Health Board has proven complementary to the existing Carers Information Service. Working in tandem and within The Carers Trust, Carmarthenshire are ideally placed to offer domiciliary and targeted support to so many unpaid Carers who find themselves housebound most of the time due to committed caring responsibilities for a loved one.*

*By providing a service that can ‘reach out’ to Carers some of the most basic and fundamental needs of us all – company, someone to listen, someone who knows how to get help and someone just for Carers are met. .*

*Carers can be referred to the outreach service by social care and health care professionals and can benefit from home visits and relaxed interactions without any perceived pressures or stress. They appreciate a dedicated service and welcome the sharing and listening opportunities, the knowledge and the signposting that this Team is able to deliver and the focus on themselves as Carers. ”*

**Cllr Jane Tremlett, Carers Champion, Carmarthenshire County Council**

### **d. Performance Summary – 2015/16**

In line with Welsh Government policy under the Carers Measures funding, the national Key Performance Indicators (KPIs) are summarised in the table below. In addition, the summary tables showing the KPIs for the full programme are shown at Appendix 2.

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Overall, there has been significant progress across the programme with all indicators showing a rise, year on year. The workforce training element has not has been as successful as might have been hoped, and take up across the health boards has, in part, been impacted by mandatory training requirements. An identified area for improvement across all organisations, is the executive commitment to support workforce learning. Future strategies should have an early focus on this aspect at the outset to be truly successful.

Whilst it should be recognised that the task is far from complete, it demonstrates that the programme and the partnership approach is showing significant benefits and achieving the aims and objectives of the Carers Measures legislation.

The steady increase in Carer identification through health settings does suggest that cultural change is underway. In particular, the combination of training and the liC Awards, have significantly increased Carer Awareness at a community level, providing Health with the opportunity to provide necessary and relevant advice, information and guidance.

(Further detail can be found section 7(f) under the Performance Sub Group review.)

### HDUHB Regional Summary 2015/16 Key Performance Indicators (National)

Carers Measures 2010 - Performance Indicators	Q1	Q2	Q3	Q4
<b>Indicator 1:</b> Percentage of Carers identified	19%	19%	20%	21%
<b>Indicator 2:</b> Percentage of staff trained (accredited training)	0.3%	0.8%	1.1%	1.4%
<b>Indicator 2b:</b> Percentage of staff trained (Accredited and non accredited training)	1.0%	2.0%	2.8%	3.5%
<b>Indicator 3a:</b> Percentage of carers known to Social Services who had assessment or review	5.6%	9.2%	26.8%	17.2%
<b>Indicator 3b:</b> Percentage of Young Carers you had assessment or review	23.0%	39.7%	41.2%	47.8%
<b>Indicator 4</b> The percentage of carers that have been referred for carers assessments by health staff during the year.	24.5%	34.8%	10.6%	13.3%

n.b. Key data comparisons against 2011 Census (ONS data)

**Figure 3 - National KPI summary 2015/16**

## 6 PROFILE OF CARERS IN THE HYWEL DDA REGION

A significant amount of data and information has been assessed in developing the Strategy, and, during the delivery phase, on-going analysis will be performed to review and affirm the plans. The following statistics were used as a baseline for planning during the development of the Strategy:

- 2001 census – 43,232 Carers identified.
- 2011 census – 47,787 Carers Identified.

Hywel Dda Region - Carers Identified  
(Census 2011)

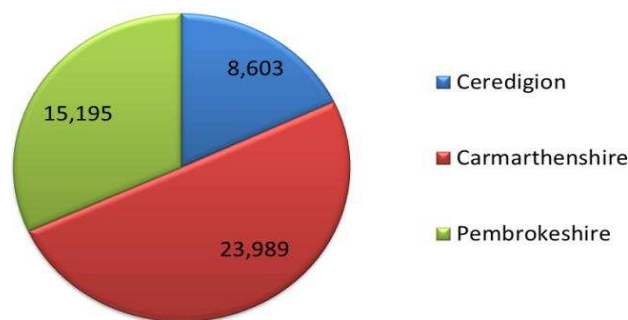


Figure 4 – Hywel Dda Carers by County

Through the work of the Strategy Implementation Group and more latterly the Performance Management Sub Group, further analytical work was commissioned, showing firstly;

Carers by age group providing more than 50 hours per week, unpaid Care;

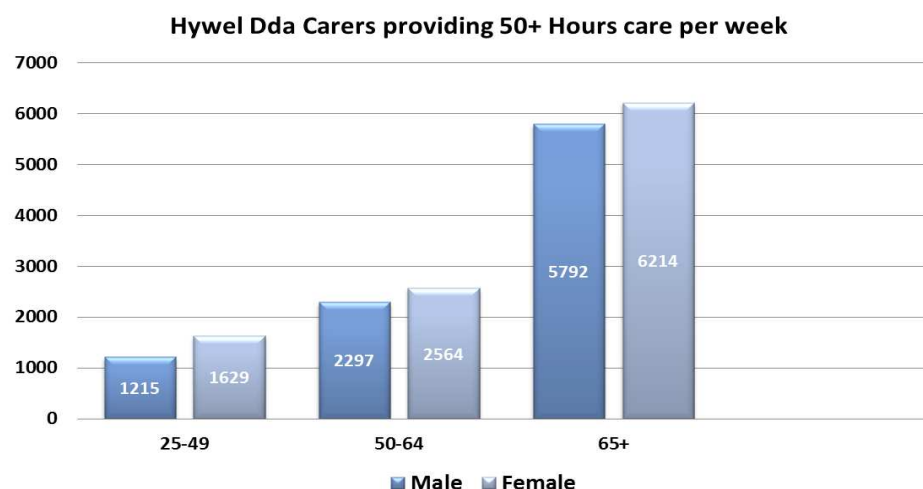
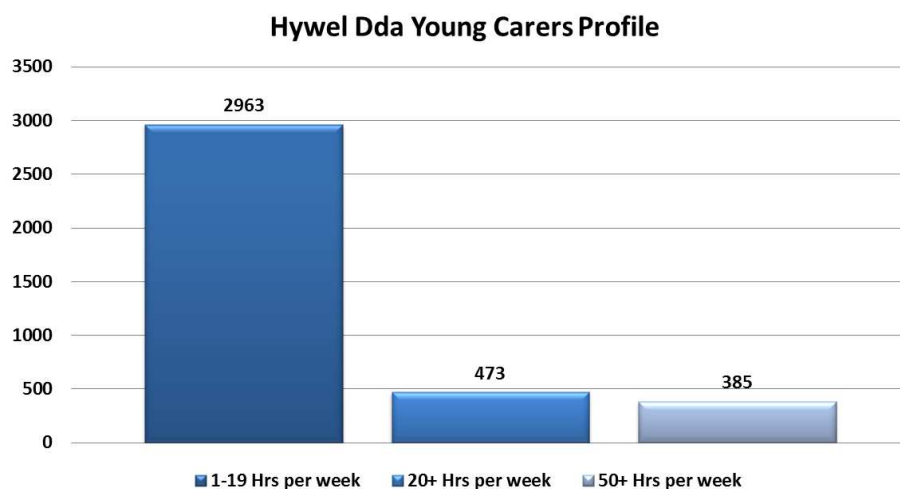


Figure 5 – Age of Carers by Hours per week

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Secondly the profile of Young Carers and the hours of Care per week they provide is shown below;



**Figure 6 – Young Carer numbers by Hours Caring**

Since its inception, the Carers Measures programme has collected a wealth of data and information, in particular Carers input, to provide a robust understanding of the Carers issues across the region.

During 2016/17, as part of the Health Board's requirements under the SSWBA, further analysis will be performed to focus on key groups, to better manage the high risk groups. In particular;

- Carers performing 50+ hours per work, whether adult or young carers. Clearly this is the highest risk group across all factors including Well-being and inclusion
- Carers with commitments under CHC and how advice, information and assistance can give them more voice and control in the Care plans, both for themselves as well as the Cared for.

Whilst the national KPIs provide good measures of the progress, future research and KPI's will be developed to prioritise the delivery of Carer relevant services, information and advice.

## **7 CARERS MEASURES - POLITICAL IMPACTS**

### **a. WELSH GOVERNMENT FUNDING**

- *Initial Funding*

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The Programme Board approved expenditure of the initial Welsh Government funding in 2012 /13 to support the strategy and the following outlines that allocation:

- *First tranche - £53,493 to raise NHS awareness of the Measure*

This allocation was fully utilised in establishing the required governance structure and resourcing the expertise of LA lead officers and other key stakeholders in the development of the Information and consultation strategy.

- *Second tranche - £53,493 to implement the Information & Consultation Strategy.*

This allocation was also fully utilised in delivering the Key elements of the strategy including the procurement of e-learning Carer Aware package, in partnership with LAs and Powys THB. It also enabled the Health Board to purchase information and materials to promote the key aims and deliverables of the strategy.

- *Initial allocation of £10,189 for Young Carers.*

This allocation was utilised fully by working with Commissioned Young Carer services, with detailed spending plans forwarded and agreed by Welsh Government enabling key strands of the Strategy to be taken forward.

### **b. FUNDING ALLOCATIONS**

In January 2012, the Welsh Government approved the Information and Consultation Strategy document, Implementation Plan and expenditure programme. However, during May 2013, the previously announced annual funding was reduced to each region, although the expectation to still deliver the published Implementation Plans remained.

This resulted in the 3 Counties Carers Strategy Implementation Group convening to review progress and amend the annual objectives to account for the reduction in available funding, and subsequently submitted an amended Implementation Plan to the 3 Counties Programme Board in spring 2014 for approval.



### **Carers Story**

*A 58 year old Carer from Aberystwyth had given up his job five years ago to look after his 62 year old wife who has Multiple Sclerosis. By getting in touch with the Health Board and its partners the following support was identified and provided:*

- *Links made with Care & Repair to receive advice on the adaption required at home;*
- *Weekly replacement care of three hours provided by Crossroads to give the Carer a much needed break;*
- *Carer registered with his own Surgery in Aberystwyth;*
- *Physiotherapy and Re-ablement support provided on a weekly basis;*
- *Face to face consultation arranged with Neurology Consultant and Specialist Nurse as part of a formal review process*
- *Ongoing discussions with the Carer regarding links with the MS Society and local Carer support groups.*

### **c. FUNDING IMPLICATIONS 2015/16**

Based on the reduced overall allocation it was also necessary to revisit the initial Implementation Plan. This has seen the initial 44 key aims for 2012-2015 being reduced, revised and implementation extended to March 2016 to coincide with the revised allocation and timelines of the funding.

This clearly had an impact on the planned development of a comprehensive Carers outreach service (This is disappointing as it was seen as a key priority by Carers during the engagement process for the Strategy itself) and a dedicated project support officer to take forward the Young Carers agenda.

However, by working together through the Programme Board a clear spending plan was agreed, supplemented by existing health board and local authority resources.

The Performance Group has also stated that due to the reduction in funding it has not been possible to establish data recording for KPI 4 and the ability to completely differentiate new Carers identified at GP surgeries, not already recorded by Social Services as fully as had been planned. As a result of the funding revisions, data is currently collected



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from GP Surgeries and Health Centres only, with limited prospects for further development.

*“Despite these financial restrictions, the advantages of a robust regional partnership has allowed Hywel Dda University Health Board and its three associate Local Authorities to continue planning several key aims.*

*By their conclusion in March 2016 these objectives will provide a sound basis upon which to support services for Carers in their areas. However the continuation of current Carers Measure funding will be essential in any further improvement and extended services for Carers”.*

***Bernardine Rees, OBE, Chair & Carers Champion, Hywel Dda University Health Board***

### **d. Funding Implications 2016 onwards**

The financial pressures on Local Authorities and the reduction of resources to support Third Sector services have been highlighted as a risk to the support available to Carers.

The recent confirmation of the funding during the transition from Carers Measure into the SSWBA funding of £119,000 per annum from April 2016 will also have a detrimental effect on the work that is being done across the region. The funding supports four part time posts which have been instrumental in making such excellent progress in taking forward the Investors in Carers scheme and providing the necessary support in coordinating the E learning programme and the performance management framework.

Direct representations to Welsh Government have been made on behalf of the Programme Board stressing the importance of this resource being mainstreamed into the revenue support grant. In addition, the Programme Board and implementation group are holding a planning session on 1<sup>st</sup> July 2016, to confirm the key activity, deliverables and resource requirements to manage the transition work from Measure to Act.

## **8 ACTIVITY HIGHLIGHTS FOR 2015/16**

### **a. Information sub-group**

The Information Group has made significant progress in delivering its

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key aims as seen in the highlight reports at Appendix 1. The Information action plan was completed for the partnership and formed a solid protocol for a regional approach to on-going Carers information and communication.

The “3 Tiers” approach to information and communication was adopted and agreed across the partnership to enable;

- Information and guidance to be produced based on stated Carers’ needs
- economies of scale to ensure value for money with print costs and distribution costs
- communication to the widest possible Carers audience throughout the region across health, social care, third and private sector locations

*“I was looking at the new display of Carer’s information in my local pharmacy and the member of staff approached me to ask if I wanted any more information – I was very impressed as although I am not a Carer I do appreciate how important it is to receive relevant information”*

The group has identified 40 locations across health board sites and has now completed the installation of Carers information displays to ensure maximum exposure of the relevant information and guidance. This has now been included within the HDUHB communications team function as a specific role to ensure future sustainability and on-going Carer guidance.

The boards have been particularly important when promoting regional and local events such as Carers Rights Day, Carers Week and community support groups and meetings.

Regular communication campaigns were throughout the year in line with the partnership approach, have ensured that consistent, high quality information is provided across Hospital and Primary Care sites, as well as local authorities, libraries, community outlets and third sector organisations. Ensuring that Carers at any location can gain access to information and advice, equitably across the Hywel Dda region.

The partnership approach has facilitated the on-going publication of a range of information and guidance in particular;

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- Carers' information packs at information hubs, libraries, leisure centres, GP surgeries, community pharmacies and hospital settings.
- Information leaflets included within medicine "take home packs" from Hospital pharmacies and dispensaries.
- On-going publication of Carers booklets such as the revised "Say I'm Fine...and Mean it" re-publication
- Local Carers newsletters
- Young Carers leaflets supporting Young Carers Service providers and local authority CYPP strategies.
- Funding and input to staff surveys, to identify Carers within the NHS workforce and to raise awareness of caring and recognition of the work/life balance amongst colleagues.

Much of this work has now been mainstreamed and the key focus for 2016/17 will be embedding this approach within our Authority communications plans for the future.

### **b. Investors in Carers**

The Investors in Carers (IiC) scheme has been very successful at raising awareness of Carers with primary care staff and many surgeries now recognise the longer term benefits for Carers health, through including them in patient consultations and treatments. In total, 6,301 Carers are now registered at GP Surgeries across the region, benefiting from Carer specific information and consultation, with over 400 referred to other agencies, including Social Services for advice, information and assistance during 2015/16.

*"I've received several referrals from Bro Cerwyn following the IiC Officers' talk explaining Carers Support services"*

### **Carer Lead Events**

Carers lead events continue to provide a valuable insight for Surgery staff on the role Carers play in delivering a quality services.

Over the last three years seven Carer Lead events have taken place

*"I found out today what Caring really means....A really useful and enjoyable workshop"*

whereby the participants have learnt about other Carers support services in their area, become Dementia Friends, learnt about Young Carers and the support there is for them and how the Carer registration and referral process works. They have also benefited from networking

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with other surgeries and organisations. These events have been open to Carer Leads from other health settings participating in the liC scheme. It has also enabled surgery staff to identify third sector organisations and enable closer working. In the last 2 years alone, over 700 surgery and pharmacy staff across the HDUHB region attended Carer Lead Events.

### **Carer Story – North Pembrokeshire**

*“My husband has been diagnosed with early-onset Vascular Dementia and it took me quite a few visits to my GP surgery before I realised I was a Carer. I had read the information several times before I realised that it applied to me. I have registered with my surgery and have found the information pack I received very useful. I have met the Carer’s Outreach Support worker who was very helpful and attended a support group which was the last thing I thought I wanted to do but in fact have found it very helpful.”*

### **GP Surgeries / Community Pharmacies**

The initial focus for the scheme was to increase the information and support for Carers through GP Surgeries, as the primary health “touch point”. The Investors in Carers scheme has now been rolled out across the Hywel Dda region with 52 of 54 Surgeries at Bronze level and a further 3 successful at the higher Silver Level award.



**Figure 7 - Llynfrfan and Teifi Surgeries receiving liC Silver Awards**

8 community pharmacies have also completed the Bronze Level Award and a further 14 community pharmacies are engaged and progressing the liC award across the region.

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The Silver level has already been achieved by 1 surgery in Carmarthenshire under the Measure with a further 7 progressing towards the higher level.



**Figure 8 - Boots in Haverfordwest achieving the Bronze Award**

*“Working in a community pharmacy gives you direct contact with people enabling you to have a conversation and reach out to people who aren’t looking for help but it becomes apparent that they could do with it. I can help people find out about the kind of support there is out there, it is important for people not to be nervous of it – they can often be worried about asking.”*

This clearly demonstrates the importance placed on Carers at a local level and a real desire to improve the outcomes for the unpaid partners in care.

### **Hospitals/Wards/Units**

The hospital setting has been a challenging one to introduce the scheme, though this is now developing and whilst some momentum has been gained across the Mental Health and Learning Disabilities (MH&LD) units, in general more progress had been hoped. Submissions are expected from a number of teams, including outpatients and Community Mental Health Teams (CMHT) to progress the liC scheme.

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There has been success with 2 Older Adult Mental Health Wards completed at the Bronze level, one Community Mental Health unit and one Community Hospital, all achieving Bronze level.

liC has worked closely with the MH&LD Carers champions and has been involved in the initial pilots for the Triangle of Care, (TOC), where Carers are an essential partner in the service delivery and patient treatment programme. Further work is planned for 2016/17, and it is hoped the liC principles can assist the developments.

Hospital Pharmacies have been supportive and now include Carers Information leaflets in all “take home” medicine bags for discharge medicines. In addition, all hospitals across the HDUHB region now have dedicated noticeboards providing Carers with specific information and advice.

### **Schools & Colleges**

The liC scheme for Secondary Schools has been developed with 3 schools currently at Bronze level with and a further 5 schools engaging with the scheme.

Through partnership working with the Third Sector, we've worked with Marie Curie (a part of their Big Lottery funded project Caring for Carers) to purchase a number of the Young Carer board games called ....'I care, do you?...' for use across the Hywel Dda region. The game is designed to help identify what a Young Carer has to do when compared to their peers. As part of the scheme and awareness raising, the game has been tested with a number of age ranges in Pembrokeshire and Carmarthenshire. On completing the game, one pupil commented;

*“I think this game is good because it shows what life is like every day for young carers.”*

The Young Carer Aware e-learning course also provides Young Carer focused training for all teaching staff to support the scheme's implementation across the region.



*“During the past 12 months we have seen all 15 of the GP surgeries in Pembrokeshire support the Investors in Carers programme. Our first pharmacy has also been accredited and others are now working towards it.*

*This is a fantastic achievement and they are to be commended for their commitment to supporting our “unpaid” Carers and recognising the significant contribution they make to the lives of those they look after.*

*This coming year, in acknowledgement that the vast majority of young carers attend school, we will be highlighting the Investors in Carers programme with our secondary schools and Pembrokeshire College.*

*Working together, we hope to demonstrate the positive actions they can take to encourage young carers to come forward for help and support, either for information or through referral to our local young Carers service.*

*As the Carers Champion for Pembrokeshire County Council I am delighted to be involved in this new and exciting work and look forward to supporting the Investors in Carers Scheme as it grows and goes from strength to strength.”*

***Councillor Mike James, Carers Champion, Pembrokeshire County Council.***

### **c. Carer Aware/Young Carer Aware e-Learning/Workforce Training**

The Programme Board has supported the on-going Carer Aware/Young Carer Aware e-learning and during 2015/16 some 386 staff have completed the courses. It is apparent over the last 6 months, the introduction of the SSWBA has diverted some focus towards the new legislation and changes to Carer’s rights, in turn this has directly reduced the number of course passes expected during the year, whilst a natural position, this is a little disappointing overall.(Learner survey and e-learning performance can be seen at Appendix 3)

In total, over the 3 years, 1,686 staff have now passed the course which is CPD certified, with the ability and information to provide on-going Carers guidance and support, both professionally and within their family and communities.

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### *Learner Survey Feedback*

*“This course gave me insight into who can be carers, what defines them for being a carer and their entitlements under law are. The course has also provided me with access to links which can help me direct carers to the support they can get whilst carrying out their caring role.”*

Prior to the course, 32% of the workforce stated they were confident to give Carers guidance and information, though only 4% stated they were fully aware of Carers and the legislation. On completion 94% stated they were confident to give Carers advice and guidance.

Over 36 Third and Voluntary Sector organisations have signed up for the training with Local Authority Scrutiny Committees and Service Boards have endorsed the training and promoting the course across the region.

Across Primary Care, surgeries and Health Centres are engaged with the course as part of the liC accreditation and over 79 dedicated staff have passed the course, being available first hand to provide information and guidance to Carers within the surgery area. It was also pleasing to note that the Community Health Council is also fully engaged with this training across the region.

*“Have just now completed this and am very impressed with the content/delivery style etc., and will be recommending this course to others. Can you advise me whether there are any other courses accessible to CHC staff and NHS employees?”*

Hywel Dda Mental Health Carers Champions forum has actively targeted the training and recently included medics and consultants for completion of the course.

The Young Carer Aware course was launched in late 2014 and has similarly been endorsed by Childrens and Young Peoples Partnerships (CYPP) in all 3 Counties across the region. The course forms an important link in the regional approach to Young Carers, working with Commissioned providers, CYPPs and is an important strand to the liC programme for Schools and Colleges.

During 2016/17 both courses will be updated to reflect the changes introduced under the SSWBA, to ensure that they are both relevant to the current legislation.



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### **Staff Briefings**

A blended approach has been developed over the 3 years and “Staff briefing sessions” have also been delivered to raise Carer Awareness in primary care and have been particularly effective as an introduction at Practice Managers / staff briefings again in support of the liC scheme.

They’ve also provided an informal opportunity for “drop-in” sessions to give staff information and guidance on Carers and also identify “hidden” workforce Carers. These will be include updates for the SSWBA changes and will continue as part of the overall Training Strategy.

### **Carer Related Workforce Training**

Overall, over 2,700 staff across the work force received Carer Awareness training. Carer specific topics across the Health & Social Care workforce have been delivered during the programme. Whilst, the headline number is slightly lower than anticipated, the key factor is that Surgery, Care and frontline staff are the majority of learners, who have constant contact with Carers on a day to day basis. As such the improvement in the workforce knowledge has been spread across a significant number of the Carers community.

Open to all partnership staff, the training delivered by Local Authorities and the Regional Social Care Workforce Development Partnership (SCWDP) team has not only increased awareness but also goes towards improving Carer support as well as highlight partnership delivery, in particular;

- Carers Needs Assessments
- Direct Payments
- Demonstrating Care skills to Carers

Where feasible, the courses have also covered the proposed changes to the legislation under the Social Services and Wellbeing Act and have also provided a forum for positive discussions around partnership and multi-disciplinary working to improve outcomes for Carers.

### **Carer / Community Training**

Courses available include Looking After Me (LAM) and an Introduction to Self- Management (ISM), all designed to provide Carers with the skills to better manage their caring role and achieving elements of respite on a day to day basis. In addition, Carers training directories have been developed by the Local Authorities, which also identify

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community courses on a range of topics and hobbies.

Throughout the programme the LAM course has been available through a number of options, though confirming Carers availability and licencing restrictions has resulted in a disappointing uptake.

Ceredigion has trialled the courses through the Commissioned provider, the British Red Cross Carers Support Service, at which 10 Carers attended a combined event with the Education Patient Programme (EPP) delivering the ISM course successfully.

As part of the Training Strategy, Carers training will remain as a key strand throughout 2016/17 and beyond, providing Carers with the knowledge and information to have a voice and control over their and the Cared For persons outcomes.

### **Future Training Strategy**

Over recent months, a significant amount of training material has been provided centrally, in particular;

- Carer Aware e-learning from NWIS/Shared Service for the All Wales Forum giving a brief summary of the Carer agenda
- SSWBA training from the Care Council
- Carers Trust information on the new legislation
- Social Service Improvement Agency (SSIA) information via the DEWIS Cymru portal on the changes and information for Carers.

In addition, the on-going work under the Regional Collaborative's own Training strand will provide common source of Learning & Development for the workforce covering Carers' issues.

Throughout 2016/17, the key focus will be to develop an agreed training plan for al health and social care workforce in respect of Carers, as a mainstream function.

### **d. Young Carers Sub Group**

During 2014/15, 137 Young Carers have been identified and are registered across the region with 118 assessed, representing an average of 96% during the lifetime of the programme. The Young Carers Group has agreed collaborative approaches with each Children and Young Persons Partnership, delivering, Young Carers Charters in each County as well as input to commissioned service provider selection for Young Carer Support Services with direct input and feedback from Young Carers in their design.

**Carers Story – Action for Children, Pembrokeshire**

*“An 11 year old “J” has been part of the Pembrokeshire young carer’s project for seven months. From the age of 9, he has worked hard every day, cleaning, cooking and caring for his mother who has serious health conditions which means that she cannot be left unattended.” J’s” caring role starts early in the morning where he has to help his mother out of bed, walk her safely down the stairs and make her breakfast, before getting ready for school. “J’s” grandparents arrive to take over the caring to enable “J” to attend school. When “J” comes home from school, he does his homework and takes over from his grandparents where he will clean the house, cook dinner and attend to his mother’s needs, whilst keeping her company. This leaves “J” with very little time to see his friends and play outside on his scooter.*

*Being part of the project several outcomes have been achieved;*

- *“J” has a break from his caring role and attends a local support group twice a month and the holiday activity programmes*
- *He has fun and makes new friends.*
- *His mother has stated that the Pembrokeshire young carers project has given “J” more confidence and he seems a lot happier in himself.*
- *He has access in the foreseeable future for continued support and fun activities from Pembrokeshire Young Carers, which will enable him to continue and cope as his caring role progresses.*

In support of these initiatives, both the liC and Young Carer Aware courses provide the training and protocols for Schools and Colleges and GP Surgeries to assist with the early identification and support for Young Carers. The group has also reviewed the assessment and feedback mechanisms for Young Carers to identify commonality and process improvements across the region.

**e. Mental Health Sub Group - (Learning Disabilities / impairment / Sensory Loss)**

During 2015/16, the Mental Health Sub Group has continued with the success of the Carers Champions initiative across the Hywel Dda region.

The Champions Forum has been formed from Health Staff at all HDUHB Mental Health locations and meets regularly to cover Carers issues and share best practice, information and guidance. The forum members are then “apostles” for Carers issues, knowledge and

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information in their respective units. A particular focus during the year has been the development work covering the pilot for the Triangle of Care model, now a key initiative within MH&LD across Hywel Dda.

*"The Three Counties Mental Health Carers Network has produced a comprehensive Action Plan for improving support for Carers. This has been well received by the Mental Health Partnership Board and the Carers Strategy Implementation group. Work has started on the implementation of the Triangle of Care working closely with the Investors in Carers Team and the Health Board. Some of the Carers attending the Network are reporting a positive change in the way carers are supported and listened to, and promising foundations have been laid for the future. There is a strong commitment to improving help and support for Carers by mental health services and WWAMH will continue to work with Carers and organisations to help support this change. "*  
**Angie Darlington Director West Wales Action for Mental**

### f. Performance Management Sub Group

#### **Key Performance Indicators (National)**

Throughout 2015/16, the national performance indicators have maintained the ability to monitor key factors around the programme, providing guidance for the Strategy Implementation and maintaining the momentum in the final year. Performance reports produced on a quarterly basis have demonstrated sustained improvements across all indicators.

At the beginning of the Strategy, 4,882 Carer were identified across the region by all authorities and this has steadily increased over the 3 years to a final figure in March 2016 of some 9,843 Carers identified. The number of Carers identified across the region continues to steadily increase with over 4000 previously unknown Carers identified at the start of the programme. The most significant increase is clearly at GP and Surgery level, with the identification and registration of Carers, confirming the improvement that liC has delivered.

#### **Developments for 2016/17**

During 2016/17, the introduction of the SSWBA requires a minimum data set to be reported to WG. The Performance Sub-Group will review the national KPI's in light of these changes to avoid duplication,

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though still maintain the priority of the Carers agenda.

Whilst the indicators give a clear indication of improvements over the 3 years, there is still a significant gap between Carers identified by the ONS survey in 2011 (47,787) and those recorded by Authorities. Work is planned during 2016/17 to understand the gap and the key reason for the variance.

### **g. Additional Developments**

A key project developed during 2014/15 and approved by the Regional Strategy and Implementation Group was in relation to the direct feedback from 2013/14 to develop improved pathway planning and specifically to;

- Develop a system for tracking a Carers' journey from the point of identification onwards.
- Gain a better understanding of the needs of Carers throughout their journey to possibly facilitate earlier identification.
- Target information, support and services at the appropriate juncture and ensure that Carers receive the best possible outcomes at the most appropriate time.

The initial analysis is complete and a system to record data has been agreed across the region. During 2016/17 this will provide the focus for Pathway Planning, delivering targeted support and information to improve outcomes for Carers.

## **9 THE YEAR AHEAD - INITIATIVES AND PRIORITIES 2015/16**

In the final year of the Information and Consultation Strategy, the programme primarily focused on completing the key activities and at the same time, encompassing and preparing for the introduction of the SSWBA from April 2016 onwards. The programme's approach has been carer focused through partnership working, and this has laid a solid foundation for the new legislative requirements.

Across the partnership, the key elements will include;

### **a. Partnership Strategy**

On-going input to the All Wales Carers Advisory Group and ensure continued Carers feedback through a range of forums, not limited to Citizen's Panel, Talking Health, 50+ Working Group and the Mental Health Carers forum. Similarly, strengthening connections and

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feedback from Authority based groups such as Carmarthenshire Carers forum and the newly established Forums in Pembrokeshire and Ceredigion.

In addition, a key focus of the Strategy will focus on achieving mainstreaming of activities developed during the programme such as communication and Investors in Carers, to ensure the continued information and guidance for Carers, as well as input and support for services.

### **b. Carers Training (Workforce & Community)**

The development of a range Training material to support the SSWBA 2014 will allow the development of training opportunities for the workforce and community alike. In conjunction with a commitment to e-learning courses, Training Strategies will be developed in conjunction with the Regional Health and Social Care partnerships to widen and increase the availability of training focused on Carers issues.

- Young Carer Aware module focused towards Education and Children's services as well as Adult Services teams such as Substance Misuse, where there's a strong likelihood of identifying Young Carers.
- Wider availability for Safeguarding teams covering sport and recreation groups as well as youth organisations such as Scouts, Guides and Young Farmers.
- Further development of training options for Carers to deliver the knowledge, tools and techniques to maintain a healthy balance with their caring role
- Align Carer Aware training with the objectives of the SS&WB Act and input to training development and mainstreaming for workforce courses on a regional or national basis.
- Increasing awareness & commitment from Primary & Secondary Care will be a key priority for 2016/17.

### **c. Investors in Carers**

The appointment of a full time regional post to lead and support the IiC scheme will ensure further implementation and development of the scheme can continue, in particular focusing on;

- Building upon the substantive appointment of the Regional Project Support Manager (IiC) and the longer term options to maintain the County Development Officers (IiC) through Third and Voluntary Sector solutions



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- GPs Surgeries  
Maintain the liC momentum and on-going validation of the Bronze award. Encouragement for more GPs to achieve the Silver award
- Community Pharmacies  
Continuing engagement across the region at bronze level
- Schools & Colleges  
Develop plans, in partnership with Authority Education teams to implement the scheme across the region to schools & colleges
- Develop the liC Gold Award for GPs, Surgeries and Health Centres.
- Investigate and develop a stronger commitment in hospital and ward settings to complete liC and through the TOC initiative, develop working protocols.

### d. Information & communication

Development of the communication plan and protocols have been key to the progress and maintenance during 2016/17 will be essential during the transition period to the SSWBA 2014, when additional details, guidance and information have an impact. Key areas of activity will be;

- Maintain and mainstream the partnership approach to literature and information
- On-going development of the Hywel Dda web presence, both for internal and external audiences
- Define the use of social media and its' role in communicating with Carers and the wider community on Carers issues.
- Measure impact of dedicated noticeboards and increased communications against Carer outcomes.

*“Facebook and Twitter continue to be an effective way of disseminating information on Carers events, research and policy...598 Facebook likes and 575 followers on Twitter”,  
Carmarthenshire Carers Information Service*

### e. Young Carers Sub Group

Whilst the funding reductions impacted on the Key Aims for the group, on-going development and implementation of the plans will continue during 2016/17 with particular focus to;

## Hywel Dda Information & Consultation Strategy for Carers – 2012/2015 Annual Report 2015/16

- Build upon the substantive appointment of the Regional Young Carers Project Support Officer within the School Nursing Service in the Health Board
- Support the deployment of Young Carer Aware e-learning
- Advise and support the deployment of liC across schools and colleges
- Maintain the feedback from Young Carers and ensure on-going service development, particularly within the Health Board for service design and improved outcomes
- Increase input and involvement in commissioning for services to support Young Adult Carers, particularly with HDUHB staff groups such as School Nursing.

### **Carers Story – Young Carers, Ceredigion**

*“I receive a lot of helpful support from the Red Cross Young Carers Service such as one to one support outside of school. This really helps me because it gives me time away from the house and I don't need to constantly worry about what's going on at home. My younger brother also receives this support with me and he enjoys it just as much. The day trips we take to different places is a great help to all of us because it gives us a break and a chance to be teenagers again, without stress and worry and also a chance to socialise with people in the same situations as us”*

### **f. Mental Health Sub Group**

Building on the momentum of the Carers Champion Forum, the Mental Health group aims to continue working towards its' Key Aims and also input to Health Board policy and procedures for Carers, particularly:

- Implement liC Bronze Award across all Mental Health setting within the Health Board
- Deploy Carer Aware/Young Carer Aware e-learning to the workforce including consultants, medics and clinicians
- Input to the developments with Health Board policies including the “Triangle of Care”



## 10 INTEGRATION AND CONTINUITY

### Transition from Measure

The Social Services and Wellbeing (Wales) Act received Royal Assent on 1st May 2014 and has been implemented since April 2016.

In essence Local Health Boards and Trusts will no longer be the lead authority for strategic planning for Carers when the Measure is repealed in 2016. Instead the Act introduces duties on LHBs to submit to the Welsh Government any part of the Health and Well-being strategies which relates to Carers. The WFG Act also aims to simplify and streamline strategic planning for public bodies in Wales and puts Public Service Boards on a statutory footing with a duty to assess, plan and report on their objectives to improve the well-being of their populations.

The following captures the feelings of the local programme Board;

*"Over the past 3 years, the Regional Carers Programme Board has made significant progress to rightfully embed Carers in our approach to Health and Social Care services across the region. This year has been marked with significant developments across the region, particularly for Ceredigion with the Ministerial approval for the Cylch Caron development here in Tregaron, a development that will enable us to focus on it also being a Carer Friendly community as well as being a whole community approach. The on-going development of Health and Social Care partnerships, and the involvement of Carers and our communities directly at the heart of service design remains so crucial in these increasingly challenging times. During the transition period from the Carers Measure to the Social Services & Well-being (Wales) Act 2014, we must maintain the focus, momentum and commitment to our Carers in our communities to ensure their healthy future and well-being."*

***Cllr Catherine Hughes, Ceredigion Carers Champion.***

It is clear from the experience of the last 3 years, that a combined commitment and partnership approach has had a significant improvement on the advice and support Carers receive across the Hywel Dda region. Mainstreaming of these practices is essential if the focus on Carers is to be maintained.

The programme has started the change in attitudes to Carers, slowly understanding that not only are they partners in service delivery, but as importantly, a high risk group, which merit a concerted focus to improve

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their own health and well-being.

The key efforts of the transition phase will focus on maintaining the momentum and ensuring batons are passed within Authorities and the new regional Carers bodies.

## 11 Recognition & Thanks

In the development, planning and implementation of the Carers' Information and Consultation Strategy, a number of authorities, organisations and individuals have contributed to its success. Individuals, in many cases, Carers themselves, have given valuable time voluntarily, and shown immense effort and dedication.

The Programme Board and Implementation team would like to extend their sincerest thanks and recognition to all those concerned.



## Appendix 1 - 2015/2016 Key Aims Summary and Highlight reports

Programme: **Hywel Dda Carers Measures Programme**  
 Programme lead: **Peter Llewellyn / Dr. Gareth Morgan**  
 Project Group: **Strategy Implementation Group**  
 Project Group Lead: **Peter Llewellyn**

Date	31st March 2016	Author	Peter Llewellyn	Period Covered	2015/16 Final
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Progress / Issues/Risks
KA3.1	Review Carers information, guidance and signposting for cultural sensitivity and language relevance	Revisit Equality Impact Assessment (EIA) prepared for initial Strategy	100%	<b>G</b>	Based on the progress made within the Annual Report and its formal approval full Equality Impact Assessment to be commissioned during 2014/15. This work has now been done and will be presented to the May Programme Board and included in 2015 Annual Report.
KA4.1	Review organisational structure in line with Strategy development and adopting a consistent approach to individual Carers and Carer Forums	Revisit current governance structure and gained approval of any changes in September 2014 Programme Board. Review structure as necessary with changes in LHB/LA in Oct'15.	100%	<b>G</b>	Appointment of new HDUHB Carers Champion now made who will also assume Chairing duties of Programme Board (PB). New Governance Structure discussed at Strategy Group on the 8 <sup>th</sup> October for submission to PB on the 28 <sup>th</sup> October where it was agreed.  Review and provide an Impact assessment across HDUHB region in respect of Carers Measures funding and mainstream services during Q1 2015.

