

# Document Pack



Mark James LLM, DPA, DCA  
Prif Weithredwr,  
Chief Executive,  
Neuadd y Sir, Caerfyrddin. SA31 1JP  
County Hall, Carmarthen. SA31 1JP

**MONDAY, 22<sup>ND</sup> FEBRUARY, 2016**

**TO: ALL MEMBERS OF THE SOCIAL CARE & HEALTH  
SCRUTINY COMMITTEE**

I HEREBY SUMMON YOU TO ATTEND A MEETING OF THE  
**SOCIAL CARE & HEALTH SCRUTINY COMMITTEE** WHICH WILL  
BE HELD IN THE CHAMBER, 3 SPILMAN STREET,  
**CARMARTHEN AT 10.00 A.M. ON MONDAY, 29TH FEBRUARY,  
2016** FOR THE TRANSACTION OF THE BUSINESS OUTLINED  
ON THE ATTACHED AGENDA.

*Mark James*

**CHIEF EXECUTIVE**



PLEASE RECYCLE

<b>Democratic Officer:</b>	<b>Michelle Evans Thomas</b>
<b>Telephone (Direct Line):</b>	<b>01267 224470</b>
<b>Fax:</b>	<b>01267 224911</b>
<b>E-Mail:</b>	<b>MEEvansThomas@carmarthenshire.gov.uk</b>
<b>Ref:</b>	<b>AD016-001</b>

# **SOCIAL CARE & HEALTH SCRUTINY COMMITTEE**

## **14 MEMBERS**

### **PLAID CYMRU GROUP – 5 MEMBERS**

- |    |                   |                          |
|----|-------------------|--------------------------|
| 1. | <b>Councillor</b> | <b>T.T. Defis</b>        |
| 2. | <b>Councillor</b> | <b>W.T. Evans</b>        |
| 3. | <b>Councillor</b> | <b>D.J.R. Llewellyn</b>  |
| 4. | <b>Councillor</b> | <b>G. Thomas [Chair]</b> |
| 5. | <b>Councillor</b> | <b>J.S. Williams</b>     |

### **INDEPENDENT GROUP – 4 MEMBERS**

- |    |                   |                                |
|----|-------------------|--------------------------------|
| 1. | <b>Councillor</b> | <b>S.M. Allen [Vice-Chair]</b> |
| 2. | <b>Councillor</b> | <b>I.W. Davies</b>             |
| 3. | <b>Councillor</b> | <b>E.G. Thomas</b>             |
| 4. | <b>Councillor</b> | <b>H.I. Jones</b>              |

### **LABOUR GROUP – 4 MEMBERS**

- |    |                   |                       |
|----|-------------------|-----------------------|
| 1. | <b>Councillor</b> | <b>K. Madge</b>       |
| 2. | <b>Councillor</b> | <b>E. Morgan</b>      |
| 3. | <b>Councillor</b> | <b>B.A.L. Roberts</b> |
| 4. | <b>Councillor</b> | <b>J. Williams</b>    |

### **PEOPLE FIRST (CARMARTHENSHIRE) – 1 MEMBER**

- |    |                   |                    |
|----|-------------------|--------------------|
| 1. | <b>Councillor</b> | <b>S.M. Caiach</b> |
|----|-------------------|--------------------|

# AGENDA

1. APOLOGIES FOR ABSENCE.
2. DECLARATIONS OF PERSONAL INTERESTS.
3. DECLARATION OF PROHIBITED PARTY WHIPS.
4. PUBLIC QUESTIONS (NONE RECEIVED).
5. FORTHCOMING ITEMS. 5 - 8
6. REVENUE & CAPITAL BUDGET MONITORING REPORT 2015/16. 9 - 18
7. EVALUATION OF THE "BIG PLAN". 19 - 60
8. HEALTH AND SOCIAL CARE SUPPORT WORKER PROJECT. 61 - 70
9. SOCIAL SERVICES AND WELLBEING (WALES) ACT 2014 - POLICY AND PROCEDURE REVISIONS FOR CHARGING ADULTS FOR SERVICES. 71 - 84
10. SOCIAL CARE & HEALTH SCRUTINY COMMITTEE ACTIONS AND REFERRALS UPDATE. 85 - 90
11. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORTS. 91 - 92
12. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETING HELD ON THE 20TH JANUARY, 2016. 93 - 98

This page is intentionally left blank

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 29<sup>th</sup> FEBRUARY 2016

**Forthcoming items for next meeting –  
Monday 18th April 2016**

*Please note that due the number of items currently scheduled for the next meeting, some reports may be deferred to a future meeting*

Discussion Topic	Background
Mid & West Wales Health and Social Care Collaborative – Update	This update will provide details of the work of the Mid & West Wales Health and Social Care Collaborative (MWWHSCC). It is one of six regional partnerships across Wales established to deliver the Welsh Government’s Sustainable Social Services agenda and co-ordinate implementation at a regional level of the Social Services and Wellbeing (Wales) Act.
Welsh in Social Care Services for Older People	At its meeting on the 20th January 2016, the Committee received an update on the Communities Department’s progress with regards to the Welsh Government’s Strategic Document “More than Just Words”, which sets out the importance of the Welsh language when caring for older people. This second update will include a corporate response in relation to the training and ‘up-skilling’ of staff with regards to the Welsh language.
Carmarthenshire Carers Action Plan	The Committee has played an active role in developing policy and monitoring progress in relation to supporting carers. Last year saw the introduction a new Carmarthenshire Carers Strategy. This item, deferred from the January meeting, will enable the Committee to monitor the effectiveness of this strategy.

Discussion Topic	Background
Mental Health Services	This update will enable the Committee to monitor the progress being made in relation to supporting people with mental health needs in the County.
Nutritional Standards for Older People	<p>The Committee has played an active role in developing and monitoring the Nutritional Standards for Older People Strategy. During its work programme planning session, the Committee requested that this report include the following information:</p> <ul style="list-style-type: none"> <li>• How does the service identify the nutritional requirements of an individual during the initial assessment process?</li> <li>• How does the service ensure these needs are met?</li> <li>• What information is provided to families so that they can ensure the individual's needs are being met?</li> <li>• How is the quality of meals provided within residential care establishments?</li> </ul> <p>The Committee requested that the report cover both the Authority' establishments and independent care providers.</p>
Intermediate Care Fund (ICF) Project	At its meeting on the 22nd May 2015, the Committee requested that the Evaluation Report relating to the Intermediate Care Fund be included in the Committee's Forward Work Programme for 2015/16.
Review of the Reablement Services Evaluation	At its meeting on the 22nd May 2015, the Committee requested that the Reablement Service Review Evaluation Report be presented at a future meeting.

*The latest version of the Social Care & Health Scrutiny Committee's forward work programme is included on the following page.*

## SC&H Scrutiny Committee – Forward Work Programme 2015/16 (as at 22nd February 2016)

18 May 15 (JOINT)	22 May 15	03 July 15	23 July 15 (JOINT)	16 Sept 15	19 Nov 15	14 Dec 15	20 January 16	29 Feb 16	18 April 16
Annual Report of Director of Social Services 2014/15 (Joint E&C)	M&W Wales H&SC Collaborative – Update	Carers Measure Annual Report (Peter Llewelyn)	Affordable Housing Plan (Jointly with Community Committee)	Community Nutritional Strategy for Carms Integrated Services	Safeguarding Adults from Abuse - Annual Report 2014/15	3-year Revenue Budget Consultation 2016/17 to 2018/19	Welsh language in Social Care Services for Older People	Soc. Services & Well-Being Act - Policy and procedure revisions for charging adults for services	M&W Wales H&SC Collaborative – Update
	Draft CCC Improvement Plan 14/15 and Annual Report 13/14	EOY Performance Monitoring 2014/15	Older Persons 10 Year Plan (Jointly with Community Committee)	Corporate Safeguarding Policy	Foundations 4 Change (Presentation by HDdHB)	5-year Capital Programme Consultation 2016/17 to 2020/21	Charging for Non-Residential Services	Learning Disabilities Services	Welsh in Social Care Services for Older People – follow up
	SC&H Forward Work Programme 2015/16	EOY Budget Monitoring 2014/15		Budget Monitoring 2015/16	Half-Yearly Performance Monitoring 2015/16	Half-Yearly Performance Monitoring 2015/16	Dementia Support	Budget Monitoring 2015/16	Carmarthen-shire Carers Action Plan
	SC&H Scrutiny Annual Report 2014/15	Actions & Referrals Update		Social Care Performance Reports	Budget Monitoring 2015/16			H&SC Support Worker Project	Mental Health Services

## SC&H Scrutiny Committee – Forward Work Programme 2015/16

*(as at 22nd February 2016)*

18 May 15 (JOINT)	22 May 15	03 July 15	23 July 15 (JOINT)	16 Sept 15	19 Nov 15	14 Dec 15	20 January 16	29 Feb 16	18 April 16
				Charges for Flexi-Bed Placements	Referral from P&R Committee			Actions & Referrals Update	Nutritional Standards for Older People
				Coleshill CfEI	Carms Ageing Well Plan				Reablement Service – Review report
					Actions & Referrals Update				ICF Evaluation



**SOCIAL CARE & HEALTH SCRUTINY  
COMMITTEE  
29<sup>TH</sup> FEBRUARY 2016**

**Revenue & Capital Budget  
Monitoring Report 2015/16**

**To consider and comment on the following issues:**

- That the Scrutiny Committee receives the budget monitoring report for the Social Care & Health Service and considers the budgetary position.

**Reasons:**

- To provide the Committee with an update on the latest budgetary position, as at 31st December 2015, in respect of the 2015/16 financial year.

**To be referred to the Executive Board for decision: NO**

**Executive Board Member Portfolio Holders:**

- Cllr. David Jenkins (Resources)
- Cllr. Jane Tremlett (Social Care & Health)

<p><b>Directorate:</b> Corporate Services</p> <p><b>Name of Head of Service:</b> Owen Bowen</p> <p><b>Report Author:</b> Owen Bowen</p>	<p><b>Designation:</b></p> <p>Interim Head of Financial Services</p>	<p><b>Tel No. / E-Mail Address:</b></p> <p>01267 224886 <a href="mailto:obowen@carmarthenshire.gov.uk">obowen@carmarthenshire.gov.uk</a></p>
---	--	--

## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 29<sup>th</sup> FEBRUARY 2016

## Revenue & Capital Budget Monitoring Report 2015/16

The monitoring exercise for the period to the 31st December 2015 is attached and indicates that:

### **Revenue Budgets (Appendix A)**

The Social Care & Health Service is forecasting an over spend of £404k for the year.

The Older People / Physical Disabilities Division has an overspend of £382k on Older People Day Centres due to non achievement of efficiency savings and an overspend on Private Residential Care of £724k, offset by an underspend of £990k for Home Care.

The Learning Disability / Mental Health Division has an overspend on residential and supported living placements of £818k due to a slower than anticipated reduction required to meet efficiency savings which is currently being addressed and an overspend on additional packages for Direct Payments £157k.

The Departmental overspend is reduced by £663k due to staff vacancies.

### **Capital Budgets (Appendix B)**

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

DETAILED REPORT ATTACHED?

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

## IMPLICATIONS

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

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

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

**3. Finance**

Revenue – The Social Care & Health Service is projecting that it will be over its approved budget by £404k.

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

## CONSULTATIONS

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

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

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

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

**THESE ARE DETAILED BELOW:**

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

This page is intentionally left blank

Social Care & Health Scrutiny Report - Social Care & Health Service (Communities Department)

Appendix A

Revenue Budget Monitoring 2015-16 as at 31<sup>st</sup> December 2015

Forecasted for year to 31 March 2016

Service	Working Budget				Forecasted				Variance For Year	Note
	Controllable Expenditure	Controllable Income	Net Non-Controllable	Total Net	Controllable Expenditure	Controllable Income	Net Non-Controllable	Total Net		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
<b>Adult Services</b>										
<b>Older People</b>										
Older People - Commissioning	2,783	-47	419	3,155	2,742	-62	419	3,098	-57	1
Older People - LA Homes	8,726	-4,340	1,123	5,509	8,137	-3,747	1,123	5,513	4	
Older People - Private/ Vol Homes	16,708	-9,341	76	7,444	17,362	-9,270	76	8,168	724	2
Older People - Private Day Care	24	0	0	24	24	0	0	24	0	
Older People - Extra Care	1,136	0	1,019	2,156	1,167	0	1,019	2,186	31	3
Older People - LA Home Care	5,688	-291	579	5,976	5,393	-300	579	5,672	-304	4
Older People - MOW's	326	-211	12	127	326	-211	12	127	0	
Older People - Direct Payments	678	0	1	679	705	0	1	706	28	5
Older People - Grants	398	0	2	400	397	0	2	398	-1	
Older People - Private Home Care	10,767	-1,991	158	8,934	10,081	-1,991	158	8,248	-686	6
Older People - Ssmss	943	-212	310	1,042	944	-213	310	1,041	-0	
Older People - Careline	1,031	-1,069	192	154	1,027	-1,069	192	150	-3	
Older People - Enablement	2,020	-800	101	1,321	1,749	-800	101	1,050	-271	7
Older People - Day Services	670	-93	123	700	1,032	-73	123	1,081	382	8
<b>Older People Total</b>	<b>51,898</b>	<b>-18,395</b>	<b>4,115</b>	<b>37,619</b>	<b>51,084</b>	<b>-17,737</b>	<b>4,115</b>	<b>37,463</b>	<b>-156</b>	
<b>Physical Disabilities</b>										
Phys Dis - Commissioning & OT Services	693	-72	48	669	629	-72	48	605	-64	9
Phys Dis - Private/Vol Homes	440	-61	1	381	402	-92	1	311	-70	10
Phys Dis - Group Homes/Supported Living	1,434	-228	6	1,212	1,510	-252	6	1,263	52	11
Phys Dis - Community Support	101	0	0	101	101	0	0	101	-0	
Phys Dis - Private Home Care	464	0	0	464	464	0	0	464	0	
Phys Dis - Aids & Equipment	909	-420	37	525	983	-501	37	519	-7	
Phys Dis - Grants	138	0	0	138	136	0	0	136	-2	
Phys Dis - Direct Payments	1,820	0	3	1,823	1,819	-0	3	1,822	-0	
Phys Dis - Manual Handling	8	0	0	8	8	0	0	8	0	
<b>Physical Disabilities Total</b>	<b>6,007</b>	<b>-781</b>	<b>94</b>	<b>5,320</b>	<b>6,053</b>	<b>-917</b>	<b>94</b>	<b>5,229</b>	<b>-90</b>	

Revenue Budget Monitoring 2015-16 as at 31<sup>st</sup> December 2015

Forecasted for year to 31 March 2016

Service	Working Budget				Forecasted				Variance For Year	Note
	Controllable Expenditure	Controllable Income	Net Non-Controllable	Total Net	Controllable Expenditure	Controllable Income	Net Non-Controllable	Total Net		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
<b>Learning Disabilities</b>										
Learn Dis - Employment & Training	2,324	-882	336	1,777	2,267	-761	336	1,842	65	12
Learn Dis - Commissioning	851	0	74	925	826	0	74	900	-25	13
Learn Dis - Private/Vol Homes	9,470	-2,708	16	6,778	10,194	-3,014	16	7,196	419	14
Learn Dis - Direct Payments	1,085	0	0	1,085	1,241	0	0	1,241	157	15
Learn Dis - Group Homes/Supported Living	6,453	-1,013	10	5,451	6,606	-1,040	10	5,577	126	16
Learn Dis - Adult Respite Care	895	-812	108	190	800	-812	108	96	-94	17
Learn Dis - Home Care Service	140	0	0	140	140	0	0	140	0	
Learn Dis - Day Services	2,995	-196	300	3,099	2,916	-178	300	3,037	-61	18
Learn Dis - Transition Service	486	0	65	551	460	-4	65	521	-30	19
Learn Dis - Community Support	1,693	-164	5	1,534	1,716	-164	5	1,558	24	20
Learn Dis - Grants	234	0	6	240	330	-17	6	319	79	21
Learn Dis - Adult Placement/Shared Lives	2,724	-2,130	77	671	2,751	-2,184	77	644	-27	22
Learn Dis/M Health - Ssmss	540	0	347	887	493	0	347	840	-47	23
<b>Learning Disabilities Total</b>	<b>29,888</b>	<b>-7,905</b>	<b>1,344</b>	<b>23,327</b>	<b>30,742</b>	<b>-8,173</b>	<b>1,344</b>	<b>23,913</b>	<b>585</b>	
<b>Mental Health</b>										
M Health - Commissioning	806	-69	73	810	836	-74	73	835	25	24
M Health - Private/Vol Homes	5,748	-2,534	9	3,223	6,123	-2,690	9	3,441	219	25
M Health - Group Homes/Supported Living	301	-83	0	219	375	-103	0	273	54	26
M Health - Direct Payments	136	0	0	136	131	-0	0	131	-6	
M Health - Community Support	664	-27	2	639	660	-27	2	635	-4	
M Health - Day Services	217	-10	15	222	215	-9	15	221	-1	
M Health - Private Home Care	88	0	0	88	88	0	0	88	-0	
M Health - Substance Misuse Team	328	-142	30	216	306	-163	30	173	-43	27
<b>Mental Health Total</b>	<b>8,288</b>	<b>-2,865</b>	<b>129</b>	<b>5,552</b>	<b>8,734</b>	<b>-3,066</b>	<b>129</b>	<b>5,797</b>	<b>244</b>	

Revenue Budget Monitoring 2015-16 as at 31<sup>st</sup> December 2015

Forecasted for year to 31 March 2016

Service	Working Budget				Forecasted				Variance For Year	Note
	Controllable Expenditure	Controllable Income	Net Non-Controllable	Total Net	Controllable Expenditure	Controllable Income	Net Non-Controllable	Total Net		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
<b>Director's Office</b>										
Ssmss - Adult Safeguarding & Improvement Team	1,049	-36	53	1,066	1,009	-36	53	1,026	-40	28
<b>Director's Office Total</b>	<b>1,049</b>	<b>-36</b>	<b>53</b>	<b>1,066</b>	<b>1,009</b>	<b>-36</b>	<b>53</b>	<b>1,026</b>	<b>-40</b>	
<b>Support</b>										
Departmental Support	2,028	-8	708	2,727	1,903	-14	708	2,597	-131	29
Regional Collaborative	0	0	0	0	750	-750	0	0	0	
Holding Acc-Transport	1,489	-1,563	58	-15	1,480	-1,563	58	-25	-9	
<b>Support Total</b>	<b>3,517</b>	<b>-1,571</b>	<b>766</b>	<b>2,712</b>	<b>4,133</b>	<b>-2,326</b>	<b>766</b>	<b>2,572</b>	<b>-140</b>	
<b>SERVICE TOTAL</b>	<b>100,647</b>	<b>-31,552</b>	<b>6,501</b>	<b>75,596</b>	<b>101,754</b>	<b>-32,255</b>	<b>6,501</b>	<b>76,000</b>	<b>404</b>	
<b>Contribution to/from Departmental Reserves</b>									<b>0</b>	
<b>Forecasted End of Year Variance</b>									<b>404</b>	

