

DYDD MERCHER, 28AIN MEDI, 2022

AT: HOLL AELODAU'R PWYLLGOR CRAFFU IECHYD A GWASANAETHAU CYMDEITHASOL

YR WYF DRWY HYN YN EICH GALW I FYNYCHU CYFARFOD AML LEOLIAD O'R **PWYLLGOR CRAFFU IECHYD A GWASANAETHAU CYMDEITHASOL** SYDD I'W GYNNAL YN **SIAMBR, NEUADD Y SIR, CAERFYRDDIN, SA31 1JP AC O BELL AM 2.00 YP AR DDYDD MERCHER, 5ED HYDREF, 2022** ER MWYN CYFLAWNI'R MATERION A AMLINELLIR AR YR AGENDA ATODEDIG.

Wendy Walters

PRIF WEITHREDWR

| | |
|------------------------------|----------------------|
| Swyddog Democrataidd: | Emma Bryer |
| Ffôn (Llinell Uniongyrchol): | 01267 224029 |
| E-bost: | EBryer@sirgar.gov.uk |

Cyfarfod aml-leoliad yw hwn. Gall aelodau'r pwyllgor fynychu'n bersonol yn y lleoliad a nodir uchod neu o bell drwy'r ddolen Zoom a ddarperir ar wahân.

Gellir gwyllo'r cyfarfod ar wefan y Cyngor drwy'r ddolen canlynol:-

<https://carmarthenshire.public-i.tv/core/portal/home>

Wendy Walters Prif Weithredwr, *Chief Executive*,
Neuadd y Sir, Caerfyrddin. SA31 1JP
County Hall, Carmarthen. SA31 1JP

PWYLLGOR CRAFFU IECHYD A GWASANAETHAU CYMDEITHASOL 14 AELOD

GRŴP PLAID CYMRU – 7 AELOD

- | | | |
|----|------------|-------------------------|
| 1. | Cynghorydd | Bryan Daives |
| 2. | Cynghorydd | Karen Davies |
| 3. | Cynghorydd | Alex Evans |
| 4. | Cynghorydd | Hazel Evans [Cadeirydd] |
| 5. | Cynghorydd | Meinir James |
| 6. | Cynghorydd | Hefin Jones |
| 7. | Cynghorydd | Denise Owen |

GRŴP LLAFUR – 4 AELOD

- | | | |
|----|------------|-------------------|
| 1. | Cynghorydd | Michelle Donoghue |
| 2. | Cynghorydd | Jacqueline Seward |
| 3. | Cynghorydd | Phil Warlow |
| 4. | Cynghorydd | Janet Williams |

GRŴP ANNIBYNNOL – 2 AELOD

- | | | |
|----|------------|--------------------------------|
| 1. | Cynghorydd | Fiona Walters |
| 2. | Cynghorydd | Louvain Roberts [Is-Gadeirydd] |

HEB GYSYLLTIAD PLEIDIOL – 1 AELOD

- | | | |
|----|------------|--------------|
| 1. | Cynghorydd | John Jenkins |
|----|------------|--------------|

AGENDA

1. YMDDIHEURIADAU AM ABSENOLDEB
2. DATGANIADAU O FUDDIANNAU PERSONOL GAN GYNNWYS UNRHYW CHWIPIAU PLEIDIAU A RODDIR MEWN YMATEB I UNRHYW EITEM AR YR AGENDA
3. CWESTIYNAU GAN Y CYHOEDD (NID OEDD DIM WEDI DOD I LAW)
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**PWYLLGOR CRAFFU IECHYD A GWASANAETHAU
CYMDEITHASOL
5 HYDREF 2022**

PWNC:

**ADRODDIAD BLYNYDDOL CYFARWYDDWR STATUDOL Y
GWASANAETHAU CYMDEITHASOL 2021/22**

Y Pwrpas:

Mae'n ofynnol yn statudol i'r Cyfarwyddwr Gwasanaethau Cymdeithasol adrodd yn flynyddol wrth y Cyngor ar berfformiad yr ystod gyfan o Wasanaethau Cymdeithasol a'r modd y cânt eu darparu, yn ogystal â chynlluniau ar gyfer eu gwella.

Hwn yw'r adroddiad blynyddol gan Gyfarwyddwr y Gwasanaethau Cymdeithasol ynghylch perfformiad ein Gwasanaethau Gofal Cymdeithasol yn y sir. Mae'n nodi'r heriau yn ystod blwyddyn na welwyd ei thebyg o'r blaen oherwydd COVID-19 ac yn tynnu sylw at y meysydd oedd i'w datblygu yn ystod y flwyddyn gyfredol. Mae'n ymwneud â'r perfformiad yn ystod 2021/22.

Mae'r adroddiad hwn yn rhoi cyfle i Aelodau gwestiynu'r cynnwys ac mae'n rhoi cyfle i'r Cyfarwyddwr Statudol ystyried unrhyw sylwadau a allai fod gan Aelodau etholedig ar gyfer y dyfodol. Dylid nodi mai adroddiad drafft yw hwn o hyd a bydd yn cael ei brawf ddarllen a'i ddiwygio ymhellach cyn ei gwblhau.

Ystyried y materion canlynol a chyflwyno sylwadau arnynt:

Cynnwys yr adroddiad er mwyn i'r Cyfarwyddwr Statudol y Gwasanaethau Cymdeithasol ystyried eu barn.

Y rhesymau:

Mae'r Cyfarwyddwr o'r farn bod craffu ar yr adroddiad hwn yn wleidyddol yn elfen bwysig yn y broses ddatblygu a bydd yn cael ei ddiwygio drwy gydol y gwahanol gamau cyn cyhoeddi'r adroddiad hwn yn derfynol yn ystod haf 2022.

Llunio barn am faterion sydd i'w cyflwyno gerbron y Cabinet / Cyngor i'w hystyried.

I'w gyfeirio at y Cabinet / Cyngor er mwyn gwneud penderfyniad: OES

Angen i'r Cabinet wneud penderfyniad: 17 Hydref 2022

Angen i'r Cyngor wneud penderfyniad: 9 Tachwedd 2022

YR AELOD O'R BWRDD GWEITHREDOL SY'N GYFRIFOL AM Y PORTFFOLIO:-
Y Cyngorydd J. Tremlett (Deiliad y Portffolio Iechyd a Gwasanaethau Cymdeithasol)

Y Gyfarwyddiaeth:

Cymunedau

Enw Pennaeth y Gwasanaeth:

Jake Morgan

Swyddi:

Cyfarwyddwr y Gwasanaethau
Cymunedol (Cyfarwyddwr
Statudol y Gwasanaethau
Cymunedol)

Ffôn: 01267 224698

Cyfeiriadau E-bost:

JakeMorgan@sirgar.gov.uk

EXECUTIVE SUMMARY

HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

5TH OCTOBER, 2022

STATUTORY DIRECTOR OF SOCIAL CARE SERVICES' ANNUAL REPORT 2021/22

The Annual Report examines each Service area within Social Care and shows how service strategies, actions, targets and service risks will be addressed and delivered operationally by the service this year based on the approved budget.

The Annual Report (attached) comprises an overview provided by the Director of Social Services, which provides information on how we have performed in 2021/22 and an assessment on the future, together with our strategic priorities for 2022/23.

The Report links closely with the Directorate Business Plans for Community Services and Education & Children's Services departments.

Following publication of the report to the public (after it has been presented to full Council), Care Inspectorate Wales (CIW) and Welsh Government will complete their analysis and review of the report. There will be a formal meeting with CIW in October to discuss their analysis and proposed plan. This will be followed by an Annual Letter to Council in late November/early December, confirming their analysis and inspection plan. The process will link in closely with the Wales Programme for Improvement and the Annual Letter from the Wales Audit Office.

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: **Jake Morgan**

Director of Social Services

| Policy, Crime & Disorder and Equalities | Legal | Finance | ICT | Risk Management Issues | Staffing Implications | Physical Assets |
|---|------------|------------|------------|------------------------|-----------------------|-----------------|
| YES | YES | YES | YES | YES | YES | YES |

1. Policy, Crime & Disorder and Equalities

The Annual Report will be an important contribution to the Council's Improvement Plan.

2. Legal

The Annual Report forms an important part of the statutory duties of the Director of Social Services:

"The Director will present to Council, publish and report on an annual statement of plans for performance and improvement"

3. Finance

The financial implications are included in the report. Budget pressures are identified clearly.

4. ICT

The PIMS system will be used to provide evidence of the Annual Report. Comment is made in the body of the report as to the need to better integrate Health & Social Care IT.

5. Risk Management Issues

Key risks have been addressed in this report with a link to the departmental and corporate risk register.

6. Physical Assets

Physical assets are included in this report in relation to service delivery.

7. Staffing Implications

Workforce is a critical element included in the report. In particular, the development and retention of social workers to ensure that they continue their professional development and remain with Carmarthenshire.

CONSULTATIONS

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

Signed: Jake Morgan

Director of Social Services

1. Local Member(s)

Not applicable.

2. Community / Town Council

Not applicable.

3. Relevant Partners

Not applicable.

4. Staff Side Representatives and other Organisations

Not applicable.

**CABINET MEMBER PORTFOLIO
HOLDER(S) AWARE/CONSULTED**

YES

Include any observations here

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

THERE ARE NONE.

| Title of Document | File Ref No. | Locations that the papers are available for public inspection |
|-------------------|--------------|---|
|-------------------|--------------|---|

Statutory Director of Social Care Services' Annual Report

2021/22 DRAFT

V2

carmarthenshire.gov.wales

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Dates of Officer and Political meetings

| | |
|-----------------------|-----------------------------------|
| DMT | 11 th July 2022 |
| CMT | 04 th August 2022 |
| Pre-Cabinet | 5 th September 2022 |
| Scrutiny | SC&H 5 th October 2022 |
| Cabinet | 17 th October 2022 |
| County Council | 9 th November 2022 |

Introduction



This is my ninth annual report as Statutory Director of Social Services. Although Social Services is only a part of my corporate role there is a statutory requirement on me to report annually on the council's social services functions.

2021/22 really was another year with challenges like no other. Social services along with all other Council directorates were required to adapt to both the direct and indirect challenges from the pandemic. Our ability to respond quickly and flexibly whilst continuing to provide essential services is testament to the commitment and dedication of the whole workforce, and I cannot thank them enough for the commitment they have shown given the national challenges facing the sector. We have performed exceptionally well across most areas of Children and Adult Services However, we now face immediate and ongoing challenges to maintain this high performance.

The response of the staff across all our social services functions have been exceptional. However, many staff are showing signs of fatigue challenged in their personal lives by cost-of-living pressures and in their professional lives by managing outbreaks and the knock-on effect of vacancies on their workloads.

The external forces of reduced migration, wage inflation in other sectors, increased early retirements and staff leaving a challenging sector have all been felt in Carmarthenshire. This has left the sector needing to recruit an additional 200 Home Carers, over 100 Residential Carers and at least 30 Social Workers. This when coupled with rising post Covid demand across Children and Adult Services has resulted in waiting lists for homecare and residential care being at the highest levels for many years.

The last 6 months have seen a wide range of initiatives to assist recruitment that have included regrading of posts, record inflationary increases to care providers, the development of a Care Academi, record numbers of people supported onto the social work degree, the temporary introduction of market supplements and significant activity to promote and brand us as an employer and to promote care as a career. In our in-house service there have been significant improvements in the recruitment and retention of staff in residential care although gains have been more modest in filling social work posts and homecare.

Whilst risk is managed carefully and any waiting lists are monitored closely for risk, I have to report that choice of care is, at times affected and a significant minority of people are provided with alternatives to their assessed needs where the primary provision is not available. Homecare is the most stretched although the numbers waiting for care in hospital have reduced close to pre pandemic levels. I am pleased to say all providers of homecare now pay well above the Real Living Wage.

Children's services have seen a small but significant growth in the number on the Child Protection Register and those children looked after. It is crucial we meet this

need in a timely way with preventative services stretched and are likely to require increased investment moving forward if we are to avoid continued growth and cost in the number of looked after children.

Despite this challenging environment we continue to perform as well as could be expected. In our assurance check early this year, CIW reviewed how the local authority social services continue to help and support adults and children with a focus on safety and well-being findings:

Overall we found the local authority ensures people's voices are heard, their choices respected and people routinely achieved self-identified outcomes. Leaders have a line of sight on front line practice with clear plans that have led to creative practice.

Care Inspectorate Wales (CIW) Assurance Check 2021:
Carmarthenshire County Council

Jake Morgan, Statutory Director of Social Services

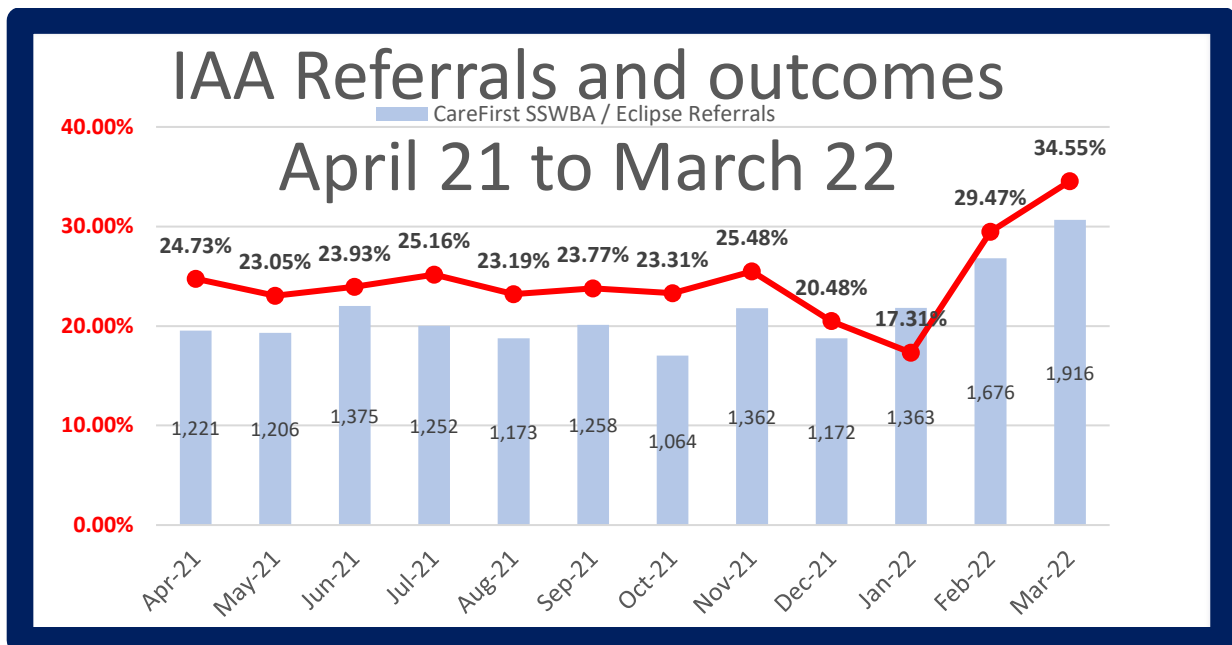
Overview

Adult Services

Managing the challenges that the pandemic created has been integrated into the everyday work of the service. The success of the vaccination programme and the associated very high level of take up by vulnerable adults and social care staff has meant that the impact of community transmission on care settings has been minimised with the impact on vulnerable adults relatively low even when they are infected. Thus with the exception of one isolated incident in the summer, care home outbreaks have not led to significant illness or death of our care home population although Covid has contributed to increased levels of staff absence. By the end of this reporting year (April 2022) Covid had become something for us to manage on a proactive basis, rather than constantly responding to emergencies on a reactive basis.

As a consequence of the above, we have had the opportunity to focus more on our core business and look at how we develop and shape our services so that they are fit for the future.

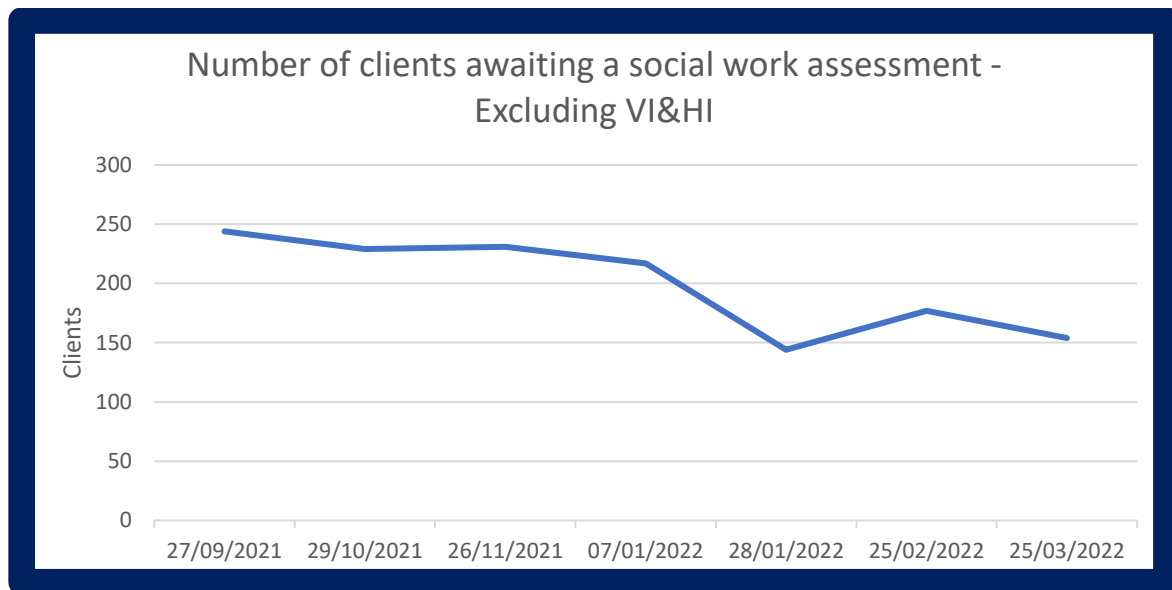
In partnership with Llesiant Delta Wellbeing (our arms length telecare company), we have continued to offer a strong Information, Advice and Assistance service (IAA) and are still seeing positive results with a significant number of enquiries not requiring ongoing assistance/assessment. As in all areas recruitment to our IAA service is a challenge and can, at times, impact on outcomes.



Whilst the use of virtual means of communication is helping us to be more flexible with the use of our time, we have returned to offering face to face assessments whenever we can to ensure that our practitioners are able to carry out a holistic

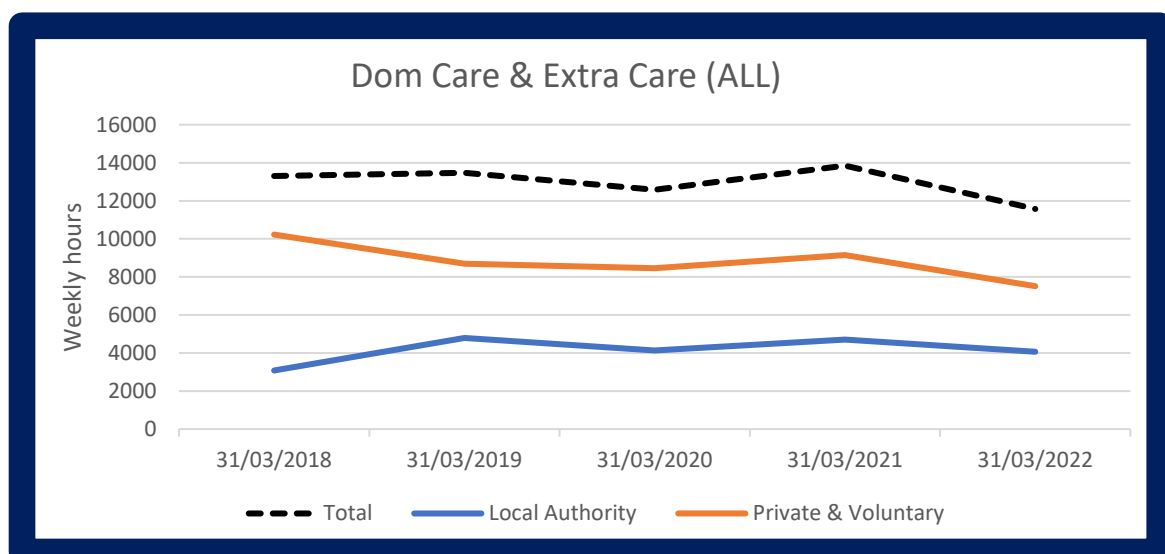
assessment of the individual and ensure that we can best support them and meet their outcomes.

Our biggest challenge has come from the significant recruitment and retention issues we are experiencing both in terms of a qualified social work and non-qualified social care workforce. As a consequence from an older adults/physical disability perspective, we have had insufficient social workers available to assess all those who need assessments as quickly as we might like. This means that since October 2021 we have started to have significant waiting lists for assessments and carefully prioritise those in most urgent need. Despite this waiting lists have steadily fallen.



This is a common picture across Wales and reflects the shortfall in numbers of social workers and the increase in demand. Some headway has been made in reducing the number since the autumn and as we appoint more social work staff we would anticipate the numbers waiting falling further.

Whilst we have a number of residential care beds still available to us, the availability of commissioned homecare care hours has decreased significantly since summer



2021. Our in-house service has remained broadly steady with improved recruitment and retention levels.

This reduced capacity has led to a rise in those waiting for care towards the end of last year. Whilst it has stabilised since then, progress to reduce the numbers waiting has been slow. Improvements in reablement performance have improved the picture since March and numbers waiting between March and May 2022 have reduced by nearly 25% with 150 clients waiting for care still to be formally allocated.

We have therefore had to prioritise those with the greatest need waiting for care. In doing this we work closely with individuals and families to consider other options such as a temporary step-down residential beds or remunerating families to provide support on an interim basis through our Wellbeing Support Grant until we can secure the care. In addition, we have offered temporary emergency support through Delta Wellbeing's CONNECT service to avoid hospital or care home admissions. We have always been a relatively high provider of statutory care services and this pressure has undoubtedly forced us to innovate better and reduce any unnecessary provision. However, we cannot provide the service we want until the whole sector has recruited sufficient staff.

Due to the significant challenges we have been facing along with staffing pressures, I established a Social Care Gold Command which I have chaired with representation across each division, and HR, Finance and Communications to ensure that we could effectively manage the risks and provide the corporate reassurance needed. This Gold Command has now been stood down on the basis that all controls are in place, but our focus is now on how we recruit and retain a sustainable workforce (see Workforce section).

The crisis that we have been faced with has also encouraged us to innovate and think creatively about how to best support the most vulnerable people in our population. New services have been created to support vulnerable users that meet demand in different ways.

One such example is the development of the Intermediate Care Multi-Disciplinary Team which initially focussed on supporting hospital patients to return home within 72 hours of their admission. The team is a collaboration between Health and Social Care and comprises the crisis response arm of the Health Board's Acute Response Team as well as GPs, Physiotherapists, Occupational Therapists, Social Workers, Delta Wellbeing Community Wellbeing Officers (CWO's) and the Council's Reablement Service. Its success has been recognised both by achieving a Silver Award in the recent IESE Awards as well as the Health Board's Team of the Month. The team is soon to be expanded to focus also on hospital admissions avoidance as well as supporting crisis in the community. It will work alongside our front door to health and social care to provide the short-term support that people need to keep them safe and independent at home whilst an assessment is undertaken to determine long-term needs.

Alongside the Intermediate Care Multi-Disciplinary Team has been the development of Ty Pili-Pala a 14 bedded step down unit which forms part of the Council's Llys Y Bryn Residential Home. Again, the Council is working in partnership with the Health Board to allow for therapy-led reablement with a view to supporting people to be able to return home and live independently.

At the start of the pandemic in line with government advice and the high vulnerability of our client groups to Covid, we immediately had to close most of our **Day Services** and suspend most planned respite in care homes.

For older people we have tried to look at more innovative ways of how we can continue to support them to meet their preferred outcomes and provide some degree of respite for individuals and families. On a pilot basis we have offered those that previously attended our day services 1 to 1 support at home as well as an offer of a virtual day service by providing participants with a bespoke electronic tablet so that they can engage in virtual group activities such as bingo, coffee chats and exercise classes. At the time of writing the report, we are in the process of reopening two of our face-to-face day services on a phased basis. It is envisaged that these services will be part of our day opportunities offer alongside 1 to 1 support at home and an online telecare offer developed through Llesiant Delta Wellbeing. Planned residential respite has also started to become more of a viable option as users get more confident to access services

Ensuring that the people we work with are able to have a voice, choice and control is equally important and in this context we have continued to contribute to the regional commissioning agenda including the review of advocacy services and the commissioning of Independent Professional Advocacy. We also successfully brought our Direct Payments Service back in-house in April 2021 from our previous commissioned provider. This has presented an opportunity for us to better support the development of Direct Payments in lieu of direct services to those that need it.

Learning Disability Day Opportunities are critical to support adults in the community. As a result, we have continued to increase the number of people we are able to support as we gradually reopened our buildings. We have also offered support at home and a range of online virtual activities which remain popular with those who use our services and their carers. Activities provided include, exercise, quizzes, and cookery sessions, woodwork and craft activity packs have also been delivered to individual homes to enable them to join in with the virtual demonstrations.

The Learning disability Services has adapted and developed new initiatives in response to increasing demands. We have established new opportunities in the Llandovery area to support people to access community activities and build relationships closer to home. A new walking group specifically for Carers has been established through the exercise buddies project which is proving to be popular and have just taken delivery of their own branded T shirts etc and all the centres have seen a significant increase in their attendance numbers.

We were proud to celebrate the achievements of one of our Community Connectors, Fran Horton who in February was awarded Gower College Swansea's Community

Development Apprentice of the Year after completing her QCF Level 3 in Community Development. Fran's role is to promote inclusion and engagement by encouraging individuals to develop new networks within their local community so that they can utilise their own assets and those of their community to achieve the outcomes that are important to them.

Shared Lives is a service we run on behalf of the region to provide supportive homes for adults with a range of needs. After a review, the service has been restructured and this is now bedding in. Our new online recruitment portal for Shared lives Carers went live in February. This provides a more user friendly and efficient platform from which to become a Shared Lives Carer. The service is focussed on increasing both the number and range of carers available across the region. There are champion groups now running across the county to raise awareness and provide support and the team are developing locality referral meetings for any teams wishing to refer into the service.

The first phase of the new model for disability was also established during 2020 commencing with the 0 to 25 years old service where our Children with Disabilities Team and adult services provide seamless transitions for users of Children's Services to Adults. Initial feedback from those who use services, their carers and professionals is very positive. Moving forward this should enable better preparation for children with a disability on their transition to adult services and avoid the sense of a cliff edge of care that families have reported in the past.

We recognise that the pandemic has been a hugely challenging time for carers who have been managing with reduced support and respite. Through the Regional Partnership Board arrangements, we have continued to adapt our offer to carers to ensure that they can continue to feel supported. I am delighted that we have been able to publish the Regional Carers Strategy and we have been able to support the ongoing implementation of the local and regional action plan.

The social work teams and day services staff have kept in contact with carers and provided support when necessary. Many of our staff have either achieved or are undertaking the Investors in Carers Award which is an acknowledgement of the support provided to carers. All social work teams in Adult Social Care have also clearly identified Carers Champions.

The pandemic is challenging for everyone, but the impact on the mental health and wellbeing of many people in Wales and Carmarthenshire is significant. In planning for this, the council has invested significant growth resource to address this which we used to recruit more social work and social care staff to focus on two specific areas: early intervention and prevention and a more robust and timelier crisis response. During the last year, we have been collaborating with the Health Board and the third sector to develop initiatives in this regard developing a Single Point of Access and a 24/7 crisis response service. The Twilight Sanctuary Crisis Response in Llanelli, which was council led, goes from strength to strength and the model is now being rolled out across the region. For the Approved Mental Health Practitioner (AMHP) service, it has been business as usual, and they have had continued to undertake their statutory duties throughout the pandemic.

Within mental health and learning disability services, we are embarking on an ambitious programme of change in relation to accommodation. Our vision is to further reduce the reliance on residential care and develop more community options accommodation, which promote choice and independence. In 2021, we commissioned the Housing Learning Improvement Network (LIN) to undertake an accommodation needs mapping exercise for mental health. We have used this data to establish a four-year accommodation plan and to collaborate with colleagues in Housing, Commissioning and with Hywel Dda University Health Board, to develop a range of community accommodation projects from independent tenancies to shared settings.

Learning Disability and Mental Health is now a priority in the council's housing strategy. We have been able to access the council's housing stock and new builds for those who are able to live independently. Our housing department have purchased properties and made the necessary adaptations to accommodate those with complex needs.

I am pleased to report that despite the challenges of the pandemic, this work has remained a key objective for the division. We have developed several accommodation projects in partnership with our colleagues in housing and enabled twenty adults to step down to more independent living from residential care.

The prevention of suicide and self-harm is also a priority for the region, this work is led by the Head of Adult Social Care. A current priority for the region and Carmarthenshire, is to establish a multi-agency rapid response to suicide. This model is being developed under the umbrella of the Regional Safeguarding Board. The rapid response model is a meeting where, in the event of a suicide, organisations and relevant others will come together swiftly to look at who is impacted, who needs to be supported and what needs to be done to prevent further incidences. It will then be extended to include incidences where suicide is not completed. This model has already been adopted in other parts of Wales and is seen as good practice in the prevention of suicide and self-harm.

In relation to the Substance Misuse Team, we have seen increased demand and complexities related to the pandemic. We have been collaborating with partners to develop innovative pathways for comorbidities such as mental health and substance misuse and alcohol related brain damage.

Adult Safeguarding

In relation to adult safeguarding, the Regional Safeguarding Board and associated subgroups have continued to meet virtually. We were part of a Regional Multi Agency Covid Response Group which met weekly to have assurance regarding safeguarding responses during the pandemic. MAPPA, MARAC and VAWDASV arrangements have also continued. We have continued to work within the new All Wales Adult Protection Procedures and Carmarthenshire has led on several developments including a regional policy on self-neglect.

Carmarthenshire Adult Safeguarding Team is held in high regard across the region and received positive feedback from the CIW Assurance visit in 2021. We have seen an increase in safeguarding activity and an increase in the complexity of referrals with up to 25 referrals a week. Our risk management was highlighted as effective by the CIW:

Co-produced solutions were evident and there were positive outcomes for people subject to safeguarded interventions. Safeguarding enquiries and investigations conducted in line with statutory requirements, good analysis of risk, protection plans in place and action taken when necessary. Providers and partners said they were supported by the adult safeguarding team; their willingness to offer advice, guidance and assist with training of social care workers was acknowledged.

“Care Inspectorate Wales (CIW) 2021”

A robust regional approach to managing new and existing Deprivation of Liberty Safeguard authorisations was agreed during the pandemic. This approach ensures the principles of the Mental Capacity Act are upheld and is consistent with the guidance received from Welsh Government. As a result, we are well prepared for the implementation of the new Liberty Protection Safeguards in April 2023.

The number of DOLS applications has been consistent during the past 12 months. Due to the visiting restrictions in place for care homes, the assessments have been undertaken remotely in line with national guidance and good practice. Assessments are prioritised in terms of urgency and a robust audit process is in place for ensuring the principles of the Mental Capacity Act (2005) are followed.

Technology Enabled Care

Llesiant Delta Wellbeing is wholly owned by the Council and was created to enable us to innovate and deliver care. The service has been invaluable in enabling us to respond to the needs of vulnerable people during the pandemic. Employing close to 150 people and providing services both regionally and nationally the service is one of the UK leaders in delivering innovative Technology Enabled Care (TEC)

Carmarthenshire took the best of integrated health and social care practice in Spain and developed the TEC CONNECT project. This innovative service provides 24 hour proactive integrated tele-monitoring and wellbeing calls, wellbeing plans and community-based support pathways with a rapid response team when vulnerable users are in crisis. The rapid response element of the service is now registered with CIW and has had a recent inspection which was hugely positive.

“People and their relatives speak positively about the time-limited care and support they receive through Llesiant Delta Wellbeing and the ongoing support and reassurance provided through CONNECT, the non-regulated part of the service. Care staff demonstrate a good knowledge of the needs of the people they support and an enthusiasm for working for Llesiant Delta Wellbeing.”

“Care Inspectorate Wales (CIW) 2022”

The total number of individuals who have been supported via CONNECT in Carmarthenshire is 3089 with Carmarthenshire having the most people in Wales supported by telecare.

The service has been acknowledged as best practice in the UK exemplifying the work that is being achieved across sectoral boundaries and is delivering an innovative, person-centred approach to wellbeing, care and support. CONNECT has helped transform the way we deliver care, by implementing this new model of self-help and pro-active care, utilising TEC, which is at the heart of the project, to improve wellbeing, helping people to stay independent for longer and reducing demand on long-term or acute care. CONNECT provides a wrap-around service which allows people to remain confident and safe at home and in the community.

The Community Rapid Response Service has attended over 5800 calls to clients' homes since April 2020 ensuring that they are receiving the right help at the right time. With only 7% of those calls needing to be escalated to the emergency services a high proportion of CONNECT clients who have suffered a non-injurious fall, have avoided a long-lie and ultimately a lengthy conveyance to hospital due to unprecedented waits for ambulances and have been lifted off the floor and supported by the team.

We have recently embedded our service in both acute hospital sites with Delta Wellbeing Officers who are able to offer information and advice on site and triage new referrals to determine whether patients need further assessment. They are a critical link between the hospital ward and social care to make sure that we make the discharge process as streamlined as possible.

We have worked hard to develop the expertise of our front-line Response and TEC Officers over the last year, specifically developing skills that allow them to identify issues of concern. Their “eyes on” within the property is invaluable to identify any concerns for an individual's wellbeing and ensure the appropriate escalation or response.

The Community Response Team has been expanded to assist patients to return home safely, ensuring the right support is available to prevent re-admission. As well as emergency bridging packages of care where there is a start date for someone leaving hospital. This service has enabled clients to return home from hospital sooner and freed up hospital bed spaces during what continues to be a challenging time for our local hospitals and domiciliary care services.

Carmarthenshire's Delta CONNECT offers "a lifeline" to Edward during pandemic lockdown

When 82-year-old widower Edward returned to his Llanedweryn home from a long spell in hospital at the end of 2020, his son, daughter in law and daughter would visit several times a day to help support him in his everyday life and keep an eye on him.

However, everything changed when the lockdown started. Edward began shielding and frequent visits were no longer an easy.

Edward began using the Delta CONNECT service in March 2020 and it has meant the world to him. His mood was extremely low after his lengthy stay in hospital and he had lost a lot of weight, which left him feeling frail and vulnerable.

As part of the CONNECT service, his assigned Community Wellbeing Officer (CWO) Louise called him weekly to check how he was and whether he needed any help. He also had a lifeline home unit with pendant to call for help in an emergency.

"I'd been in hospital for four months and was really down in the dumps," Edward said, "It really helped when I spoke to Louise, she brought me back from the depths of despair."

For many clients, the service includes food or medical supplies, but Edward was lucky enough to have his family living locally to help with this.

"I'm so lucky to have a fantastic family nearby and they really look after me, but sometimes it's easier to talk to someone outside of your family because you don't want them to worry any more that they already are."

"I can't speak highly enough of CONNECT. Knowing that there was someone at the end of the phone for my son a lifeline and so reassuring for my family as well."

The CWOs are trained to identify clients who may need additional support, even when the client hasn't recognized that need themselves - this has helped Edward's family know that he is safe and supported at home even when they can't be there.

Edward's son Jonathan said: "The Delta service means a lot to my dad and he feels genuinely privileged to be able to access it. The lifeline system is invaluable for him and although we're close by, it's reassuring for the family to know that help is on hand should he need it."

"The wellbeing calls have been fantastic - he enjoys having someone different to talk to and really looks forward to the calls every week. In a few years I'll probably be signing myself up."

Names have been anonymised

As we continued to raise the profile of the CONNECT service and the essential support it has provided to date, Delta have been recognised in a number of high-profile awards across various categories from innovation, digital impact, partnership working, care and health integration and transformation. In 2021 Delta received a Silver Award in the iESE Public Sector Transformation Awards for 'Innovation' and were also a winner at the Swansea Bay Business Awards 2021 for 'Customer Service'. Finally in 2022 Delta Connect won in the prestigious UK wide Management Journal Awards for the best example of care and Health Integration.

The future potential for telecare and telehealth is significant and detailed work is underway to integrate the service with assistive living in Pentre Awel, Llanelli and wider monitoring and intervention of chronic conditions.

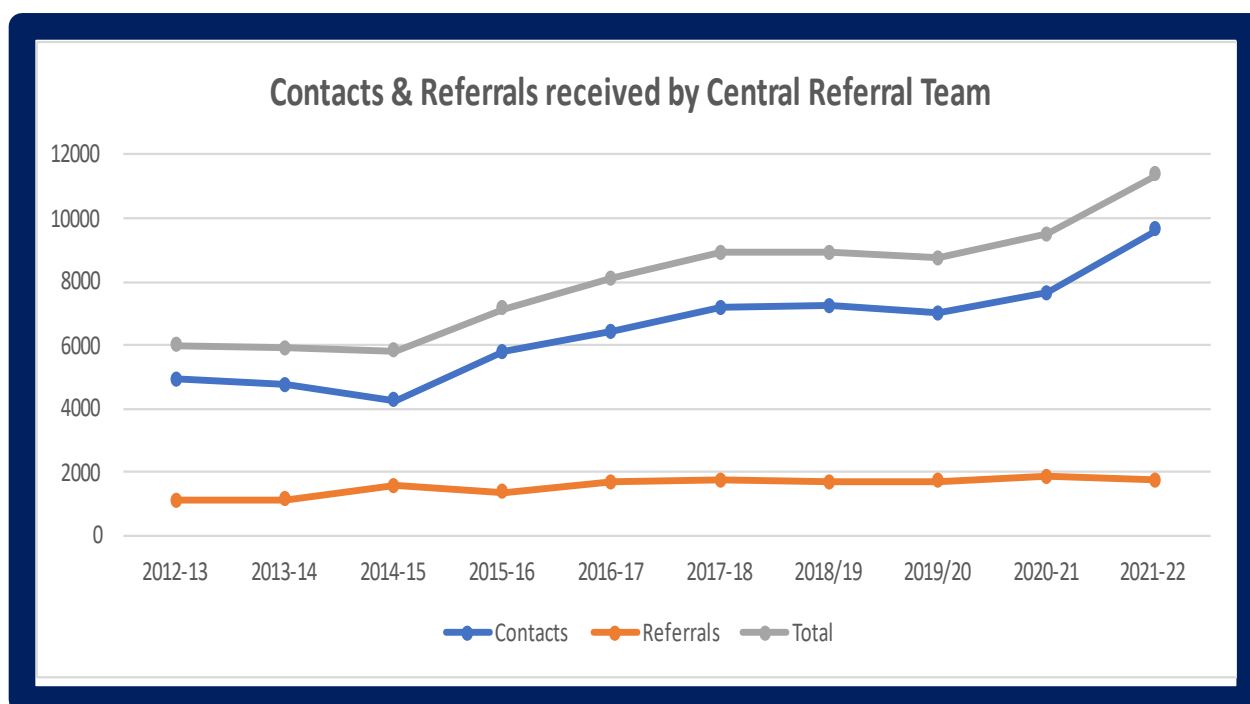
Children Services

Children's services have continued to function effectively throughout the pandemic and lockdowns and work has had to continually evolve and adapt to ensure our staff, and the children and families we visit stay safe whilst following Welsh Government guidelines in respect of Covid restrictions. The pandemic has also continued to demonstrate the benefits and opportunities of digital working which has often increased engagement, especially with those who may not have otherwise been in regular contact, thus providing better insight and opportunities and helping improve outcomes. Whilst Covid has dominated the last two years it is also important to reflect on the challenging work and innovative ways our workers have adopted throughout the pandemic in continuing to support children and families.

Progress during the year:

The impact of the Covid pandemic has placed significant pressures on families and brought about unprecedented challenges to ensure children and young people in Carmarthenshire are safeguarded. Children's services have seen significant

increase in demand for services and support with the **number of contacts** to the department continuing to rise.



However, we continue to perform well despite these added pressures. 90.2% of new assessments were completed within statutory timescales. The increase in contacts coupled with staff absence/sickness, Covid restrictions and recruitment difficulties have all been additional challenges resulting in some caseloads higher than normal. Also, within preventative services the increase in demand and effects of Covid and restrictions there has been less availability thus placing more pressure on statutory services.

There continues to be good evidence in the sample of **assessments that are audited monthly** of the views of children and what life is like for them, and practitioners are using a wider range of tools to enable this. There is evidence of collaborative work with children, parents, and extended family and increasingly assessments refer to the contribution that a Family Network Meeting has made to the assessment in terms of identifying sources of support and family/friends who have helped devise a safety plan that ensure a child's needs are met appropriately.

The **relationship based approach to delivering social work services** to children and families, incorporating systemic thinking and the principles of Signs of Safety is embedded in all childcare teams including the 0-25 disability service. Contributions from adult services in pods are also increasing such as substance misuse and learning disability to incorporate different perspectives about a family into pod discussions and consequent actions and plans.

Pod discussions are taking place face to face again instead of remotely wherever possible. It is seen as more effective sharing thoughts and knowledge about cases and staff value this peer support as it helps reduce feelings of isolation.

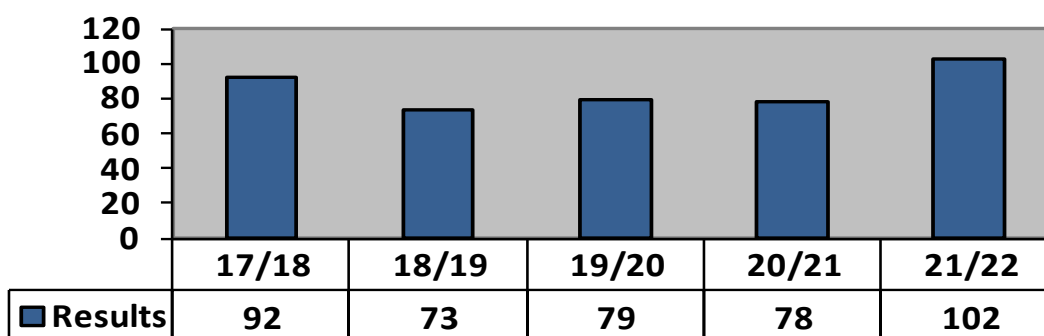
Mandatory sessions for social workers in their first year of practice will include input on systemic practice enabling social workers from both children’s and adult services to have opportunities to develop their knowledge and skills. Over 20 managers and senior social workers have completed foundation level training this year which has extended their knowledge and confidence in using systemic thinking and ensuring a consistent approach.

The focus remains on Family Network Meetings which is an essential tool in both assessment and childcare teams. In collaboration with ‘Collective Space’ practitioners have developed a training package which will be delivered on a regular basis in future, in addition to more specialist risk assessment training.

We have continued to follow regional threshold and **multi-agency child protection arrangements** ensuring early intervention and utilisation of preventative services to reduce the need for statutory involvement wherever possible. A regional development day was held in May 2021 facilitated by Gladys White OBE which was an opportunity for staff to consider legislation, guidance, and child protection practice across the region and to ensure risks are understood and consistently applied. The session was well received, and feedback highlighted the benefit of workers having time to reflect and work alongside colleagues from different agencies, and across other LA’s in the region, and provided assurance that arrangements are working effectively across the region.

The number of children on the **child protection** register has increased this year – 102 (as at 31/3/22) compared to 78 the previous year. Recent times have proved very challenging to families due to the pandemic. Families have faced difficulties in relation to safeguarding issues when under Covid restrictions which has meant some children’s names having to be placed onto the child protection register to ensure their safety under demanding circumstances.

CH/026 - The total number of children on the Child Protection Register as at 31st March

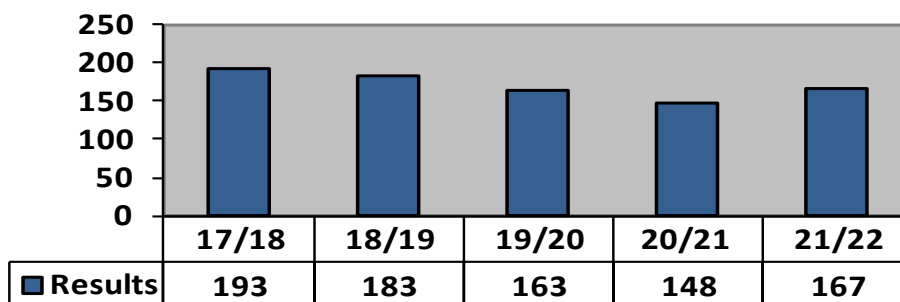


We continue to develop our preventative work to reduce the number of children being subject to child protection plans. Prevention is the key to practice to ensure children are able to remain at home with friends or family when it is safe to do so. The impact of the pandemic was felt acutely in this part of the service. The withdrawal of face-to-face preventative services meant that families became more isolated and as a result we have seen more children entering the statutory service, some as child protection cases. It is crucial that services now operate fully on a face to face basis.

The statutory childcare teams are supported by IFST, Edge of Care and Family Intervention Team with intensive packages of support implemented in a variety of ways to keep children safe. The effectiveness of systemic approaches and signs of safety working practices, including effective communication, and working together with families contribute to good outcomes, despite the increasing complexity of cases. We continue to perform well in relation to the **timeliness of child protection conferences** with 98.6% held within statutory timescales during 2021/22.