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KA5.2	Ensure that existing services are in line with increased demand and strategic direction and new jointly commissioned services are in place to meet increased demand.	Contribute to each Local Authority (LA ) Carers Strategy in line with national refresh Carers Strategy guidelines	100%	<b>G</b>	<p>Contributions made to each LA Carers Strategy and / or Action Plan across the region. Further update from the three LA's shared at each PB meeting. Current consultation underway on PCC strategy.</p> <p>Potential for Strategy integration during 2015/16 encompassing refresh and Carers Measure responsibilities.</p> <p>Integrated Strategy is now in place with Pembrokeshire and during 2016/17, further expansion across Carmarthenshire and Ceredigion, as well as alignment to the Mid &amp; West Wales Social Care partnership developments.</p>
KA5.1	Establish a sustainable annual plan for Outreach Services	Carers access to equitable services across all 3 counties	100%	<b>G</b>	<p>Additional resources of £42,000 pa required to develop an equitable and accessible outreach model. This work to be taken forward further by the Strategy Group during 2015/16 following further discussions with current commissioned services. Outreach Services are in place across all 3 Counties in partnership with Third Sector providers.</p>
KA6.1	Adopt a national approach on Carer feedback mechanisms through the All Wales Carers Advisory Group. (AWCAG)	National Carers Survey completion	100%	<b>G</b>	<p>Contribution already made to National Survey while the formation of a Carers Forum in each county will also ensure further Carer feedback.</p> <p>This will complement the Citizen Panel and NHS Staff survey results and strengthening links with the Talking Health Programme, Mental Health Carers Forum, CAB and 50+ groups.</p> <p>Adopt a regional/local approach as appropriate to get feedback and review against Carers Measures Strategy</p> <p>During 2016/17, further work will be required in line with the requirements under the Social Services &amp; Well-being Act and partnership development.</p>

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Programme: **Hywel Dda Carers Measures Programme**  
 Programme lead: **Peter Llewellyn / Dr.Gareth Morgan**  
 Project Group: **Performance**  
 Project Group Lead: **Martin Gillard**

Date	<b>31<sup>st</sup> March 2016</b>	Author	<b>Martin Gillard</b>	Period Covered	<b>2015/16 Final</b>
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Issues/Risks
KA6.2	Evaluate and evidence impact of planned increased engagement with Carers to gauge any improvement or otherwise in this process across and within groups and work streams across the 3 counties	Improvements in quarterly scorecard report cards.	100%	G	
		Review All Wales Outcomes Framework for KPI/Measures for 2016 in Q1 2015.	90%	A	The national KPIs were maintained for 2015/16 in light of the introduction of the SSWBA 2014 and changes to LA reporting under the act. Further work has been deferred until Q1 2016/17, when there will be a clearer understanding of the national KPIs and recording systems.
		Assess impact across H&SC for 2016 performance measures, in line with WAG Guidance for SS & WB Legislation		G	Review planned for Q1 2016/17.in line with SS&WB guidance.
KA22.1	Monitor demand for Carers needs assessments.	Quarterly reporting on uptake of Carers needs assessments across region made available to partnership.	85%	G	
KA22.2	Report on declined Carers assessments and reasons for decline	2015/2016 – Maintain current monitoring reporting for 2015 and review in light of SS&WB Guidance and new WAG Performance Measures	100%	G	Unable to progress with reporting on number of declined carers assessments. System development required for Carms/Pembs to align 3Cs approach. An alternative local PI agreed to report on number of carers waiting for Carers assessment. However, this still requires data from Pembs for full Hywel Dda regional perspective.

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KA23.1	Develop a method or system to track the Carer through-out their journey from identification as a carer onwards.	Develop a feasibility study and report with recommendation for wider study and development for approval by Programme Board.	100%	<b>G</b>	Initial delays in data collection have delayed report publication.  Report to be published end of May 2015 for input to Information Group plans for 2016. Full analysis will be conducted to include in IMTP in conjunction with Health and include in Regional planning and Strategies under the Social Services & Well-being Act
KA24.1	Review existing systems for collecting data to evidence implementation of strategy (to include local & national performance indicators).	Production of report reviewing existing systems.	100%	<b>G</b>	New developments were suspended in light of new requirements under the Social Services & Well-being Act. Further developments to be considered in 2016/17.
KA24.2	Identify areas of improvement to systems for collecting data to evidence implementation of strategy (to include local & national performance indicators).	Quarterly reporting on national indicators made available across partnership.	100%	<b>G</b>	On-going regional approach for 2015/16. Minimum standards will be maintained during initial planning stages for 2016/17 Q2.

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Programme lead: **Peter Llewellyn/Dr.Gareth Morgan**  
 Project Group: **Investors in Carers (KA11/KA21)**  
 Project Group Lead: **Pennie Muir**

<b>Date</b>	<b>31st March 2016</b>	<b>Author</b>	<b>Pennie Muir</b>	<b>Period Covered</b>	<b>2015/2016 Final</b>
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Issues/Risks
KA11.1	Ensure all GP surgeries have an up to date Bronze level IiC Certificate	Continue supporting surgeries to either achieve the bronze level for the first time or be revalidated	96%	<b>G</b>	Ceredigion 1 surgery not at bronze, 6 overdue revalidation Pemb 100% at Bronze level, 6 overdue revalidation Carns 1 not at bronze, 3 overdue revalidation Completed.
KA11.2	Evaluate and review the GP IiC Bronze level version to ensure it's still fit for purpose.	Review completed now using the new version for all revalidations.	100%	<b>G</b>	Completed.
KA11.3	Finalise good practice guide to support GP surgeries in achieving the Bronze and Silver levels	Develop a toolkit to support Bronze level.	80%	<b>A</b>	Bronze Completed. Silver being developed.
KA11.4	Report information/key findings and Carer stories to other sub groups as appropriate.	Established a template to gather Carers stories and relevant figures.	100%	<b>G</b>	Template and analysis completed. Ongoing gathering of stories.
KA11.5	Roll-out Silver level to GP surgeries that want to aspire to greater things	Established a format for disseminating and support mechanisms for the Silver level to these surgeries who want to progress.	100%	<b>G</b>	1 surgery in Carmarthenshire successful at Silver. 2 surgeries in Ceredigion. 16 surgeries interested and working on this level across the region.
KA11.6	Implement and assess the IiC Bronze level versions for Hospital settings and Pharmacies. Roll out to other sites as required.	Developed bronze level frameworks for Pharmacies and Hospital settings	100%	<b>G</b>	Pharmacy – 8 at bronze, another 15 working on but some are hard to engage with. Hospital's harder to engage, 3 hospital settings working on their version. 4 hospital settings now successful at Bronze. TAF pilot.
KA11.7	Carers will be routinely identified through admission/transfer of care process and given targeted information so they are signposted to the appropriate support services and are aware of their potential right to a Carers Needs Assessment.	Pathway for all hospital ward/settings to follow.	50%	<b>A</b>	Meeting established with Nursing lead to progress in Q4 2015/16.



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KA11.8	Market liC for other interested parties in other counties	Finalise the platform and supporting documents so interested parties can purchase the scheme.	100%	<b>A</b>	Did not progress, too late with the end of the Carers Measure. Note: Bridgend Carer Centre interesting.
KA11.9	Use the liC scheme to help and promote other areas of the strategy on an on-going basis e.g. Training	Raising awareness of the scheme to other health & social / Voluntary organisations.	80%	<b>G</b>	Ongoing. Issues –Time.
KA21.2	Bronze level liC awards in 4 service areas. (Mental Health)	Pilot underway in 4 units for further deployment throughout 2016.	50%	<b>A</b>	OAMHS engaged with the scheme. S-CAMHS starting in April 2016. Possible using the liC as a base line for the Triangle of Care.
KA18.3	Develop and liC programme for Schools and Colleges and pilot before rolling out widely.	Develop liC for Schools and colleges to include monitoring and reporting system	100%	<b>G</b>	2 schools in Pembs and 1 in Carmarthenshire at Bronze level. Another 5 across the region working on the scheme. Pembs college nearly ready to submit. Coleg Ceredigion now engaged.

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Programme: **Hywel Dda Carers Measures Programme**  
 Programme lead: **Peter Llewellyn/Dr.Gareth Morgan**  
 Project Group: **Information Sub Group (KA6,KA7)**  
 Project Group Lead: **Jon Rees**

<b>Date</b>	<b>31<sup>st</sup> March 2016</b>	<b>Author</b>	<b>Jon Rees</b>	<b>Period Covered</b>	<b>2015/2016 Final</b>
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Issues/Risks
KA6.2	Evaluate and evidence impact of planned increased engagement with Carers to gauge any improvement or otherwise in this process across and within groups and work streams across the 3 counties	Develop an action plan from the Joint Survey results from 3 Counties Citizens Panels (Feb/Mar 2014)	100%	G	Use increased GP referrals and as evidence for impact of measure and Carers engagement.  Transition funding has been confirmed and will provide support to continue partnership approach, during 2016 to embed the regional approach.
KA7.1	Complete the development of an Information Action Plan which ensures the engagement of all partners in this process to reflect best local practice	Action plan agreement in light of formal review of the Information Group	100%	G	Tactical plan followed throughout the Programme with reviews at 3Cs Strategy meetings.  Revised Action plan will be developed in Q1 2016/17 to include KA6.2 with risks identified around finance and structure which may limit capacity to deliver.

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Programme: **Hywel Dda Carers Measures Programme**  
 Programme lead: **Peter Llewellyn/Dr. Gareth Morgan**  
 Project Group: **Information Sub Group (KA8)**  
 Project Group Lead: **Jon Rees**

<b>Date</b>	<b>31<sup>st</sup> March 2016</b>	<b>Author</b>	<b>Jon Rees</b>	<b>Period Covered</b>	<b>2015/16 Final</b>
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<b>Key Objective/Milestone Description</b>		<b>Milestone Summary</b>	<b>% Complete</b>	<b>R / A / G</b>	<b>Issues/Risks</b>
KA8.1	Work with the Partnership and other sectors to Implement the Information Action Plan	Action Plan	100%	<b>G</b>	
KA8.2	Disseminate the established “3 Tiers” of Carer information as agreed by the Information Group.	Implement Tiers of Information On-going implementation process for 2015/16.	100%	<b>G</b>	The Regional approach will be continued during 2016/17 and identify links with the regional Health & Social Care partnership for further development.
KA8.3	Complete the ongoing audit of main site hospital & Local Authority notice boards	Method approved Baseline audit complete.	100%	<b>G</b>	Complete
KA8.4	Purchase & install dedicated notice boards, according to the results of the audit	Funding identified for 14/15 for purchase of display materials	100%	<b>G</b>	Complete
		Installation of notice boards across Hospital sites.	75%	<b>A</b>	Boards installed at all In patient units across the region and information maintenance confirmed for majority of main sites. Final arrangements for maintenance and update during 2016/17
KA8.5	Produce fixed & updated display items for the notice boards &/or Carers Hubs e.g. Carers Calendar of events	Survey results from specific events to be analysed centrally.	100%	<b>G</b>	On-going dissemination of information will be included in roles and responsibilities across Health locations.
KA8.6	Work with & train Hospital Volunteers/Carers Ambassadors to maintain the notice boards &/or Carers Hubs	Engagement with the Volunteering for Health Scheme.	100%	<b>G</b>	Volunteer expenses to be reviewed during 2016/17 and new work required to ensure continued communication.
		Appointment of Carer Ambassador in each County	100%	<b>G</b>	Now appointed and in post for each County with role shared in Pembrokeshire.

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A8.7	Ensure all forms of social media including web sites etc. are utilised and regularly updated using the established carers calendar of events	Links with Health Board Internal Communications Team – Nominated representatives identified from this team highlighting Calendar of Events across all Patient and Carer Groups.	100%	<b>G</b>	Complete and on-going via HDUHB Comms team. Specific role identified
		Communications lead identified for Hywel Dda University Health Board	100%	<b>G</b>	Identified and in post

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Programme: **Hywel Dda Carers Measures Programme**  
 Programme lead: **Peter Llewellyn / Dr. Gareth Morgan**  
 Project Group: **Information Sub Group (KA9, KA10)**  
 Project Group Lead: **Jon Rees**

<b>Date</b>	<b>31<sup>st</sup> March 2016</b>	<b>Author</b>	<b>Jon Rees</b>	<b>Period Covered</b>	<b>2015/16 Final</b>
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	Key Objective/Milestone Description	Milestone Summary	% Complete	R / A / G	Issues/Risks
KA9.2	The partners develop & conduct staff surveys to identify staff knowledge of carers & their issues, their role in assisting the carer, their knowledge of local services and self-identification	HDUHB staff survey May 2014 Completed and scheduled for 2015/2016 repeat	100%	<b>G</b>	Carers Measure funding to be confirmed. Additional staff survey information to be identified and included, specifically, CAEL survey results. Develop overall summary of staff carers across the region, where possible, providing evidenced insight and comment. Action complete due to lack of funding.
KA9.3	Ensure carers information & communication issues are reflected in all partners strategic documentation, policies & procedures	Good practice guide developed	85%	<b>G</b>	Draft guide complete at Q4, 2015 and principles adopted across LA's during 2015/16. Confirmation of funding will allow consultation with relevant Health Managers to mainstream Carers information throughout 2016/17.
KA10.1	Enhance the regional approach to the distribution of information and explore opportunities for synergies and cost reductions.	Communication plan developed and agreed. Leaflets/posters developed reflecting regional approach.	100%	<b>G</b>	Joint communication guidelines agreed. On-going activity includes regional co-ordination for Carers specific events, guidance and information where appropriate and effective.(e.g. DWP on-line Carers Service etc.) On-going partnership approach will be maintained during 2015/16.
KA10.2	All partners to continue with regular awareness campaigns & events, involving a variety of media e.g. LHB Carers' webpage using the established Carers calendar of events	Comprehensive programme of events for Carers week. Ongoing for 2015/2016	100%	<b>G</b>	Programme for 2015 has now been published across the region and partnership approach continuing throughout 2015/16.
KA10.3	Evaluate whether staff are reporting that there has been an improvement on understanding; modify	Review staff survey results and feedback from E-Learning	85%	<b>G</b>	On-going training commitment for e-learning during 2016/17 to continue to raising staff awareness. Learner surveys will be monitored to measure staff feedback.

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	awareness-raising accordingly and ensure continuity of delivery.	package. Review Hywel Dda (MH&LD) staff feedback during 2015/2016.			Continued funding for 2016/17 will also allow the planned expansion of the “Carers Champions” model (MH & LD), across Health Board directorates. An integrated training strategy will be developed in 2016/17 to increase workforce knowledge.
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Programme: **Hywel Dda Carers Measures Programme**  
 Programme lead: **Peter Llewellyn / Dr. Gareth Morgan**  
 Project Group: **Young Carers Group (KA18, KA19, KA 20)**  
 Project Group Lead: **Sally Star**

<b>Date</b>	<b>31st March 2016</b>	<b>Author</b>	<b>Sally Star</b>	<b>Period Covered</b>	<b>2015/16 Final</b>
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<b>Key Objective/Milestone Description</b>		<b>Milestone Summary</b>	<b>% Complete</b>	<b>R / A / G</b>	<b>Issues/Risks</b>
KA18 .1	Publish and launch a Charter for Young Carers within each local authority area.	Charter for YC in each County	100%	<b>G</b>	
KA18 .2	Assist with the development & roll-out/mainstreaming of e-learning Young Carer Aware programme targeting specific staff groups who work with Young People	Purchase of Young Carer module	100%	<b>G</b>	Communications plan drafted for regional input
KA18 .3	Develop an liC Programme for Schools and Colleges and pilot the scheme before rolling out more widely.	Develop liC for Schools & Colleges include monitoring & reporting system	90%	<b>G</b>	Trial using 1 secondary school per County achieved in Pembrokeshire & near completion in Carmarthen & Ceredigion. Draft College scheme complete. Trial in process
KA19 .1	Audit the quality and consistency of data and report on the audit outcomes	Investigate and determine current data available.	90%	<b>G</b>	Ceredigion & Pembrokeshire YC Service now provided by one organisation. Working closely with Carmarthenshire YC Service
KA19 .2	Through the Young Carers sub-group, seek to establish common data collection systems to improve information that can be shared to inform service planning.	Agree local measures and consistent data collection process	90%	<b>G</b>	Standardised systems in place for Ceredigion & Pembrokeshire. Consistent processes in place with Carmarthenshire YC Service where possible

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Tudalen 64	KA19	Review the assessment processes used in each area to consider how these could be standardised.	Report on YC assessment processes across HDUHB region.	85%	<b>G</b>	Standardised systems in place for Ceredigion & Pembrokeshire. Consistent processes in place with Carmarthenshire YC Service where possible
	KA20 .1	Gather and analyse feedback and information from Young Carers as to what has and hasn't worked well to inform future service planning.	Regional action plan	50%	<b>A</b>	Topics/ events organised for Q1 in 2016 and on-going initiative to develop regional data and understanding during 2016/17



## Hywel Dda Information & Consultation Strategy for Carers – 2012/2015 Annual Report 2015/16

Programme: **Hywel Dda Carers Measures Programme**  
 Programme lead: **Peter Llewellyn / Dr Gareth Morgan**  
 Project Group: **Training & Implementation Sub Group**  
 Project Group Lead: **Sally Star**

<b>Date</b>	<b>31<sup>st</sup> March 2015</b>	<b>Author</b>	<b>Sally Star</b>	<b>Period Covered</b>	<b>2015/16 Final</b>
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Issues/Risks
KA9.1	Systems are in place for relevant staff to easily access Carer Aware Training	Training Options Developed LA Development through Learning Pool, initially with Pembrokeshire and further expansion to be established in Q1 2015.	100%	<b>G</b>	Carers Measure funding
KA12.1	Review any change that has occurred by carrying out an extensive survey of Carers across the Hywel Dda region	Involvement in National Carers Survey	85%	<b>G</b>	Funded from Carers Measures. On-going monitor of employee status and develop positive change. On-going for 2016/17.
KA13.1	Evaluate the effectiveness of the Carer Aware training programmes into existing training to ensure sustainability.	Receive regular feedback from Carer Aware e-learning Survey On-going and results for Annual Report	100%	<b>G</b>	Extension for 2015/16 training for both courses. Future sustainability of Carers training subject to All Wales/Care Council/Central Services programme to be finalised. Develop Training Strategy in partnership with Regional Training Managers.
KA13.2	Establish the viability of the dedicated project role	On-going funding until March 2016	100%	<b>G</b>	Review underway of Carers Measure funding and requirements for mainstreaming activity.
KA13.3	Consult with Carers to establish the success of the staff training and implement any long term changes into existing information & services	Effective feedback from Carers	100%	<b>G</b>	Include Carers feedback in training/communications/events within wider Strategy implementation. Include clear Carers requirements in Training Specification and requirements.

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Tudalen 66

KA14.	Evaluate and review the Carers Needs Assessment pathway & associated training	Increase in number of practitioners in Carers Needs Assessments Little or no demand identified to support e-learning development. Individual training delivered by authorities to meet local demands.	100%	<b>G</b>	Complete for 3cs Complete & Discharged  On-going discussions for CNA training to be reviewed in light of SSWBA and LA briefings provided by Carers Units/Leads.
KA15. 1	Evaluation, consolidation and further development where appropriate in partnership with CCFW for the Demonstrator training.	Further demonstrator site training available. Supported pilot and promoted roll-out across the region in partnership with SCWDP and L&D.	100%	<b>G</b>	To be discussed with TSO's , Carers' Forums and CCFW. Regional Training promotion to be confirmed across Third and Voluntary sector organisations.
KA16. 1	Agree on-going long-term delivery, review and evaluation of the training programmes available.	Regional Carers Training Directory reviewed and part complete. Local Carer training is published through relevant Authority/ Health Board/Third Sector channels.	90%	<b>G</b>	Carers Measures funding On-going activity for 2015/16 Review as part of exit Strategy and future location of Carers Training
KA17. 2	Mainstream the LAM courses in line with Carer view and to build in flexibility around referrals and the needs of rural carers	Full training programme for 2014/15, with EPP courses. Continue to investigate alternative courses (e.g.ISM), providers (e.g. British Red Cross) methods of delivery & appropriate attendees e.g. Health & Social Care professionals.	85%	<b>A</b>	Carer's requirements for training to be identified during 16/17 and included for specification to Regional Training Managers in LA's and Health Boards.

## Hywel Dda Information & Consultation Strategy for Carers – 2012/2015 Annual Report 2015/16

Programme: **Hywel Dda Carers Measures Programme**  
 Programme lead: **Peter Llewellyn / Dr.Gareth Morgan**  
 Project Group: **Mental Health & Learning Difficulties Sub Group**  
 Project Group Lead: **Alison Evans**

<b>Date</b>	<b>31<sup>st</sup> March 2016</b>	<b>Author</b>	<b>Alison Evans</b>	<b>Period Covered</b>	<b>2015/16 Final</b>
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Issues/Risks
KA21.1	Completion of Carer Aware training for all MH & LD Staff	MH&LD Champion's forum developed.  3 Counties Carers network with 12 action points for MH&LD – Carers reps embedded Completion of Young Carer Aware module by relevant staff/units.(e.g. CAMHS)	100%	G	Carers Measures funding for 2016 onwards.
		All in-patient areas staff to be trained.  70% of registered learners have completed course.  Refine Training Strategy across the partnership to include MH&LD medical staff.	90%	G	.
		Triangle of Carer to be embedded with Investors in Carers. (e.g.Enlli unit)All medical staff trained	50%	A	During 2016/17, include TOC with Carers information and communications. Carer involvement is key to TOC protocols. HB Initiative to implement TOC commenced in April 2016. Future relationship with liC to be finalised during Q1 2016/17
		All community staff trained, focus on Substance Misuse, CAMHS and Learning Disabilities for 2016/17	80%	G	On going initiative for 2016/17

## Appendix 2 – National KPIs 2013 to 2016

### HDUHB Regional Summary - Carers Measure Programme Key Performance Indicators (National) March 2013-March 2016

2013/14 - KPIs - Percent & Actuals	Jun-13	Sep-13	Dec-13	Mar-14
<b>Carers Measures 2010 - Performance Indicators</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Indicator 1:</b> Percentage of Carers identified	10.2%	11.6%	12.5%	14.8%
<b>Indicator 2b:</b> Percentage of staff trained (Accredited and non accredited training)	0.5%	1.1%	1.8%	2.3%
<b>Indicator 3a:</b> Percentage of carers known to Social Services who had assessment or review	10.9%	19.8%	25.2%	31.0%
<b>Indicator 3b:</b> Percentage of Young Carers who had assessment or review	100.0%	100.0%	98.8%	100.0%
<b>Indicator 4</b> The percentage of carers that have been referred for carers assessments by health staff during the year.	N/A	N/A	N/A	N/A

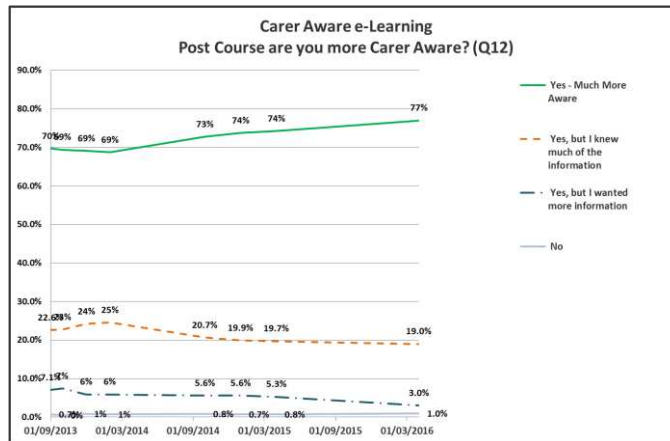
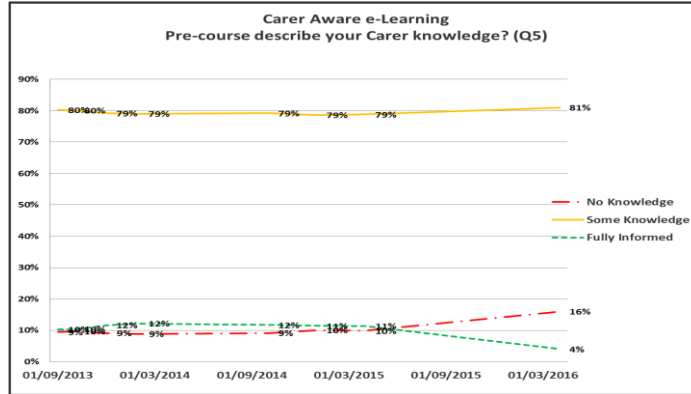
2014/15 - KPIs - Percent & Actuals	Jun-14	Sep-14	Dec-14	Mar-15
<b>Carers Measures 2010 - Performance Indicators</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Indicator 1:</b> Percentage of Carers identified	15.7%	17.0%	19.1%	19.5%
<b>Indicator 2b:</b> Percentage of staff trained (Accredited and non accredited training)	2.7%	3.3%	4.0%	5.2%
<b>Indicator 3a:</b> Percentage of carers known to Social Services who had assessment or review	7.6%	13.5%	19.9%	26.8%
<b>Indicator 3b:</b> Percentage of Young Carers who had assessment or review	100.0%	103.8%	78.5%	86.1%
<b>Indicator 4</b> The percentage of carers that have been referred for carers assessments by health staff during the year.	27.8%	31.7%	22.8%	32.3%

2015/16 - KPIs - Percent & Actuals	Jun-15	Sep-15	Dec-15	Mar-16
<b>Carers Measures 2010 - Performance Indicators</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Indicator 1:</b> Percentage of Carers identified	18.6%	18.5%	20.0%	20.6%
<b>Indicator 2b:</b> Percentage of staff trained (Accredited and non accredited training)	1.0%	2.0%	2.8%	3.5%
<b>Indicator 3a:</b> Percentage of carers known to Social Services who had assessment or review	5.6%	9.2%	26.8%	17.2%
<b>Indicator 3b:</b> Percentage of Young Carers who had assessment or review	23.0%	40.0%	41.0%	48.0%
<b>Indicator 4</b> The percentage of carers that have been referred for carers assessments by health staff during the year.	24.5%	34.8%	10.6%	13.3%

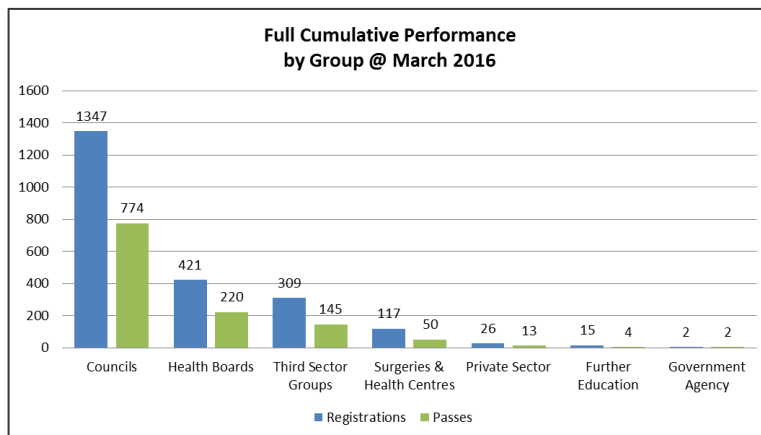
n.b. Key data comparisons against 2011 Census (ONS data)

### Appendix 3 - Carer Aware e-Learning

#### Learner Survey Results – 2014 to 2016



#### Carer Aware e-Learning – Partnership Performance



## Appendix 4 - “Carers Experiences”

### Selection of Case Studies and Carers Feedback across the Region

#### 1. Carer’s Outreach – Carmarthenshire, March 2016

Mr X, 73 years, was referred to the Carers Information Service by Llangennech Surgery through the Investors in Carers scheme. He was caring for his wife with health issues including emphysema, arthritis and impaired mobility.

Mr X received a copy of the Carers Information folder and was offered an appointment with a Carers Outreach Worker. At his first appointment, Mr X explained that he also had significant health issues, including prostate cancer and was finding it increasingly difficult to care for his wife.

Mr X had been managing the care for his wife without any support and was uncertain whether he could continue to care for his wife as he was finding day-to-day tasks increasingly difficult. The carer completed the Carers Star with the carers outreach worker to identify the aspects of caring he found difficult and to look at the support he would need to enable him to continue to care for his wife.

The outreach worker made referrals to social care Carers Assessment for him as he felt he would benefit from practical support to help him manage his caring responsibilities. His wife was reluctant to have external support and so refused the offer of a referral to social care to have her needs assessed.

Mr X reported experiencing high levels of stress & anxiety, therefore a referral was made to The Old Mill Foundation for him to access complimentary therapies. The Old Mill Foundation have been visiting him at home to offer support including healing therapies. He reported feeling less stressed & anxious as a result.

Mr X felt that their home wasn’t suitable for their needs, for example their bathroom wasn’t accessible and they were both unable to go upstairs due to their mobility issues. A referral was made to Care & Repair for a Disabled Facilities Grant and as a result their bathroom was adapted to include a new sink, toilet, shower, bathroom heater and grab rails.

As the carer and his wife had been sleeping downstairs on a fold-up bed, an application was also made to Carers Trust Grant Fund for a new bed that would help them to sleep better. The grant application was successful and they were awarded £229 toward the cost of a new bed.

Mr X and his wife were informed of the option to consider making a new claim for Personal Independence Payment (PIP) as they were both on the standard rate and as their care needs had increased since the award, they may be eligible for the enhanced rate. The outreach worker was able to refer them to Catch Up for support to make a new claim for PIP.

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Mr X felt socially isolated due to his caring role and lacked confidence. He was interested in learning more about how he could take advantage of IT to help with his caring role. The carers outreach worker discussed activities offered by third sector services and he agreed to be referred to LINKS to take part in their IT sessions. He has since participated in social activities with the group at LINKS including meeting up to play pool. The carer has also attended IT lessons organised by the Llanelli Carers Group.

### 2. Carer's Outreach/ Investors in Carers/Young Carers/Co-delivery

Ms Y is 51 years old and cares for her two teenage children who have additional needs. She was referred to the service via the Investors in Carers scheme at Meddygfa Tywi. Ms Y is divorced and has a 15 year old daughter and 16 year old son with Autism. She also has a 20 year old daughter who helps her to care for the children as they both require significant care and support.

Ms Y's was very concerned for the future as she hadn't been able to discuss transitional support for when the children finish school. Her eldest daughter is also planning on going to university this year and she had concerns about how she would manage without her support. Ms Y felt very anxious and stressed as there was no support in place other than Special Educational Needs provision at the children's school.

Ms Y completed the Carers Star with the carers outreach worker. She had to give up work two years ago as her daughter had a breakdown and needed more support. Ms Y has been unable to work since. Although they have adjusted to the changes to their income, Ms Y really misses the social aspect of working and has felt very isolated since giving up work. She also felt that her caring responsibilities had a negative impact on her health & wellbeing and that this was at risk of deteriorating further if she couldn't access support.

Ms Y has attended the ASD coffee morning to meet with other carers and has reported feeling less isolated. A referral was made in January to social care for a Carers Assessment for Ms Y as she was interested in accessing Direct Payments to allow her to have some time out for herself - she is still waiting for an assessment of her needs. As Ms Y's daughter helps to care for her siblings, she has been able to access 1:1 support from the Young Adult Carers project.

### 3. Ceredigion Adult Carer – Inclusion, Outreach, Multi Agency Partnership

1. ABOUT THE CARER	Help Notes
<p>The Carer is a 74 year old woman who lives with and provides care for her two adult sons. Her husband died some years ago. One of her sons is an amputee (as a result of cancer treatment) and the other has a diagnosis of bipolar.</p> <p>She tends to feel anxious and isolated in her caring role much of the time. She is linked in to her local community through long-standing friendships and still manages to attend some social groups</p>	<p>1. What is their age? Do they live alone? How is their general wellbeing? Do they have family/friends nearby?</p>



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<p>from time to time.</p>	
<p><b>2. WHAT WAS THE SITUATION</b></p>	
<p>The Carer was referred to Red Cross from an agency who works with people with learning difficulties – one of their clients had the Carers’ permission to seek help for her. This agency had tried unsuccessfully to contact the Carer themselves, before referring them on to the Red Cross service. The Carer was described as being ‘in urgent need of support’ at the time of the referral.</p> <p>On meeting with the Carer, she described herself as feeling stressed, tired all the time, worried that her son with mental health issues was not motivated to do anything and seemed to have ‘lost his purpose’ in life. She felt her own health was deteriorating as a result.</p>	
<p><b>3. WHAT DID THE CARERS SERVICE DO TO MAKE A DIFFERENCE?</b></p>	
<p>Initial face to face meeting and subsequent frequent telephone support provided a ‘listening ear’ to the Carer and enabled her to start setting some achievable goals to help her in her caring situation.</p> <p>Case worker actions:</p> <ul style="list-style-type: none"> <li>• referred both the Carer and her son to a mental health charity for support;</li> <li>• registered the Carer as an unpaid Carer with her GP practice;</li> <li>• contacted her other son’s occupational therapist to discuss issues around the adaptations to the family home and kept in regular contact over a number of weeks to monitor progress;</li> <li>• linked Carer with sources of information by giving an information pack and registering her to receive Jigsaw magazine;</li> <li>• Put Carer on Red Cross mailing list for training in first aid and moving people safely.</li> </ul>	
<p><b>4. WHAT OUTCOMES WERE ACHIEVED?</b></p>	
<ul style="list-style-type: none"> <li>• Feelings of isolation and anxiety were reduced through regular contact between the support worker and the Carer.</li> <li>• Mental health charity made contact with Carer in order to provide support to her and her son.</li> <li>• Occupational Therapist was linked to Carer to discuss issues relating to house alterations and a stair lift was fitted. Other work is on-going.</li> <li>• Through regular monitoring of statutory involvement, a support worker has been involved to help Carer and family de-clutter the home.</li> </ul>	

2. Describe how the person came to be involved with the service you are writing about. If an older person - what challenge or issue were they facing and how was this affecting their life

3. Describe what action the case worker took to support the Carer.

4. What was the outcome for the service user? What difference did the interventions make?

5. Please provide a direct quote from the service user. What did they say about the service received and the difference this has made to them?



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<ul style="list-style-type: none"> <li>• Carer has been offered Red Cross training but has not yet been able to attend due to poor health.</li> </ul>	
<b>5. QUOTES/FEEDBACK</b>	
<p>On different occasions during meetings and telephone calls:  ‘very useful to talk things through’, ‘very helpful’, ‘nice to chat’</p>	

**4. Third Sector Involvement/Well-being/Whole Family Approach**

<b>1. About the Carer?</b>
<p>Adult Carer</p> <p>Gender: male</p> <p>Age: 59</p> <p>Relationship to cared for: Spouse</p>
<b>2. What are the Background &amp; Circumstances?</b>
<ul style="list-style-type: none"> <li>- How did they become a Carer?</li> <li>- How long have they been Caring?</li> <li>- Do they have any support from family or friends?</li> <li>- How is/was their Well-being and general health?</li> </ul>
<p>Became a Carer when his wife developed a back condition which led to both becoming physically disabled and then to associated mental health problems. While the Carer was able to cope with his wife's physical health issues, her mental health problems developed a significance which placed a sustained strain upon both their circumstances. These problems had deteriorated for a two year period prior to the Carer being referred to Hafal services.</p> <p>The Carer states that he is able to find support from friends and has a well-developed social network</p> <p>The Carer reported that his wife's condition and needs were placing him and his two teenage children under enormous amounts of pressure and stress. He was also under financial pressure as both he was no longer in employment and his wife was no longer able to work: the reduction in the family income meant that they were at risk of losing their home.</p>
<b>3. Which service did they Request/Need/Receive?</b>

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- What Outcomes did the Carer want to achieve?
- Which aspects of Well-being would be improved?

The Carer requested a service which would provide support to his wife and himself. He identified that he only required some direct support but that his wife needed significant emotional and therapeutic support.

Carers' desired outcomes:

- To reduce the stress of providing a caring role
- To reduce the stress being placed on his children
- To increase the amount of respite from his caring role in order to spend more time with his children
- To increase the amount of respite in order to spend time re-developing career plans in order to ultimately address significant financial concerns , and, also to pursue social and leisure activities
- To increase his and his wife's independence
- To promote the opportunities for his wife to achieve recovery

Improvement of Carers' well-being:

Better management of stress, physical tiredness, mental distress and anxiety. Significantly less stress placed on family, therefore, enabling parental responsibilities. Improvement in communication between the family. To minimise the stress caused by unemployment/reduced income. Increased sense of independence

#### 4. How were the services provided to the Carer?

- Did the Carer receive information, advice & assistance?
- Was the Carer actively involved in achieving the Outcomes?
- Did the Carer receive additional support?

Support sessions directly to the Carer are monthly and for up to 2 hours. The Carer is also able to contact the service at any time needed. Respite from the caring role is provided on a twice weekly basis for four hours.

Information, advice and assistance is provided in the following ways:

- Information/signposting about other available services (e.g. resource centres and available activities)
- Advice and information regarding ways to develop career opportunities
- Advice, as appropriate, regarding legal and financial issues
- Information and advice re mental health and the mental health system
- Assistance, as needed, with accessing legal rights
- Assistance, as needed, with accessing community facilities
- We work with both the Carer and the cared for in order for them to identify and achieve the best possible outcomes for themselves as individuals and as a family. Support sessions and interventions are designed and developed in order to ensure

## Hywel Dda Information & Consultation Strategy for Carers – 2012/2015 Annual Report 2015/16

<p>that the Carer is fully able to explore which outcomes he wishes to achieve. The Carer continues to receive support in the following areas:</p> <ul style="list-style-type: none"><li>• Emotional/therapeutic support</li><li>• Maintaining his family life</li><li>• Support to regain employment and occupation; financial management and towards maintaining accommodation</li></ul>
<b>5. What Outcomes were achieved?</b>
<p>- Which aspects of Well-being were achieved?</p>
<p>Through direct support to the Carer:</p> <p>There has been some reduction in the stress arising from providing a Carer role. Family circumstances have become easier to manage-there is less unpredictability-clearer roles have been established. More time is spent in the parental role, thus reducing stress on the children. Respite time has increased-the Carer has thus been able to spend more time developing career plans and social/leisure activities. Financial circumstances are gradually improving The Carer has an increased sense of independence.</p> <p>Improvements in the mental health of the cared for is meaning she is attaining higher levels of independence. Opportunities for the Carers' wife to achieve recovery from mental illness have been substantially increased by the support the service offers</p> <p>The support directly provided to the cared for has seen improvements in her mental health and is also, therefore, significantly reducing the strain this places on the Carer and his family.</p>
<b>6. What were the Carers' comments and views on the support, advice and outcomes? (Carers' quotes &amp; feedback)</b>
<p>- Which aspects of Well-being were achieved?</p>
<p>The Carer reports that he can only be 'complimentary about the difference the service is making to his and his family's circumstances'. He states that, whilst he remains extremely concerned about the well-being of his wife, he also 'feels more optimistic about their future,' and attributes this, in part, to what the service can offer. He expresses relief that the service is available and is very appreciative about the role it is playing</p>

### 5. Carer Outreach Services (Pembrokeshire)

A Carer (Victoria) came to see me after being referred by a GP staff member.

