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WEDNESDAY, 1 MARCH 2017

TO: ALL MEMBERS OF THE COUNTY COUNCIL

I HEREBY SUMMON YOU TO ATTEND A MEETING OF THE **COUNTY COUNCIL** WHICH WILL BE HELD IN THE **CHAMBER, COUNTY HALL AT 10.00 AM, ON WEDNESDAY, 8TH MARCH, 2017** FOR THE TRANSACTION OF THE BUSINESS OUTLINED ON THE ATTACHED AGENDA

Mark James CBE

CHIEF EXECUTIVE



PLEASE RECYCLE

Democratic Officer:	Kevin Thomas
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AGENDA

1. APOLOGIES FOR ABSENCE
2. DECLARATIONS OF PERSONAL INTERESTS.
3. CHAIR'S ANNOUNCEMENTS.
4. QUESTIONS BY MEMBERS (NONE RECEIVED).
5. PUBLIC QUESTIONS (NONE RECEIVED).
6. SETTING THE COUNCIL TAX FOR THE FINANCIAL YEAR 2017/18. 3 - 20
7. PAY POLICY STATEMENT 2017-2018. 21 - 86
8. WALES INVESTMENT POOL - INTER AUTHORITY AGREEMENT AND JOINT GOVERNANCE COMMITTEE 87 - 176
9. TO CONSIDER THE RECOMMENDATIONS OF THE EXECUTIVE BOARD IN RESPECT OF THE FOLLOWING ITEMS
 - 9.1 DRAFT CARMARTHENSHIRE COUNTY COUNCIL - WELL-BEING OBJECTIVES 2017/18 177 - 212
 - 9.2 PARTNERSHIP ARRANGEMENTS ESTABLISHED IN WEST WALES UNDER PART 9 OF THE SOCIAL SERVICES AND WELLBEING (WALES) ACT 2014 AND THE WEST WALES POPULATION ASSESSMENT 213 - 396
10. MINUTES FOR INFORMATION (AVAILABLE TO VIEW ON THE WEBSITE)
 - 10.1 AUDIT COMMITTEE - 6TH JANUARY 2017
 - 10.2 SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE - 25TH JANUARY, 2017
 - 10.3 EDUCATION & CHILDREN SCRUTINY COMMITTEE - 26TH JANUARY, 2017
 - 10.4 COMMUNITY SCRUTINY COMMITTEE - 30TH JANUARY, 2017
 - 10.5 POLICY AND RESOURCES SCRUTINY COMMITTEE - 8TH FEBRUARY, 2017
 - 10.6 PLANNING COMMITTEE - 9TH FEBRUARY, 2017
 - 10.7 APPEALS COMMITTEE - 10TH FEBRUARY 2017

COUNTY COUNCIL 8th March 2017

SETTING THE COUNCIL TAX FOR THE FINANCIAL YEAR 2017/18

Recommendations / key decisions required:

That Members adopt the recommendations contained within the report.

Reasons:

To set the Council Tax for the year 2017/18

Relevant Scrutiny Committee Consulted	YES
Exec Board Decision Required	YES
Council Decision Required	YES

- EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:- Cllr. David Jenkins (Resources)

Directorate:
Corporate Services

Name of Head of Service:
Owen Bowen

Report Author:
Owen Bowen

Designations:

Head of Financial Services

Tel No:
01267 224886

E Mail Address:
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EXECUTIVE SUMMARY

COUNTY COUNCIL 8th March 2017

SETTING THE COUNCIL TAX FOR THE FINANCIAL YEAR 2017/18

The County Council is required annually to set its Council Tax for the forthcoming Financial Year.

This Report sets out the financial details relevant to the setting of the Council Tax for 2017/18 together with the Council Tax amounts in respect of the different Council Tax Valuation Bands, as applicable to each of the individual Community and Town Council area.

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: O Bowen

Head of Financial Services

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

1. Policy, Crime & Disorder and Equalities

The Budget has been prepared having regard for the Corporate Strategy

2. Legal

Budget setting process complies with legislative requirements

3. Finance

The Authority's Council Tax (exclusive of Town/Community Council precepts) will increase by 2.50% with the Band D Council Tax = £1,145.61

Average Council Tax (Band D) inclusive of Community/Town Council precepts will be set at £1221.00 as per section 33 of the Local Government Finance Act 1992.

CONSULTATIONS

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

Signed: O Bowen

Head of Financial Services

1. Scrutiny Committee

All scrutiny committees have been consulted during December 2016 and January 2017, with the feedback included in the Revenue Budget Strategy report to full Council on 22nd February 2017

2. Local Member(s)

Not Applicable

3. Community / Town Council

Full consultation has been undertaken in respect of the County Council budget and was detailed in the Revenue Budget Strategy 2017/18 to 2019/20 report to County Council on 22nd February 2017.

4. Relevant Partners

Full consultation has been undertaken in respect of the County Council budget and was detailed in the Revenue Budget Strategy 2017/18 to 2019/20 report to County Council on 22nd February 2017.

5. Staff Side Representatives and other Organisations

Full consultation has been undertaken in respect of the County Council budget and was detailed in the Revenue Budget Strategy 2017/18 to 2019/20 report to County Council on 22nd February 2017.

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

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

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Council Tax Base – 2017/18 Base report to Executive Board 22 nd December 2016		County Hall
Revenue Budget Strategy 2017/18 to 2019/20 and Capital Investment Programme 2017/22 - County Council Reports 22 nd February 2017		County Hall
Dyfed Powys Police Authority precept Town/Community Council precepts		County Hall
Local Government Act 1992		

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REPORT OF THE DIRECTOR OF CORPORATE SERVICES COUNTY COUNCIL

8th March 2017

SETTING THE COUNCIL TAX FOR THE FINANCIAL YEAR BEGINNING 1st APRIL 2017

HEAD OF SERVICE & DESIGNATION. O Bowen, Head of Financial Services	DIRECTORATE Corporate Services	TELEPHONE NO. 01267 224886
AUTHOR & DESIGNATION O Bowen, Head of Financial Services	DIRECTORATE Corporate Services	TELEPHONE NO 01267 224886

The Revenue Budget 2017/18 was finalised and presented to County Council on the 22nd February 2017 and the Authority has now received all the precept requirements from the Town and Community Councils and Police and Crime Commissioner for Dyfed Powys.

This report now concludes the formal budget setting process and requires County Council to formally set the Budget Requirement and Council Tax for 2017/18.

Recommendations

1. That it be noted that the Revenue Budget 2017/18, together with outlook for 2018/19 and 2019/20, and the Five Year Capital Programme (Council Fund) 2017/22 was approved by County Council on the 22nd February 2017.
2. That it be noted that:
 - a. the County Council General Fund Reserve at 31st March 2017 is estimated to be £7.4m and that the Revenue Budget for 2017/18 includes no proposals for the use of the General Fund Reserve.
 - b. the Director of Corporate Services after taking account of the above confirms that the estimated level of financial reserves is adequate for the financial year 2017/18.
 - c. the Director of Corporate Services confirms that the build up of the County Council estimates for the purpose of the calculation under section 32 of the Local Government Finance Act 1992 has been undertaken in a robust manner.
3. That it be noted that at its meeting on 22nd December 2016, the Executive Board calculated the following amounts for the year 2017/18 in accordance with regulations made under Section 33(5) of the Local Government Finance Act 1992: -
 - (a) **£71,598.56** being the amount calculated by the Council, in accordance with the Local Authorities (Calculation of Tax Base) (Wales) Regulations 1995, as its council tax base for the year.

(b)

COMMUNITY	TAX BASE	COMMUNITY	TAX BASE
ABERGWILI	725.11	LLANYCRWYS	101.11
ABERNANT	127.13	PENCARREG	524.85
BRONWYDD	274.28	NEWCASTLE EMLYN	447.10
CILYMAENLLWYD	328.36	CARMARTHEN TOWN	5,330.33
CYNWYL ELFED	453.16	AMMANFORD	1,909.52
EGLWYSCUMMIN	183.79	CWMAMAN	1,535.36
GORSLAS	1,874.01	LLANDEILO	777.26
HENLLANFALLTEG	215.54	LLANDOVERY	771.75
LAUGHARNE	553.09	BETTWS	875.96
LLANARTHNEY	384.24	CILYCWM	219.62
LLANBOIDY	424.67	CYNWYL GAEO	426.92
LLANDDAROG	545.82	DYFFRYN CENNEN	518.36
LLANDDOWROR & LLANMILOE	336.24	LLANDDEUSANT	123.33
LLANDYFAELOG	602.93	LLANDYBIE	4,220.23
LLANGAIN	281.71	LLANEGWAD	695.80
LLANGYNDEYRN	1,375.50	LLANFAIR-AR-Y-BRYN	270.18
LLANGUNNOR	1,142.24	LLANFIHANGEL ABERBYTHYCH	567.20
LLANGYNIN	131.24	LLANFYNYDD	222.21
LLANGYNOG	226.74	LLANGADOG	610.73
LLANLLAWDDOG	323.35	LLANGATHEN	262.41
LLANPUMPSAINT	321.56	LLANSADWRN	222.24
LLANSTEFFAN & LLANYBRI	559.55	LLANSAWEL	194.76
LLANWINIO	197.25	LLANWRDA	229.53
MEIDRIM	260.28	MANORDEILO & SALEM	774.15
NEWCHURCH & MERTHYR	306.74	MYDDFAI	178.60
PENDINE	157.66	QUARTER BACH	932.63
ST CLEARS	1,305.46	TALLEY	243.99
ST ISHMAELS	750.07	LLANELLI TOWN	8,646.89
TRELECH A'R BETWS	321.08	LLANELLI RURAL	8,030.80
WHITLAND	695.59	PEMBREY & BURRY PORT	3,178.94
CENARTH	531.51	KIDWELLY TOWN	1,360.17
LLANFIHANGEL-AR-ARTH	887.06	LLANEDI	2,165.59
LLANFIHANGEL RHOS-Y-CORN	215.43	LLANGENNECH	1,913.71
LLANGELER	1,470.92	LLANNON	1,886.62
LLANLLWNI	317.03	PONTYBEREM	987.22
LLANYBYDDER	584.70	TRIMSARAN	851.45
		TOTAL	71,598.56

being the amounts calculated by the Council, in accordance with Regulation 6 of the above Regulations, as the amounts of its council tax base for the year for dwellings in those parts of its area to which one or more special items relate.

4. That the following amounts be now calculated by the Council for the year 2017-18 in accordance with sections 32 to 36 of the Local Government Finance Act 1992: -
- (a) **£545,380,012** being the aggregate of the amounts which the Council estimates for the items set out in Section 32(2)(a) to (e) of the Act (including Community Council Precepts totaling £5,397,444)
 - (b) **£205,905,575** being the aggregate of the amounts which the Council estimates for the items set out in Section 32(3)(a) to (c) of the Act.
 - (c) **£339,474,437** being the amount by which the aggregate at 4(a) above exceeds the aggregate at 4(b) above, calculated by the Council, in accordance with Section 32(4) of the Act, as its budget requirement for the year.
 - (d) **£252,052,742** being the aggregate of the sums which the Council estimates will be payable for the year into its council fund in respect of redistributed non-domestic rates, revenue support grant, or additional grant less discretionary non-domestic rate relief.
 - (e) **£1,221.00** being the amount at 4(c) above less the amount at 4(d) above, all divided by the amount at 3 above, calculated by the Council, in accordance with Section 33(1) of the Act, as the basic amount of its council tax for the year.
 - (f) **£5,397,444** being the aggregate amount of all special items referred to in Section 34(1) of the Act.
 - (g) **£1,145.61** being the amount at 4(e) above less the result given by dividing the amount at 4(f) above by the amount at 3 above, calculated by the Council, in accordance with section 34(2) of the Act, as the basic amount of its council tax for the year for dwellings in those parts of its area to which no special item relates.

(h)

COMMUNITY	BASIC AMOUNT OF COUNCIL TAX	COMMUNITY	BASIC AMOUNT OF COUNCIL TAX
	£		£
ABERGWILI	1,182.57	LLANYCRWYS	1,156.98
ABERNANT	1,165.27	PENCARREG	1,169.43
BRONWYDD	1,177.99	NEWCASTLE EMLYN	1,205.28
CILYMAENLLWYD	1,163.88	CARMARTHEN	1,272.11
CYNWYL ELFED	1,171.61	AMMANFORD	1,211.42
EGLWYSCUMMIN	1,178.26	CWMAMAN	1,289.04
GORSLAS	1,186.26	LLANDEILO	1,221.67
HENLLANFALLTEG	1,159.53	LLANDOVERY	1,214.32
LAUGHARNE	1,198.04	BETWS	1,170.73
LLANARTHNE	1,192.46	CILYCWM	1,168.38
LLANBOIDY	1,181.93	CYNWYL GAEO	1,159.66
LLANDDAROG	1,176.84	DYFFRYN CENNEN	1,155.26
LLANDDOWROR & LLANMILOE	1,191.71	LLANDDEUSANT	1,163.45
LLANDYFAELOG	1,179.19	LLANDYBIE	1,188.26
LLANGAIN	1,179.05	LLANEGWAD	1,159.98
LLANGYNDEYRN	1,181.53	LLANFAIR-AR-Y-BRYN	1,162.27
LLANGUNNOR	1,171.87	LLANFIHANGEL ABERBYTHYCH	1,176.46
LLANGYNIN	1,170.72	LLANFYNYDD	1,172.61
LLANGYNOG	1,178.45	LLANGADOG	1,178.36
LLANLLAWDDOG	1,167.04	LLANGATHEN	1,173.05
LLANPUMSAINT	1,167.61	LLANSADWRN	1,172.61
LLANSTEFFAN & LLANYBRI	1,183.14	LLANSAWEL	1,164.86
LLANWINIO	1,176.03	LLANWRDA	1,180.46
MEIDRIM	1,184.03	MANORDEILO & SALEM	1,163.69
NEWCHURCH & MERTHYR	1,166.80	MYDDFAI	1,161.85
PENDINE	1,192.61	QUARTER BACH	1,225.14
ST CLEARNS	1,206.26	TALLEY	1,178.40
ST ISHMAELS	1,188.94	LLANELLI TOWN	1,238.13
TRELECH A'R BETWS	1,145.61	LLANELLI RURAL	1,271.50
WHITLAND	1,204.82	PEMBREY & BURRY PORT	1,249.24
CENARTH	1,162.54	KIDWELLY	1,237.41
LLANFIHANGEL-AR-ARTH	1,196.34	LLANEDI	1,240.27
LLANFIHANGEL RHOS-Y-CORN	1,180.42	LLANGENNECH	1,247.87
LLANGELER	1,166.68	LLANNON	1,295.52
LLANLLWNI	1,183.78	PONTYBEREM	1,253.85
LLANYBYDDER	1,190.08	TRIMSARAN	1,219.16

being the amounts given by adding to the amount at 4(g) above, the amounts of the special items relating to dwellings in those parts of the Council's area mentioned above divided in each case by the amount at 3(b) above, calculated by the Council in accordance with Section 34(3) of the Act, as the basic amounts of its council tax for the year for dwellings in those parts of its area to which one or more special items relate.

(i)

COMMUNITY	2017-18								
	BAND A	BAND B	BAND C	BAND D	BAND E	BAND F	BAND G	BAND H	BAND I
	£	£	£	£	£	£	£	£	£
ABERGWILI	788.38	919.78	1,051.17	1,182.57	1,445.36	1,708.16	1,970.95	2,365.14	2,759.33
ABERNANT	776.85	906.32	1,035.80	1,165.27	1,424.22	1,683.17	1,942.12	2,330.54	2,718.96
BRONWYDD	785.33	916.21	1,047.10	1,177.99	1,439.77	1,701.54	1,963.32	2,355.98	2,748.64
CILYMAENLLWYD	775.92	905.24	1,034.56	1,163.88	1,422.52	1,681.16	1,939.80	2,327.76	2,715.72
CYNWYL ELFED	781.07	911.25	1,041.43	1,171.61	1,431.97	1,692.33	1,952.68	2,343.22	2,733.76
EGLWYSCUMMIN	785.51	916.42	1,047.34	1,178.26	1,440.10	1,701.93	1,963.77	2,356.52	2,749.27
GORSLAS	790.84	922.65	1,054.45	1,186.26	1,449.87	1,713.49	1,977.10	2,372.52	2,767.94
HENLLANFALLTEG	773.02	901.86	1,030.69	1,159.53	1,417.20	1,674.88	1,932.55	2,319.06	2,705.57
LAUGHARNE	798.69	931.81	1,064.92	1,198.04	1,464.27	1,730.50	1,996.73	2,396.08	2,795.43
LLANARTHNE	794.97	927.47	1,059.96	1,192.46	1,457.45	1,722.44	1,987.43	2,384.92	2,782.41
LLANBOIDY	787.95	919.28	1,050.60	1,181.93	1,444.58	1,707.23	1,969.88	2,363.86	2,757.84
LLANDDAROG	784.56	915.32	1,046.08	1,176.84	1,438.36	1,699.88	1,961.40	2,353.68	2,745.96
LLANDDOWROR & LLANMILOE	794.47	926.89	1,059.30	1,191.71	1,456.53	1,721.36	1,986.18	2,383.42	2,780.66
LLANDYFAELOG	786.13	917.15	1,048.17	1,179.19	1,441.23	1,703.27	1,965.32	2,358.38	2,751.44
LLANGAIN	786.03	917.04	1,048.04	1,179.05	1,441.06	1,703.07	1,965.08	2,358.10	2,751.12
LLANGYNDEYRN	787.69	918.97	1,050.25	1,181.53	1,444.09	1,706.65	1,969.22	2,363.06	2,756.90
LLANGUNNOR	781.25	911.45	1,041.66	1,171.87	1,432.29	1,692.70	1,953.12	2,343.74	2,734.36
LLANGYNIN	780.48	910.56	1,040.64	1,170.72	1,430.88	1,691.04	1,951.20	2,341.44	2,731.68
LLANGYNOG	785.63	916.57	1,047.51	1,178.45	1,440.33	1,702.21	1,964.08	2,356.90	2,749.72
LLANLLAWDDOG	778.03	907.70	1,037.37	1,167.04	1,426.38	1,685.72	1,945.07	2,334.08	2,723.09
LLANPUMSAINT	778.41	908.14	1,037.88	1,167.61	1,427.08	1,686.55	1,946.02	2,335.22	2,724.42
LLANSTEFFAN & LLANYBRI	788.76	920.22	1,051.68	1,183.14	1,446.06	1,708.98	1,971.90	2,366.28	2,760.66
LLANWINIO	784.02	914.69	1,045.36	1,176.03	1,437.37	1,698.71	1,960.05	2,352.06	2,744.07
MEIDRIM	789.35	920.91	1,052.47	1,184.03	1,447.15	1,710.27	1,973.38	2,368.06	2,762.74
NEWCHURCH & MERTHYR	777.87	907.51	1,037.16	1,166.80	1,426.09	1,685.38	1,944.67	2,333.60	2,722.53
PENDINE	795.07	927.59	1,060.10	1,192.61	1,457.63	1,722.66	1,987.68	2,385.22	2,782.76
ST CLEARNS	804.17	938.20	1,072.23	1,206.26	1,474.32	1,742.38	2,010.43	2,412.52	2,814.61
ST ISHMAELS	792.63	924.73	1,056.84	1,188.94	1,453.15	1,717.36	1,981.57	2,377.88	2,774.19
TRELECH A'R BETWS	763.74	891.03	1,018.32	1,145.61	1,400.19	1,654.77	1,909.35	2,291.22	2,673.09

COMMUNITY	2017-18								
	BAND A	BAND B	BAND C	BAND D	BAND E	BAND F	BAND G	BAND H	BAND I
	£	£	£	£	£	£	£	£	£
WHITLAND	803.21	937.08	1,070.95	1,204.82	1,472.56	1,740.30	2,008.03	2,409.64	2,811.25
CENARTH	775.03	904.20	1,033.37	1,162.54	1,420.88	1,679.22	1,937.57	2,325.08	2,712.59
LLANFIHANGEL-AR-ARTH	797.56	930.49	1,063.41	1,196.34	1,462.19	1,728.05	1,993.90	2,392.68	2,791.46
LLANFIHANGEL RHOS-Y-CORN	786.95	918.10	1,049.26	1,180.42	1,442.74	1,705.05	1,967.37	2,360.84	2,754.31
LLANGELER	777.79	907.42	1,037.05	1,166.68	1,425.94	1,685.20	1,944.47	2,333.36	2,722.25
LLANLLWNI	789.19	920.72	1,052.25	1,183.78	1,446.84	1,709.90	1,972.97	2,367.56	2,762.15
LLANYBYDDER	793.39	925.62	1,057.85	1,190.08	1,454.54	1,719.00	1,983.47	2,380.16	2,776.85
LLANYCRWYS	771.32	899.87	1,028.43	1,156.98	1,414.09	1,671.19	1,928.30	2,313.96	2,699.62
PENCARREG	779.62	909.56	1,039.49	1,169.43	1,429.30	1,689.18	1,949.05	2,338.86	2,728.67
NEWCASTLE EMLYN	803.52	937.44	1,071.36	1,205.28	1,473.12	1,740.96	2,008.80	2,410.56	2,812.32
CARMARTHEN	848.07	989.42	1,130.76	1,272.11	1,554.80	1,837.49	2,120.18	2,544.22	2,968.26
AMMANFORD	807.61	942.22	1,076.82	1,211.42	1,480.62	1,749.83	2,019.03	2,422.84	2,826.65
CWMAMAN	859.36	1,002.59	1,145.81	1,289.04	1,575.49	1,861.95	2,148.40	2,578.08	3,007.76
LLANDEILO	814.45	950.19	1,085.93	1,221.67	1,493.15	1,764.63	2,036.12	2,443.34	2,850.56
LLANDOVERY	809.55	944.47	1,079.40	1,214.32	1,484.17	1,754.02	2,023.87	2,428.64	2,833.41
BETWS	780.49	910.57	1,040.65	1,170.73	1,430.89	1,691.05	1,951.22	2,341.46	2,731.70
CILYCWYM	778.92	908.74	1,038.56	1,168.38	1,428.02	1,687.66	1,947.30	2,336.76	2,726.22
CYNWYL GAEO	773.11	901.96	1,030.81	1,159.66	1,417.36	1,675.06	1,932.77	2,319.32	2,705.87
DYFFRYN CENNEN	770.17	898.54	1,026.90	1,155.26	1,411.98	1,668.71	1,925.43	2,310.52	2,695.61
LLANDDEUSANT	775.63	904.91	1,034.18	1,163.45	1,421.99	1,680.54	1,939.08	2,326.90	2,714.72
LLANDYBIE	792.17	924.20	1,056.23	1,188.26	1,452.32	1,716.38	1,980.43	2,376.52	2,772.61
LLANEGWAD	773.32	902.21	1,031.09	1,159.98	1,417.75	1,675.53	1,933.30	2,319.96	2,706.62
LLANFAIR-AR-Y-BRYN	774.85	903.99	1,033.13	1,162.27	1,420.55	1,678.83	1,937.12	2,324.54	2,711.96
LLANFIHANGEL ABERBYTHYCH	784.31	915.02	1,045.74	1,176.46	1,437.90	1,699.33	1,960.77	2,352.92	2,745.07
LLANFYNYDD	781.74	912.03	1,042.32	1,172.61	1,433.19	1,693.77	1,954.35	2,345.22	2,736.09
LLANGADOG	785.57	916.50	1,047.43	1,178.36	1,440.22	1,702.08	1,963.93	2,356.72	2,749.51
LLANGATHEN	782.03	912.37	1,042.71	1,173.05	1,433.73	1,694.41	1,955.08	2,346.10	2,737.12
LLANSADWRN	781.74	912.03	1,042.32	1,172.61	1,433.19	1,693.77	1,954.35	2,345.22	2,736.09
LLANSAWEL	776.57	906.00	1,035.43	1,164.86	1,423.72	1,682.58	1,941.43	2,329.72	2,718.01

COMMUNITY	2017-18								
	BAND A	BAND B	BAND C	BAND D	BAND E	BAND F	BAND G	BAND H	BAND I
LLANWRDA	786.97	918.14	1,049.30	1,180.46	1,442.78	1,705.11	1,967.43	2,360.92	2,754.41
MANORDEILO & SALEM	775.79	905.09	1,034.39	1,163.69	1,422.29	1,680.89	1,939.48	2,327.38	2,715.28
MYDDFAI	774.57	903.66	1,032.76	1,161.85	1,420.04	1,678.23	1,936.42	2,323.70	2,710.98
QUARTER BACH	816.76	952.89	1,089.01	1,225.14	1,497.39	1,769.65	2,041.90	2,450.28	2,858.66
TALLEY	785.60	916.53	1,047.47	1,178.40	1,440.27	1,702.13	1,964.00	2,356.80	2,749.60
LLANELLI TOWN	825.42	962.99	1,100.56	1,238.13	1,513.27	1,788.41	2,063.55	2,476.26	2,888.97
LLANELLI RURAL	847.67	988.94	1,130.22	1,271.50	1,554.06	1,836.61	2,119.17	2,543.00	2,966.83
PEMBREY & BURRY PORT	832.83	971.63	1,110.44	1,249.24	1,526.85	1,804.46	2,082.07	2,498.48	2,914.89
KIDWELLY	824.94	962.43	1,099.92	1,237.41	1,512.39	1,787.37	2,062.35	2,474.82	2,887.29
LLANEDI	826.85	964.65	1,102.46	1,240.27	1,515.89	1,791.50	2,067.12	2,480.54	2,893.96
LLANGENNECH	831.91	970.57	1,109.22	1,247.87	1,525.17	1,802.48	2,079.78	2,495.74	2,911.70
LLANNON	863.68	1,007.63	1,151.57	1,295.52	1,583.41	1,871.31	2,159.20	2,591.04	3,022.88
PONTYBEREM	835.90	975.22	1,114.53	1,253.85	1,532.48	1,811.12	2,089.75	2,507.70	2,925.65
TRIMSARAN	812.77	948.24	1,083.70	1,219.16	1,490.08	1,761.01	2,031.93	2,438.32	2,844.71

being the amounts given by multiplying the amounts at 4(h) above by the number which, in the proportion set out in Section 5(1) of the Act, is applicable to dwellings listed in a particular valuation band divided by the number which in that proportion is applicable to dwellings listed in valuation band D, calculated by the Council, in accordance with Section 36(1) of the Act, as the amounts to be taken into account for the year in respect of categories of dwellings listed in different valuation bands.

5. That it be noted for the year 2017/18 that the Police and Crime Commissioner for Dyfed Powys has stated the following amounts in a precept issued to the Council, in accordance with Sections 40 of the Local Government Finance Act 1992, for each of the categories of dwellings shown below: -

Band A	Band B	Band C	Band D	Band E	Band F	Band G	Band H	Band I
£	£	£	£	£	£	£	£	£
142.58	166.34	190.11	213.87	261.40	308.92	356.45	427.74	499.03

6. That, having calculated the aggregate in each case of the amounts at 4(i) and 5 above, the Council in accordance with Section 30(2) of the Local government Finance Act 1992, hereby sets the following amounts as the amounts of council tax for the year 2017/18 for each of the categories of dwellings shown overleaf:-

COMMUNITY	2017-18								
	BAND A	BAND B	BAND C	BAND D	BAND E	BAND F	BAND G	BAND H	BAND I
	£	£	£	£	£	£	£	£	£
ABERGWILI	930.96	1,086.12	1,241.28	1,396.44	1,706.76	2,017.08	2,327.40	2,792.88	3,258.36
ABERNANT	919.43	1,072.66	1,225.91	1,379.14	1,685.62	1,992.09	2,298.57	2,758.28	3,217.99
BRONWYDD	927.91	1,082.55	1,237.21	1,391.86	1,701.17	2,010.46	2,319.77	2,783.72	3,247.67
CILYMAENLLWYD	918.50	1,071.58	1,224.67	1,377.75	1,683.92	1,990.08	2,296.25	2,755.50	3,214.75
CYNWYL ELFED	923.65	1,077.59	1,231.54	1,385.48	1,693.37	2,001.25	2,309.13	2,770.96	3,232.79
EGLWYSCUMMIN	928.09	1,082.76	1,237.45	1,392.13	1,701.50	2,010.85	2,320.22	2,784.26	3,248.30
GORSLAS	933.42	1,088.99	1,244.56	1,400.13	1,711.27	2,022.41	2,333.55	2,800.26	3,266.97
HENLLANFALLTEG	915.60	1,068.20	1,220.80	1,373.40	1,678.60	1,983.80	2,289.00	2,746.80	3,204.60
LAUGHARNE	941.27	1,098.15	1,255.03	1,411.91	1,725.67	2,039.42	2,353.18	2,823.82	3,294.46
LLANARTHNE	937.55	1,093.81	1,250.07	1,406.33	1,718.85	2,031.36	2,343.88	2,812.66	3,281.44
LLANBOIDY	930.53	1,085.62	1,240.71	1,395.80	1,705.98	2,016.15	2,326.33	2,791.60	3,256.87
LLANDDAROG	927.14	1,081.66	1,236.19	1,390.71	1,699.76	2,008.80	2,317.85	2,781.42	3,244.99
LLANDDOWROR & LLANMILOE	937.05	1,093.23	1,249.41	1,405.58	1,717.93	2,030.28	2,342.63	2,811.16	3,279.69
LLANDYFAELOG	928.71	1,083.49	1,238.28	1,393.06	1,702.63	2,012.19	2,321.77	2,786.12	3,250.47
LLANGAIN	928.61	1,083.38	1,238.15	1,392.92	1,702.46	2,011.99	2,321.53	2,785.84	3,250.15
LLANGYNDEYRN	930.27	1,085.31	1,240.36	1,395.40	1,705.49	2,015.57	2,325.67	2,790.80	3,255.93
LLANGUNNOR	923.83	1,077.79	1,231.77	1,385.74	1,693.69	2,001.62	2,309.57	2,771.48	3,233.39
LLANGYNIN	923.06	1,076.90	1,230.75	1,384.59	1,692.28	1,999.96	2,307.65	2,769.18	3,230.71
LLANGYNOG	928.21	1,082.91	1,237.62	1,392.32	1,701.73	2,011.13	2,320.53	2,784.64	3,248.75
LLANLLAWDDOG	920.61	1,074.04	1,227.48	1,380.91	1,687.78	1,994.64	2,301.52	2,761.82	3,222.12
LLANPUMSAINT	920.99	1,074.48	1,227.99	1,381.48	1,688.48	1,995.47	2,302.47	2,762.96	3,223.45
LLANSTEFFAN & LLANYBRI	931.34	1,086.56	1,241.79	1,397.01	1,707.46	2,017.90	2,328.35	2,794.02	3,259.69
LLANWINIO	926.60	1,081.03	1,235.47	1,389.90	1,698.77	2,007.63	2,316.50	2,779.80	3,243.10
MEIDRIM	931.93	1,087.25	1,242.58	1,397.90	1,708.55	2,019.19	2,329.83	2,795.80	3,261.77
NEWCHURCH & MERTHYR	920.45	1,073.85	1,227.27	1,380.67	1,687.49	1,994.30	2,301.12	2,761.34	3,221.56
PENDINE	937.65	1,093.93	1,250.21	1,406.48	1,719.03	2,031.58	2,344.13	2,812.96	3,281.79
ST CLEARS	946.75	1,104.54	1,262.34	1,420.13	1,735.72	2,051.30	2,366.88	2,840.26	3,313.64
ST ISHMAELS	935.21	1,091.07	1,246.95	1,402.81	1,714.55	2,026.28	2,338.02	2,805.62	3,273.22
TRELECH A'R BETWS	906.32	1,057.37	1,208.43	1,359.48	1,661.59	1,963.69	2,265.80	2,718.96	3,172.12

COMMUNITY	2017-18								
	BAND A	BAND B	BAND C	BAND D	BAND E	BAND F	BAND G	BAND H	BAND I
	£	£	£	£	£	£	£	£	£
WHITLAND	945.79	1,103.42	1,261.06	1,418.69	1,733.96	2,049.22	2,364.48	2,837.38	3,310.28
CENARTH	917.61	1,070.54	1,223.48	1,376.41	1,682.28	1,988.14	2,294.02	2,752.82	3,211.62
LLANFIHANGEL-AR-ARTH	940.14	1,096.83	1,253.52	1,410.21	1,723.59	2,036.97	2,350.35	2,820.42	3,290.49
LLANFIHANGEL RHOS-Y-CORN	929.53	1,084.44	1,239.37	1,394.29	1,704.14	2,013.97	2,323.82	2,788.58	3,253.34
LLANGELER	920.37	1,073.76	1,227.16	1,380.55	1,687.34	1,994.12	2,300.92	2,761.10	3,221.28
LLANLLWNI	931.77	1,087.06	1,242.36	1,397.65	1,708.24	2,018.82	2,329.42	2,795.30	3,261.18
LLANYBYDDER	935.97	1,091.96	1,247.96	1,403.95	1,715.94	2,027.92	2,339.92	2,807.90	3,275.88
LLANYCRWYS	913.90	1,066.21	1,218.54	1,370.85	1,675.49	1,980.11	2,284.75	2,741.70	3,198.65
PENCARREG	922.20	1,075.90	1,229.60	1,383.30	1,690.70	1,998.10	2,305.50	2,766.60	3,227.70
NEWCASTLE EMLYN	946.10	1,103.78	1,261.47	1,419.15	1,734.52	2,049.88	2,365.25	2,838.30	3,311.35
CARMARTHEN	990.65	1,155.76	1,320.87	1,485.98	1,816.20	2,146.41	2,476.63	2,971.96	3,467.29
AMMANFORD	950.19	1,108.56	1,266.93	1,425.29	1,742.02	2,058.75	2,375.48	2,850.58	3,325.68
CWMAMAN	1,001.94	1,168.93	1,335.92	1,502.91	1,836.89	2,170.87	2,504.85	3,005.82	3,506.79
LLANDEILO	957.03	1,116.53	1,276.04	1,435.54	1,754.55	2,073.55	2,392.57	2,871.08	3,349.59
LLANDOVERY	952.13	1,110.81	1,269.51	1,428.19	1,745.57	2,062.94	2,380.32	2,856.38	3,332.44
BETWS	923.07	1,076.91	1,230.76	1,384.60	1,692.29	1,999.97	2,307.67	2,769.20	3,230.73
CILYCWM	921.50	1,075.08	1,228.67	1,382.25	1,689.42	1,996.58	2,303.75	2,764.50	3,225.25
CYNWYL GAEO	915.69	1,068.30	1,220.92	1,373.53	1,678.76	1,983.98	2,289.22	2,747.06	3,204.90
DYFFRYN CENNEN	912.75	1,064.88	1,217.01	1,369.13	1,673.38	1,977.63	2,281.88	2,738.26	3,194.64
LLANDDEUSANT	918.21	1,071.25	1,224.29	1,377.32	1,683.39	1,989.46	2,295.53	2,754.64	3,213.75
LLANDYBIE	934.75	1,090.54	1,246.34	1,402.13	1,713.72	2,025.30	2,336.88	2,804.26	3,271.64
LLANEGWAD	915.90	1,068.55	1,221.20	1,373.85	1,679.15	1,984.45	2,289.75	2,747.70	3,205.65
LLANFAIR-AR-Y-BRYN	917.43	1,070.33	1,223.24	1,376.14	1,681.95	1,987.75	2,293.57	2,752.28	3,210.99
LLANFIHANGEL ABERBYTHYCH	926.89	1,081.36	1,235.85	1,390.33	1,699.30	2,008.25	2,317.22	2,780.66	3,244.10
LLANFYNYDD	924.32	1,078.37	1,232.43	1,386.48	1,694.59	2,002.69	2,310.80	2,772.96	3,235.12
LLANGADOG	928.15	1,082.84	1,237.54	1,392.23	1,701.62	2,011.00	2,320.38	2,784.46	3,248.54
LLANGATHEN	924.61	1,078.71	1,232.82	1,386.92	1,695.13	2,003.33	2,311.53	2,773.84	3,236.15
LLANSADWRN	924.32	1,078.37	1,232.43	1,386.48	1,694.59	2,002.69	2,310.80	2,772.96	3,235.12
LLANSAWEL	919.15	1,072.34	1,225.54	1,378.73	1,685.12	1,991.50	2,297.88	2,757.46	3,217.04

COMMUNITY	2017-18								
	BAND A	BAND B	BAND C	BAND D	BAND E	BAND F	BAND G	BAND H	BAND I
	£	£	£	£	£	£	£	£	£
LLANWRDA	929.55	1,084.48	1,239.41	1,394.33	1,704.18	2,014.03	2,323.88	2,788.66	3,253.44
MANORDEILO & SALEM	918.37	1,071.43	1,224.50	1,377.56	1,683.69	1,989.81	2,295.93	2,755.12	3,214.31
MYDDFAI	917.15	1,070.00	1,222.87	1,375.72	1,681.44	1,987.15	2,292.87	2,751.44	3,210.01
QUARTER BACH	959.34	1,119.23	1,279.12	1,439.01	1,758.79	2,078.57	2,398.35	2,878.02	3,357.69
TALLEY	928.18	1,082.87	1,237.58	1,392.27	1,701.67	2,011.05	2,320.45	2,784.54	3,248.63
LLANELLI TOWN	968.00	1,129.33	1,290.67	1,452.00	1,774.67	2,097.33	2,420.00	2,904.00	3,388.00
LLANELLI RURAL	990.25	1,155.28	1,320.33	1,485.37	1,815.46	2,145.53	2,475.62	2,970.74	3,465.86
PEMBREY & BURRY PORT	975.41	1,137.97	1,300.55	1,463.11	1,788.25	2,113.38	2,438.52	2,926.22	3,413.92
KIDWELLY	967.52	1,128.77	1,290.03	1,451.28	1,773.79	2,096.29	2,418.80	2,902.56	3,386.32
LLANEDI	969.43	1,130.99	1,292.57	1,454.14	1,777.29	2,100.42	2,423.57	2,908.28	3,392.99
LLANGENNECH	974.49	1,136.91	1,299.33	1,461.74	1,786.57	2,111.40	2,436.23	2,923.48	3,410.73
LLANNON	1,006.26	1,173.97	1,341.68	1,509.39	1,844.81	2,180.23	2,515.65	3,018.78	3,521.91
PONTYBEREM	978.48	1,141.56	1,304.64	1,467.72	1,793.88	2,120.04	2,446.20	2,935.44	3,424.68
TRIMSARAN	955.35	1,114.58	1,273.81	1,433.03	1,751.48	2,069.93	2,388.38	2,866.06	3,343.74

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COUNTY COUNCIL

8th MARCH 2017

Pay Policy Statement 2017-2018

Recommendations / Key decisions required:

- To approve the enclosed Pay Policy Statement.

Reasons:

- In order to comply with Section 38(1) of the Localism Act 2011.

Executive Board Decision Required: N/A
Council Decision Required: YES

Executive Board Member Portfolio Holder:

Cllr. Mair Stephens (Human Resources, Efficiencies & Collaboration)

<p>Directorate: Chief Executive's</p> <p>Name of Head of Service: Paul R. Thomas</p> <p>Report Author: Paul R. Thomas</p>	<p>Designation:</p> <p>Assistant Chief Executive (People Management & Performance)</p>	<p>Tel No. / E-Mail Address:</p> <p>01267 226123 prthomas@carmarthenshire.gov.uk</p>
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EXECUTIVE SUMMARY

COUNTY COUNCIL

8th MARCH 2017

Pay Policy Statement 2017-2018

Summary

The Localism Act received Royal Assent on 15th November 2011. The Act's provisions include a requirement for Local Authorities to prepare a pay policy statement for the financial year 2017 – 2018 and each subsequent financial year.

The pay policy statement for a financial year will require the approval of full Council, and cannot be delegated to the Authority's Executive, and must set out the Authority's policies for the financial year relating to the remuneration of its Chief Officers, the remuneration of its lowest-paid employees and the relationship between the remuneration of its Chief Officers, and its employees who are not Chief Officers.

The politically balanced Pay Policy Advisory Panel has input into the formulation of the Pay Policy Statement, and the recommendations of that Panel have been incorporated into final document for approval by County Council.

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: Paul R. Thomas Assistant Chief Executive (People Management & Performance)

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 Revised Discretionary Compensation Policy (as required by the LGPS Discretionary Regulations) contained in the Pay Policy statement has been approved by County Council. Pay and Grading structures have been Equality Impact assessed where appropriate and a programme of Equal Pay audits is in place.

2. Legal

Under Section 38(1) of the Localism Act 2011, the Council is required to approve its Pay Policy Statement by 31st March each year.

3. Finance

The contents of the Pay Policy reflect the Revenue Budget approved by County Council in February 2017.

5. Risk Management Issues

The Council is statutorily bound to have a pay policy in place by 31st March each year prior to the commencement of the forthcoming financial year.

6. Staffing Implications

This Pay Policy is applicable to all staff with the exception of teachers who are covered by a statutory pay framework.



CONSULTATIONS

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

Signed: Paul R. Thomas Assistant Chief Executive (People Management & Performance)

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

The politically balanced Pay Policy Advisory Panel has input into the formulation of the Pay Policy Statement, and the recommendations of that Panel have been incorporated into final document for approval by County Council.

The recognised Trade Unions have been consulted on the Pay Policy Statement 2017-2018.

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



Pay Policy Statement

2017-18

28th February 2017



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1.0 Leader's Introduction

Carmarthenshire Council recognises the public interest in public sector pay and is committed to being open, transparent and accountable, and as Leader, I want to ensure that our Council tax payers have access to information about how we pay people.



Council services are delivered by people, and the majority of the people we employ live and work in this County. I want to ensure that our services are the best they can possibly be, and that the pay policy seeks to ensure we can attract, retain and motivate the best employees with the right skills to deliver first class services to our Council Tax payers and other stakeholders, that represent excellent Value For Money.

The Council is one of the main employers in this area and it is important that it can offer good quality employment on reasonable terms and conditions and fair rates of pay. This has a beneficial impact on the quality of life within the community as well as on the local economy.

The Council is committed to taking an open and transparent approach to pay, which will enable the local taxpayer to readily access our pay policy statement, understand and take an informed view of whether local decisions on all aspects of remuneration are fair and make best use of public funds. To assist with this, Carmarthenshire County Council has a cross party politically balanced Members Pay Advisory Group that advises the Council on the content of its Pay Policy Statement.

Councillor Emlyn Dole

Leader Carmarthenshire County Council

2.0 Purpose

Under section 112 of the Local Government Act 1972, the Council has the “power to appoint officers on such reasonable terms and conditions as the authority thinks fit”. This Pay Policy Statement (the ‘statement’) sets out the Council’s approach to pay in accordance with the requirements of Section 38 of the Localism Act 2011. It takes account of the Revised Guidance relating to Pay Policy statements issued by the Welsh Government on 16th January 2016, on Pay Accountability in Local Government in Wales, and the supplementary guidance and the suggested good practice issued by the Public Services Staff Commission in December 2016.