**Social Care & Health Scrutiny Report - Social Care & Health Service (Communities Department)**

**Appendix A**

**Revenue Budget Monitoring 2015-16 as at 31<sup>st</sup> December 2015**

<b>Main Variance Summary</b>		<b>£'000</b>
1	Older People - Commissioning - Staff vacancies	-57
2	Older People - Private/Vol Homes - Additional placements (partly through early closure of Glanmarlais) and additional cost of increased fees paid to providers £391k	724
3	Older People - Extra Care - Contract renegotiation.	31
4	Older People - LA Home Care - Reduced care packages	-304
5	Older People - Direct Payments - Increase in packages	28
6	Older People - Private Home Care - Reduction in care packages	-686
7	Older People - Enablement - Staff vacancies	-271
8	Older People - Day Services - Efficiency saving slippage from 14/15 and 15/16. Proposal paper to CMT to reduce spend with significant reshape of service	382
9	Physical Disabilities - Commissioning & OT Services - Staff vacancies	-64
10	Physical Disabilities - Private/Vol Homes - Reduction in Packages	-70
11	Physical Disabilities - Group Homes/Supported Living - Increase in Packages	52
12	Learning Disabilities - Employment & Training - Lower grant income due to change in funding arrangements for Workchoice	65
13	Learning Disabilities - Commissioning - Staff vacancies	-25
14	Learning Disabilities - Private/Vol Homes - Slower than anticipated reduction in placements required to meet efficiency savings, work underway to address	419
15	Learning Disabilities - Direct Payments - Net cost of packages exceeds budgeted costs	157
16	Learning Disabilities - Group Homes/Supported Living - Additional placements	126
17	Learning Disabilities - Adult Respite Care - Staff Vacancies	-94
18	Learning Disabilities - Day Services - Reduction placements	-61
19	Learning Disabilities - Transition Service - Staff Vacancies	-30
20	Learning Disabilities - Community Support - Additional packages	24
21	Learning Disabilities - Grants - Slippage in re-negotiation of contract	79
22	Learning Disabilities - Adult Placement/Shared Lives - Underspend on travelling, and supplies & services	-27
23	Learning Disabilities/Mental Health - SSMSS - Vacant posts, and underspend on travelling and supplies & services	-47
24	Mental Health - Commissioning - Additional staffing costs re out of hours service	25
25	Mental Health - Private/Vol Homes - Additional packages resulting in an over commitment on a very volatile budget	219
26	Mental Health - Group Homes/Supported Living - Increase in packages	54
27	Mental Health - Substance Misuse Team - Underspend on salaries	-43
28	Director's Office - SSMSS - Adult Safeguarding & Improvement Team - Staff vacancies	-40
29	Departmental Support - Underspend on salaries, and supplies & services partly offset by overspend on repairs and maintenance	-131
	Other	-31
<b>Forecasted end of year variance:</b>		<b>404</b>
<b>Contribution to/from Departmental Reserves</b>		<b>0</b>
<b>Health &amp; Social Care Net Variance</b>		<b>404</b>

Page 16



Social Care & Health Scrutiny Committee

Capital Budget Monitoring - Scrutiny Report for December 2015

Annex B

			Working Budget			Forecasted		
Net Exp to December 2015 £'000	Scheme	Target Date for Completion	Expenditure £'000	Income £'000	Net £'000	Expenditure £'000	Income £'000	Net £'000
-3	Learning Disabilities Accomodation Developments	Ongoing	228	0	228	-3	0	-3
1,748	Extra Care Schemes		3,139	0	3,139	3,139	0	3,139
48	Carmarthen Area Extra Care	Completed	640	0	640	640	0	640
1,700	Ammanford / Llandybie Extra Care	Mar-16	2,499	0	2,499	2,499	0	2,499
0	Intermediate Care Fund (ICF) Projects	Completed	0	0	0	1,315	-1,315	0
1,745	NET BUDGET		3,367	0	3,367	4,451	-1,315	3,136

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

This page is intentionally left blank

## SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 29<sup>TH</sup> FEBRUARY, 2016

### SUBJECT:

### EVALUATION OF THE “BIG PLAN”

#### Purpose:

To provide a detailed evaluation of the effectiveness of The Big Plan.

#### To consider and comment on the following issues:

It is requested that the Committee scrutinises the position in relation to the effectiveness of The Big Plan.

#### REASONS:

- To ensure that any areas of concern are identified and relevant action taken.
- To provide members with an update on the above items.
- To enable members to exercise their scrutiny role in relation to performance monitoring.

To be referred to the Executive Board / Council for decision: NO

#### Executive Board Member Portfolio Holder:

Cllr. J. Tremlett (Social Care & Health Portfolio Holder)

<p><b>Directorate</b> Communities <b>Name of Head of Service:</b> Anthony Maynard <b>Report Author:</b> Sharon Frewin</p>	<p><b>Designations:</b> Interim Head of Mental Health &amp; Learning Disabilities  Senior Manager, Community Inclusion</p>	<p><b>Tel Nos.</b> (01267) 228849 (01267) 246806  <b>E Mail Addresses:</b> <a href="mailto:AMaynard@carmarthenshire.gov.uk">AMaynard@carmarthenshire.gov.uk</a> <a href="mailto:SFrewin@carmarthenshire.gov.uk">SFrewin@carmarthenshire.gov.uk</a></p>
---	--	--

**EXECUTIVE SUMMARY**  
**SOCIAL CARE & HEALTH SCRUTINY COMMITTEE**  
**29<sup>TH</sup> FEBRUARY, 2016**

**SUBJECT:**

**EVALUATION OF THE “BIG PLAN”**

**1. BRIEF SUMMARY OF THE PURPOSE OF REPORT:**

1.1. The purpose of the Strategy was:

“To ensure people with a Learning Disability enjoy the same basic rights as anyone else. This means they will be housed, be supported to find work or other meaningful occupation, that is suited to them, be able to enjoy time with friends and family and to take part in their local community and the county’s culture.”

1.2. The strategy was to be viewed in the context of continued change. With increasing demand for services and rising costs of service provision, there was at the time an unparalleled challenge for services to sue resources at their disposal wisely and fairly, and to ensure that they really were used to achieve the best outcomes for and with people with learning disabilities and their families and carers living in our community.

1.3. It was acknowledged that the market for some Learning Disability services was underdeveloped and the strategy aimed to develop new business relationships with local providers in order to increase the range of high quality support options available.

1.4. The strategy focused on objectives within several key themes,

- Transition
- Better health for People with Learning Disabilities
- Leisure and recreation
- Supporting people with Learning Disabilities to be part of their community
- Supporting people with Learning Disabilities to maximise their independence and keep safe
- Improving peoples housing situation

1.5. The strategy aimed to ensure that more people would be able to access education, training and employment together with accessing mainstream services for sport, leisure and recreation. It was hoped that we could move away from the concept of day services and consider how people spend their time in a way that meets their own wishes and needs.

1.6 It is fair to say based on the evidence documented in this report that the majority of the objectives set in The Big Plan have been realised and more however, the provision of services is an ever evolving journey. A journey where we must ensure that we are responsive to the needs of our customers, our changing economic status and the emergence of new legislation whilst, at the same time striving to emulate best practice.

**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:** Anthon Maynard

Interim Head of Metal Health and Learning Disabilities

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

## CONSULTATIONS

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

**Signed:** Anthony Maynard

Interim Head of Mental Health & Learning Disabilities

1. Local Member(s) - N/A
2. Community / Town Council – N/A
3. Relevant Partners - Yes
4. Staff Side Representatives and other Organisations - 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	File Ref No.	Locations that the papers are available for public inspection
-------------------	--------------	---

This page is intentionally left blank

Briefing Paper: Social Care and Health Scrutiny  
Committee

---

The Big Plan 2009 – 2011, Joint Commissioning  
strategy for Learning Disability Services.  
Did it make an impact?

---

Social Care and Housing Services

---

Department for Communities  
December 2016

---

## Contents

1	Purpose of Report .....	3
2	Clarifying the Purpose of The Big Plan .....	3
3	The Context .....	3
4	Mental Capacity and Deprivation of Liberty .....	4
5	Objectives Set .....	4
6	Evidence of Change .....	6-35
7	Judgement .....	35



## **1 Purpose of Report**

- 1.1 The purpose of this report is to provide an update on the outcomes and initiatives achieved as a result of The Big Plan.
- 1.2 It will also identify outcomes that have not been achieved and provide rationale for this.

## **2 Clarifying the Purpose of The Big Plan**

- 2.1 The purpose of the Strategy was:

“To ensure people with a Learning Disability enjoy the same basic rights as anyone else. This means they will be housed, be supported to find work or other meaningful occupation, that is suited to them, be able to enjoy time with friends and family and to take part in their local community and the county’s culture. ”

## **3 The Context**

- 3.1 The strategy was to be viewed in the context of continued change. With increasing demand for services and rising costs of service provision, there was at the time an unparalleled challenge for services to use resources at their disposal wisely and fairly, and to ensure that they really were used to achieve the best outcomes for and with people with learning disabilities and their families and carers living in our community.
- 3.2 It was acknowledged that the market for some Learning Disability services was underdeveloped and the strategy aimed to develop new business relationships with local providers in order to increase the range of high quality support options available.
- 3.3 It was hoped that the strategy would ensure that services within Carmarthenshire were able to meet the increased demand for services by making efficient use of resources whilst being community based.
- 3.4 The strategy focused on objectives within several key themes,
  - Transition
  - Better health for People with Learning Disabilities
  - Leisure and recreation
  - Supporting people with Learning Disabilities to be part of their community
  - Supporting people with Learning Disabilities to maximise their independence and keep safe
  - Improving peoples housing situation

## **4 Mental Capacity and Deprivation of Liberty Safeguards (DoLs)**

- 4.1 The Mental Capacity Act (MCA) came into force in October 2007.
- 4.2 The Deprivation of Liberty safeguards were introduced and set out the process to follow to identify whether a person is at risk of being deprived of their liberty. It also set out the safeguards to be put in place to ensure whenever a person is deprived of their liberty; it is done on a lawful basis.
- 4.3 The principles of the MCA and the Deprivation of Liberty safeguards were to be considered throughout the implementation of the strategy.

## **5 Objectives Set**

- 5.1 The strategy aimed to ensure that more people would be able to access education, training and employment together with accessing mainstream services for sport, leisure and recreation. It was hoped that we could move away from the concept of day services and consider how people spend their time in a way that meets their own wishes and needs.
- 5.2 The following table identifies the themes and objectives set within The Big Plan.

THEME	SUB THEME	OBJECTIVES
Transition	Personalisation	Ensure PCP approach throughout transition from Children to Adult services
		Improve joint working with other agencies.
		Increase adults understanding of safeguarding.
		Meet the aims set out in the Children and Young Persons Plan.
Better Health	GP Register	Create a register
	Annual Health Checks	Increase numbers of people accessing annual health checks
		Develop system to monitor uptake of service.
Health Screening	Ensure equal access to screening and health promotion initiatives.	
Leisure	Uptake	Understand how people want to spend their leisure time
		Improve accessibility of community services.
Community Integration	Post 16	Develop and implement a Vision for Adult Learning in Carmarthenshire
	Daily Living Skills	Ensure equal access to these courses in mainstream education
	Work Related Training	Develop and provide training within the workplace and educational establishments.
Independence and Safety	Daytime Opportunities	Develop suitable alternatives to Day services
		Review existing day services
		Develop person centred, responsive day services
	Complex Needs services	Develop person centred, multi disciplinary, responsive day services
	Employment	Post 16 education to be available across the county
		The availability of individually tailored careers advice
		The availability of work related training
		Develop a range of employment opportunities
Housing	Residential Care	Reduce the number and cost of Residential Care placements
		Increase the variety of housing options
MCA	Implementation of the Act.	To support people to make their own decisions.

## 6 Evidence of Change

The following section of this report aims to navigate through the year on year journey we have taken whilst implementing The Big Plan and beyond.

### 6.1 2010/2011

During 2010/11 it was reported that learning disabilities services continued to make good progress against the objectives set out by “The Big Plan”.

This was the first full year that this multi disciplinary team had functioned as a service. They worked towards and actively encouraged families and young people to access college placements within Carmarthenshire. They liaised with the COASTAL project which resulted in some of our young people successfully securing jobs within Carmarthen. They supported and ran a weekly youth club for young people from the ages of 16-25 years with a view to young people running the club themselves in the future. With numbers of young people attending increasing over the twelve months as the transition service expanded.

A successful European funding bid was secured for Carmarthenshire. The Real Opportunities was established which enabled the transition team to recruit an additional 6 workers. They alongside the Transition team and engaged with not only specialist education provision such as Heol Goffa School in Llanelli and at Queen Elizabeth High School in Carmarthen but also mainstream Secondary schools/Colleges throughout the County, Supporting severely disabled pupils to access work opportunities, training and leisure within their local areas. It was envisaged that this new team would work with up to 35 young people in the first year, rising to 75 in the second year. The new team consisted of a transition social worker, a peer mentor, a psychology support worker, a family liaison worker, an independent living skills worker and a finance support worker.

#### Safety

During 2010-11, the Adult Safeguarding Board developed a three-year Business Plan with five key themes, namely:

- Making Adult Protection everyone’s business
- Learning from our practice
- Developing our workforce
- Invest in Adult Protection
- Promoting service user and carer involvement in partnership with Carmarthenshire people first.

Most notably, the department implemented:

- The new Wales Interim Policy and Procedures for Adult Protection;
- A coordinated safeguarding service with a single point of access for referral;

- A duty system to consider all referrals;
- A focussed approach to threshold decision making through the application of a risk-based assessment framework.

The Safeguarding Service, Commissioning and Contracting and Complaints Service were brought together under a single manager in recognition of the close links between the adult protection procedure, the escalating concerns procedure, contract monitoring and the complaints procedure. One of their first tasks being, to write a Provider Performance Monitoring protocol.

This was the 2nd year that we had been implementing the Deprivation of Liberty Safeguards (DOLS) legislation. We considered that implementation in Carmarthenshire had been successful in comparison with the rest of Wales. This was demonstrated by 37 DOLS assessments carried out by mental health professionals of people in care homes. This was a high number compared to other local authorities, indicating that there was good awareness in Carmarthenshire of the new requirements for care homes to make a referral to us, in our role as the supervisory body. Of these referrals, 27 resulted in authorisation.

We continued to improve information and access to services and during this year enhancements had been made to our website, leaflets, documentation, the work of Career Pathway, service user engagement via one-to-one workshops and parent carer representative groups. During 2010/11, the council developed an effective call centre responding to social care enquiries and safeguarding referrals. Careline Plus was developed with Hywel Dda health board as a single integrated point of access to receive enquiries / referrals and provide advice and support.

We expect that this service will be extended during 2011/12 to provide a service for people with a learning disability and their families. We developed various accessible documents including reviews, assessments and support plans using [Total Communication](#) (a method that uses different modes of communication depending on the individual's needs).

The number of supported living arrangements continued to rise with two new schemes opening last year bringing the total of supported living units up to 109. Much work was undertaken to ensure services provided the least restrictive and cost effective support. We have worked very closely with providers to remodel provision where appropriate for individuals whilst also mapping individuals' needs in relation to their existing and potential housing support needs.

ARENA provided individualised supported employment to 40 participants. Work towards the realisation of the Coleshill Centre for Economic Inclusion (CEI) continued, with the business plan approved and development progressing.

Our excellent Workstep programme, which provides tailored support to find, and secure jobs for disabled people with complex barriers to employment, received high praise from an ESTYN inspection in October 2009. The service was then subsumed into Work-choice which supported 262 individuals that year.



We continued to develop day time opportunities in line with our strategy of realigning and reconfiguring services to provide effective support for people which will promote independence through increase options to have a valued role within their community, striving to move away from traditional models of 9 to 5 day services. A programme of person-centred workshops, to identify the needs of those people accessing day services, provided us with the necessary information to develop a range of day opportunities which are community-based and outcome-focused.

There was also a focus on involvement and participation, as demonstrated by the implementation within Johnstown Day Centre of the active support model, which supported people with learning disabilities to plan the best use of their time, with the correct level of support and participate in all activities that make up day-to-day living.

The COASTAL PROJECT built up momentum, with a total of 169 participants enrolled across all of the projects. And all of the projects continued to develop; with plans to reintroduce City & Guilds NPTC accreditation across all 3 STEPS projects.

Service standards were produced by the department and monitoring against these standards was to be undertaken by the contracting team during 2011/12.

The Adult Placement/Shared Lives service at this time was one of the leading services in Wales, with over 20% of all adult placements in Wales being within the west Wales region.

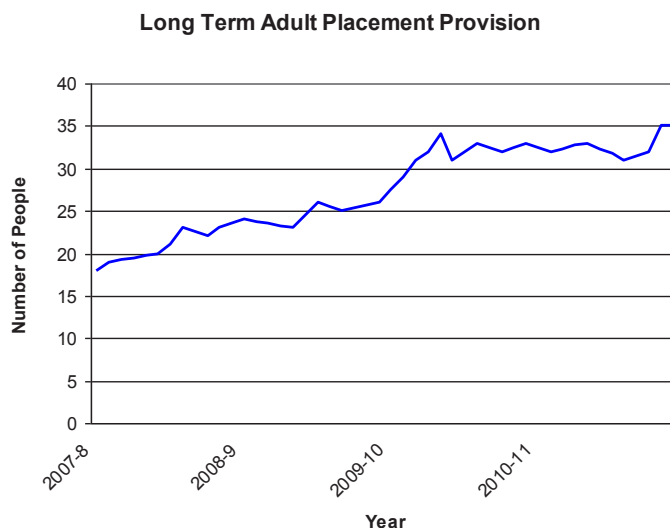
Strategic investment resulted in 985 placements during the year of which 92 were long term and 893 short breaks.