Wales has amongst the highest numbers of children in public care in the Western world. Reducing this is a national priority. However, whilst we have seen the number of children looked after increase 167 (as at 31/3/22) from 148 at the same time last year, Carmarthenshire still remains proportionately the lowest LAC population in Wales. The rise is in part explained by several young children looked after who are being moved onto permanency at an early stage due to abuse and neglect with families suffering mental health and substance misuse. There has also been a cohort of teenagers who have presented significantly challenging and complex needs and have required more specialist services. The development of an inhouse specialist residential unit later this year on the Rhydygors site will take away complete reliance on an independent sector that is judged by national reports to have failed to meet need and used national demand to increase profits beyond what is reasonable. This will enable us to only work with external providers who offer quality care with reasonable levels of profit.

CH/039 - The number of children looked after at 31st March



We have continued to work hard across teams to maintain **placement stability** for looked after children and focus on the careful matching of placements. During 2021/22, 11 children (6.6%) of children experienced **3 or more placement moves**. These were due to children and young people who had experienced emotional and physical trauma, challenging behaviours, and complex needs. We continually perform well in maintaining children in the same school.

There are robust systems in place to prevent children from becoming looked after including Accommodation panel where requests for placements are reviewed, together with IFST and Edge of Care involvement, focusing on good quality family network meetings and regular Legal Gateway and Pre-proceeding meetings. Early intervention working in partnership with families through care and support plans is key to achieving this. As mentioned previously, the pandemic has had an impact in this area and this has been compounded by a significant social work vacancy factor that the local authority is working to address.

The LAC education team has continued to deliver weekly **trauma informed practice** and attachment training online and in schools in Carmarthenshire throughout 2021-22. Schools have provided very positive feedback as it has helped staff understand how trauma impacts on children and how schools can use strategies to help children who have experienced trauma in their lives to feel secure in school and subsequently enable them to achieve better outcomes. We have consistently performed well in respect of maintaining children in the same school wherever possible.

Choice of available **foster carers** is something we continue to make slow but steady progress on. We have recruited 12 new foster carers during 2021/22 which is an improvement as previously the pandemic had impacted on recruitment with low numbers of people interested in fostering. Nevertheless, placement availability has been limited by the increased numbers being received into care. The National Fostering Framework has been replaced under the new name of Foster Wales which was launched on 15th July 2021 and is now the statutory responsibility of Adoption/Wales Management. We have continued to develop our digital marketing programme and use of our local website alongside the Regional Marketing Officer to promote foster care both locally and regionally as many more carers are needed to care for children especially those with challenging and complex needs.

Regional working together continues to drive through common aims and objectives such as developing the harmonisation of fees/allowances and support services to retain foster carers across the region and locally. Carmarthenshire foster carers receive 24 hour support along with training, mentoring, and support groups to meet their learning and development needs, as well as financial resources and support. The Marketing and Recruitment officer in the Mid and West Wales Adoption Service continues to link with the fostering service to share recruitment opportunities and resources.

Foster carers are a valuable commodity and it is likely that rates will have to be reviewed to reflect cost of living increases if we are to retain the ones we have. Demand for **Mid and West Adoption Services (MWAS)** has remained high. Although the number of children with a plan for adoption and the number adopted

fluctuates, the demand for adoption services has carried on rising. MWAS has been able to place sibling groups this year as well as older children and children with more complex needs. MWAS is implementing the Wales Good Practice Guides and a one-off meeting between birth parent and adopter is offered in nearly all instances. Adopters and birth parents are positive about the benefits of this meeting, despite its emotional nature.

To enable adopters to know more about the child's lived experience and what may affect them, MWAS holds 'Understanding the Child' days, and the psychologist assists staff to compile a Trauma Nurture Timeline for each child. This greatly helps the adopters explore the impact on the child of their early experiences and helps tailor the support package that is made available to the adoptive family. Demand for adoption support continues to be high.

Welsh Government funding for adoption support has increased the capacity of MWAS to support adoptive children and families. Whilst we are reaching more families and providing a range of interventions, demand continues to grow. As with other services Covid restrictions, staff absence/shortages and recruitment have been additional challenges for Adoption and Fostering services this year.

We have continued to develop our services for **disabled children aged 0-25** since implementing the new structure during 2020/21 bringing together our statutory and non-statutory teams for children and young people. These have been jointly delivered between children's services, adult social care, health, and education and employ a systemic approach to practice working with the whole family, focusing on their strengths and capabilities in order to meet their needs. We have seen an increased demand for support from families as an impact of the pandemic. We continue to meet with parents each month as part of our 'working together' group and with their input we designed and delivered a range of activities over the summer and winter. We have continued to develop the Early help service and the recently appointed manager will have an important role in managing demand into the service to ensure families get the right help at the right time. Work has been undertaken with partners to develop the web based local offer of support to ensure important information, advice and guidance is included plus sign-posting for specific services.

'**Autism** Skilled Training' for health and Social Care practitioners has continued during the year with over 90+ being trained to date. Our ASD Development Officer has been part of a working group alongside the National Autism Team (NAT) which has developed the framework. Short training and information sessions, and e-learning modules have also been held to help people recognise and respond to autism, in addition to on-going and specific training delivered to our partners and other agencies, and further e-learning being developed for 2022/23.

The Complex Needs panels for Carmarthenshire, Pembrokeshire and Ceredigion have been brought together to create a regional panel with Hywel Dda University Health Board and the inaugural Regional Panel met in July 2021.

The implementation of a **Resource Allocation System** (RAS) has not yet been taken forward due to operational priorities. However, this remains an important piece

of work and progress to date will be taken to the Regional Children's Board to be developed as a regional project with support from the West Wales Care Partnership Team.

The programme of improvement across our **residential services** for children has continued. Care and support arrangements for disabled young people who are moving on from residential care/foster care has been developed. Utilisation of staff from the children's setting to transfer and aid the transitional period helps ease such a big move. The first transition has been completed and was successful for the individual involved.

The homes are recovering well from the difficulties posed during Covid restrictions. Staff are working more freely between homes, and this is becoming the ethos of the service enabling us to be responsive in directing support where needed. Young people themselves have been involved in the planning, design, and appointment of care staff. We have continued to play an active role in the regional partnership Board and lead on several workstreams to transform health and care services in the West Wales region.

The **Corporate Parenting Panel** resumed meeting virtually since November 2021 to monitor and scrutinise the care and support that the Local Authority provides to our Looked After Children and Care Leavers. Throughout the Covid pandemic all Looked after children and care leavers have continued to be supported via the childcare teams and corporate parenting service to ensure they are safeguarded and receiving good quality care which has enabled them to reach their potential. A number of Care Leavers are studying in colleges and Universities and others participating in training which is a great achievement for the young people. In addition, a number of Care Leavers are graduating from universities, and subsequently taking up professional positions in the community.

The Corporate Parenting Service is also regularly monitoring the outcomes of Looked After Children through the MALAC (Multi-Agency Care Management meetings) and CYSUR Audit and Evaluation Meetings that have continued to take place virtually through 2021-22 to ensure the council fulfils its corporate parenting role and progress is monitored as part of the Corporate Parenting Strategy. Whilst the pandemic created challenges for children's services throughout 2021-22 the outcomes being achieved for Looked After Children and Care Leavers in Carmarthenshire has remained overwhelmingly positive.

Creating more **housing options** for vulnerable young people has faced a significant delay due to Covid. However, we are working closely with partner agencies to implement a 16-25 housing transformation plan which aims to decommission a number of current providers in the Tyisha area of Llanelli and replace with smaller accommodation with increased support for young people. The aim is to achieve this by September 2022. Following work between the Housing Department, Commissioning Services, Youth Support Service, and Children's Services, we anticipate new supported accommodation will be available by September 2022. Young people at risk of becoming homeless or those who are experiencing homelessness will now have the opportunity of being offered more supported accommodation in smaller housing projects within their communities as opposed to

larger supported accommodation which was mainly based in Llanelli. Increased support will also be available to ensure they are supported to achieve better outcomes.

In addition, children's services successfully applied for funding from the Housing Support Grant to develop an in-house Supported Lodgings service to increase capacity for supported lodgings placements for vulnerable young people aged 16-25. It aims to provide 24 placements for our young people including those who experience more complex needs. Staff are currently being recruited to run the service and it is hoped it will start to provide placements to young people within the next few months.

There is a new structure in place for **Electively Home Educated children (EHE)**. The number of families electing to educate their children at home has increased since 2020 and is continuing to increase. There are currently 565 children known to be electively home educated (541 statutory school age and 24 pre-school age). The most common reason for opting to home educate has been due to the Covid pandemic. It's a policy area where repeated recommendations for a strengthening of national guidance have been rejected by Welsh Government despite the Children's Commissioner, ADSSC (Directors of Social services) ADEW (Directors of Education) and the national safeguarding board all recommending action by government, the position of the promised guidance remains delayed by years despite multiple drafts and consultation. This is an area identified as a risk by the Mid and West Wales Safeguarding Board.

The level of engagement with EHE families continues to increase with 90% of children having had a visit within the last 12 months. Welsh Government funding has enabled us to strengthen the team on a temporary basis, and grant funding has also contributed towards a number of schemes and initiatives for EHE families and feedback has been positive. One of our Home Education Advisors has recently received a gold KIT award from home education charity "Education Otherwise". This award recognises officers who have achieved high standards in their role, nominated by home educating families.

Team Around the Family (TAF) are continuing to re-shape their service to meet future need. The TAF-in-Schools team has been amalgamated with the TAF Central team as part of the reshaping TAF to be a more efficient, place based, and community focused organisation. TAF are continuing to develop links with the third sector, and work closely with schools, Safeguarding and Attendance and Early Help team as part of the behaviour support agenda. The team have operated at a much reduced capacity (less than 50%) to meet the needs of families primarily through digital means. The first peer parent support group is in the early stages of development going forward into 2022/23.

The **Family Information Service (FIS)** has kept families and professionals up to date by providing information and advice via a variety of methods. During 2021/22 there have been 1866 enquiries to the FIS website. FIS Social media channels are continuing to grow and are an excellent means of communication. As well as 37,363 website hits, engagement via Facebook reached 31,247 and Twitter 33.4K. The Child Development Fund provides additional support to children and families who are

in greatest need and disadvantage especially due to Covid to ensure needs are identified early before they escalate. During the year, 178 families benefitted from the CDF with 187 children being supported.

Promotion of the **Childcare Offer** has continued with vigorous and multi-media advertising. During 2021/22 the number of enquiries to the webpage was 463, with 12,168 hits to the webpage. On average 500-600 children accessed the childcare offer each month during 2021/22. The new national digital service is planned to be rolled-out nationally in January 2023. Carmarthenshire is participating in a small pilot working with Ceredigion commencing September 2022.

All **Families First** projects have been providing a broad range of support to families/young people in a variety of locations including schools, office/community basis and families' homes as well as continuing to provide support virtually. Projects continue to face challenges including Covid related staff sickness, families contracting Covid, working with limited group numbers and pre booked appointments are still required. As restrictions ease, projects are working with greater numbers of individuals and are reporting an increase in referrals. FF Projects have benefitted from additional short-term grants from WG which has helped meet demand for support and enabled support from other agencies:

During 2021-22:

6792 individuals supported from the FF programme, of which **4876 (72%)** were new individuals.

3569 families supported from the FF programme, of which **2683 (75%)** were new families (as a result of working with people on a one-to-one basis)

591 single agency JAFFs were closed with a forward movement of **551 (93%)** on the distance travelled tool.

16 cases were stepped up to Social Services, of which **1** of those cases were stepped up to Ceredigion and **86** cases were stepped down from Social Services to the FF programme.

In most cases support has been provided on a one-to-one basis due to Covid restrictions. As projects have increased their face-to-face support, there has been an increase in the number of families stepping down from Children's Services into preventative services which will now help alleviate some pressures in statutory services.

Collaborative work has continued within **Flying Start** (FS) providing a holistic approach to communicate and engage with families, sharing ideas and resources. The Flying Start App has been integral in engaging families, keeping them informed and providing vital information. We have used mobile data devices to help families unable to download the app. The FS team met with WG to evaluate the success of the App, especially during Covid, with an aim of it being rolled out to other LA's. Challenges have continued due to ongoing Covid restrictions and lack of access to suitable venues for face-to-face delivery. Staffing issues due to Covid and vacancies

have also made it difficult to run full services. Language and Play (LAP) services have worked closely with the advisory teacher and educational psychologist has enabled them to offer bespoke support to individual childcare settings to support children's developing communication skills.

Direct Care Provision/Commissioned Care

Care Homes

Care Homes have been amongst the hardest hit by Covid. Thankfully, the roll out of the vaccination programme and the high take up amongst residents and health and social care staff has meant that in the majority of cases residents and staff are no longer becoming seriously unwell with Covid. However, it is still something that we need to manage carefully and the Welsh Government and Public Health Guidance still means that we are seeing ongoing patterns of having to close care homes to new admissions for significant periods of time.

We are hopeful that as the evidence is now showing that the effect of the vaccination programme has significantly lowered the risk to care home residents that we will start to see the guidance change and move away from the need to isolate new residents on admission and close care homes to new admissions when there are a number of cases. Clearly, each instance of Covid cases needs to be managed on a risk assessed basis, but we are hopeful that greater discretion will be given to Responsible Individuals to take risk-based decisions on how to operate their homes.

In the last year, 61 care homes (across older people, learning disability and mental health) have been under exclusion (incident status), with several homes being under exclusion on numerous occasions. However, in the last year we have seen only one home where Covid infection has led to significant levels of serious illness and death of residents.

Most of the care and support in Carmarthenshire is delivered by the independent commissioned sector. The Commissioning Team in Carmarthenshire has continued to play a significant part in supporting these services during the pandemic. The range of support has included:

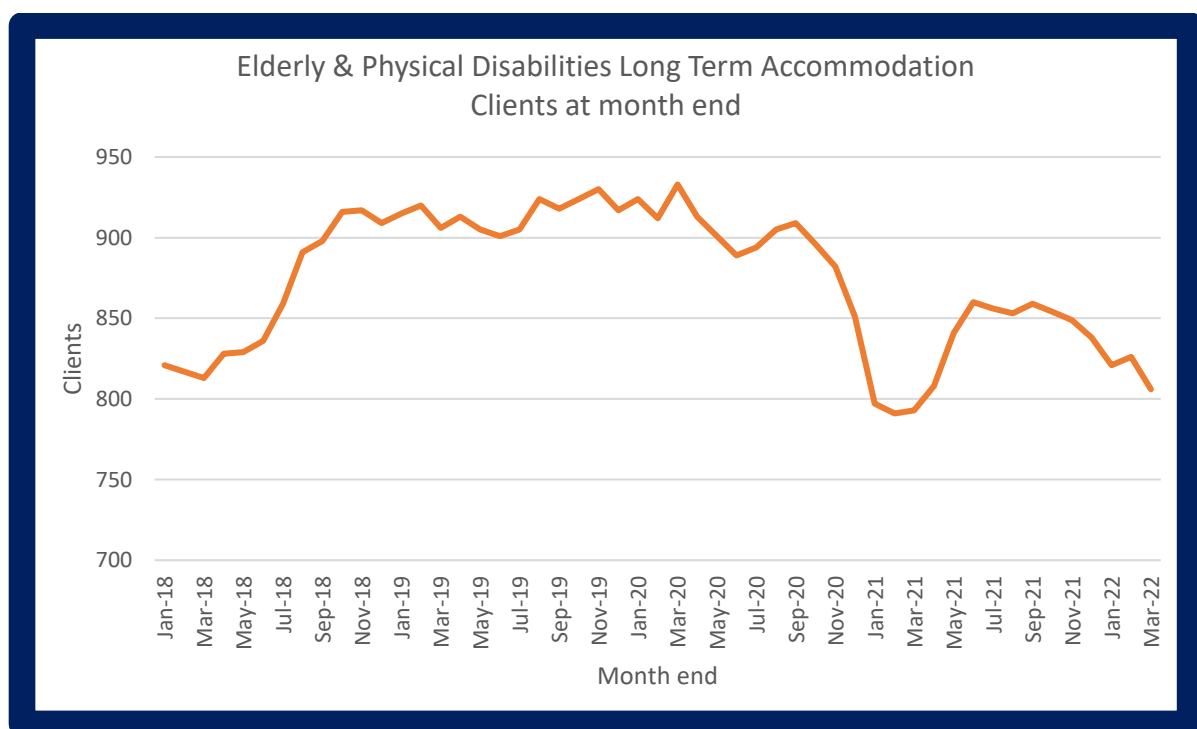
- Coordination of the numerous communications and guidance.
- Coordination and supply of PPE.
- Proactive communications with providers.
- Support for risk assessments surrounding admissions/returns from hospital.
- Initiating provider performance arrangements to address any Covid or other concerns in relation to service provision.
- Support with testing and infection control.
- Financial support.
- Coordination of support and liaison with care homes experiencing outbreaks.

Visiting care homes by families and friends has continued to be a challenge, but all care homes now have good systems in place to ensure that residents are able to have visitors and maintain family contact to support their wellbeing.

The sector continues to experience challenges with filling vacant beds and at the time of writing the report we had 12% of beds vacant in Carmarthenshire. A recent regional market stability report has been developed and is helping us to better understand the risks associated with the market and to consider what capacity we need going forward and how we work with providers to reshape their provision to better meet the needs of the population. Capacity and the ability to take placements is impacted by the difficulty the whole sector has in recruitment, albeit recruitment levels have improved significantly in the last few weeks within our in-house residential care settings.

The Population Needs Assessment has also been recently updated, which clearly articulates the demographic pressures linked to an increase in the population of over 85-year-olds and higher instances of dementia. The 'sufficiency' assessment of the Population Needs Assessment combined with the Market Stability Assessment of regulated services will provide a strong foundation for strategic planning for the next five years.

It is fair to say however that the impact of Covid has led to individuals and families making quite different decisions about their long-term care. People are choosing to remain at home much longer than they might have prior to the pandemic because of the much-publicised impact that Covid has had on care homes. The number of commissioned placements has decreased considerably as per the graph below. This is in part due to increased reluctance of people making this choice post covid, partly availability of beds and an increased reliance on community packages to meet need.



There has been unprecedented financial support to the care sector with vacancies paid through much of the pandemic even when costs reduced as numbers fell. The decrease in commissioned care home beds is now likely to be having a financial impact on care homes although there is no evidence at this stage that their viability is in question. Many need to evolve their business model to take a greater proportion of the elderly mentally ill (EMI) and ensure their staffing terms and conditions match the market rate.

Managing the mental and physical impact on staff in care settings continues to be one of the greatest challenges, which is compounded by the ongoing recruitment and retention issues linked to the workforce. We continue to provide support to external homes where we can and ensure that we are supporting the wellbeing of our own staff. We recognise that staff are tired after such a difficult two years, and we are doing everything we can to support them.

We have provided a substantial percentage uplift to residential home fees between 10.55% and 11.78% to enable them to pay staff at the real living wage and meet other inflationary pressures.

Domiciliary Care

We have articulated clearly what the challenges have meant in terms of the difficult decisions we are making surrounding people's care, and at the time of writing the report we were still seeing a declining trend in commissioned care hours, although it has started to plateau elsewhere. The decline is largely because of systemic workforce shortages across the county.

Despite the challenges, we are among the most forward thinking of authorities and are determined to address this national issue- there are some green shoots on the horizon. Late last year, we went out to tender for our new Domiciliary Care Framework and have been successful in appointing providers to all "lots" under the Framework. We officially launched the Framework in March 2022 and will be gradually moving to the new commissioning arrangements over the next few months. The new framework will allow us to meet some of the long-standing challenges such as equity of provision in some of the more rural areas of the county. It will also allow us to develop our Community Assessment Service with both our in-house and external provider, which will allow as many individuals as possible a period of assessment before long-term care decisions are made with a view to increasing independence and support people to remain safe and well at home for as long as possible. All commissioned hours should now be paid at the real living wage or above and receive a mileage rate that is comparable to the local authority (45p).

At the time of writing the report, we have just received the report concerning a CIW inspection of our in-house domiciliary care inspection. I am delighted to report that the feedback has been extremely positive. To receive this during a global pandemic and despite significant workforce challenges is quite remarkable.

The report is not yet published, however, the following is a summary of the feedback received:

“People and their relatives speak highly about the care and support they receive. Care records are person centred and reflect people’s individual needs. Care staff are well trained, have a good knowledge of the people they care for and are enthusiastic about working in the service. Dedicated and knowledgeable managers who are well supported by the Responsible Individual (RI) lead the service. The managers are accessible and well respected by all involved. The RI has good oversight of the service and there are robust systems in place to support this. The leadership team have good working relationships and a clear vision about the service.”

Measures to recruit and retain domiciliary care workers has become one of our core areas of work. We have developed a marketing campaign to try and attract people to want to come and work in the sector, we have provided financial incentives to encourage our own staff to work extra shifts and we have worked with the independent sector to try and improve rates of pay and consider recruitment and retention initiatives. As a result, the proportion of care delivered as a percentage of the total continues to grow and is now consistently at 38% of the market from a low of 22% 6 years ago. This is in line with the agreed strategy to rebalance care and ensure the care market in Carmarthenshire is balanced. It is intended a further review will be completed should we reach 50% of the market share. Reflecting the increasing complexity of the role, pay for our in-house teams is now up to £25,363 PA or just over £13 an hour. Despite this market leading rate recruitment remains extremely challenging.

I am particularly proud of this in-house workforce who have demonstrated remarkable resilience and commitment and continued to deliver care to our most vulnerable throughout this most difficult of times. Managing staff absence, whether that be linked to Covid, general sickness or vacancies has been extremely difficult and we have continued to rely on the goodwill and generosity of our staff to fill gaps when needed. Whilst our recruitment and retention work is currently only allowing us to increase numbers at a very slow rate, I hope in 2022/23 that we will once again be in a position to grow the workforce and get to a more sustainable position where we can better meet needs.

To contribute to this improvement, we hope to create a joint reablement service with the health-board giving comparable terms and conditions, joint recruitment and deployment. This will, if successful move away from the overall tension within the system where NHS Healthcare Assistants are paid substantially more than their local authority equivalents.

Regular compliance meetings with CIW for all registered services have taken place during 2021/22 and have been very positive. A key objective going forward is to grow

the in-house domiciliary service which will include supporting those with more complex needs.

Complaints and Compliments

Adults

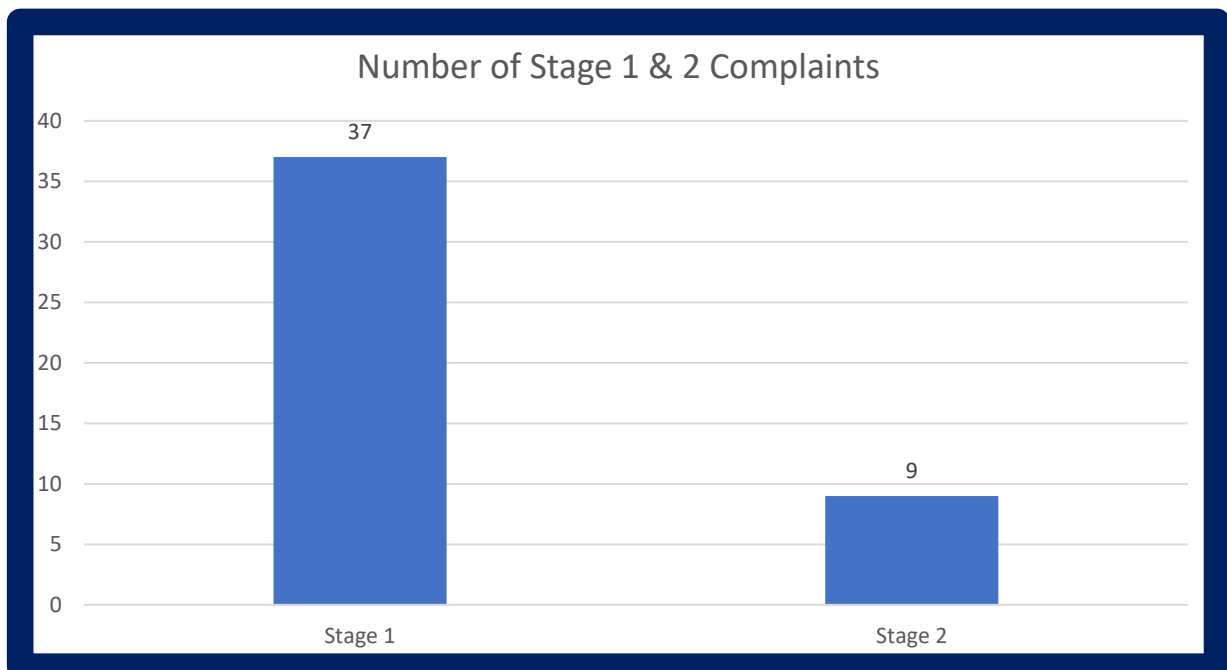
Adult Social Care complaints and compliments 2021/22. It provides a positive picture of the department's performance in the context of 4,190 individuals that received a social care service from Carmarthenshire County Council during this period. This means that only 1% of individuals formally complained about the service they received.

Complaints

A total of 46 complaints were recorded at either Stage 1 or 2 in relation to Adult Social Care.

Summary

- 37 of the Adult Social Care complaints were investigated at the local resolution Stage 1.
- 9 were recorded under the Formal Investigation of Stage 2
- A further 41 complaints were dealt with by the department and recorded either as Redirects, No Further Action, on hold pending safeguarding or other.



Ombudsman Complaints

In total, eight complaints have been escalated to the Public Services Ombudsman for Wales following completion of a Stage 2 investigation. Of the eight complaints, five were rejected and no further investigation took place. However, there are currently two complaints being investigated by the Ombudsman and the council had to issue compensation to one complainant that related to delays in the effective handling of a complaint relating to an external provider. Changes have been put in place to stop this happening again.

Compliments

A total of 172 Adult Social Care compliments were received in during 2021/22.

“We are delighted & so thankful to XX & everyone who’s involved in guiding us through this transition for Mam. Everyone has made the experience so stress free especially at a time when it can be very emotional. Could I please thank each & everyone for all the help, support, patience & guidance. It has been so painless with all of your help.”

“Would like to send a huge thank you for your kindness as my mums social worker. From our first Teams meeting with you, my sister and mam, you acted in mams best interest and quite frankly saw what a character she was. As a family we could not have wished for better care and support from your care team. You came in on a days annual leave and certainly went above and beyond to help mam be comfortable in the last few weeks. Diolch vn fawr

“Llawer iawn o ddiolch I chi am bob Cymorth a chyngor a gawsom fel teulu ganddoch yn ystod y flwyddyn ddiwethaf. Mae’n dda gwybod fod rhywun fel chi ar gael I rol cefnogaeth eto os bydd angen. Cofion cynnes iawn.

Children

In relation to Children services, there were sixteen (16) Stage 1 complaints received.

Twelve (12) of the Stage 1 complaints were not upheld.

There were four (4) Stage 2 complaints investigated by an Independent Investigating Officer (IIO)

Three (3) of the Stage 2 investigations were not upheld by outcome.

Of the 4 Stage 1 complaints upheld - these focused on;

How a foster carer communicated in a meeting about the parents (complainants) child. During a complex legal dispute over parental contact with their child how one parent (the complainant) alleged preferential treatment over such contact than the other.

The conduct of social workers carrying out a home visit for assessment/investigation purposes, not wearing face masks and not providing updates to the complainant on the assessment and investigations and that the complainant felt embarrassed by the visit due to lanyards being worn visible to neighbours impacting further on the complainant's mental health.

Concerns raised by complainants that during supervised contact they overheard contact staff at the venue discussing other cases which worried them in terms of whether their case would be discussed with others. It was established no names or identifying details were disclosed, but discussions did happen.

All the complainants received apologies and an explanation was given in respect to what had happened, including reassurance of compliance with the department's Covid policy/practice at that time, and relevant staff being reminded about confidentiality.

There was one (1) upheld independently investigated Statutory Stage 2 complaint. This related to an adult who was subject to social services involvement when a child in the early 1980's who believed should have been removed from an abusive home life (witnessing domestic violence).

The IIO concluded there were possible missed opportunities by professional involved at the time, and subsequently partially upheld the complaint and compensation was awarded.

Compliments

Compliment from High Court Judge & Guardian in respect of extremely complex case to childcare Social Workers. This kind of acknowledgment is rarely given when it should be but has been noticed on this case.

Judge x expressed gratitude to the Social Work team, for its sensitive, flexible and common-sense approach to both the case and the family, and for the work and support which is being provided in the future. The LA was also complimented on the quality of both its social work and legal documentation. The Children's Guardian made particular note of the Department's work with this family in her Final Analysis, stating that she wished her thanks to the social work team to be put on formal record, in light of the fact that they had *"worked tirelessly to support the family at what has been a difficult time"*. Mother has also formally acknowledged her gratitude to the LA for its approach with her.

Legal Team. Children's Guardian, and Barrister feedback to childcare Social worker

Excellent work it was a complex case and you managed this exceptionally well. The Guardian has fed back how impressed she was with your conduct of the case, your relationship with the three children as well as your final evidence, your detailed care plans and your oral evidence in court last week. The judge also referred to your comprehensive assessments of both parents in his judgment. You gave evidence clearly and understood what was best for the children... and gone above and beyond to provide the parent opportunities to engage.

It takes a very special person
To do the job that you both do
We don't know where we would be now
Without the help from you

You stood by us as we struggled
You were there through the good and bad
I think I speak for all your clients
You were the guardian angels when we were sad

You guided us through our bad days
You taught us so much too
If ever someone needs help like this
I'll be putting them onto you

Sometimes you may feel unappreciated
Some people may treat you bad
But believe us when we tell you
You are the best friends that we've had

Without you both I don't know what we'd have done
Or where we would be now
When we were down and in despair
You showed us the Where, When, and Who

We'll never forget what you've both done for us
And we will miss you in our own way
We'll always remember everything you've done
You're the reason we are who we are today

Thank you so much for all you've done for us
Throughout all our troubles and strife
It's guardian angels like you both
That deserve the best in life

Never put yourself or what you do down
We've gained two very special friends
I hope all that happiness you deserve
Will be there when this journey ends

Thank you both from the bottom of our hearts

Poem written by a young person to her child care Social Workers to recognise the difference they have made to their life.

Performance Framework

With the introduction of the Social Services and Well-being Wales Act, the Local Authority undertook a survey of people who use their Social Care Services via an annual questionnaire. The survey was conducted between March 2022 and May 2022 a response rate of **24%**.

The findings of the survey were positive and consistent with previous years.

- 90% of respondents felt that they live in a home that best supports their wellbeing.
- 57% answered 'Yes' they could do the things that were important to them.
- 55% felt that they were part of a community
- 88% were happy with the support they received from family, friends, and neighbours.
- 83% stated they felt safe from any kinds of abuse physical harm or from falling both inside and outside their home.
- 82% of respondents new who to contact about the care and support
- 75% of people stated they thought they had the right information or advice when needing it.
- 77% of respondents were involved in decisions.
- 91% were able to communicate in their preferred language

Full report can be available from the Performance, Analysis & Systems Team

Workforce

Having the very best people working for the Authority means the very best social care can be provided for our people in the community. It is important that staff feel proud about the social care they provide and feel they are connected to the local communities and the teams they work within.

I cannot stress enough how much our staff have continued to step up to the challenge and go above and beyond what is expected of them. The pressures continue to be immense, and without their flexibility and resilience we would not have a service to deliver. I recognise that being a social care worker, social worker, occupational therapist or staff who support our back-office functions is at times an impossible task within the context of the challenges we now face. However, despite everything, they continue to display the highest levels of compassion and empathy to the people they work with and are doing everything possible to help them achieve the best possible outcomes.

However, the position across the country is stark with the office for National Statistics seeing pay in the public sector falling in real terms by 4.5% last year. This impacts on our ability to recruit and retain the staff we need and, with over 1.3 million vacancies across the UK it is likely that recruitment will remain a challenge for some time.

To tackle this challenge the work that we are doing on recruitment and retention will be critical to grow and develop our workforce giving them real reasons to stay and develop their careers. To this end, I chair a social care recruitment and retention

working group which has developed our overall plan and is ensuring that it is delivered. Initiatives developed include:

- Overseas recruitment as well as how we ensure that all our staff are able to access appropriate career paths to encourage them to stay with us.
- Comprehensive advertising strategy
- A significant expansion of traineeships and secondments
- The development and launch of a Care Academi to deliver a career pathway for care staff
- Systematic job role reviews to ensure our roles reflect the task needed

We work closely with the trade unions and we are currently considering what actions we can take to support Homecare staff with the massive impact of fuel rises.

We recognise that the last two years has had a huge emotional and psychological impact on many of our staff, and this should not be underestimated. As a department, we have encouraged staff to come forward as Wellbeing Champions and now have a Wellbeing Champions Group who meet regularly to work through some of the wellbeing challenges and put suggestions for areas of improvement through to our Departmental Management Team. We are also providing dedicated wellbeing support at team level where we are experiencing challenges.

We asked a question to all staff in the Department if they would “[Rate Your Division as an Employer](#)” to understand their experience working in the department and Division. The response was consistent with previous years as “Good”, despite the ongoing pressures.

Carmarthenshire County Council care workers have been recognised in the Queen’s New Year’s Honours list for their services to health and social care during the Covid-19 pandemic.

Lisa Randell, a Support Worker and Lyndsay McNicholl, Care Home Manager at Llys Y Bryn Residential Home in Llanelli, were awarded the British Empire Medal (BEM) for their dedication and determinations shown throughout the crisis.



Welsh Language

Within the Communities Department, we have ensured the active offer is a priority, and this was recognised in a recent CIW inspection of Domiciliary care. CIW noted that in line with Carmarthenshire's policy and direction, the service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use the service.

"People receive care and support that meets their needs. Staff are knowledgeable, caring and take pride in the care and support they provide. Personal plans provide good information about the individual and daily records support these. The service provides an 'Active Offer' of the Welsh language. Many of the staff are Welsh speakers, which means people are able to communicate in Welsh or English as they choose."

Care Inspectorate Wales (CIW)

Whilst the Welsh Language Board has not met as frequently during the Pandemic, access to training has continued and a total 72 staff have completed their training. The sustainability of the Welsh language depends on providing enough educational, cultural and social opportunities to use the language daily and this is an essential part of our workforce strategy.

Within 2022 we have a workshop planned to refresh our Welsh Language strategy within the department. The promotion of the Welsh language and culture is a priority for the Communities department as it is at the heart of our communities in Carmarthenshire.

A revision of our strategy will provide the opportunity for us to build on the work that has already been done in Carmarthenshire, and create the conditions that will enable the Welsh Language to thrive, to ensure it can be seen and heard in our communities and amongst our workforce. The strategy will support and contribute to the Welsh's Government's vision to create a million Welsh speakers in Wales by 2050.

In our annual survey to people receiving care and support 91% were able to communicate in their preferred language.

"We found the Welsh language 'Active Offer' was being promoted with recognition of people's first language recorded and services being delivered in people's chosen language. Preferred language is recognised as a key factor in building effective relationships between people and practitioners. "

Care Inspectorate Wales (CIW) Assurance Check 2021:
Carmarthenshire County Council

Conclusion and Next Steps

Children's Services

| No | Action | By Who |
|----|--|--------|
| 1 | We will continue to transform children's social work practice through a Relationship based approach that incorporates systemic thinking and the principles of Signs of Safety. | |
| 2 | We will continue effective management oversight & challenge of Assessments & Care & Support plans to ensure they are outcome focused, evidencing the voice of the child, & reflect the underpinning principles of the Social Services & Well-being Act (SSWBA) | |
| 3 | We will review and monitor the implementation of the Corporate Parenting Strategy ensuring the council fulfils its Corporate Parenting role and that our looked after children and care leavers have the opportunity to reach their full potential | |
| 4 | We will continue to develop and deliver the early intervention support services (0-25) for disadvantaged children, young people, and families across the county in line with the Family Support Strategy, utilising opportunities for integrating services across the Children and Communities Grant and flexible funding opportunities with the Housing Support Grant. | |
| 5 | We will maintain the focus on increasing the range of placements to ensure placement stability and stability in education in respect of looked after children, including accommodation through the implementation of an in-house supported lodgings service. This will include the development of an in-house residential service. | |

Adult Social Care and Integrated Services

| No | Action | By Who |
|----|---|----------|
| 1 | Develop a 10 year strategy for Social Care incorporating Children and adult services | Director |
| 2 | Develop and implement a Digital Transformation Strategy for the department | GM |
| 3 | Develop and deliver a workforce Plan to recruit, retain and develop staff to ensure a sustainable workforce for the future | AB |
| 4 | Ensure we implement the new domiciliary framework which effectively addresses the lack of availability of domiciliary care to support vulnerable adults. | CH |
| 5 | Re-model and grow a quality, sustainable and efficient in-house domiciliary care service alongside an effective private and micro enterprise sector | AB |
| 6 | Develop and implement a Prevention Strategy for Carmarthenshire which will include continuing to work in partnership with Delta Wellbeing in support of our residents | AW |

Department's Management Structure



Mae'r dudalen hon yn wag yn fwiadol

**PWYLLGOR CRAFFU IECHYD A GWASANAETHAU
CYMDEITHASOL
5 HYDREF 2022**

PWNC:

**CYMERADWYO STRATEGAETH DEMENTIA PARTNERIAETH
GOFAL GORLLEWIN CYMRU**

Y Pwrpas:

Gofyn i Gyngor Sir Caerfyrddin gymeradwyo'r strategaeth ranbarthol.

Ystyried y materion canlynol a chyflwyno sylwadau arnynt:

Gofynnir i aelodau argymhell gymeradwyo Strategaeth Dementia Partneriaeth Gofal Gorllewin Cymru er mwyn iddi fynd drwy'r broses wleidyddol i gael ei chymeradwyo'n derfynol.

Y rhesymau:

Mae'r Strategaeth hon wedi'i llunio mewn partneriaeth rhwng swyddogion y 3 Awdurdod Lleol, y Bwrdd Iechyd a phartneriaid yn y trydydd sector yn ogystal â phobl â phobl â dementia, eu gofalwyr, ac aelodau o'r teulu. Mae'n cefnogi sawl amcan allweddol yn y Cynllun Corfforaethol, a'n hamcan llesiant i 'gefnogi pobl hŷn er mwyn iddynt heneiddio'n dda a chadw'u hurddas a'u hannibyniaeth wrth wneud hynny', a bydd cymeradwyo'r strategaeth yn ein galluogi i ddarparu gwasanaethau yn unol ag anghenion ein cymuned.

Llunio barn am faterion sydd i'w cyflwyno gerbron y Cabinet / Cyngor i'w hystyried.

Angen cyfeirio'r mater at y Cabinet / Cyngor er mwyn gwneud penderfyniad: OES

Angen i'r Cabinet wneud penderfyniad: 17 Hydref 2022

Angen i'r Cyngor wneud penderfyniad: 9 Tachwedd 2022

YR AELOD CABINET SY'N GYFRIFOL AM Y PORTFFOLIO:-

Y Cynghorydd Jane Tremlett (yr Aelod Cabinet dros Iechyd a Gwasanaethau Cymdeithasol)

Y Gyfarwyddiaeth:
Cymunedau

Awdur yr Adroddiad:
Monica Bason-Flaquer

Swydd:

Rheolwr Rhaglen a
Newid, Dementia

Ffôn: 07775407085

Cyfeiriad e-bost:
mabason-flaquer@sirgar.gov.uk

EXECUTIVE SUMMARY
HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE
5TH OCTOBER, 2022

**APPROVAL OF THE WEST WALES CARE PARTNERSHIP'S
DEMENTIA STRATEGY**

In February 2021, the West Wales Care Partnership appointed healthcare consultancy Attain to develop a regional dementia strategy and service model pathway of care. The strategy, finalised in April 2022, was co-designed with officers, people living with dementia and their carers across West Wales. The strategy also provides a programme governance structure and the foundation on which to manage the Regional Integration Fund funding and ensure new ways of working are fully resourced.

This document seeks approval of the strategy from Carmarthenshire County Council; the strategy is simultaneously going through the democratic processes for approval in Ceredigion and Pembrokeshire, and has already been approved by the Health Board.

The context for this work includes:

- Increasing focus worldwide on dementia and its impact on health and social care systems; prevalence is increasing year on year, mainly due to people living longer, particularly in high income economies.
- The Welsh Government's Dementia Action Plan 2018-2022.
- The vision for Wales to be a 'dementia friendly nation that recognises the rights of people with dementia to feel valued and to live as independently as possible in their communities'.
- Improvement Cymru's All-Wales Dementia Care Pathway of Standards (March 2021). This work, directed by the requirements of the Dementia Action Plan for Wales, is overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIIG).

The strategy sets out a West Wales vision for dementia services, to 'Support each person to live well and independently with dementia for as long as possible', and outlines a dementia wellbeing pathway which focuses on streamlining pathways and placing people living with dementia and their carers at the centre of our service provision.

Implementation of the strategy will focus on:

- Implementing best practice within primary care, social care, care homes, domiciliary care and specialist services.
- The development of the diagnostic pathway and post diagnostic support, support and co-ordination for people living with dementia and their carers and supporting carers to care for family members living with dementia.
- Providing support, training and help to navigate/co-ordinate services to families, build resilience and maintain balance across all aspects of their life.
- Improving end of life care so that people living with dementia die in a place of their choosing with dignity and improve co-ordination across different care providers to ensure they understand the end-of-life care plan.

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: Alex Williams

Head of Integrated Services

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

1. Policy, Crime & Disorder and Equalities

The Dementia Strategy supports several key objectives within the Corporate Plan, 'Moving Forward in Carmarthenshire: the next 5-years', primarily, 'Continue to support residents affected by dementia and support the development of more dementia friendly and supportive communities across the County.' It will also deliver work contributing to our wellbeing objective to 'support older people to age well and maintain dignity and independence in their later years.'

An Equality Impact Assessment has been completed, highlighting the potential benefits of the strategy for people affected by dementia (disability), older people, and Welsh language speakers. The Dementia Steering Group which will oversee the delivery of the strategy also includes representation from Hywel Dda Health Board's Diversity and Inclusion team to provide assurance that the needs of diverse groups will be considered within the implementation of the strategy.

Any service changes or developments will be delivered in line with existing Welsh Language requirements, which all partners (NHS, local authorities, and third sector) are required to adhere to.

3. Finance

The bulk of the work that sits within the Dementia Strategy has historically been funded through the Integrated Care Fund (ICF), transitioning into the Regional Integration Fund (RIF) in 2022/2023. The West Wales Care Partnership team oversees RIF funding and relevant reporting back to the Welsh Government; the Dementia Steering Group oversees management and distribution of dementia funding within this and senior decision makers from both the NHS and all 3 Local Authorities are represented on this group to ensure appropriate authority is in place for financial decisions.

The strategy has recommended a review of all projects currently funded through ICF/RIF funding, to ensure that the funding is delivering impact and value, and this is an ongoing process. Where the strategy has recommended new services be developed, such as the Dementia Wellbeing Connector (in line with the expectations of the national Dementia Care Pathway of Standards), the Dementia Steering Group will first seek to identify whether existing funding can be redirected to support this and any additional funding opportunities through the RIF. However, for this service to be delivered long-term and sustainably, it will require additional funding commitments from all partners involved. The Steering Group will ensure that any additional funding decisions and commitments are taken through the appropriate processes within Carmarthenshire County Council and other partner organisations.

7. Staffing Implications

Any potential staffing implications through changes to services or introduction of new services will comply with statutory employment legislation and the Authority's employment policies.

CONSULTATIONS

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

Signed: Alex Williams

Head of Integrated Services

1. Local Member(s)

NA

2. Community / Town Council

NA

3. Relevant Partners

The strategy is simultaneously going through democratic processes for Ceredigion and Pembrokeshire County Councils. The strategy was endorsed by the Regional Partnership Board on 16th May 2022 and has been approved by the Health Board.

4. Staff Side Representatives and other Organisations

NA

CABINET MEMBER PORTFOLIO HOLDER(S) AWARE/CONSULTED

YES

The West Wales Care Partnership's Dementia Strategy, developed in partnership with the three local authorities, Hywel Dda University Health Board and third sector partners, offers a co-ordinated approach to develop a dementia friendly region delivering services to people at all stages of their dementia journey.

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 |
|----------------------------|-----------------|---|
| Dementia Strategy | To be completed | Appendix 1 to this report |
| Equality Impact Assessment | To be completed | Appendix 2 to this report |

Mae'r dudalen hon yn wag yn fwriadol

West Wales Care Partners (WWCP) Dementia Strategy



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1. Background

Background

- The West Wales Care Partnership (WWCP) brings together organisations from the statutory, third and independent sectors with a remit of integrating and transforming health, care and support in the region.
- A statutory Regional Partnership Board oversees the work of the WWCP.
- A regional Dementia Steering Group sits underneath the RPB and comprises representation from across the Partnership. It provides a mechanism for developing a regional approach to caring for people living with dementia (PLWD) and their families. This Group worked closely with Attain in developing the draft Strategy and will have a key role in taking forward implementation of the next phases of work.
- Welsh Government provides funding through the Integrated Care Fund (ICF) to support the improvement of care and support for PLWD and their families, This funding is managed through the Dementia Steering Group and will be instrumental in delivering agreed priorities within the Strategy.
- Key partners on the WWCP are:



Carmarthenshire
Association of
Voluntary
Services



Pembrokeshire
County Council



Pembrokeshire
Association of
Voluntary Services



Carmarthenshire
County Council



Ceredigion
Association of
Voluntary
Organisations



Hywel Dda University
Health Board



Ceredigion
County Council

Background

In February 2021, the WWCP appointed Attain to work with partners to develop a regional dementia strategy and service model pathway of care. Alongside this work, we carried out a review of the regional ICF dementia projects which provided a steer as to what services should continue to be funded, as well as an indication of any additional initiatives that should be undertaken during 2021/22. One priority area was for Attain to develop a business case for the introduction of a dementia wellbeing connector which is based on best practice and an intrinsic role within the WW Dementia Wellbeing Pathway.