The purpose of the statement is to provide transparency with regard to the Council’s approach to setting the pay of its employees (excluding those working in local authority schools) by identifying the methods by which salaries of all employees are determined. This requires English and Welsh Local Authorities to produce and publish a Pay Policy Statement for each financial year detailing:

- The Council’s policies towards all aspects and elements of the remuneration of its Officers and Chief Officers are included within Appendices **A** to **J** of this Pay policy Statement;
- The approach to the publication of, and access to, information relating to all aspects of the remuneration of Chief Officers;
- The Council’s policy on the remuneration of its lowest paid employees;
- The relationship between the remuneration of its Chief Officers and other employees.

This is Carmarthenshire County Council’s sixth annual Pay Policy Statement. This Statement covers the period 1st April 2017 to 31st March 2018.

Once approved by the full Council, this policy statement will supersede the 2016/2017 Pay Policy Statement, and will be subject to review in accordance with the relevant legislation prevailing at that time.

3.0 Legislative Framework

In determining the pay and remuneration of all of its employees, the Council will comply with all relevant employment legislation. This includes the Equality Act 2010, Part Time Employment (Prevention of Less Favourable Treatment)

Regulations 2000, The Agency Workers Regulations 2010 and where relevant, the Transfer of Undertakings (Protection of Earnings) Regulations. With regard to the Equal Pay requirements contained within the Equality Act, the Council aims to ensure there is no pay discrimination within its pay structures and that all pay differentials can be objectively justified through the use of equality proofed Job Evaluation mechanisms which directly relate salaries to the requirements, demands and responsibilities of the role.

4.0 Scope of the Pay Policy

The Localism Act 2011 requires local authorities to develop and make public their Pay Policy on all aspects of Chief Officer remuneration (including on ceasing to hold office), and also in relation to the "lowest paid" in the Council, explaining their Policy on the relationship between remuneration for Chief Officers and other groups.

The provisions in the Localism Act 2011 which relate to Pay Policy statements only apply to employees directly appointed and managed by the Council. Employees who are appointed and managed by school head teachers/Governing Bodies are, therefore, not required to be included within the scope of Pay Policy statements. This reflects the unique employment legislation position whereby all schools employees are employed by the local authority but decisions about the appointment and management of such employees are mostly discharged by head teachers/governing bodies, as appropriate. However, all Governing Bodies within Carmarthenshire (including Voluntary Aided Schools) have formally agreed to adopt the Single Status Pay Model and associated terms and conditions of employment for all locally employed staff, with the exception of Teachers who are employed under the nationally agreed Teachers Pay and Conditions.

In the interests of consistency and transparency, the pay-related data which is set out in this Pay Policy statement takes into account the position not including those employees who are appointed and managed by head teachers/governing bodies.

5.0 Terms and Conditions of Employment

The Council employs approximately 7,900 employees. Their employment is covered by a range of terms and conditions drawn from either:

- National Joint Council for Local Government Services

- Joint National Council for Chief Executives
- Joint National Council for Chief Officers
- Soulbury Committee
- The Joint National Council for Youth and Community Workers
- School Teachers Pay and Conditions

The following are provided as Appendices to this policy:

- Carmarthenshire County Council's Pay Grades - Local Government Services Employees (**Appendix A**)
- Carmarthenshire County Council's JNC Chief Executive and Chief Officer Pay Grades (**Appendix B**)
- **Officer Employment Procedure Rules (Appendix C)**
- National Pay Grades - Soulbury (**Appendix D**)
- National Pay Grades - JNC Youth & Community Worker (**Appendix E**)
- Local Government Services Employees - Acting Up and Honoraria Schemes (**Appendix F**)
- Market Supplement Scheme (**Appendix G**)
- Discretionary Compensation Regulations (**Appendix H**)
- Severance Scheme (**Appendix I**)
- Flexible Retirement Policy (**Appendix J**)

A breakdown of staff numbers by pay band and gender is included in the **Equal Pay Audit/Equalities Report**.

National Pay Awards

For all employee groups, any nationally agreed pay awards, negotiated at a national level by the local government employers in conjunction with the recognised Trade Unions will be applied, including Chief Officers and the Chief Executive. The Council will pay these nationally agreed pay awards as and when determined unless full Council decides otherwise.

A two year Pay Award for the NJC for Local Government Services had been agreed from 01 April 2016 to 31 March 2018. For points 17 and below, there is a higher percentage increase, ensuring compliance with the national living Wage, with a 1% applied to points 18 and above.

On 1st April 2016, the statutory National Living wage was introduced at a rate of £7.20 per hour and in accordance with the Autumn Statement will increase to £7.50 from the 1st April 2017. As our current pay model starts at SCP 9 with an hourly rate of £7.97 per hour, the current Pay Model will be unaffected for 2017/18

Job Evaluation

Job evaluation is a systematic way of determining the value/worth of a job in relation to other jobs within an organisation. It aims to make a systematic comparison between jobs to assess their relative worth for the purpose of establishing a rational pay structure and pay equity between jobs. The Council completed a job evaluation exercise in 2010/2011 in relation to posts governed by NJC employee conditions of service. A new pay and grading Structure, based on the outcome of the job evaluation exercise, was introduced in 2011/12.

The Council uses the nationally negotiated pay spine as the basis for its pay and grading structure. This determines the salaries of the large majority of the Council's non-teaching workforce.

All other pay-related terms and conditions are the subject of national and/or locally negotiated arrangements and referred to the Executive Board and/or Full Council as appropriate.

The senior manager grade (O) was introduced during 16/17 to address differential between the top of this locally agreed grading structure and the bottom of the JNC pay scales. This is to provide the Authority with greater flexibility in the reallocation of responsibilities following the reduction in the number of Head of Service posts. It is intended that a small number of posts will fall into this grade. Any proposal to apply Grade O to any post must be agreed and authorised by the Chief Executive.

Starting salaries

All appointments to jobs with the Council are made at the minimum of the relevant pay grade, although this can be varied where necessary.

The Recruiting Manager in conjunction with HR can authorise a variation of starting salary for all jobs other than those employed on Chief Officer terms and conditions. The Appointments Panels 'A' (for Corporate Directors) and 'B' (for Heads of Service) will determine the starting salary of Heads of Service and full Council will determine the starting salary of the Chief Executive.

Other pay-related terms and conditions

All other pay-related allowances are the subject of national and/or locally negotiated agreements.

The terms and conditions of employment relating to annual leave, hours of work, overtime payment, weekend working arrangements and sick pay for all employee groups (with the exception of teaching staff) are set out in our relevant People Management policies.

Acting Up and Honoraria Payments

There may be occasions when an employee is asked to carry out duties which are additional to those of their substantive post, for a period of time, or to 'act up' into a more senior job within the Council, covering the full range of duties of the higher job. In such circumstances an additional payment may be made in line with the Council's policy on payment of acting up or honoraria. The schemes can be found at **Appendix F** and apply to LGS employees only.

The Chief Executive must approve any acting up or honoraria payments proposed for Chief Officers, or where the acting up or honoraria payments would result in the total pay package exceeding £100,000, then approval must be sought from full Council.

Payment of honoraria will only apply to situations of more than four weeks duration and will normally be for the maximum period of up to 12 months, and subject to three monthly interval review unless otherwise agreed.

Market Supplement Scheme

The use of job evaluation enables the Council to set appropriate remuneration levels based on internal job size relativities within the Council. However, from time to time, in exceptional circumstances it may be necessary to take account of the external pay market in order to attract and retain employees with the necessary specific experience, skills and capacity where these attributes are in short supply.

The Council has a Market Supplement Scheme for employees to ensure that the requirement for any market pay supplements is objectively justified by reference to clear and transparent evidence of relevant market comparators, using appropriate data sources. It is the Council's policy that any such additional payments are kept to a minimum and reviewed on a regular basis so that they can be withdrawn where no longer considered necessary for recruitment and retention. The principles underpinning this Market Supplement

Scheme are equally applicable to all other employee groups within the Council and may be implemented accordingly.

Local Government Pension Scheme (LGPS)

Subject to qualifying conditions, employees have a right to join the Local Government Pension Scheme (or the Teachers' Pension Scheme, where applicable) and are contractually enrolled into the LGPS, the Authority operates within the auto-enrolment framework set out within the Occupational and Personal Pension Schemes (Automatic Enrolment) Regulations 2010. The employee contribution rates, which are defined by statute, currently range between 5.5 per cent and 12.5 per cent of actual pensionable pay.

Other employee benefits

The Council believes that it has a responsibility to help support the health, safety and wellbeing of its employees in order to ensure that they are able to perform at their best. As part of this approach and in common with other large employers the Council offers staff benefits in line with its statutory obligations and employment good practice, such as eye test vouchers for users of display screen equipment at work, and salary sacrifice schemes including childcare vouchers and Cycle to Work and Car Salary Sacrifice Scheme.

6.0 Decision Making

In accordance with the Constitution of the Council, the Executive are responsible for decision making in terms of pay, terms and conditions and severance arrangements in relation to employees of the Council. The Council has agreed that a politically balanced Pay Policy Advisory Panel be established to consider the Council's Pay Policy prior to its submission to County Council for approval.

Under the Local Authorities (Standing Order) (Wales) (Amendment) Regulations 2014 any decision to determine or vary the remuneration of chief officers, or those to be appointed as chief officers, must be made by full Council.

7.0 Collective Bargaining Arrangements with Trade Unions

The Council recognises the following trade unions:

NJC for Local Government Services

UNISON

GMB

UNITE

JNC for Chief Officers

UNISON

GMB

Soulbury Committee

Association of Educational Psychologists AEP

PROSPECT

JNC for Youth & Community Workers

UNISON

GMB

Teachers

NAHT

NASUWT

NUT

UCAC

ASCL

ATL

Recognition is for the purposes of consultation and negotiation on a collective basis in relation to relevant matters, which are not determined by National Negotiating bodies, which both parties agree are appropriate / beneficial to be determined by agreement. Negotiations are conducted with the aim of reaching agreement and avoiding disputes. Recognition also relates to representation on an individual trade union member basis.

8.0 Senior Pay Remuneration

The Chief Executive

The Chief Executive has overall corporate management and operational responsibility for all staff and ensures the provision of professional and impartial advice in the decision making process to the Executive Board, Scrutiny committees, the Full Council and other committees. The Chief Executive is also required to represent the authority on partnership and external bodies (as required by statute or the council) and provides these services, on a politically neutral basis. In essence, the Chief Executive is the senior Officer who leads and takes responsibility of the Council.

The Council is a large organisation with an annual revenue spend of some £611m, and a 5 year capital investment programme of £210m, delivering a wide and diverse range of services which the citizens of the County depend upon. Responding to the ongoing reductions in public service spending requires authorities to significantly change the way that they manage their services. The Council also has an annual spend of £39m on its Housing revenue account together with a, £87m capital investment programme in respect of its Housing stock.

The role of the Chief Executive is a full-time and permanent position, and the post holder is selected on merit, against objective criteria, following public advert. The Chief Executive is appointed by full Council.

As the Head of Paid Service, the Chief Executive works closely with Councillors to deliver the strategic aims of the Council and the following priorities are included in our Well-being objectives:

Start Well

1. Help to give every child the best start in life and improve their early life experiences
2. Help children live healthy lifestyles
3. Continue to improve learner attainment for all
4. Reduce the number of young adults that are Not in Education, Employment or Training

Live Well

5. Tackle poverty by doing all we can to prevent it, help people into work and improve the lives of those living in poverty

6. Create more jobs and growth throughout the county
7. Increase the availability of rented and affordable homes
8. Help people live healthy lives (tackling risky behaviour and obesity)
9. Support good connections with friends, family and safer communities

Age Well

10. Support the growing numbers of older people to maintain dignity and independence in their later years
11. A Council wide approach to support Ageing Well in Carmarthenshire

In a Healthy and Safe Environment

12. Look after the environment now and for the future
13. Improve the highway and transport infrastructure and connectivity

The salary of the Chief Executive as Head of Paid Service with effect from the 1st April 2017 is £171,539 and falls within a range of four incremental points between £159,201 rising to a maximum of £171,539 per annum.

The Council has a statutory duty to appoint a Returning Officer for specified Elections and Referenda. The Chief Executive undertakes this role. The returning Officer is personally responsible for a wide range of function in relation to the conduct of Elections and Referenda, and is paid for discharging these functions in accordance with prescribed fees.

Fees for local elections were agreed by the Policy and Review Committee in April 1999. Fees for non-local elections are set by the Cabinet Office or Welsh Government over which the Council has no jurisdiction.

Expenses in relation to car mileage, public transport, overnight accommodation and parking etc. are claimed back in accordance with the Council's Travel and Subsistence Policy.

The Chief Executive is not an active member of the Local Government Pension Scheme as detailed in the Authority's published Statement of Accounts. There have been no increases or enhancements to the pension outside of standard arrangements.

The notice period is 3 months.

Chief Officers – Senior Staff

For the purposes of this Pay Policy statement, “Chief Officers” are as defined within Section 43 of the Localism Act.

The 21 Chief Officer posts within the substantive structure at Carmarthenshire County Council which fall within the statutory definition of Section 43, as at 31.03.2017 are:

- Chief Executive (1 post)
- Corporate Directors (4 posts)
- Assistant Chief Executives (2 posts)
- Heads of Service (14 posts)

In addition to the substantive structure the following posts are shared regionally with our partners:

- Head of Regional Collaboration (funded by CCC & 5 Regional Partners)
- Head of Integrated Services (funded by CCC/Health)
- Head of School Effectiveness (funded CCC/Pembs)
- Head of Commissioning (funded CCC/Pembs)

The Council does not permit an employee occupying any post on the Council's agreed establishment to be paid other than via the Council's payroll.

Pay

The Pay Advisory Group recommends that Senior Officer Remuneration be subject to National Pay Awards only, and that no further independent evaluation be undertaken pending the decision by Welsh Government in relation to the future of Local Government.

For the purposes of this statement, senior management means ‘chief officers’ as defined within S43 of the Localism Act. The posts falling within the statutory definition are set out below, with details of their basic salary as at 1st April 2017. These details are available on the Council's website.

- Chief Executive as the head of paid service - the salary of the post falls within a range of four incremental points between £159,201 rising to a maximum of £171,539 per annum;
- Corporate Directors as statutory and non-statutory chief officers - The salary of the posts fall within a range of four incremental points between £114,523 rising to a maximum of £123,218 per annum;

- Assistant Chief Executives as direct reports to the Head of Paid Service - The salary of the posts fall within a range of four incremental points between £97,122 rising to a maximum of £102,917 per annum;
- Heads of Service (including the Monitoring Officer) as direct reports to statutory and non-statutory chief officers - The salary of the posts fall within a range of four incremental points between £85,042 rising to a maximum of £90,709 per annum.

Following appointment and on completion of a satisfactory probationary period, progression through the incremental scale of the relevant grade is subject to satisfactory performance assessed on an annual basis. The Council does not pay bonus or performance related pay to any of its staff.

Additions to Salary of Chief Officers

Chief Officers are remunerated in accordance with their contracts of employment, which provide for a four point incremental salary scale, pension contributions, professional fees and relevant telephone allowances.

Where Chief Officers (and all other employees) use their private vehicles on Council business, the Council pays a standard mileage rate of 45 pence per mile. The Council also reimburses any other reasonable expenses, incurred by the Chief Officer on behalf of the Council whilst on Council business, on production of receipts and in accordance with JNC conditions and other local conditions.

In addition to the above, the Chief Officers who undertake the following roles receive an additional allowance of 10% of basic salary:

- Deputy Chief Executive
- JNC Heads of Service fulfilling a statutory role, or where significant Head of Service responsibilities have been transferred following a merger of portfolios.

Changes to Chief Officer Remuneration

Any determination of the level or changes to the level or remuneration to be paid to a Chief Officer will be determined by Full Council in line with the requirements of the Local Authorities (Standing Orders) (Wales) Regulations (Amendment) Regulations 2014.

The Council employs Chief Officers under JNC terms and conditions which are incorporated into individual contracts of employment. The JNC for Chief Officers negotiates on national (UK) annual cost of living pay increases for this group, and any award of same is determined on this basis. Chief Officers employed under JNC terms and conditions are contractually entitled to any national JNC determined pay rises and this council will therefore pay these as and when determined in accordance with current contractual requirements.

Recruitment and Appointment of Chief Officers

The Council's policy and procedures in relation to the recruitment of Chief Officers is set out within Table 3 of Part 3 (Responsibility for Functions) of the Council's Constitution. The Council when recruiting to all posts, will take full and proper account of its own Recruitment and Selection Policy and procedures, and any other relevant policy) (For example, Redeployment; Disclosure & Barring Scheme; Welsh Language Scheme; Equality & Diversity policies).

The determination of the remuneration to be offered to any newly appointed Chief Officer will be in accordance with the authority's pay structure and relevant policies in place at the point of recruitment.

Where the Council remains unable to recruit Chief Officers under a contract of employment or there is a need for interim support to provide cover for a vacant substantive Chief Officer post, the Council will, where necessary, consider temporary internal acting up arrangements in line with the Council's Payment of Acting Up and Honoraria Policy or external interim appointments. Internal acting up arrangements can be appointed up to a maximum of 12 months in line with the Standing Order Regulations.

Any appointments or severance payments above £100k and any amendments to this Pay Policy will require the approval of Full Council. This figure may be affected by the Public Sector Exit Payment Cap and Recovery Regulations (set out in the Small Business, Enterprise and Employment Act 2015), currently deferred for further public consultation. The Pay Policy will be updated accordingly following any such legislative changes.

Joint Appointments

The White Paper 'Reforming Local Government: Power to Local People' is the Welsh Government's statement of intent about the future of Local Government in Wales. The White Paper sets out the Welsh Government's proposals for reform in the following fields: local democracy, the roles and remuneration of Elected Members and senior officers, community governance and Community

Councils, community rights, corporate improvement, service performance, scrutiny, audit, inspection and regulation, and finance.

One of the main themes is the importance of working collaboratively, therefore when senior vacancies arise, including at Chief Officer level, the views of elected members will be sought as to whether consideration of a joint appointment would be appropriate. If members are supportive, discussions will take place with partners and neighbouring authorities to determine whether the post can be reconfigured as a joint appointment, instead of automatically being filled on a like for like basis.

If a decision is made to progress with a joint appointment, both partners will need to reach agreement on the job profile, salary and overall remuneration package of the post, together with the proportion that each party will fund. Where the Council will be the employer of the joint appointee, the determination of the salary and other pay arrangements will be in accordance with the Pay Policy.

Any Chief Officer appointment will be made in accordance with the Constitution.

Independent Remuneration Panel

Section 143A of the Local Government (Wales) Measure 2011 refers to the Independent Remuneration Panel in Wales ("the IRP") and sets out their functions in relation to salaries of heads of paid service. The IRP may make recommendations about any policy in this Pay Policy Statement which relates to the salary of the Council's head of paid service and any proposed change to the salary of the Council's Head of Paid Service. The Council, will, as required, consult the IRP in relation to any change to the salary of the head of paid service which is not commensurate with a change of the salaries of the Council's other staff, and will have regard to any recommendation received from the IRP when deciding whether or not to proceed with making the change.

The Council is required to identify in this pay policy statement whether any such referral has been made to the IRP, and if so, the nature of the referral, the IRP's decision and the Council's response. The Council has not made any such referral to the IRP.

An authority which chooses not to follow the advice of the Panel may become subject to a Ministerial direction to reconsider their position. The Act also provides that authorities will be able to reduce (but not increase) the salary payable to their head of paid service in advance of a recommendation from

the IRP, so long as the contract under which the salary is payable does not prevent the authority from changing the salary after receiving a recommendation. The Local Government (Wales) Act 2015 temporarily extends the power of the IRP, under section 143A of the Local Government (Wales) Measure 2011 to cover salaries payable to chief officers (using the Localism Act definition) as well as the head of paid service.

9.0 Talent Management

Our strategic approach to supporting Talent Management across the Council is underpinned by our People Strategy and the standards by which we strive as an Investors in People employer. We aim to support a workforce that is innovative, skilled, motivated, well informed, high performing, proud to work for Carmarthenshire County Council and committed to delivering high quality services to the public.

Key to delivering this is our ability to successfully recruit, retain and develop our employees to realise their full potential. The following provides an overview of our strategic approach to Talent Management:

Performance Management - Our 'Helping People Perform' (Appraisal) process which as well as placing an emphasis on performance, seeks to put in place personal development plans, developing the skills necessary not only for current roles, but with a future focus to support career development and succession planning. We have a supportive framework for Mentoring and Coaching at all levels and collaborative with key partners in providing this support.

Career Development – In addition to operating internal and external secondment opportunities, we encourage effective Career Development Conversations – providing potential future leaders and managers with the means to identify effective learning opportunities e.g. shadowing /attachments to projects that support organisational improvement such as our Transform, Innovate and Change programme, Internal Reviewers for Investors in People as well as those that offer both experiential and qualification opportunities e.g. Future Leaders Programme, Academi Wales Summer School .

Succession Planning –Our Work Ready Programme has successfully supported Apprentices and Graduates to gain permanent employment in key service areas. Some of our most critical and effective areas for succession planning include occupations within social care. Our Workforce Development programme equips newly qualified social workers with the advanced knowledge, skills and qualifications they need as they progress to experienced

practitioners and, in some cases to more senior practice roles. Our Language Skills Strategy not only supports statutory requirements for Welsh Language but ensures that we are planning for future skills development to sustain excellent service provision.

10.0 Performance Related Pay

The Council does not apply any bonuses or performance related pay to its staff.

11.0 Support for Lower Paid Staff

SCP 6, SCP 7 and SCP 8 have been incrementally removed from the Council's Pay Model with a view to working towards the National Living Wage (NLW). As such the lowest SCP 9 equates to £7.97 per hour (basic) compared with the NLW of £ 7.50 per hour that will take effect from 1st April 2017.

This Authority pays supplements for weekend working (8%) and term time working (4%) which increase the basic pay of mainly lower paid staff to a minimum of £8.61 for weekend workers and £ 8.29 for term time workers. These staff are therefore paid above the NLW.

From 1st April 2017, the basic pay for staff who work weekends actually meets and exceeds the requirements of the Living Wage Foundation's higher rate of £8.45 per hour.

12.0 Exit Policy

Early Retirement, Voluntary Redundancy and Compulsory Redundancy

The Council's approach to statutory and discretionary payments on termination of employment of employees, prior to reaching normal retirement age, is set out within its Discretionary Compensation Policy statement. This discretionary policy was agreed by County Council on 9th August 2014, in accordance with Local Government Pension Regulations and is attached at Appendix H.

Any other payments falling outside the provisions or the relevant periods of contractual notice shall be subject to a formal decision made in accordance with the Scheme of Delegation as contained within the Council's Constitution.

The Council operates a Severance Scheme to all its employees, payments under which are authorized in accordance with the above discretionary policy. Our current Severance Scheme is attached at Appendix I.

The Authority will comply with the Welsh Government's guidance that full Council should be given the opportunity to vote before large severance packages beyond a particular threshold are approved for Chief Officers leaving the organisation. The guidance states that "as with salaries on appointment, the Welsh Ministers consider £100,000 is the right level for that threshold to be set. Members must be made aware of any statutory or contractual entitlements due to the employee and the consequences of a non-approval by Council, in which failure to fulfil the statutory or contractual obligations may enable the employee to claim damages for breach of contract".

When calculating the value of a severance package, the following payments will be included:

- a. Salary paid in lieu of notice
- b. Lump sum redundancy/severance payment
- c. Cost to the Council of the strain on the pension fund arising from early access to an unreduced pension.

Chief Officers and all other eligible Council Employees are permitted to take flexible retirement in accordance with the provisions of the Local Government Pension Scheme and the Council's Flexible Retirement Scheme.

Exit Cap and Recovery Provisions

In 2017, the UK Government intends to introduce Regulations that will impose a cap of £95,000 on exit payments for public sector workers. It also intends to develop regulations to enable the recovery of exit payments made to employees who leave the public sector and return within 12 months, although the timetable for these regulations is not as clear. The minimum salary to which the recovery provisions will apply is £80,000 per annum. If and when the UK Government introduces these Regulations, Council policies will be updated as appropriate to take this into account.

Welsh Ministers will have the power to relax the cap in relation to exit payments made by authorities that wholly or mainly exercise devolved functions – this includes (but is not limited to) exit payments made to staff of NHS bodies, local authorities, fire and rescue services, National Park authorities and sponsored bodies in Wales. This power will come into effect when the cap is introduced

although until the regulations are finalised it is difficult to be clear on how Welsh Ministers will decide to operate this waiver in practice.

Re-employment

Employees who voluntarily leave the Council's employment under the Council's Severance Scheme cannot be re-employed in any capacity including on a casual basis, until at least 1 year has elapsed. Under no circumstances should an employee be re-appointed into the same or similar job to the one in which s/he was employed at the time of leaving. All such appointments should be made via the usual Authority's recruitment procedures.

However, in exceptional circumstances only employees may be re-employed by the Council prior to 1 year, subject to the agreement of the Chief Executive and Leader of the Council. In approving a re-employment the Authority will need to be satisfied that:

- The employee is not being re-employed in a role or capacity, which is broadly similar to the role from which they left voluntarily
- The rate of pay applied to the work undertaken by the re-engaged employee should be that appropriate to the work to be done and not the grading which applied to the employee prior to the end of their current contract
- The employment should be for a fixed term, not exceeding one year, unless there are exceptional circumstances; and
- The arrangement must provide financial / operational advantage to the Council.

This will be operated entirely at the Council's discretion and the decision in respect of each application would be final.

13.0 Pay Relativities within the Council

Lowest Paid Employees

The Council's definition of lowest paid persons for the purposes of this statement is:

- Those employed under a contract of employment with the Council who are employed on full time 37 hours equivalent salaries; and
- Whose total remuneration is equivalent to Spinal Column Point (SCP) 9 of the nationally negotiated pay spine used within the Council's local grading structure.

This definition is adopted to correlate with the National Joint Council (NJC) for Local Government Services recognition of lower paid employees within the national pay spine.

The relationship between the rate of pay for the “lowest paid” employees and the Council’s Chief Officers is regulated by the processes used for determining pay and grading structures as set out in this Pay Policy Statement.

The statutory guidance under the Localism Act recommends the use of pay multiples as a means of measuring the relationship between pay rates across the workforce and that of senior managers, as included within the Hutton “Review of Fair Pay in the Public Sector” (2010).

Will Hutton was asked by the UK Government to explore the case for a fixed limit on dispersion of pay through a requirement that no public sector manager can earn more than 20 times the lowest paid person in the organization.

Hutton concluded that the relationship to median earnings was a more relevant measure and the Government’s Code of Recommended Practice on Data Transparency recommends the publication of the ratio between the highest rate of pay and the median average pay of the whole of the Council’s workforce (but excluding teachers and other employees appointed and managed by schools, in the case of local authorities).

The relationship between the rate of pay for the lowest paid and chief officers is determined by the processes used for determining pay and grading structures as set out earlier in this policy statement.

As part of its commitment to pay transparency, and following the recommendations of the Hutton “Review of Fair Pay in the Public Sector” (2011), the Council will publish the following information on an annual basis:

- The multiple between the annual salary of the lowest paid Council employee and the Chief Executive (full-time equivalent basis) as a ratio
- The multiple between the annual salary of the lowest paid Council employee and the average Chief Officer (full-time equivalent basis) as a ratio
- The multiple between median earning of Council employees and the Chief Executive (fulltime equivalent basis) as a ratio
- The multiple between median earning of Council employees and the average Chief Officer (full-time equivalent basis) as a ratio.

The information for 2017-2018 is as follows:

Multiple of Salary Ratio

- The multiple between the annual salary of the lowest paid Council employee and the Chief Executive (full-time equivalent basis) as a ratio 11.16:1
- The multiple between the annual salary of the lowest paid Council employee and the average Chief Officer (full-time equivalent basis) as a ratio 6.46:1
- The multiple between median earning of Council employees and the Chief Executive (full-time equivalent basis) as a ratio 9.47:1
- The multiple between median earning of Council employees and the average Chief Officer (full-time equivalent basis) as a ratio 5.48:1

All other pay related allowances are subject to either nationally or locally negotiated rates, that are determined in accordance with collective bargaining machinery and/or Council Policy. In determining its grading structure and setting remuneration levels for all posts, the Council takes account of the need to ensure value for money against the ability to recruit and retain appropriately skilled and experienced employees that can deliver high quality services to the public.

New appointments will normally be made at the minimum of the relevant grade, although this can be varied where necessary subject to the qualifying criteria within the Council's Recruitment Salaries Guidance and/or Market Supplement Scheme.

14.0 Publication

Upon approval by the full Council, this Pay Policy statement will be published on the Council's website.

In addition, for posts where pay is at least £60,000 per annum, as required under the Accounts and Audit (Wales) (Amendment) Regulations 2014, the Council's Annual Statement of Accounts will include a note setting out the total amount of:

- a) Salary, fees or allowances paid to or receivable by the person in the current and previous year
- b) any bonuses so paid or receivable by the person in the current and previous year
- c) any sums payable by way of expenses allowance that are chargeable to UK income tax
- d) any compensation for loss of employment and any other payments connected with termination
- e) any benefits received that do not fall within the above

The authority will present this statement to full council before it is formally adopted and before the end of each financial year, i.e. 31 March.

(If you require this information in an alternative format (for example large print), please contact People Management on Ext: 6184 or email: PMBusinessSupportUnit@carmarthenshire.gov.uk)

Appendix A – NJC Pay Scales

Grade Structure	Spinal Point	BASIC ONLY		BASIC + 8%		BASIC + 4%		Old Scales	
		Apr-17 Salary(£'s)	Apr-17 Hrlly Rate	Apr-17 Salary(£'s)	Apr-17 Hrlly Rate	Apr-17 Salary(£'s)	Apr-17 Hrlly Rate	APT&C	Manual
		7							
		8							
	Grade A	9	15,375	7.9693	16,605	8.6068	15,990	8.2880	Grade 4
	Grade B	10	15,613	8.0926	16,862	8.7400	16,238	8.4166	Grade 5
Grade C		11	15,807	8.1932	17,072	8.8489	16,439	8.5208	Grade 6
		12	16,123	8.3570	17,413	9.0256	16,768	8.6913	
		13	16,491	8.5477	17,810	9.2314	17,151	8.8898	Scale 2
Grade D		14	16,781	8.6980	18,123	9.3936	17,452	9.0458	
		15	17,072	8.8489	18,438	9.5569	17,755	9.2029	Scale 3
		16	17,419	9.0287	18,813	9.7513	18,116	9.3900	
Grade E		17	17,772	9.2117	19,194	9.9488	18,483	9.5802	
		18	18,070	9.3662	19,516	10.1157	18,793	9.7409	Scale 4
		19	18,746	9.7165	20,246	10.4940	19,496	10.1053	
Grade F		20	19,430	10.0711	20,984	10.8766	20,207	10.4738	Scale 4
		21	20,138	10.4381	21,749	11.2731	20,944	10.8558	
		22	20,661	10.7091	22,314	11.5659	21,487	11.1373	Scale 5
Grade G		23	21,268	11.0238	22,969	11.9054	22,119	11.4649	
		24	21,962	11.3835	23,719	12.2942	22,840	11.8386	Scale 5
		25	22,658	11.7442	24,471	12.6840	23,564	12.2138	
Grade H		26	23,398	12.1278	25,270	13.0981	24,334	12.6130	Scale 6
		27	24,174	12.5300	26,108	13.5325	25,141	13.0312	
		28	24,964	12.9395	26,961	13.9746	25,963	13.4573	Scale 6
Grade I		29	25,951	13.4511	28,027	14.5271	26,989	13.9891	
		30	26,822	13.9026	28,968	15.0149	27,895	14.4587	SO1
		31	27,668	14.3411	29,881	15.4881	28,775	14.9148	
Grade J		32	28,485	14.7645	30,764	15.9458	29,624	15.3549	SO2
		33	29,323	15.1989	31,669	16.4149	30,496	15.8069	
		34	30,153	15.6291	32,565	16.8793	31,359	16.2542	POA
Grade K		35	30,785	15.9567	33,248	17.2333	32,016	16.5947	
		36	31,601	16.3796	34,129	17.6900	32,865	17.0348	POB
		37	32,486	16.8384	35,085	18.1855	33,785	17.5117	
Grade L		38	33,437	17.3313	36,112	18.7178	34,774	18.0243	POC
		39	34,538	17.9020	37,301	19.3341	35,920	18.6183	
		40	35,444	18.3716	38,280	19.8415	36,862	19.1066	POD
Grade M		41	36,379	18.8562	39,289	20.3645	37,834	19.6104	
		42	37,306	19.3367	40,290	20.8834	38,798	20.1100	POE
		43	38,237	19.8193	41,296	21.4048	39,766	20.6118	
Grade N		44	39,177	20.3065	42,311	21.9309	40,744	21.1187	
		45	40,057	20.7626	43,262	22.4238	41,659	21.5930	
		46	41,025	21.2643	44,307	22.9655	42,666	22.1149	POF
Grade O		47	41,967	21.7526	45,324	23.4926	43,646	22.6229	
		48	42,899	22.2357	46,331	24.0146	44,615	23.1251	
		49	43,821	22.7136	47,327	24.5308	45,574	23.6222	POG
Grade P		50	44,708	23.1733	48,285	25.0274	46,496	24.1001	
		51	45,632	23.6523	49,283	25.5447	47,457	24.5982	
		52	46,532	24.1188	50,255	26.0485	48,393	25.0834	
Grade Q		53	47,436	24.5873	51,231	26.5544	49,333	25.5706	
		54	49,220	25.5120	53,158	27.5532	51,189	26.5326	
		55	51,749	26.8229	55,889	28.9688	53,819	27.8958	Snr Mgr
Grade R		56	54,267	28.1280	58,608	30.3781	56,438	29.2533	
		57	56,791	29.4363	61,334	31.7910	59,063	30.6139	
		58	61,032	31.6345	65,915	34.1655	63,473	32.8997	
Grade S		59	64,163	33.2574	69,296	35.9180	66,730	34.5879	
		60	67,456	34.9642	72,852	37.7611	70,154	36.3627	
		61	70,916	36.7576	76,589	39.6981	73,753	38.2281	

Appendix B – Salaries for Chief Executive/Chief Officers w.e.f. 01/04/2017

Chief Executive

£	Incremental Point
171,539	4
168,287	3
165,041	2
159,201	1

Directors

£	Incremental Point
123,218	4
121,045	3
118,873	2
114,523	1

Assistant Chief Executive

£	Incremental Point
102,917	4
102,240	3
100,535	2
97,122	1

Heads of Service (1)

£	Incremental Point
90,709	4
89,290	3
87,875	2
85,042	1

Appendix C – Recruitment of Chief Executive and Chief Officers

1. Recruitment of Chief Executive and Chief Officers -Officer Employment Procedure Rules

These Rules are designed to conform with the requirements of the Local Authorities (Standing Orders) (Wales) Regulations 2006 (“the Regulations”) as amended by the Local Authorities (Standing Orders) (Wales) (Amendment) Regulations 2014 (“the Amending Regulations”). Some of the Rules are also locally determined but in the event of any conflict with the Regulations, the latter shall prevail. The Rules covered by the Regulations cannot be amended other than by legislation. These Rules need to be read in conjunction with the full Regulations and Amending Regulations, copies of which are available from Legal Services.

In these Rules, the following terms have the meaning prescribed by the Regulations:

(a) “Chief Officer” means the Head of its Paid Service ; a statutory Chief Officer in paragraph (a), (c) or (d) of Section 2(6) of the Local Government and Housing Act 1989 (“the 1989 Act”); a non-statutory Chief Officer within the meaning of Section 2(7) of the 1989 Act above; the Monitoring Officer and Head of Democratic Services; and any reference to an appointment or purported appointment of a Chief Officer includes a reference to the engagement or purported engagement of such an Officer under a contract of employment.

(b) “Head of Paid Service” means the officer designated under Section 4(1) of the 1989 Act.

(c) “Chief Finance Officer” means the officer having responsibility for the purposes of Section 151 of the Local Government Act 1972.

(d) “Monitoring Officer” means the officer designated under Section 5(1) of the 1989 Act.

(e) “Head of Democratic Service” means the officer designated under Section 8 of the Local Government (Wales) Measure 2011.

(f) “Deputy Chief Officer” means a person within the meaning of Section 2(8) of the 1989 Act.

(g) “disciplinary action” in relation to a member of staff of the Council means any action occasioned by alleged misconduct which, if proved, would,

according to the usual practice of the Council, be recorded on the member of staff's personal file, and includes any proposal for dismissal of a member of staff for any reason other than redundancy, permanent ill-health or infirmity of mind or body, but does not include failure to renew a contract of employment for a fixed term. ¹

(h) "member of staff" means a person appointed to or holding a paid office or employment, under the Council.

(i) "remuneration" has the same meaning as in Section 43(43) of the Localism Act 2011

2. Recruitment of Chief Officers

2.1. Where the Council propose to appoint a Chief Officer within the terms of the Regulations and the remuneration which it proposes to pay to the Chief Officer is £100,000 or more per annum it shall take the steps set out in paragraph 2.2.3.

2.2. Where the Council proposes to appoint a Chief Officer and where it is not proposed to pay to the Chief Officer the remuneration mentioned in paragraph 2.1. and it is not proposed that the appointment be made exclusively from among its existing officers it shall take the steps set out in paragraph 2.2.3.

2.2.3. The Council shall:-

(a) draw up a statement specifying —

(i) the duties of the officer concerned, and

(ii) any qualifications or qualities to be sought in the person to be appointed

(b) make arrangements for the post to be advertised in such a way as is likely to bring it to the attention of persons who are qualified to apply for it and

(c) make arrangements for a copy of the statement mentioned in paragraph (a) to be sent to any person on request.

¹ This definition derives from Regulation 2 of the Regulations

2.2.4. The requirement to advertise contained in paragraph 2.2.3. (b) does not apply where the proposed appointment under paragraph 2.1. is for a period of no longer than twelve months.

Appendix D – Soulbury Pay Scales

Educational Improvement Professionals

SCP	Current	01.09.16	01.09.17
1	33396	33730	34067
2	34592	34938	35287
3	35721	36078	36439
4	36865	37234	37606
5	38003	38383	38767
6	39142	39533	39928
7	40338	40741	41148
8	41487*	41902*	42321*
9	42828	43256	43689
10	44023	44463	44908
11	45203	45655	46112
12	46346	46809	47277
13	47640**	48116**	48597**
14	48792	49280	49773
15	50066	50567	51073
16	51219	51731	52248
17	52373	52897	53426
18	53507	54042	54582
19	54676	55223	55775
20	55280***	55833***	56391***
21	56441	57005	57575
22	57452	58027	58607
23	58566	59152	59744
24	59564	60160	60762
25	60633	61239	61851

26	61674	62291	62914
27	62740	63367	64001
28	63819	64457	65102
29	64902	65551	66207
30	65983	66643	67309
31	67054	67725	68402
32	68143	68824	69512
33	69232	69924	70623
34	70347	71050	71761
35	71458	72173	72895
36	72603	73329	74062
37	73728	74465	75210
38	74866	75615	76371
39	75988	76748	77515
40	77109	77880	78659
41	78237	79019	79809
42	79362	80156	80958
43	80488	81293	82106
44	81619	82435	83259
45	82747	83574	84410
46	83876	84715	85562
47	85010	85860	86719
48	86134****	86995****	87865****
49	87262****	88135****	89016****
50	88391****	89275****	90168****

Notes:

Salary scales to consist of not more than four consecutive points based on the duties and responsibilities

- * normal minimum point for EIP undertaking the full range of duties at this level.
- ** normal minimum point for senior EIP undertaking the full range of duties at this level.
- *** normal minimum point for leading EIP undertaking the full range of duties at this level.

**** extension to range to accommodate structured professional assessments

Young People's / Community Service Manager

SCP	Current	01.09.16	01.09.17
1	34637	34983	35333
2	35770	36128	36489
3	36903	37272	37645
4	38059*	38440*	38824*
5	39234	39626	40023
6	40380	40784	41192
7	41553**	41969**	42388**
8	42885	43314	43747
9	43620	44056	44497
10	44754	45202	45654
11	45883	46342	46805
12	47013	47483	47958
13	48135	48616	49103
14	49269	49762	50259
15	50404	50908	51417
16	51542	52057	52578
17	52686	53213	53745
18	53822	54360	54904
19	54952	55502	56057
20	56107***	56668***	57235***
21	57284***	57857***	58435***
22	58487***	59072***	59663***
23	59715***	60312***	60915***
24	60969***	61579***	62194***

Notes

The minimum Youth and Community Service Officers' scale is 4 points.

Other salary scales to consist of not more than four consecutive points based on duties and responsibilities

* normal minimum point for senior youth and community service officers undertaking the full range of duties

** normal minimum point for principal youth and community service officer undertaking the full range of duties

*** extension to range to accommodate discretionary scale points and structured professional associations

Trainee Educational Psychologists

SCP	Current	01.09.16	01.09.17
1	22503	22728	22955
2	24151	24393	24636
3	25796	26054	26314
4	27444	27718	27996
5	29090	29381	29675
6	30737	31044	31355

Assistant Educational Psychologists

SCP	Current	01.09.16	01.09.17
1	27662	27939	28218
2	28792	29080	29371
3	29922	30221	30523
4	31045	31355	31669

Educational Psychologists - Scale A

SCP	Current	01.09.16	01.09.17
1	35027	35377	35731
2	36805	37173	37545
3	38583	38969	39359
4	40360	40764	41171
5	42137	42558	42984
6	43914	44353	44797
7	45588	46044	46504

8	47261	47734	48211
9	48829*	49317*	49810*
10	50398*	50902*	51411*
11	51861*	52380*	52903*

Salary scales to consist of six consecutive points based on the duties and responsibilities attaching to

* Extension to scale to accommodate structured professional assessment points.

Senior and Principal Educational Psychologists

SCP	Current	01.09.16	01.09.17
1	43914	44353	44797
2	45588	46044	46504
3	47261	47734	48211
4	48829	49317	49810
5	50398	50902	51411
6	51861	52380	52903
7	52462	52987	53516
8	53584	54120	54661
9	54696	55243	55795
10	55828	56386	56950
11	56937	57506	58081
12	58068	58649	59235
13	59219	59811	60409
14	60330	60933	61543
15	61495	62110	62731
16	62649	63275	63908
17	63810	64448	65093
18	64970	65620	66276

Salary scales to consist of not more than four consecutive points based on the duties and responsibilities

* Normal minimum point for the principal educational psychologist undertaking the full range of du

** Extension to range to accommodate discretionary scale points and structured professional assess

Appendix E – Joint Negotiating Committee for Youth and Community Workers

Youth and Community Support Worker Range

Pay Points w.e.f 1.9.09

1	14,143
2	14,733
3	15,324
4	15,917
5	16,509
6	17,100
7	17,697
8	18,291
9	19,047
10	19,636
11	20,591
12	21,525
13	22,489
14	23,485
15	24,166
16	24,875
17	25,574

Professional Range

Pay Points w.e.f 1.9.09

11	20,591
12	21,525
13	22,489
14	23,485
15	24,166
16	24,875
17	25,574
18	26,279
19	26,975
20	27,673
21	28,461
22	29,352
23	30,219
24	31,091
25	31,968
26	32,847
27	33,726

Professional / Full-time Staff

Support Worker	10-13	YOUTH1
Youth Worker	14-15(Bar)16-17	YOUTH2
Project Staff (Streets, Dr Mz)	17-20	YOUTH3

Sessional Staff

Support Worker 1	3-4(Bar)5-6	YOUTH4
Support Worker 2	6-7(Bar)8-9	YOUTH5
Leader	12(Bar)13-15	YOUTH6

Appendix F – Payment of Acting Up and Honoraria Policy

INTRODUCTION

The purpose of this policy is to set out the principles under which additional payments should be made to employees who temporarily undertake additional duties and responsibilities. The opportunity to do this can provide an employee with a valuable opportunity to develop their skills and gain experience, in preparation for possible future promotion. For this reason the selection process for acting up needs to be transparent, fair and in keeping particularly with the Council's Equality and Diversity Policy, Recruitment and Selection Policy and Secondment Policy. Employees are entitled to be fairly rewarded, on the basis outlined below, for being asked to undertake additional responsibilities which are above and beyond the scope of the grade of their post.