The Carer felt that she could cope in general although in the past couple of weeks she felt a bit 'down'. When she continued to talk about her caring role it became more and more clear that first signs of tiredness were started to show. Some of the

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concerns she raised were regarding her uncertainty how to communicate to the cared for with learning disabilities that they (she and her husband) planned a fortnight away. She was also concerned about the wellbeing of her husband in general. She in addition was considering taking some time off or at least decreasing the hours she worked.

Taking into consideration all the above mentioned 'concerns' and thoughts it was obvious that in spite of saying she could cope the difficulties of everyday caring were taking their toll.

One of the things we discussed was how to tell the cared for (with learning disabilities) that they were going for a holiday and he was not going to join them. Since he moved in with them (5 months ago), they took him everywhere, even when they went out for a meal as a couple. There was a plan put in place but due to the health condition of the cared for this particular arrangement might not have been the best solution for him. Discussing this issue with me allowed Victoria to re-consider the original plan and come up with alternative solution which involved also a consultation with the GP.

She was also encouraged to register as a Carer with the local surgery as well as to sign up for the Carers Emergency Card. Victoria was also told about other relevant services that might be helpful should she need more support.

We agreed to meet in a month time after they are back from holiday but due to some illness in the family we had to postpone the 2<sup>nd</sup> session. Victoria decided to take some time off from work and would like to meet again 'once the situation back home settles a bit'.

There are some issues she would like to discuss in more details to see what can be put in place to help her in her caring role in the future.

When asked whether the session was helpful the answer was yes. Victoria could talk to someone who was not a family member and by discussing their situation it helped her to re-think some of the arrangements and find out what is available in case she needs more support. She could share some of her concerns with her work colleagues but there are some things which she felt uncomfortable to talk about. Being able to share thoughts and feelings with a 'complete stranger' was what she needed.

### **6. Carers Outreach / Multi Agency Support - Pembrokeshire**

Agnes (not her real name)

A Carer made an appointment at one of the surgeries to discuss her new caring role. This support was mentioned to her by one of the receptionists at the surgery. She used to be the cared for as she has got a long term medical condition but unfortunately her husband was recently diagnosed with an illness himself and it

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became obvious that the role will reverse. She wanted to discuss what her options as a Carer were. She knew what would help her to continue to support herself and her husband so it was really straight forward referral to Social Services for her Carer's Needs Assessment.

We went through the usual 'list' of what is available regarding arrangements at home (to support people with mobility issues; memory loss conditions etc) as well as financial support. As a result of this Agnes was referred to CAB. She met with one of their consultants fairly soon after our meeting. They helped with some paper work and she found their support useful.

The communication with the Social Services was not exactly within the time line Agnes expected but after several phone calls made by her as well as by me to find out what was happening, and after additional referral for a Community Care Assessment Social Services arranged a visit 3 months after the initial contact with them.

Overall the Carer felt that the outcome of the assessment was almost what she wanted. She was happy with the result and thanked me for being supportive during this process. She phoned to update me on the latest developments and when asked whether she would like to share her experience and have her story recorded she agreed.

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**Appendix 5 - Summary of Terms & Acronyms**

Term	Full Title
Carers Measure	Carers Strategies (Wales) Measure 2010
CMHT	Community Mental Health Team
CYPP	Children & Young Peoples Partnership
EIA	Equality Impact Assessment
GP	General Practitioner
HDUHB	Hywel Dda University Health Board
liC	Investors in Carers
IMTP	Integrated Medium Term Plan
KPI	Key Performance Indicators
MH & LD	Mental Health & Learning Disabilities
NHS	National Health Service (Wales)
ONS	Office for National Statistics
PPE	Patient and Public Engagement Programme
SCWDP	Social Care Workforce Development Partnership
SSIA	Social Services Improvement Agency
SSWBA	Social Services & Well-being (Wales) Act 2014
TOC	The Triangle of Care
WFG	Well-being of Future Generations (Wales) Act 2015
WG	Welsh Government

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Mae'r dudalen hon yn wag yn fwriadol



## Carmarthenshire Strategic Partnership Board for Carers

### Annual Report 2015/16

During the year, we have continued to implement the two work streams that support unpaid carers and were identified as our priorities for 2015/16:

- The regional Carers Information and Consultation Strategy (commonly known as the Carers Measure) led by Hywel Dda University Health Board.
- The Welsh Government's Refreshed National Carers Strategy local action plan delivered by Carmarthenshire County Council and partners.

Below are respective reports on progress.

- **Carers Measure** - The **Carers' Measure**, introduced in 2013 has been supported by a dedicated funding resource that is managed locally by HDUHB and is utilised to implement the Key Actions within the strategy. Investors in Carers, the E-learning around Carers and Young Carer Awareness and dedicated performance management account for the greater part of the resources available whilst partner organisations contribute further resources, fiscal and human that support the Measure's regional approach. In January 2016 the WG announced through Carers Wales that it would be sustaining the Measure's funding for two years, albeit in a reducing framework that will see 5% lost annually. However, it is reassuring for the people dependent on the resource for their jobs and provides additional momentum to the work stream that is trying to embed recognition of unpaid carers in the hearts and minds and practice of our collective workforce.

Last year we reported on the successful Investors in Carers (IIC) programme that facilitates a framework of evidence demonstrating how GP practices support unpaid carers. All GP surgeries in Carmarthenshire have now completed the Bronze award level, one surgery has achieved the Silver award and several others are working towards this. There has been an expected increase in the numbers of carers recognised and referred on for assessment and support (*Fig 1*). However, it has required a revised approach to manage the additional demand being placed on social services for carer assessments. In partnership with HDdUHB, the Carmarthenshire Carers Information Service has been expanded to include a domiciliary service that offers a county wide approach, based on the locality footprints, to provide information advice and guidance to carers (*Fig 2*).

This new service also offers screening, ensuring that the levels of support are appropriate to the initial needs identified. Carers who are under pressure and obviously not coping well are referred on to social services for assessment whilst others, with less demanding commitments, are signposted to community and third sector based services for information and support. Effectively this revised service ensures that carers get the correct level of support at the right time with far fewer carers being referred for inappropriate formal carers' assessment whilst those being referred for assessment are receiving earlier intervention due to the managed demand.

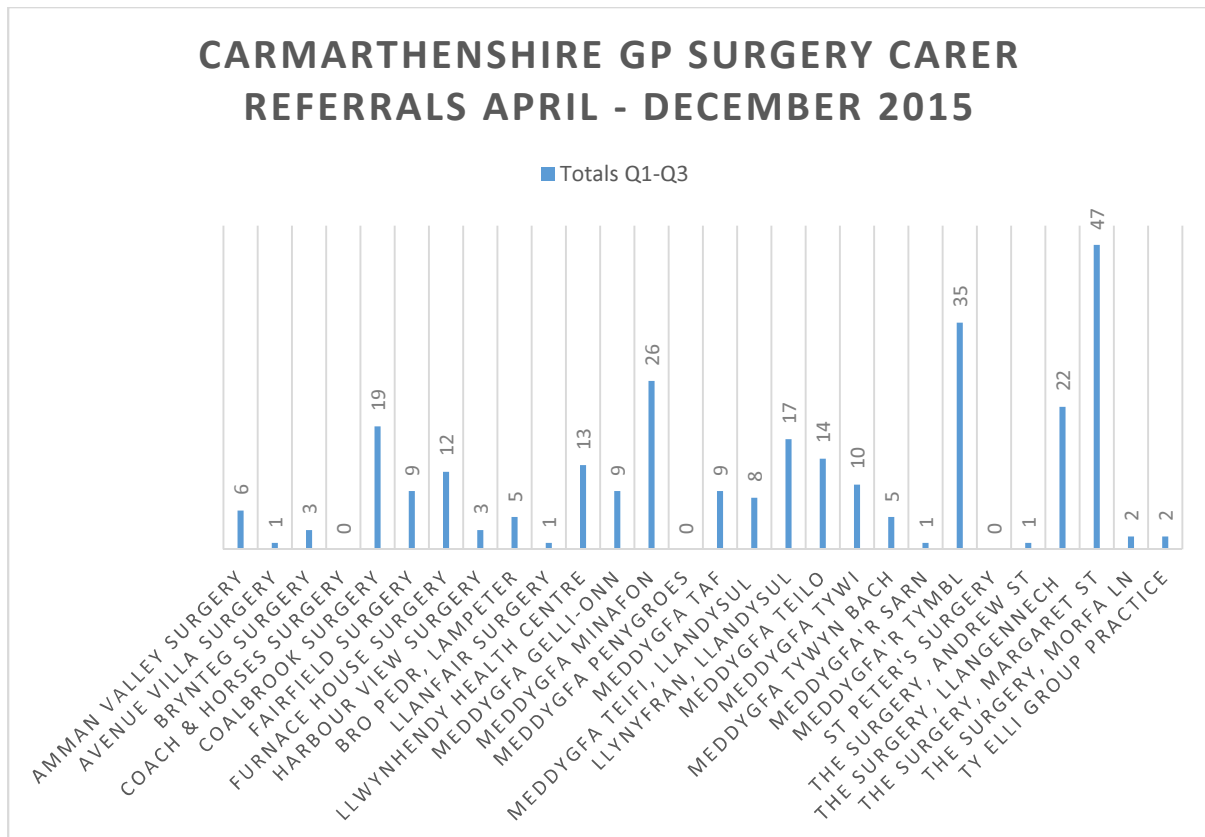


Fig 1.

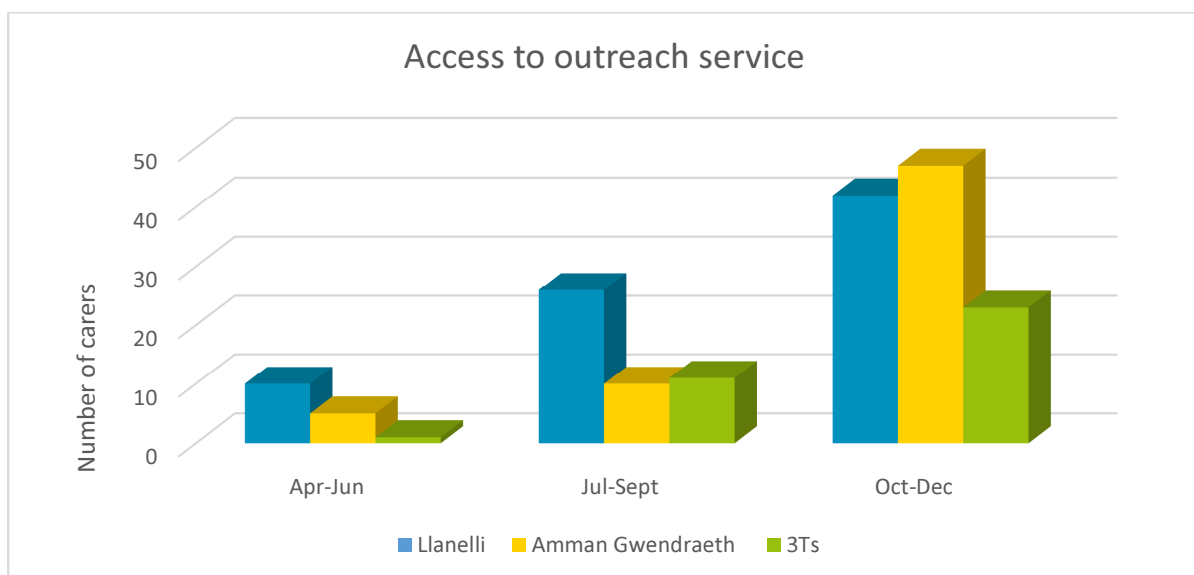


Fig 2.

During the year the programme has been extended to inpatient areas, community pharmacies and to schools (young carers) so that a wider variety of sources to recognise carers and signpost them to support are available:

- 2 Pharmacies now hold a Bronze award with a further 18 working towards this
- 3 Inpatient units have embarked on the Bronze programme

- 3 Schools are participating in an attempt to raise the profile of Young Carers and 1 school in Llanelli has achieved the Bronze Award

In addition to the IIC programme Mental Health and Learning Disability teams are implementing the 'Triangles of Care' scheme as a pilot across 5 sites. Crucially, the scheme endeavours to promote inclusion of family carers in the process of care planning for service users and recognises the huge contribution they are making.

Alongside the IIC scheme the Carers Measure introduced an e-learning programme to raise carer awareness across public and third sector organisations. The licence for the programme has been secured for a further twelve months and during the year there has been a steady increase in the number of staff completing the course (see Fig 3). In addition, a new Young Carer Aware version of the e-learning has been commissioned and promoted with a gradual but definite increasing number of registrants and completers (see Fig 4).

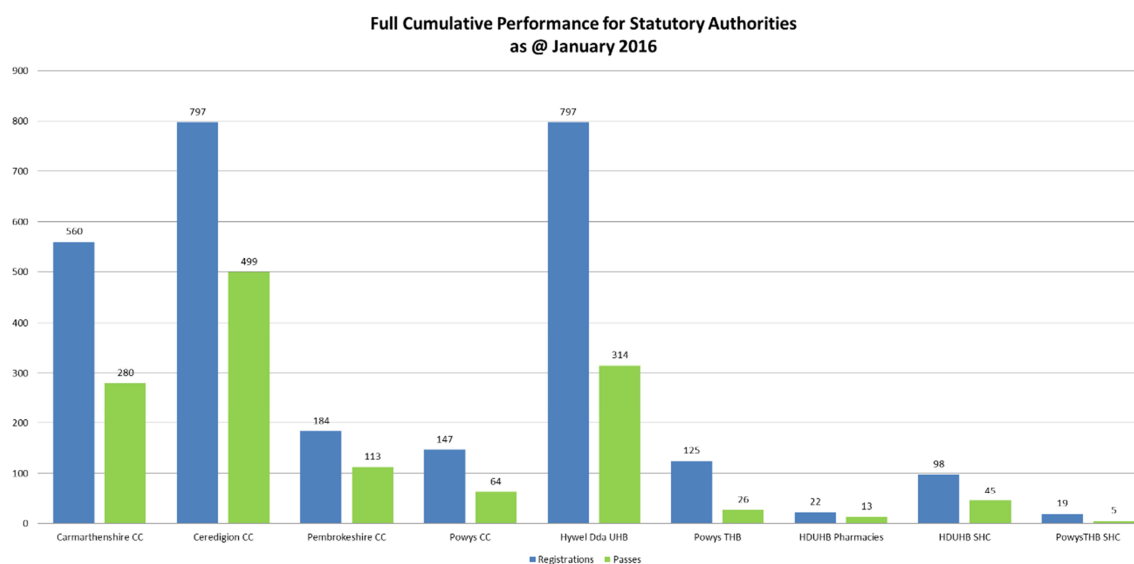


Fig 3

### Young Carer Aware e-Learning - January 2016 Report (as @ 18/01/2016)

Period		Authority / Organisation							2014/15
		Carmarthenshire	Ceredigion	Pembrokeshire	Powys	Hywel Dda	HD SHC	HD Pharmacies	
2014/15	Registrations	22	6	44	21	28	17	0	141
	Passes	3	5	8	3	7	5	0	38
2015/16	Registrations	138	41	89	5	27	20	3	
	Passes	37	33	59	4	17	11	1	
<b>Totals Registrations</b>		<b>160</b>	<b>96</b>	<b>133</b>	<b>25</b>	<b>64</b>	<b>37</b>	<b>3</b>	<b>518</b>
<b>Total Passes</b>		<b>41</b>	<b>38</b>	<b>67</b>	<b>7</b>	<b>25</b>	<b>16</b>	<b>1</b>	<b>178</b>

Notes

HDUHB totals include SHC & Pharmacy figures

County figures, include 3rd & VSO within their area

Fig 4.

Throughout the duration of the Carers Measure to date there has been an emphasis on information for carers. Given the breadth and diversity of information available the Strategy Implementation Group adopted a 3 tier approach:

1. General Awareness raising
  2. Specific and condition/caring related
  3. Information through engagement (advice and consultation)
- 
1. Much effort has been made to rationalise level 1 so that basic information across the region maintains a common theme and appearance in an attempt to assist carers to recognise relevant posters, leaflets and promotional materials. A new 3 counties leaflet has been developed and is being distributed at hospital pharmacies where carers will collect take home medications. All hospitals now have dedicated carer information boards placed strategically in the DGH's with Prince Philip having 17, Glangwili having 10 and two at each of Amman Valley and Llandovery Hospitals. Linked to the Carers Outreach service these information boards are maintained on a monthly basis ensuring information posted remains relevant and up to date with events and new initiatives promoted.
  2. During the year the book "Say I'm fine and mean it" – a dedicated resource to assist carers – has been reprinted for regional distribution whilst it is also made available on partner's web pages as a free download and as a QR Code accessible via mobile devices. Carmarthenshire Information Service also maintains a Facebook page and actively Tweets information so that optimum levels of available information can be achieved. In an effort to reduce printing costs and avoid waste due to printed materials becoming out of date the majority of specific information being developed is web based. This information covers a wide variety of topics related to health and social care as well as carer specifics about their rights and entitlements and can be printed off to give to carers or carers can look at it on line.
  3. A draft Best Practice guide on informing carers, related to the three tiers, offers health and social care staff a framework describing how to achieve the standards therein. When finalised, the guide will be circulated extensively and promoted as an aide to meeting the expectations of the Carers Measure and the Social Services and well Being Act. The guide informs those responsible for producing information on how to include information for carers and extends to explaining how engaging with carers at critical points in the care pathway can ensure they are included in care planning and delivery thereby upholding the Measure and the Act.

- **National Carers Strategy local action plan** - In 2013 the Welsh Government refreshed the National Carers Strategy and published a revised version. Many of the original themes were kept as they were deemed appropriate still and a new theme surrounding Young Adult Carers was introduced. In response to the refreshed strategy Carmarthenshire developed and published (through consultation and collaboration with carers) in November 2014 a local Carers Action Plan (CAP). The plan describes actions to be taken to achieve some of the outcomes identified by the national strategy and takes into account the work being driven by the Carers Measure.

Four themes are reflected in the CAP:

- Health and Social Care
- Carers and employment
- Support and a life beyond caring
- Young carers and young adult carers

Recognising carers and giving carers information is seen as the domain of the Carers Measure and is therefore excluded from CAP to avoid duplication with activity emanating from the carers Measure Strategy.

### **Health and Social Care**

Some of the actions planned for the reporting period have been rescheduled for future implementation to allow for the introduction of the Social Care and Well Being Act (SCWBA) which requires mandatory training attendance by the social services workforce. In addition the planned workshops will need to adapt to consider the implications of the SCWBA on unpaid carers. Work to develop the workshops is ongoing.

Auditing case files to establish standards and best practice is also deferred as the internal review of TASC and the revision of care management practice will impact on the way we recognise and support carers as illustrated above (Carers Measure report).

A revised Carers Emergency Card scheme has been designed to incorporate :

1. Carer identity card
2. Carer discount card
3. Carer emergency card
4. Contingency care plans

Work to establish the processes around the administration and allocation of the new card has been ongoing throughout 2015 and an agreed implementation procedure is now in place. The new procedure will align the CEC to the CareFirst data base thereby reducing duplication. Carers not wanting support from the department will be able to access the CEC that allows them some comforting reassurance whilst away from the cared for person. Carers not wanting the 'emergency' element can take advantage of the discounts available by getting the card from the Carers Forum. Anyone issued with a card will have the means to prove their identity as a carer which will afford them free or concessional access to leisure facilities in Carmarthenshire and beyond.

Good practice in care planning will recognise the contribution of unpaid carers to the sustainable wellbeing of service users. Consequently, the same good

practice must make consideration for circumstances that prohibit the primary carer from continuing. The Carers Emergency Card requires the identification of up to 3 substitute carers who are committed to helping out when emergencies or unplanned events render a carer unavailable to continue and therefore provide a standard of contingency planning.

Increasing the recognition and referral rate of carers from primary and secondary care for assessment through the IIC scheme has proved largely successful, at least within primary care where an ever increasing number of carers are being identified (see above for outcomes). However, engaging with secondary care teams to implement IIC is proving a bigger challenge but inroads have been made and pilot schemes are underway in 4 clinical areas.

Carer support groups have grown during the year with third sector commissioned services continuing to establish groups or increase attendance at existing groups.

Increased activity within primary care settings is generating many more carer referrals – see above, and a new system is evolving that will view the carer and cared for as more of a unit that warrants a holistic approach and assessment. However, the introduction of the Carers Information Outreach service in 2014 is now beginning to pay dividends as so many carers are being served without the need for formal intervention, ensuring that they are informed and able to make decisions whilst those whose caring role is obviously acute are appropriately referred on to the department for formal assessment.

### **Carers and Employment**

The Action for Carers Equality group was reformed during 15/16 and developed its own action plan within the framework of the CAP. During the year there was a campaign targeting employers and employees to flag carers' rights and good employment practice around unpaid carers within a workforce. Three new information fact sheets were developed and circulated:

- Working Carers
- Carers who want to return to work
- Employers and working carers

Employers across the county have been targeted and this will form part of an annual campaign to improve awareness amongst carers, working carers and employers. To complement this a brand new award scheme was launched during the year which saw the introduction of the Carmarthenshire Caring Boss Awards. Widespread promotion through leaflet dropping and a press release saw a significant number of submissions that resulted in the presentation of the awards at national Carers Rights Day held on the 20<sup>th</sup> November 2016. Four awards were made with, unsurprisingly, a GP Practice manager being awarded the very first Gold Good Boss Award. The Awards will be promoted again this year to build on the momentum and further raise awareness.

The CAP has identified that carers often seek training on a variety of subjects. Gaining skills to assist their caring role and to ensure their personal safety should be readily available but as yet are not. Learning or honing skills that enable carers to return to or to enter employment are available but can be

difficult to source especially when carers have committed caring responsibilities. Carers are often tied to the home as caring doesn't allow them the freedom most of us enjoy. Being at home can sometimes be very challenging and carers report that they would like to have a hobby or pastime that could assist the boredom sometimes experienced. Looking after their own wellbeing is very important for all concerned as the sustainability of the caring role is paramount in these times of austerity. Having accessible courses that promote wellness to carers is very desirable.

ACE has identified in partnership with the Carers' Forum the concept of a "Carers College" where all of the above (and more) can be promoted to carers. The idea is that of a virtual college that exists as a web based entity. It will host all manner of training and education information that carers may require from types of training to the dates and places and to the costs involved. To facilitate the development of the College a brief questionnaire for carers and interested partners has been conducted between January and February with a view to the analysis informing direction in true co-production with carers. This work remains ongoing.

### **Support and a life beyond caring**

The CAP identified five desirable outcomes within this chapter. They revolve around breaks for carers, appropriate and comprehensive assessment that includes an examination of their needs for work, education and leisure, maximising income from available benefits and contingency care planning.

Breaks for carers (respite) are the most sought after form of support following information. Carmarthenshire has recognised and committed resources to this type of help for carers for many years by contracting with third sector partners for service provision and through dedicated residential placements within our own care homes. Day care and meaningful activities for service users is another means of supporting carers with a variety of provisions across service areas that have been sustained throughout the year. Adult placement services are growing With a mixed provision of residential respite and day activities.

The main provider of replacement care is Crossroads Sir Gar Carers Trust an organisation that has established itself as the premiere local charity in the sector. During the year they have delivered 11,882 hours of replacement care and 3,764 hours of community support.

In March 2014, the Carers Information Service was allocated to Crossroads Sir Gar and now forms part of a bigger organisation who specialise in supporting Carers. Added to this is new Carers Outreach Service that was launched in June 2014. This provides a home visiting service for carers who, for a variety of reasons, cannot get to the service's office or to other events held around the county. Having bedded in, the service is now held in high regard by carers and is evolving well as a model of carer support. Interventions with carers are monitored utilising the Carers Outcomes Star which provides evidence of need and a framework for eligibility.

The service ensures that carers' information is accessible in a wide variety of formats, maintains a presence at health and social care events throughout the

year, and is a key contributor to the planning and delivery of Carers Rights Day and Carers Week annually.

In 2014, the Carers Forum was constituted into a Registered Charity. The Forum has over 120 members, which provides an independent voice for carers and a distinct group for consultation and planning. The Chairman has been invited on to the Partnership Board giving further recognition and credence to unpaid carers.

The group is planning a training event for carers, as well as practical initiatives such as discount cards.

Replacement care continues to be the second most requested service by carers after information. During 2014/15, 34 (18%) more people have received replacement care (a year-on-year increase from 192 to 226).

In terms of our commissioned services:

- The Stroke Association (SA), through its Stroke Health Improvement Programme, sources most of its beneficiaries (carers) at hospital ward level where there is excellent partnership understanding between the nurses and the SA worker.
- The Alzheimers Society retains a Carers Domiciliary Support Service and a generic Society/Dementia awareness service for the county.

Within Mental Health services, carers' support is delivered primarily by Hafal and Eiriol who are commissioned for a variety of replacement care and carers advocacy service respectively. During the year to date the services have provided nearly 200 carers with regular breaks from caring and 123 carers have benefited from the support of an advocate.

Learning Disability services continue to support families and carers with a variety of opportunities to benefit from breaks. These include adult placement, residential care and other community supported activities such as Coleshill Centre and the STEPS programmes.

Carers Flexible Support Grants are small 'one off' direct payments to carers and continue to provide carers with solutions to identified needs that are not available from regular sources. Grants are used in a variety of ways to provide a break from caring, meeting the well-being needs of carers or practical support to meet the day-to-day costs of caring.

### **Effects on people's lives**

How we impact on the lives of carers is critical to the sustainability of their caring role. However, with 24,000 carers in the county we have to be realistic and taper the focus of our energy and resources onto those carers whose role is impacting on their lives and those who actively seek support. The importance of recognising and supporting carers cannot be overstated when their collective annual contribution is estimated at more than half a billion pounds in Carmarthenshire. As stated above, the increased awareness and activity around the carer agenda is bringing more and more carers to the department's attention and as a consequence the numbers of carers being supported is growing.



With increased expectation on the public (carers) to deliver more and more care at home it is imperative that their contribution is properly recognised and where appropriate, supported. Many carers state that they don't want any help, that they are glad to be able to care for a loved one in a way that others couldn't and we don't want to interfere with any of that. However, through information, advice and signposting we are enabling Carers to understand their rights and direct them to support that they can access if they wish to or need to. Effectively this empowers Carers and affords them a degree of confidence that should the caring role become burdensome then support is available to them and they know how and where to get it.

Having such high numbers of Carers and increasing demands on services for interventions and support we are being proactive in the way we are trying to help people recognise themselves as Carers in the first instance and secondly, as service providers and commissioners we are actively recognising them ourselves. On the two strategic fronts; the Carers Measure and the Carers Action Plan we are demonstrating a commitment and no small amount of innovation.

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## Carmarthenshire Carers Action Plan – Monitoring Report

Executive responsibility:	Co-ordinator: JR	Date: 11/05/2016
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Status key:	No Code – action not due until the stated date	R - Red – not achieved	G – Green - achieved	A – Amber ongoing
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## 1. Health and Social Care

### Desired Outcome 1.1: Carers receive appropriate, person centred and timely assessment

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<b>1.1a</b> All relevant staff undertake the Carer Awareness E-learning course	To date 266 LA staff have registered for CAEL, 178 of those have passed. 154 people have registered for the YC aware EL and 49 have passed.	Ongoing	10	A	The risk of underutilising the training provision will drive up the unit cost per participant. This requires further promotion within the teams by management and, particularly, from senior management team.
<b>1.1b</b> All relevant staff undertake Carers' Assessment Workshop	Under development with the Carers Champions and CCC training dept. Format has been agreed with the detail being developed.	09/16 – 03/17	30	A	Revised target date due to introduction of the SSWBA which has mandatory training requirements that will take priority. Key assessment staff will be required to attend this training before and beyond April 2016. Realistically the workshops will not be rolled out until Summer/Autumn 2016. An aide memoire for practitioners relating to Carers and the Act is being produced as an interim measure

<p>1.1c Recruit Carers Champions within each Community Care team to provide a local focus and knowledge base</p>	<p>The Carers Champions group is established. Progress is being made on the agenda below:</p> <ul style="list-style-type: none"> <li>Carers assessment workshops</li> <li>Carers Emergency/Identity card</li> <li>Contingency planning</li> <li>Carers Flexible Support Grant process</li> <li>Carer Awareness E Learning promotion</li> </ul>	06/15	80	G	<p>MH and LD Champions group is being facilitated by Alison Evans, HDdUHB. To explore joint working with this group.</p> <p>See 1.1b above</p> <p>See detail in 1.2c below</p> <p>Incorporated to CEC – see 1.2C below</p> <p>Process reviewed and agreed. Audit method agreed</p> <p>See 1.1a above</p>
<p>1.1d Conduct audit and quality appraisal of Carers Assessments and report to managers</p>	<p>This area of work is currently on hold until the new practice under the SSWBA has been embedded.</p>	TBC	0		<p>Deferred until the SSWBA has been embedded as it will introduce new practice models e.g. Integrated assessments.</p>
<p>1.1e Primary and Secondary care targeted to increase carer assessment referrals</p>	<p>The increased activity from GP's referring Carers for assessment was creating backlogs of assessments. Referrals were numerous and inappropriate. To address this two initiatives have been put in place:</p> <ol style="list-style-type: none"> <li>1) All referrals from Primary Care now go to the Carers Information Service based with The Carers Trust, and;</li> <li>2) The Carers Information service has been commissioned by HDdUHB to provide an Outreach Information</li> </ol>	ongoing	100	G	<p>This initiative appears to be working well but the influence on Primary Care is largely the outcome of the Carers Measure funding from WG. Recent letter from WG outlines a further 2 years of tapered funding to embed carers, promote partnership working and engage the 3<sup>rd</sup> sector in delivery.</p>

	<p>Service. 3 workers cover the CRT footprints and provide a home visiting service for carers. The Carers Information Service has invested in training for the workers on implementing the Carers Outcomes Star so that all carers referred can be screened using the Outcomes Star to determine whether referral for assessment is justified or whether more proportionate support can be identified from other sources..</p> <p>To illustrate this:</p> <p>Number of referrals from Primary Care between September 1<sup>st</sup> 2015 and December 7<sup>th</sup> 2015 = 128.</p> <p>During the same period 12 of these carers were referred on for Carers Assessment to the department.</p>				
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**Desired Outcome 1.2: Community Care Plans will identify the contribution of unpaid carers and will include a contingency plan if the carer is unable to provide care.**

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<p>1.2a Establish a task and finish group to review and promote best practice</p>	<p>This action is progressing slowly alongside the wider practice revision that has been driven by the new Act. The Carers Assessment Process map</p>	<p>10/16</p>	<p>35</p>	<p>A</p>	<p>To work with JT and JD to review and amend as necessary.</p>

Tudalen 94	has been the first process to be signed off by the Procedures and Processes Board				
1.2b Embed best practice through learning, development and supervision	See 1.1b and 1.2a above New commitment to staff supervision and appraisal will assist.	09/16	40	A	SCWDP funding secured for sessions in year 2
1.2c Review the Carers Emergency Card scheme and re-launch	<p>A comprehensive process has been developed that identifies 3 levels of CEC:</p> <p><b>Level 1</b> The card provides ID and a discount scheme (CCC Staff discount) Distributed by the Carers Forum.</p> <p><b>Level 2</b> Provides the above plus an 'emergency' facility that's available to carers and families who don't want services or who don't qualify for services. Distributed by CCC.</p> <p><b>Level 3</b> provides the above and will also facilitate a 'contingency plan' that recognises the need for support when the primary carer is incapacitated and unable to sustain caring duties. Distributed by CCC alongside SU care plans.</p> <p>The structure and role of Careline is being reviewed.</p>	09/16	50	A	No remedial actions required. The revised plan will require funding to a degree and this has yet to be agreed. To seek agreement on funding before progressing to implementation.

**Desired Outcome 1.3: More Carer Support Groups in Carmarthenshire**

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<b>1.3a</b> Work with service providers to develop Carer support groups.	A published list of Carer support groups is available to Carers. New groups are being started. The list will be reviewed and republished bi-annually.	09/15	100	G	To maintain new group development as groups sometimes cease or become closed to new members.
<b>1.3b</b> Promote Carer support groups across primary and secondary care and within the area teams and communities	Carers Support Groups list shared with SC Teams, carers and provider partners on a regular basis with new groups added as they emerge.	ongoing	100	G	Even though there are now several Carer groups in the county there is always room for more – especially in rural communities. Work to address this is underway. Carers Forum meets 6 times annually and ensures inclusion by meeting across the county – Next meeting in NCE. Community Resilience Officers attend Carer Provider Forums.
<b>1.3c</b> Facilitate and support Carers groups	More groups for carers are now available. There remains a challenge in rural areas.	ongoing	100	G	As above.

**Desired Outcome 1.4: Carers are meaningfully engaged by GP’s regarding the cared for person’s health and treatment options**

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
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IT/udal/en/96	1.4a Produce information for Carers about getting recognition from the cared for person's GP.	New posters and leaflets designed and printed for distribution across primary secondary and community care.	06/15	100	G	
	1.4b Develop and implement a consent form that allows GP's to consult with Carers	This has been achieved through working closely with the Carers Information Outreach service who now accept all GP referrals for carers. See 1.1e above	09/15	100	G	
	1.4c Work with Investors in Carers to promote better engagement with Carers by GP's	All GP surgeries in the county hold a Bronze level liC award. 1 has completed the Silver award and a further 6 surgeries are working towards the Silver award. Over 2845 carers now registered with GP's – up 4% on the previous quarter.	ongoing	100	G	

**Desired Outcome 1.5: Carers health needs are recognised and facilitated**

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
1.5a Work jointly with health colleagues and the liC team to develop a carer aware protocol for elective interventions and long term treatments.	Revised target date. Lead officer retired – to establish further contact through LHB management.	09/16	05		Key manager identified in HDdUHB – to seek a preliminary meeting to outline the issue and develop a forward plan.



<b>1.5b</b> Implement the protocol					As 1.5a above
<b>1.5c</b> Evaluate the protocol					As 1.5a above
<b>1.5d</b> Embed the protocol into practice					As 1.5a above

**Desired Outcome 1.6: Service users and Carers have a named service coordinator**

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<b>1.6a</b> Carers will be included in the assessment and care planning process for service users and have their support needs recognised.	The introduction of the SSWBA will potentially have an impact on how we perceive and respond to Carers. A revised framework for assessment and care management is currently being introduced with integrated assessments forming a key function. New processes and procedures are being developed accordingly.	06/16	65%	A	
<b>1.6b</b> TASC to introduce caseload management/named worker.	Completed – this was introduced by TASC and has been retained.		100	G	

## 2. Carers and Employment

### Desired Outcome 2.1 Carers have opportunity to gain employability skills

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<b>2.1a</b> Re-establish the sub group Action for Carers Equality (ACE) to debate and guide Carer Equalities in the workplace and develop better opportunities for carers seeking employment.	<ul style="list-style-type: none"> <li>ACE is re-established</li> </ul>	01/15	100	<b>G</b>	
<b>2.1b</b> Identify or develop opportunities that will help carers to gain skills for employment and promote to carers and strategic partners	<p>A new initiative is being developed: 'The Carers College'</p> <p>This will exist as a web site and on paper. It will host a variety of information on courses for carers and links to other courses that may interest carers e.g. for entering or returning to work:</p> <p>Confidence and assertiveness courses IT skills updates and ECDL Attaining 'O' and 'A' levels etc. for assistance with caring tasks e.g. Safe moving and handling Skin and wound care</p>	09/16	20%	<b>A</b>	Revised date due to the expansion of the idea from ACE and the Carers Forum. Work is ongoing.

	Oral hygiene Challenging behaviour etc. The Carers College concept is being co-designed with carers.				
<b>2.1c</b> Develop with partners a Carers Confidence and Self Esteem programme	To liaise with EPP at HDUHB. Ongoing discussions to establish content and format.	06/16			Work will commence in the summer.
<b>2.1d</b> Build on established links with Job Centre Plus	Partnership well established (ACE membership) and good commitment secured.	06/15		<b>G</b>	JCP manager retired suddenly (to care for spouse). Alternative representation sought.

### Desired Outcome 2.2 Employers recognise and support working Carers

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<b>2.2a</b> ACE will promote and raise awareness of Carers within partner agencies and external employers	A Carmarthenshire Caring Boss Awards scheme has been developed and conducted over the summer 2015. Adverts/Flyers and flash mails were used to promote the scheme widely. Over the summer nominations and testimonials were received and the awards ceremony was tagged to National Carers Rights Day 20/11/2015 held at the Plough in Rhosmaen. This is a co-production in association with	09/15 & ongoing	75	<b>G</b>	The Awards will be sustained to gain further momentum and effect. Additional promotion, needs development.

	Carers Trust and could be taken up in future solely by the Carers Trust. To be re-launched during Carers Week 2016				
2.2b ACE will develop a best practice guide around carers for employers	New information sheets published for employers and employees. Available from Carers Information Service and internally from CCC.	09/15	100	G	

### Desired Outcome 2.3 A directory of carer friendly employers

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
2.3a ACE will work to formulate an e-directory to inform carers	Agreement to develop over time.	010/16	10		The Award scheme has provided a basis to work from.

### Desired Outcome 2.4 Investors in Carers has a specific award framework for employers

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
2.4a ACE will link with the liC team to develop an evidence based assessment framework looking at how working carers	liC membership of ACE secured. Time and funding of liC will be critical. To maintain overview but agreement in principle secured.	12/16	0		Two years of additional funding for the Carers Measure means we have opportunity to shape liC for employers.

are supported					
2.4b ACE will seek and support employers to participate in a pilot project	As above		0		
2.4c ACE will work with liC to monitor and evaluate the pilot project	As above		0		

**Desired Outcome 2.5 Carers' assessments will consider work, training, education and leisure needs**

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
2.5a All appropriate staff receive Carer assessment training.	Revised carers assessment workshop to be developed	09/15	30	A	See 1.1b above
2.5b Produce an aide memoire to inform and guide assessment practice	A revised aide memoire is being introduced to assist practitioners			A	The revision will be guided by the new assessment and care planning framework related to the SSWBA.
2.5c Conduct regular and random Carers' assessment audits to identify best and poor practice and provide managers with outcome reports and recommendations.	Revised practice framework and the SSWBA will necessitate a revised target date	12/16	15	A	See 1.1 d and 1.2a above.

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### 3. Support and a life beyond caring

#### Desired Outcome 3.1 Fairer access to replacement care

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<b>3.1a</b> We will develop and publish a Carers' guide to replacement care that will include: <ul style="list-style-type: none"> <li>• Description of replacement care</li> <li>• Types of replacement care</li> <li>• How to access replacement care</li> <li>• What you can expect to pay for replacement care</li> </ul>	Draft to be consulted upon	09/16	50	A	To submit draft to SPBC meeting for approval and then to management and finance.  Departmental policy on respite being drafted – to ensure the guide reflects the policy – on hold at present.