The CSSIW inspection that year highlighted that, "*Service users were appropriately assessed by social workers and other professionals included in the care of individuals and that service users were involved in the composition of their adult plan. Risk assessments were clear with evidence*

*of regular review and that the scheme had in place policies and procedures providing guidance on how allegations of incidents of abuse should be dealt with and that carers had undertaken specific training and guidance on the actions that should be taken should abuse be suspected. The scheme continues to provide a well managed and organised service for vulnerable adults.”*

The Independent Living Fund (ILF) and the use of direct payments continued to provide individuals with a growing range of opportunities for independence. During 2010/11 in Carmarthenshire, 201 people received ILF payments and 80 people utilised direct payments to purchase their own care.

**Respite/short break** provision was a key aspect of the Big Plan in recognition of the vital role played by informal carers. The implementation of the short break policy, following a lengthy consultation process, provided a transparent and equitable allocation mechanism based on need. A respite coordinator was appointed to manage the process as well as providing



carers with a named single point of contact. The respite provision was and still is commissioned with Adult Placement as the first option, the independent sector or the specialist services at Tir Einon for those with health-related needs secondly.

The quality of commissioned services was assured through robust commissioning plans, provider forums, complaints monitoring, supported by the introduction of a new provider performance monitoring system which collated concerns regarding the performance of a service provider. Working together with the provider, actions to address concerns are identified and monitored to achieve the right outcomes for the individual.

The local authority and the NHS were fully aware that neither partner could successfully deliver the required positive outcomes without joint and integrated working. Formal agreement was reached during this year to establish an Integrated Community Team under a single line of general management and commissioning framework led by the local authority. The model was jointly developed and adopted throughout the geographical boundaries of the Hywel Dda Health Board.

## 6.2 2011/12

### Transition

By 2011/12 over 200 young people had been assisted by the team since its establishment many of whom was experiencing a better coordinated and enhanced level of care management during this period of change reflecting our use of person centred approaches. Families were now receiving clearer communication including clarity on funding routes for packages.

Despite improvements with regards individual support, advice and care planning, significant work remained if we were to integrate social care and education career planning, the transition process within Health and improve commissioning.

This year we developed a multi-agency transition strategy which aimed to review existing services and identify the key priorities in developing the service further.

The 'Transition into Employment service' continued to support severely disabled pupils in school to access work opportunities, training and leisure within their local areas, working with up to 75 young people at any one time.

Other local authorities in Wales were looking at our model of person centred working. From July 1<sup>st</sup> the line management arrangements for this service changed with the service now being directly managed by a Senior Manager in Adult Services but with very clear lines of communication to Children's Services and governance through the social care management team. A Transition Strategy was developed highlighting the key priority areas to ensure that we learnt from and built upon this example of good practice.

The creation of a Transition service had improved continuity of key workers for users as they experience significant change and move towards independence. It also informed and focussed the authority on some of the fundamental difficulties facing young people arising from the radically different eligibility and legal frameworks that abound. These difficulties being captured and informing our further developments in this area which for 2012/13 were to focus on four key work streams of improvement.

These being:

- **Health**- Reviewing the processes and structures within health to improve pathways and funding routes both within and outside of health services.
- **Education** – Improving the availability of post 16 placements locally to children and young adults with complex needs.
- **Systems and Processes** – Develop and agree joint systems and processes with key partners
- **Short Breaks/Respite provision** – harmonise policy and provision during the transition into adulthood



A multi agency board was established to oversee this work which was to proceed in conjunction with any national changes planned through the Social Services Bill.

## Safety

A critical aspect of the board's strategy had been improving the quality of and access to public information. Significant investment of resources was put into the publication of leaflets and newsletters, website development and regular attendance at public events and strategic forums, such as the Health and Social Care Scrutiny Committee and the Community Safety Partnership. Additionally, the board adopted a proactive policy of submitting regular press releases to raise local awareness of its work, such as the Disability Hate Crime "open space" event.

While continuing to provide a comprehensive training programme to the health and social care sector on adult safeguarding, we demonstrated our multi agency commitment and strong partnership ethos with evidence of the Investigation Officers course, completed by four senior nurses and eight social workers, as well as an innovative course, "*Interviewing the Accused*," to understand the relationship between adult safeguarding policy and employment law.

We ran a project on "*Building Safer Communities*" with its focus being on disability hate crime. Supported by the Social Services Improvement Agency, this 12 month project proved highly successful in raising the profile of user engagement.

This was evident at the Adult Safeguarding Conference with presentations from the Equality and Human Rights Commission, the Crown Prosecution Service and, most significantly, two learning disabled adults who conveyed the impact of disability hate crime against a close friend, and the importance of ensuring that the service user voice is heard. The project developed a range of training materials for working with housing and public protection officers, for engaging with service user questionnaires on their experience of harm and disability hate crime and how to build links with partner organisations.

The project culminated in an "open space" event with over 70 people attending. The project featured in a national safeguarding "webinar" and was presented at the 2012 Association of Directors of Social Services National Conference.



Access to services had been undoubtedly enhanced by the integrated health and social care management arrangements within the community teams entered into on April 1<sup>st</sup> 2011. The arrangements, led by the two integrated team managers and overseen by a single senior manager, strengthened integrated working via a common emphasis on outcome focussed planning with feedback and training to staff on the quality and content of their assessments.

New “making information accessible” guidelines were written by service users and formed the basis of staff training. People with a learning disability acted as volunteers within the community teams assisting with signing training, participating in audits and administrative duties. Working with the health board’s volunteer coordinator, we developed a comprehensive range of easy read information, including role profiles and induction training material. The health board’s volunteer scheme enables individuals with a learning disability to receive remuneration for their expenses and recognition for their contribution.

The easy access website available at: [Total Communication](#) continued to be developed with new website material that contained sound and video, we hoped this would enable service users to access and navigate the site more easily.

We also developed and produced accessible leaflets and booklets that use simple text and photographs to inform service users and a bank of leaflets providing medication information in easy read format in both Welsh and English which were recognised by the “Welsh Language in Healthcare” award in 2011.

We started a project this year to produce a “review pack” to facilitate service user involvement in their annual review. We also started an “intensive interaction” network of professionals and special interest parties to develop social and communication abilities in people with severe learning disabilities (and often physical difficulties and/or autism) who have little or no functional speech, typically described as difficult to reach.

There were a number of key developments materialising around the assessment and care management process. Despite the numbers of people with a learning disability accessing the service continuing to increase, there were fewer people waiting for assessments and reviews than there were previously. To meet the current demand and projected future needs of people with a learning disability we continued with the implementation of [The Big Plan](#) and continued to make good against the objectives set by our modernisation and improvement programme, which aimed to provide appropriate and timely levels of support for people to access locally available resources and opportunities.

The Big Plan said that we needed to provide more support so that people could stay living in their own communities.

We increased the number of supported living services for people again during this year.



We also reduced the number of people with a learning disability who lived in a residential care home. This meant that people were having more choice in where they want to live and had more control over their lives.

Service users receiving either community or residential based services continued to increase, with the 2010-11 Wales comparative data evidencing a higher rate of increase in Carmarthenshire than either the national or comparable authorities' average client numbers.

Day Opportunities continued to be modernised and increased and there were now more people receiving individualised daytime support. 2011/2012 saw the introduction of new service standards for the provision of day opportunities for people with a learning disability across the whole sector. The redesign of the Heol Goffa service was at an advanced stage and on schedule to be completed by the end of September 2012.

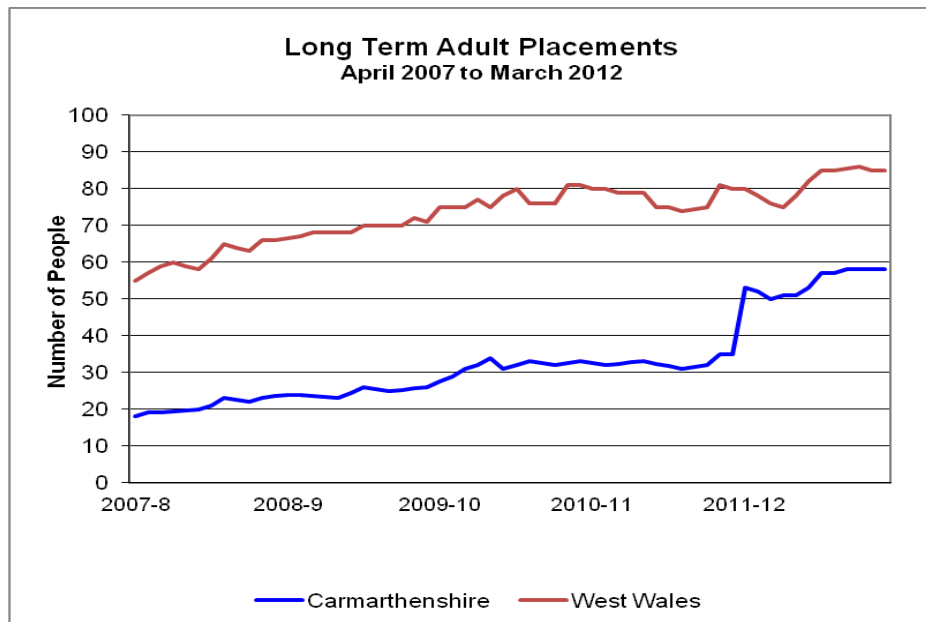
Training and employment services continued to develop as planned with the Coleshill Centre for Economic Inclusion (CEI) preparing for its opening in July 2012. Refurbished through the European Regional Development Fund, the centre offers economically inactive individuals a wide range of training and employment related opportunities with which to enter the employment market and be the hub for all such activity.

Arena continued to provide individualised supported employment opportunities to 42 participants working permitted hours, with our successful Work Choice programme supporting around 120 individuals at any one time. All staff at our three Steps units were trained as NPTC assessors and key staff were qualified internal verifiers.

Carmarthenshire COASTAL Programme was now supporting over 400 people to access training and employment, half of whom have learning disabilities.

As at the 31<sup>st</sup> March 2012 there were 102 Shared Lives /Adult Placement households in West Wales (57 within Carmarthenshire) who were providing

services to 168 individuals. This included short breaks/respite (3111 nights) together with short term (956) and long term placements (94). The service also provided day and sessional services (11) along with emergency placements of which there were 18 during the year.

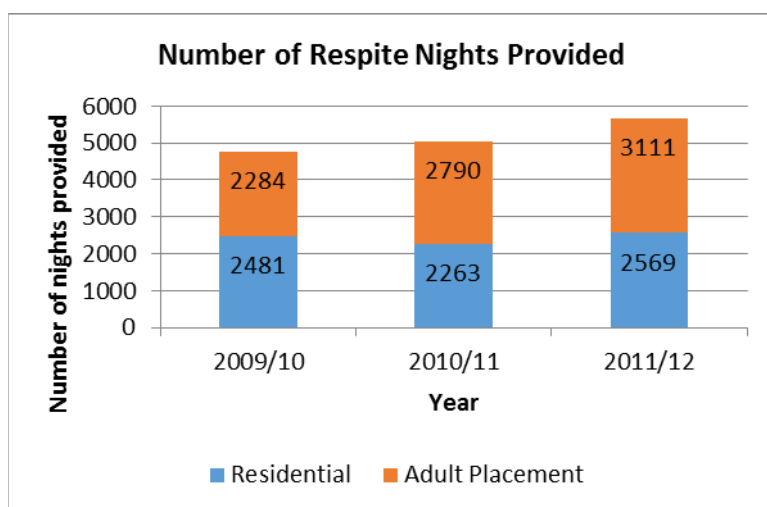


**Respite/short breaks** provision is a key aspect of the Big Plan, in recognition that carers tell us that short breaks are very important to them. Provision continued to be commissioned via Adult Placement as the first option, a number of independent sector providers and the specialist service at Tir Einon. This service undertook an extensive consultation and engagement exercise with parents and its staff as well as a comprehensive qualitative audit of policies and procedures to form the basis of a new operational policy.

2569 residential respite nights were commissioned for 85 individuals during the year.

89 individuals received a total of 3111 nights respite via Shared Lives /Adult Placement

This totals 5680 respite nights, some 915 more nights than 2 years ago, at an expenditure of £1.155 million.



## Transition

### **Real Opportunities, Real People, Real Jobs!**

The Real Opportunities team continued to go from strength to strength with young people being given the opportunity to showcase their talents to prospective employers at an event in Llanelli. The Carmarthenshire Real Opportunities team held a 'Real Opportunities, Real People, Real Jobs' event at Parc y Scarlets in February 2013 which was well attended. The event was aimed at engaging local businesses with the project, as well as providing an opportunity to showcase the employability and abilities of young people with learning disabilities. As part of the event, employers were provided with information about the support available to them if they wished to employ a young person with additional needs.



Whilst the team is now well established and providing degrees of continuity of service for young people, it is recognised that many fundamental difficulties remain to be resolved. Planned closer collaboration with health and further education services in particular will further improve the transition experience.

## Safety

There was a sustained investment by each partner agency towards the adult safeguarding and public protection agenda. During these difficult economic times, each partner agency managed to protect the resources required to maintain the service, as well as developing and extending the service. For example, the Board's Disability Hate Crime project (recognised nationally for its innovative work and now being presented at the European Social Services Conference in June 2013) resulted in Dyfed Powys Police taking the lead role across Welsh police forces in piloting the Disability Related Harassment Multi Agency Risk Assessment Conference (DRH MARAC) which was aimed at enforcement with the "offender" and support to the victim.

The engagement of the service user and family with the adult protection process continued to be a key objective of the Board both at a strategic level and at an operational level. The Board's Annual Safeguarding Conference on "*Engagement with the Service User*", attended by over 100 people including service users, care providers, Police, Health, CPS and council staff and county councillors, was a major success.

The Board paid close attention to the Department of Health report on Winterbourne View Hospital and the Francis report on the care provided by Mid-Staffordshire NHS Trust. As a result of these findings, they began reflecting on their approach to people placed out of county as well as those adults placed in care homes in Carmarthenshire from other organisations. Each care home in Carmarthenshire was requested to provide information on out of county placements and the responses will be collated for the Board's consideration. A quality audit of every learning disabled and mental health care home was undertaken to satisfy the Board of the Council's commissioning arrangements and the well being of the service users residing in care homes.

The Board has noted the Francis Report's criticism of the relationship in Staffordshire between the local authority and NHS, and the apparent lack of rigour in that Authority's safeguarding arrangements in calling to account the performance of Mid Staffordshire NHS hospital. Whilst the Board considered its officers adopt a critical and questioning approach to one another that is both professional and respectful, the Board believed the matter of holding each other to account warranted further work, under the new multi agency Business Plan 2013-16, as a standard by which we must be judged.

With the focus in Wales being regional collaboration, the Adult Safeguarding Service continued to work closely with neighbouring authorities. We assisted in organising a regional workshop in May 2013 to explore a regional Adult Safeguarding Board and a regional Conference in June 2013 facilitated by the Police and Crime Commissioner.

Altogether there were 500 enquiries during this period. The early intervention advisory service demonstrated the ability of the team to adapt and change, dealing with the 500 more enquiries within existing resources, and was a testament to the hard work of the team.

Carmarthenshire Adult Safeguarding Board developed its new multi agency Business Plan 2013-16, identifying seven key strategic objectives to ensure the service was placed to meet the challenges ahead:

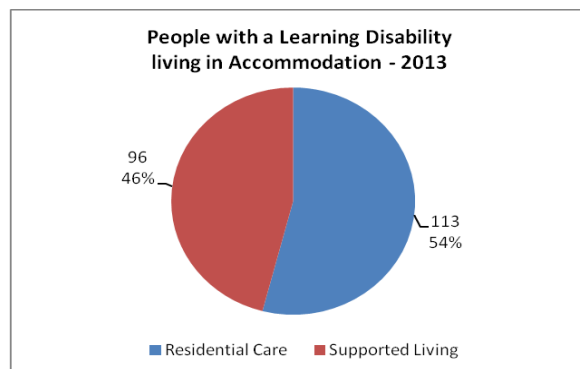
- Effective strategic leadership, accountability and governance;
- Making adult safeguarding everyone's business;
- Develop and implement joint policies, procedures and processes for safeguarding;
- Engagement with service users, carers and partner organisations;
- Develop best practice, experience, skills in safeguarding and adult protection for those who work with adults at risk;
- Ensure that learning is undertaken through serious case reviews, management reviews or appropriate learning experiences;
- To develop a regional collaborative approach.

The Big Plan was updated this year following consultation. We remained committed to providing more support and opportunities to enable people to live and participate in their own communities.

We once more increased the number of supported living units and also increased the use of assistive technology which was particularly useful to promote and maintain an individual's independence. This means that people are having more choice in where they want to live and have more control over their lives. The demand for such accommodation however, continued to outweigh the availability as there were approximately 60 individuals awaiting a community-based supported living option.

Despite these clear advances, we still spent over 68% of the total learning disability service budget on commissioned accommodation services. This remained unsustainable.

Up until this year, there had been a steady reduction in the numbers of people funded by the local authority in a residential setting. There were 113 residential funded placements of which 38 are outside Carmarthenshire. Of these, 17 were at residential college. During 2012/13, the number within a residential setting increased, primarily due to transition cases, the local authority contributing financially to cases of people moving from hospital to residential settings or those already in residential settings whose placement was previously funded by the health board.



We developed a budget strategy for 2013 – 16, along with an equality impact assessment, which was widely distributed to all key stakeholders. This clearly set out how we were remodelling services to ensure that they are fit and sustainable for the future.

Given the unsustainable nature of accommodation services, the accommodation and efficiency programme was systematically reviewing all commissioned residential establishments and supported living schemes to ensure that they remain person-centred, based on a current assessment of needs of the person and crucially that the contractual and monitoring arrangements reflect the identified need. To date the programme had delivered £300,000 of efficiencies with no detrimental impact on the service received by the individual and many examples of positive outcomes.