SCOPE

This procedure covers all employees including centrally employed school staff except centrally employed teachers and staff on the complement of locally managed schools.

ACTING UP ALLOWANCES

Acting up allowance is payable only where an employee is authorised to take on the full duties and responsibilities of a higher graded post. Payment will be made from Day 1 / Shift 1 of the acting up period where the full duties of the higher-graded post are being carried out. This may occur as a result of:

- Temporarily filling a post until a substantive appointment can be made
- Filling a key post while another employee is on maternity leave
- Filling a key post to cover long term sickness absence
- Filling posts due to other temporary extended leave arrangements e.g. secondments.

Payment should be based on the salary which would apply were the officer to be promoted to the higher level post, which would normally be the bottom point of the higher grade.

Authorisation of acting up allowances

Where a manager believes that payment of an acting up allowance is appropriate they should seek the authorisation of their Director and the Assistant Chief Executive (People Management and Performance) or their Principal HR Officer to check that the conditions outlined above have been met. A change of circumstances form should then be completed and the employee asked to sign it, wherever possible, to indicate their acceptance of the change. The form should also indicate an end date for the payment of the allowance if known, or the circumstances on which the allowance is likely to end, e.g. when a certain employee returns from sick leave.

The exception to this authorisation process is where health & safety requirements or minimum staffing levels for supervision are necessary to ensure safe service delivery, eg. in a residential or home care setting, refuse rounds, school catering service. In such circumstances the operational manager can authorise on a daily basis, as appropriate.

Timescale

Wherever possible the likely duration of the period of acting up should be indicated before it commences. If this is not possible, the arrangements should be regularly reviewed. It must be remembered that acting up is a temporary arrangement and in no circumstances should be allowed to exceed 12 months.

Subsequent promotion to the higher grade

If an employee is subsequently promoted to the higher grade, periods of acting up will be taken into account when deciding the point on the salary scale on which they are appointed.

Selection process for acting up

If there is a deputy to the temporarily vacant position, i.e. as clearly outlined within their existing role profile, then that employee should be asked to act up. If there is no clearly identified deputy then the manager should bring the opportunity to the attention of all eligible employees within the division/department. If it is unclear who should be classified as eligible the advice of the Departmental Human Resources Officer should be sought. If the manager wishes to reach a wider pool of employees or has been unsuccessful in identifying a suitable candidate from within their own division/department, the acting up opportunity will be advertised internally as a secondment opportunity. However, it should be noted that the secondment of an employee from another department can only take place with the agreement of the manager of the department concerned and this should be made clear on the advert.

Suitability of all candidates should be assessed against the role profile and person specification for the post.

In the case of there being more than one potentially suitable candidate, competitive interviews should be held. In the case of extended acting up, managers should consider the post being covered by several employees in turn, in order to share the opportunity to gain experience.

Covering the workload of the person acting up

Options for this include: redistributing his/her duties, appointing a temporary employee, looking for another employee to act up or second into their post. These options should be discussed with the Departmental Human Resources Officer.

Employees on protected salaries

Employees who are on protected salaries who undertake duties of a higher grade than their evaluated grade, but not higher than their protected salary are not entitled to receive any additional remuneration. They should still be encouraged to undertake the opportunity of acting up as part of their development to assist them in improving their promotion prospects.

Ending the acting up arrangements

Performance in the acting up position should be regularly reviewed in conjunction with the employee who may need additional training and support, and in line with the Council's Helping People to Perform appraisal process. If concerns regarding performance do arise then these should be discussed before the decision is taken to end the acting up arrangement.

At least one week's notice of the end of the acting up period should be given and a further change of circumstance form needs to be completed by the manager to ensure that payment for acting up is ended. Settling back in to their original role can be difficult for an employee and managers need to be sensitive to potential problems in this respect. There is no automatic right to the substantive post for employees who have acted up. However, employees who have acted up in a post who are not subsequently appointed following competitive interviews must receive constructive feedback as to why they were not successful.

This is with the exception of acting up arrangements due to health & safety and/or minimum staffing requirements which can be reviewed on a daily basis by the operating manager.

PAYMENT OF HONORARIA

In many cases the absence of a senior officer means that their duties are shared across a number of other individuals, in particular the line manager of the absent employee may be required to "act down" and undertake the absent officer's managerial responsibilities. Payment of an honorarium is only appropriate where additional responsibilities of a higher grade have been undertaken, not simply an increase in the volume of work. Payment will be made only when those additional duties have been carried out for a minimum of 28 days.

Onerous duties

In exceptional circumstances e.g. severe weather, there may be occasions where employees undertake duties which are particularly onerous and which may justify a "one off" payment of honoraria. Authorisation of payments in the case of "onerous duties" can only be given by the collective approval of the Corporate Management Team.

Authorisation of payment of honoraria

Payment will be allowed for temporary additional responsibility over and above the graded post. Payment will be based on the difference between the substantive grade and the grade of new duties being undertaken. These additional responsibilities **must** be assessed by the Job Evaluation Manager or their nominated representative prior to approval being sought. Once evaluation has been undertaken Heads of Service are responsible for seeking the authorisation of their Director and the Assistant Chief Executive (People Management and Performance) or nominated Principal HR Officer to their proposal.

Once the payment and duration has been authorised the outcome should be discussed with the employee as soon as possible by the line manager and confirmed in writing.

AWARENESS OF COST IMPLICATIONS

In principle, acting up allowances and honoraria should be funded from individual cost centres' staffing budgets and therefore managers are reminded to be aware of the financial implications of any decisions in relation to how they cover for employee absences. In particular they should consult the accountant for their division before making any decisions as costs should be met from existing staffing budgets. In exceptional circumstances then a case for additional funding may be made to the Corporate Management Team.

COMPLAINTS BY EMPLOYEES

The fair application of the above policy is designed to avoid complaints by employees in respect of acting up arrangements and honorarium payments. However, where an employee has a complaint they should first seek to resolve the matter informally by discussing it with their line manager, in keeping with the Council's Grievance Procedure. The advice of the Departmental Human Resources Officer should be sought at an early stage in these circumstances in order to avoid any ongoing disagreement.

ENSURING EQUALITY OF TREATMENT

This guidance must be applied consistently to all employees irrespective of race, colour, nationality (including citizenship), ethnic or national origins, language, disability, religion, belief or non-belief, age, gender, gender reassignment, sexual orientation, parental or marital status, pregnancy or maternity.

Appendix G – Market Supplement Scheme

1. Purpose of scheme

The use of a Job Evaluation scheme allows for the creation of a fair and equitable pay structure which ensures rates of pay are based on robust criteria across the organisation. However, the resulting rates of pay may not necessarily reflect the value of jobs in the wider external market place.

This market supplement scheme has been developed to recognise that there may be times when specific skills and experiences are in short supply. Use of market supplement payments is one way of ensuring we secure sufficient employees with the required skills to safeguard the provision of these services.

A key purpose of the scheme is to ensure that any market supplements are paid fairly and consistently to avoid the risk of non-compliance with equal pay legislation. There would need to be clear evidence that the basic rate of pay being paid by Carmarthenshire County Council for a specific job is significantly lower than the market rate for a relevant and equivalent post in a similar market and that any recruitment or retention problems are due to rates of pay.

However, the introduction of market supplements must be properly controlled in order to avoid the creation of potentially unlawful pay disparities and Equal Pay Act risks. There are, therefore, very specific rules to the application of market supplements to ensure that they can be objectively justified.

Market Supplements must be:

- I. Restricted to a limited number of jobs where there is clear evidence that the Council's own pay is significantly lower and / or demonstrably competitive to the market rate for specific jobs **and** there are enduring recruitment or retention problems.
- II. Applied only where there are recruitment or retention problems in relation to a very specific role (a generic application to, for example, all social workers, could not be justified if the problems related to childcare social workers alone).
- III. Designated as temporary and subject to regular review and monitoring as to outcomes.
- IV. Applied to existing as well as newly recruited post-holders in the relevant job
- V. Clearly identified as separate from basic pay (so that their basis is understood by the employee and they can be justified if an equal pay issue arises)
- VI. Ideally paid separately from basic pay, either monthly, quarterly, half yearly or as an annual payment (whichever best serves as a recruitment and/or retention measure)
- VII. Capable of being withdrawn. The contractual terms and a process for withdrawal should be clear and established.

VIII. Phased out or withdrawn if a review shows they are not consistent with the above criteria.

3. Scope of the scheme

This procedure covers all employees including centrally employed school staff except centrally employed teachers and staff on the complement of locally managed schools.

4. Use of scheme

This scheme replaces any earlier scheme operated by Carmarthenshire County Council and will be implemented alongside the new Carmarthenshire County Council pay and grading structure.

The scheme will be applied to specific posts on a temporary basis where a suitable business case is developed and approved. The scheme is not designed to reflect an individual's performance.

The scheme will be subject to periodic review to ensure it remains relevant.

5. Preparation of a market supplement business case

Before a business case is put forward for a market supplement, the Head of Service must satisfy him/herself that all non-pay related measures to successfully recruit and / or retain a staff member have been reasonably explored, including a review of the skills, qualifications and experiences required for the post.

If a market supplement is still considered appropriate, the Head of Service should develop a business case which should be submitted to the Assistant Chief Executive (People Management and Performance), or nominated representative, with evidence of failure to recruit and / or retain staff as well as evidence of pay rates for the role in other relevant organisations.

The Assistant Chief Executive (People Management and Performance) or their nominated representative, in conjunction with the and Job Evaluation team, will respond to the Head of Service to either recommend the market supplement be paid or to refuse the request.

The following information will be taken into account when making the decision whether it is appropriate to pay a market supplement.

- Evidence demonstrating the nature and extent of the recruitment / retention difficulties
- The extent of the potential impact on services if the recruitment / retention difficulties are not resolved
- The likely duration of the problem

- Evidence of pay data from the relevant comparator organisations. This may be based on local, regional or national data depending on what is relevant for the post. Ideally this data should include the whole package not just basic pay so total packages can be compared

There are a number of indicators that may suggest that there is a severe recruitment and / or retention problem within a particular Service. It is important to note that these are merely indicators; they do not mean that a post will attract a market supplement.

The indicators are as follows:-

- The post has been advertised externally on three occasions and those three attempts have resulted in failure to appoint an individual to the post.
- Information concerning turnover within a post or a group of posts within the Council.
- Information concerning the external labour market, e.g. awareness of the failure of universities to recruit students to particular courses.
- Information gained through the medium of exit questionnaires or interviews
- Any other significant retention issues.

Managers should explore alternative recruitment solutions when a post is advertised for the second and third time; managers must not advertise the post three times without reviewing the documentation and methods used. At the same time, a manager does not have to advertise a post on three separate occasions if there is substantial evidence from other sources of information that there may be a case of paying a market supplement.

6. Funding

The payment of market supplements will be funded by the division in which the post lies. If the post is cross-divisional then the cost will be shared by those divisions concerned.

7. Payment of market supplements

Payment will be calculated by the Assistant Chief Executive (People Management and Performance) or nominated representative in conjunction with the Job Evaluation Team. The payment will be based on the median salary for the equivalent roles, taken from an independent external salary survey.

8. Calculation of a market supplement

All supplements will be calculated as additional increments based on the evidence supplied and will be the nearest increment below the comparator salary. The payment should be set at a level that is considered will alleviate the

recruitment and retention / operational difficulties but which is not excessive and can be justified in terms of salary paid to the comparator jobs in the market.

The purpose, justification and extent of any market supplement must be transparent and records maintained to demonstrate this so that the Council can respond effectively to any challenge regarding the rationale for such a payment.

Market supplements will be identified as a separate item on payslips and do not form part of the basic pay for the post. They will be subject to tax, NI and pension contributions in the normal way.

Market supplements will be taken into account for overtime calculations and any other enhancements / allowances.

9. Duration and Review of payments

The duration of the payment will be determined at the outset based upon how long the recruitment difficulties are likely to continue and will be confirmed in writing to the employee. The initial supplement payment period will be for a maximum of 12 months.

The market supplement will be reviewed at least every 12 months or earlier if necessary. If the departmental manager believes the market supplement needs to continue they will need to provide a new business case, containing up to date information, at each review. This business case will be considered by the Assistant Chief Executive (PMP) or nominated representative along with any other relevant information.

Where the business case to support the continued payment is no longer relevant and sustainable the supplement shall be withdrawn and contractual notice given to the postholder(s) in writing.

Where the decision to withdraw a market supplement is made, this will apply to all posts within the same job group (e.g. all Social Workers within Children's Services) and their postholders simultaneously.

There are a number of situations which may trigger a withdrawal of market supplement payment and these include:-

- Job group no longer has any vacancies
- Posts can be filled after first advertisement
- Turnover has reduced to an acceptable level
- Market research shows there is no longer any justification for the payment

This list is not exclusive.

10. Management of the scheme

The scheme and all payments made under it will be monitored and reviewed annually and the outcome reported to the Assistant Chief Executive (PMP) or their nominated representative and the relevant departmental director(s).

Vacancies should be advertised in the usual way, denoting the grade and salary for the post. The market supplement should be quoted as a separate figure, as follows:-

Salary £XX,XXX to £XX,XXX (plus additional market supplement up to a maximum of £xxx where appropriate).

11. Interpretation

Any matters of interpretation arising from the scheme are to be determined by the Assistant Chief Executive (People Management and Performance).

12. Ensuring equality of treatment

This scheme must be applied consistently to all employees irrespective of race, colour, nationality (including citizenship), ethnic or national origins, language, disability, religion, belief or non-belief, age, gender, gender reassignment, sexual orientation, parental, marital or civil partnership status, pregnancy or maternity.

If you require this information in alternative format (for example large print), please contact People Management on

Ext: 6184 or email: PMBusinessSupportUnit@carmarthenshire.gov.uk

Appendix H – Discretionary Compensation Regulations



Discretions to be introduced on 9th August 2014



The Authority is required to publish its policy in respect of the Discretionary Compensatory Regulations under the Local Government Pension Scheme (LGPS). These discretions are subject to change, either in line with any change in regulations or by due consideration by the Authority. These provisions do not confer any contractual rights.

LGPS Regulations 2013

- The Authority has used its discretion not to contribute to a shared cost APC scheme **(Regulation 16 (2)(e) and 16 (4)(d))**.
- The Authority will consider whether all or some benefits can be paid if an employee reduces his/her hours or grade (flexible retirement). Each application will be considered on its own merits following full consideration of all financial and service delivery implications. The Authority may waive the resulting actuarial reduction on benefits paid on flexible retirement, in whole or in part, providing that appropriate supporting evidence is presented **(Regulation 30 – 6 -8)**.
- The Authority may waive, in whole or in part, the actuarial reduction on benefits which a member draws before normal pension age (early retirement), providing appropriate supporting evidence is presented and full consideration of all financial and service delivery implications **(Regulation 30 – 8)**
- The Authority has used its discretion not to grant additional pension to an active member or within 6 months of ceasing to be an active member by reason of redundancy or business efficiency **(Regulation 31)**

LGPS (Transitional Provisions, Savings and Amendment) Regulation 2014

- The Authority will consider all requests to "switch on" the 85 year rule for a member drawing benefits on or after age 55 and before age 60, providing that appropriate supporting evidence is presented and full consideration of all financial and service delivery implications **(Schedule 2, para. 1(2) and 2(2))**
- The Authority may waive, on compassionate grounds, the resulting actuarial reduction applied to benefits from pre 1 April 2014 membership, providing that appropriate supporting evidence is presented and full consideration of all financial and service delivery implications **(Schedule 2, para. 2(3))**

LGPS (Early Termination of Employment) (Discretionary Compensation) Regulations 2006

- The Authority will base the redundancy pay at actual weeks pay where this exceeds the statutory weeks pay limit (Regulation 5).
- The calculation for redundancy pay will be based on the statutory redundancy weeks pay x 1.5. e.g. under the statutory redundancy table the maximum redundancy weeks calculation is 30 weeks, the Authority will pay up to a maximum of 45 weeks. Where an individual has reached aged 55 they will also receive release of unreduced pension benefits built up to the date of termination (Regulation 6).
- For efficiency of service retirements where an individual has reached aged 55 they will receive release of unreduced pension benefits built up to the date of termination (Regulation 6).
- Where there is a mutual agreement for the release of an individual under the Authority's Severance Scheme the Authority will use its discretion to give compensation payments based on actual salary. The discretionary payments will be based on age and service, with a multiplier to be applied of 1.5, and limited to a maximum of 45 weeks. Where an individual has reached aged 55 they will also receive release of unreduced pension benefits built up to the date of termination.
- 2 years continuous qualifying service is required to access these Compensation Arrangements.

LGPS (Benefits, Membership and Contributions) Regulations 2007

- Each request for early payment of deferred benefits on or after age 55 and before age 60 will be considered on its own merits following full consideration of all financial and service delivery issues. The Authority may waive the resulting actuarial reduction on compassionate grounds applied to deferred benefits paid early, providing that appropriate supporting evidence is presented. **(Regulation 30 - 2 and 5)**.
- The Authority has used its discretion not to augment membership for a member leaving on the grounds of redundancy or business efficiency on or before 31st March 2014 **(Regulation 12)**.
- The Authority will consider all requests to grant an application for early payment or suspended tier 3 ill health pension on or after age 55 and before age 60, providing that appropriate supporting evidence is presented and full consideration of all financial and service delivery implications. The Authority may waive, on compassionate grounds, the actuarial reduction applied to benefits paid early, providing that appropriate supporting evidence is presented. **(Regulation 30A -3 and 5)**

LGPS Regulations 1997 (as amended)

- The Authority may grant application, from a post 31.3.98 / pre 1.4.08 leaver or from a councillor, for early payment of benefits on or after age 55 and before age 60, as appropriate and in light of the circumstances relating to each case. The Authority may waive, on compassionate grounds, the actuarial reductions applied to benefits paid early for a post 31.3.98 / pre 1.4.08 leaver or a councillor leaver, as appropriate and in light of the circumstances relating to each case (**Regulation 31 – 2 and 5**)
- The Authority may grant to councillor optants out and pre 1.04.08 employee optants who continue in service, to receive a pension and lump sum from their NRD without reduction, after taking into account the circumstances relating to each case (**Regulation 31 – 7A**)

Dyfed Pension Fund Administering Authority discretions are available on www.dyfedpensionfund.org.uk. The full list of discretionary policies for Carmarthenshire County Council can also be found on this site.

If you require this information in any other format please contact your HR team on 01267 246141.

Appendix I – Severance Scheme 2015-15

General Principles

1. Carmarthenshire County Council (CCC) is committed to working with employees and Trade Unions to minimise the impact of budget reductions on its services and workforce. However, over the coming years Local Government faces a difficult economic future which could result in significant budget reduction. This will inevitably affect the way we provide services and the employees who provide those services. The Severance Scheme provides financial support to employees who leave their employment early due to efficiency.

Scope

2. This scheme applies to employees of Carmarthenshire County Council who have a minimum of 2 years qualifying service, excluding staff employed by locally managed schools where the governing body will determine the policy.
3. In line with the business case approval process, any employee subject to disciplinary or capability (health or performance) triggers or procedures will be precluded from the Severance Scheme, until it can be demonstrated that due process has been followed. Managers are advised to speak to a HR Advisor prior to agreeing any provisional support for an application for release under the Severance Scheme.

The Scheme

4. The scheme will follow the principles of the Discretionary Compensatory Regulations. The Council's Policy in respect of the Discretionary Policy Regulations are subject to change, either in line with any change in regulations or by due consideration by the Authority. These provisions do not confer any contractual rights.

5. Severance payments will be made in accordance with the attached table – see Appendix 2 and will be paid through the first available payroll after the termination date.
6. Release of pension benefits will be considered for those LGPS members aged 55 or over up until 31st March 2018.
7. Voluntary severance ends the employment contract through mutual consent on an agreed date, which must take place before 1st April 2018.

Process

8. The criteria for eligibility will be as follows – each department will need to critically review the expression of interest to determine how many requests can be supported and whether business cases can be made to release these staff on an operationally and financially viable basis.
9. There is no right to these severance arrangements. The decision made by the Authority will be final therefore there is no appeals process within this scheme.
10. If you are interested in exploring the possibility of voluntary severance, please complete the enclosed expression of interest and discuss your request with your line manager.
11. Please do not contact the Pensions Section to request an estimate of your benefits, this will only be provided if the attached expression of interest form is completed and returned to your Head of Service.
12. However, some useful guidance and information can be found on the Dyfed Pension Scheme Website including an online calculator:
<https://mypensiononline.dyfedpensionfund.org.uk/altairMSSWeb/login>
13. Following receipt of all expressions of interest your Head of Service will consider each case and determine which are viable for fuller consideration. Once this exercise has been completed you will be contacted to offer you the opportunity to explore your request in more detail and to explain the implications.

14. Staff will not be committed to any expressions of interest until required to sign an acceptance form and Settlement Agreement, as appropriate, which confirm termination of employment on a date no later than 31st March 2018. Once signed the Authority is not obliged to accept any subsequent request you may make to withdraw from the agreement.
15. Employees leaving the Council's employment on the grounds of Voluntary Severance will do so on the basis of a **mutually agreed termination date, with no notice period being applicable on either side** and with **no payment in lieu** for any outstanding holidays, time off in lieu or flexi leave.
16. Employees who voluntarily leave the Council's employment under this Scheme cannot work in any capacity, including on a casual basis, until at least 1 year has elapsed. Under no circumstances should an employee be re-appointed into the same or similar job to the one in which s/he was employed at the time of leaving. All such appointments should be made via the usual Authority's recruitment procedures.

However, in exceptional circumstances an employee may be re-employed by the Council prior to 1 year, subject to the joint agreement of the Chief Executive and Leader of the Council. In approving a re-employment the Authority will need to be satisfied that:

- the employee is not being re-employed in a role or capacity, which is broadly similar to the role from which they left voluntarily;
- the rate of pay applied to the work undertaken by the re-engaged employee should be that appropriate to the work to be done and not the grading which applied to the employee prior to the end of their current contract;
- the employment should be for a fixed term, not exceeding one year, unless there are exceptional circumstances; and
- the arrangement must provide financial / operational advantage to the Council.

17. This will be operated entirely at the Council's discretion and the decision in respect of each application would be final.

18. Further information can also be found via the HR Policies and Guidance pages on the intranet. If you are unable to access these pages, please contact your line manager.

19. Please contact your departmental HR Advisor should you require any further clarification in respect of the Scheme.

Ensuring Equality of Treatment

20. This policy must be applied consistently to all employees irrespective of race, colour, nationality (including citizenship), ethnic or national origins, language, disability, religion, belief or non belief, age, sex, gender reassignment, sexual orientation, parental, marital or civil partnership status, pregnancy or maternity.

21. If you have any equality and diversity concerns in relation to the application of this policy and procedure, please contact a member of the HR Team

If you require this information in an alternative format (for example large print), please contact PM, Extension 6184 or email PMBusinessSupportUnit@carmarthenshire.gov.uk

Appendix J – Flexible / Phased Retirement

Introduction

The Authority is committed to providing more choice and flexibility to its employees who wish to make a gradual adjustment from work into retirement, or stay in work beyond Normal Pension Age (NPA), making their transition from working life to retirement an enjoyable one.

The Authority recognises that attracting and retaining a well-trained, well-motivated, flexible and mixed age workforce, with a wide range of skills and experience, is essential to the provision of quality services.

This policy sets out how managers and employees can work together to achieve flexibility for employees approaching retirement.

In keeping with legislation, the Authority has not operated a compulsory retirement age for its employees since 1 October 2011.

Scope

This policy applies to all employees who are active members of the Local Government Pension Scheme (LGPS) but excluding support staff and teachers employed by locally managed schools where the governing body will determine the policy and unattached teachers who are not active members of the Teachers' Pension scheme.

Unattached teachers who are active members of the Teachers' Pension scheme (TPS) should refer to the section of the scheme which applies to them.

This Policy should be read in conjunction with the Authority's Discretionary Compensation Regulations.

It should also be read in conjunction with the Authority's Redeployment Policy which offers support to employees who are 'at risk' of losing their employment.

Staff who are not members of the LGPS or TPS and who wish to be considered for reduced hours working should refer to the Authority's Flexible Working Policy.

Key Points

- Flexible/phased retirement is a planned approach to retirement that involves a voluntary reduction in hours and/or move to a lower graded post and at the same time allowing access to accrued pension benefits.
- There is no automatic right for employees to work on reduced hours or grade, whilst drawing pension benefits. However, all such requests will be considered in a reasonable manner.
- It is necessary to obtain the relevant approval in line with the Authority's Retirement Business Case procedure.

- Employees who have been an active member of the LGPS/TPS for at least **2 years** or have transferred previous pension rights into the scheme, can consider the possibility of **Flexible/Phased Retirement**.
- Employees may voluntarily draw their LGPS/TPS pension benefits without a reduction on attaining Normal Pension Age (NPA).
- Employees must seek the Authority's agreement to draw their pension benefits at the earliest from the age of 55 whilst continuing to work on reduced hours or in a job on a lower salary.
- Pension benefits must be drawn, at the latest one day before reaching the age of 75.
- Guidance for LGPS members on the 85 year rule is provided at **Appendix 1**
- Guidance for TPS members on phased retirement is provided at **Appendix 2**

What is Normal Pension (NPA) Age?

The NPA for the purposes of the LGPS is the same as the State Pension Age (SPA), although there are other options to retire earlier or to continue working, within the LGPS regulations. Employees can check their state pension age by visiting the government website at: www.gov.uk/calculate-state-pension

NPA for the purposes of TPS is explained in **Appendix 2** due to changes to the scheme that will come into effect on 1st April 2015.

What is flexible/phased retirement?

Flexible/phased retirement enables employees to access their LGPS/TPS pension (actuarial reductions may apply) and phase into retirement by:

- reducing their working hours and/or
- moving to a job on a lower salary

Alternatively, employees can request to continue to work on reduced hours or grade and decide not to access any pension benefits until NPA, when there would be no actuarial reductions.

What are the benefits of having a flexible/phased retirement policy?

This is a change from retiring at a specified age to a much more flexible approach so that employees can plan, financially and socially, and make a gradual adjustment from work into retirement.

There are also benefits to the Council by retaining experienced staff with valuable skills and enabling better succession planning.

Eligibility for flexible/phased retirement

Members of the LGPS/TPS² may, from the age of 55, approach their line manager regarding an application for flexible/phased retirement. It will be important for the employee to carefully consider the proposed working pattern, any financial implications, including their pension and any effects such a request will have on the Authority and consider how the request can be accommodated.

It is also the line manager's responsibility to carefully consider an application for flexible retirement and examine how the flexible retirement application and desired working pattern can be accommodated within a particular service area or function. Where the request cannot be supported the line manager should explore alternative options with the employee which may be mutually agreeable.

Where the application can be supported the line managers must present a retirement business case which must be approved in relation to both:

- reduction in hours and/or grade; and
- early payment of the pension benefits.

The business case should include details of the impact on service delivery and the benefit to the Department as well as the individual and the associated costs. The following criteria must be satisfied:

- the employee must be employed by the Authority with a permanent contract of employment; and
- For LGPS members it is recommended that there should be a reduction in hours of at least 20% or a reduction in grade. The Authority will consider all applications taking into account all financial and service delivery issues on a case by case basis.
- For TPS members please refer to **Appendix 2**.

In all cases, including where the employee requests a gradual reduction in hours over a period of time, the business case should detail the proposed reductions in hours; the dates of the reduction and the proposed final retirement date at the outset. This is to ensure succession planning.

Where flexible retirement applications and the subsequent business case demonstrate a cost to the Authority, the business case must clearly set out the cost and service benefits of agreeing the application. It is the manager's responsibility to ensure that the business case provides all the information required.

There is no trial period for flexible retirement under the LGPS and, once it has been agreed, the decision cannot be reversed, because of the direct impact

² Non LGPS/TPS Members should refer to the Flexible Working Policy

upon the pension benefits. There can be no reversal of the decision to reduce the number of hours whilst still in the same post.

For phased retirement under TPS the reduction must be for a minimum period of 12 months.

Conditions of Service

In the event of an employee reducing his/her hours in the same job, all the conditions of his/her contract of employment will be retained, pro rata part time, including recognition of continuous service for purposes of annual leave and sick pay, and for employment rights such as redundancy payments.

If the employee starts a new job, s/he will receive a new contract of employment and, provided local government service is continuous without a break, this will be recognised for purposes of annual leave and sick pay, and for employment rights, such as redundancy payments.

Financial implications of flexible/phased retirement

The annual pension and lump sum retirement grant (if applicable) are paid with effect from the date of flexible/phased retirement and Additional Voluntary Contributions (AVC's) may be accessed if the employee so chooses.

Employees taking flexible retirement may contribute to the LGPS in the new or part time job and start an additional pension that will be accessed when they finally retire. It is important to note that the new local government pension record is a separate pension accrual. This means that the previous service (relating to the pension put into payment as a result of flexible retirement) will not count as accrued service in respect of the later benefits.

Employees taking phased retirement under TPS please refer to **Appendix 2**.

Employees are responsible for obtaining their own independent financial advice as the Council is not able to provide this but the following information might be helpful:

- Flexible/phased retirement will have the effect of reducing salary and partially replacing this with pension benefits. Depending on the level of salary reduction and the amount of accrued pension benefits, the overall level of income received during the period of flexible/phased retirement, or at the eventual date of retirement from the Council, might be less than that received by continuing to work in the original contract until the LGPS/TPS normal pension age or beyond
- the pension is treated as taxable income and will, therefore, be subject to income tax deductions, in the same way as salaries
- on reaching state pension age, employees might become entitled to state pension benefits over and above their LGPS/TPS pension benefits. Employees are advised to seek advice from the relevant government department

Pension reduction & implications

The amount of pension benefits awarded under flexible/phased retirement is calculated in the same way as for voluntary early retirement (LGPS) or actuarially adjusted benefits (TPS). Pension benefits will be subject to a reduction if they are drawn before the LGPS/TPS deemed NPA.

The employee may remain in the pension scheme and accrue a second pension (LGPS) or continue to accrue additional pensionable service (TPS) based on the reduced hours/grade. These benefits will become payable without actuarial reduction at NPA, or anytime thereafter should the employee choose to remain working beyond NPA, but must be accessed at least 1 day before the member's 75th birthday. The employee will be covered for all pension benefits such as ill health retirement and death in service. They can also purchase Additional Pension Contributions or pay Additional Voluntary Contributions.

Waiving the pension reduction

The LGPS regulations allow employers the discretion to waive the pension reduction. This will only be possible in **exceptional circumstances** in accordance with the Authority's Discretionary Policies. Managers must seek advice from the HR team before proceeding with any flexible retirement application where it is proposed that the Authority bears the cost of the pension reduction and the reasons for doing so must be set out clearly within the Business Case.

In the event that the Authority agrees to waive the pension reduction and the flexible retirement application is approved, should the employee subsequently submit his/her resignation; voluntarily increase his/her hours of work or applies for another job within the Authority prior to the agreed retirement date, the Authority reserves the right to recover from the employee the full cost of the actuarial strain incurred.

Flexible Retirement Applications Procedure

Applications will be processed as follows:

- individuals can review current pension information via Pension online via www.dyfedpensionfund.org.uk or www.teacherspensions.co.uk
- the employee makes a formal request in writing to his/her line manager outlining the reduction in hours or grade requested and proposed dates
- the line manager arranges a mutually convenient time to discuss the application with the employee
- the line manager will confirm if the application can be supported subject to the approval of the Flexible Retirement Business Case
- the line manager will contact the HR Team to obtain pension figures for the business case and to provide actual figures for individual request

- The individual will confirm with his/her line manager if s/he wishes to proceed with the application
- the line manager completes the Flexible Retirement Business Case and submits for approval to his/her Head of Service or Director in accordance with the Retirement Business Case Guidelines

Once approved

- for reduced working hours: the line manager must confirm the variation in working hours and commencement date to the HR Support Team
- for a reduction in grade: the employee should apply for suitable vacancies in accordance with the Authority's Recruitment and Selection policy or if eligible, the Redeployment Policy where the employee is deemed 'at risk. Once successful in being offered/redeployed in an alternative post, the employee should seek confirmation of the pension benefits payable. If the employee wishes to proceed with the application final approval must be sought from the existing Head of Service who will be required to finalise the Flexible Retirement Business Case for approval in accordance with agreed procedures

Flexible/Phased Retirement is discretionary on the part of the Council and therefore there is no right of appeal where an application is not approved.

However, where an application cannot be supported the line manager should seek advice from the HR Team in advance of confirmation to the employee to ensure that the case has been reasonably considered and to explore any alternative solutions

Ensuring Equality of Treatment

This policy must be applied consistently to all employees irrespective of race, colour, nationality (including citizenship), ethnic or national origins, language, disability, religion, belief or non belief, age [subject to statutory regulations], sex, gender reassignment, sexual orientation, parental, marital or civil partnership status, pregnancy or maternity.

If you have any equality and diversity concerns in relation to the application of this policy and procedure, please contact a member of the HR Team

If you require this information in an alternative format (for example large print), please contact People Management on Ext: 6184 or email PMBusinessSupportUnit@carmarthenshire.gov.uk.

Appendix 1

LGPS 2014 ALL Wales Pension Fund Factsheet

85 year Rule

When can I retire?

The Normal Pension Age (NPA) under the Local Government Pension Scheme (LGPS) 2014 is linked to your State Pension Age (SPA). However, you may voluntarily retire from age 55, but your benefits will be actuarially reduced to take account of early payment before your NPA.

What is the 85 Year Rule?

The 85 year rule is a test to assess whether a member's benefits would be actuarially reduced, if retiring before their Normal Retirement Age. If a member's age and 'calendar length' Scheme membership (measured in whole years), when added together, equalled 85 or more, a member's benefits would NOT be actuarially reduced after the age of 60. If the rule was NOT satisfied or the employee is between 55 and 59, a full actuarial reduction was applied to a member's benefits.

When was the '85 Year Rule' removed?

On 1 October 2006, the 85 year rule was removed from the Regulations as it was found to be in breach of age discrimination laws. If you were an active member as at 30 September 2006, you will have been afforded protection to 31 March 2008, with additional protection awarded to certain members. **If you joined the LGPS on or after 1 October 2006, the 85 Year Rule will have NO bearing on your circumstances.**

Am I protected under the 85 Year Rule?

If you were an active member as at 30 September 2006 and choose to retire before your NPA, having satisfied the 85 rule, you will have some form of protection:

- If you were born on or before 31 March 1956, ALL benefits built up to 31 March 2016 will be protected in full. However, benefits accrued from 1 April 2016 to 31 March 2020 will be reduced on a 'tapered' basis, and reduced in full if accrued after 1 April 2020.
- If you were born on or between 1 April 1956 and 31 March 1960, ALL benefits built up to 31 March 2008 will be protected in full, BUT benefits accrued between 1 April 2008 and 31 March 2020 WILL be reduced on a 'tapered' basis in accordance with the shortfall from your date of leaving to age 65 (the normal retirement age under the 2008 Scheme). Any benefits built up after 1 April 2020 will be reduced in FULL in accordance with your SPA.
- If you were born on or after 1 April 1960, ALL benefits built up to 31 March 2008 will be protected in full. However, benefits built up from 1 April 2008 until your date of leaving will be subject to a full actuarial reduction. For

membership from 1 April 2008 to 31 March 2014, the reduction will fall in line with your 65th birthday, whereas your membership from 1 April 2014 will be reduced in accordance with your SPA.

How much of an 'actuarial reduction' will apply?

Your benefits will be actuarially reduced in accordance with the following guidance, as issued by the Government Actuary's Department (GAD). The shortfall from your date of leaving to the appropriate retirement age will be measured in years and days, therefore the percentage reduction may need to be interpolated.

Years Paid Early	Pension Reduction (men) %	Pension Reduction (women) %	Lump Reduction (both) %	Sum %
0	0	0	0	
1	6	5	3	
2	11	11	6	
3	16	15	8	
4	20	20	11	
5	25	24	14	
6	29	27	16	
7	32	31	19	
8	36	34	21	
9	39	37	23	
10	42	40	26	
11	45	44	N/A	
12	48	47	N/A	
13	52	50	N/A	

Will the '85 Year Rule' apply if I retire from age 55?

With the introduction of the LGPS 2014 from 1 April 2014, you are able to voluntarily retire from age 55 (without your Employer's consent). **However, if you do choose to voluntarily retire between age 55 to 60, any protection that you have been afforded in respect of the 85 Year Rule will NOT apply and your benefits will therefore be reduced in FULL upon your retirement.**

Alternatively, if you choose to retire on or after age 60, any 85 Year Rule protection WILL apply. The ability to apply the 85 Year Rule to voluntary retirement between age 55 and 60 is at the discretion of your Employer. Your Employer will have formulated a policy on this matter.

What if I am made redundant or have to retire on the grounds of efficiency?

If you are made redundant by your Employer or if you have to retire on the grounds of efficiency provided you are **age 55 or over**, your benefits will come into payment immediately WITHOUT actuarial reduction.

Further Information

This factsheet gives general guidance only. For further information, please contact:

Tel: **01267 224 043** Email: pensions@carmarthenshire.gov.uk

Appendix 2

Phased Retirement for members of the Teachers' Pensions scheme

Unattached teachers may want to continue working while drawing some of their accrued pension benefits.

Phased retirement under the TPS allows an employee to decide how much to take of the benefits s/he has accrued (up to a maximum of 75% of total benefits).

Phased retirement is a practical option, as long as some simple guidelines are followed.

If an unattached teacher requests phased retirement

1. The teacher's Pensionable Salary must reduce by at least 20% for a minimum of 12 months following the date of phased retirement. For example, this could be because his/her hours have reduced or he/she has taken up a post of lesser responsibility.
2. The teacher may take phased retirement and following a break in service start a new appointment in a support role in an educational establishment, such as a classroom assistant. The new appointment can be with the same or a different employer but must be within six months of the previous job ceasing.
3. The teacher may take phased retirement if s/he has a break in employment provided it is not more than six months of the previous job ceasing.
4. The application form for phased retirement must be signed by the employer responsible for the new working arrangement and must be made within three months of the teacher taking up employment.
5. The teacher can only take a maximum of two phased retirements.

However, from April 2015 changes to the Teachers' Pension scheme will affect some teachers interested in taking phased retirement. It is strongly advised to consult the Teachers' Pensions website for up to date information prior to making a request.

Normal Pension Age (NPA) for TPS?

The NPA for the purposes of the TPS depends when you joined the scheme. If you've only been a member of the TPS Scheme since 1 January 2007 you will have a Normal Pension Age (NPA) of 65.

However, if you were a member of the Teachers' Pension Scheme before 1 January 2007 then your normal pension age will be 60 – provided you haven't had a break in service of more than five years.

If you had a break of more than five years, your NPA remains at 60 for service up to the end of the break in service, but it will be 65 for any future service. In pension terms you'll be classed as a 'member with mixed service'.

Please note changes to NPA effective from 1st April 2015: There is no change to members' final salary normal pension age from 1 April 2015. With effect from 1 April 2015 members' career average normal pension age will be equal the state pension age (SPA) or 65 where that is higher. Employees can check their state pension age by visiting the government website at: www.gov.uk/calculate-state-pension. For the latest information please visit www.teacherspensions.co.uk

COUNTY COUNCIL 8th MARCH 2017

Subject

Purpose: WALES INVESTMENT POOL - INTER AUTHORITY AGREEMENT AND JOINT GOVERNANCE COMMITTEE

Recommendations / key decisions required:

1. Note the content of the draft Inter Authority Agreement attached at Appendix B and delegates authority to the Section 151 Officer in consultation with the Chair of the Pension Panel and the Head of Administration and Law to approve and sign the final version of the IAA.
2. Approve the establishment of a joint committee (hereinafter referred to as the Joint Governance Committee) on conclusion of the IAA referred to in recommendation 1 above and on the basis of the terms of reference attached.
3. Delegate the exercise of certain functions to the Joint Governance Committee as set out in the terms of reference and notes those functions that are reserved to Council.
4. Approve the appointment of the Chair of the Pension Fund Panel or his/her nominated Deputy to the Joint Governance Committee as the Carmarthenshire County Council representative.
5. Delegate to the nominated representative of Carmarthenshire County Council authority to act within the terms of reference of the Joint Governance Committee to enable the exercise of any delegated function.
6. Approve that Carmarthenshire County Council (Dyfed Pension Fund) acts as Host Council with the responsibilities set out in the Inter Authority Agreement.

Reasons:

Financial Governance and Pension Fund Administering Authority responsibilities.

Exec Board Decision Required	NO
Council Decision Required	YES

EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:- Cllr. D.M. Jenkins

Directorate: Corporate Services

Name of Director: Chris Moore

Report Author: Anthony Parnell

Designation: Director of Corporate Services

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**EXECUTIVE SUMMARY
COUNTY COUNCIL
8TH MARCH 2017**

SUBJECT WALES INVESTMENT POOL - INTER AUTHORITY AGREEMENT AND JOINT GOVERNANCE COMMITTEE

1. BRIEF SUMMARY OF PURPOSE OF REPORT.

To set out the background to the proposed investment pooling arrangements across The eight Welsh Local Authority Pension Funds and the requirement to formally enter into an agreement between the funds to establish administrative and governance arrangements to manage the pooling arrangements.

DETAILED REPORT ATTACHED ?	YES
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IMPLICATIONS

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

Signed: **C Moore** Director of Corporate Services

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

1. Legal

The 8 Constituent Authorities responsible for the administration of local government within their areas in Wales are committed to the development of a formal joint committee pursuant to section 101 and section 102 of the Local Government Act 1972 to ensure the effective operation of the arrangements for asset pooling within the LGPS. The Department for Communities and Local Government has confirmed that the Constituent Authorities have been granted permission to continue to collaborate with each other to form a pool of assets in respect of each of their respective funds under the LGPS.

2. Finance

Resources for the funding of the Operator and the Joint Governance Committee will be provided by the pension funds of the 8 Constituent Authorities as per the terms of the Inter Authority Agreement.

Resources for the funding of the Host Authority function will be provided jointly by the pension funds of the 8 Constituent Authorities.

The new arrangement is expected to result in significant savings in investment management fees for the pension funds of the 8 Constituent Authorities.