#### Desired Outcome 3.2 Carers' assessments will consider work, training, education and leisure needs

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<b>3.2a</b> All appropriate staff receive Carer assessment training	(as 2.5a above)			A	
<b>3.2b</b> Produce an aide memoire to inform and guide assessment	(as 2.5b above)			A	Under review

practice.					
<b>3.2c</b> Conduct regular and random Carers' assessment audits to identify best and poor practice and provide managers with outcome reports and recommendations	(as 2.5c above)			<b>A</b>	See 1.1 d and 1.2a above.

**Desired Outcome 3.3 Carers can choose and control the types of breaks that best suit their needs**

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<b>3.3a</b> Work with the Community Care Teams to promote self-directed support for Carers	Included in the carer assessment workshops.	0916 ongoing	0	<b>R</b>	Rescheduled to accommodate the SSWBA mandatory training.
<b>3.3b</b> Develop a Replacement Care guide for practitioners that will: <ul style="list-style-type: none"> <li>Describe different types of replacement care</li> <li>Promote the availability of Direct Payments</li> <li>Encourage Citizen Directed Support (CDS)</li> <li>Include CDS in the Carers Guide to</li> </ul>	Draft to be submitted to SPBC	09/16	40	<b>A</b>	

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Replacement Care

**Desired Outcome 3.4 Eligible Carers in Carmarthenshire access Carers' Allowance**

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<b>3.4a</b> Promote awareness of Carers' Allowance	Regular inclusion in Carers News and at various events.	ongoing	100	<b>G</b>	
<b>3.4b</b> Encourage and assist Carers' to access Carers Allowance	Promote through Carers Information and Outreach and CSSN, liC, CRT's, CMHT's &CTLD's	ongoing	100	<b>G</b>	
<b>3.4c</b> Monitor take up of Carers Allowance.	Access to NOMIS website reveals 2330 carers receiving Carers Allowance. This reflects less than 2% of the population with a known 13% providing unpaid care. However this doesn't reflect a true representation as the criteria for CA discounts approximately half of the carers in the county. To monitor annually and measure any increases.		100	<b>G</b>	



**Desired Outcome 3.5 Carers are confident that their cared for person will be safe and well should they be unable to maintain care for any reason.**

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<b>3.5a</b> Develop a work stream with Community Care Teams to ensure contingency planning is undertaken from the outset and agreed with the Carer	Case file audit criteria to include Contingency Planning. Review of Carers Emergency Card Process has identified opportunity to incorporate the good practice of contingency planning.	09/16	25	A	Revised date. To implement audit when new SSWBA practice & processes are implemented.
<b>3.5b</b> Ensure that Carers receive a copy of the care plan that identifies the contingency plan	Carers Emergency Card to be offered as a default with carers having to opt out of the scheme.	09/16	25	A	Cost to be agreed with Careline. Funding will need to be identified and agreed.
<b>3.5c</b> Provide Carers with additional information on emergency and out of hours services	Will include information on the revised CEC when agreed so that carers can choose whether to apply for a card.	09/16	50	A	
<b>3.5d</b> Review the Carers Emergency Card scheme and promote membership to Carers	Carers Champions will promote the revised CEC within their teams.	09/16	25	A	

## 4. Young Carers and Young Adult Carers

**Desired Outcome 4.1 Staff from Primary Education Services are familiar with the issues and are adequately informed and motivated to recognise and support young carers.**

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
4.1a Develop a presentation for primary school staff awareness	At the time of writing this action plan the Investors in Carers initiative had not progressed far enough in development to be included. However, with the support from schools and school personnel the liC Framework for Education has been developed and trialled. There is now one school, St John Lloyd, with a bronze award and four others working towards the Bronze award, Coleg Sir Gar has started the process and is being supported. The liC programme will replace the actions 4.1a to 4.2c in this plan but will be reported on here.			G	The liC programme will run for a further 2 years due to WG providing additional funding. This is an opportunity to embed the programme in schools and colleges. With over 100 schools in the county it is going to take a lot of time for them all to achieve the minimum Bronze standard.
4.1b Identify schools to pilot the presentation and evaluate it				G	
4.1c Conduct the presentation within all primary schools				G	

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**Desired Outcome 4.2 Young Carers are able to recognise themselves as carers and are supported to seek help**

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<b>4.2a</b> Continue to deliver awareness raising in secondary schools	As above			G	
<b>4.2b</b> Review and update the 'I was a Young Carer' celebrity boards	As above			G	
<b>4.2c</b> Develop a strategic plan for delivering schools based awareness programmes across Carmarthenshire, aligned with TAF etc.	As above			G	

**Desired Outcome 4.3 Young Adult Carers are able to recognise themselves as carers and are supported to seek help**

Key Action	Summary/update	Target Date	%	Status	Remedial Action/Risks
<b>4.3a</b> Deliver a rolling programme of awareness raising in Colleges using the 'I was a Young Carer' celebrity boards	Since the launch of this action plan there has been further activity supporting it that was not known at the time of writing and couldn't be included.		100	G	

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	Carers Trust launched a fund in January/February 2015 seeking bids for resources to address awareness raising and support for Young Adult Carers. Crossroads Sir Gar submitted a bid and in June 2015 were informed of their success. A dedicated worker has been in post since last October and has made a very effective start to the project which is currently supporting 49 Young Adult Carers.				
<b>4.3b</b> Deliver awareness raising sessions during Freshers' Fayres in FE Colleges	It is well recognised across agencies that the worker employed to lead the YAC's project has been very diligent, resourceful and successful to date		100	<b>G</b>	
<b>4.3c</b> Develop a business case and seek funding to meet the needs of YAC's	Success achieved and post commenced October 2015.		100	<b>G</b>	Crossroads Sir Gar have added funding to make the post a 2 year contract. Sustaining the project for the longer term will be a challenge.

**Desired Outcome 4.4 Secondary, Further and Higher Education staff are knowledgeable of Young Carers and Young Adult Carers and actively support them**

<b>A</b> Key Action	<b>B</b> Summary/update	Target Date	%	Status	<b>C</b> Remedial Action/Risks
<b>4.4a</b> All staff to undertake the Young Carer Aware e-learning course	The Investors in Carers schools programme includes this work.		15	<b>A</b>	Inadequate numbers undertaking the course. To promote during carers week.

4.3b Ensure relevant information is readily available for all staff	The Investors in Carers schools programme includes this work.			A	
4.4c Ensure that the impact of caring is considered within the school/college attendance agenda	The Investors in Carers schools programme includes this work.			A	

**Desired Outcome 4.5 Health, Social Services and 3<sup>rd</sup> sector staff are Young Carer aware, recognise familiar issues and how to seek support**

A Key Action	B Summary/update	Target Date	%	Status	C Remedial Action/Risks
4.5a All staff to undertake the Young Carer Aware e-learning course	154 Council staff registered at 30 <sup>th</sup> April 2016. 17 staff have completed the e-learning.		15	A	Request for support from Heads of Service has been made.
4.5b Ensure relevant information is readily available for all staff	The Investors in Carers schools programme includes this work.				
4.5c Ensure that the impact of caring is considered within the school/college attendance agenda	The Investors in Carers schools programme includes this work.				

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**Desired Outcome 4.6 Young Carers can access information in the format of their choice**

A Key Action	B Summary/update	Target Date	%	Status	C Remedial Action/Risks
4.6a Establish an Information Technology sub group to advance this work stream and ensure young carers are included.	Links to the Carers Information Service made for advice and guidance on setting up and managing social media.	09/16	15	A	
4.6b Support this group to identify resources that will support technology	Will form early agenda for the working group			A	
4.6c Ensure information outlets are maintained and updated	School/College notice boards, Youth Clubs and Community Centres are targeted for regular information and updates as part of the liC programme.	100		G	
4.6d Promote Carmarthenshire Young Carers Service at appropriate opportunities in the local media	New logo designed by YC's and a range of posters and leaflets are being commissioned. Other promotional aids are being considered.			A	

#### Desired Outcome 4.6 Young Carers can access information in the format of their choice

A Key Action	B Summary/update	Target Date	%	Status	C Remedial Action/Risks
4.7a Ensure all Young Carers referred to Children's Services receive an assessment of need within 10 working days	Due to the establishment of Team Around the Family (TAF) and the revised protocols relating to pathways of care all YC's receive this initial assessment albeit from different	03/16	100	G	

	appropriate agencies.				
<b>4.7b</b> Ensure that all Young Carers referred to Carmarthenshire Young Carers Service have an up to date care plan that is reviewed at least 6 monthly	All YC's referred and provided with a care plan receive regular reviews.	03/16	100	<b>G</b>	
<b>4.7c</b> Review the use of flexible funding to meet the needs of Young Carers (Flexible Carers Grant, Section 17 funding, Buttle Trust etc.)	Where appropriate and relevant needs are identified there are a range of funding streams that the service accesses on behalf of YC's.	03/16	100	<b>G</b>	
<b>4.7d</b> Review the links between Carmarthenshire Young Carers Service, Adult Services & Children's Services to ensure Young Carers needs are identified, responded to and managed effectively between services	A piece of work by management is underway to resolve some of the anomalies around responsibility for supporting YC's.	09/16	20	<b>A</b>	
<b>4.7e</b> Develop effective working links with the Team Around the Family (TAF)	Established and working well.	03/16	100	<b>G</b>	
<b>4.7f</b> Deliver a range of cost effective & accessible one to one and group support services to Young Carers in partnership with other local organisations	Established menu of services meeting the needs of YC's referred to the service and accepted for intervention.	03/16	100	<b>G</b>	

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<p><b>4.7g</b> Be an active partner in the Children &amp; Young People's Substance Misuse Service, to work with children affected by parental or sibling drug or alcohol use.</p>	<p>The multi agency working group no longer functions.</p>	<p>03/16</p>	<p>0</p>	<p>R</p>	
<p><b>4.7h</b> Young Carers are actively involved in planning &amp; delivering services through a range of measures e.g. annual participation event, workshops, involved in recruitment, feedback questionnaires etc.</p>	<p>All service developments affecting YC's are offered for consultation and involvement. Workshops, facilitated consultations by external providers and small group or individual consultations ensure that YC's feel involved and form a critical element of the service design and planning process.</p>	<p>03/16</p>	<p>100</p>	<p>G</p>	



**PWYLLGOR CRAFFU GOFAL  
CYMDEITHASOL AC IECHYD  
15<sup>fed</sup> O FEHEFIN 2016**

**Adroddiad Monitro Cyllideb  
Cyfalaf a Refeniw 2015/16**

**Ystyried y materion canlynol a chyflwyno sylwadau arnynt:**

- Bod y Pwyllgor Craffu yn derbyn yr Adroddiad Monitro Cyllideb ar gyfer y Gwasanaethau Gofal Cymdeithasol ac Iechyd.

**Rhesymau:**

- I ddatgan i'r pwyllgor Craffu sefyllfa diweddaraf y cyllideb 'cyn terfynol', ynglyn â 2015/16.

**Angen cyfeirio'r mater at y Bwrdd Gweithredol er mwyn gwneud penderfyniad:  
NAC OES**

**Aelodau'r Bwrdd Gweithredol sy'n gyfrifol am y Portffolio:**

- Cyng. David Jenkins (Adnoddau)
- Cyng. Jane Tremlett (Gofal Cymdeithasol ac Iechyd)

<p><b>Y Gyfarwyddiaeth:</b> Gwasanaethau Corfforaethol</p> <p><b>Enw Pennaeth y Gwasanaeth:</b> Owen Bowen</p> <p><b>Awdur yr adroddiad:</b> Owen Bowen</p>	<p><b>Swydd:</b></p> <p>Pennaeth Dros-Dro Gwasanaethau Cyllidol</p>	<p><b>Rhif Ffôn / Cyfeiriad E-bost:</b></p> <p>01267 224886 <a href="mailto:obowen@sirgar.gov.uk">obowen@sirgar.gov.uk</a></p>
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## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 15<sup>th</sup> JUNE 2016

## Revenue & Capital Budget Monitoring Report 2015/16

The closure of accounts 2015/16 is now substantially complete and therefore this report is based on the near actual figures which provides members with the latest expected out-turn position for 2015/16. The appendices provide the detail to the summary noted below.

### **Revenue Budgets (Appendices A-C)**

The Social Care & Health Service is forecasting an under spend of £115k for the year.

The Older People / Physical Disabilities Division has an underspend of £95k due to a reduction in Home care packages (£913k), staff vacancies within the Enablement service (£202k) offset by the non-achievement of efficiency savings re Older People Day Centres of £410k, overspend of £204k relating to Local Authority Residential Homes loss of residents contributions through lower placement & loss of potential flexi bed income and an overspend on Private Residential Care of £598k. There are other staff vacancies and operational savings of £192k.

The Learning Disability / Mental Health Division and Support Services has an underspend of £21k. There are overspends on Direct Payments of £235k due to additional packages and Employment & Training Day Services of £104k due to lower grant income due to a change in funding arrangements. Progress is being made to achieve the savings on residential and supported living placements and this area has an underspend of £37k due to additional Welsh Independent Living Grant (WILG) and Health income. There are savings on staff vacancies and other operational budgets (£323k)

### **Capital Budgets(Appendix D)**

**Learning Disabilities -£231k** Options are being considered for the location of future learning disability provision as part of a review of council buildings.

**DETAILED REPORT ATTACHED?**

**YES – A list of the main variances is attached to this report**

## IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report.

**Signed: Owen Bowen Interim Head of Financial Services**

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
NONE	NONE	YES	NONE	NONE	NONE	NONE

**3. Finance**

Revenue – The Social Care & Health Service is projecting that it will be under its approved budget by £115k.

Capital – The capital programme shows a net variance of -£231k against the 2015/16 approved budget.

## CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below:

**Signed: Owen Bowen Interim Head of Financial Services**

1. Local Member(s) – N/A
2. Community / Town Council – N/A
3. Relevant Partners – N/A
4. Staff Side Representatives and other Organisations – N/A

**Section 100D Local Government Act, 1972 – Access to Information**  
**List of Background Papers used in the preparation of this report:**

**THESE ARE DETAILED BELOW:**

Title of Document	File Ref No. / Locations that the papers are available for public inspection
2015/16 Budget	Resources Department, County Hall, Carmarthen

Mae'r dudalen hon yn wag yn fwriadol

**Social Care & Health Scrutiny Report - Social Care & Health Service (Communities Department)**  
**Budget Monitoring as at 31st March 2016 - Summary**

Division	Working Budget				Forecasted				Mar 2016 Forecasted Variance for Year £'000	Feb 2016 Forecasted Variance for Year £'000
	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000		
<b>Adult Services</b>										
Older People	51,966	-18,174	6,001	39,793	51,147	-17,290	6,001	39,857	64	-188
Physical Disabilities	5,968	-837	130	5,261	6,165	-1,193	130	5,102	-159	-75
Learning Disabilities	29,889	-8,010	2,433	24,311	30,731	-8,942	2,433	24,222	-90	685
Mental Health	8,287	-2,946	210	5,551	8,589	-3,111	210	5,688	136	90
Director's Office	1,048	0	140	1,188	948	0	140	1,088	-100	-46
Support	3,502	-1,607	828	2,723	5,292	-3,364	828	2,755	33	-146
<b>GRAND TOTAL</b>	<b>100,660</b>	<b>-31,574</b>	<b>9,741</b>	<b>78,827</b>	<b>102,871</b>	<b>-33,900</b>	<b>9,741</b>	<b>78,712</b>	<b>-115</b>	<b>320</b>

**Social Care & Health Scrutiny Report - Social Care & Health Service (Communities Department)**  
**Budget Monitoring as at 31st March 2016 - Main Variances**

Division	Working Budget		Forecasted		Mar 2016 Forecasted Variance for Year £'000	Notes	Feb 2016 Forecasted Variance for Year £'000
	Expenditure £'000	Income £'000	Expenditure £'000	Income £'000			
<b>Adult Services</b>							
<b>Older People</b>							
Older People - LA Homes	8,479	-3,925	8,003	-3,246	204	Savings through early closure of Glanmarlais, offset by loss of residents contributions through lower placement & loss of potential flexi bed income	-42
Older People - Private/ Vol Homes	16,708	-9,666	17,284	-9,577	664	Additional placements (partly through early closure of Glanmarlais) and additional cost of increased fees paid to providers £391k	760
Older People - Extra Care	1,136	0	1,196	0	60	Contract renegotiated, savings part year only	32
Older People - LA Home Care	5,927	-291	5,433	-299	-502	Reduction in care packages	-461
Older People - MOW's	326	-211	273	-169	-11	Reduction in number of meals provided	-19
Older People - Direct Payments	678	0	794	-205	-89	Reduction in packages	-86
Older People - Private Home Care	10,767	-1,837	10,227	-1,697	-399	Reduction in care packages	-432
Older People - Ssmms	1,162	-234	1,031	-184	-81	Savings achieved through reduced spend on supplies & services - admin & operational equipment, postages and telephone calls	0
Older People - Enablement	2,021	-800	1,718	-700	-202	Staff vacancies partly offset by reduced Health contribution	-284
Older People - Day Services	685	-93	1,084	-83	410	Efficiency savings not achieved due to slippage in reshaping of service. Proposal paper to CMT	421
<b>Physical Disabilities</b>							
Phys Dis - Commissioning & OT Services	619	-72	542	-72	-78	Staff vacancies	-85
Phys Dis - Private/Vol Homes	440	-80	408	-114	-66	Reduction in packages	-59
Phys Dis - Group Homes/Supported Living	1,434	-228	1,379	-120	53	Increase in packages	66
Phys Dis - Community Support	101	0	91	0	-10	Reduction in packages	-19
Phys Dis - Private Home Care	464	-37	469	-54	-12	Additional income	24
Phys Dis - Aids & Equipment	946	-420	921	-433	-39	Staff vacancies, and income from other Local Authorities	-6
<b>Learning Disabilities</b>							
Learn Dis - Employment & Training	2,324	-882	2,256	-709	104	Lower grant income due to change in funding arrangements for Workchoice	79
Learn Dis - Commissioning	851	0	817	0	-33	Staff vacancies	-34
Learn Dis - Private/Vol Homes	9,470	-2,716	9,660	-2,695	211	Slower than anticipated reduction in placements required to meet Efficiency savings. Work underway to address	443
Learn Dis - Direct Payments	1,085	0	1,655	-332	238	Net cost of packages exceeds budgeted costs	286
Learn Dis - Group Homes/Supported Living	6,453	-1,013	6,648	-1,706	-498	Additional income- Wales Independent Living Grant (WILG/Health) partly offset by additional placements	-52
Learn Dis - Adult Respite Care	893	-812	818	-995	-258	Staff vacancies, and write off of bad debt provision	-91
Learn Dis - Transition Service	489	0	448	0	-40	Staff vacancies	-48

**Social Care & Health Scrutiny Report - Social Care & Health Service (Communities Department)**  
**Budget Monitoring as at 31st March 2016 - Main Variances**

Division	Working Budget		Forecasted		Mar 2016 Forecasted Variance for Year £'000	Notes	Feb 2016 Forecasted Variance for Year £'000
	Expenditure £'000	Income £'000	Expenditure £'000	Income £'000			
Learn Dis - Community Support	1,693	0	1,805	-14	98	Additional packages	76
Learn Dis - Grants	234	0	346	-17	95	Slippage in re-negotiation of contract	89
Learn Dis/M Health - Ssmss	540	0	477	49	-14	Vacant posts, and underspend on travelling and supplies & services	-64
<b>Mental Health</b>							
M Health - Private/Vol Homes	5,748	-2,596	6,041	-2,710	179	Additional packages resulting in an over commitment on a very volatile budget	175
M Health - Group Homes/Supported Living	301	-83	347	-58	71	Additional packages	60
M Health - Community Support	664	-27	627	-67	-78	Decrease in packages and higher than anticipated income	-89
M Health - Private Home Care	88	-20	111	-20	23	Increased packages	0
M Health - Substance Misuse Team	328	-142	299	-157	-44	Underspend on salaries	-32
<b>Director's Office</b>							
Ssmss - Adult Safeguarding & Improvement Team	1,048	0	948	0	-100	Staff vacancies	-46
<b>Support</b>							
Regional Collaborative	0	0	1,889	-1,766	123	Ineligible expenditure, potential redundancy costs	0
Departmental Support	2,044	-44	1,958	-43	-85	Underspend on salaries, and supplies & services partly offset by overspend on repairs and maintenance	-134
Other Variances					-9		-107
<b>Grand Total</b>					<b>-115</b>		<b>320</b>

**Social Care & Health Scrutiny Report - Social Care & Health Service (Communities Department)**  
**Budget Monitoring as at 31st March 2016 - Detail Monitoring**

Division	Working Budget				Forecasted				Mar 2016 Forecasted Variance for Year £'000	Notes	Feb 2016 Forecasted Variance for Year £'000
	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000			
<b>Adult Services</b>											
<b>Older People</b>											
Older People - Commissioning	2,671	-47	500	3,123	2,722	-69	500	3,153	30	Overspend on staff costs across social work teams	-70
Older People - LA Homes	8,479	-3,925	2,134	6,688	8,003	-3,246	2,134	6,892	204	Savings through early closure of Glanmarlais, offset by loss of residents contributions through lower placement & loss of potential flexi bed income	-42
Older People - Private/ Vol Homes	16,708	-9,666	76	7,119	17,284	-9,577	76	7,783	664	Additional placements (partly through early closure of Glanmarlais) and additional cost of increased fees paid to providers £391k	760
Older People - Private Day Care	24	0	0	24	15	0	0	15	-9		-4
Older People - Extra Care	1,136	0	1,781	2,918	1,196	0	1,781	2,978	60	Contract renegotiated, savings part year only	32
Older People - LA Home Care	5,927	-291	495	6,131	5,433	-299	495	5,629	-502	Reduction in care packages	-461
Older People - MOW's	326	-211	12	127	273	-169	12	116	-11	Reduction in number of meals provided	-19
Older People - Direct Payments	678	0	1	679	794	-205	1	590	-89	Reduction in packages	-86
Older People - Grants	384	0	2	386	382	0	2	384	-2		-4
Older People - Private Home Care	10,767	-1,837	158	9,088	10,227	-1,697	158	8,689	-399	Reduction in care packages	-432
Older People - Ssmms	1,162	-234	259	1,187	1,031	-184	259	1,106	-81	Savings achieved through reduced spend on supplies & services - admin & operational equipment, postages and telephone calls	0
Older People - Careline	999	-1,069	241	172	983	-1,061	241	163	-8		0
Older People - Enablement	2,021	-800	155	1,376	1,718	-700	155	1,173	-202	Staff vacancies partly offset by reduced Health contribution	-284
Older People - Day Services	685	-93	185	777	1,084	-83	185	1,187	410	Efficiency savings not achieved due to slippage in reshaping of service. Proposal paper to CMT	421
<b>Older People Total</b>	<b>51,966</b>	<b>-18,174</b>	<b>6,001</b>	<b>39,793</b>	<b>51,147</b>	<b>-17,290</b>	<b>6,001</b>	<b>39,857</b>	<b>64</b>		<b>-188</b>
<b>Physical Disabilities</b>											
Phys Dis - Commissioning & OT Services	619	-72	55	603	542	-72	55	525	-78	Staff vacancies	-85
Phys Dis - Private/Vol Homes	440	-80	1	361	408	-114	1	295	-66	Reduction in packages	-59
Phys Dis - Group Homes/Supported Living	1,434	-228	6	1,212	1,379	-120	6	1,265	53	Increase in packages	66
Phys Dis - Community Support	101	0	0	101	91	0	0	91	-10	Reduction in packages	-19
Phys Dis - Private Home Care	464	-37	0	427	469	-54	0	415	-12	Additional income	0
Phys Dis - Aids & Equipment	946	-420	65	590	921	-433	65	552	-39	Staff vacancies, and income from other Local Authorities	-6
Phys Dis - Grants	136	0	0	136	142	0	0	142	6		9
Phys Dis - Direct Payments	1,820	0	3	1,823	2,210	-399	3	1,814	-9		24
Phys Dis - Manual Handling	8	0	0	8	4	0	0	4	-4		-5
<b>Physical Disabilities Total</b>	<b>5,968</b>	<b>-837</b>	<b>130</b>	<b>5,261</b>	<b>6,165</b>	<b>-1,193</b>	<b>130</b>	<b>5,102</b>	<b>-159</b>		<b>-75</b>



**Social Care & Health Scrutiny Report - Social Care & Health Service (Communities Department)**  
**Budget Monitoring as at 31st March 2016 - Detail Monitoring**

Division	Working Budget				Forecasted				Mar 2016	Notes	Feb 2016
	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000	Forecasted Variance for Year £'000		Forecasted Variance for Year £'000
<b>Learning Disabilities</b>											
Learn Dis - Employment & Training	2,324	-882	1,193	2,635	2,256	-709	1,193	2,739	104	Lower grant income due to change in funding arrangements for Workchoice	79
Learn Dis - Commissioning	851	0	94	945	817	0	94	911	-33	Staff vacancies	-34
Learn Dis - Private/Vol Homes	9,470	-2,716	16	6,769	9,660	-2,695	16	6,980	211	Slower than anticipated reduction in placements required to meet Efficiency savings. Work underway to address	443
Learn Dis - Direct Payments	1,085	0	0	1,085	1,655	-332	0	1,323	238	Net cost of packages exceeds budgeted costs	286
Learn Dis - Group Homes/Supported Living	6,453	-1,013	12	5,452	6,648	-1,706	12	4,954	-498	Additional income- Wales Independent Living Grant (WILG/Health) partly offset by additional placements	-52
Learn Dis - Adult Respite Care	893	-812	137	218	818	-995	137	-40	-258	Staff vacancies, and write off of bad debt provision	-91
Learn Dis - Home Care Service	140	-97	0	43	146	-103	0	43	0		0
Learn Dis - Day Services	2,995	-360	430	3,065	2,930	-293	430	3,066	2		14
Learn Dis - Transition Service	489	0	80	568	448	0	80	528	-40	Staff vacancies	-48
Learn Dis - Community Support	1,693	0	5	1,698	1,805	-14	5	1,796	98	Additional packages	76
Learn Dis - Grants	234	0	6	240	346	-17	6	335	95	Slippage in re-negotiation of contract	89
Learn Dis - Adult Placement/Shared Lives	2,724	-2,130	100	694	2,725	-2,126	100	700	6	Lower than anticipated income	-12
Learn Dis/M Health - Ssmss	540	0	361	900	477	49	361	886	-14	Vacant posts, and underspend on travelling and supplies & services	-64
<b>Learning Disabilities Total</b>	<b>29,889</b>	<b>-8,010</b>	<b>2,433</b>	<b>24,311</b>	<b>30,731</b>	<b>-8,942</b>	<b>2,433</b>	<b>24,222</b>	<b>-90</b>		<b>685</b>
<b>Mental Health</b>											
M Health - Commissioning	806	-69	95	832	809	-74	95	829	-3		-11
M Health - Private/Vol Homes	5,748	-2,596	9	3,160	6,041	-2,710	9	3,340	179	Additional packages resulting in an over commitment on a very volatile budget	175
M Health - Group Homes/Supported Living	301	-83	0	219	347	-58	0	290	71	Additional packages	60
M Health - Direct Payments	136	0	0	136	149	-16	0	133	-3		-5
M Health - Community Support	664	-27	2	639	627	-67	2	561	-78	Decrease in packages and higher than anticipated income	-89
M Health - Day Services	216	-10	66	273	206	-8	66	264	-9		-8
M Health - Private Home Care	88	-20	0	68	111	-20	0	91	23	Increased packages	0
M Health - Substance Misuse Team	328	-142	38	224	299	-157	38	180	-44	Underspend on salaries	-32
<b>Mental Health Total</b>	<b>8,287</b>	<b>-2,946</b>	<b>210</b>	<b>5,551</b>	<b>8,589</b>	<b>-3,111</b>	<b>210</b>	<b>5,688</b>	<b>136</b>		<b>90</b>

**Social Care & Health Scrutiny Report - Social Care & Health Service (Communities Department)**  
**Budget Monitoring as at 31st March 2016 - Detail Monitoring**

Division	Working Budget				Forecasted				Mar 2016	Notes	Feb 2016
	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000	Forecasted Variance for Year £'000		Forecasted Variance for Year £'000
<b>Director's Office</b>											
Ssmss - Adult Safeguarding & Improvement Team	1,048	0	140	1,188	948	0	140	1,088	-100	Staff vacancies	-46
<b>Director's Office Total</b>	<b>1,048</b>	<b>0</b>	<b>140</b>	<b>1,188</b>	<b>948</b>	<b>0</b>	<b>140</b>	<b>1,088</b>	<b>-100</b>		<b>-46</b>
<b>Support</b>											
Regional Collaborative	0	0	53	53	1,889	-1,766	53	176	123	Ineligible expenditure, potential redundancy costs	-0
Departmental Support	2,044	-44	708	2,708	1,958	-43	708	2,623	-85	Underspend on salaries, and supplies & services partly offset by overspend on repairs and maintenance	-134
Holding Acc-Transport	1,458	-1,563	66	-39	1,445	-1,556	66	-44	-5		-11
<b>Support Total</b>	<b>3,502</b>	<b>-1,607</b>	<b>828</b>	<b>2,723</b>	<b>5,292</b>	<b>-3,364</b>	<b>828</b>	<b>2,755</b>	<b>33</b>		<b>-146</b>
<b>TOTAL FOR SOCIAL CARE &amp; HEALTH SERVICE</b>	<b>100,660</b>	<b>-31,574</b>	<b>9,741</b>	<b>78,827</b>	<b>102,871</b>	<b>-33,900</b>	<b>9,741</b>	<b>78,712</b>	<b>-115</b>		<b>320</b>

# Social Care & Health Scrutiny Committee

## Capital Budget Monitoring-Scrutiny Report for 2015/16 (Near Actual)

### Appendix D

Scheme	Target Date for Completion	Working Budget			Forecasted		
		Expenditure £'000	Income £'000	Net £'000	Expenditure £'000	Income £'000	Net £'000
Learning Disabilities Accommodation Developments	Ongoing	228	0	228	-3	0	-3
<b>Extra Care Schemes</b>		<b>3,139</b>	<b>0</b>	<b>3,139</b>	<b>3,139</b>	<b>0</b>	<b>3,139</b>
Carmarthen Area Extra Care	Completed	640	0	640	640	0	640
Ammanford / Llandybie Extra Care	Completed	2,499	0	2,499	2,499	0	2,499
<b>Intermediate Care Fund (ICF) Projects</b>	<b>Completed</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,315</b>	<b>-1,315</b>	<b>0</b>
<b>NET BUDGET</b>		<b>3,367</b>	<b>0</b>	<b>3,367</b>	<b>4,451</b>	<b>-1,315</b>	<b>3,136</b>

Variance for Year	Comment
-231	Options being considered for the location of future learning disability provision as part of a review of council buildings
0	
0	
0	
0	
0	Retention and debtors for 2015-16.
-231	

Mae'r dudalen hon yn wag yn fwriadol

**PWYLLGOR CRAFFU GOFAL  
CYMDEITHASOL AC IECHYD  
15<sup>fed</sup> O FEHEFIN 2016**

**Adroddiad Blynyddol (2015/16) a Chynllun  
Gwella (2016/17) – Drafft**

- Adroddiad cynnydd cyfan y Flwyddyn 1af y Strategaeth Gorfforaethol 2015-20 (gan gynnwys Crynodeb o'r Adroddiad Blynyddol (2015/16) a Chynllun Gwella (2016/17))
- Dyfyniadau perthnasol ar gyfer y Pwyllgor Craffu hwn o'r – Adroddiad Blynyddol Llawn (2015/16) a'r Cynllun Gwella (2016/17) - (ARIP)

**Ystyried y materion canlynol a chyflwyno sylwadau arnynt:**

- Bod y Pwyllgor yn ystyried Adroddiad Blynyddol 2015/16 a Chynllun Gwella 2016/17 drafft Cyngor Sir Caerfyrddin, ac yn cyflwyno sylwadau arno.

**Rhesymau:**

1. O dan y Mesur Llywodraeth Leol (Cymru) rhaid i ni:
  - *Gyhoeddi Cynllun Gwella cyn gynted ag y bo'n rhesymol ar ôl dechrau'r flwyddyn ariannol h.y. 1<sup>af</sup> Ebrill (mae'r Archwilydd Cyffredinol yn dehongli hyn fel erbyn diwedd mis Mehefin) a*
  - *Chyhoeddi Adroddiad Blynyddol ar berfformiad y gorffennol erbyn diwedd mis Hydref bob blwyddyn*
2. *Rydym yn cyhoeddi Adroddiad Blynyddol a Chynllun Gwella cyfun gan ein galluogi i werthuso canlyniadau'r flwyddyn flaenorol a chytuno ar ganlyniadau yn y dyfodol.*
3. Mae'r ddogfen hon yn cael ei diweddarw wrth i ddata diwedd y flwyddyn ddod ar gael.

**Angen cyfeirio'r mater at y Bwrdd Gweithredol / Cyngor er mwyn gwneud penderfyniad: OES**

**Aelod y Bwrdd Gweithredol sy'n gyfrifol am y Portffolio:**  
Cyng. Jane Tremlett (Gofal Cymdeithasol ac Iechyd)

<b>Y Gyfarwyddiaeth:</b> Cymunedau	<b>Swyddi:</b>	<b>Rhifau Ffôn / Cyfeiriadau E-bost:</b>
<b>Enwau Penaethiaid y Gwasanaethau:</b> Avril Bracey	Pennaeth Iechyd Meddwl ac Anableddau Dysgu	01267 242492 <a href="mailto:abracey@sirgar.gov.uk">abracey@sirgar.gov.uk</a>
Rhian Dawson	Pennaeth y Gwasanaethau Integredig	01267 228900 <a href="mailto:rhian.dawson@wales.nhs.uk">rhian.dawson@wales.nhs.uk</a>
<b>Awdur yr Adroddiad:</b> Lyn Walters	Uwch-Reolwr Cymorth Busnes	01267 228768 <a href="mailto:dlwalters@sirgar.gov.uk">dlwalters@sirgar.gov.uk</a>

## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 15<sup>th</sup> JUNE 2016

## Draft Annual Report (2015/16) and Improvement Plan (2016/17)

- 1<sup>st</sup> Year's progress report on the Corporate Strategy 2015-20 (including our Summary Annual Report (2015/16) and Improvement Plan (2016/17)). **This Scrutiny Committee should focus on Pages 8 and 9 only.**
- Full Annual Report (2015/16) and Improvement Plan (2016/17) – (ARIP)

### Extracts relevant to Social Care and Health:

- Introduction
- People in Carmarthenshire are healthier – excluding 'Best start in Life' and 'Housing' Goals
- Safeguarding adults from abuse, victimisation, neglect and exploitation
- Appendices

### **1st Year's progress report on the Corporate Strategy 2015-20 (Including our Summary Annual Report (2015/16) and Improvement Plan (2016/17))**

- When we published the Corporate Strategy 2015-20 we promised to conduct an annual progress report and we set out a set 24 Outcome measures to judge our progress against
- By law we also have to publish a summary and full ARIP
- It makes sense to combine the Corporate Strategy progress and summary ARIP into one document to avoid duplication and align plans and reports
- In the recent WAO Annual Improvement Report they found the combination of a short summary and a full version – gave all the information needed.

### **Full Annual Report (2015/16) and Improvement Plan (2016/17) – (ARIP)**

- By law we have to publish an Annual Report and an Improvement Plan – we combine the both in a single document in Carmarthenshire and this is seen as good practice by our regulators.

- On 20th April, we consulted with elected members on the Key Improvement Objective Priorities that are incorporated into this document
- WAO Corporate Assessment Proposals for Improvement are incorporated into the document.

**Director of Social Care Annual Report**

The ARIP also links to the Director of Social Care Annual Report.

<b>DETAILED REPORT ATTACHED?</b>	<b>YES</b>
----------------------------------	------------

## IMPLICATIONS

**We confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report.**

**Signed:**            **Avril Bracey**            **Head of Mental Health & Learning Disabilities**  
                             **Rhian Dawson**        **Head of Integrated Services**

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>

**1. Policy, Crime & Disorder and Equalities** – The Annual Report and Improvement Plan is aligned to our Integrated Community Strategy (ICS) Outcomes and Goals. The document will help inform our ICS Annual Report.

**2. Legal** – Our combination of Annual Reporting and Improvement Planning into a single document meets the Local Government Measure requirements and has satisfied our regulators. Other Councils in Wales have adopted this combined approach.

**3. Finance** – See the Making Better use of Resources theme



## CONSULTATIONS

We confirm that the appropriate consultations have taken in place and the outcomes are as detailed below:

Signed:           Avril Bracey           Head of Mental Health & Learning Disabilities  
                      Rhian Dawson        Head of Integrated Services

1. Local Member(s) – N/A
2. Community / Town Council – N/A
3. Relevant Partners – N/A
4. Staff Side Representatives and other Organisations – N/A

### Section 100D Local Government Act, 1972 – Access to Information

List of Background Papers used in the preparation of this report:

THESE ARE DETAILED BELOW

Title of Document	File Ref No. / Locations that the papers are available for public inspection
The Local Government Measure (Wales) 2009	<a href="#">Welsh Government\Final part 1 guidance</a>
Corporate Strategy 2015 -2020	<a href="#">Corporate Strategy 2015-2020</a>
Director of Social Care Annual Report	To be published same time as the ARIP

Mae'r dudalen hon yn wag yn fwriadol

# CARMARTHENSHIRE COUNTY COUNCIL

## 1<sup>st</sup> year progress report on the Corporate Strategy for 2015/16

Including our Summary Annual Report 2015/16  
and Improvement Plan for 2016/17



**EICH CYNGOR arleinamdani**  
[www.sirgar.llyw.cymru](http://www.sirgar.llyw.cymru)  
**YOUR COUNCIL doitonline**  
[www.carmarthenshire.gov.wales](http://www.carmarthenshire.gov.wales)

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## Introduction

When we signed up with our partners to the Integrated Community Strategy for Carmarthenshire, the Council aligned its internal plans to maximize its contribution to the agreement. The vision is for a Carmarthenshire that enables people to live healthy and fulfilled lives by working together to build strong, bilingual and sustainable communities.

In September 2015, we renewed our Corporate Strategy which set out the Council's strategic priorities and aspirations in support of the vision for Carmarthenshire. This Strategy identified key areas of focus and set out the key outcome measures by which the Council would judge its success. This document provides an annual report on progress made.