The journey from Day Services to Day Opportunities was gathering momentum. Day centres were the mainstay of day service provision in Carmarthenshire, providing respite support for families and reassurance that family members are provided with socially stimulating and safe environments. There is no doubt that the services provided are greatly valued especially by those who have been within those services for some time. However, the provision tends to follow a segregated model of provision that is increasingly out of tune with modern values and expectations and does little to enable people to form relationships within their communities.

The nature and functions of day centres have changed over the years changing from “occupation centres” with an emphasis on sheltered work, transforming into “activity centres” whilst retaining a mix of day centres for the more profoundly disabled together with the Steps Units providing more of a daily-life skills and employment-related activities approach.

The solution being adopted widens the focus from trying to resolve the issues purely within learning disability services to that of a much wider issue of social inclusion for a marginalised group of people within society. To provide the optimum level of day opportunities for people requires a total corporate approach to further enhance the working relationships internally within the authority, particularly with the departments of Regeneration and Leisure, Education and Technical Services, together with engaging with a range of statutory and non-statutory agencies across many different sectors.

The building at Heol Goffa closed at the end of March and new smaller services opened at Caemaen and Maes Lliedi in April. These new bases allow for people to access the community more easily. In addition to this change, many people who were receiving a service from Heol Goffa staff now have bespoke packages of support with other agencies. This has allowed people to have a more individualised service that is not restricted by the buildings-based day service. The provision of daytime





support continues to shift towards an increase in people accessing age-appropriate community services wherever possible. The work is ongoing and continues to engage with all stakeholders at every stage. Carmarthenshire People First were and still are very much involved in the work and were also actively engaged in helping us measure how good our existing day services are.



A wide range of training and enterprise initiatives were being delivered at Coleshill, underpinned by a financial plan bringing together budgets from across a range of different services to deliver these services more efficiently and sustainably in the future.

By this time the centre had already been successfully established income streams and was delivering efficiencies by bringing together services such as the former day centre, STEPS 3, Arena, and Work Choice as a single continuum of support services. The new Caemaen Service (former Heol Goffa) will also fully utilise the activities.

The Carmarthenshire COASTAL Programme was now supporting over 700 people to access training and employment.

Thanks to COASTAL, the high demand for catering related training and work placements at Coleshill and SA31 Café at County Hall was met by taking over the former Café at St David's Park, refurbished by the council and turning it into a state-of-the-art training facility called **BLAS MYRDDIN**, which



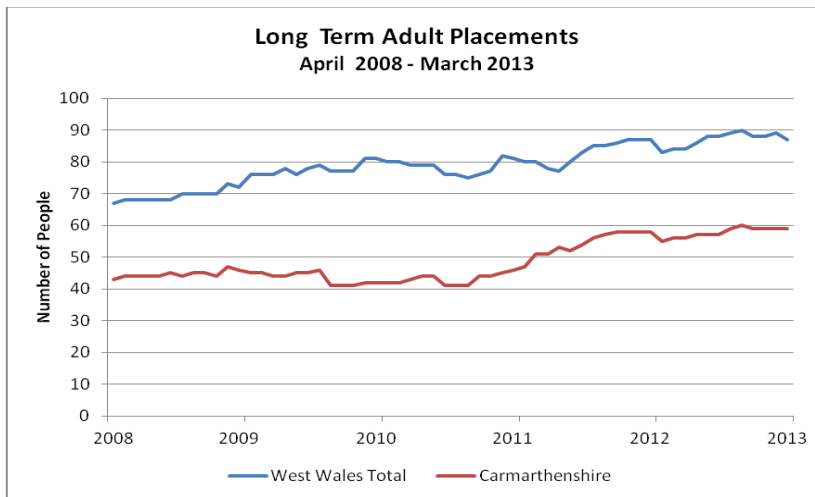
opened in January of this year. Four new people access traineeship opportunities in these facilities every 12-16 weeks, learning vital skills in the catering sector.

Delivering employment outcomes was particularly difficult in the current economic climate. However, we worked with increasing numbers of employers who were hiring short term workers and particularly traineeship posts, such as the National Botanical Gardens. The COASTAL employment team facilitated weekly job clubs in the main towns in the county to provide support for severely disabled people to maintain their job

search activities (a key requirement from Job Centre Plus) and have timely support to prepare and compete for jobs. The team enabled 15 people enter into employment this year.

**Shared lives/Adult Placement.**

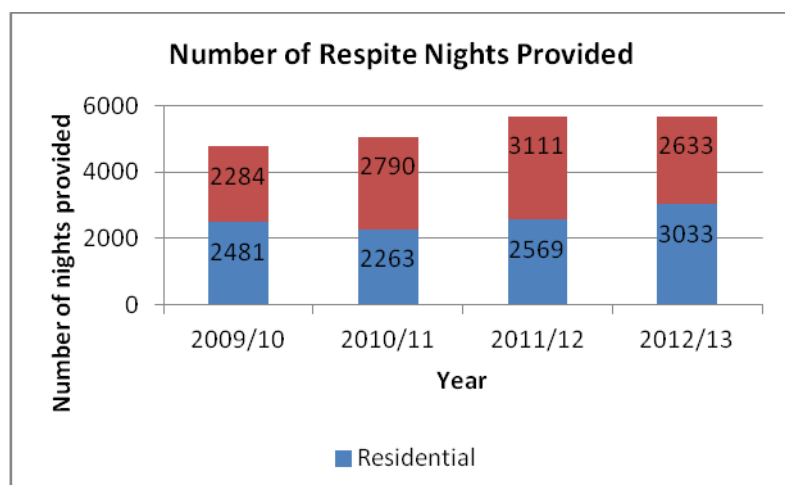
104 Carmarthenshire people received a service over this 12 month period provided from the homes of approved Adult Placement carers.



In March 2013, there were 64 Shared Lives/Adult Placement households in Carmarthenshire, providing services to 104 individuals. This included short breaks/respite (2633 nights). The service also provided day and sessional services to 10 individuals along with emergency placements, of which there were 17 during this year.

Recruitment of Adult Placement carers saw an 11% increase over first half of this year based on applications accepted which indicated the sustainability of the model.

The number of residential-based short breaks increased by 18% during 2012/13 (from 2569 to 3033 nights) and was commissioned for 93 individuals. In-house provision accounted for 39% and 61% was commissioned from the



independent sector. Shared Lives/Adult Placement provided a further 89 individuals with a short break, totalling 2633 nights. This resulted in a total respite provision of 5666 nights.

The key outcomes of service developments in Carmarthenshire during 2011/12 were:

- Sustained increase in the level numbers of assessments and planned reviews undertaken with corresponding decrease in outstanding assessment/reviews
- Increased number and variety of day opportunities
- Reduced reliance on residential care
- Supported living opportunities has increased to 113 places
- Use of adult placements continues to increase (104 individuals)
- Use of direct payments continues to increase (90 individuals)

#### 6.4 2013/14

The main achievements this year consisted of the following, A new assessment format has been introduced to replace the UAP and ensure we were working towards the implementation of the SSWBA. 'My Assessment and Plan' assists practitioners to capture the issues that are important to the individual rather than solely focussing on the concept of assessed needs.

As part of developing our practice under the Mental Capacity Act 2005, one of our Professional Leads was tasked with implementing a toolkit to assist staff. An element of this was the implementation of agreed joint templates with the Hywel Dda University Health Board for assessing capacity and recording best interests discussions.

With the introduction of the Mental Health (Wales) Measure 2010, a proportion of people with a learning disability become eligible for Care and Treatment Planning under Parts 2 and 3 of that enactment. Whilst the principles that drive care and treatment planning were in many ways no different to care planning in other contexts it did bring with it different bureaucratic expectations in terms of paperwork used and returns to Government.

Both the COASTAL Project and the ongoing development of Coleshill in Llanelli played an important part in early intervention, reducing dependency and promoting independence and inclusion. COASTAL's purpose was the promotion of vocational guidance, employment, skills training and lifelong learning opportunities for individuals who are currently economically inactive as a result of illness, disability (mental illness, learning disability, physical disability, sensory impairment), substance misuse problems and/or the serious social disadvantage associated with the transition from long-term care into adulthood.



Following a slow start, we achieved a dramatic improvement in outcomes during the last two years of the project and Carmarthenshire has exceeded its targets - over 1,400 participants were supported and 140 secured employment.

With the project closing this year, the focus turned to continuing the progress made within existing resources. We developed proposals to retain a limited core element of the existing COASTAL Team using a combination of available core resources and ESF funding; and to retain operational posts within certain COASTAL delivery projects through income generation.

It was anticipated that Coleshill would become a forerunner of a free-standing social enterprise promoting social and economic inclusion and essentially a bridge between mainstream opportunities and people who have been economically inactive for reason of disability or disadvantage. It already had series of related small pilot enterprises that empowered all individuals, community groups and organisations to engage and work together; and there were links with activities undertaken elsewhere at all STEPS units, a county-wide 'Ground Force' team and catering facilities at County Hall and St. David's Park, Carmarthen. All the existing enterprises and activities are linked via one business and financial plan which forms the basis for future decision-making.

The regulated West Wales Adult Placement saw investment increase from its two partner authorities whilst for Carmarthenshire there has been a net reduction in expenditure alongside an increase in outcomes and efficiency for the authority. Carmarthenshire's commitment to Adult Placement as a model of provision that complements and provides alternatives to traditional service models continues to be strong and this is evidenced with the scheme continuing to be in a period of growth.

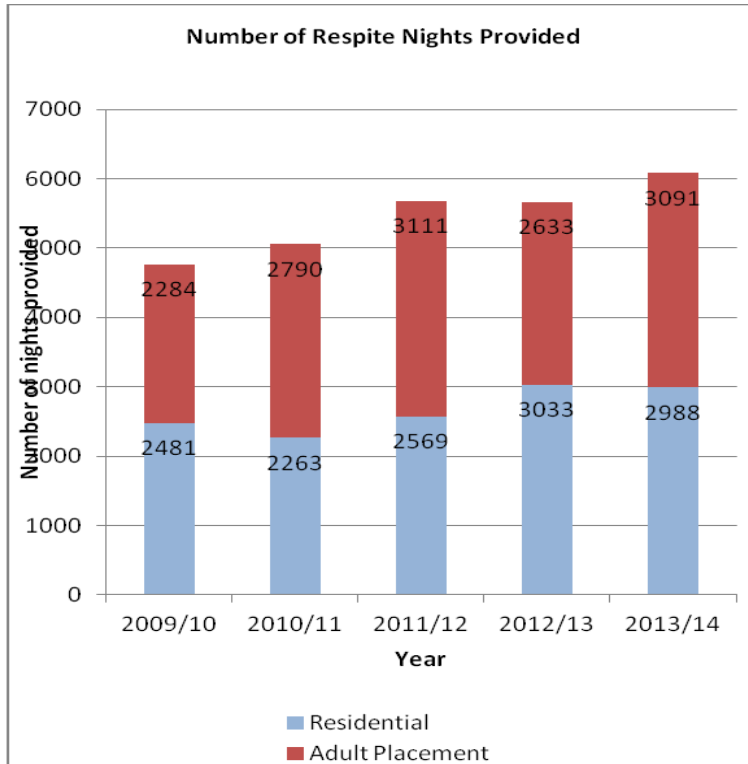
The number of residential-based short breaks decreased slightly during this year for 90 individuals. 44% were provided by Tir Einon and 56% from the independent sector.

Adult Placement provided a further 99 individuals with a short break, totalling 3,091 nights.

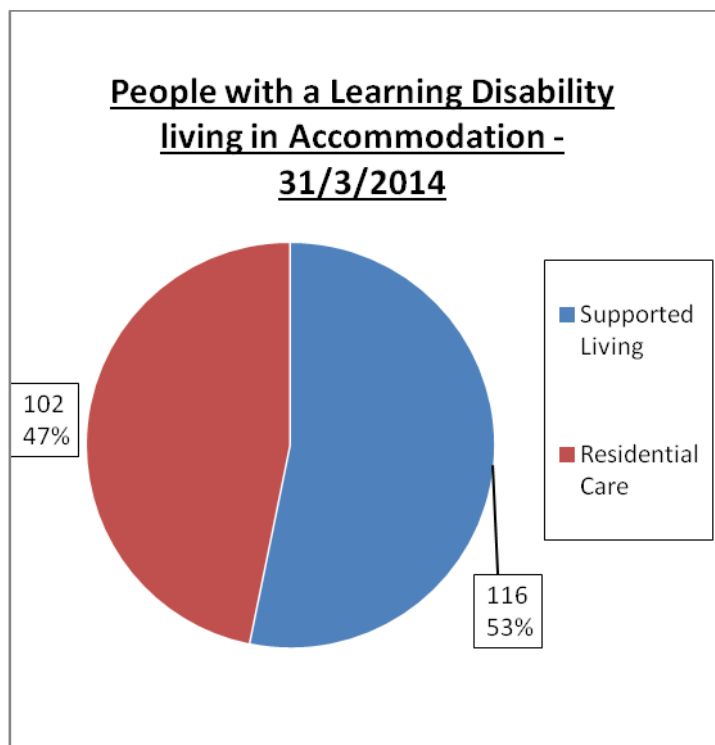
There was therefore a total respite provision of 6,079 nights, an increase of 7% (413 nights) on the previous year.

The service was and still is committed to maximise the levels of independence that the 958 people we currently support can enjoy. One aspect of promoting independence relates to having a place of your own to live, with support where necessary.

During 2013 /14, a number of new supported living opportunities were identified. In response to our commitment, we were developing accommodation for an additional 7 people – 4 in Carmarthen, 3 in Llanelli – which were to be operational in 2014/15.



Work on the accommodation and efficiency programme continued and was now coordinated, from a regional perspective, via the Mid & West Wales Health and Social Care Collaborative. In Carmarthenshire, the programme at this time was engaged with a total of 9 providers reviewing 67 placements and had achieved £600k efficiencies to date (£300k in 2013/14). In addition, there had been significant 'gate-keeping' activity in negotiating new packages and managing requests for increases to existing packages. The detailed information obtained from the in-depth review process involved has provided invaluable data to enable us to improve practice and inform our future commissioning requirements, whilst ensuring sustainability and delivering improved outcomes for the service user.



The Mental Health and Learning Disabilities Division under spent its £27.384m net budget by £632k during 2013/14 due to a combination of increased income (especially from Workchoice), vacancies (many pending the restructure of learning disability services), and reduced placement costs which fall within the learning disability service area.

The key outcomes of service developments in Carmarthenshire during 2013/14 were:

- Sustained increase in the level numbers of assessments and planned reviews undertaken with corresponding decrease in outstanding assessment/reviews
- Increased number and variety of day opportunities
- Reduced reliance on residential care
- Supported living opportunities has increased to 116 places
- Use of adult placements continues to increase (110 individuals)

Use of **direct payments** continues to increase (120 individuals), another area which was relevant to the effect on people's lives was planning for the future for carers. Many of our service users are supported at home by their families and as they themselves get older inevitably there is a need to make plans for the future. One of the values of this (from a social work and care management perspective) is that it assists people, in conjunction with their families, to make choices in good time at a pace they want, as opposed to finding themselves in an emergency or crisis situation. As part of this work, teams were participating with families, Mencap and Carmarthenshire People First in the planning of a forthcoming event on the subject of 'Planning for the Future'.

As part of our arrangements in providing support to people at home or as close to home as possible, we continued to see a good uptake of direct payments, in 2013/14 a trend was developing in its use for overnight respite.

Teams were involved in a programme of person-centred reviews at a range of day service settings across the county, including Manor Road and Maes Lliedi. Whilst the process was more time-intensive from a resource point of view, it makes reviews more meaningful as the person effectively leads the process with support.

During 2013-14, our **ASD Community Mentoring and Support Project** had:

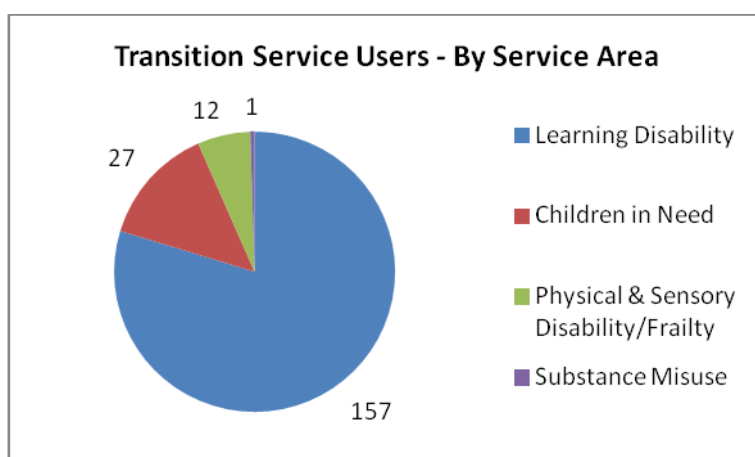
- Supported 25 individuals who do not meet the threshold for adult social care services
- Mapped local services and developed a Service Directory
- Provided awareness raising training sessions across Carmarthenshire – for a wide range of organisations
- Set up groups for adults with Asperger's Syndrome (AS) and high-functioning autism (HFA)
- Provide low level advice via telephone, email or in person to adults with HFA and those who support them

- Established a support group for parents/carers of adults with AS/HFA (with Mencap)

## 6.5 2014/15

### Transition

The team continued to develop ensuring, through person-centred planning processes that the transition for young people and their families is as smooth as possible; with more than 20 new cases every year and increasingly for those with complex needs.



This year they developed innovative arrangements between our Fostering Service and West Wales Adult Placement Scheme. We now had processes in place to enable adult placement carers to be registered as foster carers. This resulted in two carers having 'dual status', allowing us to ensure that children in foster care have stability and continuity through into adulthood.

They worked in partnership with colleagues from Coleg Sir Gar to increase the access to education for disabled young people. This reduced our need for out-of-county and residential college placements.

And identified the level of accommodation need and started to develop additional supported living services in Llanelli and Carmarthen for young people.

During this year, they established a Transition Operational Meeting, further strengthening their approach to integrated working. Monthly joint meetings took place which brings together operational staff from the Children's Disability Team, the Community Learning Disability Teams, Adult Social Care, HDUHB and the Transition Team to ensure they were planning effectively for children and young people as they move between services.

This also helped us to identify unmet need and inform our future commissioning intentions.

The Transition Team fully implemented the use of Carefirst within the team. This ensured we have an effective case management system in place for all young people.