3. Staffing

Assessment of the workload and resource requirements are being finalised. Once complete the funding will be as per the finance implications above.

CONSULTATIONS

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

Signed: C Moore Director of Corporate Services

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

1. Scrutiny Committee

Not Applicable

2. Local Member(s)

Not Applicable

3. Community / Town Council

Not Applicable

4. Relevant Partners

Not Applicable

5. 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:

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Local Government Pension Scheme: Investment Reform Criteria and Guidance		County Hall, Carmarthen

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REPORT OF THE DIRECTOR OF CORPORATE SERVICES

WALES INVESTMENT POOL
INTER AUTHORITY AGREEMENT AND JOINT GOVERNANCE COMMITTEE

1 Background

- 1.1 Carmarthenshire County Council is the administering authority for the Dyfed Pension Fund (“the Fund”) which is part of the Local Government Pension Scheme (LGPS) for England and Wales. The Council’s decision making functions relating to Pensions are delegated in the Council’s Constitution to the Pension Fund Panel and Council. The Fund currently comprises 50 contributing employing bodies and provides services to over 40,000 employees, pensioners and deferred beneficiaries. The fund manages assets of approximately £2.2bn. The objective of the fund is to meet current and future pension liabilities of its members i.e. to pay members’ accrued pensions when they fall due in accordance with LGPS Regulations.
- 1.2 There are 8 LGPS funds in Wales:
- Cardiff & the Vale
 - City & County of Swansea
 - Clwyd
 - Dyfed
 - Greater Gwent
 - Gwynedd
 - Powys
 - Rhondda Cynon Taff

In total, the value of the assets of the above funds is approximately £15bn.

- 1.3 The 8 LGPS funds in Wales have a long tradition of working in a collaborative manner overseen by the Pensions Sub Group of The Society of Welsh Treasurers (SWT). To develop further efficiencies and benefits of collaboration, the Subgroup published a report “Welsh Local Government Pension Funds: Working Together” in 2013 which identified investment management costs as the area where collaboration might yield the most significant savings. The Subgroup then commissioned Mercers Ltd to identify options for collaborative investing and in May 2015 their report recommending a Common Investment Vehicle (CIV) was published.
- 1.4 In the July Budget 2015, the Chancellor announced the Government’s intention to work with Local Government Pension Scheme (the Scheme) administering authorities to ensure that they pool investments to significantly reduce costs while maintaining overall investment performance. Authorities were then invited to submit proposals for pooling which the Government would assess against the criteria in this document. The Chancellor announced that the pools should take the form of up to six British Wealth Funds, each with assets of at least £25bn, which were able to invest in infrastructure and drive local growth.

- 1.5 In December 2015, the Government issued its criteria and guidance for what it expected to see addressed in its received proposals from LGPS funds in respect of their pooling proposals.
- 1.6 Following extensive work by the SWT Pensions Sub Group and their appointed advisors, Hymans Robertson, a joint submission was formulated in respect of the 8 Welsh Pension Funds. The Pension Fund Panel Chairman attended the Joint Chairs meetings to agree the submission. The Final submission was submitted to HM Government on 15th July 2016 and is attached at Appendix A

2 Submission in respect of the 8 Welsh Pension Funds

- 2.1 The submission in respect of the 8 Welsh funds although not satisfying minimum criteria in size made a compelling submission in respect of its linguistic, cultural, and regulatory differences which alongside the already fruitful collaborative work undertaken by the SWT Pension Sub Group convinced HM Government to approve the submission in Nov 2016.
- 2.2 The Welsh joint submission proposes the engagement of a Financial Conduct Authority (FCA) regulated Third Party Pool Operator to provide the Regulatory framework and mechanism with which to manage and reduce investment management expenses for the funds.

3 The Inter Authority Agreement & Governance

- 3.1 It should be emphasised that the proposals contained in the joint submission do not amend the statutory responsibility of each Administering Authority in respect of its ability to set its own asset allocation, funding and investment strategy.
- 3.2 In developing the proposals and taking the work forward to date, the 8 Welsh pension funds have operated under a Memorandum of Understanding which is not legally binding.
- 3.3 As the project moves into the next stage of engagement with an appointed ACS operator, there is a necessity to formalise the joint governance and decision making framework in which the 8 pension funds shall work going forward to ensure the long term success and robustness of the work of the Pool.
- 3.4 The Inter Authority Agreement (IAA), which is attached to this report as Appendix B, has been developed as the legal framework for establishing a Joint Governance Committee (JGC) for the Wales Investment Pool. The IAA sets out the governance arrangements for the Pool, the rights and obligations of the eight participating authorities and the powers and responsibilities delegated to the JGC.
- 3.5 The responsibilities of the JGC are listed in Schedule 4 of the IAA and include:
 - Monitoring of the performance of the Pool Operator
 - Making decisions on asset class sub-funds to be made available by the Operator to implement the individual investment strategies of the eight funds
 - Providing accountability to the participating funds on the management

- of the Pool
- Having responsibility for reporting on the Pool to the UK Government and other stakeholders
- Having oversight of the Officer Working Group

3.6 The JGC will operate on a 'One Fund, One Vote' basis

The IAA sets out the terms of reference for the Officer Working Group which will act as advisors to the JGC

3.7 Under the new arrangements administering authorities will continue to retain control over setting their investment strategy and detailed asset allocation. This continues to allow the broad risk and return characteristics of the investment strategy to be set in conjunction with each pension fund's overall funding strategy. Funds will then invest in asset sub-funds which will be made available by the Operator of the Welsh Pool.

3.8 The IAA can only be amended or terminated with the agreement of all eight constituent authorities.

4 **Host Authority (Accountable Body)**

4.1 The IAA provides for one of the eight authorities to act as Host Authority and Accountable Body for the JGC. The Host Authority will provide administrative and secretarial support to the JGC and will implement decisions made by the JGC. The Host Authority will liaise with the Operator on behalf of the participating authorities and will also be responsible for arranging training for members of the JGC.

4.2 It is proposed (and has been agreed by Section 151 Officers) that Carmarthenshire County Council (administering authority for the Dyfed Pension Fund) act as Host Authority and Accountable Body for the Wales Investment Pool.

5 **Project Timetable**

5.1 The tender documentation for the procurement of an ACS Operator is being finalised in readiness for issue with a view to the JCG making an appointment in the Summer of 2017 with planned initial assets being held within the ACS from April 2018.

RECOMMENDATIONS

1. **Note the content of the draft Inter Authority Agreement attached at Appendix B and delegates authority to the Section 151 Officer in consultation with the Chair of the Pension Panel and the Head of Administration and Law to approve and sign the final version of the IAA.**
2. **Approve the establishment of a joint committee (hereinafter referred to as the Joint Governance Committee) on conclusion of the IAA referred to in recommendation 1 above and on the basis of the terms of reference attached.**

- 3. Delegate the exercise of certain functions to the Joint Governance Committee as set out in the terms of reference and notes those functions that are reserved to Council.**
- 4. Approve the appointment of the Chair of the Pension Fund Panel or his/her nominated Deputy to the Joint Governance Committee as the Carmarthenshire County Council representative.**
- 5. Delegate to the nominated representative of Carmarthenshire County Council authority to act within the terms of reference of the Joint Governance Committee to enable the exercise of any delegated function.**
- 6. Approve that Carmarthenshire County Council (Dyfed Pension Fund) acts as Host Council with the responsibilities set out in the Inter Authority Agreement.**

Dated _____ 2017

DRAFT

Inter-Authority Agreement between

Carmarthenshire County Council	(1)
City & County of Swansea Council	(2)
City of Cardiff Council	(3)
Flintshire County Council	(4)
Gwynedd Council	(5)
Powys County Council	(6)
Rhondda Cynon Taff County Borough Council	(7)
Torfaen County Borough Council	(8)

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THIS DEED is made on

2017

BY

- (1) **CARMARTHENSHIRE COUNTY COUNCIL** of County Hall, Carmarthen, Carmarthenshire, SA31 1JP ("**Carmarthenshire Council**")
- (2) **CITY & COUNTY OF SWANSEA COUNCIL** of [ADDRESS] ("**Swansea Council**").
- (3) **CITY OF CARDIFF COUNCIL** of [ADDRESS] ("**Cardiff Council**").
- (4) **FLINTSHIRE COUNTY COUNCIL** of [ADDRESS] ("**Flintshire Council**").
- (5) **GWYNEDD COUNCIL** of Shirehall Street, Caernarfon, Gwynedd LL55 1SH ("**Gwynedd Council**")
- (6) **POWYS COUNTY COUNCIL** of [ADDRESS] ("**Powys Council**")
- (7) **RHONDDA CYNON TAFF COUNTY BOROUGH COUNCIL** of Rhondda Cynon Taf County Borough Council, The Pavilions, Clydach Vale, Tonypany, CF40 2XX ("**Rhondda Council**")
- (8) **TORFAEN COUNTY BOROUGH COUNCIL** of Civic Centre Pontypool Torfaen NP46YB ("**Torfaen Council**")

(together referred to as the "**Constituent Authorities**" and individually as a "**Constituent Authority**")

BACKGROUND

- (A) The Constituent Authorities are committed to the development of a formal joint committee pursuant to section 101 and section 102 of the Local Government Act 1972 to ensure the effective operation of the arrangements for asset pooling within the LGPS under a framework of strong internal governance to achieve economies of scale and improved investment infrastructure.
- (B) The Constituent Authorities are all councils responsible for the administration of local government within their areas as set out in the Local Government Act 1972. The Department for Communities and Local Government in its letter dated 23 November 2016 has confirmed that the Constituent Authorities have been granted permission for each Constituent Authority to continue to collaborate with every other Constituent Authority to form a pool of assets in respect of each of their respective funds under the LGPS.
- (C) The Constituent Authorities shall carry on the Pooling Collaboration (as defined below) under the terms of this Agreement to oversee its governance.

AGREED TERMS

1 INTERPRETATION

1.1 The following definitions and rules of interpretation apply in this Agreement.

Business Day means a day other than a Saturday, a Sunday or a public holiday in England when banks in London are open for business.

Business Plan has the meaning given by clause 6.

CIPFA Guidance means the guidance published in October 2016 by the Chartered Institute of Public Finance and Accountancy entitled *investment pooling governance principles for LGPS Administering Authorities*.

Commencement Date means [] 2017.

Constituent Authorities means the parties to this Agreement, and all other administering authorities within the LGPS who are or become parties to this Agreement at any time.

Financial Year means in the case of the first Financial Year, the period from the Commencement Date to (and including) the following 31 March. For subsequent Financial Years the period between 1 April and 31 March (inclusive) and for the last Financial Year any lesser period necessary.

Host Council means the Constituent Authority appointed in accordance with clause 7 and whose duties are described within that clause.

Investment Pool means the pooled investments (whether held in single funds, multiple sub-funds or held in alternative structures outside of a collective investment vehicle) derived from assets held by the Constituent Authorities in their capacity as administering authorities within the LGPS for the purpose of the Pooling Collaboration described by this Agreement.

Investment Regulations means the Local Government Pension Scheme (Management and Investment of Funds) Regulations 2016 (SI 2016/946).

Joint Governance Committee means the joint committee formed by this Agreement.

LGPS the Local Government Pension Scheme established pursuant to regulations made by the Secretary of State in exercise of powers under section 7 and 12 of the Superannuation Act 1972 and the provisions of the PSPA 2013.

Member in this Agreement means a member of the Joint Governance Committee appointed in accordance with clause 3.3 or their deputy appointed in accordance with clause 3.4.

Monitoring Officer means the person designated by each Constituent Authority for the purposes of section 5 of the Local Government and Housing Act 1989.

Operator means the operator of the pooled investment vehicle being an Authorised Contractual Scheme (as defined by the Operator Contract) pursuant to the Operator Contract.

Operator Contract means the agreement between the Constituent Authorities and the Operator.

OWG means the Officers Working Group described in clause 4.

Pension Board means a local pension board or a joint local pension board within the meaning given to each phrase by regulation 106 of the Local Government Pension Scheme Regulations 2013 (SI 2013/2356) and section 5 of the PSPA 2013.

Pooling Collaboration means the arrangements for asset pooling under the Investment Pool within a framework of strong internal governance to achieve economies of scale and improved investment in infrastructure carried on by the Constituent Authorities as described by this Agreement.

Pooling Contribution means as defined in clause 10.1.

PSPA 2013 means the Public Service Pensions Act 2013.

S151 officer means the person appointed by each Constituent Authority for the purposes of section 151 of the Local Government Act 1972.

Secretary of State means the Department for Communities and Local Government or such replacement department which has responsibility for the LGPS.

Submission means the document created by the Constituent Authorities dated 15 July 2016 entitled "*Submission by the Wales Pool to the Department for Communities and Local Government (DCLG) In response to the publication in November 2015: LGPS: Investment Reform Criteria and Guidance*".

Terms of Reference means the governing framework document concerning the functions and operations of the Joint Governance Committee as set out in Schedule 4.

TUPE means the Transfer of Undertakings (Protection of Employment) Regulations 2006.

- 1.2 Clause, schedule and paragraph headings shall not affect the interpretation of this agreement.
- 1.3 A **person** includes a natural person, corporate or unincorporated body (whether or not having a separate legal personality).
- 1.4 The schedules form part of this agreement and shall have effect as if set out in full in the body of this agreement. Any reference to this agreement includes the schedules.
- 1.5 A reference to a **company** shall include any company, corporation or other body corporate, wherever and however incorporated or established.
- 1.6 Unless the context otherwise requires, words in the singular include the plural and in the plural include the singular.
- 1.7 Unless the context otherwise requires, a reference to one gender shall include a reference to the other genders.
- 1.8 A reference to a statute or statutory provision is a reference to it as amended, extended or re-enacted from time to time and includes any subordinate legislation made from time to time under it.
- 1.9 A reference to **writing** or **written** includes faxes and email.
- 1.10 Documents in **agreed form** are documents in the form agreed by the parties and initialled by them or on their behalf for identification.
- 1.11 References to clauses and schedules are to the clauses and schedules of this Agreement; references to paragraphs are to paragraphs of the relevant schedule.
- 1.12 Any words following the terms **include, including, in particular** or **for example** or any similar expression shall be construed as illustrative and shall not limit the sense of the words, description, definition, phrase or term preceding them.
- 1.13 Any obligation in this agreement on a person not to do something includes an obligation not to agree or allow that thing to be done.
- 1.14 Any reference to the title of an officer or any of the Constituent Authorities shall include any person holding such office from time to time by the same or any title substituted thereafter or such other officer of the relevant Constituent Authority as that Constituent Authority may from time to time appoint to carry out the duties of the officer referred to.

2 COMMENCEMENT AND CESSATION OF THE MEMORANDUM OF UNDERSTANDING

2.1 The Agreement shall commence on the Commencement Date. For the avoidance of doubt, this Agreement is only effective when each Constituent Authority has executed it and each Constituent Authority shall be of equal status with equal rights except where expressly stated otherwise and shall continue on the terms of this Agreement until the earlier of the following:

- (a) all Constituent Authorities agree in writing to its termination; or
- (b) there is only one remaining Constituent Authority who has not exited this Agreement in accordance with clauses 21 or 22.

2.2 The Constituent Authorities confirm that the memorandum of understanding between them relating to *The procurement of services by the administering authorities of the local government pension scheme in Wales* shall cease to have effect from the Commencement Date.

3 FORMATION OF THE JOINT GOVERNANCE COMMITTEE

3.1 The Constituent Authorities by this Agreement hereby form the Joint Governance Committee pursuant to section 101(5) and 102(1) of the Local Government Act 1972 for the purposes of overseeing and reporting on the performance of the Investment Pool. The Joint Governance Committee shall not be responsible for formulating or revising the investment strategy described by regulation 7 of the Investment Regulations in respect of each or any of the Constituent Authorities.

3.2 Meetings of the Joint Governance Committee are subject to the provisions of the Local Government Act 1972 including the provisions on access to information and meetings held in public.

3.3 The membership of the Joint Governance Committee shall be one elected member nominated by each of the Constituent Authorities provided that the elected member is a member of that [Constituent Authority and that] Constituent Authority's pensions committee (or equivalent body) for the purposes of the Local Government Pension Scheme Regulations 2013.

3.4 For the purposes of clause 3.3, each Constituent Authority may appoint a named deputy who must be an elected member of the same [Constituent Authority and the same] Constituent Authority's pension committee (or equivalent body) for the purposes of the Local Government Pension Scheme Regulations 2013 as the Member for whom they are acting as deputy

- 3.5 The Joint Governance Committee shall undertake its role and act in accordance with the Terms of Reference set out in Schedule 4 and undertake the matters set out in Schedule 3 and shall seek and have regard to the advice of the OWG and any professional advisors appointed in carrying out its functions under this Agreement.
- 3.6 Every meeting shall be governed by the procedure and requirements set out in Schedule 6.
- 3.7 A programme of training will be provided to Members and their deputies having regard to CIPFA Guidance and the training provided to Members in their roles on their respective Constituent Authority pension committees. In order to be eligible to participate in the Joint Governance Committee Members are required to attend and complete this training within 9 months of being appointed to the Joint Governance Committee and must thereafter attend update and refresher sessions provided at intervals deemed appropriate by the Joint Governance Committee. Any failure to undertake the required training shall be a matter for consideration of the relevant Member's Constituent Authority's Standards Committee who thereafter make a recommendation to the Constituent Authority as to whether or not the Member should remain appointed to the Joint Governance Committee.

4 OFFICERS WORKING GROUP

- 4.1 The Joint Governance Committee shall appoint the OWG on the following terms:
- (a) **Purpose:** the OWG shall support and advise the Joint Governance Committee on such matters as the Joint Governance Committee may reasonably request or any matters relating to the Pooling Collaboration which are raised by any Constituent Authority's Section 151 Officer or Monitoring Officer;
 - (b) **Membership:** each Constituent Authority shall nominate up to two officers employed by that Constituent Authority as its representatives on the OWG;
 - (c) **Remit:** the remit of the OWG shall be as set out in Schedule 8;
- 4.2 The OWG shall undertake its role and have regard to the Joint Governance Committee Terms of Reference .
- 4.3 Each Constituent Authority's Section 151 Officer and Monitoring Officer (or in their absence their deputies) shall, where they are not members of the OWG, have the right to attend meetings of the OWG and receive copies of any papers.

5 DECISION MAKING

- 5.1 The Constituent Authorities have identified the following two categories of decisions together with the means by which they will be taken:

- (a) **"Joint Governance Committee Matter"**: means a matter, identified in Schedule 3 which is to be decided upon at a quorate meeting of the Joint Governance Committee by those present and entitled to vote and any such decision will be binding on all of the Constituent Authorities;
- (b) **"Matters Reserved to the Constituent Authorities"**: means a matter identified in Schedule 2, which will have to be referred to each Constituent Authority for decision (having regard to any recommendation to be made thereon by the Joint Governance Committee). Such matter requiring a decision shall not be dealt with by the Joint Governance Committee until the matter has been determined by all of the Constituent Authorities. If the Constituent Authorities fail to reach a unanimous decision in respect of such matter then the matter shall be referred under clause 36 (Alternative Dispute Resolution) as a dispute for resolution.

6 BUSINESS PLAN

6.1 The Joint Governance Committee shall, with the support of the OWG, produce a draft Business Plan to cover the medium term (being up to five years) having regard to the electoral cycle and the operational requirements of the Constituent Authorities for consultation with the Constituent Authorities. The draft Business Plan shall have regard to:

- (a) the strategic objectives of the Pooling Collaboration over the relevant Business Plan period;
- (b) the financial budget for the relevant Business Plan period and/or any annual budget set;
- (c) the delivery plan produced by the Operator in connection with the Investment Pool including any costs or fees proposed by the Operator or any other supplier;
- (d) the requirements on each of the Constituent Authorities in their individual capacity as an administering authority pursuant to the Investment Regulations;
- (e) the requirements of each Constituent Authority's investment strategy;
- (f) the advice of appropriately qualified and authorised and regulated professional advisors;
- (g) the guidance issued from time to time by the Secretary of State as referred to in regulation 7(1) of the Investment Regulations;
- (h) such other matters that the Constituent Authorities may consider necessary to the furtherance of the Pooling Collaboration including (subject to clause 10.2), the proposal and development of ad hoc projects.

- 6.2 Consultation on the draft Business Plan shall be carried out by the OWG (with the the Operator (where appropriate) and the Constituent Authorities and such other parties as it may deem necessary) who shall report on the outcome of that consultation. The Joint Governance Committee shall hold a meeting to discuss and, having had due regard to the consultation response report and the advice of the appropriately qualified and regulated professional advisors, agree a final Business Plan which may include such revisions to the draft as the Joint Governance Committee considers appropriate.
- 6.3 Following approval by the Joint Governance Committee the Business Plan shall be sent to all Constituent Authorities for their written approval.
- 6.4 The Business Plan will be reviewed by the Joint Governance Committee and the Constituent Authorities annually. Where any revisions are agreed by the Joint Governance Committee the revised Business Plan shall be sent to all Constituent Authorities for their written approval.
- 6.5 For the avoidance of doubt, final approval of the Business Plan shall be treated as a Matter Reserved to the Constituent Authorities (as defined in clause 5).

7 HOST COUNCIL

- 7.1 The Constituent Authorities (acting severally) have agreed, with effect from the Commencement Date, that Carmarthenshire County Council will be the Host Council for the Pooling Collaboration which shall be carried out for and on behalf of itself and the Constituent Authorities and Carmarthenshire County Council agrees to act in that capacity subject to and in accordance with and to the extent provided for by the terms of this Agreement. For the avoidance of doubt the role of Host Council includes:-
- (a) to act as the employing authority for any staff engaged in the discharge of the Pooling Collaboration's functions (appointing, employing or accepting the secondment of staff) in accordance with this Agreement;
 - (b) being the point of contact for the purposes of managing the Pooling Collaboration;
 - (c) providing such administrative resources and facilities that may be necessary for the purpose of discharging the Pooling Collaboration and hold all Pooling Contributions;
 - (d) providing such governance and administrative services that may be necessary for the purpose of supporting the Pooling Collaboration including arranging and clerking of meetings;
 - (e) providing training for Members to support their role on the Joint Governance Committee in line with the training plan and in accordance with clause 3.7.

- (f) provide appropriately qualified and experienced officers who will act as the primary legal and financial advisers to the Pooling Collaboration;
 - (g) for the purposes of the Pooling Collaboration require their Section 151 Officer and Monitoring Officer (or in their absence their deputies) to undertake oversight and review of the operation of the Pooling Collaboration and decisions of the Joint Governance Committee on behalf of all of the Constituent Authorities;
 - (h) power to enter into contracts for supplies and services as required for the purposes of the Pooling Collaboration;
 - (i) liaise with the Operator on behalf of the Constituent Authorities pursuant to the terms of the Operator Contract and in the manner and to the extent set out in the Contract Management, Co-ordination and Liaison with the Operator policy and procedure to be approved in accordance with Schedule 5 and to provide any contract management and co-ordination services for the purposes of the Pooling Collaboration set out in that policy and procedure.
- 7.2 For the avoidance of doubt the duties and responsibilities of the Host Council pursuant to this Agreement shall only bind the Host Council to the extent that they have been resourced by the Constituent Authorities through this Agreement.
- 7.3 Save and except where otherwise required by law all staff employed by the Host Council pursuant to this Agreement shall be employed on the Host Council's relevant terms and conditions of employment and related staff policies including salary structures.
- 7.4 A replacement Host Council may be appointed by a majority decision of the Constituent Authorities provided that the replacement Host Council agrees.
- 7.5 If the Host Council withdraws from the Pooling Collaboration pursuant to clause 21 (Voluntary Exit) or clause 22 (Compulsory Exit) then a replacement Host Council will be appointed by a majority decision of the Constituent Authorities provided that the replacement Host Council agrees. The withdrawing Host Council will not have the right to vote in regard to any such appointment.
- 7.6 Where a replacement Host Council is appointed pursuant to Clause 7.4 or 7.5 above, any reference to Carmarthenshire County Council (in its capacity as the initial Host Council) shall be read with reference to the replacement Host Council from the effective date of the replacement.
- 7.7 Where TUPE applies in connection with the appointment of any replacement Host Council, then the Constituent Authorities shall comply with the provisions of Schedule 7.
- 7.8 For the duration of this Agreement, the Host Council shall act diligently and in good faith in all its dealings with the other Constituent Authorities.

7.9 For the duration of this Agreement, the Constituent Authorities shall act diligently and in good faith in all their dealings with the Host Council and shall use their reasonable endeavours to assist the Host Council to support the Pooling Collaboration.

8 OPERATOR CONTRACT

8.1 Each Constituent Authority shall promptly execute the Operator Contract in counterpart and return the executed counterpart to the Host Council as soon as reasonably practicable following execution. The Host Council shall as soon as reasonably practicable confirm that the Operator Contract has been duly executed by all Constituent Authorities and is in force and effect.

8.2 The Constituent Authorities authorise the Host Council to exercise their rights, duties and obligations pursuant to clause 7.1(i).

8.3 For the avoidance of doubt, any allocation of liability arising under the Operator Contract shall be apportioned between the Constituent Authorities pursuant to the terms of the Operator Contract and/or clause 10 (as appropriate).

9 LIABILITIES AND INDEMNITIES FOR THE HOST COUNCIL

9.1 Nothing in this Agreement will make the Host Council liable in respect of anything done or omitted to be done by a Constituent Authority up to the Commencement Date.

9.2 .The Host Council shall be indemnified from and against all liabilities, costs, expenses, damages and losses (including but not limited to any direct, indirect or consequential loss, loss of profit, loss of reputation and all interest, penalties and legal costs (calculated on a full indemnity basis) and all other reasonable costs and expenses) arising from the performance of its functions authorised pursuant to clause 7 save in the case of its wilful default or fraud.

10 COMMITMENT OF THE CONSTITUENT AUTHORITIES AND CONTRIBUTIONS

10.1 Subject to clause 10.2, the Constituent Authorities agree to pay the contributions, which shall be calculated equally, of the estimated governance, procurement and administration costs included within the Business Plan or additional expenditure later required as part of any revised estimated governance, procurement and administration costs contemplated by the Business Plan (the "**Pooling Contributions**") except where the Business Plan provides otherwise.

10.2 The Constituent Authorities shall meet the costs of ad hoc projects to which they are a party equally between the Constituent Authorities who are parties only and any non-participating Constituent Authorities shall not be liable for any proportion of such costs.

- 10.3 The Constituent Authorities agree to pay the Pooling Contributions to the Host Council on such dates, and at such frequency, as is determined by the Business Plan. Any costs incurred prior to the approval of the Business Plan shall be payable on being invoiced by the Host Council.
- 10.4 All Pooling Contributions shall be made by way of payment to the bank account notified to the Constituent Authorities by the Host Council for the purposes of the Pooling Collaboration. The Host Council shall maintain a separate account or accounts as appropriate for all monies received or expended in connection with the Pooling Collaboration in a manner which complies with their accounting arrangements.
- 10.5 Following the termination of this Agreement, once the costs of the Host Council have been met, the sum standing to the credit of the account or accounts in which Pooling Collaboration funds are held shall be returned to the then remaining Constituent Authorities in the proportions in which they were originally contributed.
- 10.6 Following the termination of this Agreement, where any further contribution is required, or repayments are to be made, the Constituent Authorities shall decide the following:
- (a) the total amount;
 - (b) the apportionment of such contribution or repayment between the Constituent Authorities; and
 - (c) the form of such contribution or repayment.

In the absence of any agreement to the contrary, such contributions or repayments shall be by or to all of the Constituent Authorities equally.

- 10.7 For the avoidance of doubt, any charges incurred in respect of investment management of the Investment Pool shall be attributed to each Constituent Authority by reference to the assets under management for that Constituent Authority and the investment management charges applicable to each sub-fund (or assets held in any alternative investment structure), are not determined by this Agreement. The liability of each Constituent Authority to meet the fees of the Operator shall be determined by the Operator Contract and not this Agreement.

11 ACCOUNTS

- 11.1 The Host Council shall keep proper books of account (which expression shall include any computerised accounting system for the time being used by the Pooling Collaboration) and shall be responsible for ensuring that full and proper entries of all receipts and payments are promptly recorded in them. The books of account shall be kept at the premises of the Host Council and be made available for inspection by all of the Constituent Authorities (who may also take copies). The Host Council shall make

available on reasonable request such information as is required by any Constituent Authority to prepare their own accounts or respond to any internal or external audit.

- 11.2 The Host Council shall ensure that the contributions and payments made by each Constituent Authority shall be held in an account in the name of the Host Council which does not breach regulation 6 of the Investment Regulations.
- 11.3 The Host Council shall prepare annual accounts in relation to each Financial Year for the Pooling Collaboration in accordance with the appropriate code of practice on accounting and the regulations which relate to accounting and audit as applicable to local authorities by no later than 31 May in the following Financial Year.
- 11.4 . The Host Council shall be responsible for ensuring that the accounts relating to the Pooling Collaboration are audited where and when required by law or other competent authority and shall make copies of the audited accounts available to all of the Constituent Authorities
- 11.5 The Joint Governance Committee may hold a reserve of funds for the purposes of meeting the costs of the Pooling Collaboration. Where the reserve exceeds 40% of the budget for the forthcoming year then the amount by which the reserve exceeds that sum may be repaid to the Constituent Authorities and such repayment shall be in proportion to the total amount contributed by each unless the Joint Governance Committee decides to the contrary.

12 INVESTMENT MANAGEMENT COSTS

- 12.1 In accordance with clause 10.7, each Constituent Authority shall bear its own costs in respect of investment management they incur or expect to incur in the Pooling Collaboration which shall include all transition costs for the investment and disinvestment of assets.

13 INTELLECTUAL PROPERTY

- 13.1 Any intellectual property developed by any Constituent Authority for the purposes of the Pooling Collaboration shall be retained by the Constituent Authorities and each Constituent Authority will grant all of the other Constituent Authorities a non-exclusive, perpetual, non-transferable and royalty free licence to use, modify amend and develop it for the purpose of the Pooling Collaboration whether or not the Constituent Authority granting the licence remains a party to this Agreement. All costs and expenses relating to such intellectual property shall be borne by the Constituent Authorities and the other Constituent Authorities shall indemnify the Constituent Authority or Constituent Authorities in whom such property is vested against all liabilities that may arise directly or indirectly in respect of the use of it.

14 REPORTS

- 14.1 The Joint Governance Committee shall oversee the Pooling Collaboration and ensure that it is provided in accordance with the Business Plan.
- 14.2 To ensure that the Constituent Authorities are kept up-to-date with the performance of the Pooling Collaboration, the Joint Governance Committee shall report quarterly and annually to the Constituent Authorities with progress measured against the Business Plan and the objectives of the Investment Pool.

15 INSURANCE

- 15.1 Where the operation of the Pooling Collaboration is not covered by any existing insurance of the Constituent Authorities, the Host Council shall effect and at all times keep in force (for the benefit of the Members of the Joint Governance Committee and the officers appointed to the OWG) such policies of insurance for such amounts as it shall decide. Such policies shall be maintained at the expense of the Constituent Authorities and shall be an administration cost of this Pooling Collaboration for the purposes of clause 10.1.

16 DUTIES AND POWER

Each Constituent Authority shall at all times:

- (a) use its reasonable skills and endeavours to promote and carry on the Pooling Collaboration for the benefit of the Constituent Authorities, and conduct itself in a proper and responsible manner;
- (b) devote such time and attention as the Constituent Authorities may decide in writing to be necessary and appropriate to the Pooling Collaboration;
- (c) comply with all legislation, regulations, professional standards and other provisions as may govern the conduct of the Pooling Collaboration, or be determined by the Constituent Authorities as standards to be voluntarily applied to the Pooling Collaboration;
- (d) show the utmost good faith to the other Constituent Authorities in all transactions relating to the Pooling Collaboration and give them a true account of, and full information about, all things affecting the Pooling Collaboration;
- (e) inform the Constituent Authorities without delay on becoming party to any legal proceedings in connection with the Pooling Collaboration;
- (f) punctually pay and discharge its present and future debts and financial obligations;

- (g) shall not do or fail to do anything which shall bring any of the other Constituent Authorities, or itself, into disrepute;
 - (h) obtain all necessary consents sufficient to carry on their duties to the Pooling Collaboration.
- 16.2 No action which would otherwise be a breach of this clause shall constitute a breach where the Constituent Authority was required to carry out that action in compliance with a statutory duty or order of any court, tribunal or ombudsman.

17 DELEGATION

- 17.1 Prior to the commencement of the Pooling Collaboration the Constituent Authorities shall put in place such authorisations as are required within their internal governance arrangements to:
- (a) delegate the making of the decisions set out in Schedule 3 (Joint Governance Committee Matters) to the Joint Governance Committee;
 - (b) delegate any other matter which is required to comply with the obligations of this Pooling Collaboration, including delegations to its own officers and to the Host Council where required.
- 17.2 The Constituent Authorities shall review and where necessary amend their delegations throughout the duration of the Pooling Collaboration to ensure that they can comply with the provisions of this Agreement.
- 17.3 The Joint Governance Committee may appoint contractors or agents to undertake tasks, advise on or support the implementation of its functions.

18 OBLIGATIONS ON CONSTITUENT AUTHORITIES

- 18.1 Without prejudice to the terms of this Agreement, the Constituent Authorities, on an individual basis, commit to the implementation of the Pooling Collaboration consistently with the Submission (subject to any variation agreed by the Constituent Authorities) and to use their reasonable endeavours to ensure the success of the Pooling Collaboration.
- 18.2 Nothing in this Agreement shall fetter the discretion of each Constituent Authority to formulate and revise an investment strategy appropriate for their fund within the LGPS pursuant to regulation 7 of the Investment Regulations.
- 18.3 It is acknowledged and agreed that the obligations and liabilities of each Constituent Authority shall bind any successor authority in the event of any local government re-organisation.

19 INDEMNITY

- 19.1 Subject to clause 8.3, any Constituent Authority who is in material breach of any of the provisions of this Agreement shall indemnify the other Constituent Authorities from and against all liabilities, costs, expenses, damages and losses, (including but not limited to any direct, indirect or consequential loss, loss of profit, loss of reputation and all interest, penalties and legal costs (calculated on a full indemnity basis) and all other reasonable costs and expenses) resulting from that breach, without prejudice to any other right or remedy of the other Constituent Authorities howsoever arising.

20 POLICIES AND PROCEDURES

- 20.1 The Joint Governance Committee shall prepare, maintain and adhere to the policies and procedures which are listed in Schedule 5 and any further policies and procedures which the Joint Governance Committee decides are appropriate, in accordance with applicable law and regulation, competent authority, and CIPFA Guidance, and having had regard to applicable guidance specific to local government management of funds or accounting and auditing requirements. The Joint Governance Committee shall provide them to the Constituent Authorities and OWG and provide them to sub-delegates and other necessary parties with the aim of achieving uniformity and efficiency in operating practices.
- 20.2 Where any policy or procedure provided for under this Agreement requires the Constituent Authorities to address or copy any communication or similar to any contract management or co-ordination function the Joint Governance Committee will advise the Constituent Authorities of that requirement in writing. As of the date of receipt of an advisory under this clause the Constituent Authorities shall address or copy any communication as advised.

21 VOLUNTARY EXIT

- 21.1 Any Constituent Authority (the "**VE Authority**") may exit from the Pooling Collaboration by giving not less than 18 (eighteen) months' written notice to the Host Council of its intention to exit the Pooling Collaboration and the date of expiration of that notice is the 31 March which next falls after or is coincident with the end of the 18 (eighteen) month notice period provided that the Constituent Authorities may agree with the VE Authority that a different notice period applies (the "**Exit Date**").
- 21.2 A VE Authority may exit the Pooling Collaboration and be released from its obligations under this Agreement (other than clause 23) provided that:
- (a) it has satisfied all of its obligations up to the Exit Date;

- (b) it has satisfied its share of the costs and expenses up to the Exit Date, as well as any necessary costs and expenses to facilitate the exit whether or not incurred after the Exit Date;
 - (c) subject to clause 21.5 below, it redeems all of its investments from the Investment Pool;
 - (d) its representatives on the Joint Governance Committee and the OWG resign on or before the Exit Date.
- 21.3 With effect from the date of the notice given by the VE Authority pursuant to clause 21.1 the Member (and any nominated deputy for the purposes of clause 3.4) nominated by the VE Authority for the purposes of clause 3.3 shall cease to have any voting rights for the purposes of the Joint Governance Committee and the VE Authority shall cease to be a Constituent Authority.
- 21.4 For the avoidance of doubt, the VE Authority shall remain liable to make the Pooling Contributions which are due prior to the Exit Date.
- 21.5 The Constituent Authorities recognise that there may be circumstances where the VE Authority may not be able to redeem all of its assets from the Investment Pool due to the nature of a particular investment (for example where an investment is illiquid or redeeming the asset would be in breach of contract) (the "**Retained Asset(s)**") provided that the Constituent Authorities and the VE Authority shall work together in good faith to redeem the Retained Asset(s) as soon as reasonably practicable. In such circumstances the VE Authority shall continue to make Pooling Contributions after the Exit Date until all of the Retained Asset(s) are redeemed from the Investment Pool. The Pooling Contributions shall be determined by the Business Plan which shall have regard to the relative value of the Retained Assets when compared to the assets applicable to the Constituent Authorities in the Investment Pool.

22 **COMPULSORY EXIT**

- 22.1 The Constituent Authorities (other than the CE Authority) may by majority decision compulsorily require any Constituent Authority (the "**CE Authority**") to leave the Pooling Collaboration, by the Host Council (or in the case of the Host Council being the CE Authority, any other Constituent Authority) giving the CE Authority written notice if the CE Authority:
- (a) commits any serious breach or persistent breaches of this Agreement;
 - (b) fails to pay any money owing by it to the Host Council within 28 (twenty-eight) days of a written request for payment from the Host Council;

- (c) fails to account for, or pay over or refund any money received and belonging to the Constituent Authorities within 28 (twenty-eight) days after being so required by notice from the Host Council;
- (d) wilfully neglects, refuses or omits to perform its duties, obligations and responsibilities under this Agreement; or
- (e) is guilty of conduct which, in the reasonable opinion of the other Constituent Authorities, is likely to have a serious adverse effect on the Pooling Collaboration;

provided that in each case the CE Authority is first given 28 days following receipt of the written notice to remedy the breach or issue described in paragraphs (a) to (e) and the CE Authority has failed to remedy such breach or issue or to take reasonable steps to do so.

22.2 The effective date of the CE Authority being required to leave the Pooling Collaboration is the 31 March which next falls after or is coincident with the period of 18 (eighteen) month after the notice given in clause 22.1 above provided that the other Constituent Authorities may notify the CE Authority that a different notice period applies (the "**Compulsory Exit Date**").

22.3 The CE Authority shall exit the Pooling Collaboration from the Compulsory Exit Date and must prior to the Compulsory Exit Date:

- (a) have satisfied all of its obligations up to the Compulsory Exit Date;
- (b) have satisfied its share of the costs and expenses up to the Compulsory Exit Date, as well as any necessary costs and expenses to facilitate the exit whether or not incurred after the Compulsory Exit Date.
- (c) subject to the same circumstances in clause 21.5, it redeems all of its investments from the Investment Pool;
- (d) its representatives on the Joint Governance Committee and the OWG resign on or before the Compulsory Exit Date.

22.4 With effect from the date of the notice given by the Host Council to the CE Authority pursuant to clause 22.1 the Member (and any nominated deputy for the purposes of clause 3.4) nominated by the CE Authority for the purposes of clause 3.3 shall cease to have any voting rights for the purposes of the Joint Governance Committee and shall cease to be a Constituent Authority.

22.5 For the avoidance of doubt, the CE Authority shall remain liable to make the Pooling Contributions which are due prior to the Compulsory Exit Date and liable to the continuing liability provisions of clause 23.

- 22.6 The Constituent Authorities recognise that there may be circumstances where the CE Authority may not be able to redeem the Retained Asset(s) provided that the Constituent Authorities and the CE Authority shall work together in good faith to redeem the Retained Asset(s) as soon as reasonably practicable. In such circumstances the CE Authority shall continue to make Pooling Contributions after the Compulsory Exit Date until all of the Retained Asset(s) are redeemed from the Investment Pool. The Pooling Contributions shall be determined by the Business Plan which shall have regard to the relative value of the Retained Asset(s) when compared to the assets applicable to the Constituent Authorities in the Investment Pool.

23 FURTHER PROVISIONS RELATING TO A VE AUTHORITY OR A CE AUTHORITY

- 23.1 When any Constituent Authority ceases to be a Constituent Authority by virtue of being a VE Authority or a CE Authority, the continuing Constituent Authorities shall publish notice of the change in the Pooling Collaboration and shall give notice in writing of the change in the Pooling Collaboration to all third parties who have in the last 12 (twelve) months had any dealings with the Pooling Collaboration (as advised by the Host Council and whether as suppliers to the Host Council or as clients or customers of it).
- 23.2 The VE Authority or CE Authority (as applicable) irrevocably agree and undertake to execute and deliver within 5 working days of request all deeds and documents and to do all acts and things necessary to give effect to the terms of this Agreement and for vesting in the continuing Constituent Authorities the full benefit of the assets, rights and benefits to be transferred to the continuing Constituent Authorities under this Agreement.

Continuing liability

- 23.3 Where any Constituent Authority exits from this Agreement in accordance with Clause 21 or 22 they shall remain liable to the extent they would have been were they still party to this Agreement for any acts, omissions, costs and expenses arising from acts taken or decisions made during the period in which that Constituent Authority was a party to this Agreement.
- 23.4 Any Constituent Authority who enters this Agreement after the Commencement Date shall have liability for any acts, omissions, costs and expenses arising from acts taken or decisions made from the date of their entry only.

24 NEW CONSTITUENT AUTHORITY

- 24.1 The Constituent Authorities shall consider applications from other administering authorities of funds within the LGPS to join the Pooling Collaboration (a "**New Member Application**").

24.2 A New Member Application will be considered on the merits of its business case and the conditions which the Constituent Authorities consider appropriate from time to time.

24.3 A New Member Application will only be approved by the Constituent Authorities at their absolute discretion and, subject to regulation 8 of the Investment Regulations, there shall be no obligation under the terms of this Agreement for a New Member Application to be accepted.

25 CONFIDENTIALITY

25.1 For the purposes of this Agreement, **Confidential Information** means, any information which has been certified as exempt information in accordance with Section 100I of the Local Government Act 1972 and all confidential information (however recorded or preserved) disclosed by a Constituent Authority or its representatives or advisers to another Constituent Authority and his representatives or advisers (except where by law the information cannot be retained as confidential) concerning:

- (a) any information relating to the prospective business, technical processes, computer software or intellectual property rights of the Pooling Collaboration;
- (b) all documents, papers and property that may have been made or prepared by, or at the request of, any Constituent Authority and which are marked as being exempt information or confidential and which come into any Constituent Authority's possession or under its control in the course of the Pooling Collaboration; and
- (c) compilations of two or more items of such information and all information that has been, or may be, derived or obtained from any such information which, at any time, comes into any Constituent Authority's possession or under its control in the course of the Pooling Collaboration and which the Pooling Collaboration regards or could reasonably be expected to regard as confidential, whether or not such information is, in itself, confidential, marked as "confidential" or reduced to tangible form.