For the last five years the Council has published a combined Annual Report and Improvement Plan (ARIP), that details our progress against all of the outcomes and goals set out in the Integrated Community Strategy. The full ARIP is a detailed and lengthy document, however this document provides a summary.



Carmarthenshire County Council's [Corporate Strategy 2015 - 2020](#)

[Annual Report 2015/16 and Improvement Plan 2016/17](#)

# Progress at a Glance

When we published the Corporate Strategy 2015-20 we set out the following outcome measures to judge our progress:-

Outcome	Outcome Measures	Progress
Making Better Use of Resources	Improved public satisfaction levels with the services provided by the Council	✓
	Reduction in organisational 'running costs'	✓
	Increased on line activity to address public queries and transactions	✓
Building a Better Council	Increasing public communication, consultation and engagement	✓
	Improved staff satisfaction levels	✓
	Reduced staff sickness absence levels	✗
Healthier	Reduction in referrals to adult and children's social services <i>(Feedback from E&amp;CS DMT that this is not the best measure of Safeguarding - may require an alternative for the future)</i>	✓
	Increased availability of rented and affordable homes	✓
	Increased use of leisure facilities	✗
Learning	Improved educational attainment	✓
	Improved school attendance rates	✓
	Reduced number of young people Not in Education, Employment or Training	Year 11 ✗ Year 13 ✓
	Improved condition of schools	✓
Safe	Appropriate support provided to children, young people and families as required	✓
	Reduction in road casualties	Awaiting results
	Reduction in total recorded crime	✗
	Reduction in anti-social behaviour	✓
Environment	Increased rates of recycling	✓
	Improved digital access	✓
	Improved transport links	✓
	Increased use of renewable energy	✓
Economy	Increased employment	✓
	Reduction in working age population in receipt of out of work benefits	✓
	Increased economic activity and productivity	✓

## Making Better Use of Resources...

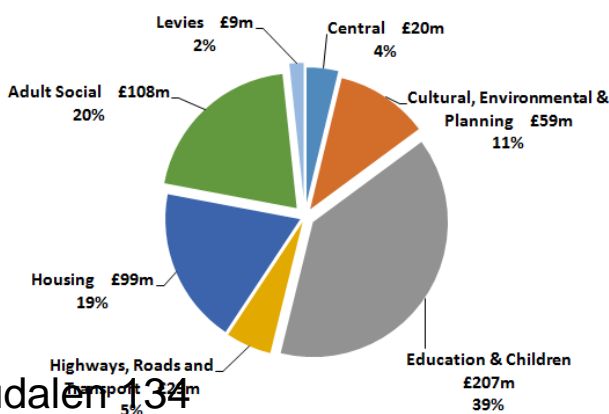
The Council is facing a period of significant and continued budget cuts and it is more important than ever to ensure that we are making the best use of resources. We will ensure that the organisation is working as efficiently as possible in order to protect and maintain front line services where possible. However, it may not be possible for us to continue doing some of the things we have done in the past and we will work with our communities and stakeholders to find new ways of addressing need where appropriate.

### IT Technology has arrived at school kitchens.....

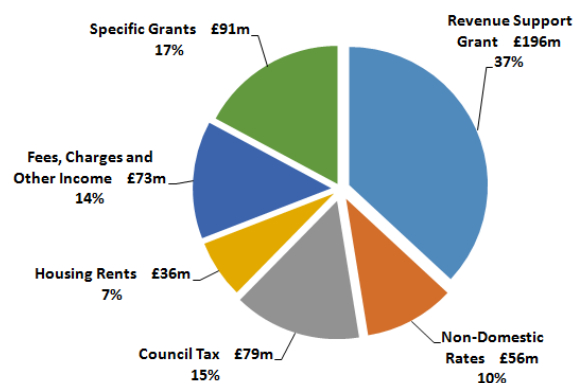


As part of the Transform, Innovate and Change (TIC) programme, electronic submissions make the ordering of food and kitchen supplies, timesheets, e-banking, staff newsletters, e-learning courses & on-line payments for school meals easier and accurate for kitchen staff, with significant time and efficiency savings and with better utilisation of resources for value added work.

**Services Provided**



**Sources of Funding**



## Progress during 2015/16

We set ourselves a Key Improvement Priority for 2015/16 to 'deliver value for money in providing council services and directing our resources to the top priority front line services on which many local people depend'. In its March 2016, [Annual Improvement Report](#) on the Council, the Wales Audit Office found:

'Despite increasing pressure on budgets, performance is continuing to improve across the Council's priority areas and public satisfaction with Council Services is growing'.....frontline services have been protected, as a result of budget decisions and more efficient ways of working'



- ❖ We have a programme of office rationalisation facilitated by adapting the way we use the buildings to suit the needs of those providing services and to engender a new more agile way of working. This has further reduced the number of buildings and costs of accommodation required to deliver the Council's services.

## Expected Outcomes (as identified in Corporate Strategy)



60% of our national measure results are in the top half of results for all Councils in Wales.  
59% of our National measures improved last year  
58% of citizens agree we provide **high quality services**



We have continued to reduce the organisational 'running costs'

2013/14	£16.7M
2014/15	£11.9M
2015/16	£12.6M



**EICH CYNGOR arleinamdani**

**YOUR COUNCIL doonline**

i-Local aims to keep residents better informed of changes to refuse collection arrangements, bad weather and other emergencies, news updates and information on events .

**13.5%**  
increase of on-line payments

**882,669**  
visitors to our website

**165,730**  
visitors to iLocal

## The Key Improvement Objective Priority for 2016/17



Deliver value for money in providing council services and directing our resources to the top priority front-line services on which many local people depend - taking account of central government budget cuts and their impact



## Building a Better Council...

The Council has always worked towards building a better Carmarthenshire and has a proven track record of delivery. However, the way that public services are provided is changing and as a Council we need to respond and adapt to these changes in order to ensure we can support the needs of our residents in the future.

### Shwmae!

More than 100 people started their conversation with 'Shwmae' during their visit to Llanelli Market

As part of the national *Shwmae Sumae* Day on October 15, shoppers were urged to start their conversation with 'Shwmae' to be entered into a free raffle to win a grand hamper donated by traders.



Llanelli Market traders Wendy Lewis & Liz Thomas of AJ Meats supporting Shwmae Sumae Day

We have made further improvements in *Building a Better Council* and this progress has been independently verified by the Auditor General for Wales in his [Corporate Assessment](#) of January 2016.

*“Carmarthenshire County Council is demonstrating ambition in its vision, with collective leadership and more robust and transparent governance, it is delivering improved outcomes for its citizens....”*





## Progress during 2015/16

- ❖ We continue to promote local democracy and transparency with increased use of social media. For example the budget Consultation with the citizen's of Carmarthenshire involved an online survey, road show events and the use of 'question of the week' through social media.
- ❖ It is the duty of the Council to facilitate and increase the use of the Welsh language. This is a new opportunity for us to look at the Language in our workplace and in the services that we provide.
- ❖ We received 1000+ responses to our survey on rural poverty and this was brought together in a report for Grwp Cefn Gwlad. In response the LEADER programme is supporting pilot projects that aim to increase digital exploitation, access to information and advice services, as well as affordable childcare.

## Expected Outcomes (as identified in Corporate Strategy)

### Increased public communication, consultation and engagement

**4000+**

respondents to consultation on rural poverty, affordable homes, budget, tourism. Citizens Panel and 50+ Forum members

i-Local has an area dedicated to Consultation with the heading "We want to hear what you have to say on any and all matters of interest."



### Staff Sickness Up

Unfortunately our staff sickness absence levels have increased to **10.1 days** from 9.6 days the previous year.

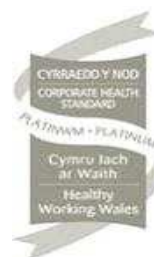
## Improved Staff Satisfaction Levels



During the review, staff interviews showed **higher levels of satisfaction** than the previously.

The Council has been an Investor in People since 2009, and this financial year the Council has been reviewed and its accreditation maintained.

We were the first local authority to achieve the Welsh Government's Platinum health standard; we have now held the accreditation for 6 years.



## The Key Improvement Objective Priority for 2016/17



**We will continue to improve governance, decision making, openness & transparency and keep under review by the Constitutional Review Working Group**

More  - [Annual Report 2015/16 and Improvement Plan 2016/17](#)

## Outcome: People in Carmarthenshire are healthier ...

Our way of life is changing. People are living longer with a higher quality of life but our care needs are becoming more complex. The challenge now facing us is to prevent ill-health in the first place.

### A Helping Hand



Yvonne lives with her husband who has chronic heart failure and hearing problems and she is her husband's main carer. Yvonne fell on a shop escalator and was taken to A & E but after assessment was discharged into the care of a *Rapid Response Team* by the Out of Hours Domiciliary Care Manager, thus avoiding hospital admission.

Yvonne wanted to regain her independence as soon as possible. The Rapid Response Team provided the necessary support until *Re enablement Team* support was arranged. Within three to four weeks visits were decreased and then stopped as they were no longer necessary.

## Progress during 2015/16

- ❖ The Council has worked in close partnership with the Health Board to address **health inequality** issues such as obesity, diabetes, smoking and alcohol use, dementia and other chronic conditions. The Council also works closely with the 3<sup>rd</sup> Sector to develop more resilient communities, thereby improving the health and well-being of the residents of these communities.
- ❖ The expanded Flying Start programme enabled 1,832 children to benefit from this **early intervention service**; Team Around the Family (TAF) training and support programme is being implemented across Carmarthenshire. All Families First (FF) commissioned projects are using the Joint Assessment Families Framework (JAFF) to measure whether involvement has been effective. The resource panel is helping ensure **preventative services** are being fully utilised.
- ❖ There is also a strong relationship between the **quality of housing** and ill health. We have invested over £200m in improving and modernising our tenants homes through the Carmarthenshire Homes Standard.
- ❖ We have also focused on **improving the numbers of affordable homes** for rent and to buy across the county as well as increasing the number of empty properties that have been brought back into use. We have developed an Affordable Housing Delivery Plan 2015-20 after extensive consultation with the public.

## Expected Outcomes (as identified in Corporate Strategy)

Reduction in referrals to adults and children's social services



Down  
26% & 14%

Increased availability of rented and affordable homes

+185

Additional Affordable homes delivered during 2015/16



Use of leisure facilities



Down 1.6%

attendances were down by 20,000, although there are **still over 1¼M**



## The Key Improvement Objective Priorities for 2016/17



Promoting Independence and Well Being for Older People



Increasing the availability of rented and affordable homes to support the needs of local people by implementing our affordable homes delivery plan

## Outcome: People in Carmarthenshire fulfil their learning potential...

We all want our children and young people to have the best possible start in life by supporting them to gain the skills and knowledge they need to lead happy, healthy, fulfilling lives. We want to improve outcomes for all ages through lifelong learning.

### Best Ever Results for Carmarthenshire schools

#### Ysgol Glan-y-Mor School Achieves the Highest Possible Standards

Results of the Key Level 2 inclusive Indicator the most important performance measure has **doubled** over three years, from 30% (2012) to 60% (2015) at the Ysgol Glan-y-Mor School.



*I am so pleased with my results. Thanks to all the staff in the school for their support. They were fantastic" **Robbie Williams***

*"I am extremely happy with my achievements. Thanks to Glan-y-Môr I can now continue with my chosen career path!" **Tane Davies***

*"The school was brilliant. I am really happy. Thanks to everyone at the school I achieved everything I wanted." **Rebecca Roberts***

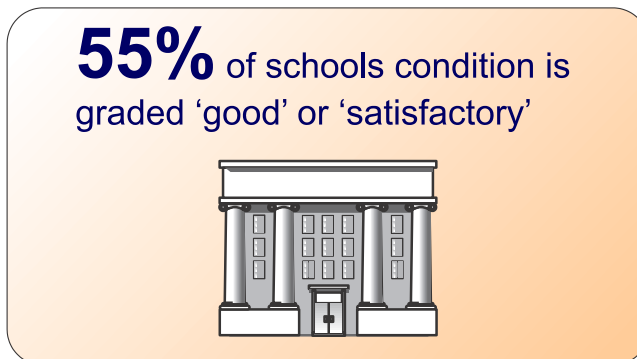
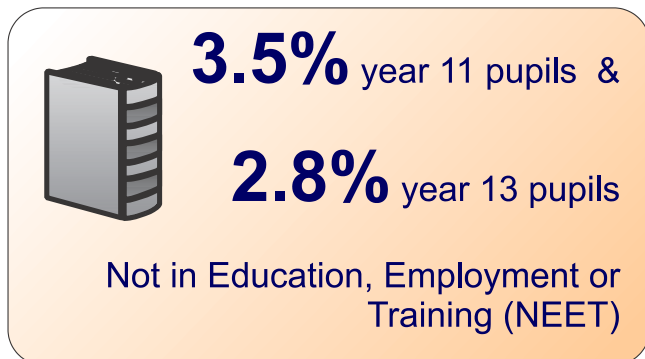
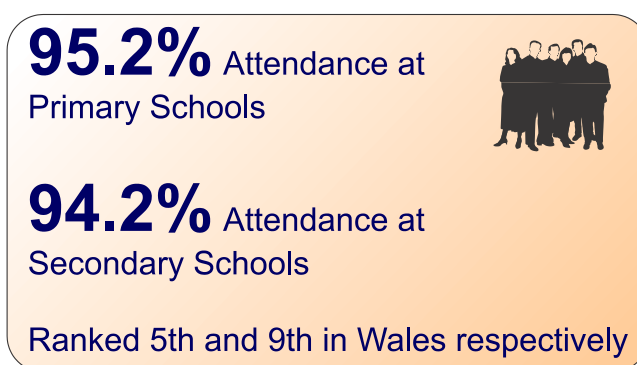
For the second year in succession our school pupils in Carmarthenshire achieved their **best ever examination** results at GCSE, achieving 61.1% against the key Level 2 Inclusive indicator (at least 5 number GCSE passes at grade A\* to C including mathematics and language) with teacher assessments at all other key stages of education improving and comparing favorably with other authorities.



## Progress during 2015/16

- ❖ We have established a Carmarthenshire **Youth Support Service** bringing together the Youth Service and Youth Offending Services.
- ❖ Within our **Modernising Education Programme** major school development projects were completed at Ysgol Bro Dinefwr, Ysgol Dyffryn Aman, Burry Port Primary School and Ysgol Carreg Hirfaen, with thousands of children benefiting.
- ❖ The number of 7 year old pupils receiving **Welsh medium education** has increased. The % of learners achieving expected levels at Key Stages 2, 3 and 4 have improved.

## Expected Outcomes (as identified in Corporate Strategy)



## The Key Improvement Objective Priorities for 2016/17



Improving learner attainment



To further reduce young people **NOT** in Education, Employment or Training

More  - [Annual Report 2015/16 and Improvement Plan 2016/17](#)

## **Outcome: People who live, work and visit Carmarthenshire are safe and feel safer...**

Carmarthenshire remains one of the safest areas in the UK. However, we must not become complacent and we need to continue to work together with partners to address problems identified by local communities.

### **Bang to Rights!**

**Speeding motorists had red faces having to explain their behaviour to the pupils outside their school**

One driver was so embarrassed he dodged the ordeal by accepting a fixed penalty notice. The Speeding Initiative outside schools throughout the county is being promoted as part of Carmarthenshire's Community Safety Partnership.



**Carmarthenshire continues to be one of the safest areas in the UK**

Crime rates continue to be significantly lower in Carmarthenshire compared to the average for England and Wales

## Progress during 2015/16

- ❖ **Safeguarding** children and adults remains our first priority as a Council and this year a Corporate Policy has been developed to ensure all our services have a raised awareness and better understanding of procedures in relation to safeguarding.
- ❖ Our *Team Around the Family* (TAF) approach enables us to **work together with families and other agencies** to deliver a plan of support at times when a family is facing challenging circumstances. This support also helps to build the families resilience and to cope in the future.
- ❖ We continue to work with the Community Safety Partnership (CSP) to **reduce anti-social behaviour**. Some development improvements have included:-
  - sharing of information between systems used by Gwalia and the Police
  - links between all the partners of the CSP
- ❖ There has been a focus on **road safety** in the 'Carmarthenshire News' and on the CSP website. We have continued with various initiatives such as 'Dragon Rider Cymru' training for motorcyclists and encouraging young drivers to take part in 'Pass Plus Cymru' training.
- ❖ Work to **reduce drug and alcohol misuse** continues and we undertook a pilot with the Integrated Family Support Team looking at cases where parents had substance misuse problems.



## Expected Outcomes (as identified in Corporate Strategy)

The Family Information Service (FIS) offers free impartial advice and guidance, enabling children, young people and their families, to have access to a broad range of information about what services and support is available.



Reduction in road casualties

XX

Data available 6th June

While there has been an increase of 10.8% in recorded crime during the year, it is difficult to compare figures with 14/15. Changes made in recording data by the police have resulted in an increase in the accuracy of recording crime.

	2014/15	2015/16
	7,334	8,128




Incidents  
**down**  
**15.5%**



## Our priorities for 2016/17

- ❖ We will continue to work in partnership and engage with local communities to reduce crime and disorder.
- ❖ We will continue to target speeding including use of Community Speed Watch Schemes.
- ❖ We will continue to make the Safeguarding of children and adults one of our main priorities.
- ❖ By providing targeted prevention, early interventions and effective treatment to minimise the harm caused by drugs and alcohol.

More  - [Annual Report 2015/16 and Improvement Plan 2016/17](#)



# Outcome: Carmarthenshire's communities and environment are sustainable

Carmarthenshire is known for its diverse communities and wonderful natural environment and we want to ensure that we develop sustainably, so that everyone in the county is able to enjoy a better quality of life now and for generations to come.

## Home Composting

GREEN-FINGERED tenants at Nant-Y-Glo in Pontyberem have been discovering the benefits of home composting. Grass cuttings along with kitchen scraps such as vegetable peelings and teabags are now being composted instead of just being thrown away. The rich soil conditioner it makes is being used in their flower pots to brighten up the council-run sheltered housing complex.







### Progress during 2015/16

- ❖ We have continued to receive and determine applications for renewable energy projects, largely in the form of single wind turbines but also that of Brechfa West wind farm. The majority of such applications are granted. Those that have not been granted have been refused primarily on landscape implications particularly where cumulative impacts on the landscape are apparent.



- ❖ Our positive approach to determining planning applications ensures that further opportunities have been provided through the granting of planning applications to meet the housing needs, economic needs and indeed community needs (schools etc) of the County.
- ❖ We have supported 250 residents by giving them digital inclusion skills through key events across Communities First areas, allowing them to return to, or enter employment or training. We won a two year £90,000 rural grant for the exploitation of digital technology in rural Carmarthenshire.
- ❖ We have improved digital access in Carmarthenshire during 2015/16 by completing WiFi access for all schools and beginning public access to WiFi in the markets at Llanelli and Carmarthen. To date 46 out of the 54 BT Exchanges have been enabled for superfast broadband.
- ❖ We have continued to improve transport links that support economic development and sustainability.
  - During 2015/16, construction of the Carmarthen west link road commenced and Phase 1B of the Cross Hands Economic Link Road, which will improve access at the Strategic Employment site, was completed.
  - We resurfaced 28 kilometres of highway during 2015/16.
  - Overall, the percentage of roads in poor condition has reduced from 11.9% to 10.7%.
  - ! However, there is a decline in the condition of A&B class roads.
  - 3,166 metres of new cycleway was completed in 2015/16.

**Expected Outcomes** (as identified in Corporate Strategy)

<p><b>Increased rates of recycling</b></p> <p><b>63%</b></p>  <p>Well above the national statutory target of 58% for 2015-16</p>	<p><b>Improved digital access</b></p> <p>supported residents with digital skills</p> <p><b>+ 250</b></p> 
<p><b>Improved transport links</b></p>  <p>Resurfaced <b>28 kilometres</b> of highway</p>	 <p><b>2.5%+</b></p> <p>Increased use of renewable energy</p>

**The Key Improvement Objective Priority for 2016/17**



Improving the highway infrastructure network to support further economic development and connectivity

## Outcome: Carmarthenshire has a stronger and more prosperous economy..

Providing secure well paid jobs and training opportunities for local people is central to everything we are seeking to achieve. In the past, too many young people have been forced to leave Carmarthenshire to get jobs. Working across all sectors – public, voluntary and private – we want to increase prosperity for everyone in the county.

### Vibrant & Viable Places – Tackling Poverty: Opportunity Street, Llanelli

Three properties have been bought as part of a £1.5m *Opportunity Street* project to further regenerate Llanelli town centre. The vacant premises were acquired with assistance from the Welsh Government [Vibrant and Viable Places](#) funding. Llanelli was allocated **£1million** under the programme over three years 2014-17.

The main aim of the fund is to tackle poverty by creating jobs, encouraging skills development, improving housing, providing facilities to attract new retail interests and helping people into work. This is a *Key Improvement Objective Priority* for us.



**A number of strategic regeneration projects have delivered positive outcomes and improved employment opportunities**  
(WAO Annual Improvement Report March 2016)

## Progress during 2015/16

- ❖ Our regeneration activity is shaped by effective collaborative working with neighbouring councils to form the **Swansea Bay City Region (SBCR)**. To support this, **the Strategic Regeneration Plan for Carmarthenshire 2015-2030 – Transformations** was launched. The regeneration of Carmarthenshire for current and future developments is both ambitious and challenging, and the Strategic Regeneration Plan for the next 15 years, promotes new opportunities for business growth, skills development and job creation, whilst developing our knowledge, economy and tourism.
- ❖ Our **Learner Programmes** are intrinsically involved with curriculum reform and development and are working with schools and local Further Education, to provide meaningful and relevant high quality learning opportunities for children and the young people of Carmarthenshire.
- ❖ The **SBCR** has submitted a ground-breaking '**Internet Coast**' City Deal bid, in excess of £500m over 20 years. By harnessing the transformational power of digital networks, it provides a real opportunity to push forward growth in the region and importantly the rural economy of West Wales.
- ❖ The emerging Wellness and Life Science Village, Delta Lakes, will potentially create 1,000 jobs and see an investment of £100M in Llanelli.

## Expected Outcomes (as identified in Corporate Strategy)

**180 Jobs** created

**109 Jobs** safeguarded

**149 people** into Jobs



**1,220 Jobs**

accommodated

**2,648 people** into training



**11.8%** of Working age population in Carmarthenshire are in receipt on **out of work benefits**

*(down from 12.5% in 2014)*

**69% Employment** in Carmarthenshire

*(an increase on 68.6% for the previous year)*

Nearly **£29M** Private Sector investment /External funding secured

**12** enterprises created

**13.13ha** land developed/ improved

**+162,000sq ft** floor space developed



## The Key Improvement Objective Priorities for 2016/17



**Creating jobs and growth throughout the County**



**Tackling Poverty**

## YOU SAID, WE DID



We have provided some examples of the positive changes we have made after hearing from citizen feedback in our **'You Said.....We Did....'** Campaign

	You said...	We did...
<b>Making Better Use of Resources</b>	That you would like to be able to make card payments at The Hub in Llanelli.	Self service payment kiosks will be installed in The Hub during 2016/17, enabling customers to make card (and cash) payments.
<b>Building a Better Council</b>	That, although very helpful, members of staff within the Contact Centre and Customer Service Centers could build on their wide knowledge base and increase their expertise in some areas.	Staff receive regular ongoing training and awareness sessions to remain up to date and knowledgeable on council services.
<b>Healthier</b>	You weren't always aware of the acceptable standards we expect Tenants to keep their properties in.	As part of the repairs review we undertook a pilot to establish the frequency and nature of regular visits to all Council tenant's homes
<b>Healthier</b>	That there was a need for smaller type homes, mainly for rent and for local people. You wanted us to maximise use of existing homes, especially bringing empty homes back into use.	We have developed an affordable homes plan which addresses these issues and sets out how we will deliver over 1,000 additional affordable homes over the next 5 years with a total investment exceeding £60m.
<b>Education</b>	Parents wanted to be able to express a preference when applying for a school place for their child.	We are implementing a change to the school admissions process to allow parents to express a 1st, 2nd, and 3rd choice when applying for a school place.
<b>Environment</b>	You wanted more reassurances when sending your children to school with Passenger Assistants.	The Passenger Transport section has reminded all transport contractors of the need to inform parents or guardians of any changes to travel arrangements and reminded all Passenger Assistants that personal identification must be worn at all times and shown upon request.
<b>Economy</b>	It was sometimes difficult to get through to the Housing Benefit team by telephone.	Supervisors have been reminded of the importance of monitoring call volumes regularly and will adjust call team staffing levels as required. Additional lines are also opened at peak times.



## For further information contact:



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Visit the Council's website  
<http://www.carmarthenshire.gov.wales/home/council-democracy/consultation-performance/performance-management/>



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Follow this plan and add your Tweets on our [Twitter](#) page - **#CarmsReport**



Carmarthenshire County Council's [Corporate Strategy 2015 - 2020](#)

[Our Annual Report 2015/16 and Improvement Plan 2016/17](#)

Mae'r dudalen hon yn wag yn fwriadol



## Outcome C: People in Carmarthenshire are healthier ...

Our way of life is changing. People are living longer with a higher quality of life but our care needs are becoming more complex. The challenge now facing us is to prevent ill-health in the first place.



**Goals** (As agreed in the Integrated Community Strategy with partners):-

- C1 - Ensuring each child has the best start in life
- C2 - Preventing ill health and encourage healthy and active living
- C3 - Improving the Emotional, Mental Health and Well-being of all people in the County
- C4 - Reducing inequities in health
- C5 - Improving housing conditions and reduce homelessness
- C6 - Increasing access to health and social care for all people including vulnerable groups
- C7 - Reducing drug and alcohol misuse

**Our Key Improvement Objective Priorities (KIOPs)** are

- Promoting Independence and Well Being for Older People
- We shall increase the availability of rented and affordable homes to support the needs of local people by implementing our affordable homes delivery plan

### Progress at a glance

Outcome Measures(As set out in Corporate Strategy)	Progress
Reduction in referrals to adult and children's social services	✓
Increased availability of rented and affordable homes	✓
Increased use of leisure facilities	✗

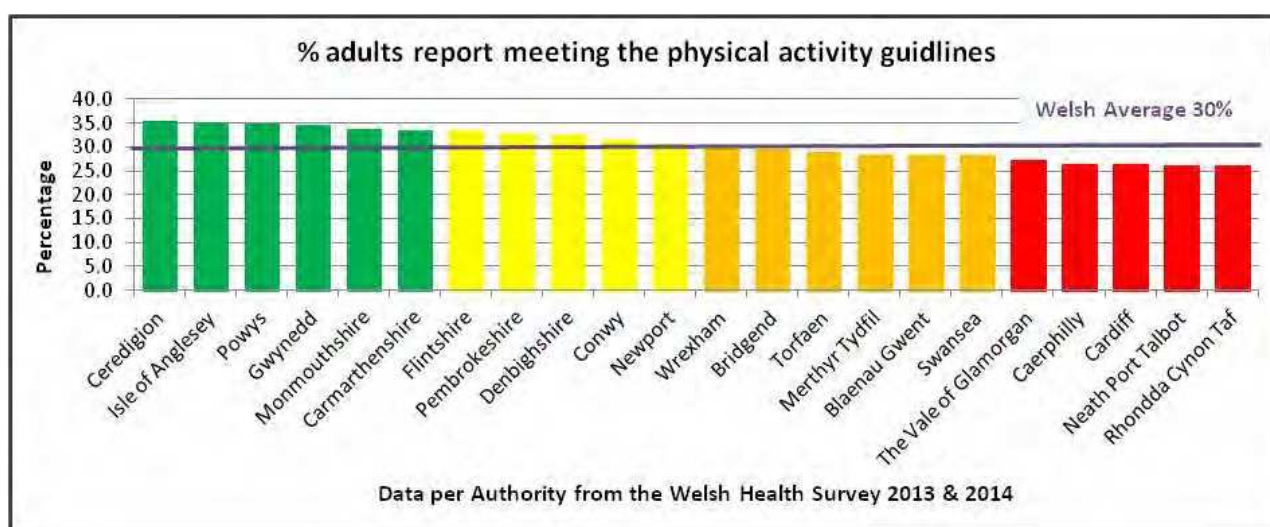
## For each Goal – Our Performance & Results for 15/16 / Improvement Planned for 16/17:

### Goal: C2 Preventing ill health and encourage healthy and active living

We aim to provide a range of health and well-being related facilities, activities and programmes, all aimed at getting more people, more active more often in order to improve the health and well-being of our residents. We want Carmarthenshire to be a place that is the most active and healthy in the UK, where every person is an active participant at a 'Community Club' or 'Leisure / Cultural Facility' and where every child is hooked on Leisure / Cultural activity for life.

#### How did we perform during 2015/16?

- ✓ The % of adults that meet the physical activity guidelines (30 minutes on 5 or more days) in Carmarthenshire have improved to 33% in 2013&14 compared to 30% in 2012&13. This is above the Welsh average of 30%.



*This is a Well-being National Indicator*

- ✗ The number of GP referrals for the exercise programme during 2015/16 has seen a lower number of referrals (**1,129**) than our challenging target of 1,245; this has been mainly due sickness absence of the Activity Coordinator earlier in the year which has had a knock on affect for the end of year. Despite this, we have exceeded the target of 1,008 set by our funding body of Public Health Wales. *(3.4.2.5)*
- ✗ The number of visits to local authority sport and leisure centres during the year where the visitor will be participating in physical activity, per 1,000 population has reduced from 7028 to 6905 =123 less -1.75% *(LCS/002b)*
- ✓ We have inspected **100%** of high risk premises for food hygiene and trading standards. *(PPN/001i)*
- ✓ We have exceeded our target of food establishments which are “broadly compliant” with food hygiene standards and have increased compliance from 93% to 94.98% for 2015/16. *(PPN/009)*
- ✗ Unfortunately, we have been unable to meet our target of 100% inspections for animal health premises and have completed 99%. *(PPN/001iii)*
- ✓ We have reviewed the Catering Service structure and have delivered the efficiencies agreed for 2015/16



- ✓ Almost 400,000 people have visited Pembrey Country Park during the year and over 70 people take part in Parkrun events staged every Saturday at Llyn Llech Owain

### How do we know we made a difference? / Is anyone better off?

Figures for 2015 released from [Sport Wales](#) show that nearly **47%** of young people across the county are keeping active and taking part in sporting activities– an increase of 7 percentage points compared to 40% in 2013. There’s been a huge increase in the number of girls taking part in sporting activity three or more times a week currently at 42.9% compared to 34.5% in 2013. Carmarthenshire is up on the national average of youngsters participating in extra curricular sporting activities by over one per cent. Sporting club memberships in youngsters is also higher than the national average by over two per cent.



### Improvements for 2016/17

1. We will ensure that at least 1,000 people are referred on to the “Vitality Scheme” (NERS – National Exercise Referral Scheme) during 2016/17. (3.4.2.5)
2. We will increase the number of % of people referred to the National Exercise Referral scheme that attend the 1st session of the programme from 49.7% to 56% (3.4.2.6)
3. We shall ensure that at least 50% of people referred to the National Exercise Referral scheme complete the 16 week programme. (3.4.2.7)
4. We will increase the % of schools achieving Phase 4 of the Healthy Schools Initiative from 59% to 60% (8.3.1.5)
5. We shall increase the number of visits to council sport and leisure centres from 6,905 to 7,251 per 1,000 population (LCS/0022b)
6. We will maintain 100% trading standards inspections for high risk businesses (PPN/001i)
7. Despite fewer resources, we will maintain 100% food hygiene inspections for high risk businesses (PPN/001ii)
8. We will maintain 100% animal health inspections for high risk businesses (PPN/001iii)
9. We will maintain the high percentage of food establishments which are broadly compliant with food hygiene standards at 93% or above (PPN/009)
1. We will develop plans for a new Llanelli Leisure Centre linked to wellness village and life sciences hub (12045)

### Goal: C3 Improving the Emotional, Mental Health & Well-being of all people in the County

The Mental Health (Wales) Measure has introduced important changes in mental health services, placing new legal duties on local authorities and local health boards regarding assessment and treatment of those who are experiencing poor mental health; and improving access to independent mental health advocacy. The future vision for mental health services is a shift away from the idea of mental illness to one of mental well-being and this is being responded to by the development of primary mental health services, early intervention, innovative day opportunities and the adoption of a recovery model.

We have faced some challenges in relation to the provision of our 24 hour adult mental health practitioner (AHMP) cover. *“These concerns have been resolved through an improved service the Council needs to continue to monitor this to ensure a consistent and responsive service is available to this vulnerable group of people.”*

*(CSSIW Performance Evaluation Report 2014-15)*

The Transition Team have restructured bringing it more in line with children’s services. This year the team are focusing on developing the information given to young people and their families. We have continued to build upon our relationships between Coleg Sir Gar, Education, Children and Adult Social Care Services holding regular meetings to try and address many of the practical issues presented within the **Unlocking the Potential** report, trying to develop creative solutions which prevent the need for young people to be educated outside of Carmarthenshire. Consequently we have low numbers of disabled young people in residential colleges. The continued success of this approach is vital as we aim to ensure that disabled young people are afforded the same opportunities as any young person and are able to maximise their independence.

The **Real Opportunities** Project will not be proceeding as an independent project but will be brought into the ‘Cynydd’ project, a regional project led by the Youth Service. We will be developing pathways to ensure the service meets the needs of disabled young people.

We have been reviewing how we provide **Information, Advice, and Access** to our services for children and families as part of the Mid and West Wales Collaborative Children’s Services Programme Board (in light of the Social Services and Well-being Act 2014(SSWBA)). The Institute of Public Care evaluated what is being provided locally and regionally, considering opportunities for regional collaboration, and confirmed we are meeting the minimum requirements and therefore compliant with the SSWBA. The next stage is to develop a delivery plan focusing on

- Workforce
- Performance
- Public Engagement
- Citizens
- Data Quality

#### How did we perform during 2015/16?

- ✓ We continue to work with our housing partners. We do not have any young vulnerable people in bed and breakfast and have developed services alongside supporting people to ensure that this is sustainable.
- ✓ In terms of our statutory protection work under the Mental Health Act 1983, we continue to perform well in terms of our response times to requests for assessment, with more than 90% of assessments completed within 48 hours and the majority of those on the same day

- ✓ We have had a number of positive outcomes in our long-term case work with people who use the service stepping down from high-cost residential care to become more independent.
- ✓ In accordance with the Mental Health Act 1983, we co-ordinate and carry out assessments which can result in the compulsory admission to hospital of the person referred. Having successfully implemented a pilot standby project to ensure out-of-hours cover, we will further develop and integrate the model into office hours in order to provide an effective 24 hour service.
- ✓ We have supported more clients with mental health aged 18-64 to live in the community during the year (9.2.5.4) (from 80.13% to 85.24%)
- ✓ We have completed a scoping exercise for a strategic commissioning plan for the Mental Health and Learning Disability Service
- ✓ We have seen a significant increase in the number of Deprivation of Liberty Safeguards applications which amounted to 629 applications in 2015/16? In responding to this increase we have developed more effective and timely decision-making processes.

***“In addressing this significant increase the council has increased the number of best interest assessors and put in place a risk management process.”(CSSIW Performance Evaluation Report 2014-15)***

### How do we know we made a difference? / Is anyone better off?

Through the Choice Project, Carmarthenshire was chosen as one of two pilot areas in Wales, to design and test a new approach to justice for older people who experience abuse. The research is being undertaken in conjunction with Aberystwyth University and a conference was held in October for people to discuss a range of topics and how they relate to their own communities. The event was well-attended and included public lectures from Sarah Rochira, the Older People’s Commissioner of Wales, and Eleri Butler, Chief Executive Officer of Welsh Women’s Aid.



The **Community Memory Clinic in Llandybie** was also highly commended in the Health Board’s awards, in their category ‘Improving the Patient Experience’. Supporting ‘care closer to home’ is a key objective for health and social care providers and this project has been successful in providing support and advice for people with dementia and their families in the community of Llandybie.

### Improvements for 2016/17

1. We will develop and implement changes to how we provide information, advice, assistance to our services in accordance with the Social Services and Well-being Act (2014) (12046)
2. We will develop a commissioning plan for Learning Disability and Mental Health services. (12047)
3. We will review how we meet the needs of young adults who are physically disabled as part of transitional arrangements. (12048)
4. We will develop an Information Strategy for Deprivation of Liberty Safeguards to ensure that we meet the needs of staff and the public. (12049)



**Goal: C4 Reducing inequities in health**

Overall we have worked hard to reduce inequities in health by delivering services which help maintain and support people’s independence. We are aware we need to provide services to support people and have developed “Carmarthenshire’s Vision for Sustainable Services for Older People for the next Decade.” This sets out how we will meet the challenges of a growing older population with a shrinking budget. We know that although there is much work still to be done, we are making progress. *“The Council has shown in their plans and strategies, a clear understanding of the issues they will face in the future if they are to support older people to live independently. These are based on an ageing population, people living longer and an increase in conditions prevalent in older people.*

*Wales Audit Office, Supporting the Independence of Older People, Oct 2015.*

**How did we perform during 2015/16?**

- ✓ We have successfully completed the development of our extra care housing facilities at Catref Cynnes, in Johnstown, Carmarthen and Ty Dyffryn in Ammanford in partnership with Family Housing. This development will help older people maintain their independence by providing self-contained 1 & 2 bedroom apartments catering for people with different needs. (10842)
- ✓ We have reduced the percentage of older people (+ 65) whom the authority supports in care homes from 831 to 778 clients (18.74%) (SCA/002b)
- ✓ Our Transfer of Care and Liaison Service (TOCALs) has been a valuable asset to the hospital and has had noticeable results on patient flow. The knowledge of the Multi-Disciplinary team (MDT) members has made access to information easier and has allowed patients to be discharged home safely with community services which previously wouldn’t have been so accessible.

Supporting the growing numbers of older people to maintain dignity and independence in their later years was a Key Improvement Objective Priority (KIOP) for 2015/16 and will continue to be so for 2016/17.



**KEY IMPROVEMENT OBJECTIVE PRIORITY (KIOP)**  
**We will support the growing numbers of older people to maintain dignity and independence in their later years**

The County has an integrated Community Health & Social Care Service ‘infrastructure’. This model aligns with national and local policy direction with reference to delivering Integrated Health and Social Care. The case for integrated care is reinforced by the need to develop whole-system working across health and social care to address the complex needs associated with age related co-morbidity and frailty (including dementia). A key focus of our business plan, therefore, is to develop an integrated system of care which focuses on the promotion of wellbeing and the maintenance of independence for our adult population while supporting the long term care needs and safeguarding of the more frail and vulnerable.