The context for this work includes:

- Increasing focus worldwide on dementia and its impact on health and social care systems; prevalence is increasing year on year, mainly due to people living longer, particularly in high income economies.
- To clarify its dementia strategy, In February 2018, the Welsh government published the 'Dementia Action Plan 2018-2022'.
- The vision is for Wales to be a 'dementia friendly nation that recognises the rights of people with dementia to feel valued and to live as independently as possible in their communities'.
- In March 2021, Improvement Cymru published the All-Wales Dementia Care Pathway of Standards. This work, directed by the requirements of the Dementia Action Plan for Wales, is overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIG).
- The twenty standards have been designed to be dynamic by responding to evaluation and supporting evidence. They sit within four themes: **Accessible, Responsive, Journey, Partnerships and Relationships Underpinned by Kindness and Understanding.**
- The standards have been developed using the Improvement Cymru Delivery Framework and it is anticipated that work will focus on developing a two-year Delivery Framework Guide for the Welsh regions covering the period April 2021 – March 2023.

Prior to the implementation of the Framework, Attain has co-designed this strategy with colleagues, people living with dementia and their carers across West Wales. The high-level strategy also provides a programme governance structure and the foundation on which to fund services which is in line with the Improvement Cymru Delivery Framework.

Project requirements and activities

This slide outlines the project requirements, the outcomes from the work undertaken and key actions.

The Ask:

1. Overarching Dementia Strategy and Delivery Plan

- Facilitate co-production of a regional dementia strategy with stakeholders, PLWD and their carers
- Develop a sustainable model and associated delivery plan for the strategy in the medium to longer term**, deployment of existing and future funding streams to support this and accounting to Welsh Government and other stakeholders on delivery and impact
- Consider future regional programme ownership** and leadership requirements to implement and deliver the dementia strategy
- The dementia strategy and associated delivery plan needs to be considered in the context of **changing demographics across the region**, the long-term impact of COVID-19 on people with dementia and evidenced impact of existing workstreams

2. Development of a business case for the dementia case manager role

- In line with All Wales dementia standards and the Health Board's recently developed palliative and end of life care strategy, develop a business case for the dementia case manager role

3. In respect of the above tasks, Attain have been required to:

- Work with a range of national and regional stakeholders, including Welsh Government officials, system leaders, service managers, clinicians and practitioners, elected and independent members and users and carers as appropriate
- Produce high quality proposals and reports to a range of audiences

Attain have:

1. Overarching Dementia Strategy and Delivery Plan:

- Produced a report following a review of national and international best practice
- Worked with colleagues to develop a **regional strategy, vision and service model pathway based on best practice**
- This strategy includes a **proposed programme and governance structure** which fits with the Welsh Government and Regional structures
- The strategy includes a summary of **current and future population demand and prevalence**. Information relating to the impact of COVID-19 upon those with dementia is not available at this stage
- Stakeholders have identified that COVID-19 has impacted timely diagnosis due to late presentations and inability to access assessment services

2. Development of a business case for the dementia wellbeing connector role:

- Carried out a desktop review on best practice in dementia case co-ordination/management and average case load level
- Developed a business case with input from the WWCP dementia steering group members

3. Stakeholder engagement:

- Attain have worked with multiple stakeholders across the region people living with dementia (PLWD) and their carers and front line staff. All West Wales Care Partners have been fully engaged and very supportive in the development of this strategy

Key Recommendations

1. Implementation of strategy and dementia wellbeing pathway

- Once the strategy is formally approved by the WWCP, socialise the recommendations of the strategy, and the dementia wellbeing pathway to ensure that it is owned by colleagues, PLWD and their carers across West Wales
- A communication plan should be developed to run for the life of the strategy
- WWCP to adopt the proposed governance structure and recruit a Regional Dementia programme manager
- A full business case should be developed to take forward the establishment of the dementia wellbeing connector role
- The strategy, vision and service model pathway should be reviewed once information is available regarding the impact of COVID-19 upon those with dementia and their carers
- The waiting time for diagnosis should be reviewed and monitored; solutions should be found to address long waiting times, including the codesign and development of the regional dementia diagnosis pathway

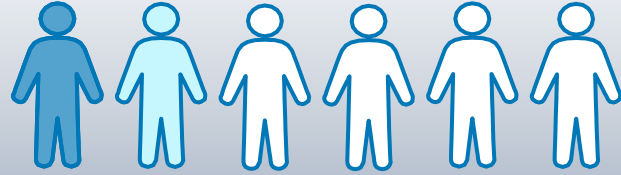
2. ICF Dementia Plan:

- The strategy recommends that a review be undertaken of ALL initiatives currently funded by the ICF, including evidencing outcomes, align funding to implement the strategic priorities, and ensure any new way of working is fully resourced
- Develop a regional strategic and co-ordinated approach to supporting carers – consider top slicing the dementia ICF funding to enhance the carers' element so ensuring continuation of services, supporting those who are caring for people living with dementia

2. Population needs analysis

For more information on the population analysis please see appendix 1

Population projection of those with dementia in West Wales



1 in 6

Alzheimer's Society UK estimates dementia affects one in six people aged 80+. West Wales records show 1 in 10 people over 85 with dementia.

Alzheimer's Research estimates that the diagnosis rate* is 53% across Wales, suggesting a **current** unmet need across Hywel Dda of 2,400 patients

The table below shows ALL diagnoses of dementia on the West Wales GP register **forecasted forward**, factoring in the increase in over 85s and an estimate of undiagnosed need. Data on waiting lists was not available but it is important to find ways to monitor this as demand increases.

| County | Current diagnosed (on GP register) | Current estimated undiagnosed | Current estimated total prevalence | 2040 projected diagnosed** (based on current diagnosis rate) | 2040 projected undiagnosed** | 2040 projected total prevalence |
|-------------------|------------------------------------|-------------------------------|------------------------------------|--|------------------------------|---------------------------------|
| Carmarthenshire | 1,363 | 1,208 | 2,571 | 2,035 | 1,793 | 3,828 |
| Ceredigion | 578 | 512 | 1,090 | 863 | 760 | 1,623 |
| Pembrokeshire | 871 | 772 | 1,643 | 1,300 | 1,145 | 2,445 |
| West Wales | 2,812 | 2,492 | 5,304 | 4,198 | 3,698 | 7,896 |

7,896
by 2040
(inc. undiagnosed need)



To put this into perspective...

This is equivalent to everyone in **Pembroke** living with dementia.

Dementia Diagnosis West Wales

Predominantly **(62%) female** due in part to longer life expectancy of women

65% of dementia patients in UK are women and they also make **up over 60% of carers**

45% of patients are over 85 years old and this population will grow across Hywel Dda

Leading cause of death in the UK (pre-COVID-19) and represents 12.7% of all deaths

Diagnosis prevalence across **Ceredigion is highest: 0.8%** of total list

Ceredigion has the highest proportion of **over 65s at 26%**; the average for Hywel Dda is 25%

The population of Hywel Dda is ageing, **over 10% will be over 85 by 2040**

Adult population is reducing across all areas, in particular in **Ceredigion (-11% 2040)**

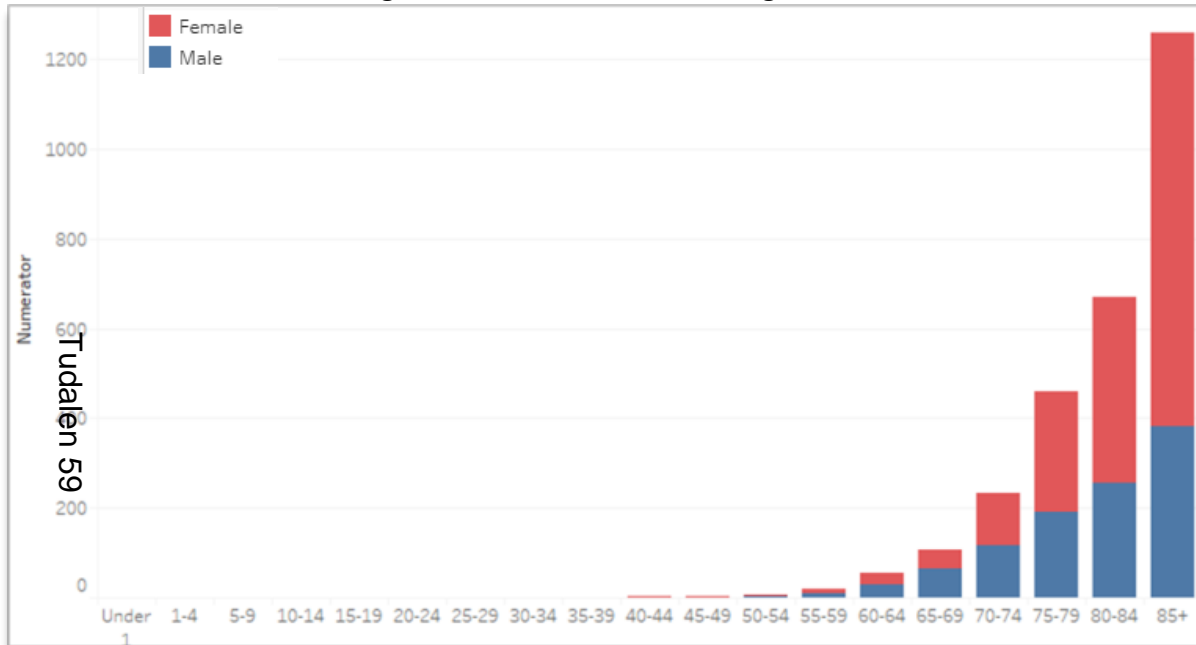
Decreasing adult population reduces supportive care for the older population

84 patients on the register with young onset dementia (0.06% of adults)

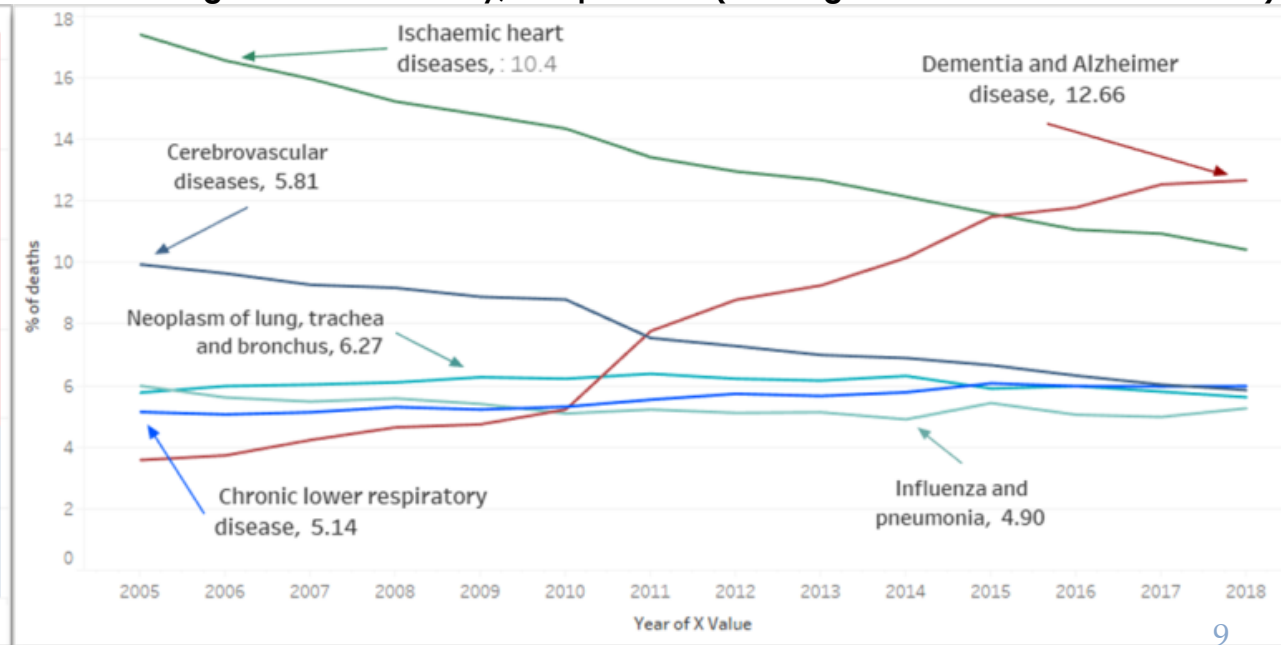
56% of young onset* diagnosis are male (24 are in Carmarthen and 10 in Ceredigion)

*Young onset dementia is the onset of dementia when a person is under 65 years old. Across West Wales there are 84 patients on the registers who are under 65 years old. Of those, 55 are in the 60-65 year age group. This gives West Wales a rate of 0.04% across the population in the adult population, which is very similar to the rate seen across Wales registers nationally.

Patients on GP registers with a dementia diagnosis West Wales



Leading causes of mortality, UK up to 2018 (showing most recent % of total deaths)



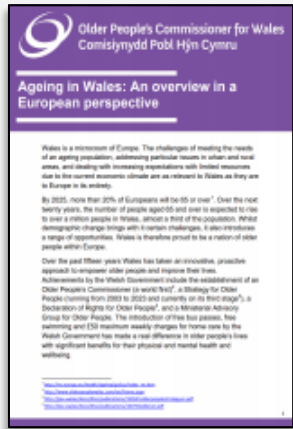


3. Current action plans, regional transformation projects

Relevant dementia documents for Wales:

This strategy and the future palliative & EoLC programme will draw on key existing initiatives:

Ageing Well in Wales



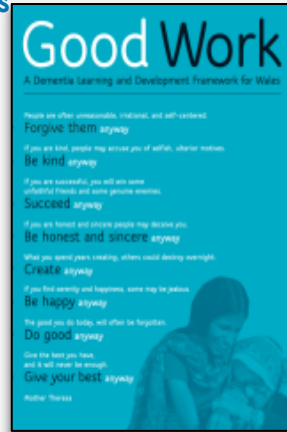
Launched in 2014 **Ageing in Wales: An overview in a European perspective**

5 Priority areas to improve the health and well-being of older people in Wales :

- Age friendly communities
- Dementia supportive communities
- Falls prevention
- Loneliness and isolation
- Opportunities for learning and employment

Appropriate accommodation for older people can help to contribute to addressing all of the above.

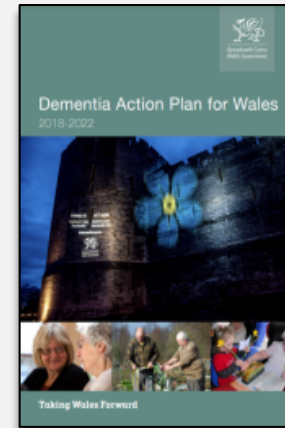
Good Work Framework A Dementia Learning and Development Framework for Wales



Published in 2016 Overall, the aim of the Framework is to support people to freely, creatively and responsibly identify and address their own specific learning and development needs within the context of their lives and circumstances, wherever they happen to be. The intention of the Framework is not to constrain people by providing an overly prescriptive list of who needs to know and do what.

This Framework is intended to support what matters most to the people of Wales, as well as the spirit and requirements of Welsh policy, legislation and guidance regarding the care, support and empowerment of people with dementia, carers and the health and social care workforce.

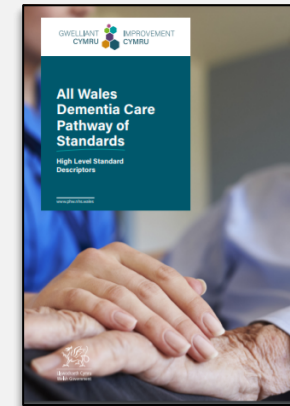
All Wales dementia action plan



In February 2018 the Welsh government published the 'Dementia Action Plan 2018-2022'

The Action Plan sets out a clear strategy for Wales to be a 'dementia friendly nation that recognises the rights of people living with dementia to feel valued and to live as independently as possible in their communities'.

All-Wales Dementia Care Pathway of Standards



In March 2021, Improvement Cymru published the All-Wales Dementia Care Pathway of Standards. This work, directed by the requirements of the Dementia Action Plan for Wales, is overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIG). **20 standards** have been designed to be dynamic by responding to evaluation and supporting evidence. They sit within four themes: **Accessible, Responsive, Journey, Partnerships and Relationships Underpinned by Kindness and Understanding.**

The standards have been developed using the Improvement Cymru Delivery Framework and the work will focus on developing a two-year Delivery Framework Guide for the regions across Wales covering the period April 2021 – March 2023.

EoLC Health Board dementia specific provision - West Wales area

The HDuHB Together for Health End of Life and Palliative Care Delivery Plan 2016 -2020 outlines the current EoLC resources available to support people with dementia: [Source: HDuHB Together for Health End of Life & Palliative Care Delivery Plan 2016 -2020](#)

Current Services:

- Using Welsh Government funding which was facilitated by West Wales Care Partnership, HDUHB commissioned Paul Sartori and Marie Curie to deliver training on Advance Care Planning and Dementia
- Marie Curie Senior Nurses help patients with advanced dementia access palliative and end of life care services across the region. The nurses support multi-disciplinary teams to meet the care needs of people with dementia in hospital, at home and in care homes. They also aid the safe transfer of care across care settings.
- Paul Sartori Foundation also provide education to a variety of audiences, both to their own staff but also to others across the Health Board, including topics such as dementia.
- In Pembrokeshire various members of the team have also contributed to other educational events, including teaching about Advance Care Planning at a dementia conference.

Areas for improvement:

- More work is needed on early detection of those living with dementia and to provide the support required. This will include education for colleagues within primary care to consider when someone with dementia is approaching their end of life and support to include this group within palliative care registers.
- Improve early detection and care of frail people accessing services, including those with dementia, specifically aimed at maintaining wellbeing and independence.
- Recognise the need to give particular focus to the experience of specific groups including those who have learning disabilities, dementia, hearing or sight problems and those who are elderly and frail. Carers are a particular group of people who often go unrecognised.
- In addition to the development of the Long-Term Care Patient Pathway, each Long-Term Care Specialist Nurse is developing a special interest in a particular area of expertise; these areas include pain management, end of life care, dementia care, nutrition, medication management and other aspects of fundamental care. These skills will be utilised to support safe and person-centred care delivery.

While services are in place in West Wales, implementing the priorities from the Welsh Dementia Action plan have been included in the palliative and EoLC programme plan and will have significant impact on the quality of EoLC services for those with dementia.



4. What does best practice tell us?

Dementia – key areas of focus

- The review of national and international best practice and innovation in dementia, identified many areas of best practice, research and innovation across the whole dementia care spectrum.
- Dementia is a condition that cuts across system wide services and is therefore everyone's business. It is important to understand to recognise that dementia services need to be embedded in the whole system of provision.
- This strategy focuses on key areas to drive improvement and innovation across West Wales, namely:
 1. Implementing strategies to achieve early diagnosis
 - i. Supporting GPs, allied health professionals (AHPs) and nurses to make assessments and improve quality of referrals to specialist services
 - ii. Focus on implementing best practice within social care, domiciliary care, care homes and specialist services
 2. Implementing care pathways, particularly post diagnostic support
 - i. Support and co-ordination for PLWD and their carers
 3. Supporting carers to care for family members with dementia
 - i. Providing support, training and help to navigate/co-ordinate services to families, build resilience and maintain balance across all aspects of their life
 4. Improving end of life care so that PLWD die in a place of their choosing with dignity
 - i. Co-ordination amongst different care providers to ensure they understand the end-of-life plan

Early diagnosis – in the community

- **NICE guidelines suggest assessment and diagnosis take place in non-specialist settings.** This backs up **international models** where **diagnosis is made in Primary Care where possible.**
- GPs, AHPs and nurses can decrease pressure on specialist services through;
 - Assessment and diagnosis in primary care
 - Improving quality of referrals into specialist care
- GPs and colleagues within primary care are also often the first contact for someone living with dementia, but many studies across UK and internationally show a lack of confidence from GPs, AHPs and nurses within primary care to diagnose dementia
- Increased training, awareness and new dementia models within primary care can all help towards optimising resource capacity and achieving earlier diagnosis of dementia
- Some diagnosis models suggest a 3-tier approach 1) initial assessment in primary care 2) a second assessment/diagnosis by dementia care experts within primary care 3) referral to memory clinics for dementia diagnosis.

Improving Primary Care Assessment/ Diagnosis

- Training for GPs, AHPs and nurses aligned with the 'Good work' framework and international best practice
- Funding/frameworks in place to encourage GPs and AHPs to attend training
- Increase confidence of GPs and AHPs to improve dementia diagnosis/quality of referrals to specialist services
- Support framework for GPs and AHPs including toolkits, guidelines and regular training
- Rapid access to dementia experts in primary care and specialist memory clinics



Primary Care Assessment

Primary Care

- Training for GPs, AHPs and nurses based on the 'Good Work Framework' for dementia awareness and to spot early signs of dementia
- Training to undertake some testing to identify people who may have dementia
- Reduce strain on specialist memory clinics by improving quality of referrals
- Remove barriers to GPs and AHPs attending training
- Consider delivering training online to improve accessibility

Primary Care Dementia Experts

Primary Care Dementia Experts

- Identify a cohort of GPs, AHPs and nurses that can act as dementia experts (e.g. GPs, AHPs and nurses with special interest)
- Specialist training for dementia experts based on the 'Good Work Framework'
- People identified in primary care could be referred for additional assessment
- Access to diagnostic tools
- Improve quality of referrals to specialist memory clinics

Specialist Care

Memory Clinics

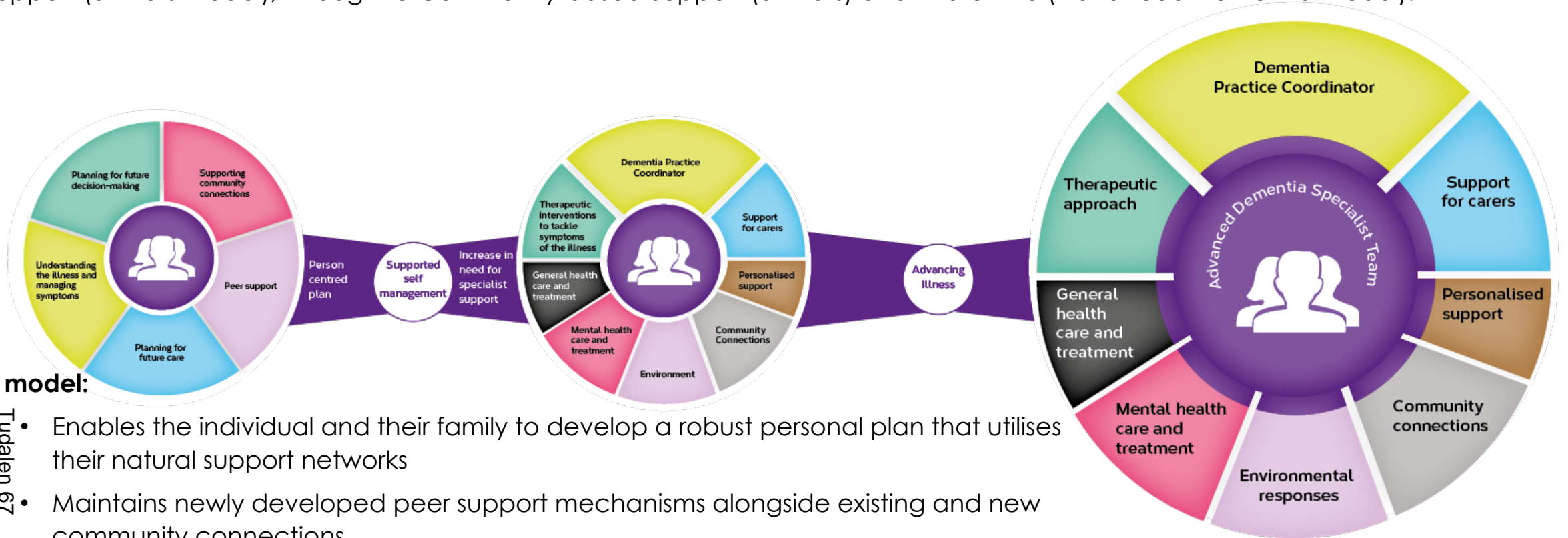
- Services commissioned in line with frameworks
- Memory Services National Accreditation Service MSNAP
- Review of and alignment with best practice from across UK
- Improved brain scan protocols
- Focus on reducing referral to diagnosis times and managing capacity and demand
- Focus on diagnosis rates
- Seamless link into post-diagnostic support

Implementing care pathways

The Wales Dementia Action Plan outlines the need to develop more formal pathways of care for PLWD and this aligns with best practice strategy internationally.

The post-diagnostic support model in Scotland is the only documented model currently being used across the world.

The Scottish model outlines how best PLWD would be supported as their condition progresses. Beginning at Post Diagnostic Support (5 Pillars Model), through to Community-based Support (8 Pillars) and End of Life (Advanced Dementia Model).



The model:

- Enables the individual and their family to develop a robust personal plan that utilises their natural support networks
- Maintains newly developed peer support mechanisms alongside existing and new community connections
- Supports people to live well and independently with dementia for as long as possible

Support and care co-ordination

- Family and carers play a pivotal role in enabling PLWD to live independently in communities for as long as possible
- They will pick up the majority of care, especially in the early stages if an early diagnosis has been made – both national and international strategy is focusing on the need to minimise the impact of caring for someone with dementia
- They need support to build up resilience, develop the skills for caring for someone living with dementia and still be able to maintain a quality of life outside of their care for the PLWD
- Access to flexible respite care is crucial so that families and carers are able to maintain quality of life
- Being involved and supporting their family member with dementia to make decisions about their care is crucial and understanding the services available is key to helping achieve this
- Dementia hubs are playing an increasingly important role in many areas, providing a single point of access and support across a range of services for both PLWD and their carers

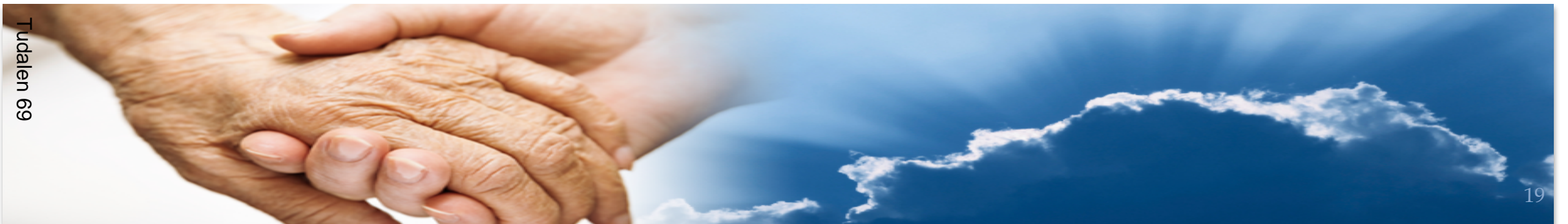
Services provided in dementia hubs include:

- Support staff, including dementia support workers, admiral nurses etc.
- Support groups for PLWD and their carers
- Access to local dementia services
- Training programmes for carers
- Activities for PLWD
- Dementia cafés
- Memory Clinics
- Access to finance/ legal/ benefits advice
- Involvement in research opportunities



End of life care

- In the case of dementia, it can be difficult to predict when a person is nearing death. They may present with signs that suggest they are very close to death, but in fact can show these signs for many months, or even years
- In addition, a PLWD may die from another medical condition, for example cancer or heart disease. They may also have infections and minor illnesses on top of these ongoing conditions
- Other conditions and illnesses may mean the person is cared for, or ultimately dies, in a hospital or a facility that does not specialise in dementia care
- Despite knowledge about end-of-life care increasing greatly over the past ten years, particularly in areas such as cancer care, many PLWD still do not receive good quality end-of-life care
- Where possible, advance care planning should take place so that PLWD can make decisions about their care - early diagnosis of dementia plays a key role as a person can make decisions about their end-of-life care alongside family/carers
- It is important that advance care planning is fully embedded in wider inclusive, personalised care and wellbeing planning for dementia and that support is available for Carers when a PLWD passes away
- A coordinated approach between all organisations that care for a PLWD is required – so everyone understands the person's wishes and how they want to be cared for at the end of their life



5. Feedback from structured interviews

Stakeholder Engagement

The development of this strategy has taken place from February 2021 through to January 2022. It has been led by Attain (an independent provider of health support services) who were commissioned by Carmarthenshire County Council on behalf of the WWCP to work with partners, PLWD and their carers to develop a dementia strategy, vision and Dementia Wellbeing Pathway across the region of Carmarthenshire, Ceredigion and Pembrokeshire. The work has been well supported by stakeholders, PLWD and their carers from across the region who have worked very hard to provide local knowledge and insight, through structured stakeholder discussions. The themes stemming from the interviews have been summarised on the following pages.

Many thanks to those who have engaged in this work:

Name

Carmarthenshire County Council adult social care service managers

Carmarthenshire County Council CRT teams

Ceredigion County Council Directors of adult social care

Ceredigion County Council Corporate Managers for Mental Health and Wellbeing and Planned Care

Age Cymru Dyfed

Pembrokeshire County Council Practitioners Forum

Pembrokeshire Association of Voluntary Services

Pembrokeshire Association of Voluntary Services Provider Forum

Hywel Dda University Health Board (HDUHB) Long term Conditions Team

HDUHB regional admiral nurse team

HDUHB Occupational Therapy Mental Health Team – Older Adults

HDUHB Acute Hospitals Dementia Wellbeing Team

HDUHB Older Adults Mental Health Team

HDUHB Heads of service - Therapies

HDUHB Dementia Wellbeing Community Team

Regional Care Home Provider Forum

Healthier Pembrokeshire Forum

Tywi Taf Cluster

Amman Gwendraeth Cluster

North Ceredigion Cluster

South Ceredigion Cluster

North Pembrokeshire Cluster

South Pembrokeshire

Enormous thanks goes to the 16 carers who gave up their time to provide information on the experiences of the people they are caring for as well as from their own caring perspective – this strategy would not be possible without your input.

The themes stemming from the interviews with carers have influenced the development of the service model pathway and the recommendations within this report.

Wellbeing, risk reduction and delaying onset, raising awareness and understanding

Recognition, identification and initial support

Assessment and diagnosis

| | | | | |
|---|--|--|--|--|
| <p>Training - Mainly have to work it out oneself especially after hospital discharge with a catheter. That was an absolute nightmare</p> | <p>Carers need training on how to deal with and cope with the person. I am learning as I go along</p> | <p>I had to work out what to do. Our finance's, business, everything it was overwhelming</p> | <p>No information advice or support. It is only recently that people are beginning to help me</p> | <p>Couldn't get anyone to admit to the diagnosis</p> |
| <p>Absolutely no training - had to find out by myself. Got lots of leaflets but I really needed someone to sit with me and explain things</p> | <p>Rather a lot of confused phone calls from carers' association. No help from the GP or the carers' association</p> | <p>Stumbled along in the dark. Given support through a fluke re enquiring about council tax</p> | <p>Information and advice at the very beginning was great but there was no joined up thinking</p> | <p>Went to the GP and gave diagnosis of dementia - wanted a referral to MH services in case it was a dementia that could be treated - took 2 years</p> |
| <p>Took ages to connect with the incontinence nurse. Now trying to get through to the dentist</p> | <p>No information - I was reluctant to get help, I thought I could cope. But it was so distressing</p> | <p>Have so much paperwork I loose track of what is what. Half the time I don't know what to do and I don't want to keep going on</p> | <p>Carers and PLWD need clear and accessible information connecting them to local peer groups for support at the outset</p> | <p>Never got to the bottom re diagnosis. Don't understand what type of dementia he has. I would like to know what type of dementia he has</p> |
| <p>Our local library used to have a day centre. It would be useful to have a day centre to go to (Aberystwyth)</p> | <p>Llanethlli information and training over 4 weeks was very helpful - addresses numbers, websites, of services</p> | <p>What provision is there to protect people with dementia who live on their own? Should be high for identification of frailty in GP surgeries</p> | <p>Best people who have helped - Alzheimer's society, I get a call every month and advice on how to claim attendance allowance</p> | <p>No joined up thinking from the psychiatric dept. Just handed us over to the GP who did nothing</p> |

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The themes stemming from the interviews with carers have influenced the development of the service model pathway and the recommendations within this report.

Assessment and diagnosis

Living well with dementia

The need for increased support

We saw so many people in the first 12 months. First contact was crossroads and was sign posted to a lot of different activities e.g. dementia cafes

It would be good to have a person help sort out my problems rather than me trying to sort things out and find my way

COVID - Made things 10 time worse as you can't meet anyone. Day service in Cardigan has closed and would have been good to take her

Used to do zoom - music - oblivious to it all. Didn't work for my husband and other carers have said that zoom really doesn't work for those with dementia

Admiral nurse came out and went with the carers to see mum to help support them with their caring role - if mum refuses will leave it up to the family

Diagnosed in 2019. Saw the consultant twice, was given a prescription and not seen anyone since

Doesn't appear to be any activities - quite rural where we live and have to travel half an hour to get anywhere (Ceredigion)

To have a day centre specifically for people with dementia or people present to support people with dementia would be good

Consultants in hospitals need to be trained in power of attorney for health. Hospital staff need training - They lost his glasses, hearing aids and his bottom teeth

Everyone has been wonderful after dad fell - social worker, she acted straight away she liaised with the hospital and got him a place in a nursing home

I was inundated with leaflets and phone calls but I had no idea as to who they were, it was a step into a very deep pool

So many services are providing support but are not talking to each other so I have to tell them what has happened

Made it through lock down with no respite and reduced respite now. Please reinstate all day-care facilities. Carers and those with dementia need it

I live out of the area and find it difficult to know what services there are in my mum's area. GP surgery try to keep in contact

The guilt and stress when he had to go into a home, failure, marriage vows come into question - splitting myself in half - relief and guilt

2019 GP had tried to do a dementia test but my husband couldn't hear. I asked to be referred to hospital. 1yr later was referred

I feel now that he has his diagnosis, I can call on people but there is nowhere to go. Could be sat in 5 days a week - there is nothing (Carms)

More than one carer asked for activities targeted at younger people. List of activities sent out to carers each week is phenomenal - lots of things to do (Pemb)

Direct payment: Great as you can have the money but no good if you can't get the care in place

Very disappointed in the care - it was a dementia specialist ward no specific treatment didn't even check if he was eating or drinking

The themes stemming from the interviews with frontline staff have influenced the development of the service model pathway and the recommendations within this report.

Wellbeing, risk reduction and delaying onset, raising awareness and understanding

Recognition, identification and initial support

Assessment and diagnosis

| | | | | |
|--|--|---|--|---|
| <p>We need a clear understanding of what happens when people get information e.g. who can they turn to for support?</p> | <p>Signposting by GP receptionists can help people access 3rd sector services</p> | <p>People are hitting crisis but don't have a diagnosis – difficult to get CHC without a diagnosis</p> | <p>Support should be provided regardless of diagnosis, including CHC, as it is based on need</p> | <p>Training for all - basic understanding to managing complex behaviours - enabling people to recognise signs, what to expect to support PLWD</p> |
| <p>We need to maximise the use of DEWIS across the region by professionals and the public</p> | <p>Delaying things results in emergency admissions and those being admitted have more chronic conditions</p> | <p>Community activities need developing and co-ordinating – Pembrokeshire is more mature</p> | <p>There are lots of organisations and communities and it can be a barrier for PLWD/carers to access</p> | <p>We need a standardised approach to diagnosis regardless of where it takes place</p> |
| <p>Accessing GP, dentist, hearing clinics has become more difficult since COVID - people jumping through hoops and increases stress for the carer</p> | <p>Support care home staff through providing honest information on discharge so they can meet all the person needs. Support staff through training</p> | <p>MDT based in primary care could be making straight forward diagnosis. MAS should be focusing on specialist diagnosis</p> | <p>Carers and PLWD need clear and accessible information connecting them to local peer groups for support at the outset</p> | <p>We need a clear assessment/diagnosis pathway that sits outside mental health services</p> |
| <p>All staff including dom care and care homes need to be trained to recognise the signs of dementia, especially for those who are deaf, blind and Welsh speakers</p> | <p>We need to raise awareness of young onset dementia and clear pathway and service offer is needed</p> | <p>Access to local networks is better in some areas than others. There is no regional strategic approach to supporting carers</p> | <p>How do people get support without a diagnosis? Dementia is considered separately but shouldn't be, it's very much part of frailty</p> | <p>There needs to be consistency in how people access GP appointments - PLWD many not be able to get past the receptionist or triage</p> |

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The themes stemming from the interviews with front line staff have influenced the development of the service model pathway and the recommendations within this report.

Assessment and diagnosis

Living well with dementia

The need for increased support

| | | | | |
|--|---|--|---|--|
| <p>Need formal process for secondary care consultant diagnosis and read code included into discharge – how care homes and GPs are made aware</p> | <p>Proactive care planning through HOLISTIC MDT - consistent approach across the region, providing support wellbeing plan around the person</p> | <p>Maximise the use of technology, for professionals, PLWD and their carers e.g. connect carers to support via an APP on the hospital bed I pads</p> | <p>Education - Training and advice from the Dementia Wellbeing Team (DWT), consider widening membership to include social care and 3rd sector</p> | <p>Care plan and emergency care plan in place for the carer</p> |
| <p>Is it possible to develop: cognitive assessment for Welsh speakers, people who are blind and a fast track assessment for dementia?</p> | <p>Virtual day services may require a carer present to facilitate. PLWD benefit from being in groups without the carer</p> | <p>Optimise patients wellbeing whilst in hospital through admissions check list - diagnosed, working diagnosis etc. - better use of the acute based DWT</p> | <p>We need to be clear that any new way of working will need to be fully resourced</p> | <p>Training in behavioural interventions is needed for carers and dom care providers – preventing unnecessary residential placements</p> |
| <p>As the condition progresses the cross over to health services is often difficult and needs to be better. People are hitting crisis but not getting diagnosed</p> | <p>Can social care and 3rd sector become part of the regional dementia wellbeing team?</p> | <p>There needs to be a consistent approach to medication monitoring, review and prescribing in primary care across the region</p> | <p>Community transport colleagues can help MDTs by providing relevant information in relation to the patient</p> | <p>Dementia recognition tool can help the development of behavioural management plans, key behaviours and what interventions can be used</p> |
| <p>Belief that it can only take place in MAS setting. There is a need for MDT approach to diagnose and prescribe in the community e.g. GPs /AHPs who are fully trained</p> | <p>The overarching thing not addressed is base line wrap around the person, a co-ordinator throughout their journey</p> | <p>Many things are on offer for carers but the ICF carers funding stream is not joined up with the dementia ICF funding stream so there is duplication of effort</p> | <p>Need to ensure employers assess for and implement reasonable adjustments to enable the PLWD services to work</p> | <p>Lots of organisations are going to people's homes and are not talking to each other so people have to keep repeating themselves</p> |

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6. West Wales Dementia Service Vision and Wellbeing Pathway

The following pages contain the dementia service vision and Wellbeing Pathway which builds on the Attain best practice research report circulated in January 2021. This service model pathway has endeavoured to incorporate existing services in West Wales. The service vision and Wellbeing Pathway has been co-designed through engagement with staff from across the region, PLWD and their carers.

The All Wales Dementia Action Plan 2018-2022: As a signatory to the Glasgow Declaration (1) the Welsh Government has previously committed to promote the rights, dignity and autonomy of people living with dementia. Through their engagement with stakeholders they heard about the positive work of Dementia Action Alliance in developing a series of statements with people living with dementia and their carers (2). We have aligned these statements to our Dementia Wellbeing Pathway.

1) <https://link.edgепilot.com/s/67f68721/ecxOvtDsBECT3n7Rilzvha?u=https://www.alzheimer-europe.org/Policy/Glasgow-Declaration-2014>

2) <https://link.edgепilot.com/s/8d37d66b/NmKURNiXoUqKCjtzSUiWhQ?u=https://www.dementiaaction.org.uk/nationaldementiadeclaration>

DRAFT - West Wales vision for dementia services

'Support each person to live well and independently with dementia for as long as possible'

Key enablers to delivery:

- Clear **regional dementia vision, strategy and service model** in line with best practice
- Develop **effective** professional and clinical leadership and **governance** to ensure the service model and **new roles** are designed in line with best practice and **are part of the whole health and social care system**
- Strategic and collaborative **PLWD/carer centred commissioning arrangements**
- Cross-organisational working
- **Collective financial and performance management**
- **Joint commissioning for integrated care**, ensuring **equity of access and provision across West Wales**
- **Optimise the use of estate** - build on localities and **provide support closer to home** e.g. local meeting places/hubs where people can connect
- **Adapting IT** so that it reflects activity and **captures person centred outcomes**.
- **Shared system transformation** programmes and plans
- **Systematic involvement** of PLWD and **their carers** and community in the **design and development of the new service model**
- New ways of working expanding the capacity of the Good Work training framework and **new workforce roles** e.g. **Dementia wellbeing connector role**
- **Using technology** to **empower PLWD** and their **carers** and our **staff**.
- **Commissioning** and provision of **primary care services at scale**
- **Interpret population health/social care data, PLWD/family feedback**, design services for networks and **draw in support from wider services**

Specialist dementia care support – in the community and in hospital



Intermediate care to support people at the time of increasing need. We maximise comfort and wellbeing – supporting people in their home if possible



Proactive Care and Care Planning as a multi-disciplinary team. Care is co-ordinated ensuring the right help, at the right time



Prevention, Planning and Education within our communities
Communities prepared to support and help



1. Help for strong communities



2. Help to help yourself



3. Help when you need it



4. Help long term



5. Help in hospital



What good looks like for West Wales – The Dementia Wellbeing Pathway

Working with **partners across West Wales** we have developed **our Dementia Wellbeing Pathway together** focusing on **streamlining pathways** and **placing the PLWD and their carers at the centre** of our **service provision**. We will **implement strategies** to **increase early diagnosis, supporting GPs and allied health professionals in primary care** with **specialist input where needed** as part of an **MDT approach** to **community assessment and diagnosis** and to **improve the quality of referrals to specialist services**.

We will focus on implementing best practice within primary care, social care, care homes, domiciliary care and specialist services. Implementation of **the Dementia Wellbeing Pathway** will include the development of the diagnostic pathway and post diagnostic support, **support and co-ordination for PLWD and their carers** and supporting carers to care for family members living with dementia. We will provide **support, training and help to navigate/co-ordinate services to families, build resilience and maintain balance across all aspects of their life**. We will **improve end of life care** so that **PLWD die in a place of their choosing** with **dignity** and **improve co-ordination across different care providers to ensure they understand the end-of-life care plan**.

Dementia action plan Wales 2018-22



As a signatory to the Glasgow Declaration (1) the Welsh Government has previously committed to promote the rights, dignity and autonomy of people living with dementia. Through the Government's engagement with stakeholders they heard about the positive work of Dementia Action Alliance in developing a series of statements with people living with dementia and their carers (2)

Dementia Statements reflect the things that people with dementia and carers say are essential to their quality of life. These statements were developed by people with dementia and their carers, and the person with dementia is at the centre of these statements. The "we" used in these statements encompasses people with any type of dementia regardless of age, stage or severity; their carers; families; and everyone else affected by dementia.

These rights are enshrined in the Equality Act, Mental Capacity legislation, Health and care legislation and International Human Rights law and are a rallying call to improve the lives of people with dementia. These Statements recognise that people with dementia shouldn't be treated differently because of their diagnosis.

We have aligned the dementia statements to the new West Wales Dementia Wellbeing Pathway and the recommendations within this strategy have also been aligned.