25.2 Save as provided otherwise in this agreement either expressly or by implication, each Constituent Authority undertakes that it shall not, at any time, disclose to any person any Confidential Information of the other Constituent Authorities and shall use its reasonable endeavours to keep all Confidential Information of the other Constituent Authorities confidential (whether it is marked as such or not) except as permitted by clause 25.3.

25.3 Each Constituent Authority may disclose the other Constituent Authority's Confidential Information:

- (a) to its representatives or advisers who need to know such information for the purposes of carrying out the Constituent Authority's obligations under or in connection with this Agreement. Each Constituent Authority shall ensure that its representatives or advisers to whom it discloses the other Constituent Authority's Confidential Information comply with this clause.
- (b) as may be required by law, a court of competent jurisdiction or any governmental or regulatory authority including an ombudsman.

26 PENSIONS

26.1 The Constituent Authorities are scheduled employers in the LGPS. The employees employed by the Host Council in the Pooling Collaboration will be active members of the LGPS from and including the Commencement Date or later date of commencement of employment subject to the Local Government Pension Scheme Regulations 2013.

27 FREEDOM OF INFORMATION

27.1 Each Constituent Authority acknowledges that the other Constituent Authorities and the Joint Governance Committee are subject to the requirements of the Freedom of Information Act 2000 ("**FoIA**") and each Constituent Authority shall where reasonable assist and co-operate with the other Constituent Authorities (at their own expense) to enable the other Constituent Authorities to comply with these information disclosure obligations.

27.2 Where a Constituent Authority receives a request for information under the FoIA in relation to information which it is holding on behalf of any of the other Constituent Authorities in relation to the Pooling Collaboration, it shall:

- (a) transfer the request for information to the other Constituent Authorities as soon as practicable after receipt and in any event within 2 (two) Business Days of receiving a request for information;
- (b) provide the other Constituent Authorities with a copy of all information in its possession or power in the form that the Constituent Authorities reasonably require within 10 (ten) Business Days (or such longer period as the Constituent Authorities may specify) of the Constituent Authority requesting that information; and
- (c) provide all necessary assistance as reasonably requested by the other Constituent Authorities to enable the Constituent Authority to respond to a request for information within the time for compliance set out in the FoIA.

27.3 Where a Constituent Authority receives a request for information under the FoIA which relates to this Agreement or the Pooling Collaboration it shall;

- (a) advise the person making the request that the information is held by another public authority being the Joint Governance Committee and that the request has been passed to that public authority to respond;
- (b) transfer the request for information to the Host Council on behalf of the Joint Governance Committee as soon as practicable after receipt and in any event within 2 (two) Business Days of receiving a request for information;
- (c) provide the Host Council with a copy of all information in its possession or power in the form that the Host Council reasonably require within 10 (ten) Business Days (or such longer period as the Constituent Authorities may specify) of the Constituent Authority requesting that information; and
- (d) provide all necessary assistance as reasonably requested by the Host Council to enable the Host Council to respond to a request for information on behalf of the Joint Governance Committee within the time for compliance set out in the FoIA.

27.4 The Constituent Authorities or the Host Council shall be responsible for determining in their absolute discretion whether any information requested under the FoIA:

- (a) is exempt from disclosure under the FoIA;
- (b) is to be disclosed in response to a request for information.

27.5 Each Constituent Authority acknowledges that the other Constituent Authorities and the Joint Governance Committee may be obliged under the FoIA to disclose information:

- (a) without consulting with the other Constituent Authorities where it has not been practicable to achieve such consultation; or
- (b) following consultation with the other Constituent Authorities and having taken their views into account.

28 DATA PROTECTION

28.1 The Constituent Authorities shall comply with the Data Protection Act 1998.

29 DISSOLUTION

29.1 No Constituent Authority shall be capable of dissolving the Pooling Collaboration unilaterally by means of a notice.

29.2 The Pooling Collaboration and this Agreement shall be terminated upon the unanimous agreement of all of the Constituent Authorities.

29.3 Each Constituent Authority shall act in good faith in the wind up of the Pooling Collaboration following the unanimous decision to dissolve as soon as reasonably

practicable thereafter, and all costs and expenses shall be borne equally by the Constituent Authorities.

30 ENTIRE AGREEMENT

- 30.1 This Agreement constitutes the entire agreement between the parties and supersedes and extinguishes all previous agreements, promises, assurances, warranties, representations and understandings between them, whether written or oral, relating to its subject matter.
- 30.2 Each Constituent Authority acknowledges that, in entering into this Agreement it does not rely on, and shall have no remedies in respect of, any statement, representation, assurance or warranty (whether made innocently or negligently) that is not set out in this agreement.
- 30.3 Each Constituent Authority agrees that it shall have no claim for innocent or negligent misrepresentation (or negligent misstatement) based on any statement in this agreement.
- 30.4 Nothing in this clause shall limit or exclude any liability for fraud.

31 NOTICES

- 31.1 Any notice, demand or communication in connection with this Agreement will be in writing and may be delivered by hand, post, facsimile or email addressed to the recipient as set out in Schedule 1 or any other address notified to the other party in writing in accordance with this clause as an address to which notices, invoices and other documents may be sent. The notice, demand or communication will be deemed to have been duly served:
- (a) if delivered by hand during business hours, at the time of delivery;
 - (b) if delivered by post, 48 hours after being posted (excluding Saturdays, Sundays and public holidays);
 - (c) if delivered by facsimile during business hours, at the time of transmission, provided that a confirming copy is sent by first class post to the other party within 24 hours after transmission; or
 - (d) if delivered by email or other electronic form of communication during business hours, at the time of transmission provided that a confirming copy is sent by first class post to the other party within 24 hours after transmission.
- 31.2 Where notice is served by hand, facsimile or email outside business hours, it will be deemed to have been served on the next business day.

32 CONTRACTS (THIRD PARTY RIGHTS)

- 32.1 The Constituent Authorities as parties to this Agreement do not wish that any of its terms to be enforceable by virtue of the Contract (Rights of Third Parties) Act 1999 by any person not a party to this Agreement.

33 SEVERANCE

- 33.1 If any provision or part-provision of this Agreement is or becomes invalid, illegal or unenforceable, it shall be modified to the minimum extent necessary to make it valid, legal and enforceable. If such modification is not possible, the relevant provision or part-provision shall be deemed deleted. Any modification to or deletion of a provision of part-provision under this clause shall not affect the validity and enforceability of the rest of this Agreement.
- 33.2 If one Constituent Authority gives notice to the other Constituent Authorities of the possibility that any provision or part-provision of this Agreement is invalid, illegal or unenforceable, the Constituent Authorities shall negotiate in good faith to amend such provision so that, as amended, it is legal, valid and enforceable, and, to the greatest extent possible, achieves the intended result of the original provision.

34 AMENDMENTS

- 34.1 No amendment to this Agreement shall be binding unless it is in writing and signed by a duly authorised representative of each of the Constituent Authorities and expressed to be for the purpose of such amendment.

35 GOVERNING LAW AND JURISDICTION

- 35.1 This agreement and any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with it or its subject matter or formation shall be governed by and construed in accordance with the law of England and Wales as it applies in Wales.
- 35.2 Each party irrevocably agrees that the courts of England and Wales have exclusive jurisdiction to settle any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with this agreement, its subject matter or formation.

36 ALTERNATIVE DISPUTE RESOLUTION

- 36.1 The Constituent Authorities agree:
- (a) to pursue a positive approach towards dispute resolution with an objective of reaching a consensus without formal dispute resolution and/or legal proceedings and maintaining a strong working relationship between the Constituent Authorities;

- (b) that any dispute between the Constituent Authorities in relation to matters covered by this Agreement will be referred to in the first instance to the Chief Executives of the Constituent Authorities who may, at their sole discretion, delegate the dispute to the appropriate senior officer within 10 Business Days of written notice of the dispute;
- (c) that if the Chief Executives or their delegates are not able to resolve the dispute within 5 Business Days of meeting or there is disagreement over a Member matter, then any Member may refer the matter to a mediation facilitated by the Welsh Local Government Association or to a suitably qualified and independent person, as recommended by the Chief Executives and the Constituent Authorities agree;
- (d) that where any dispute is agreed to be of a legal or technical nature the parties to the dispute may (but not must) jointly take the opinion of an appropriate expert including opinion of senior legal counsel where appropriate. Such expert opinion must be instructed through the OWG and be instructed within 10 days of referral to Chief Executives under sub-clause (b) following which the opinion should be delivered within a further 10 days unless the nature and/or details of the dispute or opinion dictate that an alternative timeframe needs to be followed.
- (e) that, if after exhausting other methods of dispute resolution, one of the Constituent Authorities commences legal proceedings then this will be subject to the exclusive jurisdiction of the Courts of England and Wales.

All costs are borne equally between the Constituent Authorities which are party to the dispute unless agreed otherwise by the Joint Governance Committee or ordered by the Courts.

This document has been executed as a deed and is delivered and takes effect on the date stated at the beginning of it.

Schedule 1

Contact Details

Carmarthenshire County Council
Chris Moore
s. 151 Officer (tel. 01267 224160 and e-mail CMoore@carmarthenshire.gov.uk); and

Linda Rees-Jones
Monitoring Officer (tel. 01267 224010 / e-mail LRJones@carmarthenshire.gov.uk)

County Hall, Carmarthen, Carmarthenshire, SA31 1JP

City & County of Swansea Council
[Contact Name and Details]

City of Cardiff Council
[Contact Name and Details]

Flintshire County Council
[Contact Name and Details]

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Iwan G D Evans, Head of Legal Services and Monitoring Officer,
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[Contact Name and Details]

Rhondda Cynon Taff County Borough
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Chris Jones, Director of Legal & Democratic Services and Monitoring Officer
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Torfaen County Borough Council

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Delyth Harries, Interim Monitoring Officer
Tel number 01495 742652 and email- Delyth.Harries@torfaen.gov.uk

Schedule 2

Matters Reserved to the Constituent Authorities

- 1 Appointment, termination or replacement of the Operator following the making of a recommendation by the Joint Governance Committee.
- 2 Approval of additional expenditure not included within the Business Plan which exceeds 30 % of the approved budget in the Business Plan in any one Financial Year.
- 3 Formulation, approval or revisions of each respective Constituent Authority's investment strategy for the purposes of regulation 7 of the Investment Regulations.
- 4 Admitting a new administering authority within the LGPS to the Investment Pool as a Constituent Authority (pursuant to clause 24).
- 5 Amendment of this Agreement (pursuant to clause 34).
- 6 Termination of this Agreement (pursuant to clause 29).
- 7 Material change to the nature of the Operator Contract.
8. Approval of the initial strategic objectives to allow preparation of the first Business Plan (which objectives shall reflect the objectives set out in the procurement of the Operator).
- 9 Approval of any evaluation or scoring criteria for any procurement of a replacement Operator.
- 10 Approval of the Business Plan which shall include approval of the ongoing strategic objectives of the Investment Pool.
11. Determination of the timing of the transition of the assets held by the LGPS fund for which they are an administering authority into the Pooling Collaboration and the funds or sub-funds operated by the Operator.

Schedule 3

Joint Governance Committee Matters

Subject to the terms of the Agreement, the Joint Governance Committee shall undertake those matters which are not Matters Reserved to the Constituent Authorities which shall include (without prejudice to the generality of the foregoing):

- 1 Making a recommendation on the appointment, replacement or termination of the Operator to the Constituent Authorities.
- 2 Appointing and replacing service providers, advisers to the Joint Governance Committee (other than the Operator).
- 3 Approving the creation of new pooled vehicles for the Operator.
- 4 Approving the creation of new sub-funds provided by the Operator.
- 5 Approving the termination of sub-funds provided by the Operator.
- 6 Preparing a plan relating to the overall transition of assets in accordance with each Constituent Authority's asset transition plan.
- 7 Approving changes to the Operator Contract which are not material changes to the nature of the Operator Contract.
- 8 Dealing with the necessary general ongoing management of the Pooling Collaboration.
- 9 Delegation of tasks to the OWG, including the preparation of reports and draft documents and the undertaking of consultations.
- 10 Liaison with Pension Boards as appropriate in line with CIPFA Guidance, guidance issued by the Pensions Regulator and other applicable legislation or regulatory guidance.
11. Determining the best means of alternative investment structures for assets where a sub-fund is not being provided by the Operator.

Notwithstanding the above, for the avoidance of doubt, the Joint Governance Committee may not delegate its responsibilities.

Schedule 4

Joint Governance Committee - Terms of Reference

The Joint Governance Committee responsibilities are:

- Making recommendations to the Constituent Authorities on the termination of the Operator Contract before the conclusion of the fixed term contract, where the performance of the Operator is considered unacceptable;
- Ensuring that there are an appropriate range of sub-funds available in order to allow the Constituent Authorities to meet their strategic investment aims. Following representation from any, some or all of the Constituent Authorities, the Joint Governance Committee may direct the Operator to set up a sub-fund in a particular asset class. The Joint Governance Committee must be mindful at all times of the need to balance the requirement to provide a particular sub-fund with the benefits of holding aggregated assets;
- Monitoring the performance of the Operator against the agreed set of key performance indicators;
- Reporting on the performance of the Investment Pool, its costs and other activities, but not limited to, the Constituent Authorities, government, the Scheme Advisory Board and the general public;
- From time to time, to review the appropriateness of the existing structures, including the number and make-up of sub-funds and to make recommendations to the Constituent Authorities as to the respective merits of procuring Operator services by means of a third party or through ownership by the Constituent Authorities of the Operator;
- Liaising with the Operator, in such areas as the Operator seeks the preferences and views of the Joint Governance Committee, on the appointment of suppliers, for example manager preferences or the appointment of depositories;
- Liaising with the Constituent Authorities on the appropriate range of sub-funds to be provided in the Investment Pool;
- From time to time reviewing policies in respect of ethical, social and governance matters and voting rights and where appropriate make recommendations to the Constituent Authorities as to any changes deemed necessary;
- Applying any processes or policies that are assigned to it within this Agreement;

- Recommend a high level plan for initial transition of assets to the pool and further asset transitions in the event, for example, of new sub-funds being created or manager changes within sub-funds;
- Ensuring that the OWG acts within its remit as set out in clause 4 and Schedule 8 of this Agreement;
- Providing any analysis or commentary on annual accounts to the Constituent Authorities;
- Monitoring the implementation and effectiveness of the policies listed in Schedule 5 and initiating reviews of these where required;
- Delivery and ongoing monitoring against the Pooling Collaboration objectives, Business Plan and budgets;
- Approving responses from the Pooling Collaboration in relation to consultations or other matters considered appropriate;
- Seeking advice from professional and authorised and regulated advisers where necessary;
- Agreeing the Business Plan to be put forward to the Constituent Authorities for approval;
- Report to the Constituent Authorities quarterly (and at any other time when the Joint Governance Committee considers it to be necessary) on the matters within their remit including but not limited to the performance of the Operator, the structure of the funds and the ongoing monitoring of the Business Plan;
- Agreeing criteria for the evaluation of bids or tenders for any procurement (other than the first appointment of the Operator) to be put forward for the approval of the Constituent Authorities.

Schedule 5

Policies and Procedures

- Training and Competence
- Complaints
- Breaches and Errors
- Conflicts of Interests
- Business Continuity Planning
- DSAR/FOI
- Contract Management, Co-ordination and Liaison with the Operator

Schedule 6

Joint Governance Committee Procedure

1 MEMBERSHIP

- 1.1 The membership of the Joint Governance Committee shall consist of one elected member (or their appointed deputy) per Constituent Authority.
- 1.2 No substitutes other than deputies shall be allowed.
- 1.3 The Joint Governance Committee shall not include any non-voting or co-opted members.

2 MEETINGS

- 2.1 Meetings shall be held a minimum of four times per municipal year (being May to May). The anticipated schedule of meetings and the locations in which they will be held will be agreed in advance of the commencement of the next Financial Year no later than the final meeting of the current Financial Year.
- 2.2 A meeting may be held at such time and place as the Chair of the Joint Governance Committee thinks fit provided that at least two meetings per annum shall be held in rotating locations between the Constituent Authorities to facilitate public access. The Constituent Authorities shall make available suitable accommodation for the holding of such meetings in public including the provision of Welsh Language translation, video-conferencing and webcasting services as appropriate.
- 2.3 All agendas, reports and minutes in relation to the Joint Governance Committee shall be in both Welsh and English, and simultaneous translation of proceedings will be available throughout all meetings of the Joint Governance Committee.
- 2.4 The Joint Governance Committee may decide to allow remote participation in meetings via video-conference or any similar medium. Any Member attending by video-conference shall be held to be in attendance at the meeting for the purposes of this Schedule.
- 2.5 A meeting of the Joint Governance Committee may be called by a proper officer of the Host Council on the request of the Chair. Members must declare any conflict of interest in respect of any business being conducted at the meeting which would likely to be regarded to prejudice the exercise of a person's function as a participant in the meeting.
- 2.6 The Chair is responsible for the running of meetings. The Chair shall invite Members expressing a desire to speak in turn. All discussion and debate shall be held through the Chair and the Chair may draw a discussion to a vote at any time where they consider that every Member has been given a fair opportunity to speak.

2.7 Minutes will be kept of all meetings. The Chair will sign the minutes of the proceedings at the next suitable meeting.

2.8 Notice of meetings

- (a) A notice of meeting specifying the place, date and time of the meeting and containing a statement of the matters to be discussed at the meeting, shall be served on all of the Members of the Joint Governance Committee by the appropriate governance officer of the Host Council;
- (b) Subject to clause 2.8(c), notice of each meeting, copies of the agenda and any reports to be presented at the meeting, shall be given to all Constituent Authorities by the Host Council no later than 7 clear days before the date of the meeting. The Constituent Authorities shall ensure that a minimum of five clear days' notice of all meetings is given in accordance with their normal procedures for notification of Council meetings and all papers made available at all of the Constituent Authorities head offices for inspection for those five days unless certified as confidential in which case agendas and any non-certified items are made available only.
- (c) If a meeting is required to be held with less than 5 days' notice, the Chair must agree it is required urgently, approve the shortened notice period and allow as much notice as possible to be given. Notice should be given in the same manner, and the documents should be made available to all of the Constituent Authorities for as many days as practicable before the meeting.

2.9 Exclusion of the public and press

- (a) Where any item to be discussed forms exempt information the Chair shall move that the public and press are excluded from the meeting for the duration of the discussion and voting on that item. Motions to exclude the press and public do not require to be seconded and shall be determined by simple majority vote of the Members present.
- (b) Where the press and public are excluded under (a) above the Chair may invite any person to remain in the meeting where they consider it to be necessary or appropriate to do so and any members of the OWG present shall be presumed to be invited to remain unless the Chair specifies otherwise.
- (c) Any person may be excluded from a meeting or required to leave a meeting where in the opinion of the Chair they are causing a disturbance to the running of the meeting and have not desisted from doing following a request; or where any person is so disruptive that their conduct if allowed to remain would prevent the meeting from proceeding in a fair and acceptable manner.

- 2.10 The Joint Governance Committee may, through the Chair, invite any person to speak at a meeting.
- 2.11 Officers of the OWG presenting reports to the Joint Governance Committee may be asked questions following such presentation.
- 2.12 Section 151 Officers and Monitoring Officers (and in their absence their deputies) of any Constituent Authority are entitled to attend all meetings including any part of any meeting which is closed to the public and press.

3 QUORUM

- 3.1 The quorum shall be five Members.
- 3.2 Where a quorum is not present within 15 minutes of the start of the meeting and the Chair has not been notified that one or more Members have been delayed but will be attending, the meeting shall not be held and the Host Council will be ask to schedule and give notice of a replacement meeting.
- 3.3 Where, during any meeting there is no quorum present, then the meeting will adjourn immediately. If the Chair has been unable to ascertain within 15 minutes that the quorum can be restored the remaining business will be considered at another time and date fixed by the Chair.

4 CHAIR AND VICE CHAIR.

- 4.1 The Chair and Vice-Chair shall be Members and shall be appointed by vote for a term of 12 calendar months.
- 4.2 In the absence of the Chair, the Vice-chair shall be entitled to exercise all of the functions of the Chair.
- 4.3 The decision of the Chair of the meeting on all points of procedure and order and the Chair's interpretation of any rule in this schedule shall be final and no debate may ensue thereon. The Chair shall be entitled to take the advice of a governance officer in interpreting any rule or objection on procedure.
- 4.4 The Chair may be assisted during meetings by a governance officer on procedural matters and such administrative officers as the Chair considers appropriate. Such governance and secretarial officers shall be entitled to remain in the meeting where the public and press are excluded.

5 AGENDA

- 5.1 An agenda shall be produced in advance for each meeting by the Host Council following consultation with the Chair.

5.2 The agenda for each meeting shall contain as the first substantive item the approval of the minutes of the previous meeting. The Chair will move that the minutes of the previous meeting be signed as a correct record. The only part of the previous minutes that can be discussed is their accuracy and any matters arising from those previous minutes shall be regarded as new items on the agenda of the current meeting.

5.3 The OWG and the Constituent Authorities may ask the Chair to include any matter on the agenda which they consider should be discussed by the Joint Governance Committee.

5.4 The decision on whether to allow discussion on any other matter not on the agenda of a meeting at that meeting shall be made by the Chair.

6 MOTIONS

6.1 Any Member may propose a motion. All motions must be seconded. Motions which are opposed shall be put to a vote in accordance with the voting provisions of this schedule.

6.2 A Member may raise a point of order at any time. The Chair will hear them immediately. A point of order may only relate to an alleged breach of the provisions of this Schedule, or the law or other competent authority. The Member must indicate the provision or law or regulation and the way in which he/she considers it has been broken. The ruling of the Chair on the matter will be final. The Chair may take advice on the point of order from the appropriate officer.

7 VOTING

7.1 The Chair shall seek consensus wherever possible however where a vote is required the provisions of this section shall apply.

7.2 Each Member present will have one vote and voting will be by means of a show of hands. In the event of a tied vote, the Chair shall have a second or casting vote.

7.3 All decisions will be determined by simple majority.

7.4 In the event that a vote is taken, the voting positions and any abstentions of members will be recorded in the minutes.

8 SUB-COMMITTEES AND WORKING GROUPS

8.1 The Joint Governance Committee shall form such sub-committees and working groups as it considers expedient to performing its function. The Joint Governance Committee shall at the time of forming sub-committees or working groups set out the remit of the sub-committees or working groups, what the sub-committees or working groups are required to deliver and the timescale for that delivery.

- 8.2 Sub-committees and working groups shall be entailed to request the input and support of the OWG in the same manner as the Joint Governance Committee.
- 8.3 Each sub-committee and working group shall appoint a chair for that sub-committee or working group, who is to be one of the Members of the sub-committee or working group.
- 8.4 Working groups may invite any person who is not a Member to join the group in order to assist in carrying out its function.
- 8.5 The Chairs of sub-committees and working groups shall report to Joint Governance Committee at each meeting of that committee on the process of the matters within their remit.
- 8.6 Sub-committees and working groups may be disbanded at any time on the vote of the Joint Governance Committee.
- 8.7 The provisions of paragraphs 5-7 (Agenda, Motions and Voting) of this Schedule shall apply to any sub-committee and working group meetings.

Schedule 7

TUPE

1 DEFINITIONS

1.1 The following definitions shall apply in this Schedule:

Data Protection Legislation means the Data Protection Act 1998, the Data Protection Directive (95/46/EC), the Regulation of Investigatory Powers Act 2000, the Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000, the Electronic Communications Data Protection Directive (2002/58/EC), the Privacy and Electronic Communications (EC Directive) Regulations 2003 and all applicable laws and regulations relating to the processing of personal data and privacy, including where applicable the guidance and codes of practice issued by the Information Commissioner.

Expected Transferring Employees means those Host Council Personnel who are reasonably expected by the Host Council to be a Transferring Employee.

Future Host Council means any relevant Constituent Authority who provides services which are identical or substantially similar to any of the Host Council Services (directly or indirectly) following the termination or expiry of this Agreement or the termination of the provision of any of the Host Council Services by the Host Council.

Host Council Personnel means the individuals employed or engaged by the Host Council or any other person in the provision of the Host Council Services under this Agreement from time to time.

Host Council Services means the services to be provided by the Host Council under this Agreement as more particularly described at clause 7.

Redundancy Costs means any notice pay (including payment in lieu of notice), holiday pay and statutory and/or contractual redundancy payments.

Sub-Contractor means any person to whom the provision of any of the Host Council Services may be sub-contracted by the Host Council.

Subsequent Transfer Date means the date on which responsibility for the provision of the Host Council Services, or any part of the Host Council Services, transfers from the Host Council to the Future Host Council.

Transferring Employee means an individual whose contract of employment has effect from and after the Subsequent Transfer Date, by virtue of the operation of TUPE, as if originally made between such person and the Future Host Council.

2 NO TRANSFER ON COMMENCEMENT

- 2.1 The Constituent Authorities agree that the neither the commencement of this Agreement nor the implementation of any of the arrangements contemplated within it shall give rise to a "relevant transfer" within the meaning of TUPE on or around the Commencement Date.

3 EMPLOYEE INFORMATION ON TERMINATION

- 3.1 Subject to the Data Protection Legislation, during the period of twelve months preceding the expiry of this Agreement, or at any time after the Host Council has given notice to withdraw from the Pooling Collaboration or at any time after the Host Council has actually ceased to provide any of the Host Council Services:

- (a) the Host Council shall within 28 days of the reasonable request by any Future Host Council disclose to that Future Host Council details of the number, age and terms and conditions of employment, in relation to any Host Council Personnel assigned to the provision of the Host Council Services or any relevant part of the Host Council Services;
- (b) the Host Council shall not and, if relevant, shall procure that any Sub-Contractor shall not, save in the ordinary course of business, materially vary the terms and conditions of employment or engagement of any Host Council Personnel or redeploy, replace or dismiss any Host Council Personnel, or employ or engage any additional individual in the provision of the Host Council Services, without the prior written consent of the Future Host Council (such consent not to be unreasonably withheld or delayed).

4 EMOLUMENTS

All wages, salaries, bonus and commission payments, contributions to pension schemes, entitlement to holiday pay and any other emoluments (whether monetary or otherwise), tax and national insurance contributions relating to the Transferring Employees shall be paid or borne by the Host Council (or Sub-Contractor) in relation to the period before the Subsequent Transfer Date (and the Host Council shall procure such payment by any Sub-Contractor) and by the relevant Future Host Council thereafter (and the Constituent Authorities shall procure such payment by any Future Host Council), and all necessary apportionments shall be made.

5 COMPLIANCE AND INDEMNITIES

- 5.1 The Host Council shall and/or, if relevant, shall procure that any Sub-Contractor shall:
- (a) comply with its or their obligations to inform and consult the Expected Transferring Employees pursuant to Regulation 13 of TUPE;

- (b) use reasonable endeavours to agree with the Future Service Provider, and deliver to the Expected Transferring Employees prior to the Subsequent Transfer Date, a suitable joint statement regarding the proposed transfer of their employment to the Future Host Council on the Subsequent Transfer Date; and
 - (c) give employees of the Future Host Council such access to the Expected Transferring Employees prior to the Subsequent Transfer Date as the Future Host Council may reasonably require for the purposes of consultation or of effecting an efficient transfer of the Host Council Services and Transferring Employees with effect from the Subsequent Transfer Date.
- 5.2 The Host Council shall indemnify and keep indemnified the Future Host Council against all and any costs, expenses, liabilities, damages and losses arising out of or in connection with any claim, demand, action or proceeding which is made or brought against the Future Host Council in relation to:
- (a) the employment or termination of employment of any Transferring Employee during the period before the Subsequent Transfer Date; or
 - (b) the Host Council's failure or alleged failure to comply with its obligations under Regulation 13 of TUPE, save to the extent that any such failure or alleged failure is as a result of or in consequence of a failure by the Future Host Council to comply with its obligations under Regulation 13(4) of TUPE.
- 5.3 If a claim or allegation is made by any person who is not a Transferring Employee (a **"Non-Disclosed Transferring Employee"**) that his contract of employment has or should have effect as if originally made between himself and the Future Host Council by virtue of the operation or alleged operation of TUPE:
- (a) the Future Host Council shall notify the Host Council in writing as soon as reasonably practicable of any such claim or allegation and the Future Host Council shall then allow the Host Council (or any relevant Sub-Contractor) a period of 10 working days to consult with any such Non-Disclosed Transferring Employee concerning his claim or allegation;
 - (b) the Future Host Council shall give to the Host Council (or any relevant Sub-Contractor) such co-operation or assistance as the Host Council (or relevant Sub-Contractor) may reasonably require;
 - (c) if, following the period of 10 working days referred to in paragraph 4.3(a) above, any Non-Disclosed Transferring Employee continues to assert that his contract of employment has or should have effect as if originally made between himself and Future Host Council, the Future Host Council may, within a further period of 20 working days (or such other period as may be agreed in writing between the

Host Council and Future Host Council), serve notice to terminate the employment or alleged employment of such Non-Disclosed Transferring Employee with immediate effect; and

- (d) subject to the Future Host Council's compliance with this paragraph 5.3, the Host Council shall indemnify and keep indemnified the Future Host Council against all and any costs, expenses, liabilities, damages and losses arising out of or in connection with any claim, demand, action or proceeding which is made or brought by any such Non-Disclosed Transferring Employee in relation to any sums paid or payable to such Non-Disclosed Transferring Employee up to the date of the termination of such Non-Disclosed Transferring Employee's employment or alleged employment, and in relation to such termination.

5.4 The Future Host Council shall indemnify and keep indemnified the Host Council (for itself and any Sub-Contractor) against all and any costs, expenses, liabilities, damages and losses arising out of or in connection with any claim, demand, action or proceeding which is made or brought:

- (a) by any Transferring Employee in relation to any act or omission of the Future Host Council on or after the Subsequent Transfer Date and/or in relation to any events or circumstances relating to the employment or termination of employment of any Transferring Employee occurring or arising on or after the Subsequent Transfer Date;
- (b) in relation to any failure or alleged failure of the Future Host Council to comply with their obligations under Regulation 13 of TUPE; or
- (c) in relation to any substantial change made or proposed by the Future Host Council in the working conditions of any of the Transferring Employees, or any individual who would have been a Transferring Employee but whose employment terminated prior to the Subsequent Transfer Date, where that change is to the detriment of such Transferring Employee(s) or such individual(s).

6 REDUNDANCY COSTS

6.1 The Constituent Authorities shall indemnify and keep indemnified on a joint and several basis the Host Council (for itself and any Sub-Contractor) against all and any Redundancy Costs arising out of or in connection with any claim, demand, action or proceeding which is made or brought against the Host Council (or Sub-Contractor) arising out of or in connection with the termination or alleged termination of employment of any Host Council Personnel by reason of redundancy within 6 months of the Subsequent Transfer Date, where the employment such Host Council Personnel does not transfer to a Future Host Council (under TUPE or otherwise) on the cessation of the provision of any or all of the

Host Council Services, provided that the Host Council shall, or shall procure that any Sub-Contractor shall, use reasonable endeavours to:

- (a) mitigate the amount of any such Redundancy Costs;
- (b) search for and, if available, offer alternative employment within the Host Council's or the Constituent Authorities' (or, as the case may be, the Sub-Contractor's) organisation to any Host Council Personnel at risk of redundancy and shall give that Host Council Personnel a reasonable opportunity to accept any such offer of alternative employment before terminating that Host Council Personnel's employment; and
- (c) comply with any applicable statutory obligations.

Schedule 8 - Officers Working Group Remit

The remit of the OWG shall include:

- (a) proposing to the Joint Governance Committee and procuring external support requirements (including legal, governance, tax and other financial support) relevant to the Pooling Collaboration;
- (b) proposals to the Joint Governance Committee on governance arrangements including how the Operator should be held to account by reference to the Operator Contract;
- (c) proposals to the Joint Governance Committee on the most appropriate means of accessing different asset types, the structure of the Investment Pool including the number and make-up of sub-funds and where appropriate use of any external or national investment vehicles;
- (d) proposing high level transition plans for the transfer of assets to the Investment Pool;
- (e) challenging and contributing to the development of the Pooling Collaboration to enable the Pooling Collaboration and the Joint Governance Committee to achieve its objectives;
- (f) making recommendations to the Joint Governance Committee on the appointment, replacement or termination of the Operator including recommendations on whether to use a third party supplier or an owned entity;
- (g) monitoring and reviewing the performance of the Operator in meeting its objectives, service levels and key performance indicators and reporting to the Joint Governance Committee within the quarterly reports and on other occasions as required;
- (h) receiving reports on performance of the assets and reporting to the Joint Governance Committee;
- (i) external reporting on the Pooling Collaboration and its performance no less than quarterly to professional advisors or competent authorities if required;
- (j) liaison with other pools as required;
- (k) considering and making recommendations to the Joint Governance Committee in relation to the Business Plan, prepare a draft Business Plan for consideration by the Joint Governance Committee, consulting upon the approved draft Business Plan and reporting on the outcomes of such consultation including

proposing any revisions to the draft Business Plan to the Joint Governance Committee;

- (l) developing and keeping under review the programme of training to be delivered to Members ensuring that it complies with all relevant regulations and applicable guidance, which programme of training shall have regard to the training undertaken in Members' roles on their respective Constituent Authority pension committees and shall seek to avoid duplication of training;
- (m) seeking advice from professional advisors that are authorised and regulated by competent authorities;
- (n) managing the procurement process for the procurement of any replacement Operator including proposing criteria for the evaluation of bids or tenders
- (o) such other matters as the Joint Governance Committee shall request or delegate to the OWG.

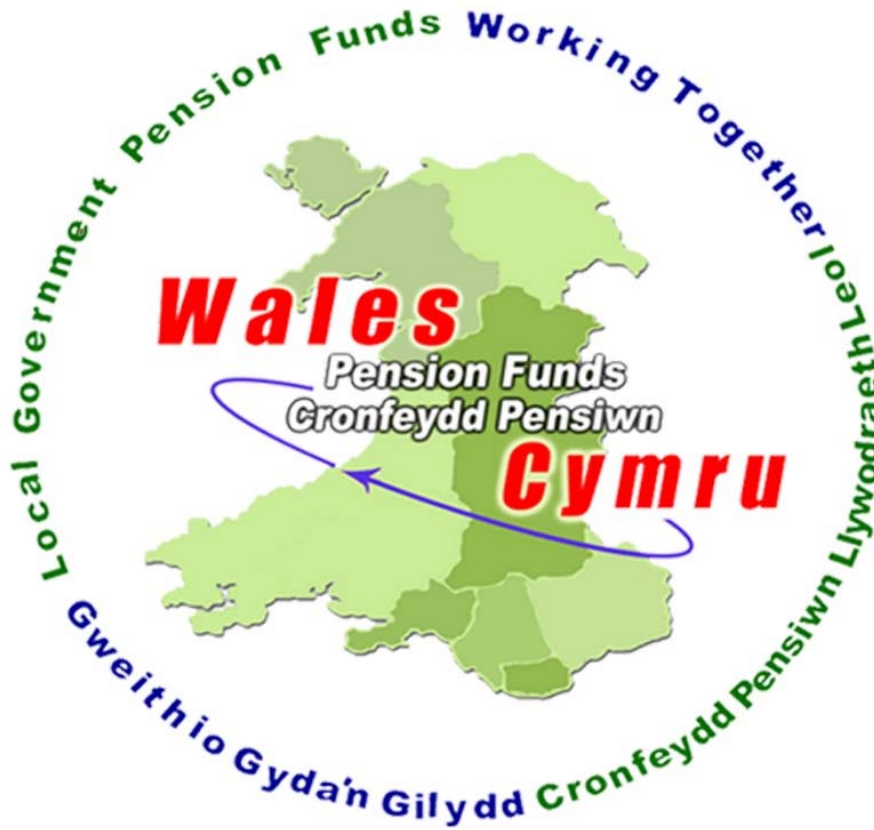
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[The Common Seal of Rhondda Cynon Taf County Borough Council was hereunto affixed in the presence of an Authorised Officer]

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Submission by the Wales Pool to the Department for Communities and Local Government (DCLG)

In response to the publication in November 2015:

LGPS: Investment Reform Criteria and Guidance

Introduction

As Chairs of the pension committees for the eight Welsh local government pension funds, we are delighted to submit this proposal comprising details of the establishment of the Wales Pool.

Within Wales, our work on identifying the opportunity for achieving efficiencies through the pooling of investments predates the announcement of the LGPS wide agenda last year. Prior to the publication of the guidance to the LGPS in November 2015, we had already developed and agreed a detailed business plan which included joint procurement of a single provider for passive management and establishment of a pooling vehicle for collective investment. We have recently implemented the appointment of a single passive manager and are benefiting as a result from significant cost savings effective from April 2016.

In this document, we have confirmed our commitment to appoint a regulated third party operator to provide a series of collective vehicles in order to benefit from economies of scale from the management of Welsh pension fund assets. The arrangements will be provided through a robust governance structure providing clear accountability back to individual funds.

Discussions are continuing on the precise arrangements to be put in place for the different types of investments held by the funds but we are estimating that annual savings – net of all running costs – in the region of £10m p.a. could be achieved.

We are a cohesive group of funds with a long experience of collaborating across a number of policy areas, reflecting the specific economic, social, regulatory and political context within Wales. There is a strong desire within Wales to continue the direction of travel we have adopted to date and to capture fully the benefits which we outline in this proposal.

Cllr. Graham Hinchey, Chair, Investment Advisory Panel, Cardiff and Vale of Glamorgan Pension Fund

Cllr. Rob Stewart, Chair, Pension Fund Committee, City and County of Swansea Pension Fund

Cllr. Alan Diskin, Chair, Pension Fund Committee, Clwyd Pension Fund

Cllr. Wyn Evans, Chair, Pension Fund Panel, Dyfed Pension Fund

Cllr. Mary Barnett, Chair, Pensions Committee, Greater Gwent (Torfaen) Pension Fund

Cllr. Stephen Churchman, Chair, Pensions Committee, Gwynedd Pension Fund

Cllr. A G Thomas, Chair, Powys Pension Fund

Cllr. Mark Norris, Chair, Pension Fund Committee, Rhondda Cynon Taff Pension Fund

Proposal for asset pooling in the LGPS – 15 July 2016

Name of pool	Wales Pool
Participating funds	<p>Cardiff and Vale of Glamorgan Pension Fund</p> <p>City and County of Swansea Pension Fund</p> <p>Clwyd Pension Fund</p> <p>Dyfed Pension Fund</p> <p>Greater Gwent (Torfaen) Pension Fund</p> <p>Gwynedd Pension Fund</p> <p>Powys Pension Fund</p> <p>Rhondda Cynon Taff Pension Fund</p>

Any enquiries in relation to this submission should be addressed to:-

- Christine Salter, Corporate Director Resources, City of Cardiff Council
C.Salter@cardiff.gov.uk; 0292 0872301
- Mike Hawes, Head of Finance and Delivery, City and County of Swansea
Mike.Hawes@swansea.gov.uk; 01792 636423
- Gary Ferguson, Corporate Finance Manager, Flintshire County Council
gary.ferguson@flintshire.gov.uk; 01352 702271
- Chris Moore, Director of Corporate Services, Carmarthenshire County Council
CMoore@carmarthenshire.gov.uk; 01267 224120
- Nigel Aurelius, Assistant Chief Executive (Resources), Torfaen County Borough Council
Nigel.Aurelius@torfaen.gov.uk; 01495 742623
- Dafydd L. Edwards, Head of Finance, Gwynedd Council
DafyddLEdwards@gwynedd.gov.uk; 01286 682668
- David Powell, Strategic Director – Resources, Powys County Council
david.powell@powys.gov.uk; 01597 826729
- Chris Lee, Group Director Corporate and Frontline Services, Rhondda Cynon Taff County Borough Council
Christopher.D.Lee@rctcbc.gov.uk; 01443 424026
- Anthony Parnell, Treasury & Pension Investments Manager, Carmarthenshire County Council
AParnell@carmarthenshire.gov.uk; 01267 224180

Criterion A: Asset pools that achieve the benefits of scale

1. The size of the pool once fully operational.

(a) Please state the total value of assets (£b) to be invested via the pool once transition is complete (based on asset values as at 31.3.2015).

The total assets of the eight funds participating in the Wales Pool are shown in the table below.

Fund	Assets (£m)
Cardiff and Vale of Glamorgan Pension Fund	1,653
City and County of Swansea Pension Fund	1,528
Clwyd Pension Fund	1,377
Dyfed Pension Fund	1,908
Greater Gwent (Torfaen) Pension Fund	2,184
Gwynedd Pension Fund	1,408
Powys Pension Fund	512
Rhondda Cynon Taff Pension Fund	2,228
Total	12,798

Asset values are shown as at March 2015.

Our ambition for the Pool is to create appropriate vehicles for collective investment for all participating funds across all asset classes in time.

Assets which are currently held as life policies will be regarded as being within the Pool's governance arrangements but it will be necessary for them to be held outside of the pooled investment vehicles managed by the appointed operator such that the individual funds remain beneficiaries of the relevant policies. However, the investments are regarded as being an integral component of the Pool on the basis that a single manager has been appointed through a collective procurement exercise, and the ongoing monitoring and reporting of the investments will be incorporated into the Pool and fall within the responsibility of the Pool's Joint Governance Committee.

Where funds hold illiquid investments with fixed term lives, it could be very costly to exit from such investments before the realisation of the underlying assets. For that reason, it is proposed that holdings in such funds are retained outside of the Pool until expiry. However, new investments in such assets will be made within the Pool.

Depending on the precise nature of the services available from the appointed operator, it may be possible that one of the participating funds may wish to hold a proportion of their assets outside of the pool. More details are provided in the section below.

2. Assets which are proposed to be held outside the pool and the rationale for doing so.	
<p>(a) Please provide a summary of the total amount and type of assets which are proposed to be held outside of the pool (once transition is complete, based on asset values at 31.3.2015).</p>	
<p>The funds will aim to include all of their assets within the pooling arrangements unless there are technical barriers preventing them from doing so for specific investments.</p>	
<p>(b) Please attach an ANNEX for each authority that proposes to hold assets outside of the pool detailing the amount, type, how long they will be held outside the pool, reason and how it demonstrates value for money.</p>	<p>See Annex 1.</p>

The funds will aim to include all of their assets within the pooling arrangements unless there are technical barriers preventing them from doing so. Annex 1 supplied by Clwyd Pension Fund highlights a couple of mandates where there are some uncertainties on this point.

Funds will hold a small level of operational cash outside of the Pool to help with the efficient management of the fund. Such balances are expected to be modest and will be reviewed on a regular basis.

Funds may also wish to have the flexibility to make limited local investments within their own investment strategy should an appropriate opportunity arise, subject to discussions with the other funds within the Pool.