The Community Resource Teams consist of Community Nursing Services, Occupational Therapy, Physiotherapy and Social Work practitioners who work as a multidisciplinary team to support the assessment and care planning for individuals requiring support.

To manage the health and wellbeing of the population of Carmarthenshire’s Localities and maintain the independence of our older adult population for as long as possible, integrated community services provide a wide range of services and interventions across the three ‘offer’ areas outlined in Carmarthenshire County Council’s ‘Delivering Sustainable Services for Older People in Carmarthenshire’ document.

These broadly fall into three tiers:

*Tier One:* Services and Interventions that promote independence, wellbeing, community engagement and social inclusion, such as information, advice and assistance, signposting people to community services.

*Tier Two:* These services provide targeted intervention for individuals to regain previous level of independence and wellbeing following acute episode or injury and can also support avoidance of hospital admission. These services work closely with Tier 1 services to ensure ongoing health and wellbeing support from their own community

*Tier Three:* Provision of service at this level focuses on supporting individuals who have long term and specialist care needs. Services in this tier will liaise with services in tier 2 to ensure that, at times of injury or acute episodes of illness that people regain their previous level of independence.

### Key Measures of Success

Key Measures of Success	2014/15		2015/16	
	Actual	Welsh Average	Actual	Actual Progress
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 years and over (SCA/001)	6.18 (113 clients)	4.83	4.69 (87 clients)	Improved 26 less clients
The rate of older people (aged 65 years and over) supported in the community per 1,000 population (SCA/002a)	61.87 (2,510 clients)	67.30	57.92 (2405 clients)	Improved 105 less clients

### Why these key measures are important

A delayed transfer of care (SCA/001) is where patients are ready to return home from hospital or transfer to another form of care but is prevented from doing so for a number of reasons. This can have detrimental impact on their health and well being. Long term delays can significantly impact on the individual’s ability to return to being independent and can have a negative impact on their mental wellbeing.

A multi disciplinary team is working in the two general hospitals in Carmarthenshire to improve the links between the community and acute sector. They are developing models that assist to avoid admission and reduce lengths of stay in hospital, improving the well being of older people for whom hospital admission can have negative consequences.

A Rapid Response domiciliary care service has been established to respond immediately to prevent hospital admissions, support people to stay in their own home and to facilitate early hospital discharges.

The Key Measure of Success table above shows that we are supporting more people in the community compared to last year. (SCA/002a) This statutory measure expects as many older people as possible to be helped to live at home. However, we want to promote independent living and our innovative range of services aims to support people via community based services. National research has shown that previously Social Services were very good at making people dependent, despite this being contrary to what most people wanted. Our strategic direction is to reduce the numbers we support in the community

## Ageing Well in Wales

Under the Ageing Well in Wales programme, which aims to strategically align the work of local councils towards the Strategy for Older People and, in particular, five priority aims (*Age-Friendly Communities; Falls Prevention; Dementia Supportive Communities; Opportunities for Learning and Employment; and Loneliness and Isolation*), we have developed a Local Action Plan during 2015/16 outlining how it undertakes with partners these collective aims.

Each of the five priority aims has three deliverable objectives and we have surveyed our 50+ Forum for their views.

### "Being respected as an older person and not being seen as a burden on the local health and social care system"

#### What works

*We have a range of community options to support older people to remain independent in their later years*

*"We found her to be most efficient in the manner she went about addressing the circumstances."*  
(Occupational Therapy Service)

*"The care she had was wonderful, all of the staff exceeded my expectations in their concern, support and professionalism. They dealt with her deterioration and death with great dignity and compassion, and also looked after myself and my daughter. I can never thank them enough."*  
(Adult Social Care – Internal Carers)

*"Wonderful Support Provided Reablement Team"*

*"Excellent...Services provided by the carers were so kind and thoughtful"*

## Last Year

### We delivered 14 out of our 15 KIOP commitments last year

Despite a difficult financial climate we have set challenging targets for all of our KIOPS.

This is reflected in the performance outlined below.

Last Year's Commitments	✓ x	Progress Comment
We will maintain an Annual External Accreditation in the Careline Service (11618)	✓	There have been 39,807 unique page views (UPVs) from 1 April 2015 to 31 March 2016.
We will increase the number of adult clients (347 clients) provided with a direct payment by the Social Care Department to enable them to independently source their own care (9.2.5.7)	✓	We have increased the number of clients provided with a direct payment from 331 to <b>360</b> in 2015/16 to enable them to independently source their own care.
We will continue to work on the new Carmarthen extra care housing development, which is the next phase of our Extra Care /Residential Care Investment Programme in partnership with Family Housing Association. (10842)	✓	This project has been <b>successfully completed</b> with full occupancy of Cartef Cynnes in Johnstown, and the Ty Dyffryn, Ammanford development opening early in 2016/17. This development is designed to help older people maintain their independence by providing self-contained 1 & 2 bedroom apartments catering for people with different needs
We will reduce the average number of calendar days taken to deliver a Disabled Facilities Grant (PSR/002) (Target - 235 days)	✓	We have successfully reduced the average days to <b>232 days</b> thanks to a fast-track system (High Priority Cases) which in turn has influenced improvement.

<p>We will reduce the average number of calendar days between initial contact for an adaptation and receipt of Occupational Therapist assessment across all forms of Tenure (7.3.1.10) (Target - 91 days)</p>	<p>✘</p>	<p>Our 2015/16 result of <b>98 days</b> is below target. There remains a high demand for Occupational Therapist (OT) assessments. All high priority cases were targetted first, lower priority cases are now being worked through and the time these have been waiting have impacted on the overall performance.</p>
<p>We will reduce the rate of older people (+ 65) per 1,000 population whom the authority supports in care homes (SCA/002b) (Target 19.59 - 831 clients)</p>	<p>✓</p>	<p>The rate of older people (+65) per 1,000 population that the authority supports in care homes has reduced to <b>18.74</b> from 20.48 last year. This means that at the end of 2015/16 we were supporting <b>778 clients</b> a reduction of 53 clients. Supporting people to remain at home continues to be the first option considered for people who have care needs.</p>
<p>The rate of older people Supported in the community per 1,000 population aged 65 or over We will aim to reduce unnecessary dependency by providing help for people to become independent by means of such services as the 'Reablement' service etc. (SCA/002a) (Target 58.93 per 1,000 population 65+ / 2500 clients)</p>	<p>✓</p>	<p>We have reduced the number of people who are supported in the community during the year by 105 clients. (<b>57.92</b> per 1,000 population 65+ / total of <b>2,405</b> clients)</p>
<p>We will increase the percentage of mental health needs clients who are supported in the community (9.2.5.4) (Target 80.13% / 242 clients)</p>	<p>✓</p>	<p>We have increased the percentage of mental health clients supported in the community to <b>85.24%</b> (283 clients) at the end of 2015/16</p>
<p>We will reduce the rate per 1,000 population 75+ who are affected by delayed transfers of care for social care reasons (SCA/001) (5.77 per 1,000 population 75+ / 110 clients)</p>	<p>✓</p>	<p>We have reduced the number of people who are affected by delayed transfers of care for social care reasons by 26 clients (<b>4.69</b> per 1,000 population 75+ / <b>87</b> clients)</p>
<p>We will increase the percentage of learning disability clients who are supported in the community (9.2.5.1) (87.76% / 559 clients)</p>	<p>✓</p>	<p>We have increased the percentage of learning disability clients supported in the community to <b>87.94%</b> (569 clients) at the end of 2015/16</p>
<p>We shall aim for a high number of unique visitors to the new improved adult social care website (11159) (35,700)</p>	<p>✓</p>	<p>There have been 39,807 unique page views (UPVs) from 1 April 2015 to 31 March 2016.</p>
<p>We shall continue to increase the numbers of clients having reviews in Adult Service (11660)</p>	<p>✓</p>	<p>We have increased the number of completed reviews for 15/16 (<b>2,867</b>) when compared to 14/15 (2,518) +349 reviews (extra 29 reviews per month).</p>
<p>We shall develop Older Person 10 Year Vision for Carmarthenshire supported by an action plan for its implementation (11657)</p>	<p>✓</p>	<p>Council approved the 10-year Vision and Strategy in October 2015. A detailed programme of work has commenced to implement the strategy.</p>
<p>We will develop, in accordance with the Welsh Government requirement, an <b>Ageing Well Plan for Carmarthenshire</b> based on five core themes:- 1. Loneliness and isolation, 2. Employment for opportunities and new skills, 3. Falls prevention, 4. Dementia supportive communities, 5. Age friendly communities (11659)</p>	<p>✓</p>	<p>We have developed following consultation (950 responses), a <a href="#">Ageing Well Carmarthenshire Plan</a> which was adopted by Council in January 2016. Work is underway to ensure contributory action is within the 2016-17 business plans of the Authority.</p>
<p>We shall review models of care and support within Domiciliary Services i.e. Rapid Response and Reablement (11658)</p>	<p>✓</p>	<p>Work is currently underway to review the Reablement and Rapid Response services.</p>

### Is anyone better off?

- The Council and Hywel Dda Health Board jointly won a national Improvement & Efficiency (Transformation in Health & Social Care) award for the "Releasing Time to Care" project. The project provides a new model of domiciliary care that improves the quality of life of vulnerable residents whilst ensuring services are financially sustainable.



- *The Health and Social Care Worker initiative has been acknowledged by Welsh Government as a 'Bevan Exemplar' and is being promoted across Wales as example of excellent prudent care in practice.*
- *In Hywel Dda's Best of Health Awards, the **Transfer of Care, Advice and Liaison Service (TOCALs)** won in the category of "Improving Health and Wellbeing" and the Chief Executive's Award. The Community Memory Clinic, Amman/Gwendraeth received highly commended in the category of "Working in Partnership".*
- *The **Community Memory Clinic in Llandybie** was also highly commended in the Health Board's awards, in their category 'Improving the Patient Experience'. Supporting 'care closer to home' is a key objective for health and social care providers and this project has been successful in providing support and advice for people with dementia and their families in the community of Llandybie.*

## Doing things differently in Adult Social Care

The newly appointed Chief Executive of Hywel Dda University Health Board, Stephen Moore, visited the Community Resource Teams, Community Hospitals and Llys-Y-Bryn convalescence unit. He commented, "I'm very impressed with the extent of integration in Carmarthenshire - it was impossible to tell the difference between health and social care staff."

### Case Study

*Mrs J is 87 years old and lives alone while her daughter lives locally and supports her with shopping and banking. When Mrs J's daughter was on holiday she suffered a fall and presented in the Emergency Department with a swollen right knee. While there was no bone injury, due to poor mobility Mrs J. was admitted to hospital until arrangements could be made for temporary social care support. On the ward, the nurses observed and recorded that Mrs J had episodes of confusion and disorientation, and while at times she was compliant with nursing care there was also occasions when she resisted any support and exhibited challenging and difficult behaviour. Mrs J was also incontinent and it had been suggested that Mrs J's needs would be best met with EMI Residential Placement. Collateral information was sought from Mrs J's daughter who advised that her mother's physical and cognitive status prior to admission was significantly different to how she was presenting on the ward. A clinical assessment was undertaken using a validated tool 'Confusion Assessment Method' which was positive and indicative of delirium. Causes for the sudden change in mental status were considered and Mrs J was treated for intravenous antibiotics and encouraged to mobilise when able. Mrs J was discharged home with reablement providing minimal support.*

**The wording for this KIOP has changed slightly for 2016/17 in line with our document - [Carmarthenshire's Vision for Sustainable Services for Older People for the next Decade 2015-2025](#)**



## Promoting Independence and Well Being for Older People

### How we plan to achieve the KIOP this year

What we will improve & how we will measure success	2016/17 Target
The % percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later (SCA/20a)	New PI base line TBC
The % percentage of adults who completed a period of reablement and have a no package of care and support 6 months later (SCA/20b)	New PI base line TBC



Average length of time older people (aged 65 or over) are supported in residential care homes reduce (SCA/21)	New PI base line TBC
The rate per 1,000 population 75+ who are affected by delayed transfers of care for social care reasons (SCA/001now SCA/19) (Baseline 2015/16 – Rate 4.69 - 87 clients)	4.51
The average number of calendar days taken to deliver a Disabled Facilities Grant (PSR/002) (Baseline 2015/16 – 232 days)	220 days
The average number of calendar days between initial contact for an adaptation and receipt of Occupational Therapist assessment across all forms of Tenure (7.3.1.10) (Baseline 2015/16 – 98 days)	91 days
We will develop a robust and efficient Information Advice & Assistance service. (12050)	March 17
We will manage the risks associated with outstanding reviews and Deprivation of Liberty Safeguards applications. (12051)	March 17
We will conduct a population assessment at locality level to inform population needs assessment and service planning in line with the new Social Care Act. (12052)	March 17
We will modernise our workforce to support implementation of the duties under the Social Services Well-Being Act and the objectives outlined in 'Carmarthenshire's Vision for Sustainable Services for Older People for the Next Decade' and the Health Board's Integrated Medium Term Plan. (12053)	March 17
We will take forward the Delivery Plan for Ageing Well in Wales and ensure we link to other Council plans and with other relevant partners. (12054)	March 17

### How do we know we made a difference? / Is anyone better off?

#### **Mrs A Enhanced Hospital Discharge**

*Mrs A was admitted into hospital via A& E due to a general deterioration in health and confusion. Whilst on the ward staff and the service users' husband raised concerns that Mrs A's health and mobility had deteriorated in the months prior to admission resulting in oedema and ulcers on both legs. District Nurses had been visiting daily. Being unable to undertake personal care resulted in tissue viability issues which was exacerbated by Mrs A sleeping on a reclining chair for the last 12 months. On admission Mrs A was non weight bearing and was therefore hoisted for all transfers.*

#### **Rapid Response Intervention**

*Whilst considerable therapeutic and nursing support was input by the hospital staff the care package to go home was for 2 Domiciliary Support Workers four times per day to support with personal care, dressing, undressing, toileting and all transfers*

#### **Outcome**

*Mrs A's husband was supported by ensuring that his wife's nutritional needs were met by providing meals, snacks and drinks. In the first few week RR staff worked closely with Mr and Mrs A. Progress was made and the care package was reduced from four visits a day to two visits per day. Following the transfer to Reablement continual progress was made to Mrs A's mobility and only one carer was required twice per day to assist with personal care.*


### Improvements for 2016/17

1. We will identify the strengths and resources within communities which can contribute to promoting and supporting the health and wellbeing of their population. (12055)
2. We will effectively commission short term assessment and interventions to maximise independence and wellbeing outcomes for our population. (12056)
3. We will implement actions within the Carmarthenshire Dementia Action Board plan across health and social areas in Carmarthenshire. (12057)
4. We will retain the low average number of calendar days (8 days) taken to deliver low cost adaptation works in private dwellings where the Disabled Facilities Grant process is not used (PSR/006)

**Goal: C6 Improve access to health and social care for all people including vulnerable groups**

**Our Review and Evaluation for 2015/16**

We are working to improve access to health and social care for all people including vulnerable groups with our partners. When surveyed *if they felt that good social care services were available in their local area*, 53% agreed.

National Survey for Wales 2014-15- How our results rank with the other 22 Councils in Wales																						
Worse results in Wales											Best results in Wales											
Results ranking	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
Good social care services are available in my local area	43%										53%											61%
	Carmarthenshires satisfaction result was 53%- this was the 12th best result in Wales																					

The changes to our management structure were acknowledged in the Wales Audit Office [Corporate Assessment Report 2015](#):

*“The revised directorate remits are driving a positive reduction in internal silos, bringing services together. A good example is the Communities Directorate, which now includes Primary, Community and Social Care, Mental Health and Learning Disabilities, Public Protection and Housing, and Leisure and Sport. Co-locating heads of service is also bringing additional benefits and highlights the impact that changes in one part of the directorate have on the others”*

CSSIW recognised our commitment to preventative services in their [Annual Performance Evaluation Report \(2014/15\)](#):

*“The council continues to build and develop its preventative strategies and visits to these services have confirmed that there are effective and innovative arrangements in place, with a key focus on developing services that are sustainable”.*

*“The council is ensuring growth and development in its preventative services to ensure statutory intervention is only taken when necessary*

## How did we perform during 2015/16?

There has been continued progress this year in developing the **Transition service** for disabled children and young people. Work has been undertaken by the People and Work Unit to establish a regional market position statement in respect of children and young people with complex needs which includes those with disabilities. We are re-establishing a forum to bring together key stakeholders, including the Health Board, neighbouring authorities the third sector, independent sector and families to review our Transition strategy and commissioning intentions in the coming year, which will be particularly important in light of the Social Services and Well-being Act 2014. We have undertaken a review of our activity with the Institute of Public Care (IPC). This has determined whether our systems and processes support us to make the best use of our resources for disabled children and their families. This will inform our business planning for the coming years to ensure children and families get what they need, when they need it. Consultation with families and other stakeholders is taking place as part of this process.

Although there are currently no new European funding opportunities available to develop services for vulnerable children and young people, the '**LEADER**' programme has been launched and opportunities are being explored to further develop affordable childcare within Carmarthenshire in line with the gaps identified in our childcare Sufficiency Assessment. LEADER is funded through the Rural Development Plan for Wales (2014-20) and is designed to get local people, businesses and communities involved in delivering sustainable yet innovative solutions to address some of the economic, social and environmental challenges facing rural areas.

The Autistic Spectrum Disorder (ASD) steering and stakeholder groups have continued to meet throughout 2015/16. An interim action plan has been developed and we have been implementing this. Welsh Government have launched their refreshed all Wales strategy which is out for consultation. Once the document is finalised we will develop a local action plan to implement Welsh Government strategic priorities. Whilst awaiting the Welsh Government strategy a great deal of work has continued in Carmarthenshire to raise awareness, offer information and support and develop services. Carmarthenshire continues to be a member of the all Wales ASD Lead's forum and has had a key role in helping to develop initiatives and drive the agenda forward both locally and nationally.

- ✓ Carmarthenshire's single point of access to services 'Careline' is currently being redesigned to ensure that it is fit for service, safe and able to provide information, advice and assistance when required at the first point of contact. Careline provides a lifeline and Telecare monitoring service for approximately 30,000 people across South West Wales as well as providing a referral receiving service and information provision service to the people of Carmarthenshire. This service is being enhanced to ensure safe response times and to support staff competency in providing a consistent approach to services.
- ✓ During 2015/16, we successfully facilitated the transfer of the Independent Living Fund over to the Welsh Independent Living Grant with no disruption to service. There are 147 individuals with a learning disability receiving WILG with a total award of £3.1 million.
- ✓ Direct Payments provide another way for individuals to access a range of opportunities for independence by being able to choose who provides the services that they need. In 2015/16, 138 clients received direct payments (an increase of 7 people from the previous year).

- ✓ We have developed a performance management tool so that we can check on how well we are doing in delivering the 'active offer', i.e. giving Welsh speakers the opportunity to receive services through the medium of Welsh. We are also supporting staff to improve their Welsh language skills through direct learning and development opportunities, and through engaging with Welsh language champions in their own teams
- ✓ We have developed 'Carmarthenshire's Vision for Sustainable Services for Older People for the Next Decade'. This strategy highlights the challenges we face with the current and future demographic position and sets out a plan for delivering more sustainable services over the next ten years.
- ✓ The Carers Measure Strategy continues to be rolled out across the region (11714)
- ✓ We have been able to maintain an Annual External Accreditation in the Careline Service to ensure an industry standard quality service to customers
- ✓ We have been able to develop a strategic action plan for services for people who have dementia and support for their carers with Carmarthenshire Dementia Action Board

### How do we know we made a difference? / Is anyone better off?

*"It's amazing what people having faith in you can do. I now have my life back. I couldn't think of a greater gift."* (Substance Misuse Service)

- ✗ Although we have been able to increase the % of clients with care plans reviewed during the year from 71.92% to 74.72% we have not met our target of 80% (SCA/007)
- ✓ We have offered 100% of carers of adults and assessment or review of their needs this year. (SCA/018a)
- ✓ We have been able to reduce unnecessary dependency by providing help for people to become independent by means of such services as the "Reablement" service etc. from 83.05% to 79.49% (SCA/020)
- ✓ We have increase the number of unique visitors to the new improved adult social care website total 39,807.
- ✓ In partnership with Family Housing Association, we have progress the new Argel extra care housing development and all flats have been occupied.

### What are our priorities this year during 2016/17? / How will we achieve this?

#### Improvements for 2016/17

1. We will progress and develop robust and efficient Information, Advice & Assistance service. (12060)
2. We will promote the Welsh language and ensure compliance with the 'Active Offer' across all service areas. (12061)
3. We will develop a multi agency transition strategy and implement in partnership with disabled young people and their families. (12062)
4. We will ensure that disabled children and young people are supported to access work, education, training and leisure opportunities. (12063)
5. We will undertake a review of our services for disabled children and their families to ensure that we are making best use of our resources and meeting our duties under the Social Services and Well-being Act 2014. (12064)
6. We will develop a business case for the extension of specialist provision on the Garreglwyd site for children and young people with Autistic Spectrum Disorder (ASD). (12065)

## Goal: C7 Reducing drug and alcohol misuse

### Our Review and Evaluation for 2015/16

The **Substance Misuse** Team continues to work in partnership with the Health Board and third sector providers, as well as adult social care and children's services. The focus is on those cases with the most complex needs, with the team providing professional advice and support to other social work teams. We continue to coordinate the multi-agency premises in Llanelli on behalf of our partners. The change in commissioning arrangements for substance misuse this year has had a positive impact upon service delivery and we have ensured that we now have representation on the Area Planning Board.

We have reviewed the Transition arrangements for young people with substance misuse problems. The Transition team now deal with all enquiries from within children and adult social care. This ensures that we undertake appropriate level of screening and onward referral. We continue to develop arrangements for integrated care for children and young people. The specialist services for under-18's are now based at our Unit 3 premises in Llanelli. They are co-located with our local supported lodgings and advocacy services. Regular meetings with Youth Offending, CAMHS and the third sector take place to ensure we are meeting the needs of these children and young people. This year we have undertaken work with the Head of Pupil Referral Units in response to an increase in substance misuse by pupils who attend the units, ensuring a holistic approach.

We have undertaken a pilot with the Integrated Family Support Team (IFST) where a senior practitioner for IFST worked across both teams, holding cases of parents with substance misuse problems. This approach has seen many benefits, and the teams are now jointly screening all cases to avoid duplication and ensure cases are managed by the appropriate service. The co-location and sharing of practice between teams was seen as positive by staff and options for arrangements between the teams will be considered in the future.

### How did we perform during 2015/16?

- ✓ This year has seen the re-commissioning of our third sector substance misuse services for adults by the Area Planning Board. This has had a significant impact upon the activity of our substance misuse team whilst the new arrangements are being implemented.
- ✓ The team deals with all enquiries from within children and adult social care. This ensures that we undertake appropriate level of screening and onward referral for cases.
- ✓ We have developed arrangements for integrated care for children and young people.
- ✓ We have undertaken some work with the Head of the **Pupil Referral Units**. This has been in response to an increase in substance misuse by pupils who attend the units. This has ensured we take a holistic approach and ensure that the pupils are receiving the support they need and the staff and parents feel equipped to deal with the issue.
- ✓ We have undertaken a pilot with the Integrated Family Support Team (**IFST**). A senior practitioner from IFST worked across both teams, holding cases of parents with substance misuse problems.



- ✓ We continue to attend the MARAC domestic violence meetings on behalf of substance misuse services and have been commended for our work in this area.
- ✓ The % of premises which declined to sell alcohol to underage customers during a test purchase was 100%. This was an increase of 6% on our result of 94% for last year.
- ✓ In 2015/16, the Substance Misuse Team have received 177 referrals, all of which have been allocated and 3 of the referrals were for children under 18.
- ✓ In the year, 4 people attended Tier 4 residential rehabilitation placement
- ✗ The impact of substance use upon adults with mental health problems is an area where we will need to increase our focus in the future. This includes older people and those with Alcohol Related Brain Damage (ARBD)

### How do we know we made a difference? / Is anyone better off?

*A female in her 30's had been involved with the substance misuse team initially 10 years ago but this time had been in treatment since 2012. At the start of the service from the team she was drinking strong cider dependently and using other illegal drugs, at that time she rated her quality of life as 5 out of 20. There were concerns around domestic abuse, her traumatic history and mental wellbeing.*

*She was offered support in the community and accessed services such as counselling, floating support, specialist domestic abuse services and tier 2 substance misuse support. Unfortunately things remained chaotic and led to hospital admissions. After a further period of input including counselling arranged through substance misuse services her worker supported her to consider residential rehab as an option, alongside the health team the social worker identified and secured access to a placement in a women's only setting.*

*She progressed really well in her 12 week programme and was a positive member of the rehab community and made the most of the services on offer.*

*On her return to Carmarthenshire she remained substance free and is managing her own home well and looking for volunteer and training opportunities. On closing her case she now rated her quality of life as 18 out of 20 a great improvement from where she started.*

### Improvements for 2016/17

1. We will continue to undertake a programme of test purchases to ensure that premises decline to sell to underage customers (7.4.3.5)
2. We will evaluate and implement options to integrate Substance Misuse Team & Integrated Family Support Team. (12066)
3. We will review the transition arrangements for young people with substance misuse problems to ensure there is a seamless pathway as they move from children to adult services. (12067)
4. We will review the impact of substance use upon adults with mental health problems. This includes older people and those with Alcohol Related Brain Damage (ARBD). (12068)

## Outcome E: People who live, work and visit Carmarthenshire are safe and feel safer...

Carmarthenshire remains one of the safest areas in the UK. However, we must not become complacent and we need to continue to work together with partners to address problems identified by local communities.



### Goals (As agreed in the Integrated Community Strategy with partners):-

- E1 - Maintaining and striving to reduce further the levels of crime that are amongst the lowest in England and Wales
- E2 - Improving the confidence of local communities that we are tackling the issues that matter most to them and impacting on crime levels
- E3 - Reducing anti-social behaviour by working in partnership to tackle local problems
- E4 - Reduce the incidences of alcohol-related violence
- E5 - Safeguarding all people from abuse, victimisation, neglect & exploitation**
- E6 - Reducing speeding and the number of road traffic accidents

### Progress at a glance

Outcome Measures(As set out in Corporate Strategy)	Progress
Appropriate support provided to children, young people and families as required	✓
Reduction in road casualties	Awaiting results
Reduction in total recorded crime	✗
Reduction in anti-social behaviour	✓

**Goal: E5 Safeguarding all people from abuse, victimisation, neglect & exploitation**

## Corporate Safeguarding

*Safeguarding people from harm, abuse and neglect is our highest priority as a Council*

We operate an 'everyone's business' approach and this year we have developed a new [Corporate Safeguarding Policy](#) to ensure all departments develop a greater understanding of the policies and procedures in relation to safeguarding in respect of both children and adults

## Safeguarding Adults

**Dame Esther Rantzen speaks to older residents at Carmarthenshire 50+ event**



Over 550 members of Carmarthenshire's 50+ Forum were in attendance at the National Botanic Gardens of Wales to learn about efforts to improve the wellbeing of older people. Featuring Dame Esther Rantzen and Mark Drakeford AM as guest speakers, attendees were updated on **Silver Line**, the Social Services and Wellbeing Wales Act and Regulation and Inspection of Social Care in Wales.

Moreover, at the event:

- Over 40 organisations were in attendance to advise older people about services that could enrich their lives
- Key age-relevant information was disseminated to help support the wellbeing of older people
- A range of taster sessions, from cookery, ballroom dancing reflexology to iPads were offered, in order to stimulate longer term commitment to personal wellbeing



**Adult safeguarding** has remained a priority over the last year during a period of increasing public concern over standards of care provided to vulnerable people. There has also been increased attention as a result of national reports such as Mid Staffordshire Hospital, Operation Jasmine, and the Andrews Report and also in relation to domiciliary care commissioning. To ensure the effective governance of adult safeguarding, a multi-agency Carmarthenshire Adult Safeguarding Board chaired by the Director has continued to meet quarterly. Over the last year a number of initiatives have been introduced which include:

- ✓ The development of a regional Good Practice Guide between adult safeguarding and domestic abuse.
- ✓ Comprehensive training for over 750 staff
- ✓ Well established working between partner agencies
- ✓ A culture of learning through review
- ✓ A review of the structure to strengthen the management function.

Where adults have suffered significant harm, the team has striven to respond effectively and has reviewed processes to ensure there is less delay as recommended by CSSIW, although this has been a challenge with referrals increasing. It is acknowledged that this is an area that we need to continuously improve.

Carmarthenshire is also represented on a Regional Safeguarding Board which has had its inaugural meeting and established terms of reference. The board will monitor safeguarding arrangements and practices with partners across the region.

### Improvements for 2016/17 – Safeguarding Adults

1. We shall ensure that all adult protection enquiries are completed within 7 days *(SCA/18)*
2. We shall embed a quality assurance system within safeguarding, assessment and care management teams. *(12147)*
3. We shall establish regular forums for Investigating officers and Adult Services Managers to learn lessons and share best practice. *(12148)*
4. We shall undertake a review of existing processes to ensure they are streamlined effectively. *(12149)*

# This report only shows the measures relevant to Social Care & Health Scrutiny

There is a suite of **National measures** for all council's in Wales, where we are required to collect them, to set performance targets and publish both our target and performance in our Annual Report/Improvement Plan

There are two main ways of measuring improvement:-

- Year on year improvement – shown under 'A' in the table below
- How we compare with other Authorities in Wales – shown under 'B' in the table below – the majority of the comparative data is for 2014/15 other than some of the Education data which is for 2015/16 and marked with #. All 2015/16 results for all Welsh Authorities, will be published by the Local Government Data Unit in September 2016.

A			B																								
The 41 measures published by all councils in Wales and our results for <u>2015/16</u> and whether they have improved on 2014/15			How our results rank compared to 21 authorities in Wales and our change in position																								
	Our 2015/16 result and change		22 <sup>nd</sup>	21 <sup>st</sup>	20 <sup>th</sup>	19 <sup>th</sup>	18 <sup>th</sup>	17 <sup>th</sup>	16 <sup>th</sup>	15 <sup>th</sup>	14 <sup>th</sup>	13 <sup>th</sup>	12 <sup>th</sup>	11 <sup>th</sup>	10 <sup>th</sup>	9 <sup>th</sup>	8 <sup>th</sup>	7 <sup>th</sup>	6 <sup>th</sup>	5 <sup>th</sup>	4 <sup>th</sup>	3 <sup>rd</sup>	2 <sup>nd</sup>	1 <sup>st</sup>			
			Worst results											Best Results													
			Arrows start from our 2013/14 position to our 2014/15 position																								
<b>People in Carmarthenshire are healthier</b>																											
5	Delayed transfer of Care (SCA/001)	4.69	↑																								
6	Supported in the community (65 or over) (SCA/002a)	57.92	↓																								
7	Residential Care (65 or over) (SCA/002b)	18.74	↑																								
10	% Clients with care plan at 31st March- reviewed (SCA/007)	74.7	↑																								
11	% Carers offered an assessment in their own right (SCA/018a)	100.0	↔																							joint with 4	
<b>People who live, work and visit Carmarthenshire are safe and feel safer</b>																											
25	% Adult protection referrals - risk managed (SCA/019)	92.61	↓																								

## Appendix B

The following tables provide detailed measure by measure profiles for performance measures that are measured by all Councils in Wales

Our Key Measures of success – 2015/16 results and targets for 2016/17										
Definition / Measure Reference	How well have we done?	How well are we doing?							Improvement	
	2014/15	See explanation of performance				All Wales Comparative Info.			2016/17	
		Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	Target Set
<p><b>Reference Number:</b> 3 letters = Nationally set measure (e.g. SCA/001) <b>Definition:</b> What we are measuring? A brief description of the performance measure</p>	6.18	5.77	4.69	☺	▲	TBC	TEC	TB C	4.51	✓
<p><b>Key measure(s)</b>  SCA/001 The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over</p>	An explanation of performance is provided here when off target, poor comparative performance and/or future target has not been set to improve.									

How did we perform during 2014/15?

The minimum performance level required to be amongst the top 5 Welsh councils

Is the 2016/17 performance target set to improve on the 2015/16 result?  
✓ (Yes) or ✗ (No)

**Reference Number:**  
3 letters = Nationally set measure (e.g. SCA/001)  
**Definition:** What we are measuring?  
A brief description of the performance measure

Our final result for 2015/16

A comparison between our 2014/15 result, and our 2015/16 performance. Did we improve?  
▲(Yes) or ▼(No)

How does our result compare with other Local Authorities?  
\* Worst Quartile to  
\*\*\*\* Best Quartile

Our target set for 2015/16

Did we meet our 2015/16 Target?  
☺ (Yes) or ☹ (No)

The mid range performance within Wales (only applies to National measures) these will be available in September 2016

Our 2016/17 performance target

Tudalen 172

## Performance measures that are measured by all Councils in Wales for 2015/16

### 2015/16 results and targets for 2016/17

	How well have we done?	How well are we doing?							Improvement		
		See explanation of performance				All Wales Comparative Info.					
Definition / Measure Reference	2014/15	2015/16							2016/17		Improvement Plan Theme
	Our Result	Target	Final Result	Target Met 😊 or 😞	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	Target Set	Target Set to improve against Actual Result ✓ or ✗	
<b>5</b> SCA/001 (NSI) The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	6.18	5.77	4.69	😊	▲	TBC	TBC	TBC	4.51	✓	People in Carmarthenshire are Healthier
	A good improvement during 2015/16 with a reduction from 113 to 87 patients experiencing a delay in leaving the hospital. We are working ever closer with the Health Board to resolve any issues. A multi disciplinary team is working in the two general hospitals in Carmarthenshire to improve the links between the community and acute sector. They are developing models that assist to avoid admission and reduce lengths of stay in hospital, improving the well being of older people for whom hospital admission can have negative consequences. We have also established a Rapid Response domiciliary care service to respond immediately to prevent hospital admissions, support people to stay in their own home and to facilitate early hospital discharges.										
<b>6</b> SCA/002a (NSI) The rate of older people Supported in the community per 1,000 population aged 65 or over at 31 March	61.87	58.93	57.92	😞	▼	TBC	TBC	TBC	This measure has been deleted for 2016/17		People in Carmarthenshire are Healthier
	This statutory measure expects as many older people as possible to be helped to live at home. However as a Council we want to promote independent living and our innovative range of services aims to support people via community based services. Reductions in day care and meal provision have resulted from efforts to find community-based options that promote involvement in their local community.										
<b>7</b> SCA/002b (NSI) The rate of older people whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March	20.48	19.59	18.74	😊	▲	TBC	TBC	TBC	This measure has been deleted for 2016/17		People in Carmarthenshire are Healthier
	This measure has been deleted for 2016/17 and will be replaced by new measures from the new Social Care Act										
<b>10</b> SCA/007 (PAM) % of clients with a care plan at 31st March whose care plans should have been reviewed that were reviewed during the year	71.9%	80.0%	74.7%	😞	▲	TBC	TBC	TBC	This measure has been deleted for 2016/17		People in Carmarthenshire are Healthier
	Whilst we improved our result on last year we are short of the target by 5.3 percentage points. To rectify this we are appointing a team under the releasing time to care, to focus on reviews to ensure that people are receiving the appropriate level care.										

APPENDIX B

Definition / Measure Reference	2014/15	2015/16							2016/17		Improvement Plan Theme
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	Target Set	Target Set to improve against Actual Result ✓ or ✗	
<b>11</b> SCA/018a (PAM) % of carers of adults who were offered an assessment or review of their needs in their own right during the year	100.0%	100.0%	100.0%	☺	At maximum result	TBC	TBC	TBC	This measure has been deleted for 2016/17		People in Carmarthenshire are Healthier
<b>25</b> SCA/019 (NSI) & (PAM) % of adult protection referrals completed where the risk has been managed	98.98%	98.00%	92.61%	☹	▼	TBC	TBC	TBC	This measure has been deleted for 2016/17		People who live, work and visit Carmarthenshire are safe and feel safer
<p>In the past year we have received a number of referrals relating to allegations of abuse towards vulnerable adults who have passed away before the referral has been made.</p> <p>We also have received referrals from Dyfed Powys Police where an allegation of financial abuse has been made directly to them but subsequent investigation has resulted that there has been no evidence to support the allegations.</p> <p>We do not therefore consider that the risk to these adults can be recorded as reduced or removed.</p>											

Mae'r dudalen hon yn wag yn fwriadol

**PWYLLGOR CRAFFU GOFAL  
CYMDEITHASOL AC IECHYD  
15<sup>fed</sup> O FEHEFIN 2016**

**Adroddiad Diwedd Blwyddyn ar Reoli Perfformiad  
– 1af o Ebrill 2015 hyd at  
31ain o Fawrth 2016**

**Ystyried y materion canlynol a chyflwyno sylwadau arnynt:**

Bod y Pwyllgor yn craffu ar y sefyllfa diwedd blwyddyn mewn perthynas â monitro perfformiad, neu'r wybodaeth ddiweddaraf sydd ar gael, ar gyfer blwyddyn ariannol 2015/16, ac yn benodol, ar faterion lle gall aelodau a swyddogion geisio gwella. Mae'r adroddiad yn cynnwys:

- Golwg ar Berfformiad gan Penaethiaid y Gwasanaethau.
- Monitro'r Cynllun Gwella – Dangosyddion Perfformiad a Gweithredoedd.

**Rhesymau:**

- Sicrhau bod meysydd sy'n peri pryder yn cael eu nodi a bod camau perthnasol yn cael eu cymryd.
- Er mwyn i'r aelodau allu gweithredu eu swyddogaeth craffu mewn perthynas â monitro perfformiad.

**Angen cyfeirio'r mater at y Bwrdd Gweithredol er mwyn gwneud penderfyniad:  
NAC OES**

**Aelod y Bwrdd Gweithredol sy'n gyfrifol am y Portffolio:**  
Cyng. Jane Tremlett (Gofal Cymdeithasol ac Iechyd)

<b>Y Gyfarwyddiaeth:</b> Cymunedau	<b>Swyddi:</b>	<b>Rhifau Ffôn / Cyfeiriadau E-bost:</b>
<b>Enwau Penaethiaid y Gwasanaethau:</b> Avril Bracey	Pennaeth Iechyd Meddwl ac Anableddau Dysgu	01267 242492 <a href="mailto:abracey@sirgar.gov.uk">abracey@sirgar.gov.uk</a>
Rhian Dawson	Pennaeth y Gwasanaethau Integredig	01267 228900 <a href="mailto:rhian.dawson@wales.nhs.uk">rhian.dawson@wales.nhs.uk</a>
<b>Awdur yr Adroddiad:</b> Lyn Walters	Uwch-Reolwr Cymorth Busnes	01267 228768 <a href="mailto:dlwalters@sirgar.gov.uk">dlwalters@sirgar.gov.uk</a>



## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 15<sup>th</sup> JUNE 2016

## End of Year Performance Management Report – 1st April 2015 to 31st March 2016

It is recommended that members scrutinise the position in relation to performance monitoring for quarter 4, or latest available information, for the 2015/16 financial year.