For more information see:

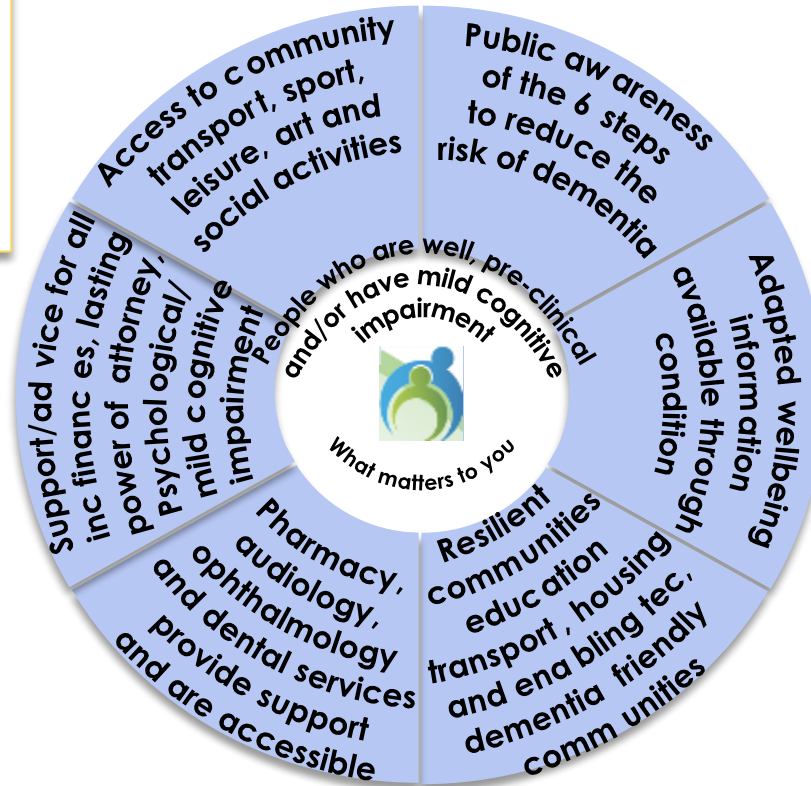
1. <https://link.edgepilot.com/s/67f68721/ecxOvtDsBECT3n7Rjlzvhg?u=https://www.alzheimer-europe.org/Policy/Glasgow-Declaration-2014>
2. <https://link.edgepilot.com/s/8d37d66b/NmKURNiXoUaKCjtzSUIWhQ?u=https://www.dementiaaction.org.uk/nationaldementiadeclaration>

What good looks like for West Wales – The draft dementia wellbeing pathway

Wellbeing, risk reduction, delaying onset, raising awareness and understanding

Creating dementia friendly communities, making dementia everybody's business

We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.

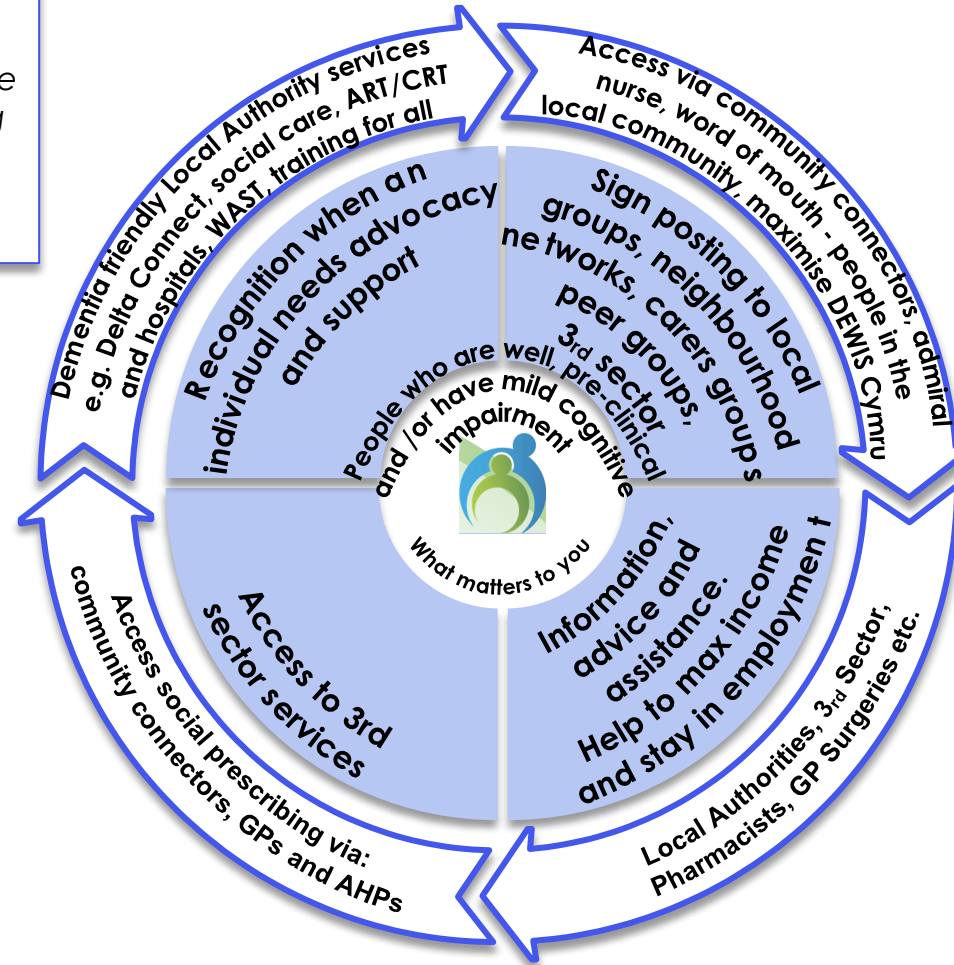


What good looks like for West Wales – The draft dementia wellbeing pathway

Recognition, Identification, Support and Training

**Each person gets fair access to care
regardless of diagnosis**

We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.

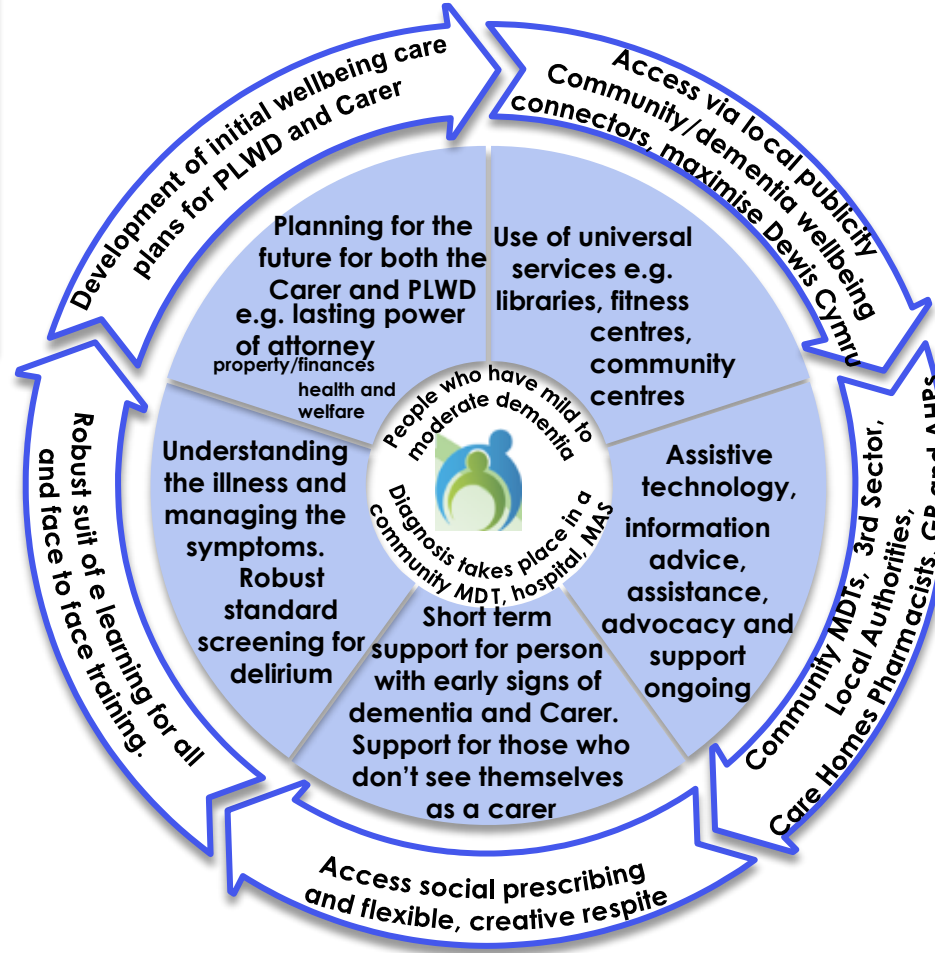


What good looks like for West Wales – The draft dementia wellbeing pathway

Assessment and diagnosis

Each person is seen as an individual

We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.

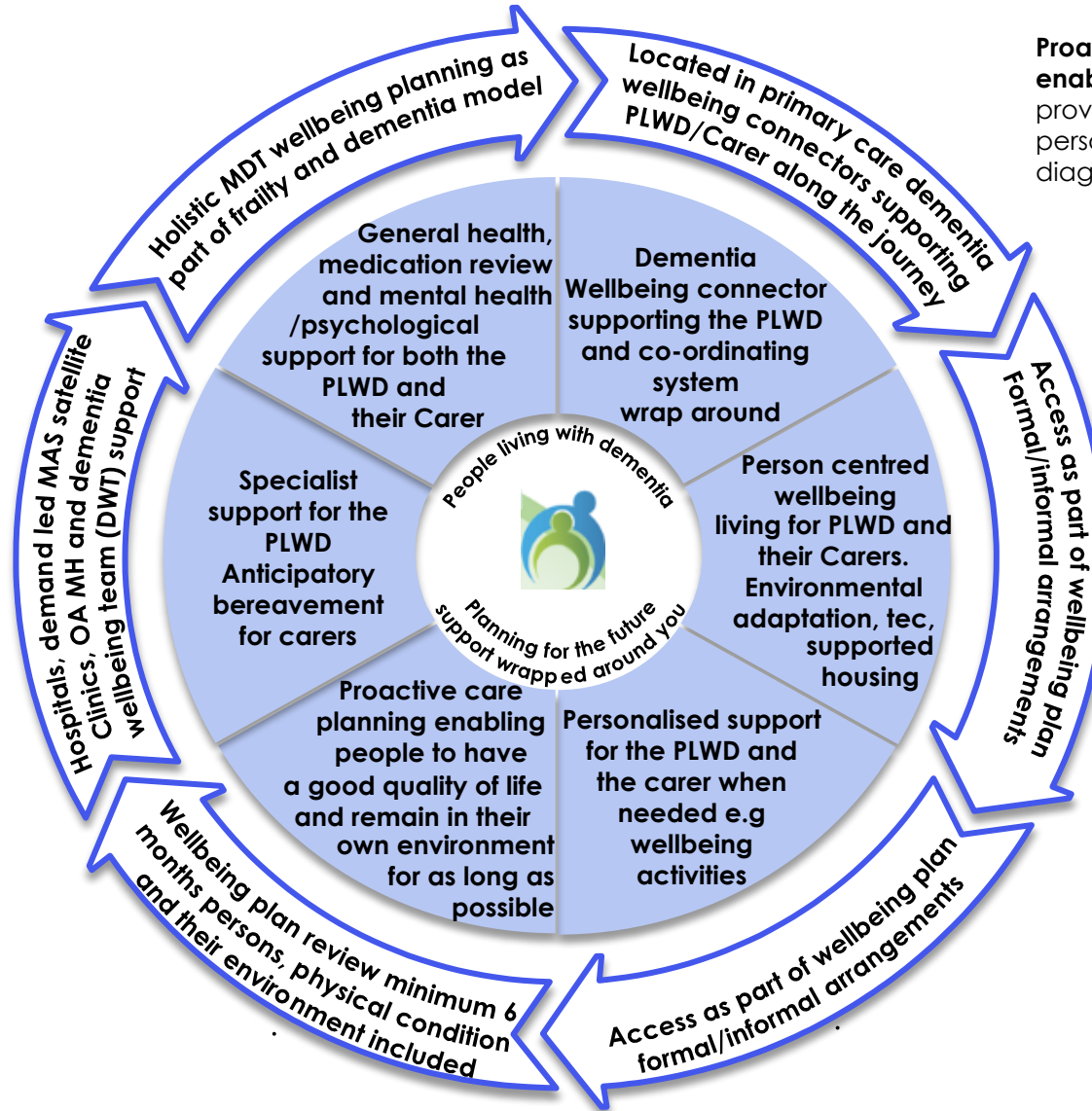


What good looks like for West Wales – The draft dementia wellbeing pathway

Living well with dementia

Care is co-ordinated

We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future. We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.



Proactive care planning through **HOLISTIC** MDT (colleagues enabled to attend virtually) - consistent regional approach, providing stable support and wellbeing plan around the person and where appropriate, their carer, regardless of diagnosis including:

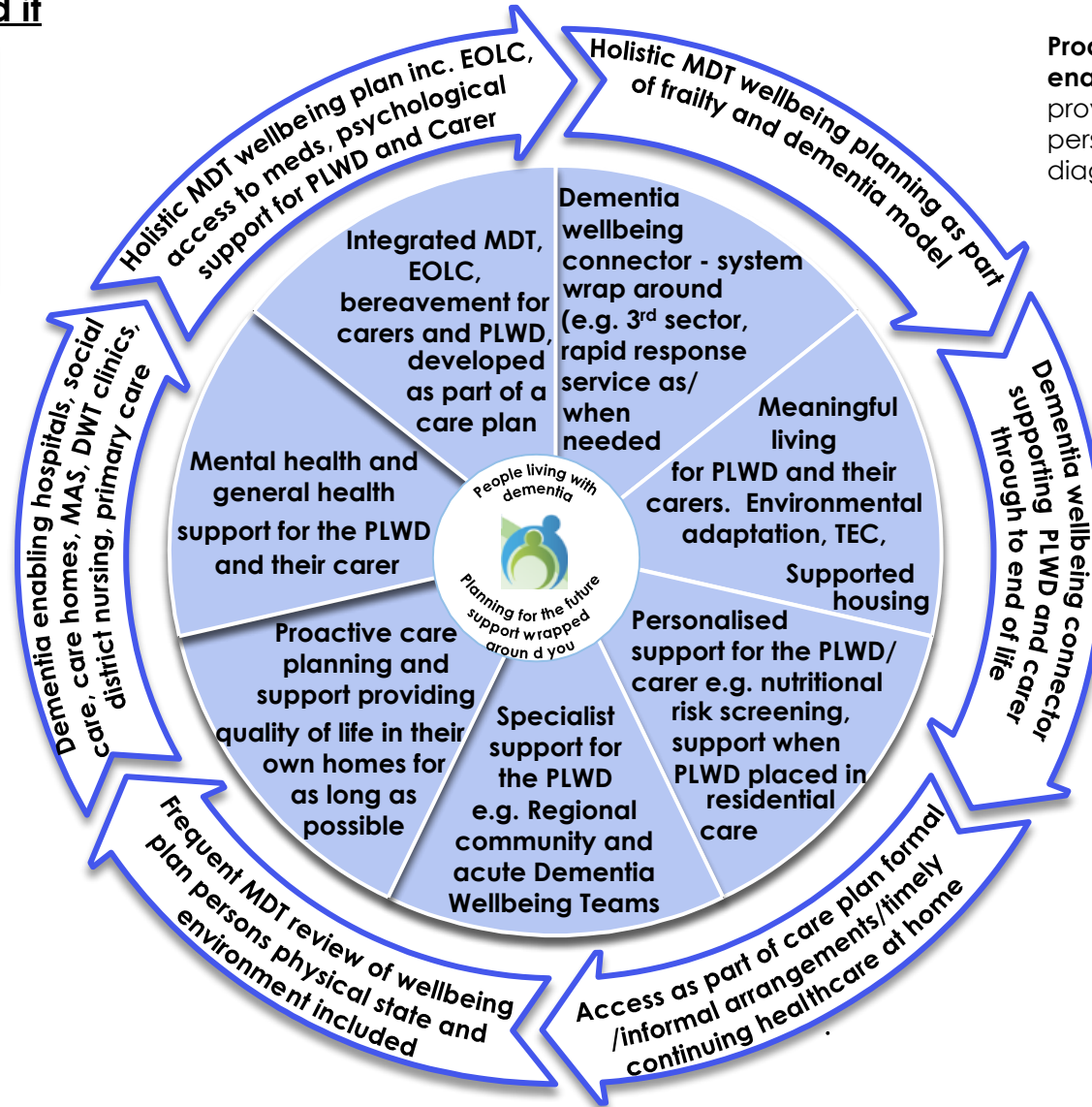
- Dementia wellbeing connector
- GP
- Advocate
- Social care
- District nurse (DN)
- Allied health professionals (AHPs) e.g. OTs, physio, dietetics, speech and language etc.
- Key workers/ assistive technology lead
- Admiral nurse
- Primary care
- 3rd sector
- Pharmacist
- Psychologist
- Care homes
- Older Adult mental health
- Adult MH for young onset
- Advice and advice on training as required from DWTs in the community and acute settings
- Secondary care and SPC consultants as required

What good looks like for West Wales – The draft dementia wellbeing pathway

Increased support when you need it

All staff are prepared to care

Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.



Proactive care planning through **HOLISITC** MDT (colleagues enabled to attend virtually) - consistent regional approach, providing stable support and wellbeing plan around the person and where appropriate, their carer, regardless of diagnosis including:

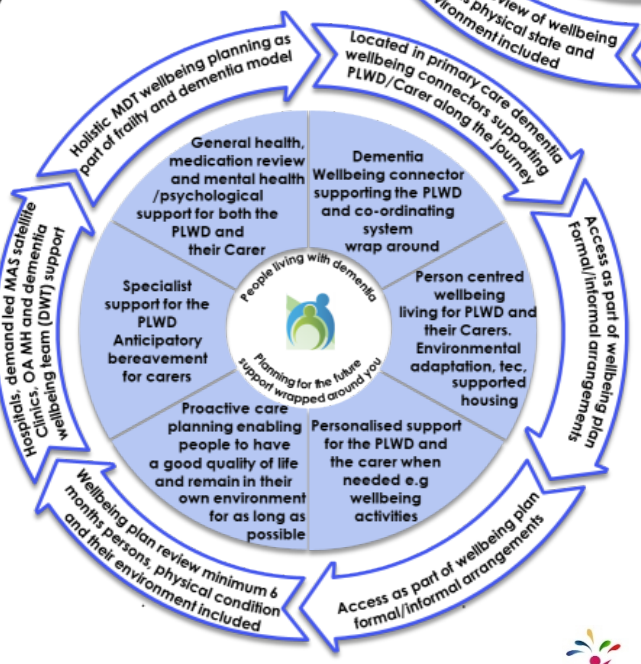
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- Pharmacist
- Psychologist
- Care homes
- Older Adult mental health
- Adult MH for young onset
- Advice and advice on training as required from DWTs in the community and acute settings
- Secondary care and SPC consultants as required

Implementation of the Good Work Framework - we need to consider the learning and development needs of everyone who is affected in some way by dementia. This includes people living with dementia, carers, frontline staff, managers, commissioners, regulators, researchers, shopkeepers, next door neighbours etc. Resulting in people who are informed, people who are skilled and people who can act as influencers

What good looks like for West Wales – The draft dementia wellbeing pathway

- This pathway places the PLWD and their carer at the centre of service support. It illustrates a new more joined up way of providing services. It is based on best practice and existing services within West Wales.
- The service model should be underpinned with an agreed set of service operating procedures which need to be developed

*Team around the person - support increases with needs
Experts influencing across the pathway*



Services aligned to the dementia wellbeing pathway



Wellbeing, risk reduction and delaying onset, raising awareness and understanding

Everyday services:

- Community networks and activities
- Sports and leisure activities
- Health and arts activities
- Libraries
- Cinemas
- Shops
- GP surgeries
- Police
- Fire service
- Dentists
- Opticians
- Audiology
- Pharmacies
- Education
- Housing
- Transport

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Recognition, identification support and training

Information, Advice and Assistance - Local Authority's statutory responsibility. Initial advice and information is provided at the initial entry point into social care.

- Delta - for Carmarthen, Porth Gofal for Ceredigion, XXX for Pembrokeshire.
- Community networks
- 3rd sector services/activities
- Community/dementia wellbeing connectors/ social prescribers
- Local authority staff e.g. social care support workers, social workers, domiciliary care, Delta Connect,
- GPs and primary care staff
- Allied health professionals
- District nurses
- CRT/ART teams
- Care homes
- Community transport
- Hospital health staff
- Welsh ambulance service
- Everyday services

Assessment and diagnosis

MDT assessment in the community by trained staff with support from MAS. Hospital based MAS assessment for specialist diagnosis

- Community MDT: Dementia wellbeing connector, GPs, allied health professionals, nurses (all fully trained) see list on wheel 3 MAS – community based
- MAS hospital based
- 3rd sector – initial information and support post diagnosis
- Admiral nurse

Living well with dementia

Community MDT proactively care planning with dementia coordinator

- Person centred wellbeing activities available across the 3 counties to meet the needs of PLWD for both young and old
- Everyday services

Increased support when you need it

Timely access to services including CHC assessment, care packages agreed regardless of dementia diagnosis

- Dementia wellbeing connector
- Admiral nurse
- CRT/ART – health and social care
- Local authority staff e.g. social care support workers, social workers, domiciliary care, Delta Connect
- Care homes
- GPs and primary care staff
- Allied health professionals
- District nursing
- Specialist palliative care services
- Dementia wellbeing service community
- Dementia Wellbeing service hospitals

People with cognitive impairment should be able to be as independent as possible with people supporting them in everyday life. Access to services and support should be regardless of diagnosis. The pathway is designed to enable wrap around care for the PLWD and their carer, with people accessing support as and when they need it.

7. Our approach to Implementing the Dementia Wellbeing Pathway

The following slides summarise the priority areas required in order to implement the new dementia strategy and well being pathway.

Along with the co-design of the Dementia Wellbeing Pathway, the priority areas have been identified following extensive stakeholder engagement across West Wales and take into account best practice as well as the All Wales Dementia Action Plan and the recently published All Wales Dementia Care Pathway Standards.

The All Wales Dementia Action Plan 2018-2022: As a signatory to the Glasgow Declaration (1) the Welsh Government has previously committed to promote the rights, dignity and autonomy of people living with dementia. Through their engagement with stakeholders they heard about the positive work of Dementia Action Alliance in developing a series of statements with people living with dementia and their carers (2). We have aligned these statements to our priorities and recommendations.

1) <https://link.edgepilot.com/s/67f68721/ecxOvtDsBFCT3nZRjlvhg?u=https://www.alzheimer-europe.org/Policy/Glasgow-Declaration-2014>

2) <https://link.edaepilot.com/s/8d37d66b/NmKURNiXoUaKCjtzSUiWhQ?u=https://www.dementiaaction.org.uk/nationaldementiadeclaration>

Wellbeing, risk reduction, delaying onset, raising awareness and understanding



Creating dementia friendly communities, making dementia everybody's business

We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.

What we are doing and our plans in this area:

| | |
|--|--|
| <p>Implementation of the Good Work framework – Training for ALL</p> | <ul style="list-style-type: none"> • Refresh the West Wales learning needs analysis training framework and work with partners to implement it. Ensuring that training provided is evidence and rights based approach where appropriate and to also build in training provided by the Welsh Government to help achieve the implementation of the All Wales Dementia Care Pathway of Standards (AWDCPS) • All staff, including those in everyday services and services such as domiciliary care and care homes, to be trained to recognise the signs of dementia and be trained in how best to support PLWD - appropriate to the level of contact - from basic understanding to managing behavioural expression of unmet need - enabling generic services (e.g. social work, personal assistants, domiciliary care, care homes, district nursing, OT, physio etc.) to support PLWD especially for those who are deaf, blind and Welsh speakers • Training for all staff in basic understanding to managing person centred care/behavioural expression of unmet need - enabling people to recognise signs, what to expect to support PLWD • Arrange for those professionals who are interested to be trained through the All Wales faculty dementia diagnosis course which is available for all professionals – consider if a bespoke regional training would be appropriate for the West Wales region • Ensure there is access to training in behavioural interventions for carers and domiciliary care providers – preventing unnecessary residential placements <p><u>All Wales Dementia Care Pathway of Standards (AWDCPS)</u></p> <ul style="list-style-type: none"> • Within 12 weeks of receiving a diagnosis, PLWD will be offered education and information on the importance of physical health activities to support and promote health. (AWDCPS 9) • Implementing the All Wales expert by experience courses (Licenced by Harvard university) - PLWD, carers and families will be offered learning, education and skills training. This offer will be stage appropriate and will be provided at significant parts of a person's journey. It will include a range of peer support and shared experience opportunities. (AWDCPS 10) • All staff delivering care at all levels within all disciplines and settings, will have the opportunity to participate in person centred learning and development with support to implement into daily practice. This will be a joint regional approach to identifying a range of learning and development opportunities including quality improvement. (AWDCP 17) |
| <p>Communication, raising awareness enabling access to timely information/ services</p> | <ul style="list-style-type: none"> • Promote the UK and Welsh Government public health messages across the region • Raise awareness of young onset dementia and develop a clear service offer • Carers and people living with dementia (PLWD) need clear and accessible information connecting them to local peer groups for support at the outset • Maximise the use of DEWIS across the region by professionals and the public • Create a standard approach across organisations for the provision of information to PLWD and their carers • Primary care consider how PLWD access GP appointments - PLWD may not be able to get past the receptionist or the triage system if living on their own • The introduction of a Dementia wellbeing connector role, which will work with local services within the communities they are aligned to and will enable better access to everyday services such as dentists, opticians and GP surgeries • Develop a range of individual and group based physical and activity based interventions and opportunities that are person centred for PLWD to access • Recognise that transport, particularly in rural areas, to get people to community activities is challenging and identify ways of addressing this |

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Recognition, identification support and training



Each person gets fair access to care

We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.

What we are doing and our plans in this area

| | |
|---|---|
| <p>Proactively supporting people</p> | <ul style="list-style-type: none"> • Strengthen access to local networks across the region for those with mild cognitive impairment and for those with dementia • Ensure dementia is an indicator as part of risk stratification within primary care and PLWD and their carers who require support receive proactive MDT care planning with support from the Dementia wellbeing connector • Develop a proactive case management approach (shared care/decision making) through MDT working, developing plans to lower the likelihood of PLWD hitting crisis, even for those who don't have a diagnosis <p><u>All Wales Dementia Care Pathway of Standards (AWDCPS)</u></p> <ul style="list-style-type: none"> • People living with Mild Cognitive Impairment (MCI) will be offered a choice of holistic services monitoring their physical, mental health and wellbeing, with reviews taking place as a minimum six monthly. This will include a range of options including peer support. Signposting and community resources should be at the centre of all intervention (AWDCPS 8). |
| <p>Support regardless of diagnosis</p> | <ul style="list-style-type: none"> • Carers and people suspected of highly likely living with dementia to access clear and accessible information connecting them to local peer groups for support at the outset • Carers and people suspected of highly likely living with dementia receive advice and support in relation to managing their every day lives throughout their journey • Community activities need developing and co-ordinating for people suspected of highly likely living with dementia and their carers – activities should be person centred and be available regardless of diagnosis |
| <p>Enabling structures</p> | <ul style="list-style-type: none"> • Develop a regional strategic/co-ordinated approach to supporting carers – consider top slicing the dementia ICF funding to be included in the carers' ICF funding, thereby ensuring all carers' services support those who are caring for people living with dementia • Review CHC assessments which have taken place over the past 18 months to identify whether people are accessing CHC regardless of a dementia diagnosis – develop a report and action plan to address, if needed • Develop a comprehensive communication programme to promote the strategy and its messages. Keep the plan alive and ensure the public are aware of any new service developments in their area or across the region. Regularly report progress and review the plan via the WWCP Dementia Steering Group |

Assessment and diagnosis



Each person is seen as an individual

We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.

What we are doing and our plans in this area

| | |
|--|---|
| <p>Getting the diagnosis pathway and information right first time</p> | <ul style="list-style-type: none"> • Develop a regional diagnosis pathway, maximising the use of AHPs, designing new ways to diagnose in the community, develop an outline business case to implement the new pathway with modelled resourcing. The new pathway will include the implementation of the AWDCPS: 3, 5, 6, 7 and 15 – (See standards below). • Ensure the new pathway includes a formal process for acute hospital consultant diagnosis and READ codes included into discharge papers – so care homes and GPs are made aware • Following the recent development of an outline business case, develop a full business case for the Dementia wellbeing connector role, to include system savings aligned to a phased roll out. WWCP dementia steering group to agree the preferred option. Develop plan to implement the new role. <p><u>All Wales Dementia Care Pathway of Standards (AWDCPS)</u></p> <ul style="list-style-type: none"> • Memory Assessment Services (MAS) and Primary Care (GP) will adopt the READ Codes. Those diagnosed with dementia within settings outside of MAS (including primary care, community resource teams, psychiatric liaison and neurology) will provide the GP and MAS the specific READ Code within two weeks of a diagnosis (AWDCPS 3) • Health and social care services will provide the correct information to assist MAS when they undertake assessments and in providing diagnosis. This will also support the person to manage any identified daily living difficulties. (AWDCPS 5) • MAS, within a 12 week period from point of referral, will provide a range of interventions (listed in the AWDCPS 6) to support diagnosis. Consider what digital platforms and other adaptations and approaches are needed to enable the implementation of this standard. • People will have access to a contact that can provide emotional support throughout the assessment period and over the next 48 hours after receiving a diagnosis and ensure following this period, it is offered as required. (AWDCPS7) • People within 12 weeks of being diagnosed with dementia will be offered support to commence planning for the future, including end of life care. This offer will include the opportunity to revisit and update this plan throughout the person's journey. Where appropriate, representation and the use of advocacy will ensure the rights of the person are upheld. (AWDCPS 15) |
| <p>Supporting those with a learning disability</p> | <ul style="list-style-type: none"> • Ensure the processes in place enable a person with a learning disability receives a cognitive wellbeing check <p><u>All Wales Dementia Care Pathway of Standards (AWDCPS)</u></p> <ul style="list-style-type: none"> • Learning Disability (LD) services will define a process to capture the total population of people living with a learning disability and specifically Down Syndrome to offer a cognitive wellbeing check. (AWDCPS 4) |

Living well with dementia



Care is co-ordinated

We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part. We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.

What we are doing and our plans in this area

Enabling people to have health reviews and to attend appointments

- Following sign off of the full business case, roll out of the **Dementia wellbeing connector service** which will promote **proactive care planning** through **HOLISTIC MDT - consistent approach across the region**, providing **stable support wellbeing plan around the person – develop a regional holistic care plan template**
 - **Dementia wellbeing connector to co-ordinate support throughout a person's journey**
 - **Develop a pre and post diagnostic service (PPDS) standard operating procedure. This will set out expectations, processes and data recording requirements from the PPDS.**
 - Develop a **consistent approach to medication monitoring, review and prescribing in primary care across the region**
- All Wales Dementia Care Pathway of Standards (AWDCPS)
- **PLWD will have a current face to face appointment** where a **physical health review** will be **delivered in partnership by primary and secondary care**. Where there is justifiable reason for not providing a face to face appointment, a physical health review will be delivered by other approaches i.e. digital platforms, telephone consultation. (AWDCPS 14)
 - **PLWD, their carers and families will have support and assistance to engage with appointments.** This will avoid receiving multiple health and social care appointments that can overwhelm, confuse and isolate the person. Practical streamlining of operational processes will support the service to avoid duplication and maximise opportunities to exercise prudent principles to service delivery. (AWDCPS 18)

System wide response

- **Support PLWD to live well; continue** with implementing the **Journey Through Dementia OT programme** which includes implementing '**dementia-friendly design principles**' **within peoples own environments and any new building or service**
 - Ensure **employers assess** for and **implement reasonable adjustments** to enable the **PLWD to work**
 - **Regardless of diagnosis, Dementia wellbeing connector** role to act as the **co-ordinator** for the **PLWD reducing the likelihood of them or their carer having to repeat their story** or to be accountable for relaying information between services – **capturing the essence of who the person was** - explore using the patient knows best APP
 - **Review ALL initiatives currently funded** by the **Regional Integrated Fund, evidencing outcomes, align funding to implement strategic priorities, ensure any new way of working is fully resourced**
 - Consider whether **social workers** from **each county** and **3rd sector colleagues** could **become part** of the **regional dementia wellbeing community team**
 - **Review community activities** available **across the region** for PLWD and support activities for carers. **Address gaps, including activities** for those with **young onset dementia**
 - **Maximise the use of technology**, for **professionals, PLWD and their carer** e.g. connect carers to support via an APP on the hospital bed l pads
 - **Implement the remaining actions** from the **All Wales Dementia Action plan**
 - **Identify an area** in which to **implement the All Wales Dementia Care pathway Standards** in line with the 2 year programme of work outlined in the standards. (AWDCPS 1)
- All Wales Dementia Care Pathway of Standards (AWDCPS)
- Services at the **points of contact** will **provide reasonable adjustments** to care that is meeting the person's needs and personal preferences. (All Wales Dementia Care Pathway Standard 2)
 - Person-centred **reasonable adjustments** will **support the person to live well** by **maximising their independence and ability to participate in their communities.** (All Wales Dementia Care Pathway Standard 2)
 - People living with dementia and their carers will have a **named contact (connector) to offer support, advice and signposting, throughout their journey from diagnosis to end of life.** (AWDCPS 12)
 - People living with dementia will have **access, when needed, to relevant** (and when accessing mental health services) **dedicated services post diagnosis no matter their residence.** This identifies with the care and **team wrapped around the individual** (AWDCPS 13)
 - Organisations and care settings providing **intensive dementia care** (this includes mental health and learning disabilities inpatient settings) **implement the dementia care mapping tool** to evaluate and learn about **person-centred enabling practice.** Supporting **clinical reasoning and decision making.** Mental health DCM services will offer DCM support to acute care, prisons and care homes settings. (AWDCPS 16)
 - **Working in partnership,** the **region will deliver** on the requirements of the **agreed data items** (measurement workbook) for **reporting and assurance.** (AWDCPS 20)

Increased support when you need it



All staff are prepared to care

Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.

What we are doing and our plans in this area

| | |
|--|--|
| Consistent care while in hospital | <ul style="list-style-type: none">• Optimise patients' wellbeing while in hospital through admissions and discharge check list - diagnosed, working diagnosis etc. Fully adopt the Dementia Friendly Hospital charter, raising awareness among staff and volunteers, preventing issues such as personal effects getting lost or hearing aids not being put in correctly – develop action plan to implement and regularly review through the WWCP Dementia Steering group• Ensure hospital staff are trained to understand what power of attorney for health means <p><u>All Wales Dementia Care Pathway of Standards (AWDCPS)</u></p> <ul style="list-style-type: none">• Wales will adopt the Dementia Friendly Hospital Charter with a regular review of implementation and outcomes. (AWDCPS 11). |
| Maximise the power of MDT working, accessing support when you need it | <ul style="list-style-type: none">• Develop a regional, standard, interdisciplinary care plan and through proactive MDT working which enables colleagues to join virtually, and shared decision making with the patient and carer, plan ahead to prevent crisis as well as to increase support as and when it is needed including agreeing ceilings of care - consider if the plan should be placed in an APP that can be accessed by the patient, carers and colleagues• Maximise the circle of support e.g. community transport colleagues can help MDTs by providing relevant information in relation to the patient• Ensure that organisations communicate with each other rather than PWLD or their carers having to co-ordinate communication across services• Identify when the carer lives outside the region to ensure they have local information to enable the person they are caring for to access services in their local area• Ensure that there is an crisis contingency care plan in place for the PLWD and their carer and that the carer can also access support when they need it• Training in person centred behavioural expressions of unmet need is needed - implement the dementia recognition tool across the region which can help the development of behavioural management plans, key behaviours and identifying what interventions can be used <p><u>All Wales Dementia Care Pathway of Standards (AWDCPS)</u></p> <ul style="list-style-type: none">• Services will ensure that when a person living with dementia has to change or move between any settings or services, care with supportive interventions will be appropriately coordinated to enable the person to consider and adapt to the changed environment. This will ensure that all care partners will communicate and work jointly with each other to support a seamless transition. (AWDCPS 19). |

Delivering the initiatives through programme management

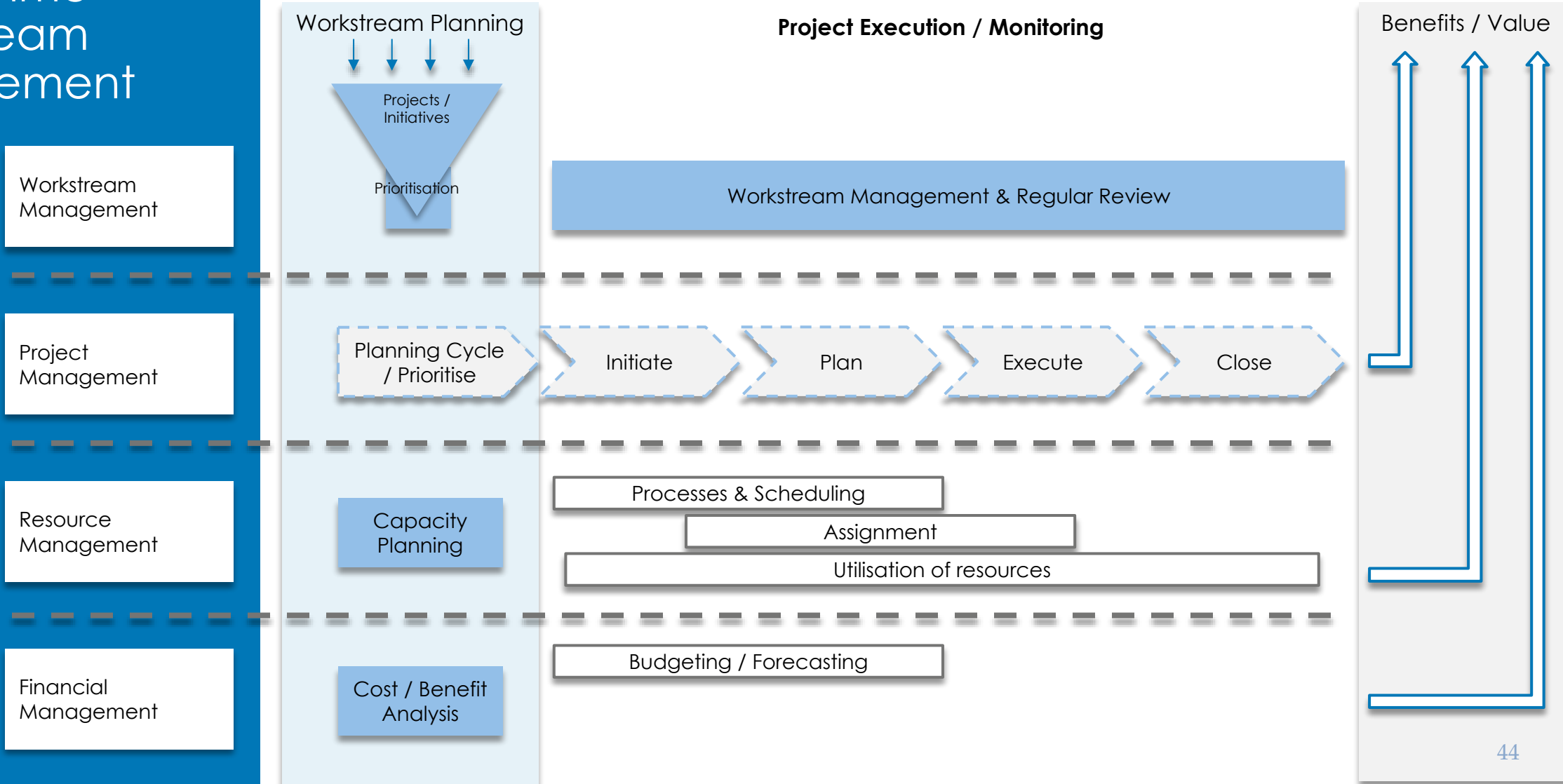
In addition to developing the vision, service model pathway, strategy, Attain were asked to review existing regional governance to ensure robust, multi-agency ownership of the ICF Plan, its delivery and evaluation. To begin with Attain highlighted what good programme management looks like (for more detail see appendix 3)

The following slides describe the proposed programme management framework for the Regional Dementia Programme.

What does good programme management look like?