3. The type of pool including the legal structure.

(a) Please set out the type of pool, including legal structure, and confirm that it has been formally signed off by all participating authorities:

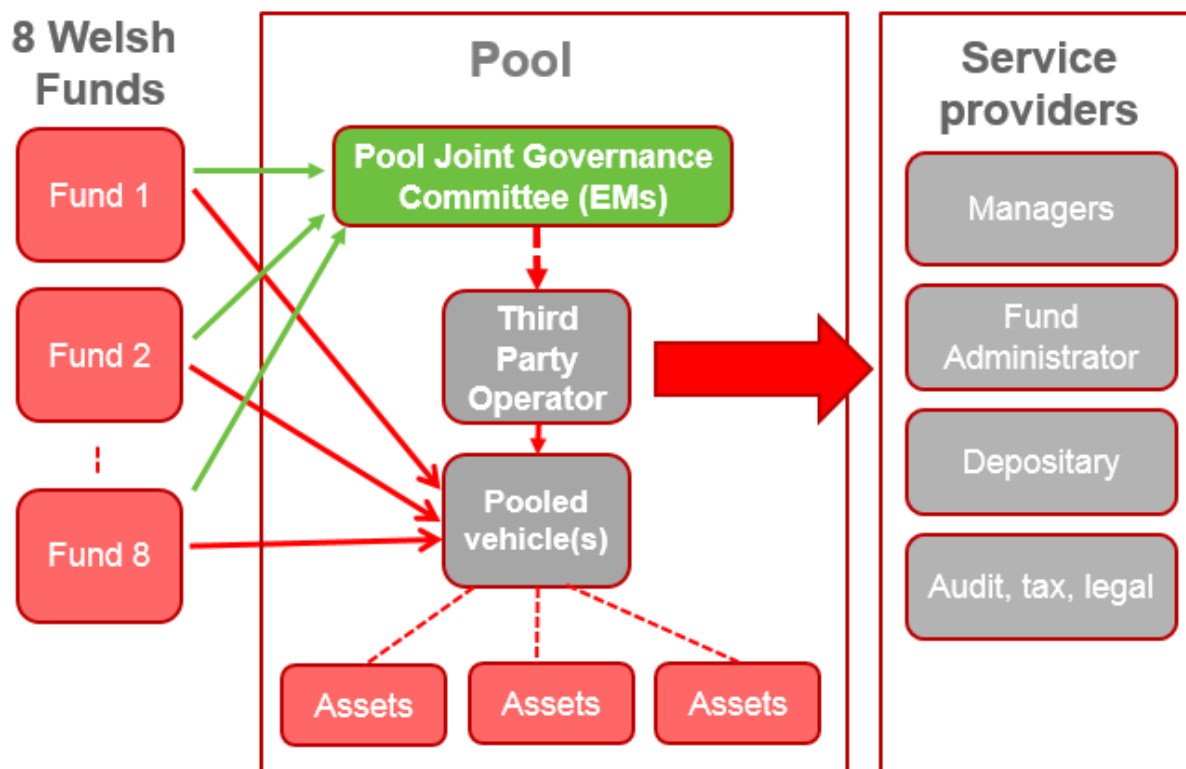
- Details of the FCA authorised structure that will be put in place, and has been signed off by the participating authorities.
- Outline of tax treatment and legal position, including legal and beneficial ownership of assets.
- The composition of the supervisory body.

Please confirm that all participating authorities in the pool have signed up to the above. If not, please provide in an Annex the timeline when sign-off is expected and the reason for this to have occurred post July submission date.

All administering authorities for the participating funds have formally agreed to the nature of the pooling arrangements as described in this section.

We believe that clear and robust governance arrangements are critical in terms of ensuring that the desired objectives of the Pool are achieved.

It is proposed that the Pool appoints a third party operator authorised by the FCA to provide a series of investment sub-funds in which the assets of the participating funds will be invested.



The formal decision to appoint a third party operator of collective vehicles was taken originally by all of the Welsh funds in September 2015 following a detailed report and business plan commissioned from external advisers. In light of the publication of the criteria for LGPS pooling published in November 2015 - and the formation of a number of other LGPS pools within England since that date - that decision has been revisited and re-confirmed by the Wales Pool earlier this year. This does not preclude consideration in future of the option of designing and building our own regulated operator.

A Joint Governance Committee (JGC) will be established to oversee the operator. The Committee will comprise elected members – one from each of the eight participating funds. It is anticipated that this is likely to be the Chairs of the respective Pensions Committees though administering authorities may choose to nominate alternative members if appropriate. This arrangement will provide accountability for the operator back to individual administering authorities.

The remit of the JGC is discussed in more detail in section B3.

The operator will be responsible for selecting and contracting with investment managers for each of the sub-funds as well as appointing other service providers such as depository asset servicer, and (possibly) an external valuer administrators as necessary.

We anticipate at this stage that listed bonds and equities are likely to be invested through a UK based Authorised Contractual Scheme (ACS) in order to benefit from the tax transparent nature of the vehicle, though we will discuss this issue with the appointed operator. It may be that alternative vehicles are more appropriate for some other asset classes. As well as considering the options with the operator, we will also take external advice on the final proposed approach from a tax efficiency and legal compliance basis.

Under the proposed structure, the depository will hold legal title to the assets of the Pool. The operator will be responsible for managing and operating the Pool, including entering into the legal contracts with the investment managers.

4. How the pool will operate, the work to be carried out internally and services to be hired from outside.

Please provide a brief description of each service the pool intends to provide and the anticipated timing of provision.

(a) To operate in-house :

(a) To procure externally :

The Pool proposes to appoint a third party operator through a detailed procurement process in the second half of 2016. The funds have already discussed the range of services which are likely to be available from different service providers and the differing levels of service provision which might be considered. The detail of those services to be carried out internally and those which will be sourced through the operator will be discussed further and decided finally as part of the selection process.

To operate in-house

- The Pool will be responsible for the design of the initial structure of the ACS and its sub-funds in close cooperation with its chosen operator. The Pool anticipates that it and its chosen operator would work closely together on subsequent changes to existing sub-funds and on the launch of additional sub-funds. The pool recognises that this is subject to the operator having ultimate responsibility for operating and managing the ACS. Decisions on asset allocation will continue to be taken by the individual administering authorities.
- The Pool will be responsible for providing public reporting on the investment performance of the Pool assets and also on the wider area of achieved cost savings.

To procure externally

- The appointed operator will provide and operate a range of investment vehicles to allow collective investment by the participating funds.
- The operator will be responsible for selecting and contracting with investment managers for the management of the underlying assets. They will also be responsible for administration in relation to the vehicles in terms of unit pricing, valuation, handling cash flows in and out of the various sub-funds, trade processing and reporting on performance.
- They will be responsible for due diligence from an audit, legal and tax perspective for the respective sub-funds and also for electing a depositary to the Pool.
- The Pool will also procure independent external legal and tax advice as necessary to support them in their relationship with the operator.

5. The timetable for establishing the pool and moving assets into the pool. Authorities should explain how they will transparently report progress against that timetable and demonstrate that this will enable progress to be monitored.

(a) Please provide assurance that the structure summarised in 3 above will be in place by 01.04.2018 assuming: x, y and z (add caveats).

YES - We expect the pooling structure to be in place ahead of April 2018 assuming that there are no delays encountered with the procurement process and that the appropriate regulated vehicles can be established by the operator within the expected timescales.

(b) Please provide as an ANNEX a high level timetable for the establishment of the structure and transition of assets as well as the proposed methodology for reporting progress against this timetable.

[Attached as ANNEX number 2](#)

(c) Please provide as an ANNEX an outline of how you will approach transition over the years and where possible by asset class (any values given should be as at 31.3.2015.)

[Attached as ANNEX number 3](#)

(d) Based on the asset transition plan, please provide a summary of the estimated value of assets (in £b and based on values as at 31.3.2015 and assuming no change in asset mix) to be held within the pool at the end of each 3 year period starting from 01.4.2018.

Total value of assets estimated to be held in pool as at

[31.3.2021: £12.2bn](#)

[31.3.2024: £12.4bn](#)

[31.3.2027: £12.6bn](#)

[31.3.2030: £12.8bn](#)

[31.3.2033: £12.8bn](#)

[We anticipate that 95% of assets will be within the Pool by April 2021.](#)

Criterion B: Strong governance and decision making

1. The governance structure for their pool, including the accountability between the pool and elected councillors and how external scrutiny will be used.
a) Please briefly describe the mechanisms within the pool structure for ensuring that individual authorities' views can be expressed and taken account of, including voting rights.
b) Please list and briefly describe the role of those bodies and/or suppliers that will be used to provide external scrutiny of the pool (including the Pensions Committee and local Pension Board).

The Joint Governance Committee (JGC) will be set up formally as a Joint Committee between the participating administering authorities. Each fund will have one elected member on the Committee. It will operate on the basis of 'One Fund, One Vote', though the intention is that any decisions are reached by consensus wherever possible. A formal Terms of Reference for the Committee will be drawn up.

The Committee will be responsible for ensuring where practical that there are an appropriate range of sub-funds available to allow administering authorities to implement their own desired asset allocation. The JGC will be in regular discussions with the operator as to the specific sub-funds which should be set up within the Pool, both at the outset and on an ongoing basis.

Officers from each administering authority will attend JGC meetings (in a non-voting capacity). The officers already work together as the Pensions Sub Group of the SWT (Society of Welsh Treasurers). The formal terms of reference of this officer group will be revised in light of the new pooling arrangements. The officers will advise the JGC on the establishment and monitoring of the various sub-funds as well as liaise directly with the operator on any day-to-day investment matters.

In the first instance, it is anticipated that the fund representatives on the JGC will report back to their respective individual funds' Pensions committees who will be responsible for satisfying themselves as to the effectiveness of the pooling arrangements overall and the operation of the JGC. However, the local Pensions Boards may also seek reassurance on aspects of the management of the funds' investments.

External scrutiny and formal due diligence of the operator and depositary will also be carried out by the FCA in their role as regulator.

2. The mechanisms by which authorities can hold the pool to account and secure assurance that their investment strategy is being implemented effectively and that their investments are being well managed in the long term interests of their members.

(a) Please describe briefly the type, purpose and extent of any formal agreement that is intended to be put in place between the authorities, pool and any supervisory body.

(b) If available please include a draft of the agreement between any supervisory body and the pool as an ANNEX.

(c) Please describe briefly how that agreement will ensure that the supervisory body can hold the pool to account and in particular the provisions for reporting back to authorities on the implementation and performance of their investment strategy.

(a) A contractual sponsor agreement will be drawn up between the appointed third party operator and the eight administering authorities. External legal advice will be taken by the Pool on the content and format of the contract.

A formal Terms of Reference will be drawn up for the Joint Governance Committee. This will form the basis for the relationship between the Committee and the individual administering authorities.

(b) The draft will be finalised as part of the procurement process. NOTE: Advice on the procurement process to be used will need to be considered further.

(c) The operator will be appointed on a fixed term contract – with an ability for the JGC to terminate the service early in the event of unacceptable performance by the operator. The work involved in changing operator has been discussed already by the Pool and will be considered in more detail as part of the selection exercise.

Comprehensive reporting requirements for the operator will be agreed as part of the service definition.

3. Decision making procedures at all stages of investment, and the rationale underpinning this. Confirm that manager selection and the implementation of investment strategy will be carried out at the pool level.

(a) Please list the decisions that will be made by the authorities and the rationale underpinning this.

(b) Please list the decisions to be made at the pool level and the rationale underpinning this.

(c) Please list the decisions to be made by the supervisory body and the rationale underpinning this.

Administering authorities

Individual administering authorities will be responsible for:-

- Setting their fund's investment strategy and asset allocation, as each fund will have a different pattern of liabilities, a different mix of participating employers and varying attitudes to risk. The investment strategy is a core component of each individual fund's overall funding strategy.
- Any issues relating to the setting of employer contribution rates and the overall administration of the fund's benefits.
- Nominating an elected member to sit on the JGC.

Joint Governance Committee (JGC)

The Committee will be responsible for:

- Recommending the appointment of and monitoring the performance of, the third party operator.
- Interacting with the operator on the design and structure of the investment sub-funds which should be made available by the operator. The objective will be to make available a sufficient range of funds to allow funds to implement their respective investment strategies whilst also being mindful of the benefits of aggregating assets.
- Reporting on the activities of the Pool as required – to administering authorities and Government as well as public reporting.
- Ensuring compliance of the operator with the terms of the sponsor agreement.

Third Party Operator

The Operator will:

- Establish investment sub-funds in cooperation with the JGC, recognising that the operator has ultimate legal and regulatory responsibility for this function.
- Select and contract with the investment managers for each of the sub-funds, as is required in their role as the regulated investment decision-making body.
- Carry out appropriate due diligence on those investment managers, as well as other service providers.
- Provide an appropriate level of detailed reporting on the performance of the investment sub-funds.
- Provide administration in relation to the underlying sub-funds.
- Meet all relevant regulatory requirements.

4. The shared objectives for the pool and any policies that are to be agreed between participants.

(a) Please set out below the shared objectives for the pool.

(b) Please list and briefly describe any policies that will or have been agreed between the participating authorities.

(c) If available please attach as an ANNEX any draft or agreed policies already in place.	
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(a) The objectives of the Pool have been agreed as follows:

- To provide pooling arrangements which allow individual funds to implement their own investment strategies (where practical).
- To achieve material cost savings for participating funds while improving or maintaining investment performance after fees.
- To put in place robust governance arrangements to oversee the Pool’s activities.
- To work closely with other pools in order to explore the benefits that all stakeholders in Wales might obtain from wider pooling solutions or potential direct investments.

(b) The participating authorities will agree specific policies as required. These will include, but not be restricted to, the following:-

- The allocation of implementation and ongoing costs between participants.
- The allocation of transition costs incurred from transferring fund assets into aggregated Pool vehicles.
- The criteria applied and agreed with the operator, to establishing new sub-funds for specific asset classes or investment types.
- The approach to Environmental, Social and Governance (ESG) factors within investment and wider issues relating to Responsible Investment.

5. The resources allocated to the running of the pool, including the governance budget, the number of staff needed and the skills and expertise required.	
(a) Please provide an estimate of the operating costs of the pool (including governance and regulatory capital), split between implementation and ongoing. Please list any assumptions made to arrive at that estimate. <u>Please include details of where new costs are offset by reduced existing costs.</u>	
(b) Please provide an estimate of the staff numbers and the skills/expertise required, split between implementation and ongoing. Please state any assumptions made to arrive at that estimate.	

(a) Estimates at this stage are difficult as the precise scope of services to be provided by the third party operator has not been defined.

However, we have provisionally estimated the following:-

- Implementation costs – circa £0.5m-£1m
- Ongoing costs - circa £.....

Implementation costs

The estimate of Implementation Costs excludes transaction costs in relation to transferring investment assets.

Regulatory capital will be provided by the operator (and therefore reflected in operator's charges.)

The estimate comprises the costs of carrying out a procurement exercise for a third party operator and subsequent liaison with the operator regarding the setting up of investment sub-funds. It includes an estimate of the input of internal officer resources across the funds as well as external advice in relation to taxation and legal issues, project management and investment advice on potential fund options, etc.

Ongoing costs

We assume that the running costs of the Pool will predominantly comprise the fees payable to the operator, though there will be additional governance costs relating to officer and Committee time.

The fees payable to the operator will depend on the level of services agreed though we have assumed at this stage a broad range of 1-3 bps (or £1.3m-£3.5m).

Fund officers will also be spending time on additional areas such as managing the operator contract (SLAs etc.), monitoring operator performance (KPIs), overseeing reporting, and providing support and advice to the Pool's Joint Governance Committee.

We expect there to be limited scope to offset current costs though some explicit costs will reduce including work in relation to selecting and contracting with managers and day to day queries on individual mandates. We have estimated that additional officer and governance costs should be less than £0.5m per annum.

Depository and custody costs will transfer from being a direct fund expense to being incurred by the ACS. Other costs and expenses will be incurred at the level of the ACS, including those assets services, investment managers, lawyers, auditor and (possibly) valuer. Efficiencies are likely given the larger scale of assets.

(b) The funds have discussed the potential use of internal fund officers to assist with Pool business.

Estimates of the likely workload at this stage are difficult as the precise scope of services to be provided by the operator has not been defined.

The funds are open to the formal allocation of officer time to the Pool should that be seen as advantageous.

6. How any environmental, social and corporate governance policies will be handled by the pool. How the authorities will act as responsible, long term investors through the pool, including how the pool will determine and enact stewardship responsibilities.

(a) Please confirm there will be a written responsible investment policy at the pool level in place by 01.4.2018.

YES - the Pool will have an agreed policy in place by April 2018.

7. How the net performance of each asset class will be reported publicly by the pool, to encourage the sharing of data and best practice.

(a) Please confirm that the pool will publish annual net performance in each asset class on a publicly accessible website, and that all participating authorities will publish net performance of their assets on their own websites, including fees and net performance in each listed asset class compared to a passive index.

YES – the Pool is committed to publishing the above information. We feel there is benefit in there being collaboration between pools in agreeing on the best format for reporting such information as this will allow for greater consistency of overall data.

8. The extent to which benchmarking is used by the authority to assess their own governance and performance and that of the pool.

(a) Please list the benchmarking indicators and analysis that the participating authorities intend to implement to assess their own governance and performance and that of the pool.

The funds have requested and received detailed analysis on their investment costs from independent benchmarking company, CEM Benchmarking.

Once formally established, the Joint Governance Committee will explore the potential for using third party evaluation services to provide independent assessment of different aspects of the Pool's governance and performance.

Criterion C: Reduced costs and excellent value for money

1. A fully transparent assessment of investment costs and fees as at 31 March 2013.	
(a) Please state the total investment costs and fees for each of the authorities in the pool as reported in the Annual Report and Accounts for that year ending 31.03.2013.	
(b) Please state the total investment costs and fees for each of the authorities in the pool as at 31.03.2013 on a fully transparent basis.	
(c) Please list below the assumptions made for the purposes of calculating the transparent costs quoted.	

Total investment costs and fees reported by the eight funds in their Annual Reports and Accounts for March 2013 were £34.385m.

In order to calculate costs on a fully transparent and consistent basis, the funds supplied data to a third party company, CEM Benchmarking. Reports have been produced at an individual fund level and at an aggregate pool level.

The cost information supplied by CEM is as follows:

	March 2013 (bps)	March 2013 (£)
Investment management costs	44.6	£47.6m
Oversight, custody and other costs	2.7	£2.9m
Total costs	47.3	£50.5m

The calculated investment costs include performance related fees for the public market asset classes but exclude carry/performance fees for infrastructure, property and private equity. They exclude non-investment costs, such as pension administration.

Where there have been underlying fees paid within fund-of-funds arrangements and specific data has not been available, CEM have estimated the costs incurred based on their global database of similar arrangements.

2. A fully transparent assessment of current investment costs and fees, prepared on the same basis as 2013 for comparison, and how these will be reduced over time.

(a) Please state the total investment costs and fees for each of the authorities in the pool as reported in the Annual Report and Accounts for that year ending 31.03.2015.	£m
(b) Please state the total investment costs and fees for each of the authorities in the pool as at 31.03.2015 on a fully transparent basis.	£m
(c) Please list below any assumptions made for the purposes of calculating the transparent costs quoted that differ from those listed in 1(c) above.	

Total investment costs and fees reported by the eight funds in their Annual Reports and Accounts for March 2015 were £56.489m.

In order to calculate costs on a fully transparent and consistent basis, the funds supplied data to a third party company, CEM Benchmarking. Reports have been produced at an individual fund level and at an aggregate pool level.

The cost information supplied by CEM is as follows:

	March 2015 (bps)	March 2015 (£)
Investment management costs	45.6	£58.3m
Oversight, custody and other costs	2.9	£3.7m
Total costs	48.5	£62.0m

Costs have been calculated on the same basis as those in section C1.

3. A detailed estimate of savings over the next 15 years.

(a) Please provide a summary of the estimated savings (per annum) to be achieved by each of the authorities in the pool at the end of each 3 year period starting from 01.04.2018.

Total value of savings (per annum) estimated to be achieved by each of the authorities in the pool as at

31.3.2021: £

31.3.2024: £

31.3.2027: £

31.3.2030: £

31.3.2033: £

(b) Please list below the assumptions made in estimating the savings stated above (for example if you have used a standard assumption for fee savings in asset class please state the assumption and the rationale behind it).

(c) Alternatively you may attach an ANNEX showing the assumptions and rationale made in estimating the savings shown.

[Attached as ANNEX number 4.](#)

4. A detailed estimate of implementation costs and when they will arise, including transition costs as assets are migrated into the pool, and an explanation of how these costs will be met.

(a) Please provide a summary of estimated implementation costs, including but not limited to legal, project management, financial advice, structure set-up and transition costs. Please represent these costs in a table, showing when these costs will be incurred, with each type of cost shown separately. Please estimate (using information in Criteria C Section 3) the year in which the pool will break even (i.e. the benefits will exceed additional costs of pooling).

(b) Please list below the assumptions made in estimating the implementation costs stated above (for example if you have assumed a standard cost for each asset class please state the assumption and the rationale behind it).	
(c) Alternatively you may attach an ANNEX showing the assumptions and rationale made in estimating the implementation costs shown.	
(d) Please explain how the implementation costs will be met by the participating authorities.	

Attached as ANNEX number 5.

5. A proposal for reporting transparently against forecast transition costs and savings, as well as for reporting fees and net performance.	
(a) Please explain the format and forum in which the pool and participating authorities will transparently report actual implementation (including transition) costs compared to the forecasts above.	
(b) Please explain the format and forum in which the pool and participating authorities will transparently report actual investment costs and fees as well as net performance.	
(c) Please explain the format and forum in which the pool and participating authorities will transparently report actual savings compared to the forecasts above.	

The Pool is committed to publishing the above information. We anticipate there being collaboration between pools in agreeing on the best format for reporting such data as this will allow for greater consistency overall.

The main cost of implementing pooling will arise from the cost of asset transitions. The Pool is likely to use specialist transition managers for this purpose and will receive detailed reports both before and after each transition providing a breakdown of expected costs and then the actual costs incurred. These will be monitored against the original estimates made in this document of the likely level of costs incurred from asset transfers.

Detailed cost analysis by asset class will also be carried out by participating funds in order to measure the actual level of cost savings achieved against the provisional estimates included at this point.

Criterion D: An improved capacity to invest in infrastructure

1. The proportion of the total pool asset allocation currently allocated to / committed to infrastructure, both directly and through funds, or “funds of funds”	
(a) Please state the pool’s committed allocation to infrastructure, both directly and indirectly, as at 31.3.2015.	
(b) Please state the pool’s target asset allocation to infrastructure, both directly and indirectly, as at 31.3.2015.	
Please use the definition of infrastructure agreed by the Cross Pool Collaboration Group Infrastructure Sub-Group.	

- (a) Current investments in infrastructure account for 0.3% of Pool assets.
- (b) The aggregate target allocation to infrastructure across funds within the Pool is 1% of assets.

2. How the pool might develop or acquire the capacity and capability to assess infrastructure projects, and reduce costs by managing any subsequent investments through the combined pool, rather than existing fund, or “fund of funds” arrangements.	
(a) Please confirm that the pool is committed to developing a collaborative infrastructure platform that offers opportunities through the utilisation of combined scale, to build capability and capacity in order to offer authorities (through their Pools) the ability to access infrastructure opportunities appropriate to their risk appetite and return requirements more efficiently and effectively.	
(b) Please confirm that the pool is committed to continuing to work with all the other Pools (through the Cross Pool Collaboration Infrastructure Group) to progress the development of a collaborative infrastructure initiative that will be available to all Pools and include a timescale for implementation of the initiative.	

The Pool has a representative on the Cross Pool Collaboration Infrastructure Group. The officers representing the Pools have agreed that they are committed to working together, to determine current capacity and capability, share and develop experience and skills in infrastructure development, and explore options for a more formal National Initiative on Infrastructure Investing.

In common with most other funds, the infrastructure investments of the Wales funds are managed by external investment managers and are varied across geographies, managers and most significantly risk / return budgets.

The funds within the Pool acknowledge that they currently have less invested in infrastructure than a number of the other pools and are very supportive of the interim conclusions of the Cross Pool Group, namely that:-

- All Pools would at the very least benefit from sharing knowledge and would explicitly seek not to compete against each other.
- Collaboration will be greatly facilitated through working as a small number of Pools rather than 89 funds.
- There will be considerable scope to achieve significant cost savings through collaboration, and this should be an early priority for the National Initiative.
- There will be considerable opportunity to improve governance rights, negotiate better/more appropriate structures (e.g. longer term vehicles, greater UK investments) and gain priority access to co-investment opportunities.
- Given the level of interest in infrastructure, adding to the number of primary market participants and increasing competition would not be advantageous. Thus, working actively with other investors and investing directly as a co investor, is regarded as the appropriate mechanism for the LGPS to make direct infrastructure investments.
- Overall we expect a “hybrid” model to emerge across the Pools, with some investment in funds and some direct investment through co-investments and other bespoke structures, with widespread collaboration to reduce costs and increase capacity.
- It is important that appropriate delegations are in place to ensure decisions can be made quickly when opportunities arise. Individual funds may have specific investment criteria but typically will be managed by the Pools in association with the National Initiative.
- It is anticipated that the National initiative will need to procure the services of a number of market participants rather than just one in order to access all relevant areas of the asset class to satisfy the risk/return requirements of individual funds and Pools.

The Wales Pool is very supportive of the work of the Cross Pool group and looks forward to the group continuing to develop collaboration and work towards a national initiative in the next stage.

3. The proportion the pool could invest in infrastructure, and their ambition in this area going forward, as well as how they have arrived at this position.	
(a) Please state the estimated total target allocation to infrastructure, or provide a statement of potential strategic investment, once the capacity and capability referred to in 2 above is in full operation and mature.	
(b) Please describe the conditions in which this allocation could be realised.	

- (a) Our ambition in the short to medium term is to have at least 5% of assets (up from the current 0.3%) invested in infrastructure investments with a longer term aspiration set at 10% - subject to satisfactory investments being available.

However, it is recognised by the Pool that allocations to infrastructure represent asset allocation decisions and are therefore the responsibility of individual funds.

- (b) We acknowledge that infrastructure in principle is an attractive investment given the nature of the funds' liabilities.

We anticipate that larger scale will allow the asset class to be accessed at lower cost than at present. Other things being equal, this improves the risk / return characteristics of the asset class to participating funds. National vehicles will also allow for easier access from a governance perspective.

Investments need to be available offering an appropriate level of diversification – global infrastructure rather than purely UK - and suitable access to preferred stages of development (green-field / brown-field etc.). However, the Pool is encouraged by the focus of the Cross Pool group in identifying ways of accessing a wide range of potential investments.

Prospective returns also need to be satisfactory. It is claimed that there is currently a lot of capital chasing opportunities to purchase infrastructure assets in many regions and overpaying for such long term assets would seriously impinge on long term returns to investors.

Annex 1 – section A2

Please attach an ANNEX for each authority that proposes to hold assets outside of the pool detailing the amount, type, how long they will be held outside the pool, reason and how it demonstrates value for money.

Submitted by Clwyd Pension Fund

The Fund will aim to include all of its assets within the pooling arrangements unless there are technical barriers preventing them from doing so. The ability to transfer the assets detailed below will depend on the capabilities of the appointed operator.

Liability Matching Mandate- Flight-path- £329m as at March 2015 – Clwyd Fund

This is a specific strategy to manage the Clwyd Fund's individual liability risks using liability driven investment (LDI). It is a fundamental part of the Clwyd Fund's investment and funding strategy and its implementation is key to the Actuary when determining financial assumptions during the Actuarial Valuation process.

The Clwyd Fund has put in place a strategy based upon long-term management of asset and liability risk, namely volatility on interest rates and inflation. This "flight-path" approach aims to add interest rate and inflation protection on an incremental basis to manage more effectively the move back to 100% funding via a trigger based implementation mechanism

Given the investment and governance complexities involved in implementing a Fund specific LDI portfolio and 'flight-path', this may not be viable under the Wales pooling arrangement. However, the Clwyd Fund remains open-minded to consider a different vehicle or structure provided by the Wales Pool, or a cross pool solution, should a more cost-effective approach become available in the future.

The costs of 'undoing' the arrangements in place would be significant. As a broad rule of thumb, this is likely to be in the order of £2-3m (or 1% of assets in the mandate) and would also require significant officer time and involvement from advisors.

Managed Account Platform – £139m as at March 2016 – Clwyd Fund

The Clwyd Fund's managed futures and hedge fund allocations are managed tactically by a specialist fund manager through a vehicle that has been specifically created for the LGPS and allows individual LGPS Funds or Pools to design and build their own bespoke strategic allocations.

This replaced the previous (traditional) hedge fund of fund approach **from August 2015**, which had higher fees and less transparency, and did not allow the Clwyd Fund to manage specific investment risks on a bespoke and tactical basis.

Although there are only two LGPS funds currently invested, this new vehicle is being actively marketed across other LGPS funds and pools (with significant engagement to date) and it is anticipated that others will adopt this approach which will trigger further fee breaks for all LGPS investors.

Dependent of the operator and model selected by the Wales Pool this vehicle could be added as a sub-fund to a Wales ACS (or other vehicles established for other asset classes). The provider of the Managed Account Platform has promised the LGPS significant flexibility to enable those LGPS funds that have allocated assets to the vehicle the flexibility to retain their exposure post the creation and implementation of the various Asset Pools. Therefore, we will be asking for engagement from the All Wales Pool with the provider to

further understand this flexibility and how it can be used for the benefit of the Clwyd Fund (and other LGPS funds within the vehicle) within the Pooling environment.

However, the Clwyd Fund would also consider any solutions from the Wales Pool which provided the same exposures, transparency and flexibility at a similar cost.

Annex 2 – section A5

Please provide as an ANNEX a high level timetable for the establishment of the structure and transition of assets as well as the proposed methodology for reporting progress against this timetable.

The participating funds will initiate a procurement exercise in the second half of 2016 in order to appoint a third party operator. An Information Day has already been held to consider the range of services which could be available from providers – and wider discussions have been held between the funds on the relative merits of taking particular services. NOTE: Advice on the procurement process to be used will need to be considered further.

The Joint Governance Committee for the Pool will be formally constituted in time to make the formal recommendation in relation to appointment of the operator.

Discussions will then be held with the appointed operator in order to agree the investment sub-funds and the proposed timescale for transferring assets.

The proposed timetable is summarised below.

Establish Shadow Joint Governance Committee	By 30 Sep. 2016
Complete procurement exercise for third party operator Establish formal Governance Committee	By 31 Dec. 2016
Detailed specification of requirements agreed with operator including phasing of asset transition	By 30 June 2017
First transitions of listed assets	By 31 Dec. 2017

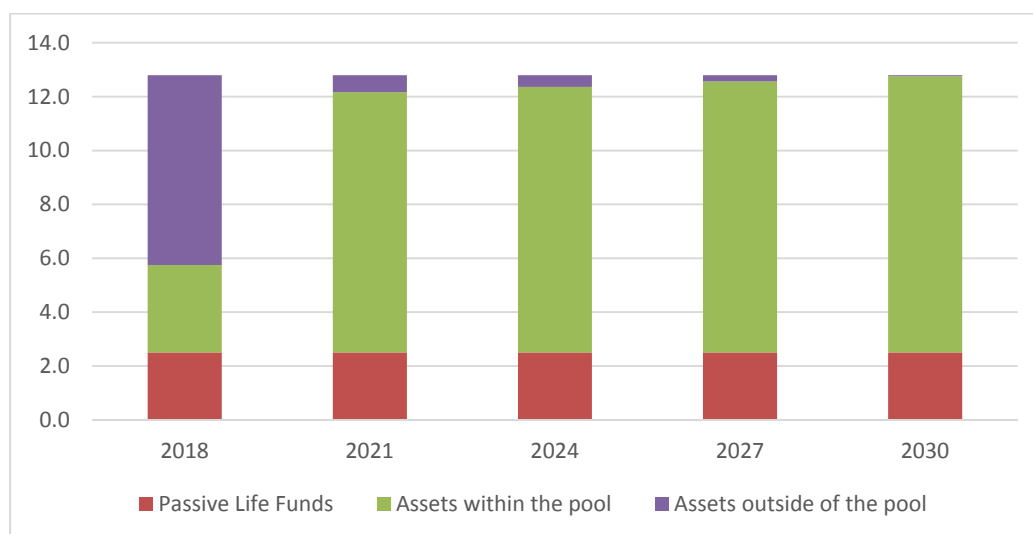
Annex 3 – section A5

Please provide as an ANNEX an outline of how you will approach transition over the years and where possible by asset class (any values given should be as at 31.3.2015.)

The intention is that the implementation of asset pooling will be addressed by the Pool on a phased basis, considering the detailed approach to each of the major asset classes in turn.

However, we anticipate that over 95% of assets will form part of the Pool by April 2021.

We have shown below the estimated movement of assets in aggregate between now and April 2030. This timetable is indicative and will be subject to confirmation following discussions with the appointed operator.



The assumptions underlying the chart above are set out in the table below.

Assets	Rate of transition into Pool
Passive assets	100% by April 2018
Active equities	50% by April 2018 Remainder by April 2021
Active Fixed Income	100% within period April 2018-21
Property	70% by April 2021 (units in liquid funds) Remainder to transfer gradually to 2030 (maturing of fixed life funds)
Liquid alternatives	100% within period 2018-21
Illiquid Alternatives	Gradual transfer over period 2018-2030 as fixed life funds mature

Annex 4 – section C3

Please provide a summary of the estimated savings (per annum) to be achieved by each of the authorities in the pool at the end of each 3 year period starting from 01.04.2018.

By necessity, any forecasts of future costs savings at this point are extremely tentative. Although we are confident that the aggregation of assets will lead to lower management costs, it is difficult to predict the levels of fees which can be obtained until investment managers are obliged to conduct real commercial negotiations about their future business levels.

We have considered possible savings across asset classes as a range of potential outcomes reflecting the uncertainty surrounding the final outcomes. These are shown in the table later in this section. For the purposes of the table below and our projections in Annex 5, we have used the mid-point of those projected ranges.

Actual costs payable will be driven by changes on asset mix, the change in value of assets and the application of performance related fees. The estimated savings below are based on an unchanged asset mix and March 2015 asset values.

Savings will not be achieved on a pro rata basis across participating funds but will depend on the degree of change from their current arrangements and investment costs to the new pooled arrangements.

Total value of savings (per annum) estimated to be achieved as at:

31.3.2021: £8.4m

31.3.2024: £9.8m

31.3.2027: £11.3m

31.3.2030: £12.5m

31.3.2033: £12.5m

The cost savings have been estimated by considering each of the asset classes in which the participating funds currently invest and using the data provided by CEM Benchmarking to find the current level of costs being incurred by investments in these areas. We have then considered the level of savings which might be achievable within each asset class, whilst bearing in mind that we have not yet decided on all of the specific sub-funds which will be put in place.

Asset class	Current cost (bps)	Potential savings (bps)	Total pool assets	Annual estimated potential savings £m	Rationale
Passive (24% of Pool assets)	■	■	£3.1bn	1.8-2.0	New reduced fee scale already agreed with single manager and will apply with effect from April 2016.
Active equity (44% of Pool assets)	43.3	5-10	£5.6bn	2.8-5.6	Assets invested in UK and global equity mandates totalling £1.3bn and £2.8bn respectively will be aggregated into 'core' and 'high alpha' mandates. Savings based on reduced number of mandates and increased manager mandate sizes.
Active fixed income (17% of Pool assets)	22.2	2-4	£2.2bn	0.5-0.8	Current mandates in this area vary widely in scope. A small number of new sub-funds are likely to be established to meet the objectives of each fund. Pool savings based on reduced number of mandates but will depend on the final sub-funds provided.
Property (8% of Pool assets)	108.1	20-30	£0.8bn	1.7-2.5	UK property fund holdings could be pooled initially under a single mandate. The long term potential for establishing a direct property mandate is being explored. Savings assume streamlining of any fund-of-fund arrangements in the short term in favour of a managed account and a transition over the long term to holding more direct assets.
Private Equity (3% of Pool assets)	274.6	50-100	£0.4bn	2.1-4.2	Current investments in closed end funds will be allowed to mature outside of the pool. Savings assume a gradual move from a fund-of-funds model to either a single adviser or alternative cross-pool solution
Infrastructure (<1% of Pool assets)	261.8	50-100	£0.1bn	0.3-0.6	Assumes a gradual move from a fund-of-funds model to a single advisor model or use of a national infrastructure investment
Other asset classes			£0.5bn	0-0.1	Individual allocations are very small. Some modest savings may be possible on an ad-hoc basis.

Source of savings estimates: Analysis from Project POOL, Hymans Robertson research universe.

The estimated savings above provide a range of £9.1m to £15.8m. The mid-point of this range implies a total annual savings rate of circa £12.5m p.a. by 2030.

Annex 5 – section C4

Please provide a summary of estimated implementation costs, including but not limited to legal, project management, financial advice, structure set-up and transition costs. Please represent these costs in a table, showing when these costs will be incurred, with each type of cost shown separately. Please estimate (using information in Criteria C Section 3) the year in which the pool will break even (i.e. the benefits will exceed additional costs of pooling).

By appointing a third party operator, the Pool will avoid costs incurred in setting up a regulated body from outset. We anticipate that the costs incurred will be through the allocation of internal officer resource and advisory fees from external parties for services such as legal services, project management, taxation and legal advice. Estimates of the possible level of transition costs are shown later in this section.

In the table below, we have given an indication of potential costs associated with setting up the Wales Pool arrangements.

Costs	Total - three year period to April 2018 £000s	Total - three year period to April 2021 £000s
Internal officer resource	150-250	50-150
Project management	50-150	-
Legal advice	100-200	0-100
Other advisory fees (taxation, procurement, transition, investment etc.)	200-300	0-100
	500 - 900	50-350

Transition costs

Transition costs will be a very significant component of the costs of implementing the pooling arrangements. At this stage, the level of trading that will be required is difficult to estimate. We are still to confirm the exact number of new strategies which will be available within the pooling arrangements and therefore the degree of mandate consolidation which will be required.

For illustration, in the tables below, we have shown the range of costs which might be incurred across the four liquid asset classes in two potential scenarios - where respectively 30% and 70% of assets within terminated mandates require to be traded.

Transition costs associated with the consolidation of the passively managed assets will be covered by the investment manager.

Asset class	Active UK Equity	Active Global Equity	Div. Growth Funds	Active Bonds
Value of assets	£1.3bn	£2.8bn	£0.2bn	£2.1bn
Current number of strategies	8	14	3	10
Potential number of new strategies	4	6	2	5
Value of assets requiring transition	£650m	£1.6bn	£60m	£1bn
Explicit trading costs (exc. market impact and opportunity cost) (in basis points)	33	17.6	20	29.6
Costs if 30% of assets within portfolios require to be traded (60% turnover)	£1.3m	£1.7m	£0.1m	£1.9m
Costs if 70% of assets within portfolios require to be traded (140% turnover)	£3.0m	£3.9m	£0.2m	£4.4m

In the above illustrations, the estimated transition costs range from £5.0m to £11.5m. We have used these figures in our projections below.

In terms of the timing of these transaction costs, we assume that these will be incurred at the time that assets are transferred into the Pool. In practice, there may be some timing differences.

Transaction costs within property can be significant though we are assuming that there will be minimal transition activity in the short / medium term. A long term ambition for the property assets has still to be agreed. A move to a fully direct mandate will incur higher initial costs but generate higher long term savings.

Illiquid assets will not incur transaction costs as they will be allowed to mature without forced realisation of investments.

Break-even analysis

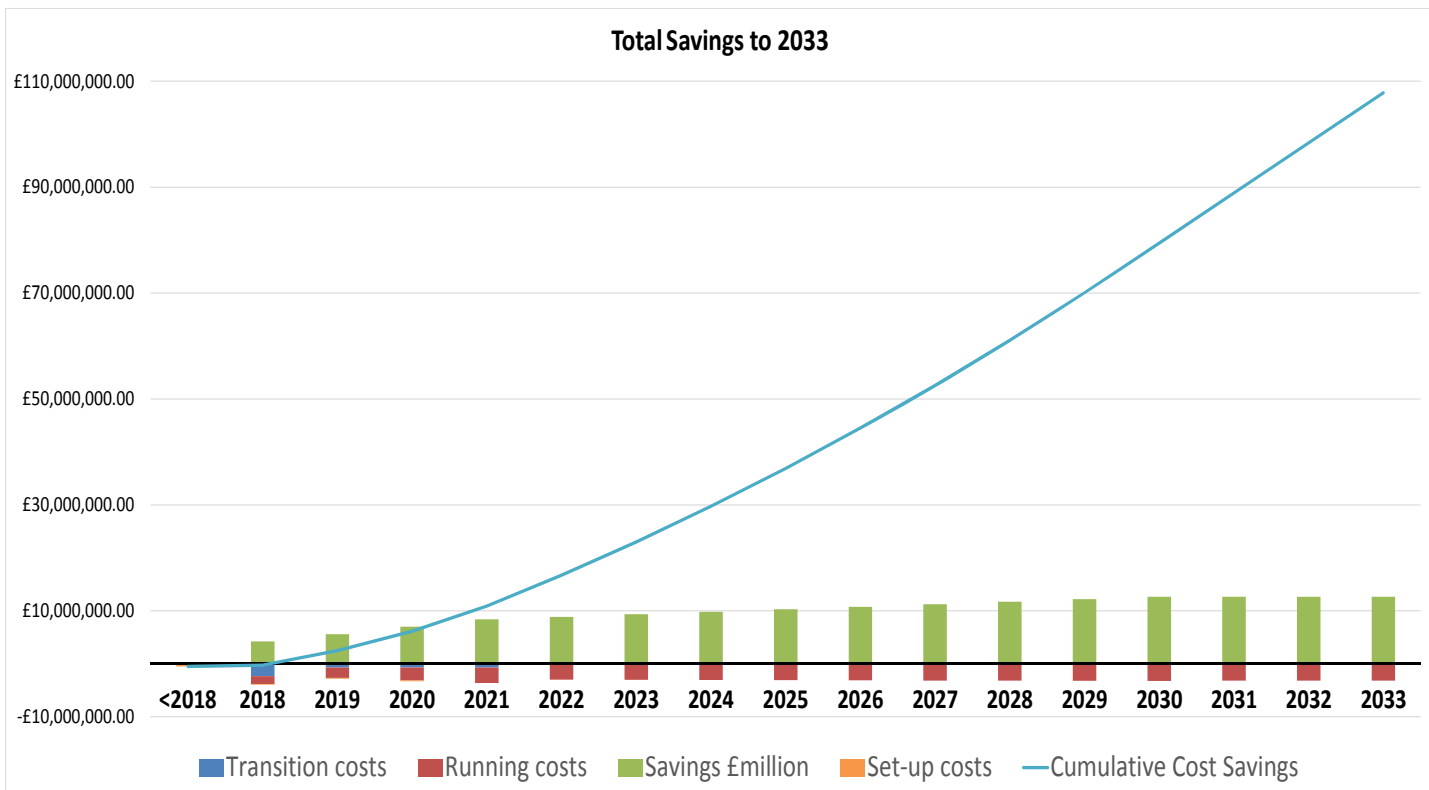
For the purposes of forecasting a break-even point, we have used the following assumptions:-

- The central estimate of cost savings as set out in Annex 4.
- The timing of these cost savings is equivalent to the date of assets entering the Pool - with the exception of property where savings are expected to come through gradually over the 12 year period.
- Running costs of the Pool equivalent to of the assets in the Pool at any point, reflecting operator fees and internal resource costs.
- Set-up costs of £1m divided between the periods to April 2018 and to April 2021.
- The two estimates of transition costs above.