1. Heads of Service Overview of Performance (Report A)
2. Improvement Plan Monitoring – Combines Actions / Measures (Report B)

DETAILED REPORT ATTACHED?

YES

## IMPLICATIONS

**We confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report.**

**Signed: Rhian Dawson                      Head of Integrated Services**  
**Avril Bracey                      Head of Mental Health & Learning Disabilities**

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
YES	YES	NONE	NONE	YES	NONE	NONE

**1. Policy, Crime & Disorder and Equalities** – Performance Indicators are set to monitor the performance of services and targets set. If the Authority is to deliver its promises to citizens and stakeholders, then indicators underachieving need to be addressed.

**2. Legal** – Performance Indicators are set to monitor the performance of services and targets set. If the Authority is to deliver its promises to citizens and stakeholders, then indicators underachieving need to be addressed.

**5. Risk Management Issues** – This report refers to actions and measures in the 2015/16 Improvement Plan relevant to the Social Care & Health Scrutiny Committee. Potential risks addressed are:

- addressing any regulatory report recommendations
- comments on not meeting our own goals – actions and measures
- improvement and comparative data for national measures

## CONSULTATIONS

**We confirm that the appropriate consultations have taken in place and the outcomes are as detailed below:**

<b>Signed:</b> Rhian Dawson	Head of Integrated Services
Avril Bracey	Head of Mental Health & Learning Disabilities

**1. Local Member(s) – N/A**

**2. Community / Town Councils – N/A**

**3. Relevant Partners – N/A**

**4. Staff Side Representatives and other Organisations –** All departments have been consulted and have had the opportunity to provide comments on their performance and progress.

**Section 100D Local Government Act, 1972 – Access to Information  
List of Background Papers used in the preparation of this report:**

**THESE ARE DETAILED BELOW:**

Title of Document	File Ref No. / Locations that the papers are available for public inspection
Carmarthenshire Integrated Community Strategy 2011-16	<a href="http://www.thecarmarthenshirepartnership.org.uk">www.thecarmarthenshirepartnership.org.uk</a>
Corporate Strategy 2015-20	<a href="http://www.carmarthenshire.gov.wales/media/998105/corporate-strategy.pdf">http://www.carmarthenshire.gov.wales/media/998105/corporate-strategy.pdf</a>
CCC Annual Report 2014/15 & Improvement Plan 2015/16	<a href="http://www.carmarthenshire.gov.wales/media/846036/Full_ARIP_Report_15-16.pdf">http://www.carmarthenshire.gov.wales/media/846036/Full_ARIP_Report_15-16.pdf</a>
Performance Measurement Records	Performance Management Unit, Regeneration & Policy Division, County Hall
Compliments & Complaints Records	Personal information not available for public inspection
Budget Monitoring Reports	Corporate Services Department, County Hall

Mae'r dudalen hon yn wag yn fwriadol

## REPORT A

### HEAD OF SERVICE OVERVIEW – END OF YEAR 2015/16

#### RHIAN DAWSON – HEAD OF INTEGRATED SERVICES

More than a third of the population of Carmarthenshire is aged over 65. There are 18,500 people who are over the age of 75 and this number is predicted to grow by 18% by 2020. This is significant because people in this age group are more likely to require Health and Social Care services. Managing this increase in demand at a time of significant reductions in funding will continue to be challenging for the foreseeable future.

In recent years our practice and services have increased their focus on preventative approaches in order to support people to maintain their health and independence for as long as possible. This focus will need to be further strengthened, not only to ensure we are able to continue to provide for the health and social care needs of our population but also to ensure compliance with the Social Services and Wellbeing (Wales) Act (SSWBA)

In line with this, during 2015 / 2016 we developed and published 'Carmarthenshire's Vision for Sustainable Services for Older People for the Next Decade: Promoting Independence, Keeping Safe and Improving Health and Wellbeing'. This highlights the challenges we face with the current and future demographic position and sets out a plan for delivering more sustainable services over the next ten years. Specifically it highlights our approach to care provision over three offer areas.

1. 'Help to Help Yourself' – Encompassing universal services for the whole community that promotes and / or improves health and wellbeing, preventative services to prevent or delay the need for formal services and support for communities to build their capacity to meet population need. Crucial to this will be the need to ensure a robust 'Information, Advice and Assistance' service
2. 'Help When you Need It' – Short targeted intervention to promote or regain independence
3. 'Ongoing Support if you Need it' – Self directed, highly individualised support to meet assessed needs which are complex and likely to be long term in nature

Our Business Objectives for 2015 / 2016 reflected areas within the division which would benefit from enhanced efficiency in terms of service delivery while ensuring we embraced modernisation and compliance in line with the SSWBA.

This report provides an end of year summary relating to realisation of these objectives and its impact on our performance. The three 'offers' outlined within the 'Carmarthenshire's Vision for Sustainable Services for Older People for the Next Decade' provides an ideal framework on which to present this summary.

#### Help to Help Yourself

'Careline +' provides a lifeline and Telecare monitoring service for approximately 30,000 people across South West Wales as well as providing a referral receiving service and information provision service to the people of Carmarthenshire. Over the last year, 'Careline +' has been the focus of review in order to ensure that it is fit for purpose, safe and is compliant in relation to providing 'Information, Advice and Assistance'.

This included ensuring that we are providing safe and timely response to all contacts and to ensure that staff have the necessary skills and competencies to providing consistent approach to enquiries.

## REPORT A

Following successful contract negotiations with corporate partners across the region the service is now looking to the future.

We are exploring innovative service models to ensure we remain in a pioneering position to deliver an exemplar service in this service area across Wales where the use of cost effective technology is integrated into traditional models of care to ensure improved outcomes for both individual and organisation.

In line with the Welsh Government's Primary Care Plan for Wales (WG, 2014), each Locality (Cluster) in Carmarthenshire has utilised available funding to support service development in the specified areas of:

- Prevention early intervention and improving health, not just treatment
- Active involvement of the public, patients and their carers in decisions about their care and well being
- Prudent Healthcare
- Planning services at a community level of 25, 000 to 100, 000 people

Examples of development in this area include, a therapeutic exercise programme supported by our leisure team, GPs and the 'Education for Patients Programme (EPP)' to support individuals with respiratory disease. Based in Llanelli, this programme has been positively evaluated with demonstrable improvements in health outcomes for participants. Learning from this programme will be shared across the County in order to implement in other areas. Last year, Public Health Wales trained social care staff in health promotion techniques which would better equip them to have conversations with people who smoke, drink excessively or are obese to motivate them to seek help to address these problems. Evaluation from this initiative has allowed us to develop this further through informing practice. Lifestyle advocates are now identified to support health promotion and associated behaviour change in each GP practice across Carmarthenshire and these have been supported through the Cluster plans and associated funding.

Hywel Dda University Health Board's Foundations 4 Change programme provides an assurance framework for partners to demonstrate the impact of services and initiatives on the wellbeing of the population. Over the last couple of years, social care has been represented by the integrated managers from the Older Persons division. This has been strengthened this year through representation from the Local Authority's Housing, Public Protection and Leisure teams. Foundations 4 Change will be focusing on improved outcomes for our population in the following areas:

- Reducing Health Inequalities
- Reducing Misuse of Substances
- Obesity
- Dementia
- Frailty (including reduction in falls in older adults)

### **Help to Help Yourself**

Enabling older people and adults with physical disability / sensory impairment to live independently depends on Health and Local Authority services, third sector organisations and, for many, their families, friends and neighbours.

## REPORT A

Older people assist each other and it should not be underestimated how much mutual support people of advanced age give each other. The majority of older people do not have any contact with Social Care services. Strengthening communities, improving the physical environment to be 'age friendly' and encouraging people to access the range of community opportunities available within their local area will support older people to remain independent and active members of their community. The Welsh Government collects performance information on how many older people are supported to live in the community. Carmarthenshire's performance continues to decline on this measure over the past few years. This is a success, not a failure, as it shows that older people are now being assisted in different ways. Building community resilience is a crucial component to achieving this and a strategic paper has been produced in collaboration with our colleagues in Public Health Wales and with involvement from service users, third sector partners and our local Councillors. This strategy will shortly be circulated for consultation. Within recent years, each Locality's Community Resource Team has also benefitted from a 'Third Sector Broker'. These roles were funded by a fixed term European grant and were responsible for working with individuals and communities to identify their 'felt' and 'expressed' needs, the Brokers would also liaise with Carmarthenshire Association of Voluntary Services, Community Groups and other Third Sector provision to broker provision and meet identified gaps in existing service provision to support the identified needs. Following positive evaluation and through the Welsh Government Intermediate Care Fund, it has been possible to ensure that these roles are continued substantively within each CRT and will be an asset to ensuring implementation of the Social Services and Wellbeing (Wales) Act specifically in relation to building community resilience and development of social enterprises. The Community Resource Teams in each locality continue to focus on delivering person centred assessment and care provision to support the promotion and maintenance of individuals' independence. This is enhanced through alignment of the multidisciplinary teams with GP practices and these close working relationships continue to ensure we deliver an optimal service avoiding hospital admissions where appropriate.

Supporting 'care closer to home' is a key objective for health and social care providers and we continue to identify opportunities to grow and sustain service provision within local communities. Examples of this include:

- **The GP led Dementia Review clinic in Llandybie.** Prior to the establishment of this clinic, patients were reviewed in a hospital environment. This service is complimented by a 'one stop shop' which provides support and advice to patients' carers and families. It is anticipated that this model will be replicated in other areas of the County.
- **Strength and balance exercise programmes** are delivered in community venues across Carmarthenshire. These programmes provide an opportunity to sustain improved outcomes following physiotherapy led rehabilitation as well as reducing the risk of falls in older adults. Strength and balance programmes are also delivered in the individual's home as an integral part of our reablement service.

The outcomes of our reablement service are generally positive in terms of supporting people to regain their independence, with around 45% of people being discharged with no long-term service. We are currently reviewing our reablement service and it is anticipated through realignment of all short term assessment and intervention provision that we will be able to improve our performance in this area. The realignment will specifically review and enhance how our reablement service works in partnership with the Health Board's Acute Response Team and Continuing Care Team; it will also ensure that we are maximising use of our Rapid Response and 'Through the Night' service.

Where individuals have required a hospital admission, our Transfer of Care and Advice and Liaison Service (TOCALs) has been instrumental in reducing length of stay by up to two days.

## REPORT A

Our Delayed Transfer of Care (DToC) rate continues to improve and TOCALs provides an opportunity to further progress performance in this area. This year saw TOCALs winning the 'Best of Health' award for its category and was also awarded the 'Chief Executive's Overall Winner' trophy.

### Ongoing Support if you Need it

Most people want to stay in their own homes where they can exercise choice and control. Our continued focus on ensuring that care is provided at home where appropriate and for as long as possible appears to have had the desired effect with a reduction over the past few years in the number of people the Council supports in residential care. The availability of domiciliary care both now and in the longer term is therefore critical for us to be able to continue to provide care in this way. Historically, however, due to our rural geography and associated challenges with recruitment and retention, we have found it difficult to consistently meet demand particularly in our most rural areas where services have not been available. Moreover, a review of our commissioning practice in the area identified that Carmarthenshire appeared to be commissioning a higher level of care when compared to neighbouring authorities with similar demographic profile. Specifically this practice related to a higher number of care packages supporting 'four calls a day' when compared to other Local Authority areas. Similarly, our number of care packages requiring two carers per call was also higher. Introducing a single carer strategy and the provision of care that is proportionate to their needs is evidenced to have a positive impact on the individual receiving the care.

In July of last year, we introduced our 'Releasing Time to Care' programme which aimed to ensure that domiciliary care in Carmarthenshire was available for our most vulnerable when they needed it and that this care provision was sustainable in the longer term. The programme focused on two main areas of improvement:

- Processes were established within the Community Resource Teams that would ensure **consistency in the commissioning of care provision by care management teams**. These processes included the requirement for assessment and care planning to be multidisciplinary in nature to ensure that care was proportionate while maximising the individual's independence. Professional supervisory practices were also introduced to ensure reduction of variation in commissioning care practice both within the teams and across all three Localities.
- **To provide safe, responsive and reliable care provision to our population that embraces flexibility while ensuring the sustainability of the domiciliary care sector**. To do this we introduced a new Domiciliary Care Framework to Carmarthenshire. The selection process for Framework providers ensured that the terms and conditions offered to employees enabled recruitment and retention of quality staff. Processes were put in place that enabled effective and efficient monitoring of the provider and its commissioned service. This allowed early identification of variances and packages that needed reviewing; thus ensuring care provided was proportionate to the individual's needs maximising their independence and releasing capacity from packages that were reduced and this resource reallocated to other service users.

The 'Releasing Time to Care' programme won a National Award in Westminster

The last year has seen the successful completion of two Extra Care facilities in Carmarthenshire, 'Cartref Cynnes' in Carmarthen and 'Ty Dyffryn' in Ammanford. For those individuals whose needs are such that they would best be supported in a residential facility, these Extra Care facilities provide a care model which continues to ensure that care provision is provided in a person centred flexible manner that focuses on promoting independence.



## REPORT A

Following a judgement by the Supreme Court, the requirement to assess people who live in care homes and lack Mental Capacity under the Deprivation of Liberty Safeguards has widened, this has presented a challenge to our Social Worker workforce due to increased workload of staff but it has also highlighted the need to protect the Human Rights of people in care homes. Over the last year we have increased the number of Social Workers who are trained Best Interest Assessors in order to meet the demand to assess clients deprived of their liberty in a timely and efficient manner.

The Integrated Services division contributed to positive feedback from CSSIW in its annual report. Moreover, participation in the National Review of Domiciliary Care also yielded an encouraging view of current practice within care management by the Inspectorate.

### Conclusion

Our financial position has necessitated the critical review of multidisciplinary practice and all services that are provided for older people and younger physically disabled people while continuing to ensure delivery of a safe and effective service. Modernisation and associated improvements have commenced in some areas and which are demonstrating improved outcomes at individual and organisational levels.

The cumulative impact of this work across preventative ('Help to Help Yourself') and long term managed ('Ongoing Support if you Need It') areas of service can be seen across the following areas:

#### Delayed Transfers of Care

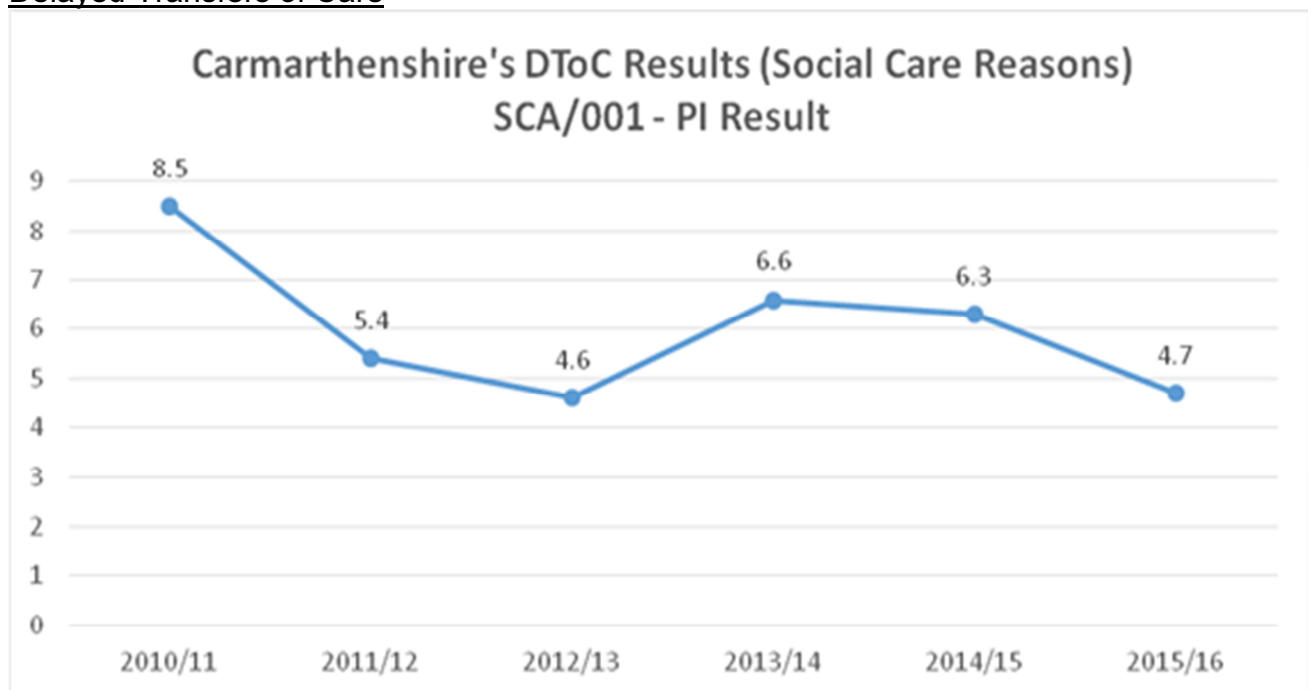


Figure 1.

Our performance in this area continues to demonstrate a downward trend over recent years. 2015 / 2016 saw a reduced average DToC of 7.25 per month compared to 9.58 per month in 2014 / 2015.

# REPORT A

## The Number of Clients in Receipt of Domiciliary Care at Month End (Two Carers only)

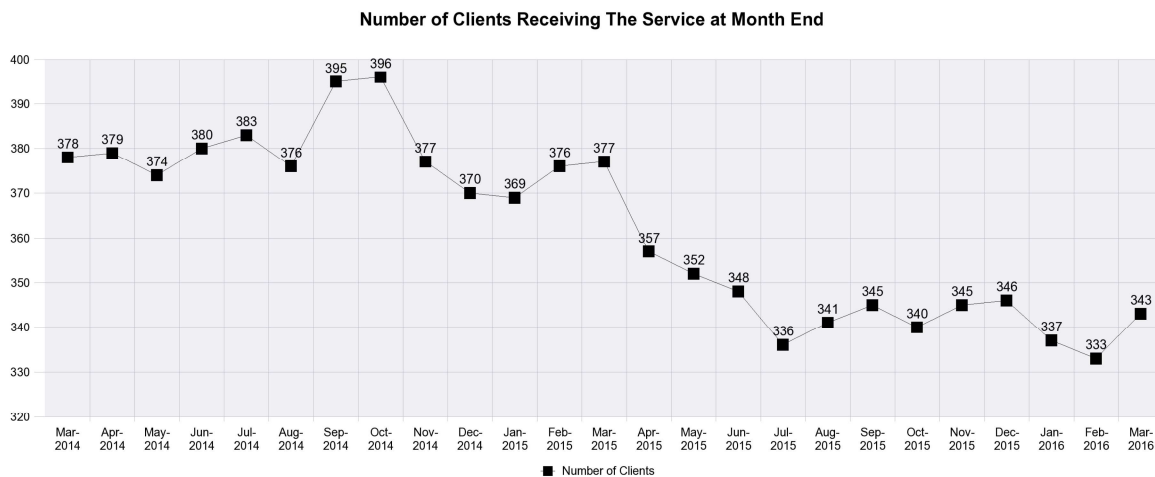


Figure 2.

Our 'Releasing Time to Care' programme has demonstrated significant impact on reducing the number of care packages requiring two carers (figure 2). Similarly, the processes implemented as part of the programme are having a positive effect on the requirement for care provision with a downward trend in the number of clients receiving care (figure 3).

## Number of Clients Receiving Domiciliary Care at Month End

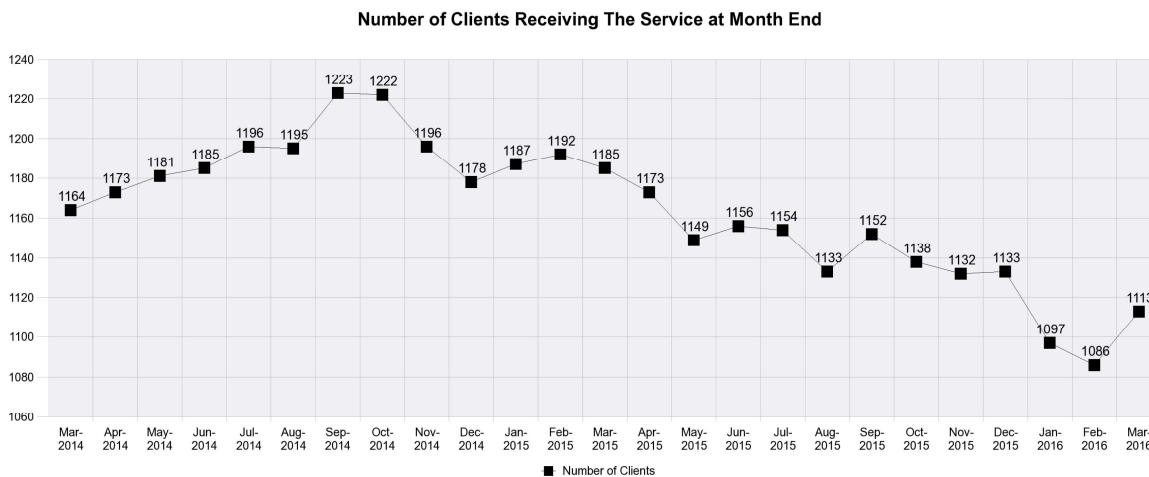


Figure 3.

Our focus on supporting older adults at home where appropriate and for as long as possible is also demonstrating impact with a continued downward trend in the number of residential placements commissioned with a 13.4% reduction over the last 20 months (Figure 4)

# REPORT A

## The number of clients receiving long term residential or nursing care at month end

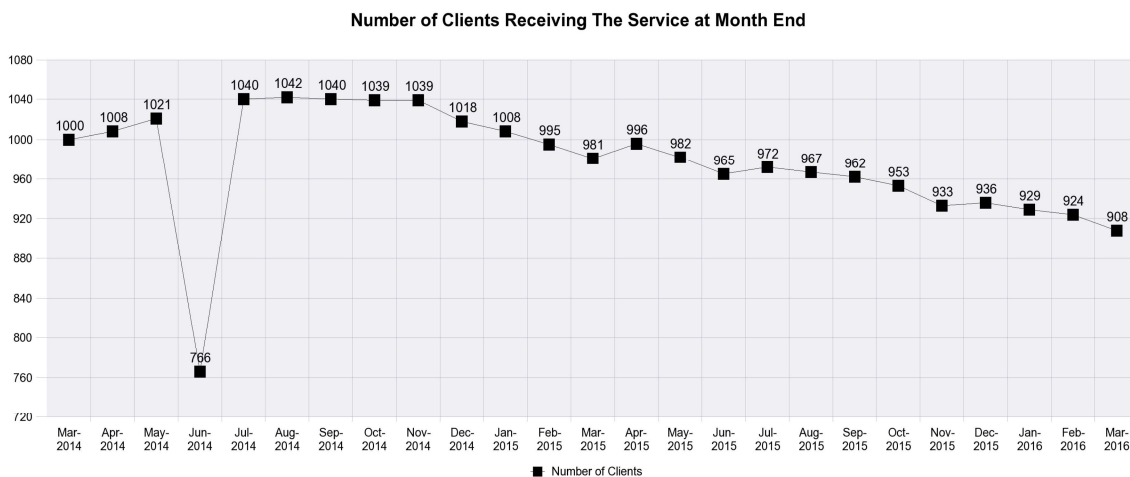


Figure 4

Alongside this decreasing care home population, there has also been a reduction in length of stay. The average length of stay has dropped from 2.69 years in 2014/15 to 1.99 years in 2015/16, a reduction in **0.7 years** (or 8 months and 12 days). This evidence demonstrating that we are ensuring that placement is considered for our most frail population.

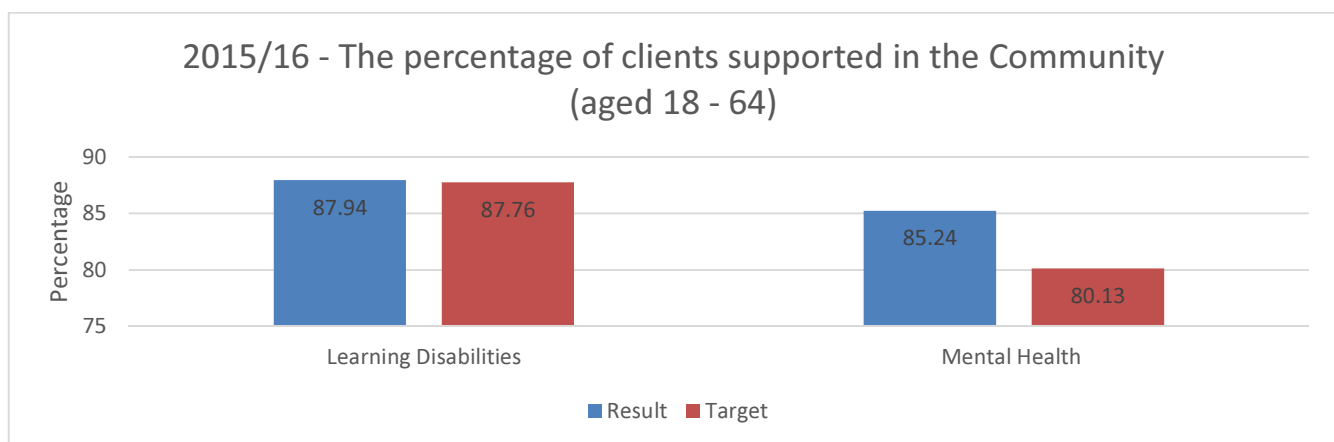
Overall, in striving to modernise integrated services for older adults and adults with physical disabilities we have improved outcomes at individual level. This agenda over the last year has also paid dividend in relation to organisational outcomes with demonstrable efficiencies delivered on the social care budget and improved performance against national indicators. It is important, however, not to underestimate the scale of the challenge associated with providing safe and effective services for this vulnerable client group. This requires ongoing large scale and whole system review of service provision and which necessitates difficult decision making and consideration of the new duties placed upon us by the Social Services and Wellbeing (Wales) Act and the Wellbeing and Future Generations (Wales) Act. Continued collaborative working with our departmental colleagues in the Local Authority and integration opportunities with our partners in health will allow us to identify and embrace opportunities that improve the wellbeing of individuals while maximising the use of our resources.

## REPORT A

### AVRIL BRACEY – HEAD OF MENTAL HEALTH & LEARNING DISABILITY SERVICES

The mental health and learning disability needs of our population have changed over the last twenty years. People who would have been placed in institutional care historically are being enabled to live in their communities and health and social care services along with the third sector collaborate to maximise the independence and potential of those who use our services. This culture change is at the heart of the Social Services and Wellbeing Act (2014) which further emphasises community models of care and support. The Act requires us to focus on accessible services, information advice and support, prevention and maximising the potential of the community as a resource. Person Centred Planning is at the heart of this legislation and real engagement with those who use our services is paramount.

Over the last year we have been preparing for the implementation of the Social Services and Wellbeing Act, raising awareness amongst staff and partners and realigning our services to respond to the new requirements. This has been challenging for us with a demand for services increasing in some areas and at a time of financial austerity. However the Act has provided us with the opportunity to develop services which promote wellbeing and independence and build on people's strengths and abilities, which can significantly improve outcomes for those who use our services. We have also introduced a new Performance Management Framework to ensure we balance the relationship between service demands, the allocation of resources and service user satisfaction. The framework has a suite of measures which are monitored at a monthly meeting chaired by the Director of Community Services. This approach is driving improvement and will ultimately result in improved outcomes for service users. Overall performance in relation to performance Indicators over the last year is positive.



As the recently appointed Head of Service for Mental Health and Learning Disability, I am pleased to provide an overview of our progress over the last year. In doing so, I must acknowledge Anthony Maynard who as Interim Head has played a significant role in leading the service during 2015/16. My intention is to sustain and build on these improvements in the coming year.

#### Service Structure

The **Transition** team is a well-established pan disability service working with children and young people aged 16-25. The team is jointly managed with Children's services with the aim of planning effectively for disabled children and young people to support them through the transition to adulthood and towards independence. It has been recognised by CSSIW as an area of good practice. During the year a working group has been collaborating with Coleg Sir Gâr and Careers Wales to consider the recommendations of the "Unlocking the Potential" report.

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The intention is that, wherever possible, disabled young children will stay in Carmarthenshire to receive their further education. Work is also progressing to improve pathways to ensure that young people have a seamless transition into adult services.

The **Substance Misuse** team are a team of Social Workers trained and experienced in working with people with complex drug and alcohol problems. The team responds to all enquiries from children's services and adult social care. There has been improved arrangements for integrated care for children and young people, during the last year a successful pilot was undertaken with the Integrated Family Support Team. A Senior Practitioner is working across both teams. This approach has seen many benefits; including reducing duplication and ensuring cases are managed by the appropriate service. The team has undertaken focussed work with Pupil Referral Units following an increase in substance misuse, by pupils who attend these units. Both initiatives are excellent examples of a preventative ethos and the team is well placed to respond to the Social Services and Wellbeing Act in relation to prevention and information, advice and assistance. There has also been a notable increase in referrals to this service over the last year from 130 in 2014/15 to 177 in 2015/16.

**Adult safeguarding** has remained a priority over the last year during a period of increasing public concern over standards of care provided to vulnerable people. There has also been increased attention as a result of national reports such as Mid Staffordshire Hospital, Operation Jasmine, and the Andrews Report and also in relation to domiciliary care commissioning. To ensure the effective governance of adult safeguarding, a multi-agency Carmarthenshire Adult Safeguarding Board chaired by the Director has continued to meet quarterly. Over the last year a number of initiatives have been introduced which include:

- The development of a regional Good Practice Guide between adult safeguarding and domestic abuse.
- Comprehensive training for over 750 staff
- Well established working between partner agencies
- A culture of learning through review
- A review of the structure to strengthen the management function.

Where adults have suffered significant harm, the team has striven to respond effectively and has reviewed processes to ensure there is less delay as recommended by CSSIW, although this has been a challenge with referrals increasing. It is acknowledged that this is an area that we need to continuously improve.

With the advent of the Social Services and Wellbeing Act (2014) a requirement to establish Regional Safeguarding Boards (guided by a National Board) was legislated for. Carmarthenshire is represented at Head of Service level on our Regional Safeguarding Board which held its inaugural meeting in April and has established terms of reference. The board will monitor safeguarding arrangements and practices with partners across the region.

**The Deprivation of Liberty Safeguards (DOLS) team** is located within Headquarters in Carmarthen and oversees the protection of people in care homes and other settings who lack mental capacity. All authorities in Wales are experiencing challenges in responding to the high levels of referrals in relation to DOLS following a Supreme Court judgement in March 2014. During the last year, we have adopted a pragmatic risk based approach to managing these referrals prioritising those who are most vulnerable. The DOLS manager has worked closely with managers across the sector to raise awareness, ensure compliance and develop a strategy to manage the high number of referrals.

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Assessment capacity is also being increased to reduce the waiting list. Whilst this remains a concern, the position in Carmarthenshire does reflect the all Wales position and indeed most of the UK. During 2015/16 we received 629 referrals, we dealt with 553 and as at the end of March 2016 we have 627 referrals outstanding.

The provision of **mental health social work** is currently delivered in conjunction with Hywel Dda University Health Boards via our local **Community Mental Health Teams**. We have implemented an interim management structure this year, whilst arrangements for a permanent structure will be concluded by September. The service undertakes assessments and develops care and treatment plans under the Mental Health (Wales) Measure (2010) and also undertakes significant statutory functions in relation to the Mental Health Act 1983. The ethos of the Mental Health Measure is a move away from a model of mental illness to one which promotes recovery, wellbeing and enabling people to live full and meaningful lives. This places the mental health teams in a good position to respond to the requirements of the Social Services and Wellbeing Act. Positive evidence of our progress in this area includes a number of individuals stepping down from residential care to more independent living.

The last year has proved to be a challenging one for the Mental Health teams and we have seen a significant increase in our Mental Health Act Assessments. Despite this, the teams have enabled positive outcomes for service users. Examples of this include, quick turnaround in the response to assessment with more than 90% taking place within 24 hours of referral, and the least restrictive outcomes applied. Our out of hours response under the Mental Health Act has also improved over the last 12 months with some dedicated resource ensuring that we meet our responsibilities' to provide a 24/7 service.

During the last year we have established an **Accommodation and Efficiency Programme** continues to respond to the increasing challenging financial climate. Work has focussed on reviewing residential placements to ensure the correct level of support is being delivered in the most effective manner. Although there is a financial incentive to this programme of work, the aim is to also achieve improved outcomes for individuals as seen in the following examples:

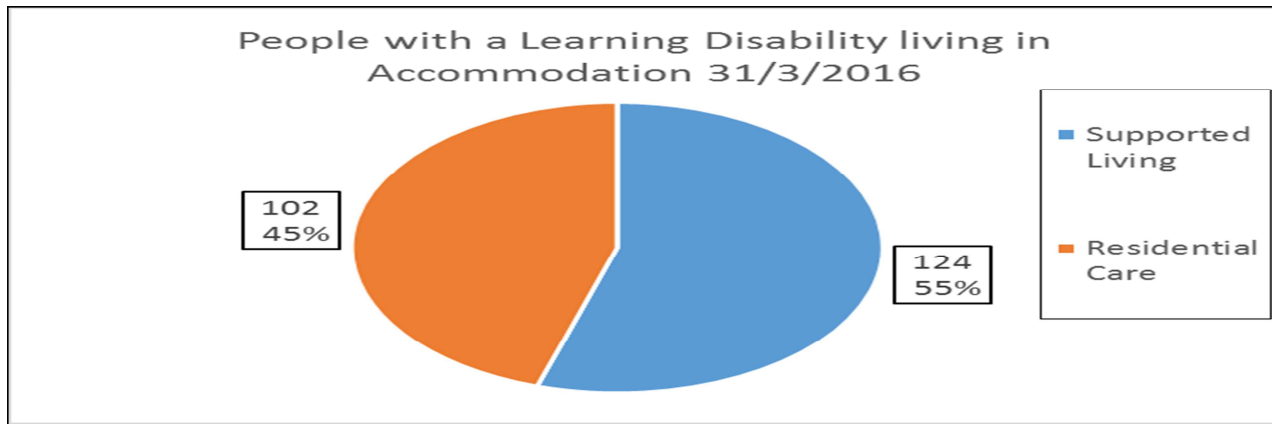
The reviewing and right sizing of high cost residential and supported living packages has ensured that individuals have the opportunity to maximise their opportunity and independence. For example, one individual was relocated back to Carmarthenshire achieving multiple benefits including being closer to family in a supported living setting, being supported by a well-known and regularly monitored provider, which also realised £40k in financial savings.

Intelligent commissioning of services that are appropriate to the individual. For example, scrutiny of the hours delivered against the needs and outcomes of 4 service users in a supported living setting has produced a more appropriate rota with the aim of promoting progression to independence, and with savings per annum of approximately £25k.

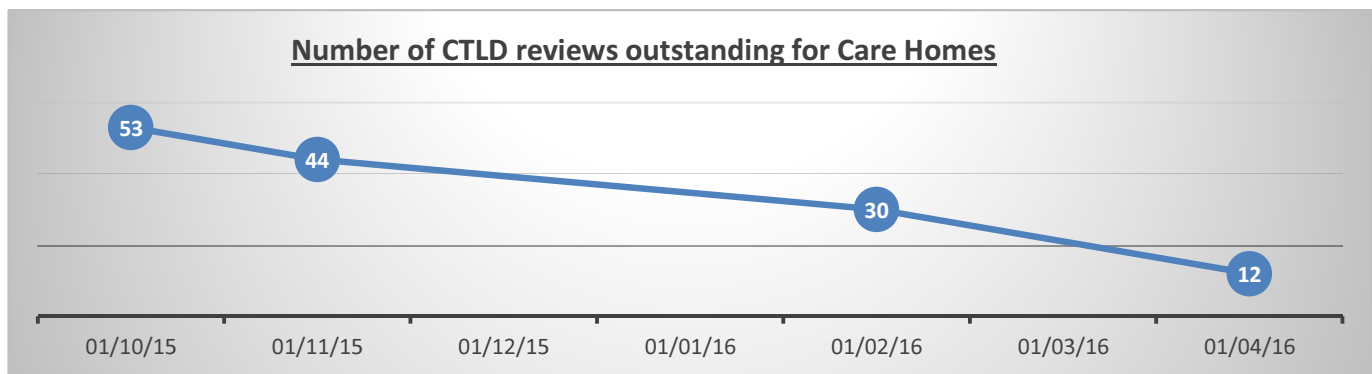
Improved management of supported living voids has provided a number of individuals to move from residential placements to their own tenancies.

The graph illustrates our continuing progress in moving people from residential care to community based services, which is a direct benefit of our Accommodation and Efficiency programme.

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Our **Community Learning Disability Teams** are responsible for the assessment, care planning and review of adults aged 25 and over. The teams are co-located with staff from Hywel Dda University Health Board. Collaborating with our health colleagues is critical in our attempts to continuously improve our services. There have been significant developments within our CTLD's this year. We implemented an interim management structure and we have focused on, performance, particularly in relation to reviews of those in residential care. I am pleased to confirm that performance in this area has improved.



We have also taken measures to ensure that our practice is consistent across the two geographical areas e.g. a simpler review process.