We recruited a Team Manager and 2 additional social workers to the team. This gave the team greater capacity to manage the most complex cases effectively.

We developed two new supported accommodation projects for disabled young people, one in Carmarthen and one in Llanelli. These projects were developed in partnership between the local authority and the third sector. They enabled 5 young people to live independently with support and maintain their links within the community. In particular, this allowed them to continue in education locally as well as maintain existing family and social networks.

The successful Real Opportunities project ended this year and we managed the exit of the project. This ensured that all the young people had exit plans and had ongoing support if they needed it.

Within Carmarthenshire, the following support was provided to young people as part of 'Real Opportunities' during the year:

- 193 participants
- the 'hub' team delivered 385 accredited units (and Mencap 86)
- 8 participants gained a QCF qualification at Award level (Qualifications and Credit Framework is the national credit transfer system for education qualification)
- 145 participants gained one or more units (not QCF)
- 7 parents gained accreditation
- 91 peer mentors gained accreditation
- 99 young people within Carmarthenshire have received certificates since 1<sup>st</sup> April 2014.

**Restructure of Community Services** – following a period of intensive consultation with users of the service, families, carers, staff and trade unions, we took forward and implement the restructure of Day service provision. The appointment of a Service Manager of Community Services in October 2014 enabled us realign the management structure of the day centres. Together with users of the service, there was ongoing consultation to ensure that opportunities continue to be created across the County which take on board the Progression model as outlined in the 'Statement of Intent for Learning Disability Services' which was produced by the Mid and West Wales Health and Social Care Collaborative. The restructure of the day centres aimed to drive a person-centred approach which recognises that everyone, regardless of their skills and abilities, should have the opportunity to reach their full potential. This approach has to be embedded into the delivery of all services across the County.



**Deprivation of Liberty Safeguards (DoLS)** – All local authorities have experienced significant challenges this year as a result of the UK Supreme Court Judgment. The impact for us was that the level of referrals increased more than tenfold. The Department responded with an action plan which included training additional Best Interest Assessors from within the workforce and the categorisation of referrals on the basis of risk. This categorisation tool was developed by ADSS and was then adopted throughout Wales. We highlighted the corporate risk which secured additional funding to appoint additional Best Interest Assessors. The CSSIW/HIW National Review, which took place prior to the Judgment, highlighted good practice within Carmarthenshire in respect of the way we were meeting our responsibilities under the Safeguards.

**Closure of the Coastal Programme** – In order to prepare for the completion of COASTAL, we worked to ensure that we retained as much expertise and specialist knowledge as possible so as to provide the basis for the continuation of such approaches, together with the delivery of future employment programmes. The exit plan for COASTAL was delayed due to a combination of the restructuring process and budgetary issues; however the operational end date was 28<sup>th</sup> November 2014.

**Mid and West Wales Health and Social Care Collaborative** - The development of the regional collaboration has enabled the authority to consider a number of key themes. One of the most important is ensuring that services are developed through constructive engagement with users of the service and their families, ensuring they get the right help at the right time within their own community. This is a key message that is incorporated within the Collaborative's Statement of Intent.

**Safety** – Adult Safeguarding remained a top corporate priority during a period of increasing public concern over standards of care provided to vulnerable people. Throughout 2014/15, considerable focus was given to improving links between adult safeguarding and domestic abuse organisations and the 'Keeping Safe' agenda (the way vulnerable adults can help protect themselves). The department continued with a comprehensive training programme for the health and social care sector.

Operationally, the number of referrals and enquiries into the adult safeguarding team continued to increase, leading to significant pressure on the team. The issue over investigation timescales remained a challenging area for the Service which prompted a review of current operations.

In 2014/15, there were some significant developments for our social work and care management provision within the CTLDs, which included changes in the management arrangements. For a number of years, social care staff operated under a single line management structure within the CTLDs with both managerial posts funded by HDUHB but in 2015, following a restructure within the health board, we were requested to consider adopting day-to-day management responsibility for our own staff. To accommodate this, interim management arrangements through the Social Work

Professional Leads were established. The changes will allow us to provide a more unified divisional approach to delivering social care services across the County and to adopt a model which is consistent throughout the region, whilst at the same time enabling us to focus on our core business.

There has also been a review of the Learning Disability Strategic Monitoring Group and the emergence of the Learning Disability Service Development Group. This group, which is made up of members from all the stakeholder groups, has been working on producing a draft Learning Disability Service Action plan which follows on from The Big Plan and to try and ensure:

- We can respond to the needs of individuals within our county,
- We continue to develop inclusive services rather than segregated services and that
- We are able to respond to the implementation of the SSW Act.

The themes of the action plan were identified at the last annual Carmarthenshire People First conference in November 2014, the themes include:

- Accommodation
- Health
- Employment/Day Opportunities
- Leisure Opportunities
- Evening Activities
- Relationships.

As part of our wider accommodation and efficiency agenda, our social workers continued to be involved in assessment and review work which resulted in care packages changing and, in some cases, costs being significantly reduced. From a care management perspective, some dedicated time devoted to this work-stream would in many ways be beneficial as a significant proportion of the work relates to people who are in non-community settings.

We acknowledged that we must provide services which have meaning for individuals, services which respond to their wishes and aspirations rather than services which individuals have to fit into. To achieve this, we have developed new service delivery plans within day opportunities which make use of person-centred tools to ensure services are outcome-focused and individualised. All individuals accessing a service make their own plan which is reviewed on an annual basis or as and when needed.

Within Community Inclusion, our main service priorities for 2014/15 were the Restructure of Learning Disability and Mental Health daytime opportunities, Safeguarding and Commissioning Services and the closure of Coastal.

Our activity June to November 2014 included:

## Supported Employment Projects

There was significant success in the current vocational projects within COASTAL that train and support participants in vocational skills and work ethics. The projects deemed eligible for bridge funding and for delivering additional outcomes were:

- Catering – Blas Myrddin continued to go from strength to strength with a steady growth in income however staffing issues mean we were yet to realise the potential of Cafe@SA31.
- White Goods/Recycling - again we have seen a steady growth in income and, using a grant from the Wallich, we were able to place a container at the local amenity site at Nantycaws to increase the number of units coming into the project.  
[http://www.southwalesguardian.co.uk/news/12942368.Recycling\\_scheme\\_is\\_no\\_white\\_elephant/?ref=fbshr](http://www.southwalesguardian.co.uk/news/12942368.Recycling_scheme_is_no_white_elephant/?ref=fbshr)
- Grounds Maintenance – new contacts and partnerships were maintained and increased upon this year. Current partners include Parc-y-Scarlets and providing services for protected properties. In 2014/15, £8,000 of income has been generated.

Our Centre for Economic Inclusion at Coleshill, Llanelli, continues to grow steadily - 127 people accessing the centre with activities taking place throughout the day, evenings and at weekends. We worked in partnership with at least 9 other organisations providing a range of activities, several advisory services and renting all bar one of our office spaces (Rental from Offices = £2,100 pcm).

We had 31 volunteers who support the running of the centre and provide training sessions. Many of these volunteers would have traditionally been service users but by getting to know individuals, we were able to identify their unique skills/abilities and match them to an opportunity where they can utilise these by supporting others. This approach gives value and meaning to many and allows individuals to learn from their peers fostering more productive relationships, encouraging co-production and increasing the likelihood of sustaining the relationships outside of the remit of the service.

The move from Day Centres to Day opportunities continued, the production of craft items throughout the services continues to provide a positive activity for service users and also saleable goods which could form the basis for a social enterprise model. We were developing partnerships with other projects such as the LIFT project and who were willing to sell the craft products on the Llanelli Market; this also provided retail experience for many individuals using services.



With regard to day opportunities for people with learning disabilities, a new integrated netball session was established at Llanelli Leisure Centre. These sessions were aimed at increasing physical well-being, with participants gaining new skills whilst providing a different type of social experience.

By working with Heol Goffa School on this project, we were providing school-leavers with an opportunity to get to know what activities are available to them and a chance to get to know us in adult services.

Our commitment to Adult Placement as a model of provision that complements and provides alternatives to traditional service models continues to be strong and this is evidenced with the scheme continuing to be in a period of growth.

During the year, we had a visit from Imelda Richardson, Chief Inspector, who said:

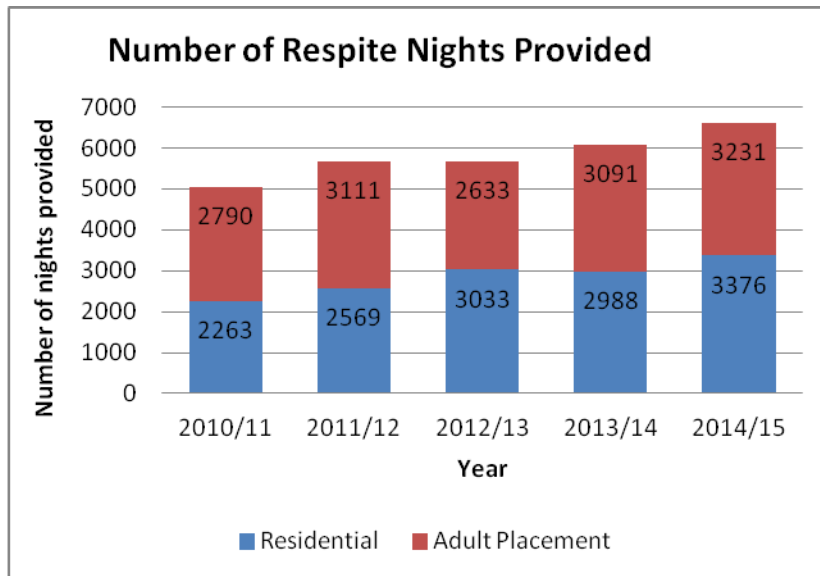
*“The volunteers, independent members of the consultative group and members of staff are committed to improving the lives of people on long and short term placements and I was lucky enough to meet with the younger adults who are currently on placement in the area.*

*The visit was a great opportunity to experience first-hand the high-quality support for people undergoing a number of different challenges and transitions and to hear their views.”*

At the end of March 2015, the West Wales Adult Placement Scheme had 107 approved households, of which 60 were located in Carmarthenshire; this represents a 13% increase in Adult Placement carer numbers since last year. In all, there were 12 new households and 23 new adult placement carers during the year. There were 28 prospective adult placement families, 13 of which completed their initial application checks and at the end of 2014/15 were progressing to the assessment stage.

Long-term placement numbers have remained constant over the last 12 months. We have 67 Carmarthenshire service users residing in long-term placements and 93 of our service users have received a short break (respite) service. In total, this means that 160 Carmarthenshire service users have received a service with adult placement this year.

## Short break/respice

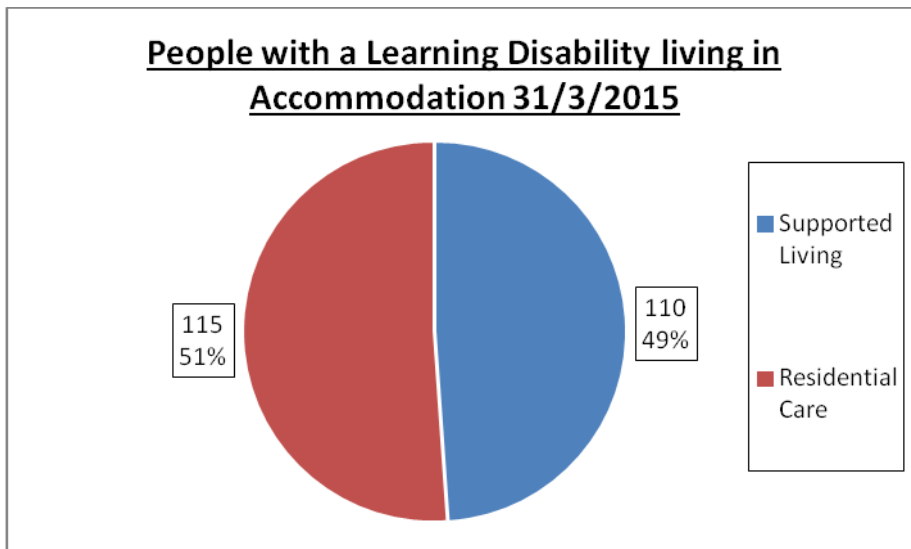


This graph illustrates that 3,376 nights were provided to 93 people with LD in a residential setting, of which 46% (1,563 nights) was provided in-house and 54% (1,813 nights) was provided by the independent sector.

3,231 nights were also provided by the Adult Placement Scheme within the County.

As well as adult placement, Independent Living Fund (ILF) and Direct Payments provided individuals with a range of opportunities for independence. During 2014/15, 145 people with a learning disability received ILF payments totalling £3.9 million and 130 clients received direct payments (an increase of 10 people from the previous year).

The graph illustrates our continued progress in moving people from residential care to community-based services, which is a direct benefit of our Accommodation and Efficiency Programme.



In September 2014, we refocused the programme within Carmarthenshire to concentrate on our spend and the themes that had arisen out of the wider regional work. As well as continuing with the 'right-sizing' of placements, these themes included out-of-County placements, ordinary residency and funding anomalies identified through the project.

The main work programme was based around answering the following 4 fundamental questions:

- Is the individual in the least restrictive setting to meet their current assessed need?
- Is the individual in receipt of the correct level of support to meet their current assessed need?
- Is the correct level of support being consistently delivered in the most effective manner?
- Are we paying a fair market rate for the support delivered?

In 2014/15, we were able to demonstrate the following outcomes for individuals:

The Work Choice Team this year secured 132 jobs for our customers. Our customers' lives were changed for the better, they contributed to the local economy and did not rely on benefits, and this in itself builds on self-esteem, confidence and the general well-being of our customers.

The Coastal and Arena Team worked with 1,265 individuals during the life-span of the COASTAL project. 517 individuals gained accredited qualifications, 141 people were supported to gain employment and 220 people entered further learning.

Although there was a financial incentive attached to the Accommodation & Efficiency Programme in order to realise budget savings, there was a dual aim to identify individual cases or projects which have the potential to lead to better outcomes for service users. Examples include:

- A service user returning to live in county to receive support in supported accommodation where a void existed;
- Service users moving from residential care to tenancies with domiciliary care support or adult placements:
- A service user who was transferred as an ordinary resident in Warwickshire

*A gentleman recently moved from an 'out of county' residential placement to an 'in county' adult placement where he is much happier, in a setting more appropriate to his assessed need (this change also delivered a saving of £37k to our budget).*

## 6.6 2015/16

The story so far this year,

### Mid and West Wales Health & Social Care Regional Collaborative Learning Disabilities Partnership - **Model of Care and support** 2015.

Established a set of guiding principles that people with a learning disability have the right to:

- Be treated as an individual
- Have access to appropriate services
- Be involved in how these services are delivered
- Be supported and enabled to progress, develop and achieve greater independence
- To be free from abuse and harm
- To take an active and productive part in their communities
- To be supported to maintain good health and lead a healthy lifestyle

Under the Regional Collaborative we have seen the emergence of the 3 counties Learning Disability Remodelling group who, have the task of implementing the recommendations in the aforementioned statement of intent. There are seven recommendations we are currently working towards,

- Implementation of a Model of Care and Support for people with a learning disability in Mid and West Wales that enables individuals to achieve what is important to them
- Engage with Service users, Carers and their family to co produce individual support that enables access to services, inclusive delivery models and monitors outcomes for people with a learning disability.
- Create a regional Quality and Governance Framework that enables effective and consistent monitoring and assurance of the standard of care and safeguarding for services to people with a learning disability.
- Define the integrated approach to working in partnership that

supports collaboration in the delivery of high quality cost effective learning disability services at a regional level

- Establish a viable and financially sustainable approach to Joint and regional commissioning for learning disabilities services
- Effective Strategic leadership that provides an agreed and persuasive vision with a compelling narrative to describe what collaboration and integration, and partnership can achieve
- Develop a regional strategic approach to Workforce, Training and Development

**Day Opportunities** – we continue to expand on the variety of options available with the development of the Opportunities team who have successfully engaged with over 90 individuals in one year matching them with a range of educational, vocational and volunteering opportunities, offering individually tailored careers advice.

We have seen four new partnership projects established this year,

- A partnership with Parks providing opportunities at Llyn Lech Owain.
- A school leavers project, where we are engaging with the local inclusion units and providing taster sessions and work placements,
- The development of a basic skills service in Cross Hands which also forms part of the Libraries service and finally
- The opening of our craft shop in Llanelli supported by Regeneration and the Opportunities Street Grant.

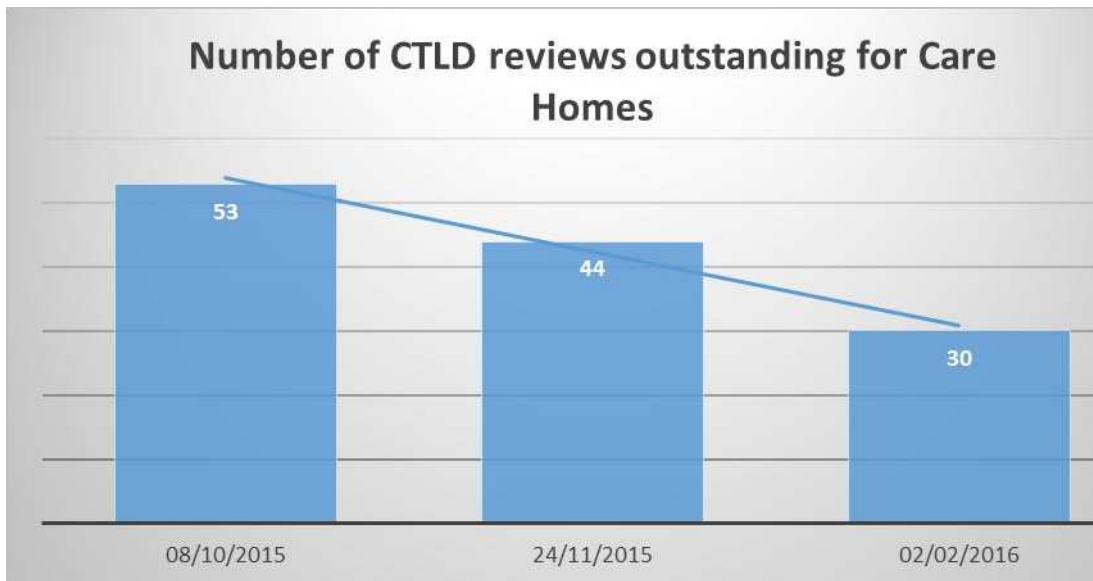
We also eagerly await the outcome of the latest ESF funding bid which we are part of, Cynnydd. Cynnydd is a project which aims to reduce the number of those young people with a disability or work limiting condition that are at risk of becoming NEET aged 16-24. Increasing the number of young people remaining in education, and subsequently entering training and going on to develop careers.