With total transition costs of £5m

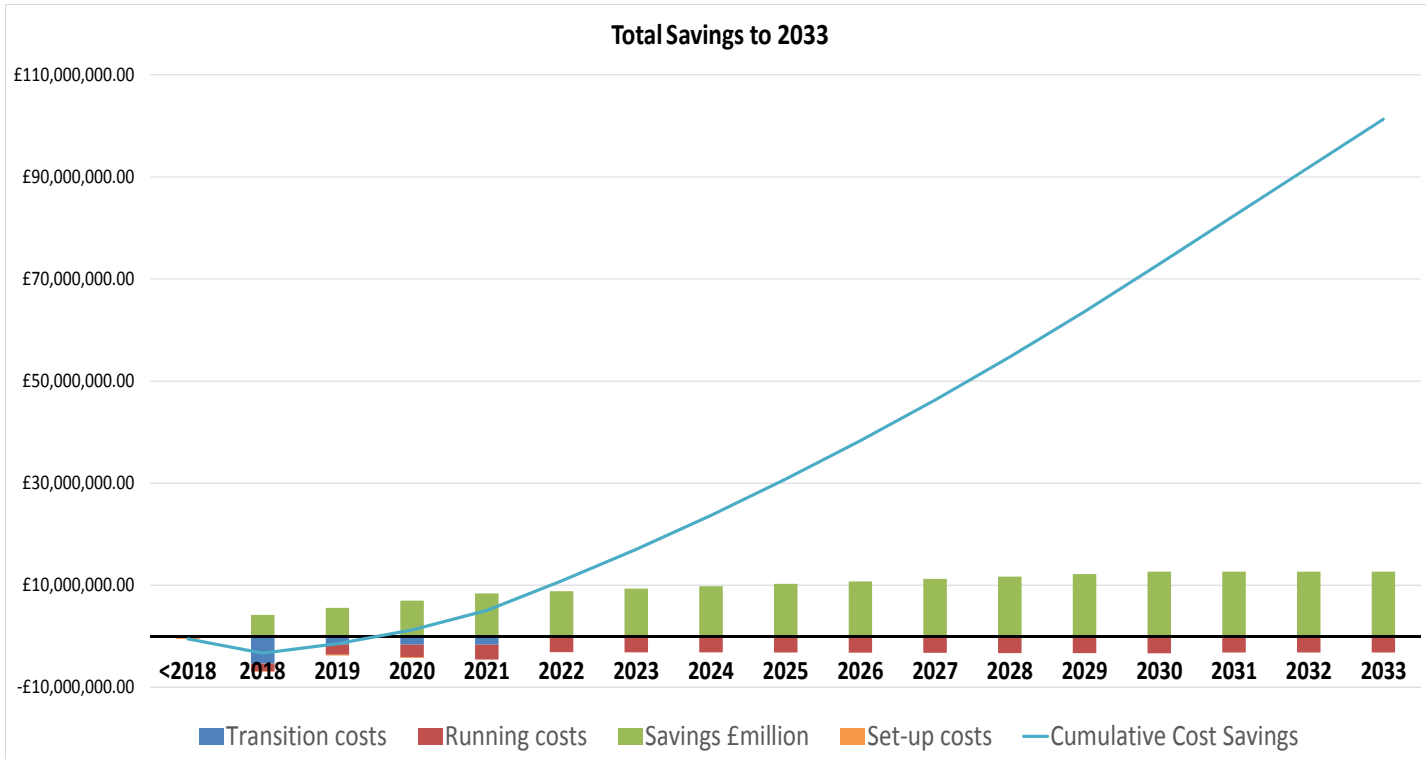
Given the passive fee savings which are already being earned by the Pool with effect from April 2016 and the fact that the Pool will not be incurring the significant costs of setting up its own operator, the benefits of the pooling arrangement flow through quickly – with a break-even point in 2018/19 as shown in the chart below.

By 2033, net annual savings of £9.5m p.a. are being earned with cumulative savings of circa £110m by that date.



With total transition costs of £11.5m

With higher transition costs of £11.5m assumed, the net savings still reach a level of £9.5m p.a. but the break-even date is pushed back to 2019/2020.



Active and passive management

The model above allows the participating funds to consider the impact of changes in assumptions and alternative approaches.

We have been asked to make savings forecasts on the basis of an unchanged asset mix. Each fund will also decide on the extent of its own use of active and passive management.

There are no current plans for individual funds to change their respective allocations to active and passive management. As an indication of the sensitivity of the change in total costs to any such changes, we have shown below the impact of a movement of 5% and 10% of Pool assets respectively moving out of active equity mandates and into passively managed mandates.

- 5% of assets (£638m) – additional cost reduction of before transition costs
- 10% of assets (£1.28bn – additional cost reduction of before transition costs

However, individual funds will also take into account the expected outcomes in terms of returns net of fees.

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COUNTY COUNCIL 8TH MARCH 2017

<p><i>Draft</i> <i>Carmarthenshire County Council - Well-being Objectives 2017/18</i> (incorporating our Key Improvement Objective Priorities)</p>
<p>Executive Board Recommendation:</p> <p>To approve the <u>draft</u> report of <i>Carmarthenshire County Council - Well-being Objectives 2017/18</i> (incorporating our Key Improvement Objective Priorities)</p>
<p>Reasons:</p> <ol style="list-style-type: none"> 1. The Local Government (Wales) Measure 2009 requires the Council to set Key Improvement Objectives Priorities (KIOPs) every year. 2. The Well-being of Future Generations (Wales) Act 2015 requires public bodies :- <ol style="list-style-type: none"> i. to set and publish Well-being Objectives by 31st March 2017 ii. to publish a statement about Well-being Objectives iii. to take all reasonable steps to meet those <p>For 2017/18 we propose to integrate our Key Improvement Objectives Priorities and Well-being Objectives.</p>
<p>Relevant scrutiny committee to be consulted: Yes</p> <p>Scrutiny committee and date</p> <ul style="list-style-type: none"> • Joint Scrutiny – 15th February, 2017 • County Council – 8th March, 2017

EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:- Cllr Pam Palmer		
Directorate Chief Executive's Name of Head of Service: Wendy Walters Report Author Robert James	Designations: Assistant Chief Executive - Regeneration & Policy Performance Management Officer	Tel Nos./ E Mail Addresses: 01267 224112 wswalters@carmarthenshire.gov.uk 01267 224486 RNJames@carmarthenshire.gov.uk

EXECUTIVE SUMMARY
COUNTY COUNCIL
8TH MARCH 2017

BRIEF SUMMARY OF PURPOSE OF REPORT

The Well-being of Future Generations (Wales) Act 2015

As a public body the Council has the following duties under the act

We must :-

1. *Set and publish Well-being Objectives*
2. *Take all reasonable steps to meet those objectives*
3. *Publish a statement about Well-being Objectives*
4. *Publish an annual report of progress*
5. *Publish our response to a recommendation made by the Future Generations Commissioner for Wales*

Duty 1 - We must set and publish Well-being Objectives

Meeting the requirements of the Act

1. The new law states that we must carry out sustainable development, improving the economic, social, environmental and cultural well-being of Wales.
 - A. The sustainable development principle is '*... the public body must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.*'
 - B. To show that we have applied the sustainable development principle we must demonstrate the following 5 ways of working
 1. Long Term 2. Prevention 3. Integration 4. Collaboration 5. Involvement.
 - C. There are 7 well-being goals in the Act, together they provide a shared vision for public bodies to work towards achieving these goals.
 1. Prosperous 2. Resilient 3. Healthier 4. More Equal 5. Cohesive
 6. Culture & Welsh Language 7. Globally Responsible
2. In selecting our Well-being Objectives we have taken into consideration the above requirements.
3. We have taken into consideration the Welsh Government's [Well-being Objectives](#) together with [other partners plans](#) where available.
4. We have examined evidence from a range of data sources including performance information and surveys as well as the Public Service Board's Well-being Assessment.
5. After the 2017/18 budget is approved (22nd February 2017) we will update the 'Financing the Council's Well-being Objectives' figures used within this plan.
6. We will adjust our corporate governance arrangements to meet requirements of the Act.(see page 21 of the report)

Consultation & Engagement

7. A Members Seminar on Well-being Objectives was held on October 6th 2016, where members were asked to identify what well-being means with a question “*What things in life matter to you?*” The responses have contributed to the selection of the Well-being Objectives.
8. Data from the County’s Well-being Assessment Survey of 2,582 respondents, roadshows and school engagement activities have also been taken into consideration.
9. We will also address, when available, the outcome of the population assessment which is required under the Social Services and Well-being (Wales) Act 2014.

Our proposed 2017/18 Well-being Objectives (incorporating our Key Improvement Objective Priorities) are in the table below:-

2017/18 Well-being Objectives / KIOP		
	Existing KIOPs for 2016/17	New KIOPs for 2017/18
Start Well	1	New – Help to give every child the best start in life and improve their early life experiences.
	2	New – Help children live healthy lifestyles
	3	Continue to Improve learner attainment for all
	4	Reduce the number of young adults that are Not in Education, Employment or Training
	5	Tackle poverty by doing all we can to prevent it, helping people into work and improving the lives of those living in poverty.
Live Well	6	Create more jobs and growth throughout the county
	7	Increase the availability of rented and affordable homes
	8	New Help people live healthy lives (tackling risky behaviour such as substance misuse & criminal activity as well as reducing obesity)
	9	New – Support good connections with friends, family and safer communities
Age Well	10	Support the growing numbers of older people to maintain dignity and independence in their later years
	11	New – A Council wide approach to support Ageing Well in the Carmarthenshire.
In a Healthy and Safe Environment	12	New – Look after the environment now and for the future
	13	Improve the highway and transport infrastructure and connectivity
<p>We have consulted with 2,000 residents on the proposed draft Well-being Objectives as part of the budget consultation. We received an average of 80%+ support for across all objectives.</p>		

Duty 2 - We must publish a statement about Well-being Objectives

10. This statement is included in section 7 of the Well-being Objective plan (*page 20 of the report*)

Duty 3 - We must take all reasonable steps to meet those Well-being Objectives

11. We will develop detailed action plans for each objective.

12. We will ensure that each action plan meets the requirement of the Act as set out in 1. Above **(ABC)**

13. Only when a public body can demonstrate it has taken into account the sustainable development principle in the setting, taking steps and meeting of its Well-being Objectives will it be compliant with the Act. Public bodies may take other matters into account when making their decisions, but in order to comply with the Act they **must** take into account the 5 ways of working.

14. The emphasis of the Wales Audit Office will be to examine the extent to which authorities have acted in accordance with the sustainable development principle (5 ways of working) in setting and working towards Well-being Objectives. Deeper examinations of underlying arrangements and the 5 ways of working are planned.

15. We will monitor these action plans during the year via our Performance and Improvement Monitoring System (PIMS)

Duty 4 - Publish an annual report of progress

Duty 5 - Publish our response to the recommendations made by the Future Generations Commissioner for Wales

DETAILED REPORT ATTACHED?	YES
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IMPLICATIONS

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

Signed: Wendy S. Walters

Assistant Chief Executive - Regeneration & Policy

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

1. Policy, Crime & Disorder and Equalities

The Future Generations Commissioner Sophie Howe recognises that Local Authorities aren't going to be able to tackle everything over-night, but what she is looking for is enthusiasm and ambition to change things and to make a difference.

The Commissioner is particularly interested in the 'involvement' aspect of the five ways of working. She is keen to see evidence of public bodies working with communities at an early stage and not presenting them with a 'fait accompli consultation' once they've decided what they are going to do.

The WbFG Act places a new duty on the Auditor General to examine the extent to which each public body has applied the sustainable development principle when (a) setting Well-being Objectives and (b) taking steps required to meet those Well-being Objectives.

2. Legal

- To comply with the Well-being of Future Generations (WbFG) Act 2015, we must Publish our Well-being Objectives and Statements 31st March 2017
- The WLGA on behalf of Local Authorities confirmed on the 27th January, 2017 that...
"A Council that delayed the publication of its first set of Well-being Objectives until sometime after local government elections when it produced its corporate plan would not be complying with the requirements of the Act"
- If an Authority wants to re-consider Well-being Objectives with newly elected members following Local Government elections, there is a provision within the Act *that*
"A public body may at any other time review and revise its Well-being Objectives...it must publish them as soon as is reasonably practicable..."

NB

- Only when a public body can demonstrate it has taken into account the sustainable development principle in the setting, taking steps and meeting of its Well-being Objectives will it be compliant with the Act. Public bodies may take other matters into account when making their decisions, but in order to comply with the Act they **must** take into account the 5 ways of working.
- The Act gives the Auditor General for Wales the power to examine the extent to which authorities have acted in accordance with the sustainable development principle (5 ways of working) in setting and working towards Well-being Objectives. Deeper examinations of underlying arrangements and the 5 ways of working are planned.

3. Finance

The Act requires

1. The publication of a statement detailing how a public body proposes to ensure that resources are allocated annually for the purpose of taking such steps to meet the Well-being Objectives. Para 53 SPSF 1
2. That financial planning includes consideration of when investment could support preventative action ('preventative spend'). SPSF 1 Para 100

Wales Audit advises that the plan should have a financial section for 2017/18

4 ICT

The guidance for the WbFG Act suggests change needs to happen in a core set of activities that are common to the corporate governance of all public bodies (SPSF 1 - 3.1)

5 Risk Management

The guidance for the WbFG Act suggests change needs to happen in a core set of activities that are common to the corporate governance of all public bodies (SPSF 1 - 3.1)

6 Staffing Implications

The guidance for the WbFG Act suggests change needs to happen in a core set of activities that are common to the corporate governance of all public bodies (SPSF 1 - 3.1)

7 Physical Assets

The guidance for the WbFG Act suggests change needs to happen in a core set of activities that are common to the corporate governance of all public bodies (SPSF 1 - 3.1)

CONSULTATIONS

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

Signed: Wendy S. Walters

Assistant Chief Executive - Regeneration & Policy

1. Local Member(s) - April 20th 2016 Seminar on KIOPs held with members
2. Community / Town Council -No
3. Relevant Partners -No
4. Staff Side Representatives and other Organisations-No

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

Title of Document	Locations that the papers are available for public inspection
Shared purpose :shared future Statutory guidance on the Well-being of Future Generations (Wales) Act 2015	The Essentials Guide; SPSF 1 Core guidance SPSF 2 Individual Role (public bodies)

CARMARTHENSHIRE
COUNTY COUNCIL

Well-being Objectives 2017/18

(Incorporating Key Improvement Objective Priorities)

'Life is for living, let's start, live
and age well in a healthy, safe
and prosperous environment'

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5	How our Well-being Objectives were identified	4
6	Financing our Well-being Objectives	5
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	Start Well	
	1. Help to give every child the best start in life and improve their early life experiences	7
	2. Help children live healthy lifestyles	8
	3. Continue to improve learner attainment for all	9
	4. Reduce the number of young adults that are Not in Education, Employment or Training	10
	Live Well	
	5. Tackle poverty by doing all we can to prevent it, help people into work and improve the lives of those living in poverty	11
	6. Create more jobs and growth throughout the county	12
	7. Increase the availability of rented and affordable homes	13
	8. Help people live healthy lives (tackling risky behaviour and obesity)	14
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1 Introduction

In an era of severe budgetary restrictions, growing demand and expectations it is very important that the Council is clear about what it wants to achieve now and in the future. It is important that the Council has a vision and a set of values to govern its decision making. We want to be the most open Council in Wales and setting out what we want to achieve and how we will go about it is a significant part of this.

2 Core Values

In building a better Carmarthenshire it is important that our actions are built upon a foundation of core values and principles that guide our initiative and enterprise. Our core values are:



Customers First – we put the needs of our citizens at the heart of everything that we do

Listening – we listen to learn, understand and improve now and in the future

Excellence – we constantly strive for excellence, delivering the highest quality possible every time by being creative, adopting innovative ways of working and taking measured risks

Integrity – we act with integrity and do the right things at all times

Taking Responsibility – we all take personal ownership and accountability for our actions

3 Corporate Strategy

The Council's Corporate Strategy 2015-20 was published in September 2015 and it sets out the focus of the Council to 2020. Following Local Government Elections in May 2017 we plan to revise it to take account of the new administrations priorities, the new Welsh Governments priorities and incorporate the requirements of the Well-being of Future Generations (Wales) Act 2015.

4 The Local Government (Wales) Measure 2009 and The Well-being of Future Generations Act (Wales) 2015

Although we plan to revise our Corporate Strategy following the elections in May we have a legal requirement to publish:-

- Our Key Improvement Objective Priorities (KIOPs) on or near the 1st April 2017
- Our Well-being Objectives by March 2017
- A Well-being statement by March 2017

These are separate but interconnected legal obligations and it makes sense to ensure that these requirements are fully aligned, combined and published into a single document.

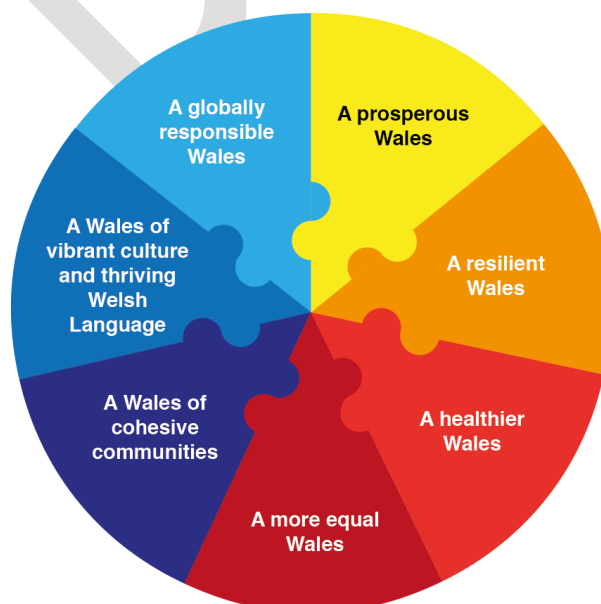
The Local Government (Wales) Measure 2009

- The Local Government (Wales) Measure 2009 requires the Council to set Key Improvement Objectives Priorities (KIOP) every year.
- Our Key Improvement Objectives priorities (KIOP) do not have to change every year, or be deliverable within one year. Our existing KIOPs were suitable for adaptation to the Well-being Objectives and are being strengthened to ensure they maximise their contribution to the Well-being of Future Generations Act.

Well-being of Future Generations Act (Wales) 2015

This is a new Act introduced by the Welsh Government which will change aspects of how we work. The general purpose of the Act, is to ensure that the governance arrangements of public bodies for improving the well-being of Wales, take the needs of future generations into account. The Act is designed to improve the economic, social and environmental well-being of Wales, in accordance with sustainable development principles. The new law states that:-

- a) We must carry out sustainable development, improving the economic, social, environmental and cultural well-being of Wales. The sustainable development principle is **'... the public body must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.'**
- b) We must demonstrate 5 ways of working:
Long term, integrated, involving, collaborative and preventative (see **Appendix 1**)
- c) We must work towards achieving all of the 7 national well-being goals in the Act. Together they provide a shared vision for public bodies to work towards.

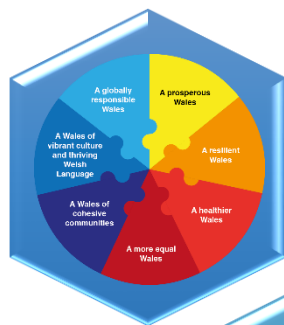


See **Appendix 2** for how these National Goals are defined

See **Appendix 3** to see how our Well-being Objectives contribute to the National Goals

5 How our Well-being Objectives were identified

The steps we have taken to identify our Well-being Objectives for 2017/18 - incorporating our Key Improvement Objective Priorities (KIOPs) are:-



Key Improvement Objective Priorities

1. Our KIOPs for the current year were already suitable *Well-being Objectives* and by modifying them and including some new ones we have identified a suitable set to take forward for 2017/18

2. We identified 'what things in life matter to us' following a member's seminar, well-being assessment data analysis and a well-being survey of 2,500 residents

'What things in life matter to us'

'Taking Wales Forward'

3. We considered the Welsh Government's publication of *'Taking Wales Forward'* and their published Well-being Objectives. We also examined other partners objectives

4. The Well-being of Future Generations Act requirements were taken account of at Member's budget seminars for 2017/18

Members Budget Seminars



5. We consulted with 2,000 citizens on the draft set of Well-being Objectives

Draft Well-being Objectives

Scrutiny

6. A special *joint Scrutiny Committee* meeting (integrating all 5 Scrutiny committees) was brought together to examine the draft Well-being Objectives

7. The requirements of the *Social Services, Environment and Planning Acts* were considered

Act requirements

'To take all reasonable steps to meet the objectives'

8. For each Well-being Objective we will establish a *detailed action plan*

9. These Well-being Objectives are *'not set in stone'* and may be subject to adjustments following elections in May

Our Well-being Objectives



Future Trends

Engagement

10. This is not so much a complete new way of working but a review and re-focus of how we *engage and involve* our residents. How we do this will evolve over time and as a result enhance the way the Authority meets its objectives

6 Financing our Well-being Objectives

Financing the Council's Well-being Objectives

The Well-being of Future Generations Act requires (amongst other things), that we publish a statement detailing how as a public body we will ensure that resources are allocated annually to meet our Well-being Objectives. Our arrangements for managing resources to deliver our objectives have served us well in the past and this has been independently praised by regulators:-

'The Council has a good track record in delivering annual budgets against the planned actions it approved. The Council's financial management and control arrangements are fit for purpose and effectively managed.'

Wales Audit Office – Corporate Assessment January 2016 Para 37

We have been working to improve how we can make more explicit links between our financial, strategic and business planning. Improving these links was a *Proposal for Improvement in Wales Audit Office's Corporate Assessment*.

However, the financial position faced by local authorities has had a consistent theme over recent years, with the level of resources available to public services seeing significant reductions, which means that we have less money to invest in services now than we have in the past. Over the last five years we have had to manage reductions in service budgets of £53m, whilst at the same time the pressures on the budget have been increasing in terms of demand and expectations. So far, we have been able to manage this situation by reducing our spending without any significant impact on the frontline services valued by our communities.





















Further financial pressures are likely to arise from such things as rising energy costs, an increasing number of older people needing services from us, offices, school buildings and highways that require significant investment, and this is in addition to the current uncertainty in the economic outlook as the UK embarks on the process of leaving the European Union.

We intend to invest somewhere in the region of an additional £210 million pounds of capital funding in our corporate priorities over the next five years.

See Appendix 4 for a breakdown of expenditure per Well-being Objective.

These figures are subject to the 2017/18 budget approval at County Council on the 22nd February 2017

7 Our Well-being Objectives and KIOPs for 2017/18

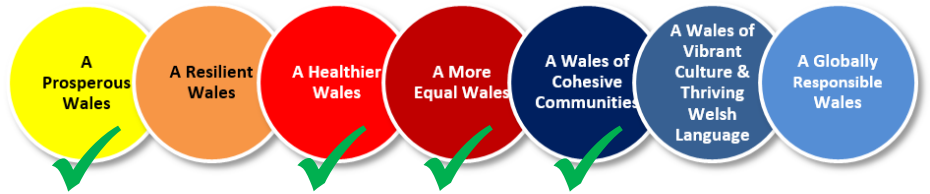
	1 Help to give every child the best start in life and improve their early life experiences		START WELL
	2 Help children live healthy lifestyles		
	3 Continue to improve learner attainment for all		
	4 Reduce the number of young adults that are Not in Education, Employment or Training		LIVE WELL
	5 Tackle poverty by doing all we can to prevent it, help people into work and improve the lives of those living in poverty		
	6 Create more jobs and growth throughout the county		
	7 Increase the availability of rented and affordable homes		AGE WELL
	8 Help people live healthy lives (tackling risky behaviour and obesity)		
	9 Support good connections with friends, family and safer communities		
	10 Support the growing numbers of older people to maintain dignity and independence in their later years		HEALTHY & SAFE ENVIRONMENT
	11 A Council-wide approach to support Ageing Well in the County		
	12 Look after the environment now and for the future		
	13 Improve the highway and transport infrastructure and connectivity		

 = Our existing Key Improvement Objective Priorities (KIOPs)



Well-being Objective 1

Start Well - Help to give every child the best start in life and improve their early life experiences



So why is this important?

- Because giving every child the best start in life is crucial to reducing inequalities across the life course.
- Because what happens during these early years has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status.
- Because Looked After Children (LAC) are more likely to have been exposed to multiple risks associated with poor long term outcomes before entering care (Jones, 2011).

Why this should concern us?

- Because for every 100 adults in Wales, 47 have suffered at least one adverse childhood experience (ACEs) during their childhood and 14 have suffered 4 or more.
- Because 15.3% of children in Carmarthenshire are living in workless households, higher than the 2014 figure of 14.8% and higher than figures for Wales (13.6%) and the UK (12.1%).
- Because in Carmarthenshire there are currently; 757 Children in Need; 46 children on the Child Protection Register and 208 Looked After Children.

What do we need to do?

- We need to give every child the best start in life and ensure development throughout early childhood.
- We need to build resilience against adverse experiences.

How will we do this?

- We will promote bonding and attachment to support positive good parent-child relationships.
- We will better equip parents and care-givers with the necessary skills to avoid ACEs arising within the home environment and encourage development of social and emotional well-being and resilience in the child.
- We will identify and intervene where children may already be victims of abuse, neglect or living in an adverse environment.
- We will continue to provide attachment awareness training in schools to ensure they become *attachment awareness schools*.
- We will ensure that our specialist substance misuse team meets the needs of children by:
 - Providing specialist advice and support for front line teams
 - Raising awareness of the dangers of substance misuse and support people to make informed decisions to prevent the harm caused by substance misuse.
- We will ensure that every child with identified special educational needs (SEN) in all Carmarthenshire schools will have access to delegated SEN funding and appropriate integrated support services – e.g. Educational and Child Psychology, Sensory Impairment support and Advisory Teachers.

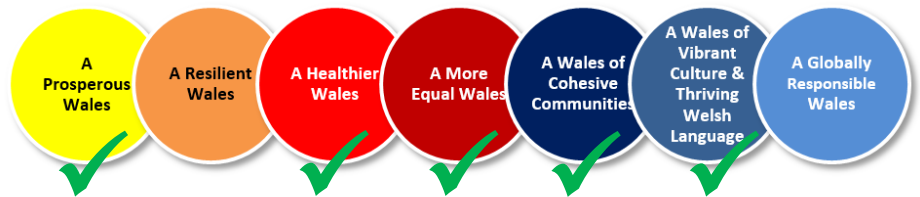


More Information - You can see our [action plan](#) to achieve this objective here



Well-being Objective 2

Start Well - Help children live healthy lifestyles



So why is this important?

- Because projections suggest an increase in trends for childhood obesity going forward with figures showing males between the ages of 2 – 15 being at greatest risk.
- Because the [Play Sufficiency Assessment](#) identified playing outside as the most popular setting for children but also found that 32% of parents worried so much about their child's safety that it affected their children's opportunity to play.
- Because assessment engagement activity with primary school children showed being physically active to be the second most important factor for positive well-being of children aged 6 – 11, after connections with family and friends.
- Because living healthy lives allows children to fulfil their potential and meet education aspirations.
- Because habits established early in life remain with people to allow them to play a full part in the economy and society of Carmarthenshire.

Why this should concern us?

- Because Carmarthenshire is the third worst County in Wales for levels of childhood obesity with 30.7% of 4-5 year olds being overweight or obese, almost 5 percentage points higher than the Welsh average of 26.2%.
- Because engagement with primary schools identified a strong link between physical activity and opportunities to play in outside spaces, and to feel safe in that environment.
- Because 10% of people aged 5 to 16 have mental health disorders and 7% under 12 deliberately self-harm.

What do we need to do?

- We need to work with partners to ensure children across Carmarthenshire: eat healthily, are physically active and maintain good mental health.
- We need to understand why childhood obesity in Carmarthenshire is so poor.
- We need to review if current measures and actions are making any difference.
- We need to measure activity through schools.

How will we do this?

- We will increase sporting activities for children, including free school swimming lessons, delivering the *5x60* and *Dragon Multi-skills extra-curricular physical activity schemes* and the *Activ Club* playscheme.
- We will address mental health including reducing exposure to adverse childhood experiences.
- We will promote eating healthy, including through school meals, the *Healthy Schools scheme* and the *Holiday Hunger scheme*.
- We will continue to develop, promote and deliver the *Flying Start Programme*.
- We will promote the Public Health Wales' [10 Steps to a healthy weight](#) preventative programme to help beat childhood obesity.



More Information - You can see our [action plan](#) to achieve this objective here

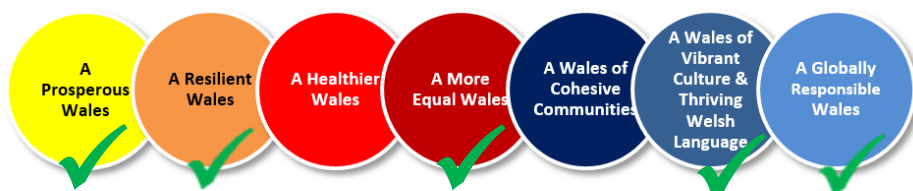


Well-being Objective 3

Start Well - Continue to improve learner attainment for all

So why is this important?

- Because we all want all of our children and young people to have the best possible start in life by supporting them to gain the skills and knowledge they need to lead happy, healthy, fulfilling lives.
- Because we want to improve outcomes for all ages through lifelong learning, to enable them to thrive in 21st Century living and the world of work.
- Because research by *The Institute of Education* suggests that attending a good pre-school and primary school can have more impact on children's academic progress than their gender or family background (Taggart, 2015).



Why this should concern us?

- There is currently a gap of 29.4% in the number of pupils age 15 achieving a volume of 5 GCSEs at A*- C including English or Welsh Language and mathematics for those pupils eligible for free school meals (41.5%) and those who are not (70.9%).
- Because we have schools that need to improve in specific areas as recognised through the National Categorisation system* (21% of Primary and 17% of Secondary schools are rated 'Amber Support Category' and 1% of Primary schools is rated 'Red Support Category' in the Welsh Government School Categorisation system for 2017).
*Four levels of 'Support Category' exist – Green, Yellow, Amber and Red.
- Because the 2015 PISA results (Programme for International Student Assessment), for which Kirsty Williams, Welsh Government Cabinet Secretary for Education, has stated "*remains the recognised international benchmark for skills*", continue to show Wales adrift from the rest of the UK.

What do we need to do?

- We need to continue to improve results further for all learners, placing a focus on those entitled to Free School Meals and vulnerable learners - see also **Tackling Poverty Well-being Objective 5**.
- We need to focus on the % of pupils who achieved the Level 2 threshold including a GCSE grade A*- C in English or Welsh first language and Mathematics which is currently regarded as the key measure of achievement at the end of compulsory education (Academic Year 2015/16 result of 65.1%).

How will we do this?

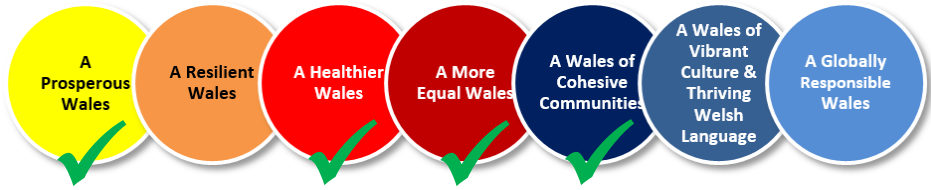
- We will promote, develop and support a collaborative self-improving school system to ensure high quality leadership and provision for all learners.
- We will ensure continuous improvement in education outcomes for all children and young people across all learning phases, with a particular focus on vulnerable learners and those entitled to *Free School Meals*.
- We will continue to improve school attendance and learner well-being.
- We will continue to improve the condition, suitability and resource efficiency of our schools network through the *Modernising Education Plan*.
- We will invest in further developing the skills of our teachers and support staff.
- We will develop an engaging, relevant and authentic *Local Curriculum*, within a clear framework of national guidance, which will fully prepare our children and young people for the challenges and opportunities of adult life.
- We will deliver the *Education for Sustainable Development and Global Citizenship Programme*.
- We will implement the Welsh in Education Strategic Plan, thus moving towards ensuring that every pupil is confidently bilingual. Pupils can fulfil their potential in gaining skills to operate as bilingual citizens in their communities, the workplace and beyond/worldwide.





Well-being Objective 4

Start Well - Reduce the number of young people that are Not in Education, Employment or Training (NEET)



So why is this important?

- Because reducing the number of NEET reduces the effects of poverty and the wider cost to society of support services, reliance on benefits and offending.
- Because it is essential to maximise the life opportunities of children, ensuring that as many young people as possible are able to progress to school 6th forms, Further Education Colleges, training provision or work.
- Because it enables young people to contribute positively to their local communities.

Why this should concern us?

- Because the % of Carmarthenshire Year 11 pupils who became NEET rose slightly from 3.4% (69 pupils) in 2014 to 3.5% (69 pupils) in 2015, while the % of Carmarthenshire Year 13 pupils who became NEET reduced from 6.0% (46 pupils) in 2014 to 2.8% (21 pupils) in 2015.
- Carmarthenshire ranks 18th (of 22) Local Authorities in Wales for Year 11 pupils becoming NEET and above the All-Wales average of 2.8%.

What do we need to do?

- We need to ensure that all children and young people in Carmarthenshire have the best possible opportunities to study, train and gain worthwhile employment in the local economy.
- We will ensure that all vulnerable learners including those with a disability or additional learning needs are not excluded from programmes.
- We need to continue to implement the six elements of the Welsh Government's Youth Engagement and Progression Framework (YEPF):
 - Identifying young people at risk of becoming NEET;
 - Providing brokerage and co-ordinated support for young people;
 - Improve our tracking and transition support;
 - Ensure provision meets the needs of young people;
 - Strengthen employability skills and entrepreneurship;
 - Ensure we are accountable for our actions.

How will we do this?

- We will implement the six *Youth Engagement and Progression Framework* Actions above.
- We will deliver the local elements of the *Cynnydd* and *Cam Nesa* European Social Fund projects (guaranteed funding till 2020) which assists young people in progressing to further education, training and employment during the Post 16 education phase.
- We will implement the recommendations of the *Carmarthenshire 11-19 Education Strategic Review*.
- We will build on existing partnership relationships with local businesses and the public sector to focus skills demands and employability of new and existing labour market entrants within Carmarthenshire to ensure that local and regional demands are met.



More Information - You can see our [action plan](#) to achieve this objective here

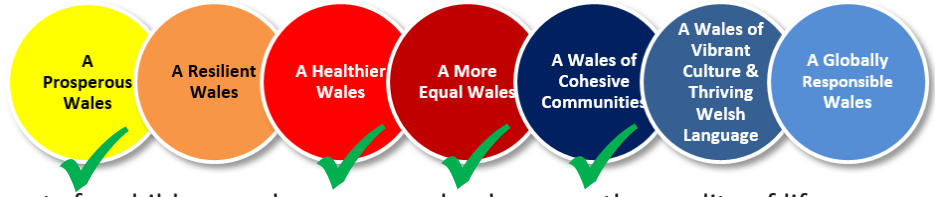


Well-being Objective 5

Start Well/Live Well - Tackle poverty by doing all we can to prevent it, help people into work and improve the lives of those living in poverty

So why is this Important?

- Because poverty and deprivation have serious detrimental effects across all aspects of well-being. It limits the opportunities and prospects for children and young people, damages the quality of life for families and communities and harms the health & life expectancy of far too many.
- Because poverty can be a barrier to full participation in society and is too often an intergenerational experience which poses a significant threat to experiencing positive well-being both now and in the future.
- Because research shows that children growing up in workless households experience consistently poorer outcomes than other children whose parents are always working, in relation to educational attainment and cognitive ability. Those whose parents had been out of work for two or three years while they were growing up spent more time not in education, employment or training between ages 15 to 18 than children from households of different employment compositions (*Schoon, 2012*).



Why this should concern us?

- Because just *over a third* of households in Carmarthenshire can be defined as living in poverty, this is above the Welsh average, making our levels the 4th highest in Wales.
- Because the number of households living in **severe poverty** in Carmarthenshire, those receiving an income of less than £10,000 a year, increased by 2% during 2015 to nearly 16%.
- Because of the 29,086 households living in poverty across Carmarthenshire, 58% (16,766) are located in rural areas.
- Because 20% of children in Carmarthenshire are living in poverty which is 2% below the Welsh average. 62% of these children are aged 0-10, falling to 25% aged 11-15 and further to 13% aged 16-19;
- Because there are 18.5 years difference in life expectancy between individuals from the least and most deprived areas of Carmarthenshire.

What do we need to do?

- We need to *prevent poverty* - Living in poverty can significantly impact a child's life chances with a strong correlation between being born poor and experiencing a lifetime of poverty. Likewise many of the triggers of experiencing poverty in later life are preventable if the risk is identified and addressed in a timely manner. Therefore providing early, targeted and holistic interventions to vulnerable individuals and groups we can help reduce the likelihood of poverty occurring in our communities.
- We need to *help people into work* - Getting people into work is one of the most fundamental and effective means of tackling poverty in all its forms. Work not only provides income, but also opportunities for social, emotional and cerebral development as well as general health and well-being. The latest figures show that the median income for Carmarthenshire is £23,825 which is the 7th lowest level in the whole of Wales.
- We need to *improve the lives of people living in poverty* by supporting those in poverty and improving access to help to maintain basic standards of living including fuel poverty.

How will we do this?

- We will continue to deliver our *Tackling Poverty action plan* overseen by the Tackling Poverty Advisory Panel.



More Information - You can see our [action plan](#) to achieve this objective here

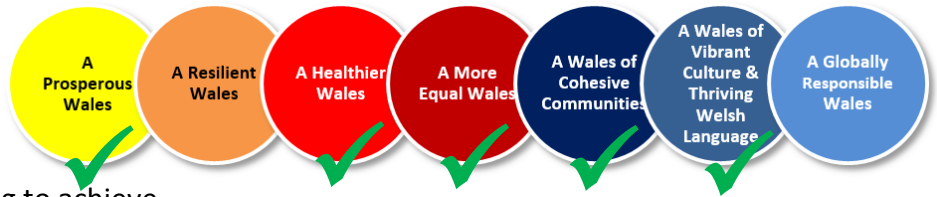


Well-being Objective 6

Live Well - Create more jobs and growth throughout the county

So why is this important?

- Because providing secure and well paid jobs for local people is central to everything we are seeking to achieve.
- Because increasing employability is fundamental to tackling poverty, reducing inequalities and has a dramatic impact on our health and ability to function in everyday society.
- Because with an ageing workforce, feeling stimulated, using skills and social interaction are much more important to positive well-being in work than wage levels or job stability (well-being assessment survey).



Why this should concern us?

- Because out of Carmarthenshire's 72.2% employed working age workforce, 57.2% of the workforce are within the professional/technical/skilled trade occupations – well *below* the Welsh average of 62.7%, whilst 42.8% are within the caring/leisure/customer service/machine operative occupations – well *above* the 37.3% Welsh average.
- Because creating sustainable, quality and progressive jobs in Carmarthenshire to retain and attract young people to the County is fundamental for a sustainable economy and its communities, as more young people aged 15 - 29 left Carmarthenshire than entered in 2014-15.
- Because we must tackle a GVA (gross value added) gap that is widening between UK GVA & Wales GVA; *GVA is the measure of the value of the wages and profits from goods and services produced in an area.*
- Because future trends shows a shift in the composition of the workforce over the next few years, giving us an opportunity to be '*ahead of the game*' by increasing the economic opportunities and prosperity of the county by upskilling our current and future workforce.....'*it's never too late to learn*'

What do we need to do?

- We need to build a knowledge-rich, creative economy by maximising employment & training places for local people through creating jobs and providing high quality apprenticeships, training and work experience opportunities, in order to have an on-going skilled & competent workforce to face the future.
- We need to evolve Carmarthenshire's position in the Swansea Bay City Region (Swansea, Carmarthenshire, Pembrokeshire and Neath Port Talbot) into a confident, ambitious and connected county.
- We need to continue to invest in our local rural infrastructure, including transportation to attract businesses, tourism/leisure to the county to promote economic growth and activity by building better connections and generating a strong tourism industry (see *Improving the highway & transport infrastructure and connectivity* Well-being Objective 13).

How will we do this?

- We will do this through the collaborative Regional Learning & Skills Partnership, (public and private sector members) - we will ensure the creation, attraction and retention of a workforce equipped to deliver many key projects being developed.
- We will take the '*Transformations*' strategic regeneration plan for Carmarthenshire (2015-2030) forward.
- We will do this through the '*Internet Coast City Deal*' for the Swansea Bay City Region. It is worth an investment fund of around £1.3bn from public and private sources by 2035; with a £15bn economy for the region, and the economic competitiveness of the region raised to 90% (currently 74% of the UK GVA average). Carmarthenshire's will deliver the following City Deal projects:
 - Creative Digital Cluster- Yr Egin - by creating a new infrastructure to attract SMEs to start up or expand.
 - Life Science & Wellbeing Village - by the integration of business development, education, wellness initiatives, research & development and healthcare initiatives.
 - We will also deliver a regional skills and talent initiative on behalf of the Swansea Bay Region.



More Information - You can see our [action plan](#) to achieve this objective here

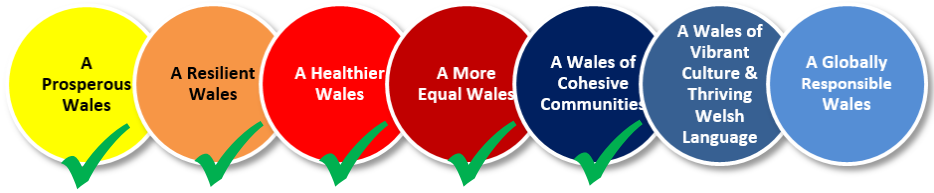


Well-being Objective 7

Live Well - Increase the availability of rented and affordable homes

So why is this important?

- Because good quality affordable homes promote **health and well-being**, meeting the individual needs of the residents, building strong sustainable communities and places where people want to live.
- Because good quality energy efficient affordable homes are good for the **Environment** - as the energy use within the home will be reduced, having a significant effect on reducing pollutants in the atmosphere.
- Because it's good for the **Social Structure** - well-placed affordable housing developments allow communities to welcome a wide range of families and to create a vibrant, diverse, group of residents.
- Because it's good for the **Economy** - in order to thrive, new businesses need easy access to its workforce. Affordable housing developments ensure that working families will remain in your community.



Why this should concern us?

- Because people told us during our consultation on affordable Housing in 2015 that we need to:
 - Target help where the need is highest, in both urban and rural areas, by delivering more affordable homes for rent.
 - Be more flexible - whether by bringing wasted homes back into use, buying existing homes or building new ones.
 - Do whatever it takes by developing innovative and creative ways to deliver more homes.
 - Use our resources in the best possible way to ensure as many new homes as possible.
 - Use the expertise, skills and resources of those we work with.