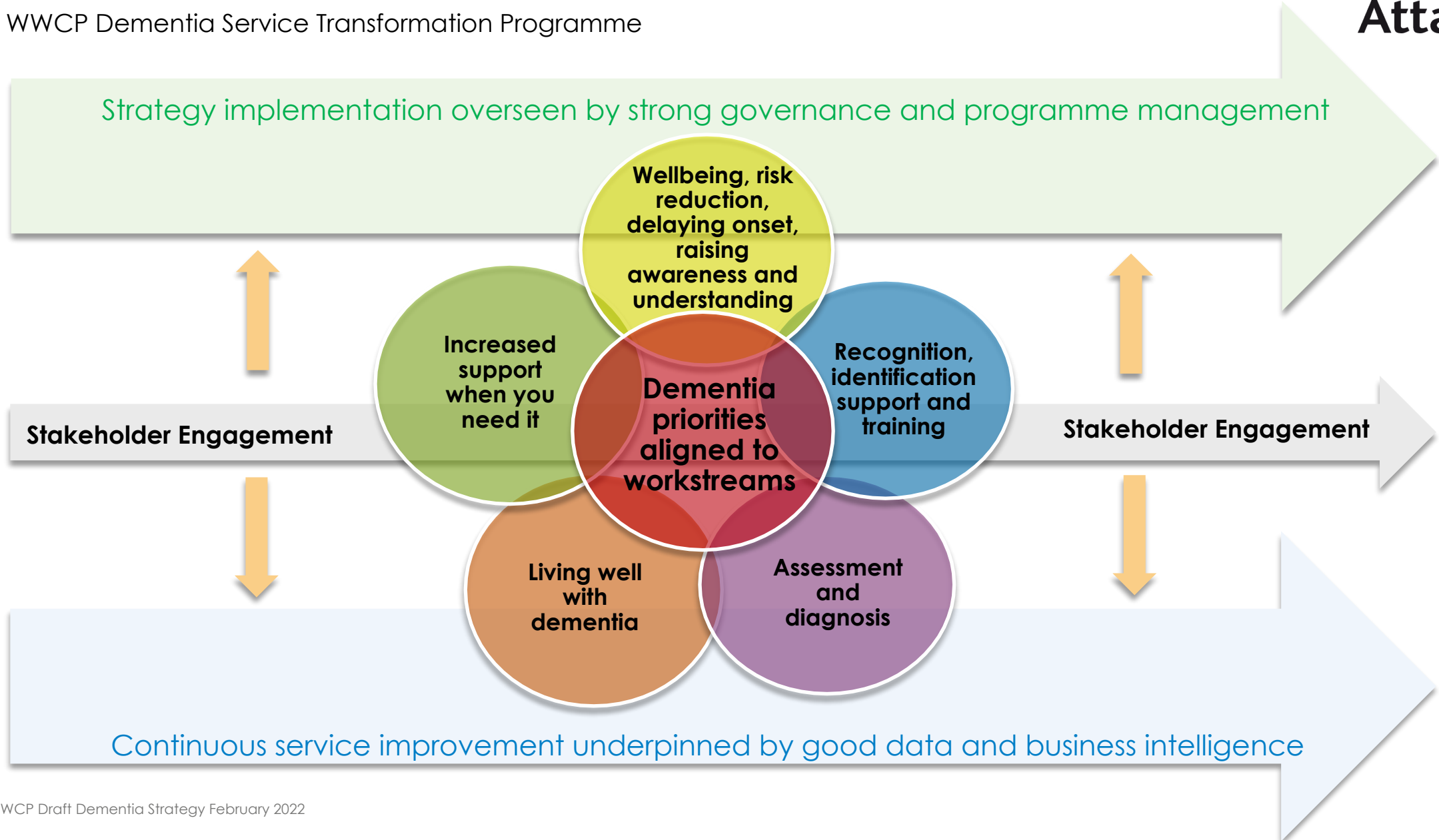


Proposed Delivery Approach: Programme Workstream Management



Approach to implementing the Dementia strategy and Wellbeing Pathway

WWCP Dementia Service Transformation Programme



Proposed workstreams to deliver the WWCP Dementia strategy

WWCP Dementia Service Transformation Programme



Strategy development and implementation overseen by strong governance and programme management

Workstream 1
Programme
governance
and system
enablers

**Programme
management
and culture of
working
together and
sharing best
practice**

Workstream 2
Dementia
Service
transformation

Workstream 4
Dementia
BI and data

Workstream 3
Dementia
workforce
development
and training

Stakeholder Engagement

Stakeholder Engagement

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Continuous service improvement underpinned by good data and business intelligence

Period of service transformation is 5 years

Proposed Delivery Approach: Portfolio Management

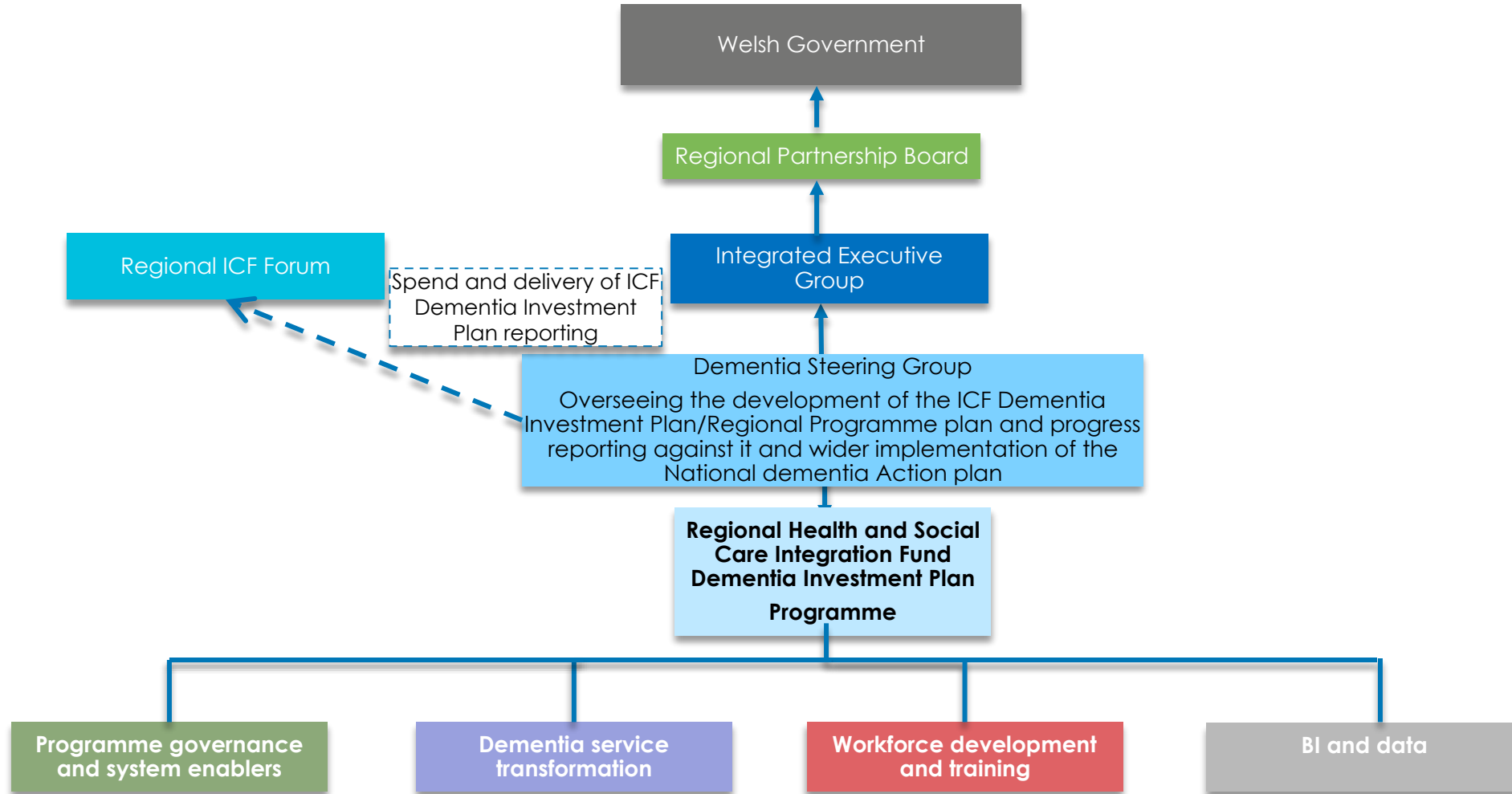


The below indicative set of portfolios will provide structure to deliver the next phase of work developing the dementia strategy/programme plan. The dementia strategy priorities are in line with the All Wales dementia care pathway standards and builds on the current good practice already in place. The dementia priorities should be led by a senior leader within the system and will be overseen by an SRO, along with the WWCP dementia steering group. However, the whole programme of work will also be overseen by the Integrated Executive Group and the Regional Partnership Board. Resources will need to be identified over the life of the programme to enable continuation of service delivery while frontline staff work to design and develop the services.

| | Programme governance and system enablers | Dementia service transformation | Workforce development and training | BI and data |
|----------------|--|---|--|---|
| Aim | Implementation of the regional dementia strategy fully signed up to by the WWCP. Robust achievable implementation plans. | Implement recommendations stemming from the dementia strategy that relate to service transformation. | Implement priorities stemming from the dementia strategy that relate to workforce development and training. | Implement priorities stemming from the dementia strategy that relate to a uniform approach to collection of business intelligence and outcomes. |
| Priority Areas | <ul style="list-style-type: none"> Recruit regional programme manager Regional programme plan developed to deliver the strategy recommendations. WWCP programme governance structure Oversight of 2021/22 projects and allocation for 2022 onwards Enable data intelligence to support decision making and planning Set up and implement the enabling structures stemming from the recommendations within the strategy Communication plan running alongside the strategy, raising awareness, promoting service developments locally | <ul style="list-style-type: none"> Proactively supporting people Support regardless of diagnosis Getting the diagnosis pathway and information right first time Supporting those with a learning disability Enabling people to have health reviews and to attend appointments Actions in relation to implementing a system wide response Consistent care while in hospital Maximise the power of MDT working, accessing support when people need it | <ul style="list-style-type: none"> Implementation of the Good Work framework – Training for ALL and recommendations in the strategy relating to training e.g. Refresh the West Wales learning needs analysis training framework, work with partners to implement it. Ensuring that all training provided is evidenced based Development of a workforce plan to support service transformation delivery Support the development of the dementia recognition tool Take forward the development and role out of the Dementia wellbeing connector role | <ul style="list-style-type: none"> Data driving change – develop ICF dementia programme performance dashboard Develop the Dementia wellbeing connector full business case with detailed population needs, workforce and demand and capacity modelling for Dementia wellbeing connector role to provide emotional support throughout the assessment period and over the next 48 hours after receiving a diagnosis Implementation of the dementia strategy recommendations in relation to BI and data. |

Patient and Carer co-production - improving patient experience through easy access and standardisation of information, services and user/family voice in service change

Proposed Integrated Care Fund (ICF) Dementia Programme Governance Arrangements





8. Next steps for 2022/23

Next steps

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Delivering the programme:

- Agree the rationale to continue funding during 2022/23
- Identify resource to set up and manage the programme of work across partners - recruit to the role
- Create a programme plan, prioritise projects and revise timelines to ensure that there is a realistic and deliverable plan in place. Use Workstream Management as the process for delivery
- Identify Workstream SROs to drive work with PMO support; provide ownership and accountability to deliver
- Regular progress updates should be provided at the monthly WWCP Dementia Steering Group

Implementing the strategy:

- Seek sign off from Integrated Exec Group and Regional Partnership Board, develop communications plan to socialise the strategy so all partners are aware of the direction of travel for dementia services within West Wales.
- Communications plan to cover the life of the strategy, enabling the public to be aware of any new developments in their area
- Update the programme plan with the new service developments required to deliver the dementia wellbeing pathway
- Ensure robust governance is in place to oversee the implementation of the new service initiatives, ensuring all new initiatives take a programme approach reporting progress regularly to the Regional Dementia Steering group

Implementation of the new West Wales Dementia Strategy

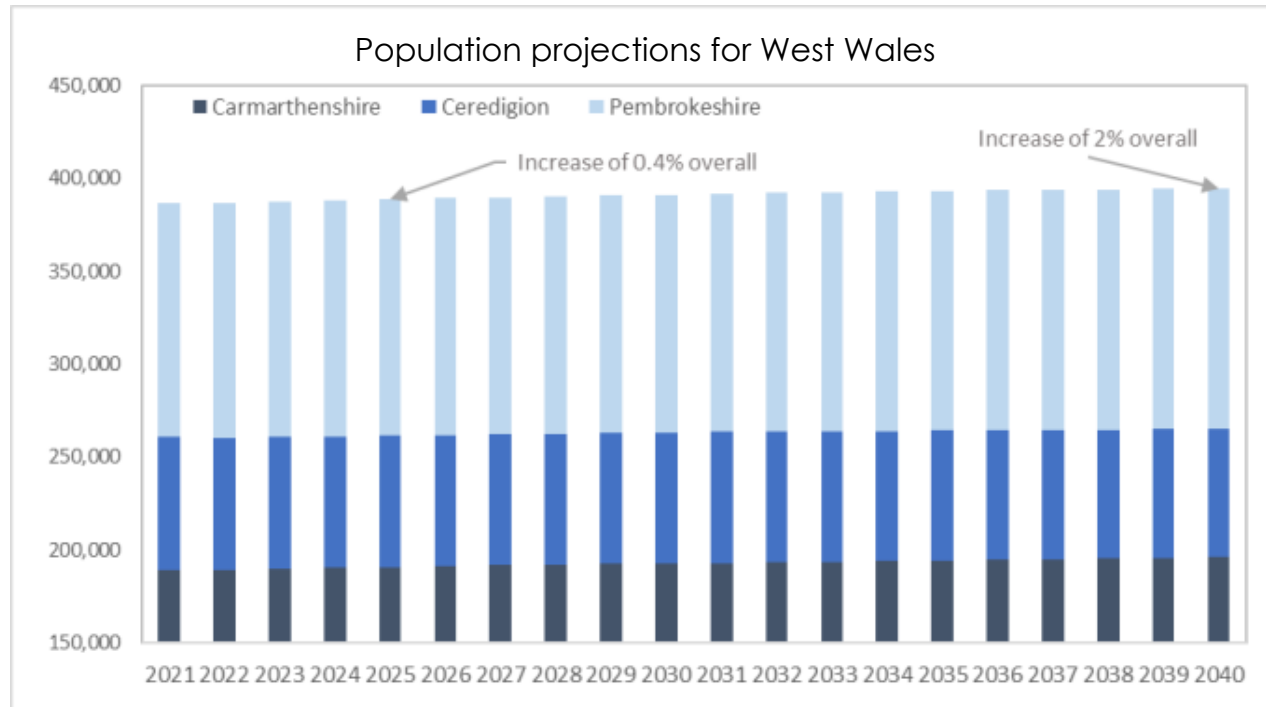
9. Appendix 1: West Wales Population Analysis

West Wales population analysis (ONS)

Overall the population of West Wales looks like it will increase by **0.4% overall by 2025** and by **2% by 2040** (20 years). Pembrokeshire and Carmarthenshire will see the similar population increases of 0.6% and 0.7% by 2025 and 2.7% and 3.5% by 2040. Ceredigion is expected to have a population decrease (0.7% at 2025 and 3% at 2040). However, in terms of age; **all areas are going to see an increase in their elderly populations.**

Overall, the elderly population is set to increase, and the child and working age population decrease

- By 2025 (in 4-5 years) the population of **over 65s is likely to increase by 6%** (over 80s by 11%)
- By 2040 (roughly 20 years from now) the over 65 population is looking likely to increase by 27% and the over 80s 55%
- The over 65s currently make up a quarter of the population. In 5 years around 26.8% and by **2040 it is likely to be nearly a third of the population** with the **over 80s becoming over 10%** (from just over 6% now)



WWCP Draft Dementia Strategy February 2022

| | % change from Current | | | |
|-----------|-----------------------|--------|--------|--------|
| | 2025 | 2030 | 2035 | 2040 |
| 0-4 yrs | 96.6% | 93.7% | 94.2% | 97.4% |
| 5-9 yrs | 95.1% | 91.1% | 88.8% | 89.4% |
| 10-14 yrs | 99.0% | 92.2% | 88.4% | 86.4% |
| 15-19 yrs | 109.5% | 111.2% | 104.3% | 99.9% |
| 20-24 yrs | 96.6% | 107.2% | 109.6% | 103.3% |
| 25-29 yrs | 89.8% | 84.1% | 93.4% | 96.1% |
| 30-34 yrs | 97.1% | 87.7% | 82.2% | 91.3% |
| 35-39 yrs | 107.1% | 106.4% | 97.5% | 91.6% |
| 40-44 yrs | 102.5% | 109.2% | 108.5% | 100.2% |
| 45-49 yrs | 94.3% | 99.0% | 105.0% | 104.5% |
| 50-54 yrs | 89.4% | 81.2% | 85.7% | 90.5% |
| 55-59 yrs | 95.9% | 85.7% | 78.6% | 83.4% |
| 60-64 yrs | 111.3% | 108.9% | 98.2% | 90.8% |
| 65-69 yrs | 105.7% | 120.5% | 118.6% | 107.7% |
| 70-74 yrs | 92.9% | 99.5% | 114.0% | 112.9% |
| 75-79 yrs | 115.9% | 108.8% | 117.7% | 135.7% |
| 80-84 yrs | 115.8% | 141.4% | 134.3% | 147.4% |
| 85-89 yrs | 105.8% | 125.6% | 155.4% | 150.3% |
| Age 90+ | 107.8% | 120.1% | 145.4% | 183.6% |

West Wales Dementia (QOF Register)

The data in this pack is an extract from the GP systems using the QOF definition.

Women make up approximately 62% of the registered dementia patients in West Wales but this is partly due to higher life expectancy in the female population

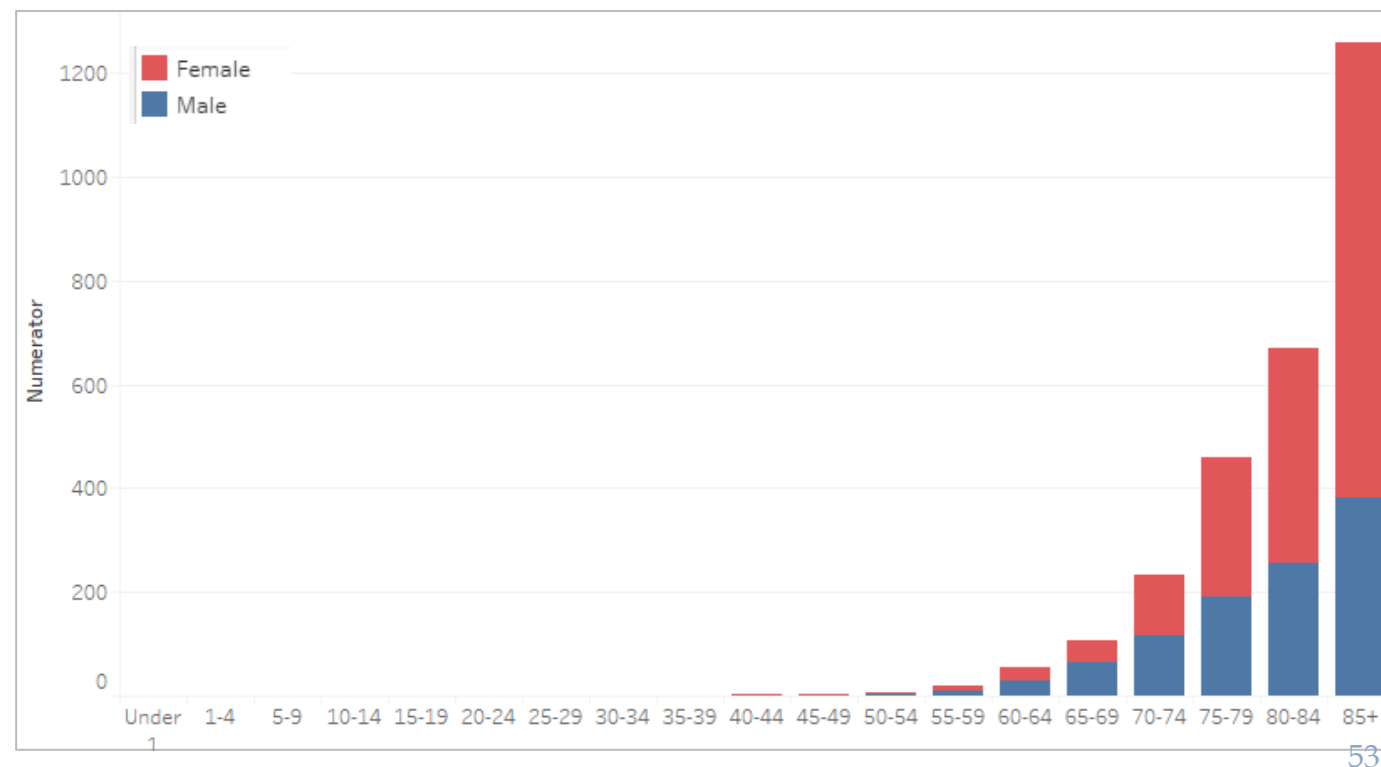
Nearly 50% of the female dementia patients are over 85 years old compared to 36% of the male patients. This means that 45% of the total dementia patients over the age of 85 years old. This age group is set to grow substantially over the next 20 years, and is due to make up over 10% of the West Wales population by 2040. Recent studies show that the incidence of dementia is not increasing substantially but due to increased life expectancy and better outcomes for care, prevalence will continue to increase.

Mortality from dementia became the leading cause of death in the UK in 2015 and has continued to displace other causes of death. Pre-Covid (2020) it represented 12.7% of deaths and that number had grown yearly

The prevalence across the whole population of patients on the QOF register diagnosed with dementia is just over 0.7%. However, the prevalence in the over 60s (people on the register/population in the age group) is 2.3%. Young onset dementia is defined as those under 65 being diagnosed.

These represent a very small number of GP diagnosed cases but potentially a larger portion of the unmet and undiagnosed need

People over 60 represent around a third of the population and 98.9% of the registered dementia patients in West Wales



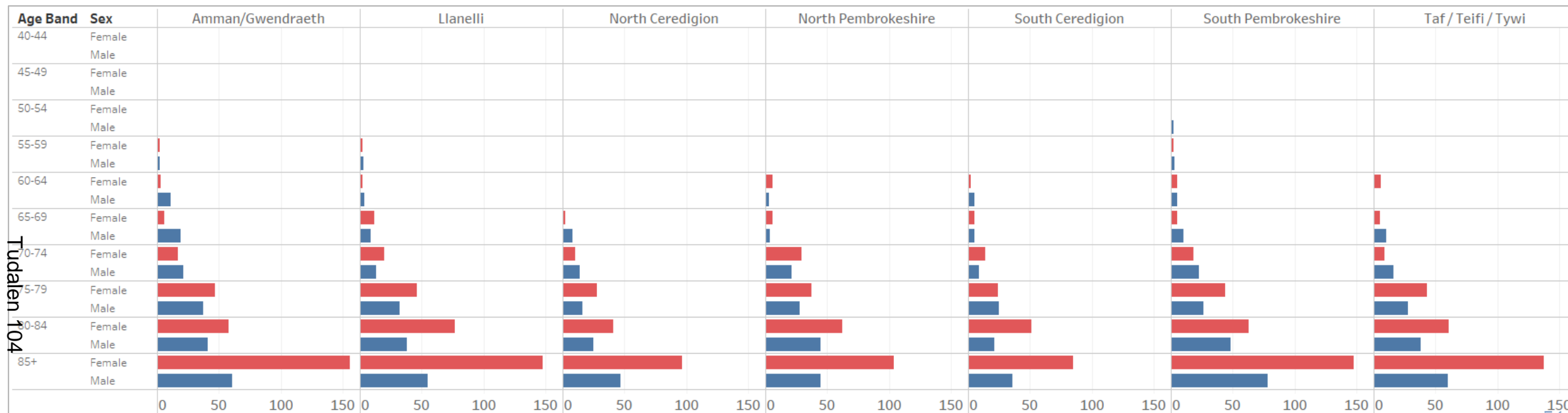
Dementia by cluster

Carmarthenshire has the largest population of the 3 counties across West Wales, it has around 49% of the whole population and 46% over the Over 65s, with 24% of its own population over 65 years old. They have 48% of the dementia diagnosis. It is also the most rural area of the three counties.

Pembrokeshire GPs have a recorded population with dementia diagnosis of around 870 patients, which represents around 31% of the dementia diagnosis in West Wales. As a county they have 32.5% of the population and 34% of the over 65 population. The over 65 population represents nearly 27% of the total population in Pembrokeshire. However, by 2040 the growth for Pembrokeshire will be 6.6%

Although Ceredigion's population is set to decrease overall, the over 65s is set to increase by over 4% in the next 20 years.

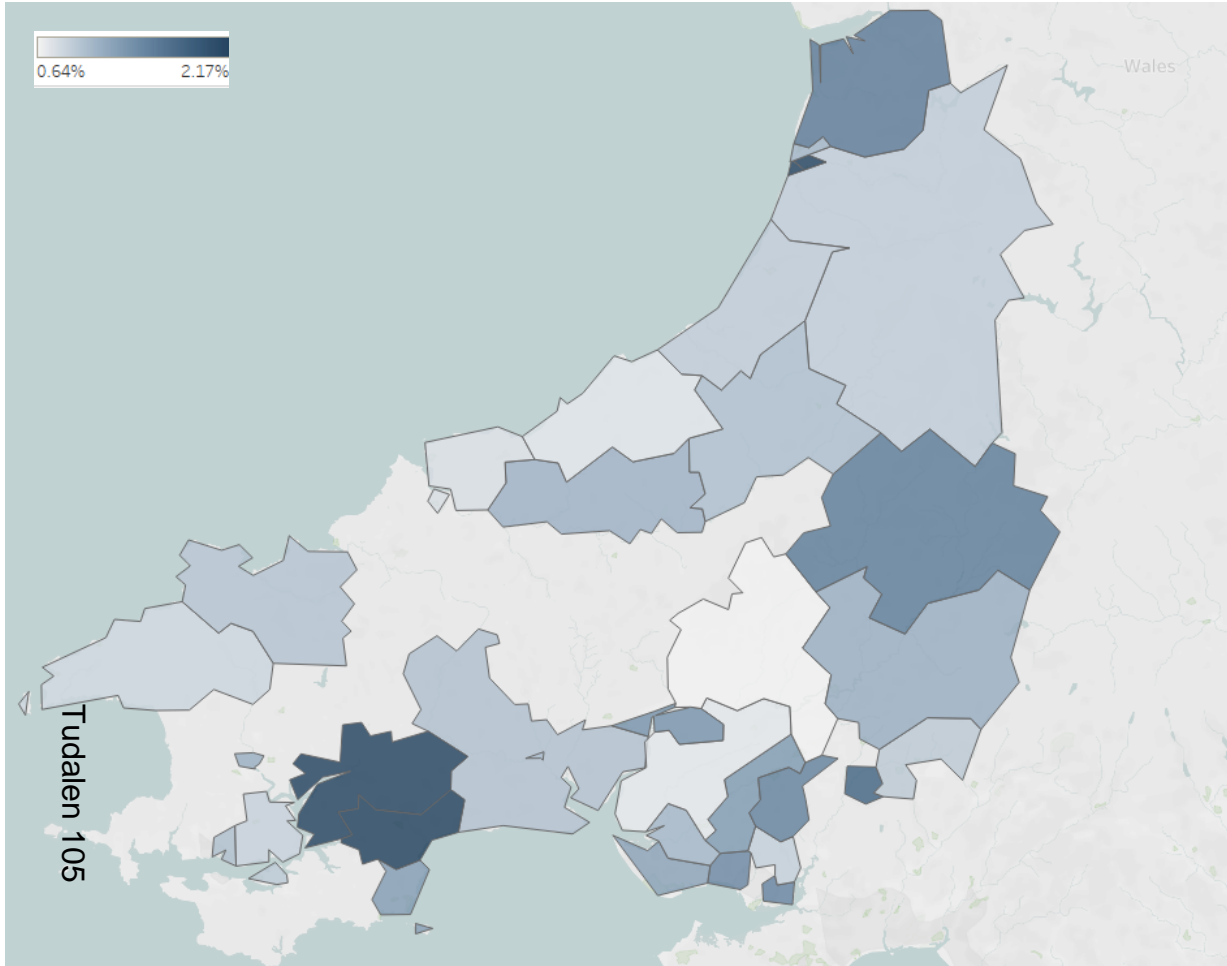
The below graphic shows the male and female actual numbers by cluster and as you can see, the three Carmarthenshire clusters have very high numbers, comparatively, in the female over 85s category. Notably South Pembrokeshire also has high numbers of both male and female over 85s diagnosed with dementia



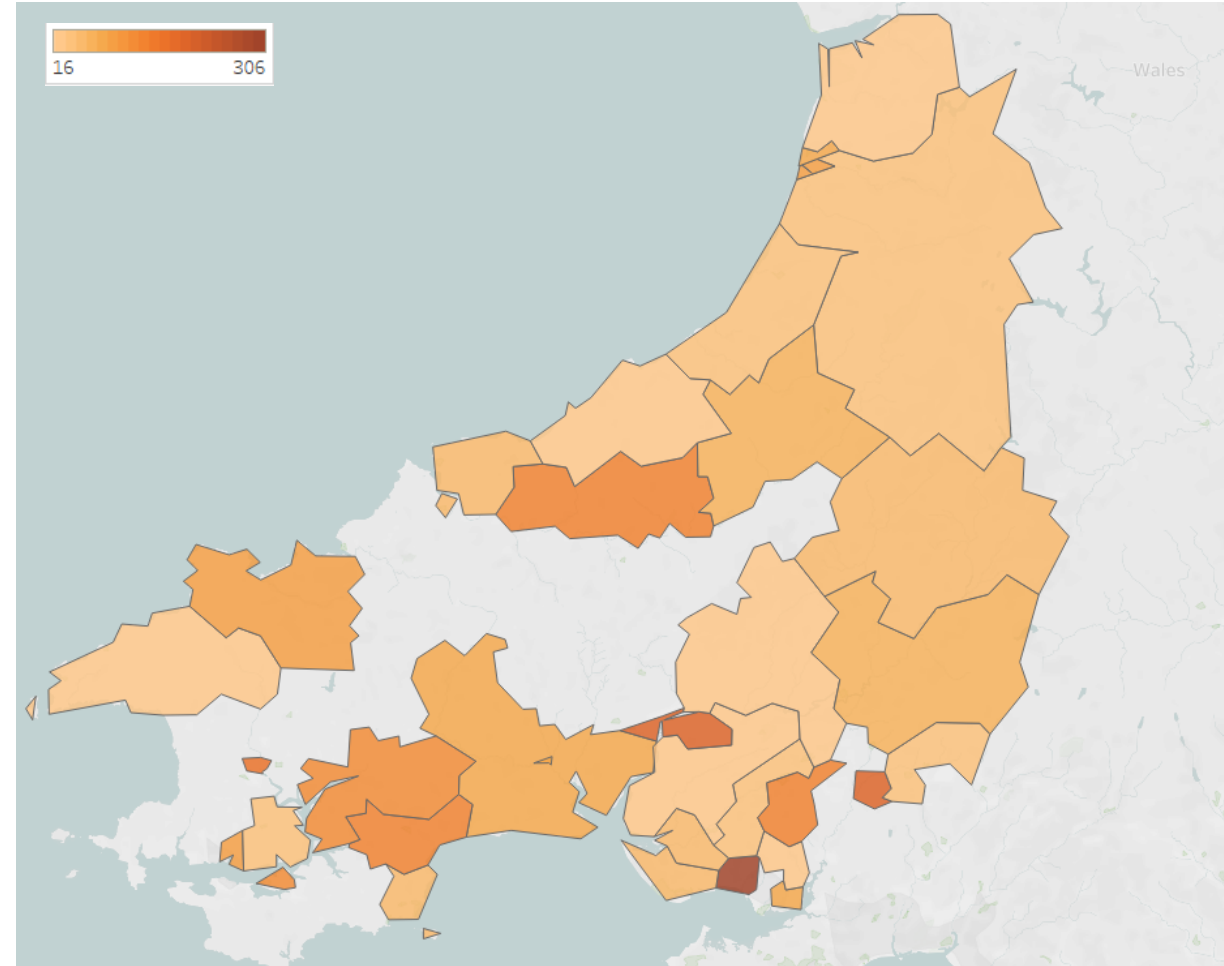
Map

Lower Layer Super Output Areas (LOSA) data for patients was not available and so the below information shows the pressure for the GP practices at a Middle Layer Super Output Area (MOSA) level which is why there are gaps.

Proportion of over 40s population based on practice list, by MOSA of practice location

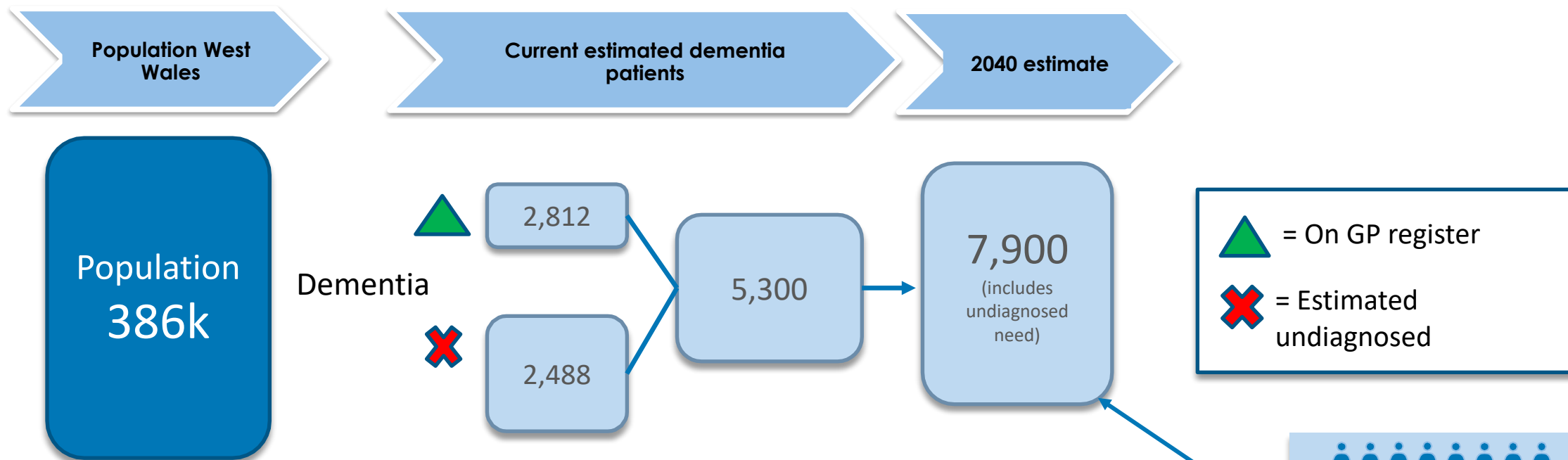


Total diagnoses population based on practice list, by MOSA of practice location



Dementia- prevalence

The chart below shows the current registered dementia population and the possible undiagnosed level; it then predicts, based on both the undiagnosed rate and population growth, the possible number of patients living with dementia across West Wales by 2040. It is important to note that the impact of COVID-19 on the diagnosis and incidence rate of dementia is still unknown. There is concern that, in some cases, COVID-19 causes damage to the brain and long term this could lead to increased risk of developing dementia*



- Prevalence on the GP registers is currently just under 1% overall
- There is a likely diagnosis gap of around 50%
- The above calculates, at a high level, the possible actual prevalence based on population growth and application of the diagnosis rate
- The prevalence as a rate could be as high as 2% by 2040, based on the growth in the over 65 population

To put this into perspective...
This is equivalent to everyone in Pembroke living with dementia.

*Reference: "The chronic neuropsychiatric sequelae of COVID-19: The need for a prospective study of viral impact on brain functioning" - Gabriel A. de Erausquin et al

Health board comparison

The graph to the right shows the prevalence rates for dementia recorded in the GP registers (according to QOF definitions). Note, this is likely to be a lower than actual prevalence rate due to using GP registered population from the GP system as the denominator (and not resident population, it also includes all age groups)

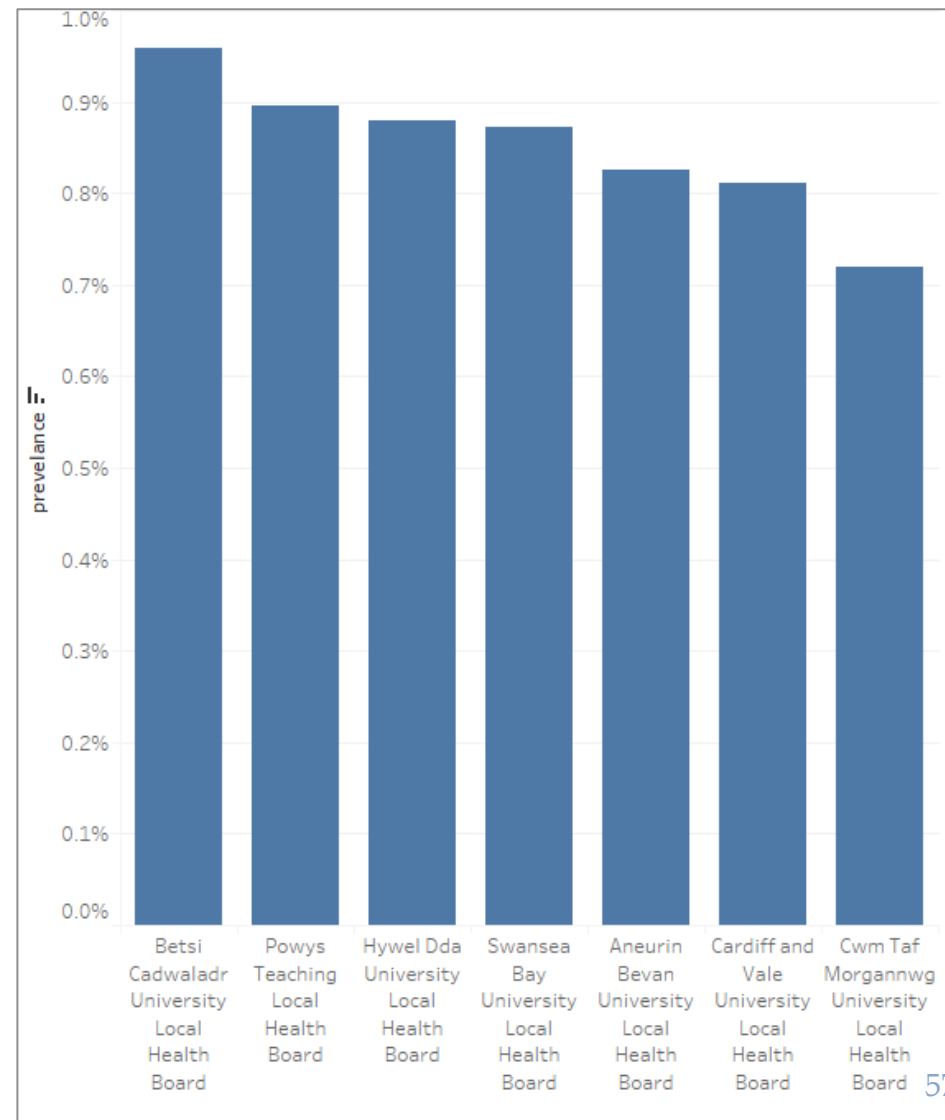
However, the important thing to note is the differences rather than the numbers. West Wales are the 3rd highest and they are slightly above the Wales average (circa 0.87% compared to 0.85%)

Numbers of patients on dementia register by sex and UHB

| | Aneurin Bevan University Local Health Board | Betsi Cadwaladr University Local Health Board | Cardiff and Vale University Local Health Board | Cwm Taf Morgannwg University Local Health Board | Hywel Dda University Local Health Board | Powys Teaching Local Health Board | Swansea Bay University Local Health Board |
|--------|---|---|--|---|---|-----------------------------------|---|
| Female | 2,560 | 3,492 | 2,189 | 1,659 | 1,753 | 622 | 1,692 |
| Male | 1,500 | 2,048 | 1,166 | 985 | 1,059 | 346 | 1,047 |

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Dementia GP register prevalence (among adult population)

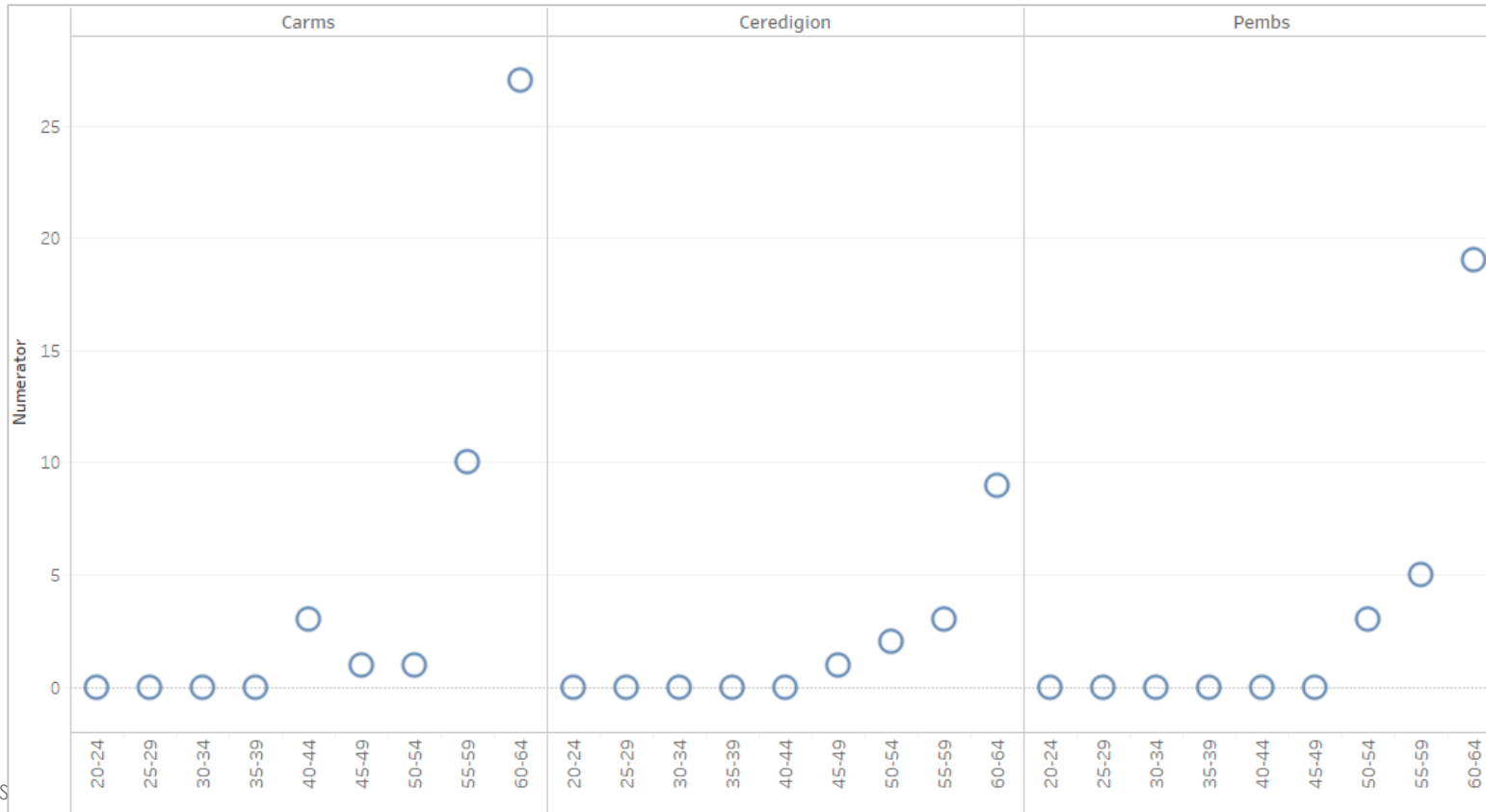


Young onset

Young onset dementia is the onset of dementia when a person is under 65 years old. Across West Wales there are 84 patients on the registers who are under 65 years old. Of those, 55 are in the 60-65 year age group. This gives West Wales a rate of 0.04% across the population in the adult population, which is very similar to the rate seen across Wales registers nationally.

There are 5 patients on the GP registers who are under 50 years old. There are under 30 in Wales as a whole (with a formal, GP registered diagnosis). Again, the prevalence rates across West Wales are higher than that of Wales (around 0.0025%)

Young Onset Dementia by age and cluster



10. Appendix 2: Feedback From Initial Structured Interviews

Stakeholder Engagement

The first phase of the development of this strategy took place January through to May 2021. Attain were initially commissioned by Carmarthenshire County Council on behalf of the WWCP to carry out a review of the ICF Dementia Investment Plan along side the development of a high – level dementia strategy vision and service model pathway across the West Wales region. The initial work was well supported by WWCP who worked with Attain to codesign a high-level draft dementia strategy. Stakeholders from across the region worked very hard to provide local knowledge and insight, through structured stakeholder discussions. The themes stemming from the initial interviews have been summarised where possible on the following pages. Theme form the second phase of work is summarised earlier on in the strategy.

Many thanks to those who engaged in this first phase of work:

| Name | Title | Additional Staff |
|-----------------|--|---|
| Rhian Dawson | Hywel Dda UHB & Carmarthenshire County Council - County Director Carmarthenshire | Emails sent 25/03 and 12/04 |
| Jina Hawkes | Hywel Dda Health Board - General Manager Community Primary Care - Ceredigion | |
| Sonia Hay | Hywel Dda UHB - General Manager Community & Primary Care -Pembrokeshire | Charlotte Duhig, Ceri Griffiths plus 2 others |
| Rebecca Jones | WWCP Programme Manager for Workforce development | |
| Sue Leonard | CEO PAVS | Cherry Evans Sophie Buckley |
| Elaine Lorton | Hywel Dda UHB County Director Pembrokeshire | |
| Peter Skitt | Hywel Dda UHB - County Director Ceredigion | |
| Alex Williams | Head of Integrated services Carms | Plus Carms colleagues |
| Neil Mason | Hywel Dda UHB - Service Manager Older Adults Mental Health | Plus Admiral Nurse |
| Graham O'Connor | (Hywel Dda UHB - Consultant Psychiatrist) | |
| Donna Pritchard | Head of Adults Ceredigion Council | Ellen James, Sian Howys, Nerys Lewis |
| Claire Sims | Hywel Dda UHB - Head of Occupational Therapy | Plus Karen Shearsmith-Farthing |
| Becca Stilwell | Clinical Psychologist | Email sent 15/04/21 |

The themes stemming from the interviews with stakeholders have influenced the development of the service model pathway and the recommendations within this report.

Main themes

What works Well

What could be improved

What elements are missing

Joined up services

| | | | | |
|--|---|--|--|---|
| <p>A clear regional strategy, vision and service model is needed and long term funding to deliver the services is needed</p> | <p>3rd sector dementia connector role has brought together other dementia focused roles now operating as an MDT</p> | <p>Consultants trained to be able to support people with dementia</p> | <p>Informal carers getting exhausted - could be prevented if they have the right support</p> | <p>Dementia is so wide - it is across the whole community and it really needs to be part of day to day planning and development</p> |
| <p>The overarching thing not addressed is base line wrap around the person, a co-ordinator throughout their journey</p> | <p>New Admiral Nurse service sitting with social care - providing support, bringing other professionals in team around the person</p> | <p>There is a need for all GPs to take the responsibility for onward prescribing of dementia</p> | <p>No centralised overview of GP dementia registers</p> | <p>Organisations now need to play their part to form a joined up integrated approach - not easy for West Wales</p> |
| <p>There is no coherent pathway and a lack of person centred care/understanding of dementia</p> | <p>Some good examples – Delta Connect, fulfilled lives - person centred domiciliary care, Ceredigion - come up with good solutions - real team feel</p> | <p>GPs/AHPs could be making straight forward diagnosis. MH team should be focusing on specialist diagnosis</p> | <p>Programme management of West Wales dementia services through the WWCP, service evaluation and performance reporting</p> | <p>Lots of handovers between services - difficulty with the long term care - where does dementia sit? No one service has the capacity to manage this large cohort</p> |
| <p>Attribution that dementia is a MH issue so if someone presents with challenging behaviour they call MH</p> | <p>Alzheimer's provide pre-diagnostic support following referral - people go directly to face to face support rather than a call centre.</p> | <p>National system feedback on hospital care can be adapted for PLWD and their carers to provide feedback on all our services</p> | <p>Requirement to have EoL conversations earlier. Some professionals reluctant to enter in ACP conversations</p> | <p>The service vision and model needs to ensure that services are easy to access and joined up</p> |

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The themes stemming from the interviews with stakeholders have influenced the development of the service model pathway and the recommendations within this report.

Communication

How people are diagnosed

How people access services

Workforce and Training

Use of technology

Dementia wellbeing in the acute hospitals supporting reasonable adjustments for those admitted. Part of the ward MDT – about to be evaluated

Local Authority carers assessment is not dependant on a diagnosis but you still hear of it

Social care domiciliary care, respite care - harder to access and less secure postcode lottery going on to access

The regional dementia wellbeing team about to be launched will provide training to upskill staff and a specialist MDT approach for complex cases

In alignment with best practice, the use of technology should be central to the delivery of dementia services

Currently too many handoffs not joined up in anyway - need to have some co-ordination and case management.

Need for earlier identification and diagnosis in primary care. Need to fast track dementia diagnosis in line with CHC assessments

Where do people lives sit? Holistic picture - need to include the needs of the carers collated within the record of the person living with dementia.

People providing care need to be able to spot dementia and have skills to support - regular training refreshers are needed

Delta connect trying develop care so the person can stay at home

Develop structure for services to communicate better with each other/to share information - what is available in the community - feels very fragmented.

Consider what is the purpose of the diagnosis? Treatment? Medication? Delaying the inevitable? Respite, carers support?

There is an opportunity for a central point of access through the Delta Wellbeing service which is provided regionally

GPs require training to detect the early signs of dementia and physical issues in the advanced stages. Trainee MH nurses need training in dementia

The Wellbeing Team is working with Delta connect - trying to skill up the crisis team to stop people having to go into hospital

FIRST OF ITS KIND - OT's are working in Scotland and are providing journey through dementia - protocol led interventions which will be evaluated

Belief that it can only take place in MAS setting - some patients get diagnosed in hospital. Need an MDT approach to diagnose in community

Need to review dementia navigators, community commentators, social prescribing type roles to avoid duplication and align them across the system

A lack of knowledge, confidence and skill in staff/services recognising that people with dementia and their carers use multiple services

The Wellbeing team is working with @learning Wales to make the training more accessible. Mindful that eLearning training doesn't give people tools

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11. Appendix 3: Approach to managing the programme of work

| Project Requirement | Progress | Key Accomplishment |
|---|----------|--|
| Review existing regional governance to ensure robust, multi-agency ownership of the ICF Plan, its delivery and evaluation | ✓ | This report provides a suggested programme outline |

What does good programme management look like?