The vision of the project is a beneficiary-led, young person centred network of opportunities, responding to those young people identified as at risk of disengagement and then providing them with the right level of challenge and support, and additional activities to help them make real progress.

### **Realignment of care management teams**

There are two events planned at the end of February to give final feedback to staff in respect of the proposed management restructure. An improvement in performance management has resulted in positive outcomes in key areas. One of the most notable being case reviews that are now being completed within appropriate timescales.. The graph below shows the improved performance of reviews for clients in Residential Placements over the past six months.





### **Accommodation and efficiency update**

The Accommodation & Efficiency Programme continues and has expanded to encompass a number of related work streams. These include:

- Review and right sizing of high cost residential placements
- Opportunities for individuals to move on from residential care to community based services (Progression Model)
- Resolution of Ordinary Residence issues
- Determination of a standard hourly rate for community based services
- The mapping of accommodation needs for the next 3 to 5 years across Transition and CTLD Service Users
- Intelligent commissioning of services that are appropriate to the individual need, safe, cost effective and financially sustainable (Gatekeeping)
- Management of supported living voids

The above work streams are overseen by the Accommodation & Commissioning Strategic Board that meets quarterly, chaired by the Head of Service.

The work to date has achieved in excess of £750k in 2015/16 against a target of £500k

## **7 Judgement**

I think it is fair to say based on the evidence documented in this report that the majority of the objectives set in The Big Plan have been realised and more however, the provision of services is an ever evolving journey. A journey where we must ensure that we are responsive to the needs of our customers, our changing economic status and the emergence of new legislation whilst, at the same time striving to emulate best practice.

As a way of understanding our current position directly from our customers we held a stakeholder event on 22<sup>nd</sup> January 2016. This event was initially planned to understand what was important to people who have a Learning Disability or Mental Health Issue living in Carmarthenshire. To understand what was working and how we could do things differently, the findings going some way to populate “Our Plan” for Learning Disability services. Additional activities took place on the day around, reviewing respite for people with complex needs, the Learning Disabilities – Mid and West Wales Statement of Intent and Our Skills Wall.

An invite was extended to approximately 110 individuals, people who use services, parents, carers and professionals. There was a competition to design the invite, the winner being the Arts group based at Coleshill Centre. **74 people attended!**

Thematic discussions took place around,

- Accommodation,
- Employment/training,
- Accessing Health Care,
- Social and Leisure opportunities,
- Relationships.

As mentioned previously the themes were identified by members of Carmarthenshire People First at their annual conference, each section being introduced via a video blog made by members telling us what was important to them in these areas.

The following questions were asked,

- What resources have we got,
- What works,
- What could we do differently,
- How could we work together?

We are yet to write a full report in relation to the day however, our initial findings are,

#### **Accommodation.**

We have lots of options but they are all full, there’s a limited choice in rural areas and a lack of emergency options,

- supported tenancies, shared lives and respite were the preferred models,
- the process to find accommodation takes too long, there’s not enough planning for the future and individuals want to be involved earlier,
- the process is complicated and we need easy read information,
- people want to choose who and where they live and be part of the process, including tenders,
- we need to be person centred and have more information about options

### **Employment.**

- Preferred models of support were job coaches, direct payments, work placements, on the job training, sheltered/ social enterprise,
- There's a lack of information regarding Direct Payments,
- Not enough opportunities, including social enterprises,
- We need flexible transport options or travel training as a lack of transport can stop us accessing an opportunity,
- We need individualised support of varied lengths,
- We need to build networks with employers, opportunities,
- We need more meaningful volunteering opportunities, accredited and non accredited training.

### **Health**

- Health passports and annual health checks are a important to get our needs met, but we need more to be completed,
- We have some really good easy read information from teams, CPF and Macmillan,
- We have good access to specialist LD professionals such as nurses etc,
- We need to increase ASD awareness,
- We need to train hospital and G.P staff as they don't understand our needs,
- We need to make it easier to get a G.P appointment.

### **Relationships**

- we have good training from CPF, Macmillan re staying safe, social media,
- we get to meet people at groups but they are all people with learning disabilities and not integrated,
- most relationships are paid relationships, there's a power imbalance and dictated by shift patterns,
- lack of relationships with people in my own community,
- we have a relationships policy but cannot use it,
- lack of information regarding groups,
- Need to set up network groups so we can become independent e.g., dinning club, holiday groups, safe spaces, speed dating.
- I want to be treated the same,
- "We need to allow a pet in tenancies as my pet is my only friend who isn't family or paid for."

### **Social and Leisure opportunities.**

- We have lots of Learning Disability groups but we need to be within our local community,
- Using my ILF and Direct Payment helps me go out,
- Lots of groups in towns but not many in rural areas,
- We need evening and weekend activities away from centres,
- Support needs to be tailored around what I want to do not staff shifts,

- Ask us what is important to us, we don't want to fit in with services,
- Lack of transport,
- Preferred model is use of ILF and Direct Payments however, "my social needs don't meet the criteria so I cannot get support to do what is important to me."

The table below describes the objectives set in the strategy where more evidence is required to measure success. These areas will also be included in any future development plans.

OBJECTIVES
Increase numbers of people accessing annual health checks
Develop system to monitor uptake of service.
Ensure equal access to screening and health promotion initiatives.
Improve accessibility of community services.
Develop and implement a Vision for Adult Learning in Carmarthenshire
Ensure equal access to these courses in mainstream education

## SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 29<sup>TH</sup> FEBRUARY, 2016

**SUBJECT:**  
**HEALTH AND SOCIAL CARE SUPPORT WORKER PROJECT**

**Purpose:**

To provide an update on the pilot project to deliver non-complex wound care management at Llys y Bryn Residential Care Home.

**To consider and comment on the following issues:**

The proposed future expansion of the pilot to other local authority care homes in Carmarthenshire

**REASONS:**

To provide an opportunity for the Scrutiny committee to provide comments on the results of the pilot project.

**To be referred to the Executive Board / Council for decision: NO**

**Executive Board Member Portfolio Holder:**

Cllr. J. Tremlett (Social Care & Health Portfolio Holder)

<p><b>Directorate for Communities</b> <b>Name of Head of Service:</b> Rhian Dawson <b>Report Author:</b> Dr Gareth Morgan</p>	<p><b>Designations:</b> <b>Head of Integrated Services</b>  <b>NHS Wales Policy Lead for Older People</b></p>	<p><b>Tel Nos.</b> 01267 228900 <b>E Mail Addresses:</b> <a href="mailto:Rhian.Dawson@wales.nhs.uk">Rhian.Dawson@wales.nhs.uk</a> <a href="mailto:Gareth.Morgan@wales.nhs.uk">Gareth.Morgan@wales.nhs.uk</a></p>
---	---	--

**EXECUTIVE SUMMARY**  
**SOCIAL CARE & HEALTH SCRUTINY COMMITTEE**  
**29<sup>TH</sup> FEBRUARY, 2016**

**SUBJECT:**  
**HEALTH AND SOCIAL CARE SUPPORT WORKER PROJECT**

**1. BRIEF SUMMARY:**

In November 2014, the Carmarthenshire Health, Social Care and Wellbeing Board approved a proposal to utilise Intermediate Care Funding (ICF) to take forward the Health and Social Care Support Worker Project. It is a project that seeks to transfer healthcare related tasks to social care workers in care homes for older people. The project focused on the delivery of non-complex wound care at Llys y Bryn Residential Care Home.

The evidence strongly suggests that training Llys y Bryn staff in non-complex wound care has been an effective return on investment in terms of reduced District Nurse attendance. There are other benefits such as improved quality of life for the residents, improved working between Llys y Bryn staff and District Nurses and a more confident work-force.

The pilot has proved to be highly successful and has challenged the traditional concept of different staff groups working in silos. It has proven that integrated care workers have made a considerable contribution towards this.

As a result of this proof of concept stage it is now evident that this model can be extended to include other interventions such as vital sign recording and catheter care.

It is also recommended that the model of non-complex wound care training is rolled out a scale to other Local Authority homes in Carmarthenshire. It is strongly advised an impact evaluation is built in from the outset along with financial analysis regarding the return on investment.

**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: Rhian Dawson

Head of Integrated Services

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

### 2. Finance

The Health and Social Care Support Worker pilot project has been an effective return on investment. The financial estimates suggest this will be reached after approximately 4-6 months, in terms of reduced District Nurse attendance.

## CONSULTATIONS

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

Signed: Rhian Dawson

Head of Integrated Services

### 1. Local Member(s)

Not applicable

### 2. Community / Town Council

Not applicable

### 3. Relevant Partners

Hywel Dda University Health Board's County Director has been consulted.

### 4. Staff Side Representatives and other Organisations

Not applicable

### 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
-------------------	--------------	---

This page is intentionally left blank





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Carmarthenshire  
Carers Forum



## **Health and Social Care Support Worker Project**

### **- Rapid evaluation of non-complex wound care management at Llys y Bryn Residential Care Home**

#### **1. Background**

In 2014, an Audit of Community Nursing workload within Carmarthenshire identified that of the 93 x wte, 16wte time was being spent in Care Homes. The range of tasks were identified and a proposal was developed to explore and co-produce an integrated accredited training programme based on the principles of prudent healthcare.

#### **2. Introduction**

In November 2014, the Carmarthenshire Health, Social Care and Wellbeing Board approved a proposal to utilise Intermediate Care Funding (ICF) to take forward the Health and Social Care Support Worker Project. It is a project that seeks to transfer healthcare related tasks to social care workers in care homes for older people. The project focused on the delivery of non-complex wound care (NCWC) at Llys y Bryn Residential Care Home which had an identified high volume of patients requiring NCWC and this was putting pressure on the District Nursing Service so this was identified as an ideal environment to run a pilot project.

A Project Board was established to facilitate a co-production approach which involved operational staff from Community Nurses, Senior Carers, Specialist Nurses from Acute Sector, Senior Managers, officers from Health and Local Authority Learning and Development Teams and a representative from Carmarthenshire Carers Forum.

The project utilised Hywel Dda's EAGLE (Excellence, Assurance and Governance in a Learning Environment) Governance Framework, ensuring the project was developed in a safe and effective way. The EAGLE Framework provides assurance to all staff, clients/patients and their families that the care is delivered by competent and confident staff.

In mid-March 2015, the Tissue Viability Nurse delivered a full day of training to 10 members of staff on NCWC. Subsequently, staff utilised these skills through the AGORED Cymru accreditation framework. This rapid evaluation offers estimates of impact to date of the NCWC training.

### **3. Methods**

There were several elements to the rapid evaluation, essentially focussing on non-financial and financial benefits. The non-financial elements were set out in a questionnaire and staff who received the training were interviewed. The financial element was a basic cost benefit analysis and it was estimated that managing one new NCWC per week would lead to financial benefits after one year. This is a limited approach albeit real world and real time in philosophy. Data was collected by email exchange with Steering Board members, review of existing documents and 2 half day staff interviews held at Llys y Bryn.

### **4. Results**

The training was well received by the Social Care staff who were eager to develop their skills and gain a greater understanding of the implications associated with wound care. They were made aware of the signs to look for to inform their decision making in relation to when to access the registered nurses support.

Following this project, the staff are eager to further increase their skills and this will be implemented with training to undertake vital signs recording which will further improve the ability to detect early when referrals are required to Primary Care and Community Nursing.

In terms of outcomes for the residents in the Care Home, there has been an improvement on the quality of holistic care. An example of

this is when the Care Worker undertakes wound care as part of the morning routine and is incorporated within the personal care time. Prior to this pilot the patient would have had their personal care undertaken by the Care Worker and then would have to be undressed again once the Registered Nurse attended for the wound care intervention. As a result of this project, the patients now receive greater continuity of care with less disruptions to their daily routines.

This has released significant Registered Nursing time. The registered nursing time within the Care Home has reduced by 50% which releases the nurses to undertake more complex tasks and care management within the community.

The unexpected outcome of this pilot has been a significant improvement with regard to the level of information received when making a referral to the Community Nursing service. Similarly, the relationship between the Care Home staff and the nurses has improved and there is now a high level of trust between these members. The staff morale has also improved with the Care Home staff reporting higher levels of job satisfaction.

The care staff are now in a position to accurately assess whether the wounds are improving or deteriorating and seek timely nursing intervention which prevents any further deterioration.

The Registered Nurse attend the Care Home at dedicated times to support the staff and discuss cases in a proactive manner and this has resulted in the redirection of ad hoc calls to the Community Nurses which has further released nursing time.

As part of this pilot, the care staff shadowed the Community Nurses in the Community which has provided a greater understanding of the nursing role and this has strengthened relationships.

The financial elements are difficult to calculate with certainty but it is possible to estimate that a full time member of staff will use their training on more than half of their shifts. This will be a combination of new wounds and ongoing management but even by conservative estimates, there may be a financial return on investment after 6

months at the home. Staff estimate that the reduction in District Nurse attendance has fallen by 50%.

## **5. Discussion and two recommendations**

The evidence strongly suggests that training Llys y Bryn staff in non-complex wound care has been an effective return on investment. The financial estimates suggest this will be reached after approximately 4-6 months in terms of reduced District Nurse attendance. This is a conservative financial estimate because it excludes other benefits such as improved quality of life for the residents and improved working between Llys y Bryn staff and District Nurses. There are other benefits such as a more confident work-force who now want to learn new skills.

This pilot has proved to be highly successful and has challenged the traditional concept of different staff groups working in silos. It has proven that integrated care workers have made a considerable contribution towards this.

As a result of this proof of concept stage it is now evident that this model can be extended to include other interventions such as vital sign recording and catheter care.

### **5.1 Recommendations**

- i. The model of non-complex wound care training is rolled out a scale to other Local Authority homes in Carmarthenshire. It is strongly advised an impact evaluation is built in from the outset along with financial analysis regarding the return on investment.
- ii. The good work in Llys y Bryn is expanded to another clinical situation, for example training on basic observations e.g blood pressure but perhaps a more ambitious approach is needed. A rapid impact evaluation seems timely after a few months of activity.

## **6. Outcomes**

1. There are no new non complex wounds at the Care Home (September) – improved clinical outcomes.
2. Care is planned around the client and not on the availability of professional staff – patient focussed care.

3. Senior Carers feel empowered and supported in the development of their skills and knowledge – improved staff morale.
4. Senior Carers are not having to constantly contact Community Nurses releasing their capacity to plan care.
5. Community Nurses are spending 50% less time at the Care Home and have developed their supervisory role. This has released Community Nursing capacity through re-distributing workload of a function previously performed by a specialist resource and transferring to less specialist staff - prudent healthcare.
6. There is an appetite for more training which is being developed.
7. Good team working between Health and Social Care staff.
8. There is a rollout programme for all Local Authority Care Homes.

## **7. Conclusion**

Through utilising ICF, there has been the opportunity to explore a prudent healthcare initiative through a co-production process to develop the health and social care worker. The process has utilised the Eagle Framework to provide clinical governance assurance; Agored Cymru to accredit the training; the specialist skills of the TVN and Community Nurses to train and re-distribute tasks to less specialist staff resulting in prudent healthcare; training that has led to improved staff morale and team working and critically client focussed care and improved outcomes. The project Steering Group will continue to rollout and develop the training programme and report back to Carmarthenshire Health, Social Care and Wellbeing Board.

*Authored by Dr Gareth Morgan on behalf of the Steering Board*

This page is intentionally left blank

## SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

29<sup>TH</sup> FEBRUARY, 2016

**SUBJECT:**  
**SOCIAL SERVICES AND WELL-BEING (WALES) ACT 2014 –**  
**POLICY AND PROCEDURE REVISIONS FOR CHARGING ADULTS**  
**FOR SERVICES**

**To consider and comment on the following issues:**

Changes to policy and practice relating to charging adults in care homes and adults receiving non residential care.

**Reasons:**

To formulate views for submission to the Executive Board / Council for consideration

**To be referred to the Executive Board / Council for decision: YES**

**EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:-**  
**Cllr. J. Tremlett (Social Care & Health Portfolio Holder)**

Directorate Communities	Designations:	Tel Nos.
Name of Head of Service: Rhian Dawson	Head of Integrated Services	01267 228900 <a href="mailto:Rhian.dawson@wales.nhs.uk">Rhian.dawson@wales.nhs.uk</a>
Anthony Maynard	Interim Head of Mental Health & Learning Disabilities	01267 228849 <a href="mailto:AMaynard@carmarthenshire.gov.uk">AMaynard@carmarthenshire.gov.uk</a>
Report Author: Lyn Walters	Senior Business Support Manager	01267 228768 <a href="mailto:DLWalters@carmarthenshire.gov.uk">DLWalters@carmarthenshire.gov.uk</a>

**EXECUTIVE SUMMARY**  
**SOCIAL CARE & HEALTH SCRUTINY COMMITTEE**  
**29<sup>TH</sup> FEBRUARY, 2016**

**SUBJECT:**

**SOCIAL SERVICES AND WELL-BEING (WALES) ACT 2014 –  
POLICY AND PROCEDURE REVISIONS FOR CHARGING ADULTS  
FOR SERVICES**

Members will be aware that the Social Services and Well-being (Wales) Act 2014 has been passed by The National Assembly for Wales and that different parts of the Act are now coming into force. The Act provides the statutory framework to deliver the Welsh Government's commitment to focus on well-being, rights and responsibilities. Part 5 of the Act specifically relates to charging service users for the services they receive and this part, together with other parts of the Act, comes into force on the 6<sup>th</sup> April 2016.

In November 2015 the National Assembly for Wales passed the regulations in respect of Part 5 of the Act and the Authority received both the regulations and the Code of Practice at the end of November 2015 therefore, there is very little time to implement the changes necessary to comply with the Act.

The attached report sets out the main areas, specifically relating to financial assessments and charging, which need to be considered at the outset and it is proposed that during the next financial year a new revised policy, bringing together elements of the existing policies that are currently in place together with any changes from this report, will be brought back to members for approval.