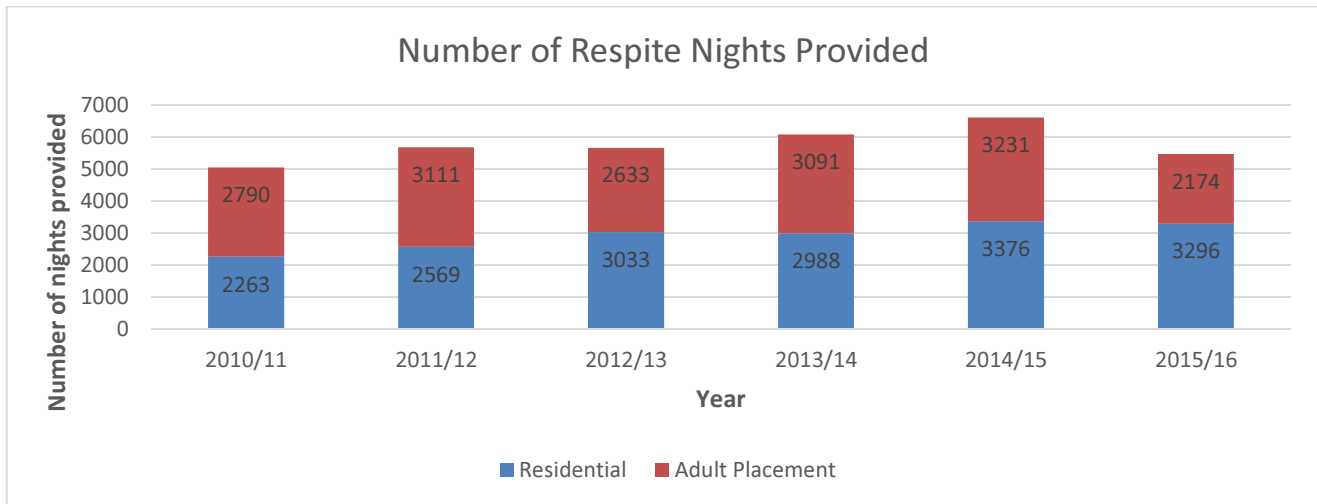
We have relocated the Llanelli CTLD to Ty Elwyn, which is an improved environment. Coleshill centre, which is situated nearby, has been used for planned and drop in appointments, which has improved communication between care management and service provision.

Enabling people with a learning disability to live independently depends on the authority working closely with partners in health, third sector, families and carers. Our vision is that those who require services have the opportunity to access meaningful activities which promote independence, are person centred and outcome focussed.

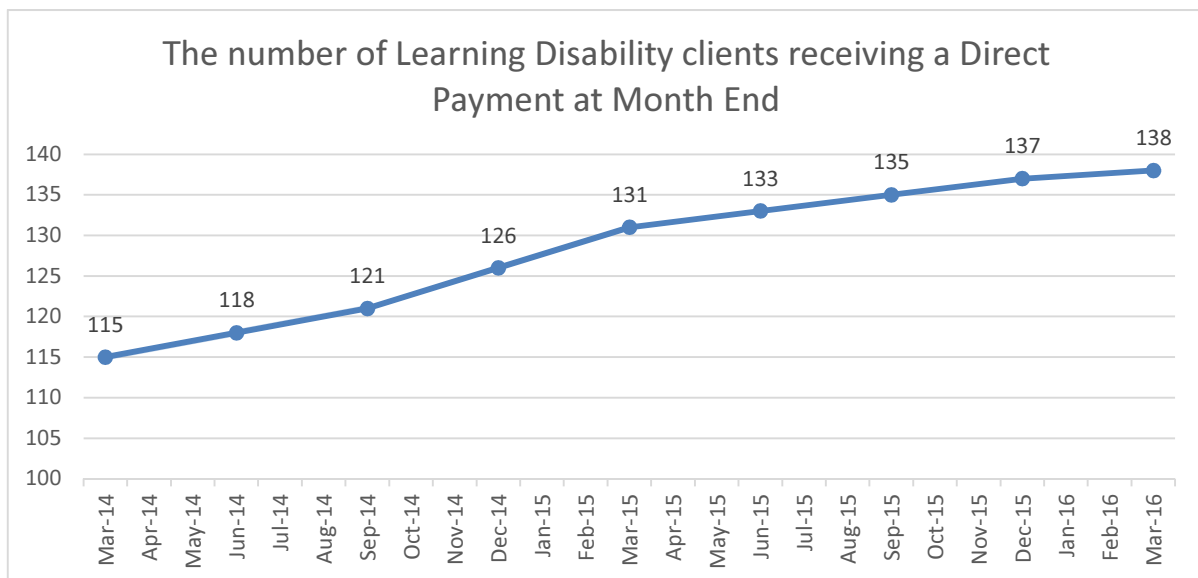
During the last year there have been a number of significant developments within our **Community Inclusion** service. Examples of this are:

- Enhancing **Opportunities Street** - a joint venture with our regeneration colleagues, an outlet for selling crafts which are made by individuals accessing our services.
- **Llyn Llech Owain** - a joint venture with our parks department offering activities such as maintaining the park and building bird boxes
- **The Opportunities Team** - this team is the gateway to access training and employment services within our own services and the community.
- **Short breaks and respite** provision has been a key component of our support to carers.

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The regulated **Shared Lives** (formally Adult Placement) is managed by the authority on behalf of Ceredigion and Pembrokeshire. Our commitment to this model of provision as an alternative to traditional models of provision is evidenced by the growth of the scheme over the last year. The scheme has 100 approved households of which 56 are in Carmarthenshire and 12 were approved during the last year. CSSIW have recently commented that the service provides a safe secure service, where people can experience inclusion and be treated with respect.



As can be seen from the above graphs there is a steady growth in the number of clients receiving Direct Payments. It is necessary for people to have a choice on how they have their needs met after determining their assessed needs. There is a move towards Direct Payments as an alternative to services directly delivered or commissioned by the Authority, therefore the growth of Direct Payments will need to be funded through the disinvestment of services that have traditionally been purchased.

**Service User and carer engagement** is a well-established element of the scheme and feedback from those who provide and receive this service informs service development and improvement. Engagement is at the heart of the Social services and Wellbeing Act, over the last year we have listened to service users and carer's views via a number of forums.



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Examples are:

- Interviews with service users to establish their experience of community based support
- Consultation in collaboration with health colleagues to inform plans to remodel mental health services.
- Individuals who use services sit on a remodelling group, a service development group and attended scrutiny in February 2016 to feedback to Members directly.

Whilst we have made much progress during 2015/16, there remains much to do and key priorities for 2016/17 include:

- Implement the Social Services and Wellbeing Act
- Complete the management restructure
- Raise the profile of and strengthen the adult safeguarding function
- Improve transitional arrangements to ensure there is a seamless pathway as young people, move from children's to adult services.
- Collaborate with partners to jointly develop and improve mental health services
- Maximise opportunities to provide meaningful opportunities and progression pathways for individuals access our services.

Over the next year it is essential that we lay the foundations for delivering and developing services that places those who use our services and their families and carers at the heart of the planning process. Difficult decisions will need to be made during a period of financial austerity, but the Social Services and Wellbeing Act also provides us with opportunities to be more collaborative, innovative and creative in finding solutions with those who use our services and within the wider community.

Our vision for the coming year is to ensure that individuals receiving support are valued, treated with dignity and respect and participate fully in their communities. We will work collaboratively with partners to provide holistic person centred care that promotes choice, control and independence.

Mae'r dudalen hon yn wag yn fwriadol



## Report B

# Scrutiny measures & actions full monitoring report Social Care and Health scrutiny - at End of Year 2015/16



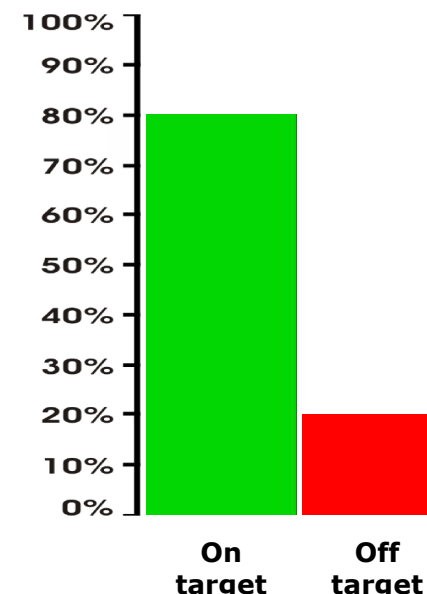
Filtered by:

Organisation - Carmarthenshire County Council  
Source document - Improvement Plan 2015/16

The table below provides a summary progress against target for the Actions and Measures contained within the selected document

### Performance against Target

		Total	On target	Off target	Not reported	Not available	Annual / Not started	% on target	Overall % on target
C. People in Carmarthenshire are healthier	Actions	15	15	0	0	N/A	0	100%	85%
	Measures	11	7	4	0	0	0	64%	
E. People who live, work and visit Carmarthenshire are safe and feel safer	Actions	3	2	1	0	N/A	0	67%	50%
	Measures	1	0	1	0	0	0	0%	
<b>Overall Performance</b>	<b>Actions and Measures</b>	<b>30</b>	<b>24</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80%</b>	



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# Scrutiny measures & actions full monitoring report

## Social Care and Health scrutiny - at End of Year

### 2015/16



Theme: C. People in Carmarthenshire are healthier							
Sub-theme: C2 Preventing ill health and encourage healthy living							
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The number of people referred to the "Vitality Scheme" (NERS – National Exercise Referral Scheme)  3.4.2.5	Not applicable		End Of Year: <b>1245</b>	Target: <b>320</b>  Result: <b>257</b>	Target: <b>650</b>  Result: <b>552</b>	Target: <b>950</b>  Result: <b>810</b>	Target: <b>1245</b>  Result: <b>1129</b>
<b>Comment</b>	Due to the Activity Coordinator (NERS lead) being on long term sick (April-June) we failed to achieve our target in quarter 1 and 2, which has had a knock on affect on the cumulating result for quarter 4. However, we have set ourselves a very challenging target of 1,245 for 2015/16 compared to a target of 1,008 for the year set by our funding body (Public Health Wales). Despite not meeting our own target, we are currently exceeding the Public Health Wales target at the end of quarter 4 at 1129. NERS has also had to contend with extended periods of time where the Activity Coordinator for both the South and West have been away from their post and not able to support the NERS team.						
<b>Remedial Action</b>	A comprehensive plan has been created to take NERS forward, a key focus of the plan is to continue to work hard to improve relations with our referral partners. The aim is to increase referral numbers but also to increase the number of appropriate and motivated referrals we receive.						
<b>Service Head:</b> Ian Jones			<b>Performance status:</b> Off target				



## Report B

# Scrutiny measures & actions full monitoring report Social Care and Health scrutiny - at End of Year 2015/16



<b>ACTIONS - Theme: C. People in Carmarthenshire are healthier</b>			
<b>Sub-theme: C3 Improving the Emotional, Mental Health and Well-being of all people in the County</b>			
<b>Action</b>	11711	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will improve transition between Children's Services and Adult Services to include Education, Careers and Health, ensuring that young people and their families are at the centre of plans for the future		
<b>Comment</b>	<p>We have undertaken a restructure within the Transition Team. We have created the Social Work Assistant post to replace the outdated key worker roles within the team. This ensures the post is aligned to Children's Services.</p> <p>We have also consolidated the management structure to retain an Assistant Team Manager and Team Manager to oversee the team.</p> <p>The team are in the process of transferring a number of young people now aged 24 and 25 to the adult long term teams. This will help create the additional capacity needed to meet the demand of the young people coming into the service. This year, the team will also focus on developing the information they give to young people and their families.</p> <p>A working group has been re-established to work with Coleg Sir Gar and Careers Wales to consider the recommendations of the Unlocking the Potential Report. Wherever possible disabled young people will stay in Carmarthenshire to receive their further education.</p> <p>The Real Opportunities Project will not be proceeding as an independent project but will be brought into the 'Cynydd' project, a regional project led by the Youth Service. We will be developing pathways to ensure that the service meets the needs of disabled young people.</p>		
<b>Service Head:</b>	Stefan Smith	<b>Performance status:</b>	On target
<b>Action</b>	11713	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will undertake a scoping exercise for a strategic commissioning plan for the Mental Health and Learning Disability Service		

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<b>Comment</b>	The document was completed in so far as it was a scoping document only and was to be considered in the development of a commissioning plan for both learning disabilities and mental health. This is to be taken forward in 2016/17
<b>Service Head:</b> Avril Bracey	<b>Performance status:</b> On target



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## Scrutiny measures & actions full monitoring report

### Social Care and Health scrutiny - at End of Year

### 2015/16




<b>Theme: C. People in Carmarthenshire are healthier</b>							
<b>Sub-theme: C4 Reducing inequities in health</b>							
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
Percentage of physical disability clients who are supported in the community during the year aged 18-64  9.2.5.0	Not applicable		End Of Year: <b>97.25</b>	Target: <b>97.23</b>  Result: <b>96.79</b>	Target: <b>97.22</b>  Result: <b>97.43</b>	Target: <b>97.21</b>  Result: <b>98.11</b>	Target: <b>97.20</b>  Result: <b>97.69</b>  Calculation: <b>(508÷520) × 100</b>
<b>Service Head:</b> Rhian Dawson				<b>Performance status:</b> On target			
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
Percentage of learning disability clients who are supported in the community during the year aged 18-64  9.2.5.1	Not applicable		End Of Year: <b>87.64</b>	Target: <b>86.68</b>  Result: <b>86.68</b>	Target: <b>86.75</b>  Result: <b>86.83</b>	Target: <b>87.50</b>  Result: <b>87.56</b>	Target: <b>87.76</b>  Result: <b>87.94</b>  Calculation: <b>(569÷647) × 100</b>

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<b>Service Head:</b> Avril Bracey				<b>Performance status:</b> On target			
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
Percentage of mental health needs clients who are supported in the community during the year aged 18-64  9.2.5.4	Not applicable		End Of Year: <b>79.53</b>	Target: <b>80.38</b>  Result: <b>83.18</b>	Target: <b>79.20</b>  Result: <b>84.34</b>	Target: <b>79.64</b>  Result: <b>85.12</b>	Target: <b>80.13</b>  Result: <b>85.24</b>  Calculation: <b>(283÷332) × 100</b>
<b>Service Head:</b> Avril Bracey				<b>Performance status:</b> On target			
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The number of adult clients provided with a direct payment by the Social Care Department to enable them to independently source their own care.  9.2.5.7	Not applicable		End Of Year: <b>331</b>	Target: <b>333</b>  Result: <b>337</b>	Target: <b>337</b>  Result: <b>355</b>	Target: <b>341</b>  Result: <b>360</b>	Target: <b>347</b>  Result: <b>360</b>
<b>Service Head:</b> Rhian Dawson				<b>Performance status:</b> On target			
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over  SCA/001	1.43	3.39	End Of Year: <b>6.18</b>	Target: <b>1.42</b>  Result: <b>0.92</b>	Target: <b>2.83</b>  Result: <b>1.51</b>	Target: <b>4.25</b>  Result: <b>2.42</b>	Target: <b>5.77</b>  Result: <b>4.69</b>



							Calculation: <b>(87÷18560) × 1000</b>	
<b>Service Head:</b> Rhian Dawson					<b>Performance status:</b> On target			
Measure Description	2014/15 Comparative Data			2015/16 Target and Results				
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year	
The rate of older people Supported in the community per 1,000 population aged 65 or over at 31 March  SCA/002a	75.13	61.96	End Of Year: <b>61.87</b>	Target: <b>61.82</b>  Result: <b>61.32</b>	Target: <b>59.05</b>  Result: <b>60.42</b>	Target: <b>59.01</b>  Result: <b>60.59</b>	Target: <b>58.93</b>  Result: <b>57.92</b>  Calculation: <b>(2405÷41523) × 1000</b>	
<b>Comment</b>	This statutory measure expects as many older people as possible to be helped to live at home. However as a Council we want to promote independent living and our innovative range of services aims to support people via community based services. Reductions in day care and meal provision have resulted from efforts to find community-based options that promote involvement in their local community.							
<b>Remedial Action</b>	See above comment							
<b>Service Head:</b> Rhian Dawson					<b>Performance status:</b> Off target			
Measure Description	2014/15 Comparative Data			2015/16 Target and Results				
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year	
The rate of older people whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March  SCA/002b	16.25	19.17	End Of Year: <b>20.48</b>	Target: <b>20.48</b>  Result: <b>19.46</b>	Target: <b>19.59</b>  Result: <b>19.77</b>	Target: <b>19.59</b>  Result: <b>19.07</b>	Target: <b>19.59</b>  Result: <b>18.74</b>	

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								Calculation: <b>(778 ÷ 41523) × 1000</b>	
<b>Service Head:</b> Rhian Dawson							<b>Performance status:</b> On target		



## Report B

# Scrutiny measures & actions full monitoring report

## Social Care and Health scrutiny - at End of Year

### 2015/16



<b>ACTIONS - Theme: C. People in Carmarthenshire are healthier</b>			
<b>Sub-theme: C4 Reducing inequities in health</b>			
<b>Action</b>		<b>Target date</b>	
10842		31/12/2015 (original target 31/03/2016)	
<b>Action promised</b>	In partnership with Family Housing Association, we will progress the new Argel extra care housing development and develop the next phase of our Extra Care/Residential Care Investment Programme (designed to help older people to maintain their independence by providing self-contained 1 & 2 bedroom apartments catering for people with different needs)		
<b>Comment</b>	<p>Practical completion of Cartref Cynnes took place on 4/11/15, although TRJ are on site addressing snagging and other items. Outstanding development issues that require attention include; Family centre boundary, gate from external courtyard and shower in day centre, remarking of parking bays in kitchen, shelving in office areas.</p> <p>The Extra Care Project Board acknowledged the receipt of financial report at the December board meeting, noted costs and await further explanation which will be tabled for January 2016 ECPB meeting.</p> <p>The lettings and occupation are in advance of agreed letting schedule and has exceeded expectations. The letting arrangement is for 60% of the apartments to be for people with substantial and critical needs. Carmarthenshire County Council are providing Care and Support for the scheme; this is being monitored to provide further information.</p> <p>Further operational meetings are to be held at Cartref Cynnes.</p>		
<b>Service Head:</b> Rhian Dawson		<b>Performance status:</b> On target	
<b>Action</b>		<b>Target date</b>	
11159		31/03/2016	
<b>Action promised</b>	We shall increase the number of unique visitors to the new improved adult social care website (Yr1 2013/14 baseline 33,800; Yr2 2014/15 target 35,500 - Actual 37,447. Yr3 2015/16 target 35,700)		
<b>Comment</b>	There have been 39,807 unique page views (UPVs) from 1 April 2015 to 31 March 2016. Target met.		
<b>Service Head:</b> Jake Morgan		<b>Performance status:</b> On target	

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<b>Action</b>	11618	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will maintain an Annual External Accreditation in the Careline Service to ensure an industry standard quality service to customers		
<b>Comment</b>	Careline service met standards for this year. service will undertake a full inspection in October 2016 as part of it`s 3 year inspection cycle		
<b>Service Head:</b> Rhian Dawson	<b>Performance status:</b> On target		
<b>Action</b>	11657	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We shall develop Older Person 10 Year Vision for Carmarthenshire supported by an action plan for its implementation		
<b>Comment</b>	Strategy approved by Executive Board 28/9 and due to be considered by full Council on 14/10/15.		
<b>Service Head:</b> Rhian Dawson	<b>Performance status:</b> On target		
<b>Action</b>	11658	<b>Target date</b>	30/06/2016 (original target 31/03/2016)
<b>Action promised</b>	We shall review models of care and support within Domiciliary Services i.e. Rapid Response and Reablement		
<b>Comment</b>	<p>The review of Reablement and other short term services commenced in November 2015. The initial focus was on the Reablement service looking at four key areas of improvement- Referral Detail, Referral Process, Assessment &amp; Support, Performance Measures. It was proposed in the early stages of the review that community services in Carmarthenshire are reframed and divided into two distinct service areas: Reablement and Long Term Care. A Short Term Assessment and Support service was proposed as the first point of contact for an individual presenting with increased need or functional decline. The Long Term Care service would continue to provide care management for those with complex and ongoing needs requiring commissioned social care. Implementation of some of the new processes commenced with referrals being undertaken by Domiciliary Supervisors concentrating on Hospital settings. Generally this has been a positive step but not without ongoing problems. An Evaluation Report was produced by Service Managers for a 3 month period-November 2015- January 2016 and evidences some improvements in performance/ service outcomes and also highlights various ongoing issues that continue to have a negative impact on performance and overall effectiveness of the service.</p> <p>Also during this period the funding contribution from Health and overall cost of the service was reviewed, these discussions continue to take place.</p> <p>As a way forward it has now been agreed that a Service Specification is developed by Commissioners in order to provide a clear brief that outlines the commissioning requirements, describing the service model to meet the demand and expectation of Health and Social Care Service.</p>		

<b>Service Head:</b> Robin Staines		<b>Performance status:</b> On target	
<b>Action</b>	11659	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will develop, in accordance with the Welsh Government requirement, an Ageing Well Plan for Carmarthenshire based on five core themes:- Loneliness and isolation, Employment for opportunities and new skills, Falls prevention, Dementia supportive communities, Age friendly communities		
<b>Comment</b>	Developed following consultation (950 responses), the Ageing Well Carmarthenshire plan was adopted by Council in December 2015. Work is underway to ensure contributory action is within the 2016-17 business plans of the Authority.		
<b>Service Head:</b> Wendy S Walters		<b>Performance status:</b> On target	
<b>Action</b>	11660	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We shall continue to increase the numbers of clients having reviews in Adult Service (2014/15 - 71.9% (SCA/007))		
<b>Comment</b>	We have increased the number of completed reviews in 15/16 by 349 and actual numbers completed being 2867 for the year. We have placed greater focus on completing reviews whilst balancing the demands of referrals coming through the front door. We have initiatives such as "releasing time to care" and a new domiciliary commissioning framework which has placed an emphasis on reviewing commissioned packages of care. We continue to prioritise outstanding reviews and aim to increase these figures year on year.		
<b>Service Head:</b> Rhian Dawson		<b>Performance status:</b> On target	




## Report B


### Scrutiny measures & actions full monitoring report

#### Social Care and Health scrutiny - at End of Year

## 2015/16



<b>Theme: C. People in Carmarthenshire are healthier</b>							
<b>Sub-theme: C6 Improve access to health and social care for all people including vulnerable groups</b>							
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The percentage of clients with a care plan at 31st March whose care plans should have been reviewed that were reviewed during the year  SCA/007	87.2	79.5	End Of Year: <b>71.9</b>	Target: <b>20.0</b>  Result: <b>43.9</b>	Target: <b>40.0</b>  Result: <b>55.5</b>	Target: <b>60.0</b>  Result: <b>66.9</b>	Target: <b>80.0</b>  Result: <b>74.7</b>  Calculation: <b>(2867÷3837) × 100</b>
<b>Comment</b>	Whilst we accomplished an increase of 3.89% on last year we are short of the target by 5.3 percentage points.						
<b>Remedial Action</b>	To rectify this we are appointing a team under the releasing time to care, to focus on reviews to ensure that people are receiving the appropriate level care.						
<b>Service Head:</b> Rhian Dawson			<b>Performance status:</b> Off target				
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year	96.0	93.7	End Of Year: <b>100.0</b>	--	--	--	Target: <b>100.0</b>  Result:

SCA/018a								<b>100.0</b> Calculation: <b>(1096 ÷ 1096) × 100</b>
<b>Service Head:</b> Rhian Dawson				<b>Performance status:</b> On target				
Measure Description	2014/15 Comparative Data			2015/16 Target and Results				
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year	
The percentage of adult clients who are supported in the community during the year SCA/020	87.19	85.51	End Of Year: <b>83.08</b>	Target: <b>79.06</b>  Result: <b>81.01</b>	Target: <b>80.14</b>  Result: <b>82.08</b>	Target: <b>80.94</b>  Result: <b>83.06</b>	Target: <b>83.05</b>  Result: <b>79.49</b>  Calculation: <b>(4892 ÷ 6154) × 100</b>	
<b>Comment</b>	This statutory measure expects as many older people as possible to be helped to live at home. However as a Council we want to promote independent living and our innovative range of services aims to support people via community based services. Reductions in day care and meal provision have resulted from efforts to find community-based options that promote involvement in their local community.							
<b>Remedial Action</b>	Assistance is now focussed on the people who have more significant disabilities to help them live well at home.							
<b>Service Head:</b> Rhian Dawson				<b>Performance status:</b> Off target				

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## Report B

# Scrutiny measures & actions full monitoring report

## Social Care and Health scrutiny - at End of Year

### 2015/16



<b>ACTIONS - Theme: C. People in Carmarthenshire are healthier</b>			
<b>Sub-theme: C6 Improve access to health and social care for all people including vulnerable groups</b>			
<b>Action</b>		<b>Target date</b>	
	11714		31/03/2016
<b>Action promised</b>	We shall continue to implement the regional carers strategy		
<b>Comment</b>	The Regional Carers Measure Information and Consultation Strategy came to a close in March 2016. During its lifetime some really innovative ideas have been developed, particularly the Investors in Carers Programme. A team of 3 part time workers, one per county, has made great inroads to the embedding of carer recognition and support across primary care in the region. As previously reported, activity to expend the programme into Acute hospital settings, pharmacies, schools and colleges is underway although this has been under threat in the latter part of the year. However, the Welsh Government has provided 2 years of further funding to support transition of the Act into the Social Services and Well Being Act. Although the WG has prescribed what they want to see happening the Strategy Implementation Group are satisfied that continuation of the established work streams will meet the WG directive. Therefore we will persevere with plans to embed and expand on the work we have already had a good deal of success with.		
<b>Service Head:</b> Rhian Dawson		<b>Performance status:</b> On target	
<b>Action</b>		<b>Target date</b>	
	11716		31/03/2016
<b>Action promised</b>	We will review the way we allocate services to disabled children and their families to ensure that our processes are aligned with adult social care for continuity of provision and we are making the best use of our available resources by providing a service based upon need		
<b>Comment</b>	We have undertaken a review of our activity with the Institute of Public Care. This has determined whether our systems and processes support us to make the best use of our available resources for disabled children and their families.  This will inform our business planning for the coming years to ensure that children and families get what they need, when they need it. We will consult with families and other stakeholders as part of this process.		



<b>Service Head:</b> Stefan Smith		<b>Performance status:</b> On target	
<b>Action</b>	11718	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will develop a multi agency action plan to implement the recommendations of the Autistic Spectrum Disorder (ASD) Position Statement developed by the People and Work Unit		
<b>Comment</b>	The ASD steering and stakeholder groups have continued to meet throughout 2015/16. An interim action plan has been developed and we have been implementing this. Welsh Government have launched their refreshed all Wales strategy which is out for consultation. Once the document is finalised we will develop a local action plan to implement Welsh Government strategic priorities. Whilst awaiting the Welsh Government strategy a great deal of work has continued in Carmarthenshire to raise awareness, offer information and support and develop services. Carmarthenshire continues to be a member of the all Wales ASD Lead's forum and has had a key role in helping to develop initiatives and drive the agenda forward both locally and nationally.		
<b>Service Head:</b> Stefan Smith		<b>Performance status:</b> On target	
<b>Action</b>	11719	<b>Target date</b>	01/06/2016 (original target 31/03/2016)
<b>Action promised</b>	We will develop and publish information for disabled young people and their families about our services		
<b>Comment</b>	Leaflets, pop ups and information booklets have been produced for Camau Bach, Giant Steps and there is a range of Autistic Spectrum Disorder (ASD) information available. The short break statement has been produced and is currently being updated. A series of parents workshops have been developed and delivered on a range of topics including social stories, ASD awareness, managing behaviour. A quarterly newsletter is produced for parents.		
<b>Service Head:</b> Stefan Smith		<b>Performance status:</b> On target	



## Report B

# Scrutiny measures & actions full monitoring report

## Social Care and Health scrutiny - at End of Year

### 2015/16



<b>ACTIONS - Theme: C. People in Carmarthenshire are healthier</b>			
<b>Sub-theme: C7 Reducing drug and alcohol misuse</b>			
<b>Action</b>		<b>Target date</b>	
	11308		31/03/2016 (original target 31/03/2015)
<b>Action promised</b>	We will review our Substance Misuse Service alongside Integrated Family Support Team (IFST) to ensure they are effective		
<b>Comment</b>	<p>We have undertaken a pilot with the Integrated Family Support Team (IFST) this year. A senior practitioner from IFST worked across both teams, holding cases of parents with substance misuse problems.</p> <p>This approach has seen many benefits, the teams are now jointly screening all cases to avoid duplication and ensure that cases are managed by the appropriate service. The co-location and sharing of practice between teams was seen as positive by the staff and options for arrangements between the teams will be considered in the future.</p> <p>Within Adult Social care a review is underway which includes a management realignment. This will give us the opportunity to consider whether further collaboration across departments and teams would be beneficial.</p>		
<b>Service Head:</b> Stefan Smith		<b>Performance status:</b> On target	
<b>Action</b>		<b>Target date</b>	
	11721		31/03/2016
<b>Action promised</b>	We shall review the transition arrangements for young people with substance misuse problems to ensure they do not get lost between children and adult services.		
<b>Comment</b>	<p>The Transition team now deal with all enquiries from within children and adult social care. This ensures that we undertake appropriate level of screening and onward referral for cases.</p> <p>We continue to develop arrangements for integrated care for children and young people. The specialist services for under-18s are now based at our Unit 3 premises in Llanelli. They are co-located with our local supported lodgings and advocacy services. We have regular meetings with our colleagues from the Youth Offending Services, CAMHS and the third sector to ensure we are meeting the needs of children and young people.</p>		

<p><b>Comment</b></p>	<p>This year we have undertaken some work with the Head of the Pupil Referral Units. This has been in response to an increase in substance misuse by pupils who attend the units. This has ensured we take a holistic approach and ensure that the pupils are receiving the support they need and the staff and parents feel equipped to deal with the issue.</p> <p>We have undertaken a pilot with the Integrated Family Support Team (IFST) this year. A senior practitioner from IFST worked across both teams, holding cases of parents with substance misuse problems. This approach has seen many benefits, the teams are now jointly screening all cases to avoid duplication and ensure that cases are managed by the appropriate service. The co-location and sharing of practice between teams was seen as positive by the staff and options for arrangements between the teams will be considered in the future.</p> <p>We continue to attend the MARAC domestic violence meetings on behalf of substance misuse service and have been commended for our work in this area.</p>
<p><b>Service Head:</b> Avril Bracey <b>Performance status:</b> On target</p>	



## Report B

### Scrutiny measures & actions full monitoring report

### Social Care and Health scrutiny - at End of Year

## 2015/16



Theme: E. People who live, work and visit Carmarthenshire are safe and feel safer							
Sub-theme: E5 Safeguarding all people from abuse, victimisation, neglect and exploitation							
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The percentage of adult protection referrals completed where the risk has been managed  SCA/019	100.00	98.78	End Of Year: <b>98.98</b>	Target: <b>98.00</b>  Result: <b>100.00</b>	Target: <b>98.00</b>  Result: <b>100.00</b>	Target: <b>98.00</b>  Result: <b>100.00</b>	Target: <b>98.00</b>  Result: <b>92.61</b>  Calculation: <b>(213 ÷ 230) × 100</b>
<b>Comment</b>	In the past year we have received a number of referrals relating to allegations of abuse towards vulnerable adults who have passed away before the referral has been made. We also have received referrals from Dyfed Powys Police where an allegation of financial abuse has been made directly to them but subsequent investigation has resulted that there has been no evidence to support the allegations. We do not therefore consider that the risk to these adults can be recorded as reduced or removed.						
<b>Remedial Action</b>	See above comment						
<b>Service Head:</b> Mark Evans				<b>Performance status:</b> Off target			



## Report B

# Scrutiny measures & actions full monitoring report

## Social Care and Health scrutiny - at End of Year

### 2015/16



<b>ACTIONS - Theme: E. People who live, work and visit Carmarthenshire are safe and feel safer</b>			
<b>Sub-theme: E5 Safeguarding all people from abuse, victimisation, neglect and exploitation</b>			
<b>Action</b>	11746	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will consolidate and develop effective and robust provider performance systems in association with the safeguarding service		
<b>Comment</b>	We have continued to run provider performance meetings covering adult social care, with good representation from various disciplines and organisations and to convene any meetings in connection with care providers warranting concern as appropriate. We have negotiated or enforced embargos or suspension of packages proportionately and as necessary and have continued to work closely with the safeguarding team and other relevant colleagues		
<b>Service Head:</b> Neil Edwards		<b>Performance status:</b> On target	
<b>Action</b>	11747	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will develop criteria for allocating investigations to service providers and care management teams		
<b>Comment</b>	Criteria agreed and implemented		
<b>Service Head:</b> Neil Edwards		<b>Performance status:</b> On target	
<b>Action</b>	11748	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will convene a workshop on "Investigations for Investigating officers and Adult Services Managers" to learn lessons and share best practice		
<b>Comment</b>	The action has been delayed throughout the year due to managerial staff changes, departmental restructure and preparation for the implementation of the Social Services and Wellbeing Act 2014.		
<b>Remedial Action</b>	The workshop will be convened when the new structure confirmed and key attendees identified		

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**Service Head:** Neil Edwards

**Performance status:** Off target



# PWYLLGOR CRAFFU GOFAL CYMDEITHASOL AC IECHYD 15<sup>fed</sup> O FEHEFIN 2016

## Diweddaraf am Weithrediadau ac Atgyfeiriadau'r Pwyllgor Craffu Gofal Cymdeithasol ac Iechyd

### Ystyried y materion canlynol a chyflwyno sylwadau arnynt:

- Hoelio sylw ar y cynnydd sy'n cael ei wneud mewn perthynas â'r camau, y ceisiadau neu'r atgyfeiriadau a gofnodwyd yng nghyfarfodydd blaenorol y Pwyllgor.

### Rhesymau:

- Er mwyn i'r aelodau gyflawni eu dyletswyddau craffu mewn perthynas â monitro perfformiad.

Angen cyfeirio'r mater at y Bwrdd Gweithredol / Cyngor er mwyn gwneud penderfyniad: NAC OES

Aelod y Bwrdd Gweithredol sy'n gyfrifol am y Portffolio: *DDIM YN BERTHNASOL*

<p><b>Y Gyfarwyddiaeth:</b> Prif Weithredwr</p> <p><b>Enw Pennaeth y Gwasanaeth:</b> Linda Rees-Jones</p> <p><b>Awdur yr adroddiad:</b> Matthew Hughes</p>	<p><b>Swyddi:</b></p> <p>Pennaeth Gweinyddiaeth a'r Gyfraith</p> <p>Ymgynghorydd Cynorthwyol</p>	<p><b>Rhifau Ffôn / Cyfeiriadau E-bost:</b></p> <p>01267 224010 <a href="mailto:lrjones@sirgar.gov.uk">lrjones@sirgar.gov.uk</a></p> <p>01267 224029 <a href="mailto:mahughes@sirgar.gov.uk">mahughes@sirgar.gov.uk</a></p>
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## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 15<sup>th</sup> JUNE 2016

## Social Care & Health Scrutiny Committee Actions and Referrals Update

During the course of a municipal year, several requests for additional information are made by the Committee in order to assist it in discharging its scrutiny role.

The attached report provides members of the Committee with an update on the progress made in relation to these requests.

DETAILED REPORT ATTACHED?

YES



## IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report.

Signed: Linda Rees-Jones                      Head of Administration & Law

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
NONE	NONE	NONE	NONE	NONE	NONE	NONE

## CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below:

Signed: Linda Rees-Jones                      Head of Administration & Law

1. Local Member(s) – N/A
2. Community / Town Council – N/A
3. Relevant Partners – N/A
4. Staff Side Representatives and other Organisations – N/A

**Section 100D Local Government Act, 1972 – Access to Information  
List of Background Papers used in the preparation of this report:**

**THESE ARE DETAILED BELOW:**

Title of Document	File Ref No. / Locations that the papers are available for public inspection
SC&H Scrutiny Committee Reports and Minutes	<p><b>Meetings held up to July 2015:</b>  <a href="http://www.carmarthenshire.gov.wales/home/council-democracy/committees-meetings/agendas-minutes-(archive)/">http://www.carmarthenshire.gov.wales/home/council-democracy/committees-meetings/agendas-minutes-(archive)/</a></p> <p><b>Meetings from September 2015 onwards:</b>  <a href="http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?Committeed=169">http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?Committeed=169</a></p>

Mae'r dudalen hon yn wag yn fwriadol

**Pwyllgor Craffu Gofal Cymdeithasol ac Iechyd - Diweddraf am Weithrediadau ac Atgyfeiriadau**  
**Social Care and Health Scrutiny Committee - Actions and Referrals Update**

<b>Meeting Date</b>	<b>Minuted Action / Referral / Request</b>	<b>Progress Update</b>	<b>Officer</b>	<b>Target / Completion Date</b>	<b>Completed / On-going</b>
19th November 2015	<b>Carmarthenshire Foundations 4 Change</b> - Resolved that a presentation on the work of Public Health Wales be included in the Committee's Forward Work Programme.	The Committee endorsed its work programme at its meeting on the 16th May 2016.	Matthew Hughes / Michelle Evans Thomas	16th May 2016	Completed
14th December 2015	<b>Annual Report on Adult Safeguarding 2014/15</b> - Resolved that an all-member development session on Adult Safeguarding & Commissioning be arranged in 2016, once new regional arrangements have been established and implemented.	This request has been forwarded to the Learning & Development Unit and added to the Member Development Programme.	Mark Evans / Marie Edwards	May 2016 onwards	On-going
29th February 2016	<b>Social Services &amp; Well-Being (Wales) Act 2014: Policy and Procedure Revisions for Charging Adults for Services</b> - Resolved to recommend to the Executive Board that the Policy and Procedure Revisions for Charging Adults for Services, as detailed in the report, be endorsed.	The Executive Board considered the report at its meeting on the 21st March 2016. Its decisions can be read here - <a href="http://democracy.carmarthenshire.gov.wales/mgAi.aspx?ID=2794">http://democracy.carmarthenshire.gov.wales/mgAi.aspx?ID=2794</a>	Rhian Dawson / Avril Bracey	21st March 2016	Completed
18th April 2016	<b>Mid &amp; West Wales Health &amp; Social Care Collaborative Update</b> - Resolved that updates on pooling of budgets and initiatives within the Locality Teams to be included in the Committee's Forward Work Programme for 2016/17.	The Committee endorsed its work programme at its meeting on the 16th May 2016.	Matthew Hughes / Michelle Evans Thomas	16th May 2016	Completed
	<b>Nutritional Standards for Older People</b> - Unanimously resolved that the Committee's concerns regarding the National Procurement Service be relayed to the Executive Board Member for Resources.	The Executive Board Member attended a WLGA Coordinating Committee meeting on the 27th May 2016 at which the National Procurement Service was discussed by representatives from all Welsh local authorities.	Matthew Hughes	27th May 2016	Completed
16th May 2016	<b>Community Resilience in Carmarthenshire</b> - Resolved that the Committee receive a report at a future meeting on the Trading Standards Division's initiatives for the protection of the elderly and vulnerable.	The Committee's request has been noted and included on the work programme for 2016/17.	Michelle Evans Thomas	16th May 2016	Completed

Mae'r dudalen hon yn wag yn fwriadol