The components of a good programme (1)

| | Vision, Leadership & Culture | Programme Governance | Stakeholder Management and Communication | Planning and resourcing |
|-----------------------------------|---|--|---|---|
| What good looks like | <ul style="list-style-type: none"> • Clear shared vision owned by all partners • Joined up leadership fully engaged • Vision and strategy are aligned with partners' organisational strategies and relevant regional / national strategies | <ul style="list-style-type: none"> • Clear governance structure in place that includes input at the right level for decision making and managing risks/issues • Clear process in place for escalating risks, issues and opportunities • Lean structure; time is used effectively, with a balance between discussion and action • Programme team have a clear understanding of roles and responsibilities • Patient / public engagement embedded in programme governance • Clinical leadership embedded in programme governance | <ul style="list-style-type: none"> • Stakeholder mapping and communications plans in place • Key stakeholder relationships are managed proactively • External communications are targeted at relevant audiences and accessible language / communication formats are used • Internal communications to keep programme team informed, support team dynamics • Successes are celebrated internally and all areas of the programme contribute to case studies and good news stories for external use | <ul style="list-style-type: none"> • Robust overall business case for the programme in place and agreed by partners, with review points in place to establish ongoing viability • Each workstream has a clear plan, setting out what will be delivered, how and when • Interdependencies have been mapped • Resources required to deliver the programme have been mapped and investment agreed • OD requirements mapped and strategy in place for coordinated delivery |
| Tools and products Tudalen 115 | <ul style="list-style-type: none"> • Vision / mission / values statement • Memorandum of Understanding / partnership agreement • Outline Business Case | <ul style="list-style-type: none"> • Programme Governance Structure Chart(s) • Terms of Reference • Meetings forward plan • Programme team organisation chart • Roles / responsibilities matrix • Reporting and risk/issue escalation processes • Templates for meeting agendas, notes and actions, highlight reports | <ul style="list-style-type: none"> • Programme Communications & Engagement Strategy / Action Plan • Stakeholder mapping tool • Internal communications process • Equality Impact Assessment process and documentation • Core set of programme documentation / presentations / branded templates for use with a range of audiences • Engagement tracker | <ul style="list-style-type: none"> • High level programme plan with milestones and critical dependencies • Detailed programme plan • PMO work plan • Recruitment and resourcing tracker (programme team) • Business case process, template and guidance • Financial plan |

The components of a good programme (2)

| | Outcomes and Benefit Tracking | Risk and Management | Programme Support | Financial Management |
|-----------------------------------|---|--|--|---|
| What good looks like | <ul style="list-style-type: none"> Financial and non-financial benefits of the programme have been clearly articulated (covering activity shift, clinical quality and patient experience) and tested out with key stakeholders Robust methodology in place to track benefits across all work streams Baseline data captured Outcome measures are targeted to enable monitoring of specific interventions – to see whether a change is effective Existing data sets and reporting are utilised wherever possible to minimise reporting burden (lean approach) | <ul style="list-style-type: none"> Key risks to delivery of the programme have been mapped and mitigating actions identified Clear processes are in place for identifying and tracking risks, with levels of escalation Robust, consistent documentation used across the programme to support proactive risk management and provide an audit trail Programme risk register is maintained and reviewed regularly with evidence of following up mitigating actions recorded and followed through | <ul style="list-style-type: none"> Information is well managed and easy to find, e.g. contact list, filing structure, protocols in place for maintaining an audit trail Change control in place for core documents/tools PMO team is able to support operational staff / work streams by reducing the documentation burden PMO advises and supports programme team / delivery leads; skills development, quality improvement Quality assurance is in place for key deliverables | <ul style="list-style-type: none"> Budget agreed for programme resourcing Robust mechanisms in place for management of programme budget – budget setting, change control, monitoring, accounts payable, procurement |
| Tools and Products Tudalen 116 | <ul style="list-style-type: none"> Business Case/ Investment Appraisal Benefits/outcomes framework, capturing key performance indicators, outcome measures, metrics etc) Benefits realisation plan and tracking tool | <ul style="list-style-type: none"> Programme risk and issue register Risk management process and guidance | <ul style="list-style-type: none"> Programme contact list Information Management protocols and filing structure Shared programme calendar / inbox | <ul style="list-style-type: none"> Programme Financial management process / control Programme budget |

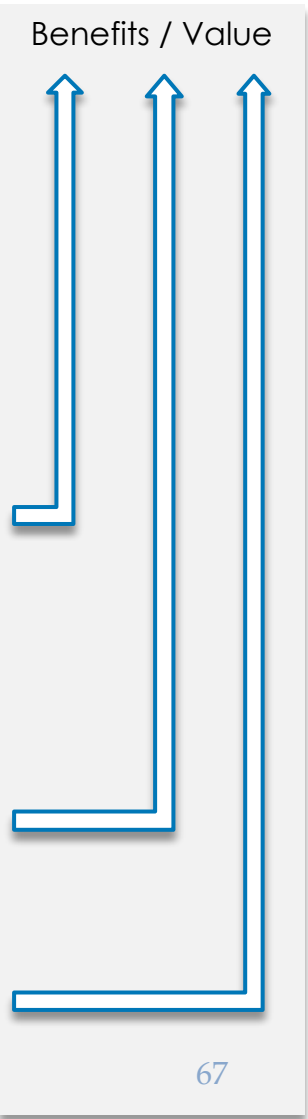
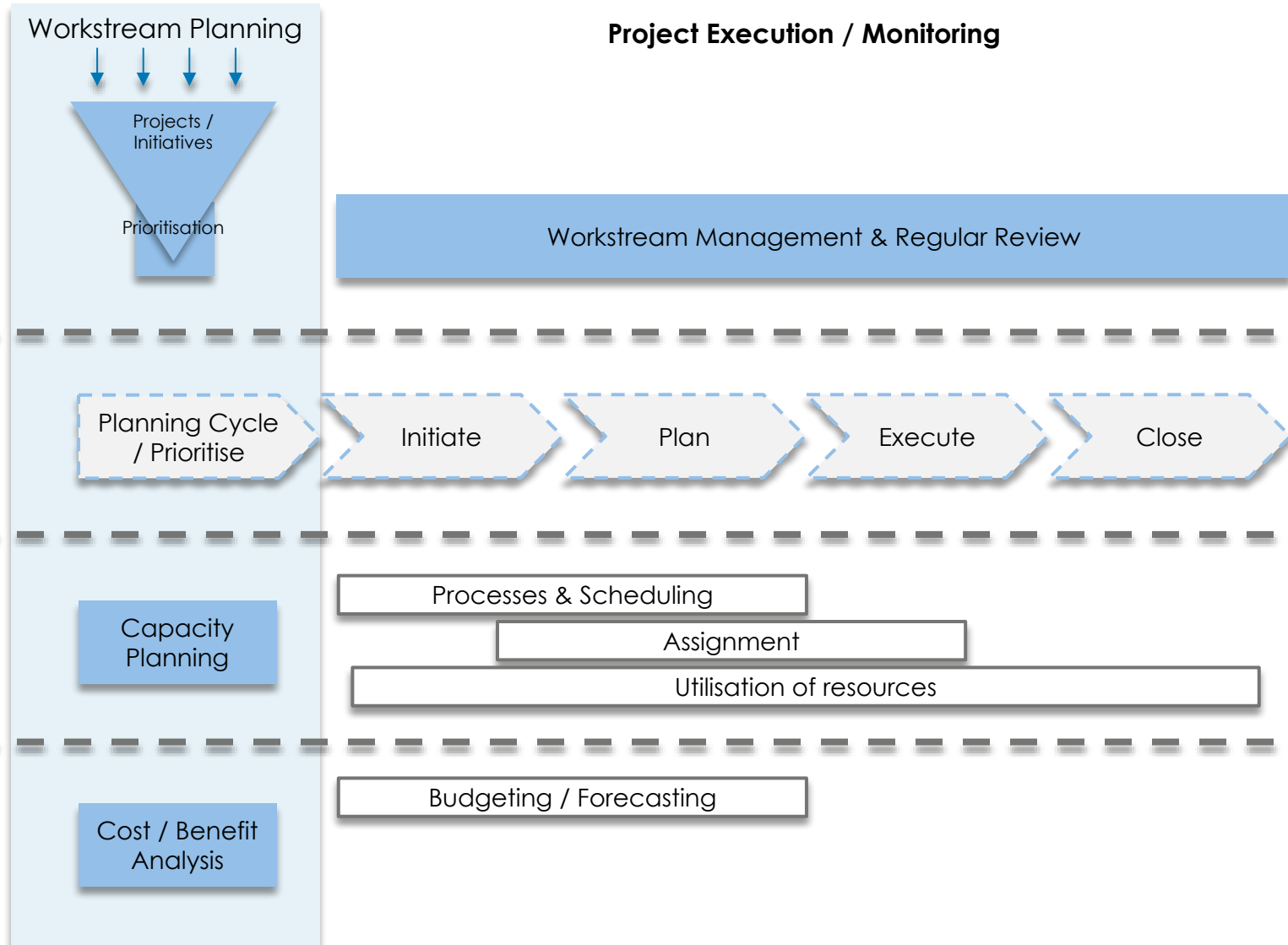
Proposed Delivery Approach: Programme Workstream Management

Workstream Management

Project Management

Resource Management

Financial Management



Contacts

| | | |
|------------------|--|--------------|
| Martin Wilson | martin.wilson@attain.co.uk | 07710 744391 |
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| Cherie Cope | cherie.cope@Attain.co.uk | 07787 427341 |

Carmarthenshire County Council

Assessing Impact

The Equality Act 2010

The Equality Act 2010 (the Act) brings together and replaces the previous anti-discrimination laws with a single Act. It simplifies and strengthens the law, removes inconsistencies and makes it easier for people to understand and comply with it. The majority of the Act came into force on 1 October 2010.

The Act includes a new public sector equality duty (the 'general duty'), replacing the separate duties on race, disability and gender equality. This came into force on 5 April 2011.

What is the general duty?

The aim of the general duty is to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a fairer society through advancing equality and good relations in their day-to-day activities. The duty ensures that equality considerations are built into the design of policies and the delivery of services and that they are kept under review. This will achieve better outcomes for all.

The duties are legal obligations. Failure to meet the duties may result in authorities being exposed to legal challenge.

Under equality legislation, public authorities have legal duties to pay 'due regard' to the need to eliminate discrimination and promote equality with regard to race, disability and gender, including gender reassignment, as well as to promote good race relations. The Equality Act 2010 introduces a new public sector duty which extends this coverage to age, sexual orientation, pregnancy and maternity, and religion or belief. The law requires that this duty to pay 'due regard' be demonstrated in the decision making process. It is also important to note that public authorities subject to the equality duties are also likely to be subject to the obligations under the Human Rights Act and it is therefore wise also to consider the potential impact that decisions could have on human rights as part of the same process.

Carmarthenshire's approach to Equality Impact

In order to ensure that the council is considering the potential equality impact of its proposed policies and practices, and in order to evidence that we have done so, every proposal will be required to be supported by the attached Equality Impact Assessment. Where this assessment identifies a significant impact then more detail may be required.

Reporting on assessments

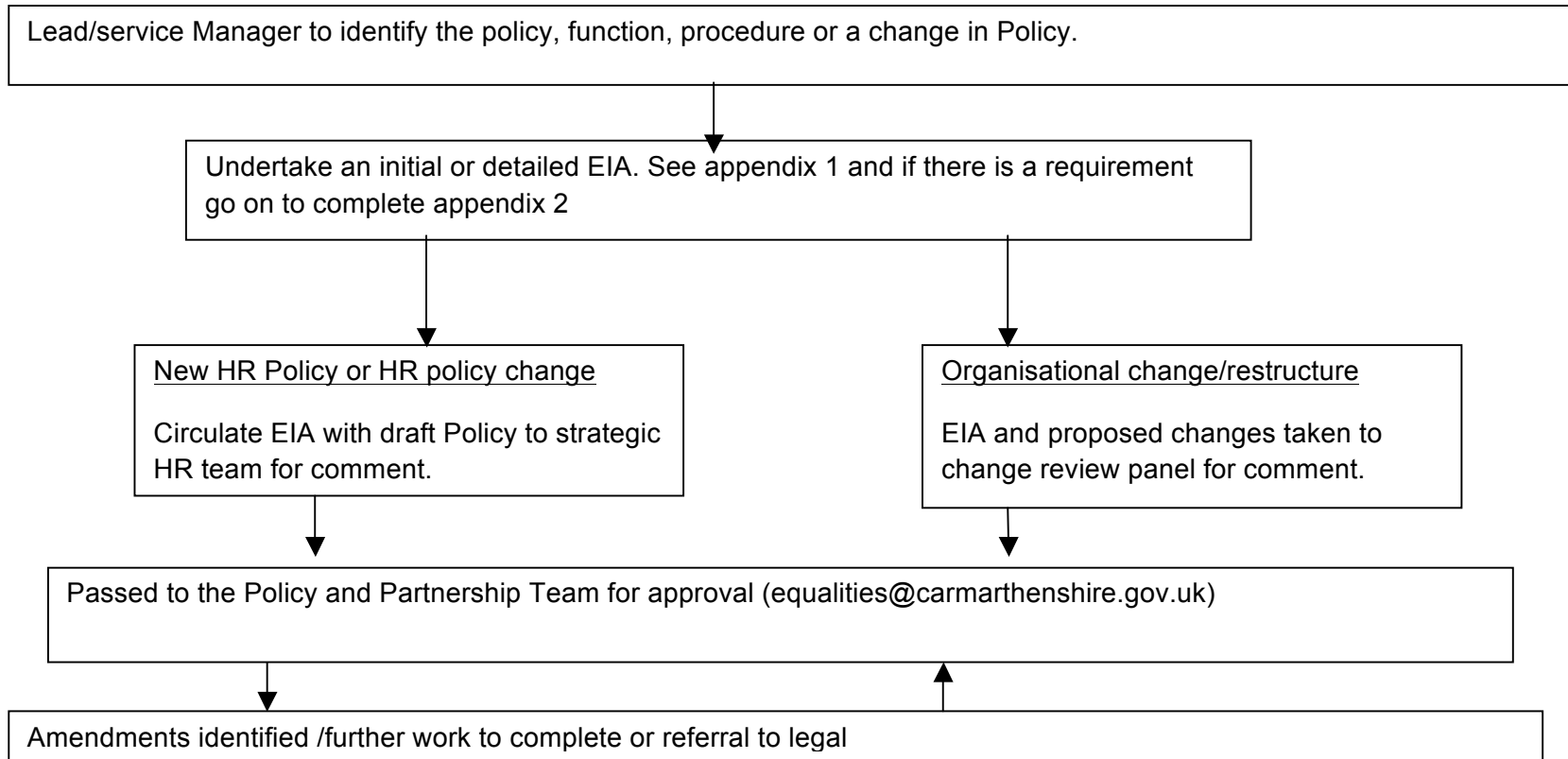
Where it is clear from the assessment that the likely impact on the authority's ability to meet the general duty is substantial, then it must publish a report.

Initial and Detailed Equality Impact Assessments

The initial EIA (appendix 1) is a simple and quick method of assessing the effect of a policy, function, procedure, decision including financial cuts on one or more of the protected characteristics.

The Service Manager responsible for the relevant new or revised policies, functions, procedures and financial decisions must undertake, at least, an initial EIA and where relevant a detailed Equality Impact Assessment (appendix 2); EIA must be attached as background paper with reports to Executive and Scrutiny .

Equality impact assessment – Process to follow where HR implications have been identified



Initial Equalities Impact Assessment Template

Appendix 1

| | | | |
|--|---|---|---|
| Department: Communities | Completed by (lead): Monica Bason-Flaquer | Date of initial assessment: 22/06/2022 Revision Dates: | |
| Area to be assessed: (i.e. name of policy, function, procedure, practice or a financial decision) | West Wales Care Partnership Dementia Strategy | | |
| Is this existing or new function/policy, procedure, practice or decision? | New | | |
| What evidence has been used to inform the assessment and policy? (please list only) | | | |
| The full documentation of the dementia strategy; engagement with people living with dementia and carers as part of strategy development; engagement with key stakeholders across the health board, council, and third sector services spanning the region. | | | |
| 1. Describe the aims, objectives or purpose of the proposed function/policy, practice, procedure or decision and who is intended to benefit. | The strategy sets out a West Wales vision for dementia services, to 'Support each person to live well and independently with dementia for as long as possible', and outlines a dementia wellbeing pathway which focuses on streamlining pathways and placing people living with dementia and their carers at the centre of service provision. | | |
| The Public Sector Equality Duty requires the Council to have "due regard" to the need to:- (1) eliminate unlawful discrimination, harassment and victimisation; (2) advance equality of opportunity between different groups; and | 2. What is the level of impact on each group/ protected characteristics in terms of the three aims of the duty? Please indicate high (H) medium (M), low (L), no effect (N) for each. | 3. Identify the risk or positive effect that could result for each of the group/protected characteristics? | 4. If there is a disproportionately negative impact what mitigating factors have you considered? |
| | | Risks | Positive effects |

| | | | | | |
|--|--------------------------------|-----------|--|--|--|
| (3) foster good relations between different groups (see guidance notes) | | | | | |
| Protected characteristics | Age | High | | Potential to improve quality of life for older people affected by dementia | |
| | Disability | High | | Potential to improve quality of life for people affected by dementia (including young onset) | |
| | Gender reassignment | No effect | | | |
| | Race | No effect | | | |
| | Religion/Belief | No effect | | | |
| | Pregnancy and maternity | No effect | | | |
| | Sexual Orientation | No effect | | | |
| | Sex | No effect | | | |
| | Welsh language | Medium | | Potential to increase diagnosis rates and improve support | |
| | Any other area | | | for Welsh language speakers with dementia | |

| | | |
|--|---|-----------------------------|
| 5. Has there been any consultation/engagement with the appropriate protected characteristics? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
|--|---|-----------------------------|

6. What action(s) will you take to reduce any disproportionately negative impact, if any?
NA

7. Procurement
Following collation of evidence for this assessment, are there any procurement implications to the activity, proposal, service.
Please take the findings of this assessment into your procurement plan. Contact the corporate procurement unit for further advice.

8. Human resources
Following collation of evidence for this assessment, are there any Human resource implications to the activity, proposal or service?

| | | |
|---|------------------------------|--|
| 9. Based on the information in sections 2 and 6, should this function/policy/procedure/practice or a decision proceed to Detailed Impact Assessment? (recommended if one or more H under section 2) | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| | | |
|---------------------------------|--|-------|
| Approved by: Head of Service | | Date: |
|---------------------------------|--|-------|

Detailed Equalities Impact Assessment Template

Appendix 2

| | |
|--|--------------------------------------|
| Department: | Please see initial impact assessment |
| Completed by (lead): | |
| Date of Detailed assessment: | |
| Area to be assessed: (<i>Policy, function, procedure, practice or a financial decision</i>) | Please see initial impact assessment |
| Is this existing or new function/policy/Procedure/ practice | Please see initial impact assessment |

| | |
|--|--------------------------------------|
| 1. Describe the aims, objectives or purpose of the function/policy, practice or procedure and who is intended to benefit. | Please see initial impact assessment |
|--|--------------------------------------|

| | | | | |
|---|---------------------------------------|---------------------------------------|---|---|
| <p>2. Please list any existing documents, evidence, research which have been used to inform the Detailed equality impact assessment. (This must include relevant data used in this assessment)</p> | | | | |
| <p>3. Has any consultation, involvement been undertaken with the protected characteristics to inform this assessment? (please provide details, who and how consulted)</p> | | | | |
| <p>4. What is the actual/likely impact?</p> | | | | |
| <p>5. What actions are proposed to address the impact? (<i>The actions needs to be specific, measurable and outcome based</i>)</p> | <p>What are we going to do</p> | <p>Who will be responsible</p> | <p>When will it be completed</p> | <p>How will we know we have achieved our objective</p> |
| | | | | |
| | | | | |

| | | | | |
|--|--|-------|--|--|
| | | | | |
| 6. How will actions be monitored? | | | | |
| Approved by: Head of Service | | Date: | | |

Thank you for completing this assessment.

For further information regarding Assessing Impact, please contact the -

Policy & Partnership Team

Chief Executive's Department

01267 22(4914) / (4676)

equalities@carmarthenshire.gov.uk

Please send a copy of the assessment to the above e-mail address upon completion.

Mae'r dudalen hon yn wag yn fwiadol

PWYLLGOR CRAFFU IECHYD A GWASANAETHAU CYMDEITHASOL 5^{ed} HYDREF 2022

ADRODDIAD ALLDRO CYLLIDEB REFENIW 2021/22

Ystyried y materion canlynol a chyflwyno sylwadau arnynt:

- Bod y Pwyllgor Craffu yn derbyn yr Adroddiad Alldro Cyllideb 2021/22 ar gyfer y Gwasanaethau Gofal Cymdeithasol ac Iechyd.

Rhesymau:

- I ddatgan sefyllfa diwedd blwyddyn y gyllideb i'r Pwyllgor ynglyn â 2021/22.

Angen cyfeirio'r mater at y Cabinet er mwyn gwneud penderfyniad: NAC OES

Aelodau'r Cabinet sy'n gyfrifol am y Portffolio:

- Cyng. Alun Lenny (Adnoddau)
- Cyng. Jane Tremlett (Iechyd a Gwasanaethau Cymdeithasol)

| | | |
|--|--|--|
| <p>Y Gyfarwyddiaeth: Gwasanaethau Corfforaethol</p> <p>Enw Cyfarwyddwr y Gwasanaeth: Chris Moore</p> <p>Awdur yr adroddiad: Chris Moore</p> | <p>Swydd:</p> <p>Cyfarwyddwr y Gwasanaethau Corfforaethol</p> | <p>Rhif Ffôn / Cyfeiriad E-bost:</p> <p>01267 224120 CMoore@sirgar.gov.uk</p> |
|--|--|--|

EXECUTIVE SUMMARY

HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE 5th OCTOBER 2022

Revenue Budget Outturn Report 2021/22

The Financial Monitoring Report is presented as follows:

Revenue Budgets

Appendix A

Summary position for the Social Care and Health Scrutiny Committee. Services within the Social Care and Health Scrutiny remit reported a £2,264k underspend.

Appendix B

Report on Main Variances on agreed budgets.

Appendix C

Detailed variances for information purposes only.

Appendix D

Details the Savings Monitoring position for the end of the year.

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: **Chris Moore** Director of Corporate 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 shows a net variance of -£2,264k against the 2021/22 approved budget.

Savings Report

At year end, £300k of Managerial savings against a target of £1,075k are undelivered. £50k of Policy savings put forward for 2021/22 against a target of £50k have been delivered.

CONSULTATIONS

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

Signed: **Chris Moore** Director of Corporate 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

CABINET MEMBER PORTFOLIO HOLDERS AWARE/CONSULTED?
YES

(Include any observations here)

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 |
|-------------------|--|
| 2021/22 Budget | Corporate Services Department, County Hall, Carmarthen |

Mae'r dudalen hon yn wag yn fwriadol

Social Care & Health Scrutiny Report
Budget Monitoring as at 31st March 2022 - Summary

| Division | Working Budget | | | | Actual | | | | EOY Actual Variance for Year £'000 | Feb 2022 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 | | |
| Adult Services | | | | | | | | | | |
| Older People | 64,133 | -22,099 | 7,626 | 49,660 | 75,903 | -35,210 | 7,626 | 48,319 | -1,341 | -2,129 |
| Physical Disabilities | 8,397 | -1,875 | 468 | 6,989 | 8,371 | -2,010 | 468 | 6,828 | -161 | -101 |
| Learning Disabilities | 41,859 | -10,661 | 1,980 | 33,178 | 44,578 | -13,431 | 1,980 | 33,127 | -51 | 172 |
| Mental Health | 11,051 | -4,107 | 560 | 7,505 | 11,249 | -4,014 | 560 | 7,796 | 291 | 230 |
| Support | 6,293 | -8,559 | 2,602 | 337 | 12,117 | -15,386 | 2,602 | -667 | -1,003 | -201 |
| GRAND TOTAL | 131,733 | -47,300 | 13,236 | 97,669 | 152,219 | -70,050 | 13,236 | 95,405 | -2,264 | -2,029 |

Social Care & Health Scrutiny Report

Budget Monitoring as at 31st March 2022 - Main Variances

| Division | Working Budget | | Actual | | EOY Forecasted Variance for Year £'000 | Notes | Feb 2022 Forecasted Variance for Year £'000 |
|--|----------------------|-----------------|----------------------|-----------------|--|---|---|
| | Expenditure £'000 | Income £'000 | Expenditure £'000 | Income £'000 | | | |
| Adult Services | | | | | | | |
| Older People | | | | | | | |
| Older People - Commissioning | 3,954 | -815 | 3,981 | -1,156 | -314 | Part year vacant posts | -157 |
| Older People - Private Home Care | 7,680 | -2,573 | 12,231 | -7,479 | -354 | Part year vacant posts | -508 |
| Older People - Enablement | 2,073 | -444 | 1,778 | -453 | -304 | Part year vacant posts | -311 |
| Older People - Private Day Services | 284 | 0 | 9 | 0 | -275 | Reduced provision of day services due to COVID19 restrictions | -276 |
| Older People - Other variances | | | | | -94 | | -878 |
| | | | | | | | |
| Physical Disabilities | | | | | | | |
| Phys Dis - Commissioning & OT Services | 844 | -297 | 660 | -187 | -74 | Part year vacant posts | -101 |
| Phys Dis - Private/Vol Homes | 1,521 | -306 | 1,194 | -142 | -163 | Demand led - Reduced use of residential respite care due to COVID19 | -175 |
| Phys Dis - Aids & Equipment | 898 | -424 | 1,345 | -1,014 | -144 | Utilisation of grant funding to realise core budget | -150 |
| Phys Dis - Direct Payments | 2,940 | -589 | 3,196 | -411 | 434 | Demand for Direct Payments increasing as a consequence of fewer alternatives during COVID19 restrictions e.g. community support and respite | 397 |
| Phys Dis - Other variances | | | | | -214 | | -72 |
| | | | | | | | |
| Learning Disabilities | | | | | | | |
| Learn Dis - Employment & Training | 1,941 | -211 | 1,645 | -182 | -266 | Staff vacancies and utilisation of grant funding to realise core budget | -251 |
| Learn Dis - Private/Vol Homes | 11,916 | -4,408 | 13,595 | -5,383 | 704 | Pressure remains on this budget as alternative provision is unavailable due to COVID19 restrictions. Due to this, Welsh Government grant funding is being applied to support this overspend. Some packages have been reduced via the Progression & Review Team although targets for achieving savings have slipped due to restrictions on face to face contact. | 740 |
| Learn Dis - Direct Payments | 4,018 | -558 | 4,825 | -599 | 767 | Direct Payments increasing due to demand | 984 |
| Learn Dis - Group Homes/Supported Living | 11,635 | -1,816 | 13,496 | -2,919 | 758 | Accommodation and Efficiency project plans for strategic longer term future accommodation options as well as current client group has experienced delays due to COVID19. The Progression & Review Team will prioritise Rightsizing in Supported Living in 2022. | 578 |
| Learn Dis - Day Services | 2,603 | -369 | 2,250 | -200 | -183 | Loss of income & Welsh Government grant funding received, staff vacancies and client taxis not used. Reduced premises and running costs as building based provision is reduced due to social distancing regulations and alternatives provided. | -269 |
| Learn Dis - Private Day Services | 1,536 | -82 | 308 | 0 | -1,146 | Day Services significantly reduced. Where care has been reassessed and alternative has been provided, the additional cost is shown as an overspend in that budget. | -944 |
| Learn Dis - Community Support | 2,272 | -160 | 2,460 | -941 | -593 | Reduced level provision due to COVID19 restrictions | -576 |
| Learn Dis - Other variances | | | | | -91 | | -90 |

Social Care & Health Scrutiny Report
Budget Monitoring as at 31st March 2022 - Main Variances

| Division | Working Budget | | Actual | | EOY Forecasted Variance for Year £'000 | Notes | Feb 2022 Forecasted Variance for Year £'000 |
|---|----------------------|-----------------|----------------------|-----------------|--|---|---|
| | Expenditure £'000 | Income £'000 | Expenditure £'000 | Income £'000 | | | |
| Mental Health | | | | | | | |
| M Health - Commissioning | 1,456 | -82 | 1,263 | -204 | -315 | Staff vacancies | -267 |
| M Health - Private/Vol Homes | 6,533 | -3,294 | 6,452 | -2,871 | 342 | Pressure remains on this budget as alternative provision is unavailable due to Covid restrictions. Some packages have been reduced via the Progression & Review Team although targets for achieving savings have slipped due to restrictions on face to face contact. | 429 |
| M Health - Group Homes/Supported Living | 1,306 | -410 | 1,819 | -512 | 412 | Accommodation and Efficiency project plans for strategic longer term future accommodation options as well as current client group has experienced delays due to Covid. The Progression & Review Team will prioritise Rightsizing in Supported Living in 2022. | 374 |
| M Health - Direct Payments | 155 | -44 | 244 | -13 | 121 | Direct Payments increasing due to demand | 117 |
| M Health - Community Support | 646 | -76 | 501 | -121 | -190 | Reduced level provision during parts of the year due to COVID19 restrictions | -368 |
| M Health - Other variances | | | | | -78 | | -55 |
| | | | | | | | |
| Support | | | | | | | |
| Holding Acc-Transport | 1,495 | -1,854 | 188 | -384 | 162 | Provision of additional services to support Hywel Dda | -247 |
| Support - Other variances | | | | | -1,165 | | 46 |
| | | | | | | | |
| Grand Total | | | | | -2,264 | | -2,029 |

Social Care & Health Scrutiny Report
Budget Monitoring as at 31st March 2022 - Detail Monitoring

| Division | Working Budget | | | | Actual | | | | EOY Forecasted Variance for Year £'000 | Notes | Feb 2022 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 | | | |
| Adult Services | | | | | | | | | | | |
| Older People | | | | | | | | | | | |
| Older People - Commissioning | 3,954 | -815 | 1,569 | 4,707 | 3,981 | -1,156 | 1,569 | 4,393 | -314 | Part year vacant posts | -157 |
| Older People - LA Homes | 8,836 | -3,891 | 2,023 | 6,968 | 10,415 | -5,390 | 2,023 | 7,048 | 80 | | -693 |
| Older People - Supported Living | 102 | 0 | 0 | 102 | 88 | 0 | 0 | 88 | -14 | | 0 |
| Older People - Private/ Vol Homes | 27,274 | -12,461 | 328 | 15,141 | 32,129 | -17,301 | 328 | 15,156 | 15 | | -52 |
| Older People - Private Day Care | 31 | 0 | 0 | 31 | 67 | 0 | 0 | 67 | 37 | | 31 |
| Older People - Extra Care | 800 | 0 | 10 | 810 | 884 | 0 | 10 | 894 | 84 | | 77 |
| Older People - LA Home Care | 8,041 | 0 | 2,533 | 10,574 | 8,797 | -803 | 2,533 | 10,527 | -47 | | -67 |
| Older People - MOW's | 5 | -6 | 0 | -0 | 1 | 0 | 0 | 1 | 1 | | 0 |
| Older People - Direct Payments | 1,282 | -305 | 6 | 983 | 1,159 | -156 | 6 | 1,009 | 26 | | -20 |
| Older People - Grants | 597 | -232 | 16 | 381 | 1,008 | -635 | 16 | 388 | 6 | | -25 |
| Older People - Private Home Care | 7,680 | -2,573 | 116 | 5,222 | 12,231 | -7,479 | 116 | 4,868 | -354 | Part year vacant posts | -508 |
| Older People - Ssmms | 566 | -240 | 302 | 628 | 477 | -240 | 302 | 540 | -88 | | -60 |
| Older People - Careline | 1,696 | -1,051 | 1 | 647 | 2,233 | -1,588 | 1 | 646 | -0 | | 0 |
| Older People - Enablement | 2,073 | -444 | 544 | 2,173 | 1,778 | -453 | 544 | 1,869 | -304 | Part year vacant posts | -311 |
| Older People - Day Services | 913 | -82 | 178 | 1,009 | 647 | -9 | 178 | 816 | -193 | | -70 |
| Older People - Private Day Services | 284 | 0 | 0 | 284 | 9 | 0 | 0 | 9 | -275 | Reduced provision of day services due to COVID19 restrictions | -276 |
| Older People Total | 64,133 | -22,099 | 7,626 | 49,660 | 75,903 | -35,210 | 7,626 | 48,319 | -1,341 | | -2,129 |
| Physical Disabilities | | | | | | | | | | | |
| Phys Dis - Commissioning & OT Services | 844 | -297 | 169 | 716 | 660 | -187 | 169 | 642 | -74 | Part year vacant posts | -101 |
| Phys Dis - Private/Vol Homes | 1,521 | -306 | 13 | 1,229 | 1,194 | -142 | 13 | 1,065 | -163 | Demand led - Reduced use of residential respite care due to COVID19 | -175 |
| Phys Dis - Group Homes/Supported Living | 1,166 | -170 | 12 | 1,008 | 999 | -121 | 12 | 890 | -118 | | -8 |
| Phys Dis - Community Support | 191 | 0 | 1 | 192 | 119 | 0 | 1 | 120 | -72 | | -62 |
| Phys Dis - Private Home Care | 624 | -90 | 3 | 537 | 669 | -135 | 3 | 537 | -0 | | 0 |
| Phys Dis - Aids & Equipment | 898 | -424 | 254 | 729 | 1,345 | -1,014 | 254 | 585 | -144 | Utilisation of grant funding to realise core budget | -150 |
| Phys Dis - Grants | 159 | 0 | 0 | 159 | 159 | 0 | 0 | 159 | -0 | | -2 |
| Phys Dis - Direct Payments | 2,940 | -589 | 14 | 2,365 | 3,196 | -411 | 14 | 2,800 | 434 | Demand for Direct Payments increasing as a consequence of fewer alternatives during COVID19 restrictions e.g. community support and respite | 397 |
| Phys Dis - Manual Handling | 4 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | -4 | | 0 |
| Phys Dis - Independent Living Fund | 51 | 0 | 0 | 51 | 31 | 0 | 0 | 31 | -20 | | 0 |
| Physical Disabilities Total | 8,397 | -1,875 | 468 | 6,989 | 8,371 | -2,010 | 468 | 6,828 | -161 | | -101 |
| Learning Disabilities | | | | | | | | | | | |
| Learn Dis - Employment & Training | 1,941 | -211 | -211 | 1,518 | 1,645 | -182 | -211 | 1,253 | -266 | Staff vacancies and utilisation of grant funding to realise core budget | -251 |
| Learn Dis - Commissioning | 1,001 | 0 | 348 | 1,349 | 1,019 | -46 | 348 | 1,321 | -28 | | -53 |

Social Care & Health Scrutiny Report
Budget Monitoring as at 31st March 2022 - Detail Monitoring

| Division | Working Budget | | | | Actual | | | | EOY Forecasted Variance for Year £'000 | Notes | Feb 2022 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 | | | |
| Learn Dis - Private/Vol Homes | 11,916 | -4,408 | 81 | 7,589 | 13,595 | -5,383 | 81 | 8,293 | 704 | Pressure remains on this budget as alternative provision is unavailable due to COVID19 restrictions. Due to this, Welsh Government grant funding is being applied to support this overspend. Some packages have been reduced via the Progression & Review Team although targets for achieving savings have slipped due to restrictions on face to face contact. | 740 |
| Learn Dis - Direct Payments | 4,018 | -558 | 23 | 3,483 | 4,825 | -599 | 23 | 4,250 | 767 | Direct Payments increasing due to demand | 984 |
| Learn Dis - Group Homes/Supported Living | 11,635 | -1,816 | 82 | 9,901 | 13,496 | -2,919 | 82 | 10,659 | 758 | Accommodation and Efficiency project plans for strategic longer term future accommodation options as well as current client group has experienced delays due to COVID19. The Progression & Review Team will prioritise Rightsizing in Supported Living in 2022. | 578 |
| Learn Dis - Adult Respite Care | 1,100 | -812 | 307 | 594 | 1,089 | -813 | 307 | 582 | -12 | | -49 |
| Learn Dis - Home Care Service | 349 | -157 | 4 | 196 | 483 | -325 | 4 | 161 | -35 | | 0 |
| Learn Dis - Day Services | 2,603 | -369 | 685 | 2,919 | 2,250 | -200 | 685 | 2,736 | -183 | Loss of income & Welsh Government grant funding received, staff vacancies and client taxis not used. Reduced premises and running costs as building based provision is reduced due to social distancing regulations and alternatives provided. | -269 |
| Learn Dis - Private Day Services | 1,536 | -82 | 11 | 1,466 | 308 | 0 | 11 | 320 | -1,146 | Day Services significantly reduced. Where care has been reassessed and alternative has been provided, the additional cost is shown as an overspend in that budget. | -944 |
| Learn Dis - Transition Service | 541 | 0 | 228 | 769 | 582 | -15 | 228 | 794 | 25 | | 22 |
| Learn Dis - Community Support | 2,272 | -160 | 24 | 2,136 | 2,460 | -941 | 24 | 1,543 | -593 | Reduced level provision due to COVID19 restrictions | -576 |
| Learn Dis - Grants | 345 | 0 | 5 | 351 | 276 | -7 | 5 | 274 | -77 | | -42 |
| Learn Dis - Adult Placement/Shared Lives | 2,783 | -1,960 | 207 | 1,030 | 2,603 | -1,868 | 207 | 942 | -89 | | -23 |
| Learn Dis/M Health - Ssmss | -182 | -128 | 185 | -125 | -52 | -133 | 185 | -0 | 125 | | 55 |
| Learn Dis - Independent Living Fund | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| Learning Disabilities Total | 41,859 | -10,661 | 1,980 | 33,178 | 44,578 | -13,431 | 1,980 | 33,127 | -51 | | 172 |

Social Care & Health Scrutiny Report
Budget Monitoring as at 31st March 2022 - Detail Monitoring

| Division | Working Budget | | | | Actual | | | | EOY Forecasted Variance for Year £'000 | Notes | Feb 2022 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 | | | |
| Mental Health | | | | | | | | | | | |
| M Health - Commissioning | 1,456 | -82 | 344 | 1,717 | 1,263 | -204 | 344 | 1,403 | -315 | Staff vacancies | -267 |
| M Health - Private/Vol Homes | 6,533 | -3,294 | 41 | 3,280 | 6,452 | -2,871 | 41 | 3,622 | 342 | Pressure remains on this budget as alternative provision is unavailable due to COVID19 restrictions. Some packages have been reduced via the Progression & Review Team although targets for achieving savings have slipped due to restrictions on face to face contact. | 429 |
| M Health - Private/Vol Homes (Substance Misuse) | 231 | -33 | 0 | 198 | 279 | -81 | 0 | 198 | 0 | | -0 |
| M Health - Group Homes/Supported Living | 1,306 | -410 | 7 | 902 | 1,819 | -512 | 7 | 1,314 | 412 | Accommodation and Efficiency project plans for strategic longer term future accommodation options as well as current client group has experienced delays due to COVID19. The Progression & Review Team will prioritise Rightsizing in Supported Living in 2022. | 374 |
| M Health - Direct Payments | 155 | -44 | 1 | 111 | 244 | -13 | 1 | 232 | 121 | Direct Payments increasing due to demand | 117 |
| M Health - Community Support | 646 | -76 | 6 | 576 | 501 | -121 | 6 | 386 | -190 | Reduced level provision during parts of the year due to COVID19 restrictions | -368 |
| M Health - Day Services | 12 | 0 | 0 | 12 | 12 | 0 | 0 | 12 | -0 | | 0 |
| M Health - Private Day Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| M Health - Private Home Care | 332 | -28 | 1 | 305 | 347 | -39 | 1 | 310 | 4 | | -0 |
| M Health - Substance Misuse Team | 381 | -138 | 160 | 403 | 333 | -172 | 160 | 320 | -83 | | -55 |
| Total Mental Health | 11,051 | -4,107 | 560 | 7,505 | 11,249 | -4,014 | 560 | 7,796 | 291 | | 230 |
| Support | | | | | | | | | | | |
| Departmental Support | -12 | -3,302 | 1,594 | -1,720 | 18 | -4,585 | 1,594 | -2,972 | -1,252 | | 4 |
| Performance, Analysis & Systems | -220 | -43 | 142 | -121 | 17 | -159 | 142 | 0 | 121 | | 71 |
| VAWDASV | 980 | -980 | 22 | 22 | 824 | -824 | 22 | 22 | 0 | | -0 |
| Adult Safeguarding & Commissioning Team | 1,868 | -392 | 413 | 1,889 | 2,004 | -584 | 413 | 1,833 | -56 | | -30 |
| Regional Collaborative | 2,182 | -1,988 | 246 | 440 | 9,066 | -8,850 | 246 | 462 | 22 | | 0 |
| Holding Acc-Transport | 1,495 | -1,854 | 185 | -174 | 188 | -384 | 185 | -12 | 162 | Provision of additional services to support Hywel Dda | -247 |
| Support Total | 6,293 | -8,559 | 2,602 | 337 | 12,117 | -15,386 | 2,602 | -667 | -1,003 | | -201 |
| TOTAL FOR SOCIAL CARE & HEALTH SERVICE | 131,733 | -47,300 | 13,236 | 97,669 | 152,219 | -70,050 | 13,236 | 95,405 | -2,264 | | -2,029 |

2021/22 Savings Monitoring Report
Social Care & Health Scrutiny Committee
5th October 2022

1 Summary position as at : 31st March 2022

£300 k variance from delivery target

| Communities | 2021/22 Savings monitoring | | |
|--------------|----------------------------|------------|----------|
| | 2021/22 | 2021/22 | 2021/22 |
| | Target | Delivered | Variance |
| | £'000 | £'000 | £'000 |
| | 1,125 | 825 | 300 |
| 1,125 | 825 | 300 | |

2 Analysis of delivery against target for managerial and policy decisions:

Managerial
Policy

£300 k Off delivery target
£0 k ahead of target

| Communities | MANAGERIAL | | | POLICY | | |
|--------------|------------|------------|-----------|-----------|-----------|----------|
| | 2021/22 | 2021/22 | 2021/22 | 2021/22 | 2021/22 | 2021/22 |
| | Target | Delivered | Variance | Target | Delivered | Variance |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| | 1,075 | 775 | 300 | 50 | 50 | 0 |
| 1,075 | 775 | 300 | 50 | 50 | 0 | |

3 Appendix D (i) : Savings proposals not on target

Appendix D (ii) : Savings proposals on target (for information)

| DEPARTMENT | 2020/21 Budget | FACT FILE | 2021/22 Proposed | 2021/22 Delivered | 2021/22 Variance | EFFICIENCY DESCRIPTION | REASON FOR VARIANCE |
|------------|----------------|-----------|------------------|-------------------|------------------|------------------------|---------------------|
| | £'000 | | £'000 | £'000 | £'000 | | |

Managerial - Off Target

Communities

Adult Social Care

| | | | | | | | |
|--------------------------------|-------|---|------------|------------|------------|--|--|
| Shared Lives | 834 | Shared Lives provides placements for individuals with Learning Disability or Mental Health issues with families that have been approved as Shared Lives Carers . | 82 | 30 | 52 | Stepping down three individuals from residential care to a Shared Lives setting will save approx. £50k to £60k per individual | Savings reprofiled to be delivered in later years as work was delayed due to initial COVID19 period. The Shared Lives Team structure is currently being reviewed to create additional capacity to progress this work . However, the likelihood is that restrictions may still impact on ability to deliver in full. However the likelihood is that restrictions may still impact on ability to deliver in full. |
| Right Sizing Supported Living | 7,608 | Supported living is provided for those individuals with a Learning Disability or Mental Health who need support with daily living tasks to remain in the community. Support is provided from staff in the setting which can range from a few hours to 24/7 in some circumstances. Promoting independence is a key aspect of supported living | 23 | 15 | 8 | Reviewing high cost placements and decreasing levels of support to promote independence and enhance daily living skills will result in cost savings e.g. reduction of 20 individual packages x 5hrs x £20 per hour = £105k | During COVID19 the accommodation projects have been on hold and we have been unable to undertake reviews for rightsizing or progress the deregistration with providers. This work will be picked up at pace but there will not be a full effect of the year's savings due to the months lost during COVID19 where essential business and safeguarding was prioritised over strategic work. |
| Right Sizing Residential | 6,525 | People may move into a residential home because their health has deteriorated or is so severe they are unable to look after themselves without 24/7 support, they are living with families who no longer able to support them or there are not alternative accommodation options. Some homes offer short term stays, but generally they provide long term accommodation. Approximately 200 individuals are accommodated in residential accommodation, a key objective for the service is to reduce the numbers in residential care, increase the range of alternatives and promote choice and independence for individuals. | 200 | 100 | 100 | Review packages of care and collaborate with commissioned services to promote independence, facilitate progression pathways and step down options whilst continuing to meet eligible need. To develop a sustainable accommodation market and to maximise collaborative funding opportunities with health partners. | During COVID19 the accommodation projects have been on hold and we have been unable to undertake reviews for rightsizing or progress the deregistration with providers. This work is now being picked up at pace but there will not be a full effect of the year's savings due to the months lost during COVID19 where essential business and safeguarding was prioritised over strategic work. Work planned for 2021/22 remains the main focus of our work. However the likelihood is that restrictions may still impact on ability to deliver in full. |
| De-registration of Residential | 6,525 | Over the last year we have been working with several providers to maximise the independence of individuals in residential settings. As a result a number of residential providers are changing their settings to provide supported living which promotes independence and results in improved outcomes for those individuals. | 60 | 30 | 30 | De-registering independent residential settings to supported living, saving approximately £30k per individual per annum | During COVID19 the accommodation projects have been on hold and we have been unable to progress the deregistration with providers. This work will be picked up at pace but there will not be a full effect of the year's savings due to the months lost during COVID19 where essential business and safeguarding was prioritised over strategic work. Work is progressing to de-register a number of residential settings although this work was delayed due to COVID19 so savings partially delivered. However, the likelihood is that restrictions may still impact on ability to deliver in full. |
| Direct Payments - Remodel | 3,211 | If individuals have been assessed as needing social services support they have the option of asking for a Direct Payment to purchase the care and support instead of receiving the support arranged by the local council. | 75 | 10 | 65 | The service is exploring potential innovative models for Direct Payments such as citizen directed cooperatives which could result in a more cost effective use of DP. | Focus during COVID19 has been to sustain the service and keep everyone safe, however tasks are now being picked up at pace to progress this. . |
| Staffing | 344 | In line with the modernisation of services the division has been undertaking a management and staffing restructure to ensure that we have the right number and appropriate skill set to deliver the new models of service | 45 | 15 | 30 | As part of management restructure and reconfiguration of services, reduction in some management posts. | Focus during COVID19 has been to sustain the service and keep everyone safe, however tasks are now being picked up at pace to progress this. . |
| Domiciliary Care (in-house) | 7,514 | Domiciliary Care Services, also known as Homecare, provide practical or personal care for someone in their own home. This could be because health or mobility is declining, or a person may have been in hospital or they have a long term health condition. The in-house service currently provides around 35% of the market and provides over 4,500 hours of care every week to over 400 service users. | 50 | 35 | 15 | Domiciliary Care - delivering more care hours as a result of better rostering, reduction in sickness rates and ensuring vacancies are filled | Focus during COVID19 has been to sustain the service and keep everyone safe, however performance tasks are now being picked up at pace. Delivering more care hours remains a focus for the service. Detailed analysis and reporting tools have been developed to progress this. . |
| Total Adult Social Care | | | 535 | 235 | 300 | | |