It is important that members appreciate that any delay in reaching a decision on issues raised in the attached report may mean that the Authority will not be able to charge some service users in care homes from 6<sup>th</sup> April 2016 and will no doubt invite challenges from service users, families and their representatives where charges are levied.

**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: Rhian Dawson  
Anthony Maynard

Head of Integrated Services  
Interim Head of Mental Health & Learning Disabilities

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

## 1. Policy, Crime & Disorder and Equalities

The attached report sets out the policy and procedure changes which Elected Members need to consider in order for the Authority to comply with the Social Services and Well-being (Wales) Act 2014.

## 2. Legal

The 2014 Act requires the authority to make certain policy decisions regarding charging for certain services by the 6<sup>th</sup> April 2016. Failure to do so exposes the authority to the risk of legal challenge.

## 3. Finance

The implementation of the new Act has financial implications on income. The changes to short stay rules will mean that there will be a loss of income to the Authority whilst the ability to apply a charge from the first day of service for those people receiving non residential services will increase income. Overall there is likely to be a reduction in income.

In addition the implementation of the Act will increase workloads for the Assessment Team.

## 5. Risk Management Issues

If the Authority fails to make a decision on the main areas of policy and practice then the Authority will have an inconsistent charging policy leading to a risk of legal challenge

## 7. Staffing Implications

The changes resulting from the new Act will increase workloads for the Assessment Team and this is likely to result in the need for additional posts.

## CONSULTATIONS

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

Signed: Rhian Dawson  
Anthony Maynard

Head of Integrated Services  
Interim Head of Mental Health & Learning Disabilities

(Please specify the outcomes of consultations undertaken where they arise against the following headings)

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

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

THESE ARE DETAILED BELOW

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Social Services and Well-being (Wales) Act 2014		<a href="http://www.legislation.gov.uk/anaw/2014/4/contents">http://www.legislation.gov.uk/anaw/2014/4/contents</a>
Technical Briefings		<a href="http://gov.wales/topics/health/socialcare/act/briefings/?lang=en">http://gov.wales/topics/health/socialcare/act/briefings/?lang=en</a>
Code of Practice		<a href="http://gov.wales/topics/health/socialcare/act/code-of-practice/?lang=en">http://gov.wales/topics/health/socialcare/act/code-of-practice/?lang=en</a>

# REPORT OF DIRECTOR OF COMMUNITY SERVICES

## SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 29<sup>TH</sup> FEBRUARY 2016

### SOCIAL SERVICES WELL BEING (WALES) ACT 2014 POLICY AND PROCEDURE REVISIONS FOR CHARGING ADULTS FOR SERVICES

HEAD OF SERVICE & DESIGNATION	DIRECTORATE	TELEPHONE NO
Lyn Walters Business Support Manager	Department for Communities	01267 228768 (or Ext. 2768)

#### 1. Introduction and Background

- 1.1 Members will be aware that the Social Services and Well-being (Wales) Act 2014 has been passed by The National Assembly for Wales and that different parts of the Act are now coming into force. The Act provides the statutory framework to deliver the Welsh Government's commitment to focus on well-being, rights and responsibilities. Part 5 of the Act specifically relates to charging service users for the services they receive and this part, together with other parts of the Act, come into force on the 6<sup>th</sup> April 2016.
- 1.2 The existing financial assessment and charging statutory framework currently stems from separate pieces of legislation, mainly the National Assistance Act 1948 as regards charging for care home placements, and the Social Care Charges (Wales) Measure 2010 in respect of charging for non-residential care. As such the existing framework is made up of a number of separate regulations and guidance, some of which are now fragmented and out of date. The aim of the new framework is to provide across Wales a more streamlined and less inconsistent system than is currently in place.
- 1.3 The new Act is supported by a set of different Regulations and the Regulations relating to charging were only laid before the National Assembly for Wales on the 3<sup>rd</sup> November 2015. The Act and the Regulations are also supported by a Code of Practice and Local Authorities must act in accordance with the requirements contained in the Code. The Code was provided to Local Authorities at the end of November 2015 and this gives Local Authorities a very tight time scale in which to implement the legislation as from the 6<sup>th</sup> of April 2016.
- 1.4 From 6<sup>th</sup> April 2016 the existing legislation will be replaced by the Act, Regulations and a Code of Practice made under the Act, therefore, the existing regulations and guidance in relation to financial assessment and charging will also be replaced. Consequently there are areas of policy and practice which need to be reviewed to ensure compliance with the new requirements.

- 1.5 This report sets out the major areas, specifically relating to financial assessments and charging, which need to be considered at the outset and it is proposed that during the next financial year a new revised policy, bringing together elements of the existing policies currently in place together with any changes from this report, will be brought back to members for approval.
- 1.6 All of the issues contained in this report need to be considered and decisions made on how the Authority wishes to proceed. Any delay in reaching a decision in time to implement the Act will mean that the Local Authority may not be able to charge some service users from April and consequently this will result in a budget shortfall.
- 1.7 Welsh Government has confirmed that it does not intend to update the Regulations and Code until April 2017 at the earliest, so as to provide authorities with a fixed position in which to introduce the new financial assessment and charging framework. From then on it is the intention that the Regulations and Code will be reviewed annually and updated as appropriate.
- 1.8 The Local Authority needs, therefore, to ensure that the financial assessment and charging arrangements from 6th April 2016 comply with the requirements of the Act, the Regulations and the Code. The new arrangements will need to apply to all new care and support recipients from that date however, there will be transitional arrangements for existing service users to allow authorities to update their financial assessments and charges during 2016-17 as care assessments are updated in-year. Such arrangements will result in two tier charging with some service users benefiting from reduced charges before others simply because the annual review of their care needs falls earlier in the financial year. There is potential for this to be difficult to manage and therefore there are proposals below on how to proceed next year.

## **2. Summary of Changes within the Act**

- 2.1 For the most part the framework being introduced closely follows the existing framework. In summary the changes being introduced through the new financial assessment and charging framework are:
- a single financial assessment and charging framework for both non-residential care and residential/nursing care, and for contributions or reimbursements for direct payments;
  - set information to be provided to a person before they are assessed, with that person having 15 working days to provide any information or documentation an authority requires to complete the assessment;
  - up to 6 weeks free reablement to enable a person to maintain or regain their ability to live independently at home. The intention is that it is provided on each occasion where a person requires reablement to maintain or regain their independence;
  - the extension to residential/nursing care of the requirement to provide a person with a statement of their charge as currently required in charging for non-residential care;

- the extension to residential/nursing care of the requirement to operate the review process currently as required in charging for non-residential care;
- the ability of a local authority to charge a set level of interest on the amount deferred in a deferred payment agreement if it chooses;
- short-term residents in a care home (ie those whose stay is not exceeding 8 continuous weeks) being charged as if they were still receiving non-residential care at home;
- the disregard applied to a War Disablement Pension in a financial assessment will, from 6th April 2016, be at least £25 per week when charging for residential/ nursing or non-residential care, rather than £10 per week at present;
- the minimum income amount in residential/nursing care (the personal expenses allowance at present) will be, from 6th April 2016, £26.50 per week for local authority supported residents rather than £25.50 per week at present;
- a statement of a person's charge for residential/nursing care or non-residential care, or a reimbursement or contribution for direct payments, must be provided to them before a local authority can collect the charge. However, a person's liability for these charges commences on the day they first receive residential/nursing care, non-residential care or direct payments;
- Savings credit to be included in the non residential financial assessment.

2.2 In terms of the major elements of the existing framework that remain unchanged under the new framework these can be summarised as:

- the main categories of people, and the main categories of care and support, for which a charge cannot be levied are unchanged (e.g. Section 117);
- the operation of the capital limit and its level (i.e. £24k) remain unchanged for 2016/17;
- the operation of the minimum income amount (the buffer currently) and the disability related expenditure allowance in non-residential remain as now;
- the present savings disregard in a financial assessment, and its level, remains unchanged;
- the arrangements on a person's choice of accommodation, and the ability of an authority to charge an additional cost (referred to as a top up at present) for more expensive accommodation chosen, are unchanged;
- The maximum weekly charge for non residential care to remain and the amount to remain unchanged at £60 per week for 2016/17.

### **3. Practice and Policy revisions and changes**

#### **3.1 Charging for Placements into a Care Home**

- 3.1.1 Currently the Local Authority has a duty under the National Assistance Act, 1948 to charge for placements into a care home. However, in the new Social Services and Well-being (Wales) Act 2014 the Local Authority has discretion to charge for placements into a Care home. This change aligns charging for care home placements with charging for non residential services. The Authority has always charged for placements into a care home and therefore the recommendation below maintains these arrangements.
- 3.1.2 The Local Authority has previously decided to charge for a range of non residential services, and the Local Authority now needs to consider whether to continue to charge for placements into a Care Home beyond April 2016.
- 3.1.3 The implementation of the new Act will not result in someone paying more than they would have under the National Assistance Act if charges continue. The department generates approximately £12m per annum from charging for placements into a care home and this income is a major element of funding to deliver services and any decision to reduce or cap the charge, or not to charge at all will have a significant effect on the department's budget and subsequently on the Authority's budget.

#### ***Recommendations***

1. Carmarthenshire will continue to charge for placements into a care home other than for those which are excluded by the Act. Carmarthenshire will charge for all placements into a care home from the first day of placement.
2. The charge will be based on recovering the cost of the placement in full subject to the resident being financially assessed in accordance with the legislation, regulations, code and local policy to pay less than the full cost, in which case the resident will be charged their assessed charge according to their means.

#### **3.2 Short Term Placements into a care home**

- 3.2.1 Currently the legislation does not differentiate short term placements other than as an element of a temporary placement. The current legislation allows for a placement to have a flat rate charge without a financial assessment for up to 8 weeks, but the charge must be affordable by the resident. This Local Authority applies this condition for respite care placements and members approved a policy to apply a flat rate charge for the first 6 weeks (42 days) in any financial year.
- 3.2.2 The new legislation identifies a short term placement as being a stay not exceeding 8 weeks. Where a placement meets this condition, then where the Local Authority applies a charge for the placement, it must undertake a financial assessment of the person's means as though the service user were receiving non residential care. Further guidance is being issued by Welsh Government to clarify the application of a stay not exceeding 8 weeks, and it is understood that the guidance will state that the condition applies to a stay not exceeding 8 weeks on any one occasion. Service users can therefore have multiple stays which are classed as short term which cumulatively add up to more than 8 weeks.

- 3.2.3 As mentioned above, in setting a flat rate charge for respite care the Authority had to consider affordability and consequently the charges for 2015/16 were set at £112.99 for adults with a learning disability and £138.10 or £188.36 for anyone else depending on certain Department for Works and Pension benefits.
- 3.2.4 Respite care is one service that falls under this new condition and the outcome of this change is that the charge for service users accessing respite care will be capped at £60 per week with many paying far less or having a free service.
- 3.2.5 As there is now a requirement to assess someone placed as short term in a care home as though they were receiving non residential services there does not appear to be any logic to retain separate respite charges, but to replace these with the same charge as for temporary and permanent placements (i.e. the full cost of the placement). If this change were to be approved, then members need to be aware that the charge for service users who have one or two day respite placements on any one occasion will increase (because the charge per night will be higher). However, this does not necessarily mean that all those individuals will pay more for the service they receive because their charge will be determined by the financial assessment.
- 3.2.6 Some service users have patterns of respite care which, as a result of the changes in the Act and proposals within this report, may mean that they end up being asked to pay more for their respite care. There is some merit, therefore, in including some protection for these service users for a transitional period. It is therefore proposed that, where a service user has respite care, they will not be asked to pay any more for the episode of respite care only, than they would otherwise have paid before 6<sup>th</sup> April 2016. This protection/transition period will last up until the service user has a review of their care plan or until 31<sup>st</sup> March 2017 whichever is the sooner. This will allow service users time to understand the effect of the changes and to make informed decisions on future episodes of respite care. In any event no one will be asked to pay more than £60 per week with many paying much less or having a free service.

### **Recommendations**

3. The charge per night for all short term placements (including respite care) will be based on recovering the cost of the placement in full. For placements into a Local Authority care home the charge will be the standard charge and for placements into an Independent Sector care home it will be the contracted amount. (Service users would pay a maximum charge of £60 per week with many paying far less or having the service free)
4. That the non residential assessment rules be applied to stays which are assessed at the outset as not exceeding 8 weeks on any one occasion and does not apply to temporary placements and permanent placements.
5. That short term stays that extend beyond 8 weeks on any one occasion will be charged as though the resident is temporary or permanent as appropriate from the first day of the 9<sup>th</sup> week and in line with definitions within the Act, Regulations and Code.
6. A period of transitional protection is implemented so that where a service user has respite care, he/she will not be asked to pay any more for an episode of respite care

only, than they would otherwise have paid before 6<sup>th</sup> April 2016. This protection will last up until the service user has a review of their care package or until 31<sup>st</sup> March 2017 whichever is the sooner.

### **3.3 Commencement of charge**

- 3.3.1 Currently there are different rules as to when a charge can be applied from. In the residential/nursing care legislation the charge is applied from the first day of the service irrespective of when the financial assessment is completed. This allows time to deal with the more complex issues around property ownership and value etc. whilst not losing income from charges during this period.
- 3.3.2 Currently charging for non residential services has different rules. Firstly the service user must be given 15 days to complete the financial assessment form and supporting information and can ask for reasonable extensions. A service user cannot be charged for a service until the financial assessment has been completed and a statement of the charge issued to the service user. In the current policy Carmarthenshire will not charge for non residential services until a statement of the charge has been issued.
- 3.3.3 The new Act brings all of these requirements together to be applied to both residential/nursing care and non residential care. In future there is a requirement to issue a statement of a person's charge before the charge can be collected for all services. Although there is still a requirement to give individuals 15 days to provide financial information to undertake a financial assessment and to allow extensions, it is now possible to apply the charge from the first day of service in all cases for placements into care homes and for non residential services.

### ***Recommendation***

7. Carmarthenshire will apply its charges from the first day of service for all services with a charge. This will apply to non residential services and placements into a care home.

### **3.4 Additional cost for a care home placement**

- 3.4.1 Currently the Authority has a duty to meet the costs of a person's assessed care in a care home. The service user, in certain circumstances, can choose a more expensive care home but the additional cost (i.e. the difference between what the Authority will pay for the placement and the amount the care home charges for the placement) of the more expensive placement has to be funded by someone other than the Council. There are rules and conditions relating to who can pay these additional costs.
- 3.4.2 The new Act maintains the ability for a service user to choose a care home, and although it appears to clarify when the service user themselves can pay the additional cost, there are still limitations for some service users. The Act also sets out how choice needs to be applied in practice, in particular, to ensure service users have a genuine choice the Authority must have more than one option available for a person to choose from within its standard rate (i.e. the published rates the Local Authority pays for a placement into a care homes of different types). If there is not more than one available choice at the Authority's standard rate then the choice will need to include more expensive homes. If the service user chooses the more expensive home then the Authority will need to fund the additional cost itself, as it has a duty to fund the assessed care and support required by the service user. This issue has both practical



as well as potential resource implications for the Authority if placement arrangements are not managed effectively. In addition, this issue may also have implications for the Authority's in-house care home provision where the current cost may inhibit choice for many potential residents.

- 3.4.3 This issue does not impact on any service user who is able to pay for the full cost of the placement (e.g. where their capital is above the threshold currently £24k) as they still have unrestricted choice. They will reimburse the Council for the full cost of the placement and will only be affected when the resident's financial assets fall below the capital thresholds as currently.
- 3.4.4 The main issue with this part of the legislation is where the choice available is between two care homes which have different rates and where the service user chooses a care home which is more expensive again. In determining the additional cost the code states that the Authority must consider what it would have paid for accommodation of the same type as that chosen at the time. It goes on to say that the Authority should not default to the cheapest rate or any other arbitrary rate when calculating the additional cost. It would seem fair therefore, as a consistent way of calculating the additional cost, to calculate the additional cost from the mid-point of the costs between the two care homes that was the basis of the choice at the time.
- 3.4.5 Members also have to consider how wide the geographical area should be to form the basis of choice for service users. There is no guidance within the Act, Regulations or Code, but where a service user needs a choice of care homes in a particular restricted geographical area then such restrictions would be included within the care and support plan as part of their care needs. If there are no restrictions within the care and support plan then choice should be applied on a county wide basis. This would mean that some service users would inevitably need to be accommodated away from their locality where placements are not available at the Authority's standard rates.

### ***Recommendations***

8. That choice of Accommodation offered to a service user is based on two care homes of the same type anywhere in the County and not restricted geographically unless there are specific geographical needs included in the Care and Support plan.
9. That where a service user, who is not assessed to pay the full cost of the placement, chooses accommodation which is more expensive than the options offered at the time of placement then the additional cost will be calculated from the mid-point of the rates charged by those two care homes offered.
10. That where a service user is able to pay for the full cost of their placement then in accordance with the legislation they can choose any care home and will be required to pay the full cost of their placement.

### **3.5 Charging for support in Education**

- 3.5.1 The current legislation encourages Local authorities to develop charging policies which encourage training and employment and as such this Authority does not charge for support in these settings.

3.5.2 The new legislation is intended to make charging consistent, fair, and clearly understood. The code states that Local Authorities must encourage and enable those who wish to stay in or take up employment, education and training to do so. Currently the Authority charges some service users for care and support in educational settings and in order to be consistent it would be appropriate to withdraw the charge for care and support which is assessed as being needed in an educational setting.

### ***Recommendation***

11. Carmarthenshire does not charge for assessed care and support to a service user where it is provided to the service user in an educational setting and whilst attending a recognised educational course.

## **3.6 Transitional Arrangements**

3.6.1 Welsh Government have included transitional arrangements for existing service users to allow authorities to update their financial assessments and charges during 2016-17 as care assessments are updated in-year. Such arrangements will result in two tier charging with some existing service users benefiting from reduced charges before others simply because the annual review of their care needs falls earlier in the financial year. There is potential for this to be difficult to manage and therefore it is proposed to apply the new Act to all service users, both existing and new service users from the 6<sup>th</sup> April 2016. It will take in excess of 6 months to reassess everyone and some reduction in charges will inevitably need to be back dated and will result in a refund to some service users. However, financial assessments will be prioritised to minimise this wherever possible.

### ***Recommendation***

12. That the new Act, Regulations and Code will be applied to existing service users from the 6<sup>th</sup> April 2016.

## **4. Existing policies**

4.1 For the most part the framework being introduced closely follows the existing framework and therefore much of the existing policies are still compliant. It is therefore proposed to retain the existing policies except for those elements of the policies and practices which are changed as the result of decisions stemming from this report and those elements which are now not compliant with the new legislation.

### ***Recommendation***

13. That the existing policies are retained except for those elements of the policies and practices which are changed as the result of decisions stemming from this report and those elements which are now not compliant with the new legislation.

## **5. Conclusion**

5.1 The new Act, Regulations and Code have to be implemented from the 6<sup>th</sup> April 2016, and this report could not be brought earlier because of the lateness of the publication by Welsh Government of the Regulations and the Code. Failure to make decisions on the issues outlined in this report by the 6<sup>th</sup> April 2016 will have budgetary implications

for the Local Authority and impact on service users. Inevitably the implementation of the new Act will have resource implications, both financial as well as administrative workloads and these will need to be addressed during the next financial year.

This page is intentionally left blank

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 29<sup>th</sup> FEBRUARY 2016

## Social Care & Health Scrutiny Committee Actions and Referrals Update

**To consider and comment on the following issues:**

- To scrutinise the progress made in relation to actions, requests or referrals recorded during previous meetings of the Committee.

**Reasons:**

- To enable members to exercise their scrutiny role in relation to monitoring performance.

**To be referred to the Executive Board / Council for decision: NO**

**Executive Board Member Portfolio Holder: NOT APPLICABLE**

<p><b>Directorate:</b> Chief Executive's</p> <p><b>Name of Head of Service:</b> Linda Rees-Jones</p> <p><b>Report Author:</b> Matthew Hughes</p>	<p><b>Designations:</b></p> <p>Head of Administration &amp; Law</p> <p>Assistant Consultant</p>	<p><b>Tel Nos. / E-Mail Addresses:</b></p> <p>01267 224010 <a href="mailto:lrjones@carmarthenshire.gov.uk">lrjones@carmarthenshire.gov.uk</a></p> <p>01267 224029 <a href="mailto:mahughes@carmarthenshire.gov.uk">mahughes@carmarthenshire.gov.uk</a></p>
--	---	--

## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 29<sup>th</sup> FEBRUARY 2016

## Social Care & Health Scrutiny Committee Actions and Referrals Update

During the course of a municipal year, several requests for additional information are made by the Committee in order to assist it in discharging its scrutiny role.

The attached report provides members of the Committee with an update on the progress made in relation to these requests.

DETAILED REPORT ATTACHED?

YES

## IMPLICATIONS

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

Signed: Linda Rees-Jones                      Head of Administration & Law

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

## CONSULTATIONS

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

Signed: Linda Rees-Jones                      Head of Administration & Law

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

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

**THESE ARE DETAILED BELOW:**

Title of Document	File Ref No. / Locations that the papers are available for public inspection
SC&H Scrutiny Committee Reports and Minutes	<p><b>Meetings held up to July 2015:</b>  <a href="http://www.carmarthenshire.gov.wales/home/council-democracy/committees-meetings/agendas-minutes-(archive)/">http://www.carmarthenshire.gov.wales/home/council-democracy/committees-meetings/agendas-minutes-(archive)/</a></p> <p><b>Meetings from September 2015 onwards:</b>  <a href="http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?Committeeld=169">http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?Committeeld=169</a></p>

This page is intentionally left blank



**Pwyllgor Craffu Gofal Cymdeithasol ac Iechyd - Diweddraf am Weithrediadau ac Atgyfeiriadau**  
**Social Care and Health Scrutiny Committee - Actions and Referrals Update**

Meeting Date	Minuted Action / Referral / Request	Progress Update	Officer	Target / Completion Date	Completed / On-going
16th September 2015	<b>Introduction of a new charge for a placement into a Flexi-Bed in a care home</b> - Unanimously resolved that the Executive Board be requested to reverse the decision of County Council and recommend that the shortfall in this year's budget be met by utilising the Council's financial reserves.	The Committee's recommendations will be considered by the Executive Board at a future meeting.	Jake Morgan / Lyn Walters / Gaynor Morgan	To be confirmed	On-going
	Unanimously resolved that the Committee supports the undertaking of a review of the Flexi-Care Scheme to ascertain its suitability for the future.	<i>As above</i>			
	Unanimously resolved that as part of a review of the Scheme, officers consider different charging rates depending on the length of time spent in a flexi-bed.	<i>As above</i>			
	Unanimously resolved that the Committee wishes the Chair and Vice-Chair of the Social Care & Health Scrutiny Committee to attend the relevant meeting of the Executive Board to express the strength of the Committee's feelings in relation to this matter.	<i>As above</i>			
19th November 2015	<b>Carmarthenshire Foundations 4 Change</b> - Resolved that a presentation on the work of Public Health Wales be included in the Committee's Forward Work Programme.	The request will be included in the Committee's work programme for 2016/17, to be confirmed in May 2016.	Matthew Hughes	16th May 2016	On-going
14th December 2015	<b>Revenue Budget Strategy Consultation 2016/17 to 2018/19</b> - Resolved that the Corporate Budget Strategy for 2016/17 – 2018/19 be received and that the Charging Digest for the Social Care & Health Department be endorsed.	The Executive Board considered a report which brought together the latest proposals for the Revenue Budget 2016/2017 with indicative figures for the 2017/2018 and 2018/2019 financial years and summarised the latest budgetary position giving an update on the budget validation, spending pressures, the Welsh Government final settlement and the responses from the budget consultation.	Owen Bowen / Chris Moore	1st February 2016	Completed

**Pwyllgor Craffu Gofal Cymdeithasol ac Iechyd - Diweddraf am Weithrediadau ac Atgyfeiriadau**  
**Social Care and Health Scrutiny Committee - Actions and Referrals Update**

Page 90

	Resolved that the option for spreading the proposed increases in Meals and Wheels and Community Meals across three years, be explored.	At its meeting on the 1st February 2016, the Executive Board proposed that the increase in the Meals on Wheels cost be phased over 3 years as opposed to be implemented in one, reducing the saving in year 1 by £38k.	Owen Bowen / Chris Moore	1st February 2016	Completed
	<b>Annual Report on Adult Safeguarding 2014/15</b> - Resolved that an all-member development session on Adult Safeguarding & Commissioning be arranged in 2016, once new regional arrangements have been established and implemented.	This request has been forwarded to the Learning & Development Unit and added to the Member Development Programme.	Mark Evans / Marie Edwards	May 2016 onwards	On-going
	<b>Ageing Well In Wales: Local Ageing Well Plans</b> - Resolved that the draft Plan be endorsed for consideration by the Executive Board.	The draft plan was endorsed by the Executive Board on the 30th November 2015 and by County Council at its meeting on the 13th January 2016.	Gwyneth Ayers / Kevin Pett	13th January 2016	Completed
20th January 2016	<b>Improving support for people who have dementia and their families</b> - Resolved that arrangements be made for the Committee to visit Cartref Cynnes.	A visit to Cartref Cynnes has been arranged for Wednesday 23rd March 2016. The Committee was informed of the visit by email on the 27th January 2016.	Matthew Hughes / Rita Thomas	27th January 2016	Completed

**SOCIAL CARE & HEALTH SCRUTINY  
COMMITTEE  
29<sup>th</sup> FEBRUARY 2016**

**Explanations for non-submission  
of scrutiny reports**

**1 Intermediate Care Fund (ICF) Projects Evaluation**

---

**Responsible Officer(s):** Rhian Dawson (Head of Integrated Services) and Martyn Palfreman (Head of Regional Collaboration)

**Explanation:** The Regional Collaborative Integrated Services Programme Board met on the 9th February and considered final sign off of the ICF evaluation being undertaken by an external agency – PACEC. At this meeting, it was agreed that the external evaluators consider further inclusions to the report prior to sign off. It is anticipated that this will be completed within the next few weeks and submitted to Welsh Government. Copies of these final reports will be available for the next scrutiny meeting.

**Revised Submission Date:** 18th April 2016 (TBC)

**2 Review of the Reablement Service**

---

**Responsible Officer(s):** Rhian Dawson (Head of Integrated Services)

**Explanation:** Changes in the Reablement Service staffing structure, which were completed in December, need time to bed in. A review of the Service is felt to be premature at this time. It is therefore proposed to defer the report until April, to allow changes to processes and staff roles to take full effect.

**Revised Submission Date:** 18th April 2016 (TBC)

This page is intentionally left blank

## SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

WEDNESDAY, 20<sup>TH</sup> JANUARY, 2016

**PRESENT:** Councillor G. Thomas [Chair]

**Councillors:**

S.M. Allen, S.M. Caiach, T.T. Defis, W.T. Evans, H.I. Jones, D.J.R. Llewellyn, K. Madge, E. Morgan, E.G. Thomas, J. Williams and J.S. Williams

**Councillor J.D. James – Substitute for Councillor B.A.L. Roberts**

**Also in attendance:**

**Councillor J. Tremlett – Executive Board Member for Social Care & Health**

**The following Officers were in attendance:**

Mr J. Morgan	-	Director of Community Services
Mr L. Walters	-	Senior Business Support Manager
Mr D. Owen	-	Locality Manager [Llanelli]
Ms C. Poulter	-	Locality Manager [Aman/Gwendraeth]
Mrs M. Evans Thomas	-	Democratic Services Officer

**Chamber, County Hall, Carmarthen : 10.00 a.m. – 11.05 a.m.**

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor I.W. Davies and B.A.L. Roberts.

**2. DECLARATIONS OF PERSONAL INTERESTS**

No declarations of interest were made at the meeting.

**3. DECLARATION OF PROHIBITED PARTY WHIPS**

There were no declarations of prohibited party whips.

**4. PUBLIC QUESTIONS (NONE RECEIVED)**

The Chair advised that no public questions had been received.

**5. FORTHCOMING ITEMS**

**RESOLVED** that the list of forthcoming items to be considered at the next scheduled meeting to be held on Monday, 29<sup>th</sup> February, 2016 be noted.

**6. WELSH LANGUAGE IN SOCIAL CARE SERVICES FOR OLDER PEOPLE**

The Committee considered an update report detailing progress being made by the

Community Services Department in implementing the Welsh Government's Strategic Document "More Than Just Words" which sets out the importance of the Welsh language when caring for older people.

The Citizen's Advice Bureau's report, English by Default (2015), has drawn further attention to the requirement for services to be naturally available bilingually, without the need for vulnerable individuals to request services in their first language.

"More Than Just Words" promotes the provision of an "Active Offer" which is the provision of a service in Welsh without someone having to ask for it as the Welsh language should be as visible as the English Language. The department is working towards delivering the Active Offer by:-

- ensuring that individuals' language is recorded correctly and consistently at all times. Which languages an individual speaks and which one is his/her first language is now a mandatory question on the enquiry forms for the department. However, as a large proportion of enquiries are prepared by other health professionals, the information is not always accurate;
- working with the Human Resources Department and the Learning and Development Department to support linguistically appropriate recruitment practices and training in order to up-skill existing staff. The aim was to ensure that in all service areas the percentage of Welsh speaking service users is matched by the percentage of Welsh speaking staff percentage. All staff should undertake the Language Awareness e-learning module and be made aware of the Active Offer training pack;
- ensuring that the Active Offer is provided when an individual is known to be a Welsh speaker. This entails ensuring that staff working with that individual are able to work bilingually, thus providing a natural choice to individuals who are often in crisis and do not wish to have to request a Welsh speaker to work with them.

The Authority is committed to providing services in Welsh speakers' first language and intends to promote the Active Offer through the use of Performance Indicators which will demonstrate successful provision.

The Committee noted that a separate update report on the training and up-skilling of staff with regards to the Active Officer would be presented to a future meeting.

The following issue was raised in relation to the report:-

- In response to a question asking if officers knew what proportion of our clients are Welsh speakers, the Director replied that historically language preference was almost a bureaucratic tick-box rather than a fundamental part of assessing someone's needs. He stressed the importance of assessing someone in their first language and pointed out that the Authority has made progress but more needs to be done.

**RESOLVED that the report be received.**

## **7. IMPLEMENTATION OF CHARGES FOR NON-RESIDENTIAL SOCIAL**

## SERVICES FOR ADULTS WHICH WERE PREVIOUSLY FREE - POST IMPLEMENTATION EVALUATION

At its meeting held on the 17<sup>th</sup> June, 2014 (minute 6 refers) the Committee endorsed the introduction of new charges for non-residential social services for adults which were previously free.

At that meeting, the Committee also requested that a review be undertaken to assess the impact of the introduction of the new charges, following a 12 month period. The Committee duly considered an evaluation report providing details of the impact of the new charges.

It was noted that the legislation referred to in point 2.12 of the report should read the Social Services and Wellbeing (Wales) Act 2014.

The following issue was raised on the report:-

- Concern was expressed over elderly former clients who have stopped going to day centres because they can't afford the charge and officers were asked what was being done to keep track of these former clients to ensure that they are not suffering as a consequence. The Senior Business Support Manager explained that drop-out rates for new charges are monitored and anyone who drops out goes back into the system for review to ensure that they receive any services that they may be eligible for. The Director pointed out that there are a substantial amount of people who have been means tested and do not pay for services. There is also a clear analysis process beyond the means test which catches any unique circumstances.

**RESOLVED that the report be received.**

### 8. IMPROVING SUPPORT FOR PEOPLE WHO HAVE DEMENTIA AND THEIR FAMILIES

The Committee considered a progress report providing an update on the implementation of the recommendations relating to services for people who have dementia which were made by the Joint Scrutiny Forum following their review of dementia services in Carmarthenshire in 2011/12.

A number of initiatives have been development to support people in their communities:-

**Dementia Friendly Communities** – this is a national movement that aims to improve society's response to people who may have dementia so that people feel included and safer. Pontyberem was the first official dementia friendly community in Carmarthenshire and the Alzheimer's Society has appointed a project officer for a year to increase the number of dementia friendly communities across the Hywel Dda area. Ammanford and Llanelli now have Dementia Friendly Community steering groups and are on their way to official recognition. Other communities are also interested in progressing this. Local businesses have attended Dementia Friends awareness session and have been encouraged to make their premises more dementia friendly. A community that can respond positively to people who may have dementia should be a good place to be for everyone.

**Encouraging people to seek help** – there can be a perception that nothing can be done to help if people are showing signs of dementia, however, although the condition has no cure, there are medical interventions that can slow the course of the disease and the opportunity to plan for the future can reduce problems when the condition advances. For some time, efforts have been made to produce news stories relating to dementia for the local press to raise awareness. Last year a different approach to engaging the public was suggested and a number of amusing cartoon strips were produced by a local artist. They were positively received by carers of people with dementia and the decision was taken to publish in the local press. The initiative also received coverage in the national press. The cartoons have now been made into a poster which it is hoped will catch the attention of people who might not be interested in the usual written material. Increasing the low rates of diagnosis of dementia is a key health improvement target for both the Council and the Hywel Dda Health Board.

**Community Memory Clinic and “drop-in” centre** – memory clinics are usually located in hospital settings which can be difficult to access. In late 2013, a decision was taken by the GP cluster in Amman Gwendraeth to fund a community memory clinic. Establishing this clinic was complex because it involved integrating different parts of the Health Service. The clinic is held on two mornings a month in Llandybie Community Hall. Three GPs who have had additional training provide the medical input on a rota, along with the memory clinic nurse, a support worker from the Alzheimer’s Society and a social worker from the Community Resources Team. As well as medical appointments, people are encouraged to drop in to speak to the professionals who attend. The response from people attending has been uniformly positive. They appreciate the informality and the ability to park right outside. The drop in aspect has been growing with time and it is a valued form of support. There was interest in developing this model in other locations and it was anticipated that other community clinics would be established in the next year.

In keeping with the goal of Carmarthenshire being a dementia friendly county, staff are undertaking various training programmes including Dementia Friends awareness sessions and increasing the skills of domiciliary and care home staff in order to help them understand how to respond to people who may have dementia.

Cartref Cynnes, the new extra care development for people who have dementia, has opened in Johnstown and the extra care development in Ammanford will be opening in the Spring.

The Social Services Improvement Agency will be holding an event in February to showcase positive examples of work with people who have dementia, which will include developments in Carmarthenshire. This was an indication that, although there was much more required to support people who have dementia, Carmarthenshire has a nationally recognised reputation in this field.

The following issues were raised on the report:-

- Reference was made to the Community Memory Clinic in Llandybie and officers were asked if any progress has been made on developing this model in other locations. The Locality Manager (Aman/Gwendraeth) advised the Committee that other locations in the Gwendraeth Valley are being looked at in addition to Kidwelly and Nantgaredig;



- In response to a question as to whether all the rooms have been taken up at Cartref Cynnes, the Committee was advised that occupancy is currently at 80% which is way ahead of the letting schedule.

The Committee was advised that this would be the last meeting attended by Catherine Poulter, Locality Manager (Aman/Gwendraeth) as she would be retiring soon. The Committee paid tribute to Catherine, thanked her for her hard work and assistance over the years and wished her well for the future.

## **RESOLVED**

**8.1 that the report be received;**

**8.2 that arrangements be made for the Committee to visit Cartref Cynnes.**

## **9. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORT**

The Committee noted the reason for the non-submission of a report on the Carmarthenshire Carers Action Plan.

**RESOLVED that the non-submission be noted.**

## **10. MINUTES OF THE JOINT EDUCATION & CHILDREN AND SOCIAL CARE & HEALTH SCRUTINY COMMITTEE MEETING - 23RD NOVEMBER 2015**

**RESOLVED that the minutes of the Joint Education & Children and Social Care & Health Scrutiny Committees held on 23<sup>rd</sup> November, 2015 be received.**

## **11. MINUTES - 19TH NOVEMBER 2015**

**RESOLVED that the minutes of the meeting held on 19<sup>th</sup> November, 2015 be signed as a correct record.**

## **12. MINUTES - 14TH DECEMBER 2015**

**RESOLVED that the minutes of the meeting held on 14<sup>th</sup> December, 2015 be signed as a correct record.**

\_\_\_\_\_  
**CHAIR**

\_\_\_\_\_  
**DATE**

This page is intentionally left blank