Communities Total

535 235 300

Policy - Off Target

NOTHING TO REPORT

| DEPARTMENT | 2020/21 Budget | FACT FILE | 2021/22 Proposed | 2021/22 Delivered | 2021/22 Variance | EFFICIENCY DESCRIPTION |
|------------|----------------|-----------|------------------|-------------------|------------------|------------------------|
| | £'000 | | £'000 | £'000 | £'000 | |

Managerial - On Target

Communities

Integrated Services

| | | | | | | |
|--|--------|--|------------|------------|----------|---|
| Domiciliary Care | 13,329 | <p>Domiciliary Care is provided to 1069 individuals in the county in 2019/20 (Older people and people with physical disabilities). On average 11,630 hours per week are delivered by in-house and independent domiciliary care agencies.</p> <ul style="list-style-type: none"> - Around 251 individuals receive care from two carers (known as "double handed" care). - In 2019/20, there were 174 individuals who receive a large package of care involving 4 calls per day. - Fulfilled Lives is a model of domiciliary care which has been developed for individuals living with dementia which has demonstrated that the service can maintain people living at home for longer than traditional domiciliary care. In 2019/20 there were 63 individuals receiving this service in some parts of the county, and the plan is to expand the service to cover the entire county. - The Reablement Service provides short term domiciliary care. The number of clients who received Reablement in 2019/20 was 530 and 55% leave the service with no long term care package. - Information, Advice and Assistance (IAA) and the Carmarthenshire United Support Project (CUSP) are both preventative services which support individuals to maintain their independence without the need for statutory social services. By increasing the proportion of referrals that go through IAA or CUSP, it reduces the demand on statutory services. - The specialist Continence service has been established within Community Nursing. By providing the right continence products to meet the individual's continence needs, it is possible to reduce the number of visits per day of domiciliary care. | 218 | 218 | 0 | <ul style="list-style-type: none"> -To reduce double handed domiciliary care packages to 18% by the end of 2021/22 from 25.4% in 2018/19. -To increase the percentage of clients exiting the Reablement Service with no long term care package from 44% to 55% by the end of 2021/22 To extend the Bridging Service across the 3 Community Resource Teams: 75 service users per quarter would receive this service -To reduce the number of clients receiving 4 or more calls a day by 11 per year - approx. 1% per year -To increase number of people with dementia receiving Fulfilled Lives service from 39 (March 2019) to 115 (March 2022) To reduce the number of clients receiving domiciliary care packages of less than 5 hours a week by 125 people (50%) in line with recommendations of Prof. Bolton -To increase the proportion of referrals receiving an Information, Assistance & Advice outcome to 20%, currently this equates to an additional 74 people per month). Assume this is achieved by increments of 1% from July to March in Year 1; Maintain in Year 2. -To increase the proportion of referrals receiving a preventative service through CUSP by an additional 5 people per month. Assume this is achieved by increments of 5 people from July to March in Year 1; Maintain in Year 2 - To reduce referrals to Brokerage from an average of 95 per month to 90 per month (5 fewer starters) - To provide specialist continence advice for identified service users to reduce the need for the existing level of domiciliary care (i.e. reduce one call per day) |
| Residential Placement - increased Extra Care tenancies | 774 | Extra Care facilities provide supported accommodation as an alternative to a residential care home placement. There are 4 extra care facilities (Cartref Cynnes, Ty Dyffryn, Plas y Môr and Cwm Aur) for older people. A domiciliary care service is provided to those tenants living in the Extra Care facilities who require care and support. The aim of Extra Care is to avoid or delay the need for a residential care placement. Residential care is provided in local authority and private sector care homes for individuals who can no longer live independently in the community. Depending on the nature of their needs, their placement may be made by the local authority or jointly with the health board, or entirely by the health board if they qualify for free continuing health care (CHC). | 100 | 100 | 0 | Reduce residential placements by increasing the number of extra care new tenancies |
| Total Integrated Services | | | 318 | 318 | 0 | |

Adult Social Care

| | | | | | | |
|---|-------|---|------------|------------|----------|---|
| Releasing Time to care in-house DC | 5,025 | A number of young people in our Learning Disability service are supported by two or three (in some circumstances) staff in relation to moving and handling activity. Currently independent providers are also commissioned to support this. | 30 | 30 | 0 | Reduction of third party payments by operating Releasing Time to Care approach within day services which trains staff to be able to maximise the use of assistive technology, subsequently reducing the number of staff required to safely undertake moving and handling of individuals. This will reduce costs in relation to this activity. |
| Reduce reliance on external providers of complex Respite | 6,525 | Respite care is provided for individuals with a Learning Disability by a number of external providers. A priority for the division is to increase the in-house options for respite which will be more cost effective and provide individuals and carers with more choice and control in relation to respite options. | 50 | 50 | 0 | Reviewing models of in house respite, staffing structures and collaboration with health to increase the respite offer, thus avoiding high cost independent provision |
| Reduce reliance on external providers of complex Day Care | 5,025 | Day services are provided for individuals with a Learning Disability by a number of external providers, particularly those with the most complex needs. The vision for the in-house day service is that our building based service will cater for those with the most complex needs, thus reducing the reliance on external provisions. | 50 | 50 | 0 | As part of day service provision, the buildings will provide for those with most complex needs, thus reducing the reliance on external providers for day provision for those with complex needs. |
| Total Adult Social Care | | | 130 | 130 | 0 | |

Support Services

| | | | | | | |
|--------------------------------------|-------|---|-----------|-----------|----------|---|
| Support Services | 2,127 | The service provides business support for Social Care. The functions include payment of creditors, management of transport and premises; the assessment and collection of income for residential and non residential services; and general business support | 34 | 34 | 0 | Rationalisation of staffing structure with the Business Support Unit |
| Support Services | 2,127 | The service provides business support for Social Care. The functions include payment of creditors, management of transport and premises; the assessment and collection of income for residential and non residential services; and general business support | 6 | 6 | 0 | Reduction in Supplies and Services budgets, by reducing postage and printing costs. |
| Support Services - additional saving | 2,127 | The service provides business support for Social Care. The functions include payment of creditors, management of transport and premises; the assessment and collection of income for residential and non residential services; and general business support | 9 | 9 | 0 | Reduction in Supplies and Services budgets, by reducing postage and printing costs. Additional £9k saving above original target |
| Support Services | 1,424 | The service provides business support for Social Care. The functions include payment of creditors, management of transport and premises; the assessment and collection of income for residential and non residential services; and general business support | 18 | 18 | 0 | Review of Transport for service users, making better use of the buses available, and increasing contracted-in work |
| Support Services - additional saving | 1,424 | The service provides business support for Social Care. The functions include payment of creditors, management of transport and premises; the assessment and collection of income for residential and non residential services; and general business support | 25 | 25 | 0 | Review of Transport for service users, making better use of the buses available, and increasing contracted-in work Additional £25k saving above original target |
| Total Support Services | | | 92 | 92 | 0 | |

Communities Total

540 540 0

| DEPARTMENT | 2020/21 Budget | FACT FILE | 2021/22 Proposed | 2021/22 Delivered | 2021/22 Variance | EFFICIENCY DESCRIPTION |
|------------|----------------|-----------|------------------|-------------------|------------------|------------------------|
| | £'000 | | £'000 | £'000 | £'000 | |

Policy - On Target

Communities

| | | | | | | |
|--------------------------|-------|---|-----------|-----------|----------|---|
| Day Services | 3,667 | LD & MH day services currently provide support for approximately 300 individuals across the county utilising 9 different sites. The services provide opportunities for individuals to receive therapy, maintain their health and wellbeing, gain skills, socialise whilst also providing respite for carers. The review of day services has highlighted the need to develop community options and specialist services which will see a decline in the use of building based services. This will provide opportunities for us to develop intergenerational services in partnership with adult services within Coleshill and Manor Road and vacate the premises at Cross Hands. | 50 | 50 | 0 | Reduction of one building and more efficient use of current estate in community inclusion |
| Communities Total | | | 50 | 50 | 0 | |

**PWYLLGOR CRAFFU IECHYD A
GWASANAETHAU CYMDEITHASOL
5^{ed} HYDREF 2022**

**ADRODDIAD MONITRO CYLLIDEB
CYFALAF A REFENIW 2022/23**

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, ac yn ystyried y sefyllfa cyllidebol.

Rhesymau:

- I ddatgan sefyllfa bresennol y gyllideb i'r Pwyllgor ar 30^{ain} Mehefin 2022, ynglyn â 2022/23.

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

Aelodau'r Cabinet sy'n gyfrifol am y Portffolio:

- Cyng. Alun Lenny (Adnoddau)
- Cyng. Jane Tremlett (Iechyd a Gwasanaethau Cymdeithasol)

| | | |
|--|---|--|
| Y Gyfarwyddiaeth: Gwasanaethau Corfforaethol | Swydd: | Rhif Ffôn / Cyfeiriad E-bost: |
| Enw Cyfarwyddwr y Gwasanaeth: Chris Moore | Cyfarwyddwr y Gwasanaethau Corfforaethol | 01267 224120 CMoore@sirgar.gov.uk |
| Awdur yr adroddiad: Chris Moore | | |

EXECUTIVE SUMMARY

HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE 5th OCTOBER 2022

Revenue & Capital Budget Monitoring Report 2022/23

The Financial Monitoring Report is presented as follows:

Revenue Budgets

Appendix A

Summary position for the Social Care and Health Scrutiny Committee. Services within the Social Care and Health Scrutiny remit are forecasting a £538k overspend.

Appendix B

Report on Main Variances on agreed budgets.

Appendix C

Detailed variances for information purposes only.

Capital Budgets

Appendix D

Details the main variances on capital schemes, which shows a forecasted full spend against a net budget of £397k.

Appendix E

Details all Social Care capital projects.

Savings Monitoring

Appendix F

The savings monitoring report.

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: **Chris Moore** Director of Corporate 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 over its approved budget by £538k.

Capital – The capital programme shows a full spend against the approved budget of £397k for 2022/23.

Savings Report

The expectation is that at year end £1,228k of Managerial savings against a target of £1,453k are forecast to be delivered. There are no Policy savings put forward for 2022/23.

CONSULTATIONS

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

Signed: **Chris Moore** Director of Corporate 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

CABINET MEMBER PORTFOLIO HOLDERS AWARE/CONSULTED?
YES

(Include any observations here)

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 |
|---------------------------|---|
| 2022/23 Budget | Corporate Services Department, County Hall, Carmarthen |
| 2022-27 Capital Programme | Online via corporate website – Minutes of County Council Meeting 2 nd March 2022 |

Mae'r dudalen hon yn wag yn fwriadol

Social Care & Health Scrutiny Report
Budget Monitoring as at 30th June 2022 - Summary

| Division | Working Budget | | | | Forecasted | | | | Jun 2022 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 | |
| Adult Services | | | | | | | | | |
| Older People | 71,878 | -26,173 | 3,557 | 49,262 | 71,165 | -26,622 | 3,557 | 48,100 | -1,162 |
| Physical Disabilities | 8,275 | -1,905 | 286 | 6,655 | 8,519 | -2,259 | 286 | 6,546 | -109 |
| Learning Disabilities | 43,472 | -11,683 | 1,438 | 33,226 | 44,342 | -11,147 | 1,438 | 34,633 | 1,407 |
| Mental Health | 11,076 | -4,324 | 233 | 6,985 | 11,429 | -4,314 | 233 | 7,349 | 364 |
| Support | 11,148 | -6,649 | 1,167 | 5,667 | 11,140 | -6,602 | 1,167 | 5,704 | 38 |
| GRAND TOTAL | 145,848 | -50,734 | 6,681 | 101,795 | 146,596 | -50,944 | 6,681 | 102,333 | 538 |

Social Care & Health Scrutiny Report
Budget Monitoring as at 30th June 2022 - Main Variances

| Division | Working Budget | | Forecasted | | Jun 2022 Forecasted Variance for Year £'000 | Notes |
|---|----------------------|-----------------|----------------------|-----------------|---|--|
| | Expenditure £'000 | Income £'000 | Expenditure £'000 | Income £'000 | | |
| Adult Services | | | | | | |
| Older People | | | | | | |
| Older People - Commissioning | 4,220 | -865 | 3,985 | -865 | -235 | Recruitment issues re Social Workers. Additional budget has been allocated in 2022/23 and a wide range of initiatives are being launched to increase recruitment. |
| Older People - LA Homes | 9,265 | -4,286 | 9,635 | -4,835 | -179 | Demand for residential placements is lower than pre-pandemic. Demand levels are increasing slowly. Recruitment issues re Care Workers. A wide range of initiatives are being launched to increase recruitment. |
| Older People - Private/ Vol Homes | 28,743 | -13,241 | 28,432 | -13,241 | -311 | Demand for residential placements is lower than pre-pandemic. Demand levels are increasing slowly. Recruitment issues re Care Workers. A wide range of initiatives are being launched to increase recruitment. |
| Older People - LA Home Care | 8,031 | 0 | 7,919 | -0 | -112 | Demand for home care remains high but capacity to deliver is constrained by staff recruitment issues. A wide range of initiatives have been launched to address this. |
| Older People - Direct Payments | 1,369 | -313 | 1,473 | -313 | 104 | Demand for Direct Payments remains high as an alternative to other service provision |
| Older People - Enablement | 2,132 | -485 | 1,743 | -485 | -389 | Demand for reablement services remains high but capacity to deliver is constrained by staff recruitment issues. A wide range of initiatives have been launched to address this. |
| Older People - Day Services | 895 | -84 | 687 | -12 | -136 | Provision of day services is reduced compared to pre-pandemic levels. |
| Older People - Other variances | | | | | 95 | |
| | | | | | | |
| Physical Disabilities | | | | | | |
| Phys Dis - Private/Vol Homes | 1,615 | -313 | 1,318 | -313 | -297 | Demand for residential placements is lower than pre-pandemic. Demand levels are increasing slowly. |
| Phys Dis - Group Homes/Supported Living | 1,228 | -174 | 1,018 | -174 | -210 | Demand for Supported Living placements is lower than pre-pandemic. Demand levels are increasing slowly. |
| Phys Dis - Direct Payments | 2,957 | -603 | 3,497 | -603 | 540 | Demand for Direct Payments remains high as an alternative to other service provision |
| Phys Dis - Other variances | | | | | -142 | |
| | | | | | | |

Social Care & Health Scrutiny Report
Budget Monitoring as at 30th June 2022 - Main Variances

| Division | Working Budget | | Forecasted | | Jun 2022 Forecasted Variance for Year £'000 | Notes |
|--|----------------------|-----------------|----------------------|-----------------|---|---|
| | Expenditure £'000 | Income £'000 | Expenditure £'000 | Income £'000 | | |
| Learning Disabilities | | | | | | |
| Learn Dis - Employment & Training | 1,921 | -279 | 1,582 | -63 | -123 | Provision of LD day services is reduced compared to pre-pandemic levels. |
| Learn Dis - Private/Vol Homes | 11,996 | -4,482 | 12,827 | -4,482 | 831 | Whilst demand for LD Residential Placements has not increased significantly, the budget has been reduced to reflect efficiency proposals. The delivery of this has been delayed. |
| Learn Dis - Direct Payments | 4,328 | -572 | 4,729 | -572 | 401 | Demand for Direct Payments remains high as an alternative to other service provision |
| Learn Dis - Group Homes/Supported Living | 11,081 | -2,295 | 12,037 | -2,295 | 956 | Whilst demand for LD Supported Accommodation has not increased significantly, the budget has been reduced to reflect efficiency proposals. The delivery of this has been delayed. |
| Learn Dis - Day Services | 2,701 | -464 | 2,388 | -364 | -213 | Provision of LD day services is reduced compared to pre-pandemic levels. |
| Learn Dis - Private Day Services | 1,048 | -84 | 808 | -84 | -240 | Provision of LD day services is reduced compared to pre-pandemic levels. |
| Learn Dis - Adult Placement/Shared Lives | 2,940 | -1,992 | 2,547 | -1,772 | -173 | Provision of LD day services which forms part of the Shared Lives Services, is reduced compared to pre-pandemic levels. |
| Learn Dis - Other variances | | | | | -33 | |
| Mental Health | | | | | | |
| M Health - Commissioning | 1,558 | -154 | 1,252 | -143 | -296 | Recruitment issues re Social Workers. Additional budget has been allocated in 2022/23 and a wide range of initiatives are being launched to increase recruitment. |
| M Health - Private/Vol Homes | 6,628 | -3,377 | 6,986 | -3,377 | 358 | Whilst demand for MH Residential Placements has not increased significantly, the budget has been reduced to reflect efficiency proposals. The delivery of this has been delayed. |
| M Health - Group Homes/Supported Living | 1,431 | -466 | 1,643 | -466 | 212 | Accommodation and Efficiency project plans for strategic longer term future accommodation options as well as current client group has experienced delays due to COVID19. The Progression & Review Team will prioritise Rightsizing in Supported Living in 2022. |
| M Health - Direct Payments | 166 | -45 | 320 | -45 | 154 | Demand for Direct Payments remains high as an alternative to other service provision |
| M Health - Other variances | | | | | -64 | |
| Support | | | | | | |
| Support - Other variances | | | | | 38 | |
| Grand Total | | | | | 538 | |

Social Care & Health Scrutiny Report
Budget Monitoring as at 30th June 2022 - Detail Monitoring

| Division | Working Budget | | | | Forecasted | | | | Jun 2022 Forecasted Variance for Year £'000 | Notes |
|---|----------------------|-----------------|-----------------------------------|---------------|----------------------|-----------------|-----------------------------------|---------------|---|--|
| | Expenditure £'000 | Income £'000 | Net non- controllable £'000 | Net £'000 | Expenditure £'000 | Income £'000 | Net non- controllable £'000 | Net £'000 | | |
| Adult Services | | | | | | | | | | |
| Older People | | | | | | | | | | |
| Older People - Commissioning | 4,220 | -865 | 675 | 4,030 | 3,985 | -865 | 675 | 3,795 | -235 | Recruitment issues re Social Workers. Additional budget has been allocated in 2022/23 and a wide range of initiatives are being launched to increase recruitment. |
| Older People - LA Homes | 9,265 | -4,286 | 1,263 | 6,242 | 9,635 | -4,835 | 1,263 | 6,063 | -179 | Demand for residential placements is lower than pre-pandemic. Demand levels are increasing slowly. Recruitment issues re Care Workers. A wide range of initiatives are being launched to increase recruitment. |
| Older People - Supported Living | 112 | 0 | 0 | 112 | 112 | 0 | 0 | 112 | 0 | |
| Older People - Private/ Vol Homes | 28,743 | -13,241 | 328 | 15,830 | 28,432 | -13,241 | 328 | 15,519 | -311 | Demand for residential placements is lower than pre-pandemic. Demand levels are increasing slowly. Recruitment issues re Care Workers. A wide range of initiatives are being launched to increase recruitment. |
| Older People - Private Day Care | 36 | 0 | 0 | 36 | 47 | 0 | 0 | 47 | 11 | |
| Older People - Extra Care | 803 | 0 | 10 | 813 | 804 | 0 | 10 | 814 | 0 | |
| Older People - LA Home Care | 8,031 | 0 | 750 | 8,781 | 7,919 | -0 | 750 | 8,669 | -112 | Demand for home care remains high but capacity to deliver is constrained by staff recruitment issues. A wide range of initiatives have been launched to address this. |
| Older People - MOW's | 6 | -6 | 0 | -0 | 0 | 0 | 0 | 0 | 0 | |
| Older People - Direct Payments | 1,369 | -313 | 6 | 1,062 | 1,473 | -313 | 6 | 1,166 | 104 | Demand for Direct Payments remains high as an alternative to other service provision |
| Older People - Grants | 3,293 | -2,895 | 16 | 414 | 3,283 | -2,894 | 16 | 405 | -9 | |
| Older People - Private Home Care | 9,565 | -2,638 | 116 | 7,043 | 9,651 | -2,638 | 116 | 7,129 | 86 | |
| Older People - Ssmss | 1,213 | -284 | 99 | 1,028 | 1,198 | -262 | 99 | 1,034 | 6 | |
| Older People - Careline | 1,889 | -1,077 | 4 | 815 | 1,889 | -1,077 | 4 | 815 | -0 | |
| Older People - Enablement | 2,132 | -485 | 174 | 1,820 | 1,743 | -485 | 174 | 1,432 | -389 | Demand for reablement services remains high but capacity to deliver is constrained by staff recruitment issues. A wide range of initiatives have been launched to address this. |
| Older People - Day Services | 895 | -84 | 117 | 928 | 687 | -12 | 117 | 792 | -136 | Provision of day services is reduced compared to pre-pandemic levels. |
| Older People - Private Day Services | 309 | 0 | 0 | 309 | 309 | 0 | 0 | 309 | 0 | |
| Older People Total | 71,878 | -26,173 | 3,557 | 49,262 | 71,165 | -26,622 | 3,557 | 48,100 | -1,162 | |
| Physical Disabilities | | | | | | | | | | |
| Phys Dis - Commissioning & OT Services | 857 | -298 | 42 | 602 | 669 | -188 | 42 | 524 | -78 | Recruitment issues re Occupational Therapists. A wide range of initiatives are being launched to increase recruitment. |
| Phys Dis - Private/Vol Homes | 1,615 | -313 | 13 | 1,316 | 1,318 | -313 | 13 | 1,019 | -297 | Demand for residential placements is lower than pre-pandemic. Demand levels are increasing slowly. |
| Phys Dis - Group Homes/Supported Living | 1,228 | -174 | 12 | 1,065 | 1,018 | -174 | 12 | 855 | -210 | Demand for Supported Living placements is lower than pre-pandemic. Demand levels are increasing slowly. |
| Phys Dis - Community Support | 198 | 0 | 1 | 199 | 149 | 0 | 1 | 150 | -49 | |
| Phys Dis - Private Home Care | 363 | -92 | 3 | 273 | 363 | -92 | 3 | 273 | 0 | |
| Phys Dis - Aids & Equipment | 828 | -424 | 200 | 603 | 1,285 | -888 | 200 | 596 | -7 | |

Social Care & Health Scrutiny Report
Budget Monitoring as at 30th June 2022 - Detail Monitoring

| Division | Working Budget | | | | Forecasted | | | | Jun 2022 Forecasted Variance for Year £'000 | Notes |
|--|----------------------|-----------------|-----------------------------------|---------------|----------------------|-----------------|-----------------------------------|---------------|---|---|
| | Expenditure £'000 | Income £'000 | Net non- controllable £'000 | Net £'000 | Expenditure £'000 | Income £'000 | Net non- controllable £'000 | Net £'000 | | |
| Phys Dis - Grants | 167 | 0 | 0 | 167 | 159 | 0 | 0 | 159 | -9 | |
| Phys Dis - Direct Payments | 2,957 | -603 | 14 | 2,368 | 3,497 | -603 | 14 | 2,908 | 540 | Demand for Direct Payments remains high as an alternative to other service provision |
| Phys Dis - Manual Handling | 4 | 0 | 0 | 4 | 4 | 0 | 0 | 4 | 0 | |
| Phys Dis - Independent Living Fund | 57 | 0 | 0 | 57 | 57 | 0 | 0 | 57 | 0 | |
| Physical Disabilities Total | 8,275 | -1,905 | 286 | 6,655 | 8,519 | -2,259 | 286 | 6,546 | -109 | |
| Learning Disabilities | | | | | | | | | | |
| Learn Dis - Employment & Training | 1,921 | -279 | 347 | 1,989 | 1,582 | -63 | 347 | 1,865 | -123 | Provision of LD day services is reduced compared to pre-pandemic levels. |
| Learn Dis - Commissioning | 955 | 0 | 144 | 1,099 | 888 | 0 | 144 | 1,031 | -68 | Recruitment issues re Social Workers. A wide range of initiatives are being launched to increase recruitment. |
| Learn Dis - Private/Vol Homes | 11,996 | -4,482 | 81 | 7,595 | 12,827 | -4,482 | 81 | 8,426 | 831 | Whilst demand for LD Residential Placements has not increased significantly, the budget has been reduced to reflect efficiency proposals. The delivery of this has been delayed. |
| Learn Dis - Direct Payments | 4,328 | -572 | 23 | 3,780 | 4,729 | -572 | 23 | 4,181 | 401 | Demand for Direct Payments remains high as an alternative to other service provision |
| Learn Dis - Group Homes/Supported Living | 11,081 | -2,295 | 82 | 8,868 | 12,037 | -2,295 | 82 | 9,824 | 956 | Whilst demand for LD Supported Accommodation has not increased significantly, the budget has been reduced to reflect efficiency proposals. The delivery of this has been delayed. |
| Learn Dis - Adult Respite Care | 1,048 | -812 | 116 | 351 | 1,053 | -812 | 116 | 356 | 5 | |
| Learn Dis - Home Care Service | 362 | -161 | 4 | 205 | 362 | -161 | 4 | 205 | 0 | |
| Learn Dis - Day Services | 2,701 | -464 | 382 | 2,619 | 2,388 | -364 | 382 | 2,407 | -213 | Provision of LD day services is reduced compared to pre-pandemic levels. |
| Learn Dis - Private Day Services | 1,048 | -84 | 11 | 976 | 808 | -84 | 11 | 736 | -240 | Provision of LD day services is reduced compared to pre-pandemic levels. |
| Learn Dis - Transition Service | 545 | 0 | 97 | 642 | 573 | 0 | 97 | 670 | 28 | |
| Learn Dis - Community Support | 3,392 | -162 | 24 | 3,254 | 3,392 | -162 | 24 | 3,254 | 0 | |
| Learn Dis - Grants | 600 | -241 | 5 | 364 | 602 | -241 | 5 | 366 | 1 | |
| Learn Dis - Adult Placement/Shared Lives | 2,940 | -1,992 | 84 | 1,032 | 2,548 | -1,772 | 84 | 861 | -172 | Provision of LD day services which forms part of the Shared Lives Services, is reduced compared to pre-pandemic levels. |
| Learn Dis/M Health - Ssmss | 552 | -138 | 38 | 452 | 552 | -138 | 38 | 452 | -0 | |
| Learn Dis - Independent Living Fund | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Learning Disabilities Total | 43,472 | -11,683 | 1,438 | 33,226 | 44,342 | -11,147 | 1,438 | 34,633 | 1,407 | |

Social Care & Health Scrutiny Report
Budget Monitoring as at 30th June 2022 - Detail Monitoring

| Division | Working Budget | | | | Forecasted | | | | Jun 2022 Forecasted Variance for Year £'000 | Notes |
|---|----------------------|-----------------|-----------------------------------|----------------|----------------------|-----------------|-----------------------------------|----------------|---|---|
| | Expenditure £'000 | Income £'000 | Net non- controllable £'000 | Net £'000 | Expenditure £'000 | Income £'000 | Net non- controllable £'000 | Net £'000 | | |
| Mental Health | | | | | | | | | | |
| M Health - Commissioning | 1,558 | -154 | 83 | 1,488 | 1,252 | -143 | 83 | 1,192 | -296 | Recruitment issues re Social Workers. Additional budget has been allocated in 2022/23 and a wide range of initiatives are being launched to increase recruitment. |
| M Health - Private/Vol Homes | 6,628 | -3,377 | 41 | 3,292 | 6,986 | -3,377 | 41 | 3,650 | 358 | Whilst demand for MH Residential Placements has not increased significantly, the budget has been reduced to reflect efficiency proposals. The delivery of this has been delayed. |
| M Health - Private/Vol Homes (Substance Misuse) | 151 | -34 | 0 | 116 | 151 | -34 | 0 | 116 | 0 | |
| M Health - Group Homes/Supported Living | 1,431 | -466 | 7 | 972 | 1,643 | -466 | 7 | 1,184 | 212 | Accommodation and Efficiency project plans for strategic longer term future accommodation options as well as current client group has experienced delays due to COVID19. The Progression & Review Team will prioritise Rightsizing in Supported Living in 2022. |
| M Health - Direct Payments | 166 | -45 | 1 | 122 | 320 | -45 | 1 | 276 | 154 | Demand for Direct Payments remains high as an alternative to other service provision |
| M Health - Community Support | 666 | -78 | 12 | 601 | 654 | -78 | 12 | 589 | -12 | |
| M Health - Day Services | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | |
| M Health - Private Day Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| M Health - Private Home Care | 92 | -29 | 1 | 64 | 92 | -29 | 1 | 64 | 0 | |
| M Health - Substance Misuse Team | 382 | -141 | 88 | 329 | 330 | -141 | 88 | 277 | -52 | |
| Mental Health Total | 11,076 | -4,324 | 233 | 6,985 | 11,429 | -4,314 | 233 | 7,349 | 364 | |
| Support | | | | | | | | | | |
| Departmental Support | 5,266 | -3,005 | 799 | 3,060 | 5,292 | -3,019 | 799 | 3,072 | 13 | |
| Performance, Analysis & Systems | 408 | -45 | 44 | 407 | 467 | -104 | 44 | 407 | -0 | |
| VAWDASV | 980 | -980 | 8 | 8 | 980 | -980 | 8 | 8 | 0 | |
| Adult Safeguarding & Commissioning Team | 1,651 | -97 | 100 | 1,654 | 1,676 | -97 | 100 | 1,679 | 25 | |
| Regional Collaborative | 1,287 | -636 | 118 | 769 | 1,288 | -636 | 118 | 770 | 0 | |
| Holding Acc-Transport | 1,556 | -1,886 | 98 | -232 | 1,437 | -1,767 | 98 | -232 | 0 | |
| Support Total | 11,148 | -6,649 | 1,167 | 5,667 | 11,140 | -6,602 | 1,167 | 5,704 | 38 | |
| TOTAL FOR SOCIAL CARE & HEALTH SERVICE | 145,848 | -50,734 | 6,681 | 101,795 | 146,596 | -50,944 | 6,681 | 102,333 | 538 | |

| Capital Programme 2022/23 | | | | | | | | |
|---|-------------------|--------------|-----------|-------------------|--------------|-----------|-------------------------|---------|
| Capital Budget Monitoring - Report for June 2022 - Main Variances | | | | | | | | |
| DEPARTMENT/SCHEMES | Working Budget | | | Forecasted | | | Variance for Year £'000 | Comment |
| | Expenditure £'000 | Income £'000 | Net £'000 | Expenditure £'000 | Income £'000 | Net £'000 | | |
| - Social Care | 397 | 0 | 397 | 397 | 0 | 397 | 0 | |
| TOTAL | 397 | 0 | 397 | 397 | 0 | 397 | 0 | |

Mae'r dudalen hon yn wag yn fwiadol

Social Care
Capital Budget Monitoring - Scrutiny Report For June 2022

| | | Working Budget | | | Forecasted | | |
|---|----------------------------|-------------------|--------------|------------|-------------------|--------------|------------|
| Scheme | Target Date for Completion | Expenditure £'000 | Income £'000 | Net £'000 | Expenditure £'000 | Income £'000 | Net £'000 |
| Learning Disabilities Accomodation Developments | Mar'23 | 157 | 0 | 157 | 157 | 0 | 157 |
| Learning Disabilities Developments | | 157 | 0 | 157 | 157 | 0 | 157 |
| Extra Care Schemes | Ongoing | 240 | 0 | 240 | 240 | 0 | 240 |
| Cartref Cynnes Development Carmarthen | | 240 | 0 | 240 | 240 | 0 | 240 |
| NET BUDGET | | 397 | 0 | 397 | 397 | 0 | 397 |

| Variance for Year £'000 | Comment |
|-------------------------|---------|
| 0 | |
| 0 | |
| 0 | |
| 0 | |
| 0 | |
| 0 | |

Mae'r dudalen hon yn wag yn fwiadol

2022/23 Savings Monitoring Report
Social Care & Health Scrutiny Committee
5th October 2022

1 Summary position as at : 30th June 2022

£225 k variance from delivery target

| Communities | 2022/23 Savings monitoring | | |
|--------------|----------------------------|------------|----------|
| | 2022/23 | 2022/23 | 2022/23 |
| | Target | Delivered | Variance |
| | £'000 | £'000 | £'000 |
| | 1,453 | 1,228 | 225 |
| 1,453 | 1,228 | 225 | |

2 Analysis of delivery against target for managerial and policy decisions:

Managerial
Policy

£225 k Off delivery target
£0 k ahead of target

| Communities | MANAGERIAL | | | POLICY | | |
|--------------|--------------|------------|----------|----------|-----------|----------|
| | 2022/23 | 2022/23 | 2022/23 | 2022/23 | 2022/23 | 2022/23 |
| | Target | Delivered | Variance | Target | Delivered | Variance |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| | 1,453 | 1,228 | 225 | 0 | 0 | 0 |
| 1,453 | 1,228 | 225 | 0 | 0 | 0 | |

3 Appendix F (i) : Savings proposals not on target

Appendix F (ii) : Savings proposals on target (for information)

| DEPARTMENT | 2021/22 Budget | FACT FILE | 2022/23 Proposed | 2022/23 Delivered | 2022/23 Variance | EFFICIENCY DESCRIPTION | REASON FOR VARIANCE |
|------------|----------------|-----------|------------------|-------------------|------------------|------------------------|---------------------|
| | £'000 | | £'000 | £'000 | £'000 | | |

Managerial - Off Target

Communities

Adult Social Care

| | | | | | | | |
|----------------------------------|--|--|------------|-----------|------------|---|--|
| Shared Lives | | Shared Lives provides placements for individuals with Learning Disabilities or Mental Health issues with families that have been approved as Shared Lives Carers. | 110 | 0 | 110 | Shared Lives – Stepping down two individuals from residential care | Savings reprofiled to be delivered in later years as work was delayed due to initial COVID19 period. The Shared Lives Team has been restructured to create additional capacity to progress this work. |
| Residential and Supported Living | | Supported Living is provided for those individuals with Learning Disabilities or Mental Health issues who need support with daily living tasks to remain in the community. Support is provided from staff in the setting which can range from a few hours to 24/7 in some circumstances. Promoting independence is a key aspect of supported living. | 165 | 50 | 115 | Rightsizing of placements to maximise independence and mitigate against over provision, deregistration of residential care to Supported Living. Collaborative opportunities for income including grants | Accommodation projects have been on hold and we have been unable to undertake reviews for rightsizing or progress the deregistration with providers. This work is being picked up at pace but there will not be a full effect of the year's savings due to the months where essential business and safeguarding was prioritised over strategic work. |
| Total Adult Social Care | | | 275 | 50 | 225 | | |

Communities Total

275 50 225

Policy - Off Target

NOTHING TO REPORT

| DEPARTMENT | 2021/22 Budget | FACT FILE | 2022/23 Proposed | 2022/23 Delivered | 2022/23 Variance | EFFICIENCY DESCRIPTION |
|-------------------------------------|----------------|---|------------------|-------------------|------------------|--|
| | £'000 | | £'000 | £'000 | £'000 | |
| Managerial - On Target | | | | | | |
| Communities | | | | | | |
| Integrated Services | | | | | | |
| Domiciliary Care | 13,980 | Domiciliary Care is provided to approx. 1,000 individuals in the county in. On average over 11,000 hours per week are delivered by in-house and independent domiciliary care agencies. - Around 250 individuals receive care from two carers (known as "double handed" care). - Approx. 170 individuals receive a large package of care involving 4 calls per day. - Fulfilled Lives is a model of domiciliary care which has been developed for individuals living with dementia which has demonstrated that the service can maintain people living at home for longer than traditional domiciliary care. The plan is to expand the service to cover the entire county. - The Reablement Service provides short term domiciliary care. The number of clients who receive Reablement is over 500 and 55% leave the service with no long term care package. - Information, Advice and Assistance (IAA) and the Carmarthenshire United Support Project (CUSP) are both preventative services which support individuals to maintain their independence without the need for statutory social services. By increasing the proportion of referrals that go through IAA or CUSP, it reduces the demand on statutory services. - The specialist Continence service has been established within Community Nursing. By providing the right continence products to meet the individual's continence needs, it is possible to reduce the number of visits per day of domiciliary care. | 510 | 510 | 0 | -To reduce the number of clients receiving small packages by 125 people (50%), in line with recommendations of Prof Bolton '-Reduce the number of people receiving 4 calls per day or more by 1%. This equates to 11 people per year. '-Increase number of people with dementia receiving Fulfilled Lives service from 85 (July 2021) to 105 in Year 1, 125 in Year 2, 140 in Year 3. (The figure in March 2019 was 39) '-To increase the number of people not requiring a long term service - To reduce double handed care by a further 20 cases in Year 1; 20 in Year 2; Maintain in Year 3. |
| Extra Care | | Extra Care facilities provide supported accommodation as an alternative to a residential care home placement. There are 4 extra care facilities (Cartref Cynnes, Ty Dyffryn, Plas y Môr and Cwm Aur) for older people. A domiciliary care service is provided to those tenants living in the Extra Care facilities who require care and support. The aim of Extra Care is to avoid or delay the need for a residential care placement. Residential care is provided in local authority and private sector care homes for individuals who can no longer live independently in the community. Depending on the nature of their needs, their placement may be made by the local authority or jointly with the health board, or entirely by the health board if they qualify for free continuing health care (CHC). | 50 | 50 | 0 | EXTRA CARE Increase in number of Extra Care Category A residents with complex care needs. Extra Care is a strategy to reduce residential placements. TARGET: Increase number of people in Cat A flats from 68 (average 2020-21) to 77 by 2024-25, thereby preventing 9 placements. |
| Residential Homes | | Residential care homes provide accommodation as well as 24-hour personal care and support for older people and adults who struggle to live independently, but do not need nursing care. Residential care homes help people manage daily life, such as assisting with getting dressed, washing and eating. | 50 | 50 | 0 | Residential Care Manage Demand from hospital including CHC + Out of County placement |
| Cross Departmental - Print | | Reduction in print budgets following better ways of working | 2 | 2 | 0 | Reduction in print budgets following better ways of working |
| Cross Departmental - Travel | | Reduction in travel budgets following better ways of working | 25 | 25 | 0 | Reduction in travel budgets following better ways of working |
| Total Integrated Services | | | 637 | 637 | 0 | |
| Adult Social Care | | | | | | |
| Day Services | | Day services are provided for individuals with a Learning Disability by a number of external providers, particularly those with the most complex needs. The vision for the in house day service is that our building based service will cater for those with the most complex needs, thus reducing the reliance on external provision. | 330 | 330 | 0 | Accommodating individuals with complex needs in house provision in line with transformation plans to accommodate those with the most complex needs in building based services, and maximise use of community and local authority provision to promote independence. |
| Print | | Reduction in print budgets following better ways of working | 3 | 3 | 0 | Based on 50% reduction of 2021-2022 budgets |
| Travel | | Reduction in travel budgets following better ways of working | 32 | 32 | 0 | Based on 50% reduction of 2021-2022 budgets |
| Total Adult Social Care | | | 365 | 365 | 0 | |
| Support Services | | | | | | |
| Print | | Reduction in print budgets following better ways of working | 18 | 18 | 0 | Based on 50% reduction of 2021-2022 budgets |
| Travel | | Reduction in travel budgets following better ways of working | 7 | 7 | 0 | Based on 50% reduction of 2021-2022 budgets |
| Postages | | Reduction in postage budgets | 4 | 4 | 0 | Reduction in postage budgets |
| Departmental Managerial Restructure | | The service provides business support for Social Care. The functions include payment of creditors, management of transport and premises; the assessment and collection of income for residential and non residential services; and general business support | 75 | 75 | 0 | Review of Managerial posts across Communities Department |
| Transport | | The service provides transport support for Social Care. | 70 | 70 | 0 | Review of Transport for service users, making better use of the buses available, and increasing contracted in work |
| Print | | Reduction in print budgets following better ways of working | 1 | 1 | 0 | Based on 50% reduction of 2021-2022 budgets |
| Travel | | Reduction in travel budgets following better ways of working | 1 | 1 | 0 | Based on 50% reduction of 2021-2022 budgets |
| Total Support Services | | | 176 | 176 | 0 | |
| Communities Total | | | 1,178 | 1,178 | 0 | |

under
159

Policy - On Target

NOTHING TO REPORT

Mae'r dudalen hon yn wag yn fwriadol

PWYLLGOR CRAFFU
IECHYD A GWASANAETHAU CYMDEITHASOL
5ed Hydref, 2022

Adroddiad Blynyddol 2021/22
Pwyllgor Craffu Gofal Cymdeithasol Ac Iechyd

Ystyried y materion canlynol a chyflwyno sylwadau arnynt:

- Bod yr aelodau yn ystyried ac yn cymeradwyo adroddiad blynyddol y Pwyllgor Craffu Gofal Cymdeithasol ac Iechyd ar gyfer blwyddyn y cyngor 2021/22.

Y Rhesymau:

- Mae'n ofynnol yn ôl Cyfansoddiad y Cyngor fod y pwyllgorau craffu'n adrodd yn flynyddol ar eu gwaith.

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

YR AELOD O'R CABINET SY'N GYFRIFOL AM Y PORTFFOLIO:- Cynghorydd Jane Tremlett

Y Gyfarwyddiaeth:

Prif Weithredwr

Enw Pennaeth y Gwasanaeth:

Linda Rees-Jones

Awdur yr Adroddiad:

Emma Bryer

Swyddi:

Pennaeth Gweinyddiaeth a'r Gyfraith

Swyddog Gwasanaethau
Democrataidd

Rhifau ffôn/ Cyfeiriadau E-bost:

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Executive Summary
HEALTH & SOCIAL SERVICES
SCRUTINY COMMITTEE
5th October, 2022

Social Care & Health Scrutiny Committee
Annual Report 2021/22

The attached report has been prepared in order to comply with Article 6.2 of the County Council's Constitution which states that a scrutiny committee must:

“Prepare an annual report giving an account of the Committee’s activities over the previous year.”

The report provides an overview of the workings of the Social Care & Health Scrutiny Committee during the 2021/22 municipal year and includes information on the following topics:

- Overview of the forward work programme
- Key issues considered
- Issues referred to or from Executive Board / Other Scrutiny Committees
- Task & Finish Review
- Development Sessions
- Member attendance at meetings

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 |
|---|------------|-------------|-------------|------------------------|-----------------------|-----------------|
| YES | YES | NONE | NONE | NONE | NONE | NONE |

1. Policy, Crime & Disorder and Equalities – In line with requirements of the County Council’s Constitution.

2. Legal - In line with requirements of the County Council’s Constitution.

CONSULTATIONS

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

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

| | |
|--|----|
| EXECUTIVE BOARD PORTFOLIO HOLDER(S) AWARE/CONSULTED | NO |
|--|----|

**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 |
|---|--------------|---|
| Social Care & Health Scrutiny Committee Reports and Minutes | | Meetings from September 2015 onwards: http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?Committeeld=169 |

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Chair's Foreword



In preparing a foreword for the Social Care & Health Scrutiny Committee's Annual Report for the year May 2021 - April 2022 the main challenge facing the Department was dealing with the impact of Covid which has lasted over two years. During lockdown the Social Services Department faced incredible challenges in supporting our Care Homes and ensuring that essential services could continue for the elderly and the frail residents of our County. We managed to develop emergency plans to deal with an unprecedented crisis and we are indebted to officers and staff for responding so quickly to the profound problems facing the department.

During the Covid crisis the relationship between the Local Authority and the Health Service was strengthened as the two organisations worked together to open three "Field Hospitals" within our Leisure Centres and Sport Centres to specifically care for Covid patients. As a Committee we want to pay tribute to all the County's employees for such a positive response, for their tireless work and for their dedication in extremely difficult circumstances. Many staff volunteered wherever they were needed to secure essential services were maintained, and we thank them for their willingness to go the extra mile to ensure the highest quality of care even in the midst of a pandemic.

As usual the Committee discussed a wide range of reports including Revenue and Capital Budget Monitoring, Strategy Performance Reports, Reports regarding Unpaid Carers and Adult Safeguarding. There have also been regular updates on the impact of Covid on our services.

In consultation with the Officers a forward work programme was prepared with an opportunity for all Committee members to contribute as the programme is reviewed during the year. As a Committee we are keen to promote collaboration both with our partners and with the voluntary sector, by working together, we can achieve so much more and ensure the best quality services for the benefit of the people of our County.

In order to reduce the spread of Covid, many of the Council staff worked from home and the Council meetings were held virtually as it was not possible to meet face to face. We thank the Information and Technology Department for preparing training and for making the resources available to run a virtual service. Scrutiny Committee meetings are now available via Webcast, this gives members of the public the opportunity to follow the discussions live or in the following six months. During the year May 2021 - April 2022, the Social Care and Health Scrutiny Committee meetings were viewed by 226 people through the provision of webcasting.

Due to Covid restrictions it has not been possible, as is usual, for the Committee to go out to our communities to visit different organisations, talk to frontline workers and meet our service users. The work of the "Task and Finish" Group which was to look at how to reduce incidents of suicide within the County also had to be postponed. I hope that this important work will be able to re-commence during the next Council term.

As Chair of the Committee I would like to thank my fellow members for their loyal attendance at our virtual meetings and for their valuable contributions during our discussions. Special thanks go to my Vice-Chair, Councillor Ieuan Wyn Davies for his willing assistance and to Councillor Jane Tremlett, Cabinet Member for Social Care and Health for attending our meetings regularly during the year. Thank you very much to Emma Bryer, our Democratic Services Officer for all her preparatory work in advance and for ensuring that our virtual meetings run smoothly. We are very grateful to Emma for being so willing to support Committee members on every occasion. Many thanks also to all the Council Officers who attended our meetings – their contributions, and their advice are always very much appreciated. We'd also like to thank our Officers and Staff for all of their tireless work in ensuring that the County's residents continue to receive the best quality services even during an unusually difficult year. Thank you very much.

As we progress into a new municipal year it is an uncertain time, and the expectation is that demand for social services will continue to increase. We face the challenges of the future with confidence, we must be prepared to take risks and work flexibly to strengthen our services and ensure that the people of our County continue to have access to the highest quality of care.

Councillor Gwyneth Thomas
Chair of Social Care & Health Scrutiny Committee

1. Introduction

The scrutiny function is a key element of the County Council's governance arrangements and decision-making process. Although not a decision-making body, Scrutiny is at its most effective when it grasps the potential to influence and inform decisions made by both the Council and partner bodies affecting the County.

Article 6.2 of the Council's Constitution requires all Scrutiny Committees to "*prepare an annual report giving an account of the Committees activities over the previous year.*"

This report provides an overview of the work of the Social Care and Health Scrutiny Committee during 2021/22 municipal year. It gives Members the opportunity to reflect on the achievements during the year and to identify what worked well and where improvements could be made. This analysis is instrumental in developing scrutiny.

The Committee is chaired by Councillor Gwyneth Thomas and is made up of 14 Elected Members. Support is provided by the Democratic Services Unit and other Council Officers as and when required.

2. Overview of the work of the Committee in 2021/22

2.1 Number of Meetings

The Scrutiny Committee held 6 meetings during the 2021/22 municipal year. The meeting scheduled to be held in March was cancelled as no reports were available and the April meeting was cancelled due to the elections taking place in May.

2.2 The Forward Work Programme

The Scrutiny Committee develops its own Forward Work Programme (FWP). The Committee consulted with officers to identify items to be considered by the Committee for the forthcoming year. This involved the inclusion of standard items such as performance, budget and action plan monitoring reports. Additional reports were also requested by members at meetings throughout the year and the Forward Work Programme was amended accordingly. In the main, meeting agendas were consistent with those outlined in the FWP however concern was expressed regarding the number of non-submissions received. In total, 16 non submissions were received impacting 5 Scrutiny Committee meetings and resulting in one meeting being cancelled.

The concept and development of the Forward Work Programme and the process for its agreement has allowed each Scrutiny Committee to determine its own agenda. The benefit of such an approach has led to an improved level of debate and discussion during Scrutiny Committee meetings.

The Well-being of Future Generations (Wales) Act 2015 places long term sustainability at the forefront of how public services are designed and delivered

and it places emphasis on public bodies to work in partnership with each other and the public to prevent and tackle problems.

The Social Care & Health Scrutiny Committee's key responsibilities are:

- Social Care - care and support services for adults including Learning Disability and Safeguarding Services
- Mental Health;
- Integrated Services - Health

2.3 Performance Monitoring / Strategic Issues

Performance Monitoring Reports - One of the principal roles of Scrutiny Committees is to monitor the performance of services and functions within its remit. They undertake this work mainly through the consideration of performance monitoring reports and various action plan monitoring reports. The performance monitoring reports provide a balanced picture of performance across the relevant service areas.

Carmarthenshire County Council's Annual Report 2020/21 - As part of its performance monitoring role the Committee received relevant information from the Council's key strategies and plans. In July 2021 the Committee considered the Council's Annual Report for 2020/21 which included an overview of performance, progress reports for all 13 Well-being objectives. The report focused on the 3 objectives which were relevant to the Social Care & Health Scrutiny, namely:

- **Well-being objective 9** - Support good connections with friends, family and safer communities
- **Well-being objective 10** - Support the growing number of older people to maintain dignity and independence in their later years.
- **Well-being objective 11** - A Council wide approach to supporting Ageing Well in Carmarthenshire

Draft Annual Report of the Statutory Director of Social Services 2020/21 - There is a statutory requirement for the Director of Social Services to report annually to their Council on the delivery and performance as well as plans for the improvement of the whole range of Social Services. The Committee received the report at its meeting in July.

Outcomes

The Committee requested that the Authority contact the Welsh Government to request that they consider a review of the issues experienced in care homes during the pandemic. The Director of Community Services advised that representations had been made to the Welsh Government whose stance was to be part of the UK wide COVID review at the present time.

[Communities Departmental Draft Business Plan 2022 - 2023](#) – In January the Committee considered the Communities Departmental Draft Business Plan 2022 - 2023 which detailed the department’s aims, objectives and priorities during 2022-23. This provided the Committee with an opportunity to consider and comment upon the priorities outlined for the department. The elements of the business plan that were identified as relevant to the Health and Social Care Scrutiny Committee included Homes & Safer Communities (Care Homes), Commissioning and Business Support, Adult Social Care and Integrated Services.

[2020/21 Performance Reports relevant to this Scrutiny](#) – In October 2021, the Committee considered the performance report detailing the progress as at the end of *Quarter 1* of the deliverables linked to the Corporate Strategy and the 13 Well-being objectives. Quarter 2 report was considered at the meeting in December 2021.

[Actions & Referrals](#) - During the course of the municipal year several requests for additional items are made by members of the Committee to assist them in discharging their scrutiny role. Actions & Referrals updates are presented to Committee which provide an update on progress in relation to these requests.

2.4 Revenue & Capital Budgets

[Budget Monitoring Reports](#) - The Committee received quarterly reports on the departmental and corporate revenue and capital budgets at the meetings held in October and January. These reports enabled members to monitor the level of spend in each area and the progress made in connection with any capital works.

In addition to the reports detailed above the Committee received Budget Monitoring reports via email in May and November.

[Revenue Budget Strategy Consultation 2022-2023 to 2024-2025](#) - As well as monitoring the current budget, the Committee was also consulted on the Revenue Budget Strategy 2022-2023 to 2024-2025. The report provided the Committee with the current proposals for the Revenue Budget for 2022/23 together with the indicative figures for the 2023/24 and 2024/2025 financial years.

2.5 Adult Social Care Complaints and Compliments Report

The Committee was due to consider the above-mentioned report at the Committee meetings in October and March. However, at the request of the Chief Executive the report was combined with the Annual Report.

2.6 Annual Report On Adult Safeguarding And Deprivation Of Liberty Safeguards (DoLS) (2020-21)

The Committee considered the above-mentioned report at the Committee meeting in November which provided information on the role, functions and

activities undertaken by the Authority regarding Adult Safeguarding and the implications of the Social Services and Well Being (Wales) Act 2014.

Outcomes

The Committee received an update regarding Domestic Violence during the Development Session in March 2022.

2.7 Social Care & Health Scrutiny Committee Annual Report 2020/21

The Committee considered the above-mentioned report at the Committee meeting in July which in accordance with Article 6.2 of the Council's Constitution provided an overview of the Committee's activities over the previous year.

2.8 Services & Support for Children & Young People with Mental Health Issues

The Committee was due to consider the above report at its meeting in December, but this was deferred to March 2022. In March the Committee received a verbal update during a general Mental Health development session.

2.9 Covid 19 Updates

At its meeting in October 2021, the Committee received an update on the impact of COVID-19 on Carmarthenshire's Adult Social Care Services. The report included a position statement regarding how adult social care services were being sustained and highlighted the demand and pressures that were emerging as a result of the pandemic

2.10 Mental Health Update Report

At its meeting in May 2021, the Committee received the Mental Health Update report. This provided a position statement regarding the impact of the pandemic on mental health and wellbeing and highlighted the service priorities and future developments. A further report was due in March 2022 but instead the committee agreed to receive a verbal update during the development session.

Outcomes

The Committee requested an update on Autism. This was scheduled to be received in January but deferred to March. A further non-submission was received in March due to staffing constraints, so the Committee were unable to consider the update report this municipal year.

2.11 Domiciliary Care, Social Work Workforce and Market Pressures

At its meeting in October 2021, the Committee received a report detailing current market pressures within the domiciliary care sector and the impact on both Health and Social Care within Carmarthenshire. It detailed Social Worker workforce pressures which was impacting on the ability to meet service user demand. The report also outlined the current position for the in house and commissioned domiciliary care market as well as system pressures and detailed the actions to mitigate risks to ensure the statutory requirements under the Social Services and Wellbeing Act (Wales) 2014 were being met.

2.12 Additional Reports & Information Requested

During the course of the year, the Committee requested reports on the following topics to be included in the Forward Work Programme:-

- Autism Report – Non-submissions received in January and March. To be considered next municipal year.
- Domestic Violence – March Development Session

3. Other Scrutiny Activity

3.1 Task and Finish

“A review of the impact of loneliness in Carmarthenshire”

At the Committee’s Scrutiny Meeting held in July 2019 the Committee approved the above report. This report was then presented to CMT in July and was approved by the Cabinet in September.

The Committee was provided with an update during its meeting in January. It was noted the pandemic had hindered progress as the priority had been to maintain operational service delivery to ensure that social care needs were met as well as protecting the population from harm from Covid. There had been some positive steps forward to tackle loneliness and the new Integrated Service Structure itself was in the process of being finalised. As part of the restructure, a new post would be created that would take a lead in further implementing the recommendations emerging from the Review.

“Early Intervention & Prevention of Suicide in Carmarthenshire”

At the Committee’s Pre-Meeting held in September 2019 the Committee considered a number of potential suggestions and agreed to undertake a Task & Finish review into Early Intervention and Prevention of Suicide in Carmarthenshire. The membership of the Task & Finish Group was as follows:

- Cllr. Gwyneth Thomas (Chair)
- Cllr. Louvain Roberts
- Cllr. Ieuan Davies (Vice Chair)
- Cllr. Ken Lloyd

- Cllr. Emlyn Schiavone
- Cllr. Dorian Williams
- Cllr. Amanda Fox

During the Forward Work Planning Development session on the 7th April 2021, the Committee requested the Task & Finish group review the scope of work. Due to several factors including resourcing constraints, timescales, and the impending elections this was put on hold - it was also noted that significant progress had already been made by both the Local Authority and Welsh Government with regards to intervention and prevention of suicide.

3.2 Development Sessions

The following all-member development sessions /seminars were held during 2021/22, to which Committee members were invited:-

- Microsoft Teams Training for online meetings – numerous sessions in June 2021
- Historic Buildings and Carmarthenshire’s Net Zero Carbon Commitment (May 2021)
- The Circular Economy and Resource Efficiency (June 2021)
- Hywel Dda University Health Board – Covid Briefing (September 2021)
- Planning Services Seminar (September 2021)
- Welsh in Education Strategic Plan Workshop (October 2021)
- Planning Service Phosphates Briefing (November 2021)
- Digital Connectivity Event (January 2022)

In addition to the above, several budget seminars were held during January as part of the Council’s consultation process on the 2021/22 Revenue Budget and the five-year capital programme.

The Committee also received the following Scrutiny Committee specific updates / presentations at development meetings during the course of the year. Many of these items were requested following the scrutiny of reports:-

- Overall approach to supporting discharge to hospital (May)
- Day Services & Respite Service (July)
- Overview of Delta Wellbeing & Social Care Services Delivery (July)
- Shared Lives Placement (December)
- Domestic Violence (March)
- Mental Health Update (March)

3.3 Site Visits

Due to the ongoing Covid restrictions the Committee was unable to undertake any site visits.

4. Challenges

As with the previous year due to Covid, the past year has been a challenging period for the Authority and the Committee has continued to be constructive in its role in scrutinising performance and contributing to policies and decisions. Social Care & Health area was placed under significant pressure during the Coronavirus pandemic, but everyone involved performed over and above expectations to ensure residents were well looked after.

The Scrutiny Committee has also seen an increase in the non-submissions received this year with a total of 16 non-submissions. This has had a noticeable impact on the Forward Work Programme with some meetings having a high number of reports presented and resulting in the cancellation of the final meeting in March.

5. Future Work

The Committee has made significant progress and will continue to concentrate on topics where Members' input will result in positive outcomes to drive forward service improvement. To ensure that the best use is being made of meeting time and with the benefit of the added value of pre-meetings, the Committee is keen to achieve a more streamlined scrutiny process.

The future work of the Committee will be considered as part of the Forward Work Programme planning session scheduled for the 15th June 2022. The FWP will continue to be monitored during the course of the year, together with the Cabinet Forward Work Programme.

6. Support for the Scrutiny Function

Support for Carmarthenshire County Council's Scrutiny function is provided by the Democratic Services Unit, based in the Administration & Law Division of the Chief Executive's Department.

Support for the Scrutiny function includes:

- Formulating, in accordance with the FWP, and despatching agendas for Scrutiny Committee meetings a minimum of 3 clear working days prior to the meeting;
- Providing support and constitutional advice to the Scrutiny Committees and to members of those Committees as well as producing minutes of their meetings and ensuring items arising from those meetings are actioned;
- Giving support and advice in relation to the functions of the Council's Scrutiny Committees to cabinet and non-cabinet members of the Council and its officers;
- Managing the strategic development of Scrutiny in Carmarthenshire through engaging in national and regional Scrutiny networks and initiatives, supporting the Chairs and Vice-Chairs of Scrutiny Forum and meetings of the Scrutiny Chairs and Vice-Chairs with the Cabinet;
- Advising and supporting the implementation of the requirements of the Local Government (Wales) Measure 2011 as and when guidance is published;

- Managing the co-ordination and development of the Scrutiny forward work programmes in conjunction with Scrutiny Committee members;
- Managing and co-ordinating Scrutiny review work, including the administration of scrutiny task and finish groups, assisting in writing reports in conjunction with the groups and assisting in the implementation and monitoring of completed reviews;
- Assisting with the Scrutiny member development programme.

For more information on Scrutiny in Carmarthenshire including forward work programmes, task and finish reports and annual reports, visit the County Council's website at: www.carmarthenshire.gov.wales/scrutiny

To contact the Democratic Services Unit, please call 01267 224028 or e-mail scrutiny@carmarthenshire.gov.uk

7. Attendance

Attendance by members of the Social Care & Health Scrutiny Committee during the 2021/22 municipal year is shown in the table below. A total of 6 meetings were held between 1st May 2021 and 30th April 2022. During the same period a total of 4 development meetings were held.

| Scrutiny Committee Member | No. of Scrutiny meetings attended | % | No. of Development Sessions attended | % |
|---|-----------------------------------|------|--------------------------------------|------|
| Cllr. Sue Allen | 5 | 83% | 4 | 100% |
| Cllr. Kim Broom | 6 | 100% | 4 | 100% |
| Cllr. Ieuan Wyn Davies | 5 | 83% | 4 | 100% |
| Cllr. Karen Davies | 5 | 83% | 2 | 50% |
| Cllr. Rob Evans | 4 | 67% | 1 | 25% |
| Cllr. Tyssul Evans | 5 | 83% | 3 | 75% |
| Cllr. Amanda Fox (Resigned 14/07/21) | 0 | 0% | 0 | 0% |
| Cllr. Jean Lewis | 5 | 83% | 4 | 100% |
| Cllr. Ken Lloyd | 6 | 100% | 4 | 100% |
| Cllr. Kevin Madge | 5 | 83% | 2 | 50% |
| Cllr. Louvain Roberts | 1 | 16% | 0 | 0% |
| Cllr. Emlyn Schiavone | 5 | 83% | 4 | 100% |
| Cllr. Bill Thomas (Appointed 14/07/21) | 4 | 100% | 1 | 50% |
| Cllr. Gwyneth Thomas | 6 | 100% | 4 | 100% |
| Cllr. Dorian Williams | 5 | 83% | 2 | 50% |
| Substitutes | No. of meetings attended | | | |
| Cllr. Deryk Cundy | 1 | | | |
| Cllr. John James | 1 | | | |
| Cllr. Dai Nicholas | 1 | | | |
| Cllr. Bill Thomas (Prior to appointment) | 1 | | | |
| Cllr. Dai Thomas | 1 | | | |
| Cllr. Elwyn Williams | 1 | | | |

| Cabinet Member | No. of meetings attended |
|-----------------------|---------------------------------|
| Cllr. Jane Tremlett | 4 |
| Cllr. Linda. D Evans | 0 |
| Cllr. David Jenkins | 1 |
| Cllr. Mair Stephens | 1 |

PWYLLGOR CRAFFU
IECHYD A GWASANAETHAU CYMDEITHASOL
5ed Hydref, 2022

Cynllun Waith y Pwyllgor Craffu
Iechyd a Gwasanaethau Cymdeithasol ar gyfer 2022/23

Ystyried y materion canlynol a chyflwyno sylwadau arnynt:

- Bod y Pwyllgor yn cadarnhau ei Cynllun Waith ar gyfer 2022 / 23.

Rhesymau:

- Mae'n ofynnol yn ôl Cyfansoddiad y Cyngor Sir bod pwyllgorau craffu'n datblygu ac yn cyhoeddi cynlluniau gwaith blynyddol sy'n nodi'r pynciau a'r adroddiadau sydd i'w hystyried yn ystod blwyddyn y cyngor.

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

YR AELOD O'R CABINET SY'N GYFRIFOL AM Y PORTFFOLIO:- DDIM YN BERTHNASOL

| | | |
|--|---|---|
| <p>Y Gyfarwyddiaeth: Prif Weithredwr</p> <p>Enw Pennaeth y Gwasanaeth: Linda Rees-Jones</p> <p>Awdur yr adroddiad: Emma Bryer</p> | <p>Swyddi:</p> <p>Pennaeth Gweinyddiaeth a'r Gyfraith</p> <p>Swyddog Gwasanaeth Democraidd</p> | <p>Rhifau ffôn:/ Cyfeiriadau E-bost:</p> <p>01267 224010 lrjones@sirgar.gov.uk</p> <p>01267 224029 ebryer@sirgar.gov.uk</p> |
|--|---|---|

**HEALTH & SOCIAL SERVICES
SCRUTINY COMMITTEE
5th October, 2022**

**Health & Social Services Scrutiny Committee
Forward Work Plan for 2022/23**

Purpose of the Forward Work Plan

Article 6.2 of the County Council's Constitution states that: *"Each scrutiny committee is required to develop and publish an annual forward work plan, identifying issues and reports to be considered during the course of a municipal year"*.

The development of a work plan:

- Provides an opportunity for members to determine the priority issues to be considered by their scrutiny committee over the course of the next year.
- Provides a focus for both officers and members and is a vehicle for communicating the work of the Committee to the public. The plan (see attached report) will be published on the council's website www.carmarthenshire.gov.uk/scrutiny and it will be updated on a quarterly basis.
- Ensures agreement of provisional agendas for scheduled scrutiny meetings within the council diary. The Plan is a flexible document that can be amended to reflect additional meetings and agenda items during the course of the year.

The draft Forward Work Plan includes statutory and annual reports as well as those reports requested by the Committee during the course of previous meetings.

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 |
|---|------------|-------------|-------------|------------------------|-----------------------|-----------------|
| YES | YES | NONE | NONE | NONE | NONE | NONE |

1. Policy, Crime & Disorder and Equalities – In line with requirements of the County Council’s Constitution.

2. Legal - In line with requirements of the County Council’s Constitution.

CONSULTATIONS

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

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

EXECUTIVE BOARD PORTFOLIO HOLDER(S) AWARE/CONSULTED

NO

**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 |
|---|--------------|---|
| Social Care & Health Scrutiny Committee Reports and Minutes | | Meetings from September 2015 onwards: http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?Committeed=169 |

Health & Social Services Scrutiny Committee – Forward Work Plan 2022/23

| 5 th October 2022 | 29 th November 2022 | 21 st December 2022 (Budget) | 25 th January 2023 | 9 th March 2023 | 19 th April 2023 |
|--|---|--|--|----------------------------|-----------------------------|
| Performance Management Report (Quarter 1) | Loneliness - Task & Finish Update | Performance Management Report (Quarter 2) | Budget Monitoring 2021/22 | | |
| Annual Report on the Wellbeing Objectives | Budget Monitoring | Revenue Budget Consultation 2021 – 2023 | Communities Department Business Plan 2021/22 – 23-24 | | |
| Draft Annual Report of the Statutory Director of Social Services 21/22 | Annual Safeguarding Report | 10 Year Social Services Strategy | | | |
| Dementia Strategy / Action Plan | Corporate Strategy Plan | | | | |
| Budget Monitoring YE 2021/22 | Learning Disability Strategy (2021- 26) | | | | |
| Budget Monitoring 2022/23 | | | | | |
| SC & Health Scrutiny Committee Forward Work Programme 2021/22 | Youth Justice Plan (TBC Nov/Dec) | | | | |
| SC&H Scrutiny Committee Annual Report 2021/22 | | | | | |

ITEMS CARRIED OVER FROM PREVIOUS WORK PROGRAMME:

- Autism Update (Dev Session) – Amy Hughes
- Domiciliary Care Update – Avril Bracey
- Carers Update – Alex Williams

DEVELOPMENT SESSIONS:

29th November 2022

9th March 2023

TASK & FINISH REVIEW:

17/10/22 / 18/11/22 / 14/12/22
16/01/23 / 15/02/23 / 10/03/23
19/04/23 / 05/05/23

REPORTS REQUESTED / CIRCULATED VIA E-MAIL:

DRAFT

PWYLLGOR CRAFFU IECHYD A GWASANAETHAU CYMDEITHASOL

5ed Hydref 2022

EGLURHAD AM BEIDIO Â CHYFLWYNO ADRODDIADAU CRAFFU

Ystyried y materion canlynol a chyflwyno sylwadau arnynt:

- Ystyried yr eglurhad am beidio â chyflwyno adroddiadau craffu.

Rhesymau:

- Mae'n ofynnol yn ôl Cyfansoddiad y Cyngor bod Pwyllgorau Craffu yn datblygu ac yn cyhoeddi Cynllun Gwaith sy'n nodi'r pynciau a'r adroddiadau sydd i'w hystyried yn ystod y blwyddyn. Os na chyflwynir adroddiad fel y'i trefnwyd, disgwylir i swyddogion baratoi eglurhad am beidio â chyflwyno adroddiad craffu sy'n egluro'r rheswm(au)pam.

Angen cyfeirio'r mater at y Cabinet er mwyn gwneud penderfyniad: NAC OES

Yr Aelod Cabinet sy'n gyfrifol am y Portffolio: Cyng. Jane Tremlett (Iechyd a Gwsanaethau Cymdeithasol)

| | | |
|--|---|--|
| Awdur yr Adroddiad: Emma Bryer | Swydd: Swyddog Gwasanaethau Democrataidd | Rhifau Ffôn / Cyfeiriad E-Bost: 01267 224029 ebryer@sirgar.gov.uk |
|--|---|--|

EXECUTIVE SUMMARY
HEALTH & SOCIAL SERVICES
SCRUTINY COMMITTEE
5th October 2022

NON-SUBMISSION OF SCRUTINY REPORTS

The Council's Constitution requires Scrutiny Committees to develop and publish an annual Forward Work Plan which identifies the issues and reports to be considered at meetings during the course of the year.

If a report is not presented as scheduled in the Forward Work Plan, the responsible officer(s) are expected to prepare a non-submission report explaining the reason(s) why.

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

| | |
|--|------------|
| CABINET MEMBER PORTFOLIO HOLDER AWARE / CONSULTED | YES |
|--|------------|

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

There are none.

| Title of Document | Locations that the papers are available for public inspection |
|-------------------|---|
|-------------------|---|

Mae'r dudalen hon yn wag yn fwriadol

EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORTS

SCRUTINY COMMITTEE : Social Care & Health

DATE OF MEETING : 5th October 2022

| ITEM | RESPONSIBLE OFFICER | EXPLANATION | REVISED SUBMISSION DATE |
|---|----------------------------|---|--------------------------------|
| Q1 Performance Management Report | Noelwyn Daniel | Due to unforeseen circumstances, this report is delayed. It will be ready for the next meeting. | 29/11/22 |
| Council Annual Report on Wellbeing Objectives | Noelwyn Daniel | Due to unforeseen circumstances, this report is delayed. It will be ready for the next meeting. | 29/11/22 |

Mae'r dudalen hon yn wag yn fwriadol

Dydd Mercher, 26 Ionawr 2022

YN BRESENNOL: Y Cyngorydd G. Thomas (Cadeirydd)

Y Cynghorwyr:

K.V. Broom, K. Davies, W.T. Evans, K. Lloyd, B.A.L. Roberts, E.M.J.G. Schiavone, B. Thomas a D.T. Williams

Yr oedd y swyddogion canlynol yn gwasanaethu yn y cyfarfod:

J. Morgan, Pennaeth Cartrefi a Chymunedau Mwy Diogel
 A. Williams, Pennaeth Y Gwasanaethau Integredig
 R. Hemingway, Pennaeth Gwasanaethau Ariannol
 A. Thomas, Gyfrifydd Grwp
 R. Page, Uwch Reolwr Cymorth Busnes
 S. Frewin, Senior Manager Community Inclusion
 S. Sauro, Rhelowr Perfformiad, Dadansoddi a Systemau
 M. Evans Thomas, Prif Swyddog Gwasanaethau Democrataidd
 S. Rees, Cyfieithydd Ar Y Pryd
 J. Owens, Swyddog Gwasanaethau Democrataidd
 S. Hendy, Swyddog Cefnogi Aelodau
 E. Bryer, Swyddog Gwasanaethau Democrataidd

Rhith-Gyfarfod - 2.00 yp - 3.40 yp

1. YMDDIHEURIADAU AM ABSENOLDEB

Derbyniwyd ymddiheuriadau am absenoldeb gan y Cynghorwyr S.M. Allen, I.W. Davies, D.M. Jenkins [yr Aelod Cabinet dros Adnoddau], M.J. Lewis, J. Tremlett [yr Aelod Cabinet dros Iechyd a Gofal Cymdeithasol].

2. DATGANIADAU O FUDDIANNAU PERSONOL GAN GYNNWYS UNRHYW CHWIPIAU PLEIDIAU A RODDIR MEWN YMATEB I UNRHYW EITEM AR YR AGENDA

| Y Cyngorydd | Rhif(au) y Cofnod | Y Math o Fuddiant |
|-------------|--|---|
| Ken Lloyd | 4. Adroddiad Monitro'r Gyllideb Refeniw a'r Gyllideb Gyfalaf 2021/22 | Buddiant personol - cysylltiad agos â rhywun sy'n ofalwr yn y Cynllun Cysylltu Bywydau. Gollyngiad wedi'i ganiatáu gan y Pwyllgor Safonau i siarad ond nid i bleidleisio ar faterion penodol yn ymwneud â'r Cynllun Cysylltu Bywydau. |

Ni chafwyd dim datganiadau ynghylch unrhyw chwip waharddedig.

3. CWESTIYNAU GAN Y CYHOEDD (NID OEDD DIM WEDI DOD I LAW)

Dywedodd y Cadeirydd nad oedd dim cwestiynau wedi dod i law gan y cyhoedd.

4. ADRODDIAD MONITRO CYLLIDEB CYFALAF A REFENIW 2021/22

[SYLWER: Roedd y Cynghorydd K. Lloyd wedi datgan buddiant yn yr eitem hon yn gynharach, ac arhosodd yn y cyfarfod wrth i'r Pwyllgor ei hystyried. Roedd y Cynghorydd Lloyd wedi cael gollyngiad gan y Pwyllgor Safonau i siarad ond nid i bleidleisio ar faterion penodol yn ymwneud â'r Cynllun Cysylltu Bywydau.]

Bu'r Pwyllgor yn ystyried Adroddiad Monitro'r Gyllideb Refeniw a'r Gyllideb Gyfalaf ar gyfer y Gwasanaeth Gofal Cymdeithasol ac lechyd a oedd yn rhoi'r wybodaeth ddiweddaraf am y sefyllfa gyllidebol fel yr oedd ar 31 Hydref 2021, mewn perthynas â blwyddyn ariannol 2021/22.

Rhagwelid y byddai'r Gwasanaeth Gofal Cymdeithasol ac lechyd yn gorwario £168k o ran y gyllideb refeniw ac y byddai -£65k o amrywiant net yn erbyn y gyllideb gyfalaf oedd wedi'i chymeradwyo ar gyfer 2021/22.

Dywedodd Pennaeth y Gwasanaethau Ariannol wrth y Pwyllgor fod rhai meysydd yn dangos amrywiannau sylweddol o'u cymharu â'r gyllideb a bennwyd fis Chwefror diwethaf a bod yr amrywiannau hyn yn deillio o'r ffaith bod y pandemig yn effeithio ar weithgareddau. Sicrhawyd y Pwyllgor bod perfformiad yn parhau i gael ei fonitro a bod cyllid brys yn cael ei ddefnyddio yn y ffordd orau i sicrhau bod cynifer o wasanaethau â phosibl yn cael eu darparu.

Codwyd y cwestiynau/sylwadau canlynol wrth drafod yr adroddiad:-

- Mynegwyd pryder bod y gyllideb yn dal i ddangos gorwariant er nad oedd llawer o wasanaethau wedi'u darparu yn ystod y pandemig.
- Gofynnwyd am eglurhad ynglŷn â'r gwariant cyfalaf ar gyfer Cartref Cynnes. Dywedodd swyddogion fod yr arian wedi bod yno ers dechrau'r cynllun ac y byddai'n aros yn y gyllideb gyfalaf nes bod y cytundeb prydles gyda Tai Teulu wedi'i lofnodi.
- Gofynnwyd ai'r gostyngiad mewn pecynnau gofal cartref dau ofalwr i 18% erbyn diwedd 2021/22 o 25.4% yn 2018/19 oedd y ffordd orau ymlaen. Mynegwyd pryder y byddai hyn yn cael effaith negyddol ar unigolion a theuluoedd.

Dywedodd Pennaeth y Gwasanaethau Integredig y byddai adolygiad cynhwysfawr yn cael ei gynnal ar y cyd â'r darparwr ac ar y cyd â'r unigolyn a'i deulu. Yn amlach na pheidio, byddai'n golygu newid syml megis defnyddio offer a fyddai'n galluogi unigolyn i fod yn fwy annibynnol yn hytrach na bod angen dau berson i roi cymorth iddo. Dywedwyd bod yr Awdurdod yn adolygu pecynnau gofal dau ofalwr fel mater o drefn ac yn ystyried ffyrdd eraill o ddarparu'r offer cywir. Byddai'r adolygiadau fel arfer yn cael eu harwain gan therapyddion galwedigaethol a byddai gofal dau ofalwr yn cael ei leihau dim ond pe bai'n cael ei ystyried yn ddiogel i wneud hynny.

- Gofynnwyd am eglurhad ynghylch lleihau nifer y cleientiaid sy'n derbyn pecynnau gofal cartref am lai na 5 awr yr wythnos yn unol ag argymhellion yr Athro Bolton.

Dyweddodd Pennaeth y Gwasanaethau Integredig fod yr Athro Bolton yn cael ei ystyried yn arbenigwr yn ei faes a'i fod wedi ysgrifennu nifer o bapurau academaidd ynghylch egwyddorion hyrwyddo annibyniaeth. Dywedwyd bod yr Athro Bolton wedi gweithio gydag Awdurdodau Lleol a Byrddau Iechyd ledled Cymru, gan adolygu'r ffordd yr oedd pecynnau gofal yn cael eu darparu i helpu i leihau'r ddibyniaeth ar ofal. Canfuwyd na fyddai angen gofal ar unigolion sy'n derbyn pecynnau gofal bach iawn petai newidiadau bach yn cael eu gwneud – megis defnyddio technoleg. Mewn rhai achosion, gallai newidiadau bach wneud y gwahaniaeth mwyaf o ran gallu rhywun i ymdopi'n annibynnol.

- Gofynnwyd a oedd yr Awdurdod ar y trywydd iawn o ran y cynnydd yn nifer y bobl â dementia sy'n derbyn y gwasanaeth Bywydau Bodlon. Dywedodd Pennaeth y Gwasanaethau Integredig fod yr Awdurdod ar y trywydd iawn i gyrraedd y targed ac yn adolygu sut y gellid cynnal y gwasanaeth Bywydau Bodlon yn y dyfodol.
- Gofynnwyd beth oedd dan sylw yn y Gwasanaeth Pontio. Dywedodd swyddogion mai gwasanaeth gofal cartref tymor byr oedd hwn lle'r oedd gofal yn cael ei ddarparu ar unwaith. Roedd y gwasanaeth tymor byr yn rhoi cyfle i asesu anghenion cyn penderfynu ar y pecyn gofal tymor hwy.

PENDERFYNWYD bod yr adroddiad yn cael ei dderbyn.

5. YMGYNGHORI YNGHYLCH STRATEGAETH Y GYLLIDEB REFENIW 2022/23 TAN 2024/25

Bu'r Pwyllgor yn ystyried Strategaeth y Gyllideb Refeniw 2022/23 - 2024/25 a oedd wedi ei hystyried a'i chymeradwyo gan y Cabinet yn ei gyfarfod ar 17 Ionawr 2021. Nodwyd hefyd fod aelodau'r Pwyllgor wedi mynychu digwyddiadau ymgynghori ar y gyllideb yn ddiweddar, a oedd yn rhoi cyfle iddynt ofyn cwestiynau a chael eglurhad ynghylch gwahanol agweddau ar y gyllideb.

Roedd yr adroddiad yn cyflwyno'r sefyllfa bresennol i'r Aelodau ynghylch y Gyllideb Refeniw ar gyfer 2022/23, ynghyd â ffigurau dangosol ar gyfer blynyddoedd ariannol 2024/25.

Ystyriodd y Pwyllgor y wybodaeth gyllidebol fanwl ganlynol a oedd wedi'i hatodi i'r Strategaeth ac a oedd yn berthnasol i'w faes gorchwyl.

- Atodiad A - Strategaeth Cyllideb Gorfforaethol 2022/23 - 2024/25
- Atodiad A(i) – Crynodeb effeithlonrwydd ar gyfer y Gwasanaeth Gofal Cymdeithasol ac Iechyd
- Atodiad A(ii) – Crynodeb o'r Pwysau Twf ar gyfer y Gwasanaeth Gofal Cymdeithasol ac Iechyd
- Atodiad B – Adroddiad monitro'r gyllideb ar gyfer y Gwasanaeth Gofal Cymdeithasol ac Iechyd
- Atodiad C – Crynhoad Taliadau ar gyfer y Gwasanaeth Gofal Cymdeithasol ac Iechyd

Rhoddodd Pennaeth y Gwasanaethau Ariannol grynodeb o'r adroddiad. Roedd y pwyntiau allweddol dan sylw yn cynnwys:

- Dywedwyd wrth y Pwyllgor fod yr adroddiad yn rhoi'r wybodaeth ddiweddaraf i'r aelodau am y cynigion effeithlonwydd diweddaraf. Roedd yn ystyried y gwaith dilysu angenrheidiol o ran y gyllideb, y wasgfa ar wasanaethau a'r setliad cyllideb dros dro a gyhoeddwyd gan Lywodraeth Cymru i Awdurdodau ar 21 Rhagfyr 2021.
- Er bod y setliad dros dro yn uwch nag a gynlluniwyd, roedd maint y pwysau gwariant ar lefel na welwyd ei thebyg o'r blaen. O ystyried hyn, byddai angen i'r Awdurdod barhau i gyflawni arbedion effeithlonwydd drwy'r gyllideb hon a chyllideb y blynyddoedd nesaf.
- O edrych ar Gymru gyfan, roedd y setliad dros dro llywodraeth leol wedi cynyddu 9.4% ac roedd setliad Sir Gaerfyrddin wedi cynyddu 9.2%. Roedd y Cyllid Allanol Cyfun wedi cynyddu i £311.957 miliwn yn 2022/23. Byddai hyn yn helpu i ddarparu ar gyfer ffactorau chwyddiant, demograffeg a newidiadau i'r galw am wasanaethau, yn enwedig o ran gofal cymdeithasol.
- Roedd Llywodraeth Cymru hefyd wedi cyhoeddi manylion Grantiau Gwasanaethau Penodol ochr yn ochr â'r setliad dros dro ar 21 Rhagfyr 2021 ar lefel Cymru gyfan. Roedd yn bryder bod llawer wedi aros ar lefel debyg i flynyddoedd blaenorol o ystyried effaith dyfarniadau cyflog a chwyddiant cyffredinol.
- Dywedwyd na fyddai'r setliad terfynol yn cael ei gyhoeddi tan 1 Mawrth 2022.
- Roedd llythyr y Gweinidog a ddaeth gyda'r setliad yn nodi'n glir bod Llywodraeth Cymru yn disgwyl i'r Cyngor dalu cost unrhyw ddyfarniadau cyflog yn y dyfodol o'r setliad gwell.
- Tynnwyd sylw at y ffaith mai £3.8m oedd y gostyngiadau yn y gyllideb yr oedd eu hangen ar gyfer 2022/23 a fyddai'n sicrhau, yn seiliedig ar yr amcanestyniadau presennol, y gellid darparu gwasanaethau hanfodol o hyd.
- Gan ystyried y setliad dros dro, y cynnydd arfaethedig yn y Dreth Gyngor y flwyddyn nesaf oedd 4.39%.

Codwyd y cwestiynau/materion canlynol ar yr adroddiad:-

- Gofynnwyd a oedd yr adolygiad o wasanaethau trafniadaeth yn cynnwys gwneud gwell defnydd o'r bysiau sydd ar gael gan gynnwys gwasanaethau megis Dolen Teifi.
Rhoddodd yr Uwch-reolwr Cymorth Busnes sicrwydd i'r Pwyllgor fod yr Awdurdod yn sicrhau eu bod yn gwneud y defnydd gorau o'r adnoddau sydd ar gael ac y byddent yn edrych ar osod pwyntiau gwefru.
- Gofynnwyd i swyddogion pa effaith yr oedd Covid wedi'i chael ar ddemograffeg a hefyd effaith mudo i'r Sir.
Dywedodd swyddogion eu bod yn ansicr pryd y byddai data'r cyfrifiad yn cael ei roi ac na chafodd data ynghylch mudo i'r sir ei gasglu. Cadarnhawyd y byddai data'n cael ei roi, ond ni wyddys pryd y byddai hynny'n digwydd.

PENDERFYNWYD YN UNFRYDOL:

- 5.1 **Bod yr Ymgynghoriad ynghylch Strategaeth y Gyllideb Refeniw 2022/23 – 2024/25 yn cael ei dderbyn;**
- 5.2 **Bod y Crynhoad Taliadau ar gyfer y Gwasanaeth Gofal Cymdeithasol ac Iechyd, fel y manylir yn Atodiad C i'r adroddiad, yn cael ei gymeradwyo.**

6. CYNLLUN BUSNES ADRANNOL ADRAN CYMUNEDAU 2022/23

Bu'r Pwyllgor yn ystyried Cynllun Busnes 2022/23 yr Adran Cymunedau mewn perthynas â'r gwasanaethau hynny sydd o fewn ei faes gorchwyl:

- Cartrefi a Chymunedau Mwy Diogel (yr elfen Cartrefi Gofal yn unig)
- Comisiynu a Chymorth Busnes
- Gofal Cymdeithasol i Oedolion
- Gwasanaethau Integredig

Nodwyd bod effaith y pandemig a BREXIT wedi creu ansicrwydd o ran cynllunio yn y dyfodol ac y gallai'r cynllun newid.

Tynnodd y Pennaeth Cartrefi a Chymunedau Mwy Diogel sylw at y ffaith bod y deuddeg mis diwethaf wedi bod yn eithriadol ar draws yr holl wasanaethau yn gyffredinol, ond ei fod yn gyfnod arbennig o unigryw ar gyfer iechyd a gofal cymdeithasol.

Rhodddwyd sylw i'r materion/cwestiynau canlynol wrth drafod yr adroddiad:-

- Mynegwyd pryder ynghylch recriwtio a chadw staff a phrinder gweithwyr cymdeithasol a gofalwyr cartref. Ailadroddodd y Pennaeth Cartrefi a Chymunedau Mwy Diogel fod cynllun 10 mlynedd yn cael ei lunio a fyddai'n canolbwyntio ar staffio ac adnoddau. Cadarnhaodd Pennaeth y Gwasanaethau Integredig fod gwaith eisoes wedi'i wneud o ran recriwtio a bod pob ffordd o recriwtio yn cael ei hystyried, gan gynnwys recriwtio dramor.
- Gofynnwyd a oedd digon o adnoddau yn y timau i reoli'r gwaith ychwanegol, yn enwedig y tîm Comisiynu. Dywedodd y Pennaeth Cartrefi a Chymunedau Mwy Diogel fod yr Adran Gomisiynu yn cael ei had-drefnu ar hyn o bryd i adlewyrchu'r newidiadau mewn comisiynu.

PENDERFYNWYD derbyn Cynllun Busnes Adrannol yr Adran Cymunedau 2022/23.

7. ADOLYGIAD GORCHWYL A GORFFEN AR UNIGRWYDD YN SIR GAERFYRDDIN - ADRODDIAD DIWEDDARU

Bu'r Pwyllgor yn ystyried Adroddiad Diweddarau yr Adolygiad Gorchwyl a Gorffen ar Unigrywdd yn Sir Gaerfyrddin

Roedd yr adroddiad yn rhoi'r wybodaeth ddiweddaraf am y cynnydd o ran yr argymhellion a ddeilliodd o'r Adolygiad Gorchwyl a Gorffen a gynhaliwyd yn ystod blwyddyn y cyngor 2018/19.

Dywedodd Pennaeth y Gwasanaethau Integredig fod y pandemig wedi arafu'r cynnydd gan mai'r flaenoriaeth oedd cynnal y gwaith o ddarparu gwasanaethau gweithredol. Er gwaethaf hyn, gwnaed camau cadarnhaol gan gynnwys y Strwythur Gwasanaeth Integredig newydd a oedd wrthi'n cael ei gwblhau.

Fel rhan o'r cynlluniau ar gyfer ad-drefnu'r Gwasanaethau Integredig, cynigiwyd bod Uwch-reolwr Atal yn cael ei benodi a fyddai'n cefnogi'r gwaith o gydgyssylltu'r dull atal ar gyfer y Sir. Yr Uwch-reolwr hwn fyddai'r arweinydd gweithredol strategol ar gyfer atal a datblygu Strategaeth Atal gyffredinol ar gyfer Sir Gaerfyrddin a byddai'n arwain y gwaith sy'n gysylltiedig â'r argymhellion gorchwyl a gorffen. Byddai Grŵp Atal hefyd yn cael ei sefydlu yn gynnar yn 2022 a fyddai'n goruchwyllo'r gwaith o ddatblygu'r Strategaeth Atal a rhoi Cynllun Gweithredu ar waith.

PENDERFYNWYD YN UNFRYDOL dderbyn yr adroddiad.

8. EGLURHAD AM BEIDIO Â CHYFLWYNO ADRODDIAD CRAFFU

Cafodd y Pwyllgor eglurhad am beidio â chyflwyno'r adroddiad diweddar ynghylch Awtistiaeth.

PENDERFYNWYD nodi'r eglurhad am beidio â chyflwyno'r adroddiad.

9. EITEMAU AR GYFER Y DYFODOL

PENDERFYNWYD nodi'r rhestr o eitemau ar gyfer y dyfodol a oedd i'w hystyried yn y cyfarfod nesaf ar 10 Mawrth 2022.

10. LLOFNODI YN GOFNOD CYWIR COFNODION Y CYFARFOD A GYNHALIWYD AR 20FED RHAGFYR 2021

PENDERFYNWYD YN UNFRYDOL lofnodi cofnodion cyfarfod y Pwyllgor oedd wedi ei gynnal ar 20 Rhagfyr 2021 gan eu bod yn gywir.

CADEIRYDD

DYDDIAD