What do we need to do?

- We need to add to the 160 affordable homes we achieved this year, over **840** more affordable homes over the next four years.
- We need to build new council homes across the County.
- We need to actively work with private landlords to encourage them to make their properties available at affordable rent levels, including bringing more private sector homes into the management of our in-house social lettings agency.
- We need to work in partnership with Housing Associations in Carmarthenshire to maximize the supply of new build affordable homes.
- We need to actively work with property owners to bring empty homes back into use.
- We need to purchase homes from the private sector and increase the Council Social Housing stock.
- We need to maximize the number of affordable homes delivered through developer contributions.
- We need to maximize all funding opportunities for both the Council and Housing Associations.

How will we do this?

- We will deliver all of the above through our [Affordable Homes Delivery Plan](#)



More Information - You can see our [action plan](#) to achieve this objective here

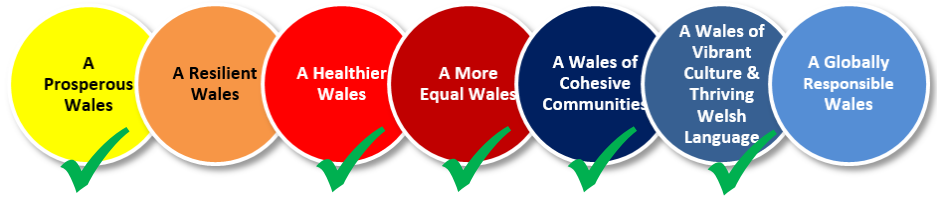


Well-being Objective 8

Live Well - Help people live healthy lives (tackling risky behaviour and obesity)

So why is this important?

- Because our way of life is changing, people are living longer with a higher quality of life.
- Because the challenge is to prevent ill health.
- Because living healthy lives allows people to fulfil their potential, meet educational aspirations and play a full part in the economy and society of Carmarthenshire.
- Because many of the preventive services and interventions required to maintain health, independence and well-being lie outside health and social care.



Why this should concern us?

- Because there's a significant gap in life expectancy and a healthy life expectancy. In Carmarthenshire:-
Life expectancy for males is 78.6 years (2013-15) compared to a healthy life expectancy of 65 years (2010-14)
Life expectancy for females is 82.3 years (2013-15) compared to a healthy life expectancy of 66 years (2010-14)
Healthy life expectancy of both males and females are below the Welsh average of 65.3 and 66.7 years.
- Because 20% of adults are still smoking in Carmarthenshire and 60% of adults are overweight or obese (Welsh Average of 59%).
- 28% of Carmarthenshire's adults suffer from mental health issues, slightly above the Welsh average of 26%.

What do we need to do?

- We need to work with partners to ensure people across Carmarthenshire:
 - Eat and breathe healthily
 - Are physically active; and
 - Maintain good mental health.
- We need to remove inequalities around opportunities for people to address these 3 key areas across our communities.

How will we do this?

- We will work with partners in the Public Service Board's Healthy Families and Communities thematic group that focuses on ill health from *cradle to grave*:
 - *Eat and breathe healthily*: We will establish Air Quality Management Areas across the county where appropriate, which will determine the health benefits of clean air for the residents of the area. We will improve our built environment by providing advice on energy efficiency of homes.
 - *Physical Activity*: We will encourage the use of our natural environment by walking and cycling as an alternative means of transport and promoting the use of green spaces. We will increase participant numbers at our leisure facilities and further develop our National Exercise Referral scheme.
 - *Mental Health*: We will enable employers in the workplace to support the health and well-being of their workforce through Workplace Health initiatives. We are collaborating with health and third sector partners to transform mental health services and improve access to information, advice, preventive and crisis services in Carmarthenshire.
- We will ensure that our specialist substance misuse team meets the needs of adults by:
 - Providing specialist advice and support for front line teams
 - Raising awareness of the dangers of substance misuse and support people to make informed decisions to prevent the harm caused by substance misuse.



More Information - You can see our [action plan](#) to achieve this objective here

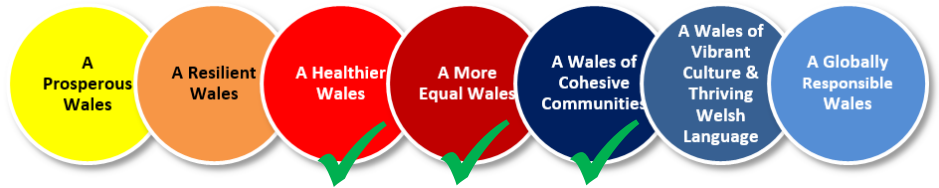


Well-being Objective 9

Live Well/Age Well - Support good connections with friends, family and safer communities

So why is this important?

- Because being united and connected is one of Welsh Governments 'Taking Wales Forward' ambitions.
- Because the importance of family in positively influencing well-being is evident in findings from primary engagement activities delivered as part of Carmarthenshire's Well-being assessment. Family and friends were overwhelmingly identified as the most important factor in experiencing positive well-being by over 500 adults and children taking part in an exercise which asked "what does well-being look like for you" and "what do you want [wellbeing] to look like in future".
- Because according to the well-being assessment survey results language was the second highest influence of positive cultural well-being after heritage / history.
- Because how people from different backgrounds get on well together in their neighbourhoods is important for improving well-being. Cohesive communities resistant to tensions and resilient when they occur.



Why this should concern us?

- Because In our well-being survey of 2,500 residents, good relationships and a sense of belonging was the 3rd highest thing that mattered.
- Because in Carmarthenshire over a 1000 children required support from social services in 2015-16, and 8,626 individuals needed preventative family support.
- Because Carmarthenshire residents feel they live in cohesive communities with 83% agreeing that local people treat each other with respect and consideration and 87% that people from different backgrounds get on well together (NSW, 2015).
- Because safety-related issues were highlighted throughout the well-being assessment and feeling safe at home and in the local community impacts on everyone's sense of well-being

What do we need to do?

- We need to ensure services respond to the needs of families and communities.
- We need to continue to build greater community cohesion and to support and empower communities to address their safety, collective well-being and the well-being of those within the community, including the building of social bonds within groups and social bridges between groups in our communities.
- We need to keep our communities safe when delivering our services

How will we do this?

- We will implement the Carmarthenshire *Family Support Strategy*, including providing support services that promote family relationships and prevent family breakdown.
- We will continue to develop and implement how we provide information, advice and assistance within social care services, ensuring information is available and easily accessible.
- We will implement the new *Community Cohesion National Delivery Plan 2017/18*.
- We will identify the strengths and resources within communities which can contribute to promoting and supporting the health and wellbeing of neighbours.
- We will continue to work with partners to prevent and reduce crime and reoffending and protect vulnerable people



More Information - You can see our [action plan](#) to achieve this objective here

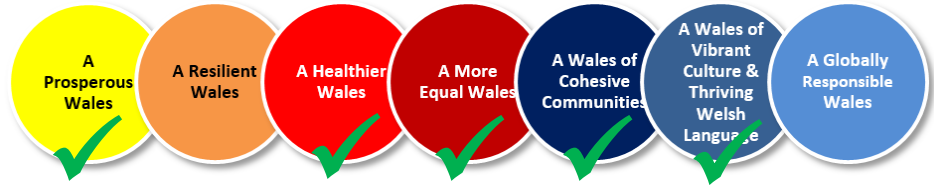


Well-being Objective 10

Age Well - Support the growing numbers of older people to maintain dignity and independence in their later years

So why is this important?

- Because consultations have demonstrated that ‘what matters’ to individuals is to be able to be as independent and well as possible for as long as possible.



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

Why this should concern us?

- Because our frail population demographic is increasing and will require support to remain as independent as possible.
- Because it is essential that we lay robust foundations to future proof the availability of services that promote and support ongoing well-being and independence for our frail older adult population.
- Because future trends show that between 2014 and 2039 the population of Carmarthenshire is projected to increase by around 4,004 (2.2%), this is a reduction in all age groups apart from those aged 60 or over (which are projected to increase by 16,800).

What do we need to do?

- We need to continue to integrate health and social care to address the complex needs associated with age related co-morbidity and frailty.
- The Ageing Well Plan for Wales outlines the need for individuals and communities with public, private and voluntary sectors to develop and promote innovative and practical ways to make Wales a good place to grow older for everyone (see Objective 11 on *Ageing Well*).

How will we do this?

- We will continue to enhance our integrated Community Health & Social Care ‘infrastructure’ to ensure we are able to effectively and efficiently promote the well-being and independence of our older adult population while supporting the long term care needs and safeguarding of the more frail & vulnerable.
- We will provide a wide range of services and interventions across the three ‘offer’ areas outlined in Carmarthenshire County Council’s ‘Delivering Sustainable Services for Older People in Carmarthenshire’ document.
 - **Tier One:** Services and Interventions that promote independence, well-being, community engagement and social inclusion, such as information, advice and assistance, signposting people to community services.
 - **Tier Two:** These services provide targeted intervention for individuals to regain previous level of independence and wellbeing following acute episode or injury and can also support avoidance of hospital admission. These services work closely with Tier 1 services to ensure ongoing health and well-being support from their own community.
 - **Tier Three:** Provision of service at this level focuses on supporting individuals who have long term and specialist care needs. Services in this tier will liaise with services in tier 2 to ensure that, at times of injury or acute illness that people regain their previous level of independence.
- We will identify how local communities can contribute to supporting well-being and independence (see Objective 9 on *Supporting Good Connections*)
- We will effectively commission short term assessment and interventions to maximise independence.
- We will implement actions within the *Dementia Action Board plan* across health and social areas.
- We do low cost adaptation works in private dwellings as quickly as possible.



More Information - You can see our [action plan](#) to achieve this objective here



Well-being Objective 11

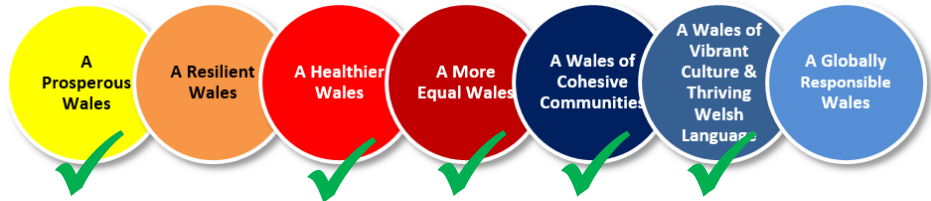
Age Well - A Council-wide approach to support Ageing Well in Carmarthenshire

So why is this important?

- Because wider services can make an important contribution in supporting and sustaining the independence of older people and reducing the demand on Social Services and Health Care;

Wales Audit Office- Supporting the Independence of Older People: Are Councils Doing Enough? October 2015.

- Because when planning services for older people, we need to listen to what older people have told us about the services they want.
- Because in deciding what to do, we need to ask ourselves, would this service *be ok for me or my relatives?* If not, how can we improve?
- Because public services that meet the needs of older people often meet the needs of other groups in society as well.



Why this should concern us?

- Because older people are a significant asset to Wales, worth over £1bn to the Welsh economy annually. We must take forward an asset-based approach which, rather than focusing on the costs of providing services for older people, consider instead the cost of not investing in older people. Older people provide around £469m worth of volunteering every year, including childcare - the value of which is around £750m per annum.
- Because people aged 50 and over now make up a larger proportion of the population. Wales has a higher percentage of people 50 and over at 38.6% than the UK at 34.8%. In turn, Carmarthenshire has a higher percentage than Wales at 42.5%.
- Because older people who are supported by tailored services and living in inclusive communities, are able to contribute more to the local economy and society.
- Because older people when surveyed have told us that they want as much support as possible to help them do the things they enjoy and to be able to manage day to day.

What do we need to do?

- We need to 'join-up' our diverse divisions and departments to support independent living and to help older people live in their communities. Making sure that the impact of all service changes on elderly people are carefully thought through.
- We need to consult in a meaningful way with older people who are often '*experts by experience*' and know the services they need to remain active and independent in their communities.
- We need to focus on an outcome based approach to draw out the changes and improvements seen in an individual's life – we need to build services around the outcomes older people need.
- We need to examine how we will work with the Public Service Board (PSB) to achieve the Older People's Commissioner for Wales's targets for inclusion in the PSBs *Well-Being Plan*.

How will we do this?

- We will take forward the *Five Priority Aims* of the Council's Ageing Well Plan:
 - Age friendly communities;
 - Dementia supportive communities;
 - Falls prevention;
 - Opportunities for employment & new skills;
 - Loneliness & isolation.



More Information - You can see our [action plan](#) to achieve this objective here

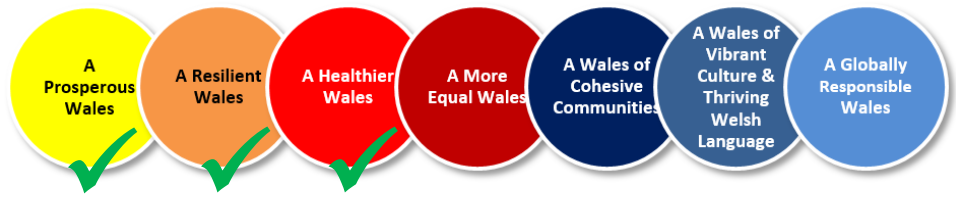


Well-being Objective 12

Healthy & Safe Environment - Look after the environment now and in the future

Why is this important?

- Because the *Natural Environment* is a core component of sustainable development. The Environment (Wales) Act 2016 expands the duty placed on public bodies, requiring them to *maintain and enhance biodiversity and promote ecosystem resilience*.
- Because the conservation and enhancement of biodiversity is vital in our response to climate change and key ecosystem services such as food, flood management, pollination, clean air and water.
- Because 60% of the County's people live in rural areas and the remaining 40% live within 400m of natural or semi-natural green space.
- Because the Well-being Needs Assessment survey identified a strong relationship between residents' well-being and their surrounding environment from providing recreational opportunities, to psychological positivity, health benefits and a connection to heritage and culture.
- Because under the '*Resilient Wales*' goal set out in the Well-being Future Generations Act requires public bodies to set objectives to achieve a 'biodiverse natural environment with healthy functioning ecosystems' - must be considered within the context of all the goals being integrated (biodiversity contributes to our economy, health & well-being).



Why this should concern us?

- Because the environment contributes £8.8 billion of goods and services annually to the Welsh economy, 9% of Welsh GDP and 1 in 6 Welsh jobs; with the environment being relatively more important to the Welsh economy than is the case for the other UK nations.
- Because responses from the Well-being Assessment survey showed that a clean environment is important to well-being and that residents are concerned with preserving and enhancing the local environment with repeated references to tipping, littering and recycling.
- Because rising sea levels are likely to impact not only the 5,587 properties in Carmarthenshire already at risk of tidal and rising river level flooding but additional properties along the coastal & river communities.

What do we need to do?

- We need to identify, maintain and enhance biodiversity and promote resilient ecosystems.
- We need to enhance and utilise our rich natural environment in a way that promotes economic development, attracts inward investment, and contributes to the quality of life of all who live or work in and visit Carmarthenshire.
- We need to sustain and enhance natural & built spaces to encourage healthy living for residents & visitors.
- We need to support resilience within our rural and urban communities.

How will we do this?

- We will advise the whole Authority and partners on our need to address the environmental requirements of the Environment (Wales) Act 2016, which places an obligation on us to '*seek to maintain and enhance biodiversity in the proper exercise of their functions and in doing so promote the resilience of ecosystems*'.
- We will publish a *forward plan* to comply with this Biodiversity & Resilience of Ecosystems Duty.
- We will continue to implement and promote the increased use of renewable energy.
- We will protect our environment and properties through delivering our *Flood & Waste Management Plan*; and protect and manage our coast by delivering the *Shoreline Management Plan*.
- We will deliver actions from the '*Towards Zero Waste strategy*', to become a high recycling nation by 2025 and a zero waste nation by 2050.



More Information - You can see our [action plan](#) to achieve this objective here

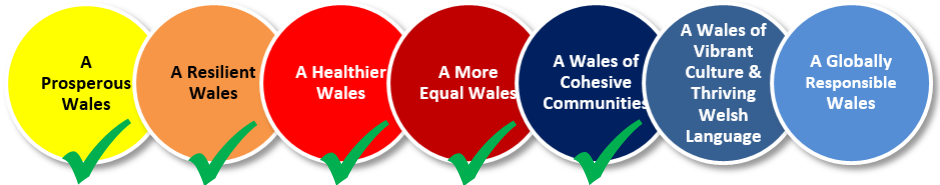


Well-being Objective 13

Healthy & Safe Environment - Improve the highway and transport infrastructure and connectivity

Why is this important?

- Because transportation & highway play a key role in sustaining our community. A modern, successful economy is reliant upon the safe and efficient movement of people and goods; providing opportunities for people to gain access to employment, education, health, leisure, social and retail services.
- Because *united & connected* is one of the four Welsh Governments' aims in its '*Taking Wales Forward*' plan. Providing integrated and affordable access for businesses, for residents and visitors can stimulate economic development, reductions in deprivation and social exclusion and an increase in well-being.
- Because sustaining access to services will deliver improvements in health and wellbeing for all sections of the community e.g. that includes: walking, cycling, passenger and road transport.
- Because by 2030 South West Wales will be a confident, ambitious and connected City Region.



Why this should concern us?

- Because our survey identified *transportation and highways as important* and in the top 10 priorities for the community for road maintenance, bus services and pavement maintenance.
- Because in our survey on satisfaction with services and the importance of services - *Road Maintenance and Repairs* were identified as one of the highest importance with low satisfaction.
- Because our highway network is the second largest in Wales covering 3,343 Kilometres, more than double the Welsh average of 1,566 Kilometres; covering 16 million square metres of carriageway.
- Because the condition of our roads was ranked 19th out of 22 across Wales in 2014/15.
- Because 18.8% of residents do not have access to a car or van. However, 43.5% of households have one car per household, which may indicate reduced accessibility in areas not well served by public transport.
- Because only 55% aged 80 or over have access to a car/van therefore public transport and community based services are important to enable people to continue to live within their communities; it can mean the difference between a person staying independent at home or entering residential care.

What do we need to do?

- We need to develop and support access to services to improve connectivity, reduce congestion and improve competitiveness.
- We need to sustain investment into our public and community transport systems and facilitate travel to and from schools to support our Modernising Education Programme.
- We need to also invest in infrastructure to support more sustainable journeys. For example through cycle ways, footpaths and public transport infrastructure.
- We need to continue to sustain investment in our existing highway infrastructure to improve connectivity;
- We need to maintain our focus on road safety and deliver our road safety strategy priorities.
- We need to ensure our fleet of vehicles is modern, efficient and safe.

How will we do this?

- We will develop the highway infrastructure to meet the priorities of our Regeneration Plan. We will develop new highways at Carmarthen West, Cross Hands and Ammanford and continue to develop key walking & cycling linkages at Llanelli, the Towy Valley and Carmarthen.
- We will continue the successful integrated public transport network such as Bwcabus and Traws Cymru.
- We will redesign our school transport network to support the Modernising Education Programme.
- We will continue to support community transport.
- We will meet our objectives set out in our Road Safety Strategy.
- We will continue to modernise our vehicle fleet to improve efficiency and reduce emissions.



7 Well-being Statement of Carmarthenshire County Council

We welcome our duties under the Well-being of Future Generations Act. We have already addressed much of the new Acts requirements but recognise that we can do more.

1. We feel that our Well-being Objectives contribute significantly to the achievement of the National Well-being Goals. Our Well-being Objectives relate to different aspects of life's course and address well-being in a systematic way.

Since 2002/03 we have fully aligned our business and Improvement Planning to the outcomes agreed with partners in an Integrated Community Strategy (ICS). We have taken a 'joined-up' approach to delivering these objectives bringing different services contributions together in an integrated way. This approach will be continued.

2. These Well-being Objectives have been selected from considerable consultation feedback and a basket of different sources of information on need, performance data and regulatory feedback. In developing action plans to achieve these objectives we will involve people (in all their diversity) with an interest in achieving them.
3. The steps we take to achieve the Well-being Objectives (our action plans) will look to ensure that long term, preventative, integrated, collaborative and involvement approaches are fully embraced.
4. An Executive Board member has a specific responsibility for the overall Act. In addition, each Executive Board portfolio holder will have responsibility to relevant Well-being Objectives/KIOP.
5. To ensure that we take these action plan steps we will use our in house developed Performance Information Monitoring System dashboard. All the action plans will be monitored and reported on quarterly to department management teams and the Corporate Management Team and Executive Board. In addition progress will be reported to Scrutiny Committees. The Council will prepare an Annual report on its Well-being Objectives and revise the objectives if required.
6. ***** To be concluded as Council budget is finalised***** The content of action plans to achieve the Well-being Objectives are adequately resourced and embedded in Service business plans. To achieve these objectives services will 'join-up' and work together, work with partners and fully involve citizens in all their diversity.
7. Our Objectives are long term but our action plans will include milestones that will enable monitoring and assurance of progress.
8. To ensure that our Well-being Objectives are deliverable and that the expectations of the Act are embraced we will adapt financial planning, asset management, risk assessment, performance management and scrutiny arrangements.

8 Other Corporate and Service Improvement

Duty to Improve

Local Government, throughout the UK, is currently experiencing severe budgetary constraints. There is increasing demand and expectation, yet less resources are available. Under these conditions, we need to work even more efficiently and effectively, to maintain services and improve where we can, delivering 'more (or even the same) for less'.

Corporate Strategy 2015/20

Until its revision post May 2017 elections, this strategy will provide the focus for the Council.

Department and Service Business Plans for 2017/20

These plans are in place for all Services. The departmental plans are submitted to Executive Board Members and Scrutiny Committees and the service plans are challenged by Executive Board Members.

Transformation Innovation and Change (TIC)

The TIC programme is underpinned by a flexible and pragmatic approach, and makes use of a range of methods and techniques depending on the nature of the project. Many of the projects adopt traditional project management techniques and utilise a variety of methodologies based around data analysis and process review work, while others have adopted the 'systems thinking' approach to help re-design services in support of both service improvement and delivery of efficiency savings.

One of the key features of the TIC approach is that, as well as supporting services to identify the potential for change, it will actually provide capacity and support to make change happen, often through re-designing working practices and developing new models of service delivery.

Building a Better Council and Making Better Use of Resources

The general purpose of the Act is to ensure that the governance arrangements of public bodies for improving the Well-being of Wales take the needs of future generations into account. We will adjust the following corporate processes:-

1. Corporate & Service Planning
2. Financial Planning
3. Asset Management
4. Workforce Planning
5. Procurement
6. Risk Management
7. Performance Management

Welsh Language

Carmarthenshire County Council is committed to promoting the Welsh language in the county. We are eager to enable our residents to use the Welsh language when dealing with the council, and the authority has an Action Plan which explains how we provide services and how we operate through the medium of Welsh, in accordance with the Welsh Language Standards. Furthermore, the Council takes responsibility for promoting the Welsh language in the community across the county and we have, in partnership with several other public and voluntary sector organisations, developed a Strategy which illustrates how the Welsh language will be promoted in a co-ordinated way over the coming years.

There is an exciting time ahead of us, with mapping, implementing and assessing impact, which will lead to more purposeful and effective action to create and maintain more Welsh speakers of all ages within the county, and more use of Welsh in all aspects of life. Carmarthenshire's Welsh in Education Strategic Plan aims to increase the provision of Welsh medium education so that every pupil becomes fluent and confident in both Welsh and English languages.

Community Covenant

In delivering these Well-being Objectives we will uphold the principles of the Community Covenant.

These are, that the Armed Forces Community:

- Should not face disadvantage compared to other citizens in the provision of public and commercial services; and that
- Special consideration is appropriate in some cases, especially those who have given the most, such as the injured or bereaved.



The Five Ways of Working

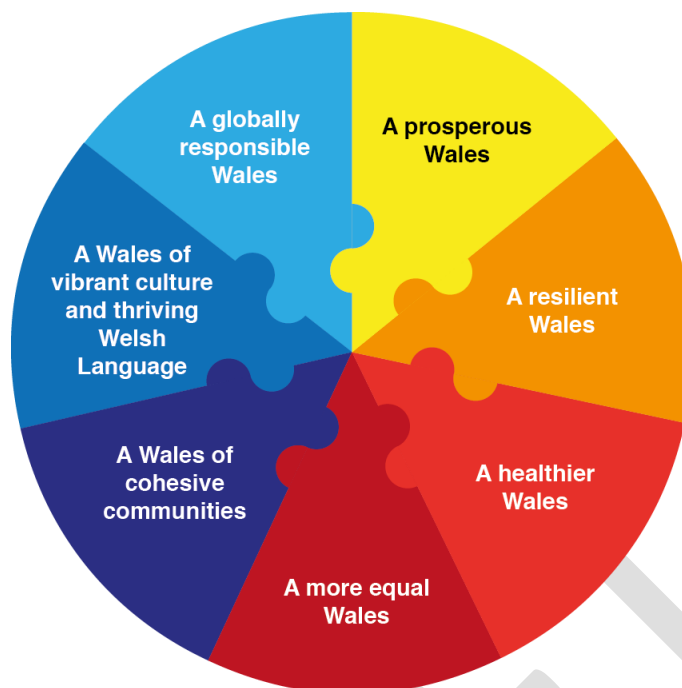
The Act says that there are 5 things that public bodies need to think about to show that they have applied the sustainable development principle. Following these ways of working will help us work together better, avoid repeating past mistakes and tackle some of the long-term challenges we are facing.

These 5 Ways of Working have been applied in determining our Well-being Objectives.

5 Ways of Working	How we demonstrate these ways of working
<p>1 <i>Looking at the long term so that we do not compromise the ability of future generations to meet their own needs</i></p>	<p>The Well-being Objectives are largely founded with <u>long term</u> focus and strategy e.g.</p> <ul style="list-style-type: none"> • Carmarthenshire’s vision for sustainable services for older people for the next decade 2015-2025 • The Affordable Homes Strategy is 2016-20 • The <i>Improving Learner Attainment Objective</i> is longer term • Corporate Strategy
<p>2 <i>Understanding the root causes of the issues to prevent them reoccurring</i></p>	<p>Our Well-being Objectives have been designed to prevent problems from occurring or getting worse. They represent the areas where we need to work with partners to break-down barriers, focus on the transition between services and understand the changing needs of people through the various stages of their lives, both now and in the future, wherever they live.</p>
<p>3 <i>Taking an integrated approach so that we look at all well- being goals and objectives of other services and partners</i></p>	<p>Our Well-being Objectives relate to each other, many relate to different aspects of the life course, supporting people at every stage of their lives.</p> <p>As a set of Objectives they will build on progress towards the economic, social, environmental and cultural wellbeing of Wales, by enabling us to take more sustainable action, as we evaluate our key decisions in relation to our well-being objectives.</p>
<p>4 <i>Collaboration - Working with others in a collaborative way to find shared sustainable solutions</i></p>	<p>The Well-being of Future Generations (Wales) Act 2015 establishes a statutory board, known as a Public Services Board (PSB), in each local authority area in Wales. The first meeting was held in May 2016.</p>
<p>5 <i>Involvement of a diversity of population in decisions that affect them</i></p>	<p>There has been <u>considerable consultation</u> on the Well-being Objectives /KIOP’s</p> <ul style="list-style-type: none"> • There were 478 responses to our consultation on sustainable services for older people for the next decade. 20% of whom were disabled. • There were 780 responses to the affordable homes consultation • 1,000 respondents to consultation on rural poverty • Our Strategic Equality Plan was shaped by 780 survey responses • Leisure 500 responses, Tourism 650, etc. • Our budget consultation work has been identified as best practice in Wales and we are building on this. We will be further developing the Council’s consultation and engagement approaches during 2017 • Our Well-being Assessment consultation had over 2,500 responses for Carmarthenshire residents

Only when a public body can demonstrate it has taken into account the sustainable development principle in the setting, taking steps and meeting of its Well-being Objectives will it be compliant with the Act. Public bodies may take other matters into account when making their decisions, but in order to comply with the Act they **must** take into account the 5 ways of working.

The Seven Well-being Goals of the Future Generations Act



<i>National Goals</i>	Official Definition
<i>A prosperous Wales</i>	An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change), and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
<i>A resilient Wales</i>	A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).
<i>A healthier Wales</i>	A society in which people’s physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
<i>A more equal Wales</i>	A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).
<i>A Wales of cohesive communities</i>	Attractive, viable, safe and well-connected communities.
<i>A Wales of vibrant culture and thriving Welsh Language</i>	A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.
<i>A globally responsible Wales</i>	A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing makes a positive contribution to global well-being

How our Well-being Objectives contribute to the 7 National Well-being Goals

Carmarthenshire's 2017/18 Well-being Objectives / KIOPs			7 National Well-being Goals						
			Prosperity	Resilience	Healthier	More equal	Cohesive Communities	Vibrant culture & Welsh Language	Global responsibility
Start Well	1	Help to give every child the best start in life and improve their early life experiences.	✓		✓	✓	✓		
	2	Help children live healthy lifestyles	✓		✓	✓	✓	✓	
	3	Continue to Improve learner attainment for all	✓	✓		✓		✓	✓
	4	Reduce the number of young adults that are Not in Education, Employment or Training	✓		✓	✓	✓		
Live Well	5	Tackle poverty by doing all we can to prevent it, help people into work and improve the lives of those living in poverty	✓		✓	✓	✓		
	6	Create more jobs and growth throughout the county	✓		✓	✓	✓	✓	
	7	Increase the availability of rented and affordable homes	✓	✓	✓	✓	✓		
	8	Help people live healthy lives (tackling risky behaviour & obesity)	✓		✓	✓	✓	✓	
Age Well	9	Support good connections with friends, family and safer communities			✓	✓	✓		
	10	Support the growing numbers of older people to maintain dignity and independence in their later years	✓		✓	✓	✓	✓	
	11	A Council-wide approach to support Ageing Well in the county	✓		✓	✓	✓	✓	
In a Healthy & Safe Environment	12	Look after the environment now and for the future	✓	✓	✓				
	13	Improve the highway and transport infrastructure and connectivity	✓	✓	✓	✓	✓		

Financing Carmarthenshire's Well-being Objectives

These figures are subject to the 2017/18 budget approval at County Council on the 22nd February 2017

1. Help to give every child the best start in life and improve their early life experiences

Our *Flying Start* programme is reliant on grant funding from Welsh Government of nearly £4 million annually. To achieve it we need to ensure we recruit and retain trained Health Visitors.

The *Families First* programme for this area has Welsh Government revenue funding of £1.3 million for 2017-18.

To achieve this objective we need to ensure appropriate investment in the early years and through our community resources such as Integrated Children's Centres and Family Centres.



2. Help children live healthy lifestyles

In order to deliver against this objective the key points above also apply.

School meals in Carmarthenshire follow healthy eating legislation, for which annual core funding is £1.7m. This includes the cost of the Primary School Free Breakfast initiative.

Healthy activities for younger people are supported by existing sports development, and leisure facility programming budgets, supplemented by the Local Authority Partnership Agreement (LAPA) Grant of £520k (16/17) which we access from the Welsh Government via Sport Wales. This helps pay for activities such as Free Swimming and the Active Young People Programme.



3. Continue to improve learner attainment for all

This key objective requires comprehensive support and resourcing from across our services.

Carmarthenshire is committed to ensuring a detailed and forward-thinking programme in support of improved attainment for all our children and young people. We have currently invested some £88.6 million into our core schools' staffing budget, supported by an additional £16.9 million through Welsh Government grants.

In addition, our *Modernising Education/21st Century Schools Programme* will cost £86 million to deliver the first tranche of priority projects (Band A), with £43 million coming from the Welsh Government. To ensure ongoing comprehensive support and challenge for our schools, we require some £6.4 million to resource our School Improvement and Additional Learning Needs (ALN) Teams and their valuable provision. A further £3million is needed to continue to provide wider learning and achievement experiences and resources such as museum, gallery and archive services.



4. Reduce the number of young adults that are Not in Education, Employment or Training (NEET)

The Youth Support Service has a lead role in delivering this work in school and community settings. Annual core funding for this service is £675k. The service depends on annual external grants including the Welsh Government Youth Support Service (YSS) Grant (£150k) and Families First (£660k). Securing further funding from the Families First successor grant will be essential for this well-being target to be met.

In addition to these funding sources, we have been successful in gaining £1.6M of European Support Funding (ESF) for the Regional *Cynnydd* project (to 2019) which is further supported by £600k match funding. Confirmation of approval is expected soon for a further £900k of ESF for the Regional *Cam Nesa* project (to 2020) which is also supported by £400k of match funding. Both of these projects seek to reduce the number of young people becoming NEET in the county. While this additional funding is welcome, work on exit strategies for both projects needs to take place in the 2017-2018 year, to ensure that the well-being of Carmarthenshire young people can be supported beyond 2020.



5. Tackle poverty by doing all we can to prevent it, help people into work and improve the lives of those living in poverty



It is difficult to estimate the resource implications for delivering initiatives to tackle poverty as this work is delivered across a wide spectrum of services. Some of this work is our core business for example homelessness support (£0.5m), and other targeted elements are grant funded such as previously mentioned *Families First* and *Flying Start*, along with the Pupil Deprivation Grant (£4.5m). In addition, as a result of the diverse nature of poverty and the many different influences that can result in someone experiencing poverty, many of the councils services contribute towards tackling poverty indirectly. For these services tackling poverty is not the ultimate goal but is a result of the work they do to support individuals and communities.

6. Create more jobs and growth throughout the county



Carmarthenshire's spend per head of the population on Economic Development is above the Welsh Average in Wales. Regeneration of the economy and jobs is the number one priority of the Council. Our 15 year regeneration plan will create over 5,000 jobs and see over £220 million investment over the next 5 years alone.

As part of the Swansea Bay City Deal we will have two major projects in Carmarthenshire:-

- At the *Creative Digital Cluster at Yr Egin* a total project cost worth £24M (£5m City Deal+£16M Public Sector £3M Private) will be delivered creating 200+ jobs over the next 15 years.
- At the *Life Science & Well-being Village project*, a total project cost of £200M (£40M City Deal, £32M Public Sector Funding and £127M Private Sector) will create 1800+ jobs over the next 15 years.

Also see Objective 3 for the 21ST Century Schools building programme and Objective 7 Affordable Homes.

7. Increase the availability of rented and affordable homes



Our Affordable Homes Delivery Plan aims to deliver over 1000 homes and invest £60m into our communities. This will be funded through £31m from the HRA , £17M of Social Housing Grant ,£11M private finance and £1M Welsh Government grant.

8. Help people live healthy lives (tackling risky behaviour and obesity)



This objective will bring together a lot of work done by services and in some cases it is difficult to isolate expenditure under this heading. However Capital expenditure over the next 5 years will be:

- £16m on a new Llanelli leisure centre
- £450k on Rights of Way, £2.1m on the development of open spaces including at Pembrey Country Park
- £6m for the Tywi Valley cycle way and £6.5m on walking and cycling linkages
- In addition to £1.25m on safer routes in communities

In Revenue expenditure for 2017/18 we will be investing:-

- £1.6M on children getting 60 minutes of exercise 5 times a week and the exercise referral scheme
- £5.4m running leisure, sports and swimming facilities
- £5m on outdoor and countryside and coastal park
- In ensuring cultural well-being across facilities we will be spending £6.5m on delivering services
- For Learning Disability Services £30m and Mental Health services £9.1m and Support Services including Safeguarding and Transport £5.6m
- To support the physically disabled we will be spending £6m and £2.7m on supported employment
- We ensure Public Health Services (Food Safety, Air and Water Quality etc.) £2.5M



9. Support good connections with friends, family and communities

When we ask people *what things in life matter to you?* They tell us that loved ones, family, friends, neighbours and community matter to them. In Children's Services our range of family support services contribute to this objective and it is difficult to break down the costs of this from some of our other objectives on helping Children get the best start in life and improving early life experiences. However, £24.3m is spent across the Children's Services Division.

Services to support carers and home support services help people to continue to live at home, with their families and in their communities – Also see Objective 10

We are also working to ensure broader community cohesion with a range of initiatives - Link to Objective 13

10. Support the growing numbers of older people to maintain dignity and independence in their later years

In terms of Capital expenditure we will be spending £10m on disabled facility grants over the next five years and £7m on the Llanelli Area Review in 2017/18.

We will be spending nearly £53m of our revenue budget in 2017/18 on Older People Services. This will include:

- £3m+ on Commissioning, £8.1m on Local Authority (LA) Residential homes and £17m on Private Sector Residential Homes and £2m on extra care
- On Homecare Services £5.3m LA provision and £9.3 on Private provision
- Meals on wheels £291k, Direct Payments £600K and grants to voluntary organisations £543k
- £1.2m on care-line service, £2.2m on enablement and £1.2m on Community Support & Day Services

Also see Objective 11

11. A Council wide approach to supporting Ageing Well in Carmarthenshire

It is difficult to estimate the level of investment in this objective because it cuts across diverse services. This is about making sure that in everything we do, we think about supporting Ageing Well in Carmarthenshire. Hearing about the cost of providing services for older people is common, however an asset based approach would remind us about the costs of not investing in older people and the net value they add to the community. Put simply, older people are net contributors to the economy rather than beneficiaries with their contributions to the employment market, volunteering, mentoring and caring sectors. The work Council services deliver to help people live independent lives reduces the need for expensive health and social care interventions - Also see Objective 10

12. Look after the environment now and for the future

This priority can be addressed without the need for large additional investment. We will mainly focus on achieving this objective through the existing work we do within the Rural Conservation Team, advising and educating colleagues with regard to how our existing services can be further improved, so as to help sustain and enhance the natural environment. With regard to delivery of actions relating to the *Towards Zero Waste Strategy, Flood & Waste Management Plan and Shoreline Management Plan*, these actions are already covered by the relevant budgets. The Waste & Environmental Services division's revenue budget of £23.2m (17/18) aims to fund the collection and disposal of waste which incorporates numerous recycling initiatives, street cleansing, environmental enforcement, grounds and parks maintenance, flood and coastal defence as well as maintaining public conveniences ensuring that we look after the environment now and in the future. In addition the Welsh Government's *Environment & Sustainable Development Directorate Single revenue grant* of £3.7m supports the integrated delivery of results and multiple benefits across three priority areas – namely Natural resource management, Waste & resource efficiency and Local environment quality. Consideration of resource implications for actions in future years will form part of the discussion during 2017/18, in putting together the forward plan for Services.



13. Improve the highway and transport infrastructure and connectivity

Carmarthenshire's *Local Transport Plan* sets out our priorities for infrastructure investment. The priorities are aligned to our corporate objectives and set within the objectives of the Swansea Bay City Region. Our current approved capital programme includes £39.9 million for investment into the highway infrastructure, with circa £25m reliant on external grant funding if available, along with developer contributions as new development is commenced. The Highways and Transport division's revenue budget of £42.6m includes a sum of £8.3m for the highways infrastructure as well as funding for school and public transport, car park maintenance and administration, the upkeep of public lighting for the county and the development of transport strategies to maintain the connectivity of the highways infrastructure for Carmarthenshire. The introduction of the transformation projects such as those included within the City Deal and integrated transport projects, supported through external funding, will provide opportunities for investment into the infrastructure and transportation services to support the safe movement of goods and people.

DRAFT

**The status of this plan is currently interim
pending feedback from our democratic political process**



We would welcome your feedback – please send your thoughts, views and opinions to:



Performance Management
Regeneration and Policy
Chief Executive's Department
County Hall
Carmarthen
Carmarthenshire SA31 1JP



Tel: **01267 224486**
Email: **performance@carmarthenshire.gov.uk**



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

COUNTY COUNCIL
DATE: 8TH MARCH, 2017

SUBJECT:

PARTNERSHIP ARRANGEMENTS ESTABLISHED IN WEST WALES UNDER PART 9 OF THE SOCIAL SERVICES AND WELLBEING (WALES) ACT 2014 AND THE WEST WALES POPULATION ASSESSMENT

Purpose:

To (1) provide information regarding the statutory requirements for partnership arrangements under Part 9 of the Social Services and Wellbeing (Wales) Act (SSWBWA) and (2) request consideration of the West Wales Population Assessment in advance of endorsement by the Council.

Executive Board Recommendations:

1. That statutory requirements under Part 9 of the SSWBWA and partnership arrangements in place within West Wales to meet these requirements are noted.
2. That consideration is given to the contents of the West Wales population assessment prior to presentation for endorsement by the County Council on 8 March 2017

Reasons:

Carmarthenshire County Council is one of four statutory partners (with Ceredigion and Pembrokeshire County Councils and Hywel Dda University Health Board) required to establish partnership arrangements on LHB footprints under Part 9 of the SSWBWA. This report provides information on the partnership arrangements in place and initial strategic priorities.

Part 2 of the SSWBWA requires statutory partners to undertake a Population Assessment during each electoral cycle to identify the needs for care and support in the partnership area, support currently provided and areas for further development. The first Population Assessment must be published by 31 March 2017. The Assessment has been agreed by the statutory Regional Partnership Board and, in line with requirements of the Code of Practice, has to be endorsed by statutory partners prior to publication.

Relevant Scrutiny Committee to be consulted: YES – Joint Social Care & Health & Education & Children’s Services – 25th January, 2017

Scrutiny Committee Recommendations/Comments:
UNANIMOUSLY RESOVLED that the report be received.

Exec Board Decision Required YES - 27th February, 2017

Council Decision Required YES – 8TH March, 2017

EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:-

Councillor Jane Tremlett, Social Care & Health Portfolio Holder

Councillor Gareth Jones, Education & Children's Services

Directorate:

Communities

Name of Head of Service:

Martyn Palfreman

Report Author:

Martyn Palfreman

Head of Regional
Collaboration

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EXECUTIVE SUMMARY
COUNTY COUNCIL
DATE: 8TH MARCH, 2017

SUBJECT:

PARTNERSHIP ARRANGEMENTS ESTABLISHED IN WEST WALES UNDER PART 9 OF THE SOCIAL SERVICES AND WELLBEING (WALES) ACT 2014 AND THE WEST WALES POPULATION ASSESSMENT

The report provides information regarding the statutory requirements for partnership arrangements under Part 9 of the Social Services and Wellbeing (Wales) Act (SSWBWA). These include the formation of Regional Partnership Boards (RPBs) on LHB footprints. RPBs must prioritise the integration of health and social care services and promote the establishment of pooled funds where appropriate to support integration.

The West Wales RPB has been established and comprises representatives of the four statutory agencies (Carmarthenshire County Council, Ceredigion County Council, Pembrokeshire County Council and Hywel Dda University Health Board), third and independent sectors and users and carers. The Board has agreed the following initial strategic priorities:

- Integrated commissioning
- Pooled funds
- Remodelling mental health and learning disability services
- Information, Advice and Assistance/ prevention
- Implementation of the Welsh Community Care Information System (WCCIS)

Activity in support of these priorities will be led by identified 'pace setter' agencies and be funded through the Welsh Government's Intermediate Care Fund (ICF) and Delivering Transformation Grant (DTG).

Under Part 2 of the SSWBWA statutory partners must publish a Population Assessment identifying the needs for care and support in the region, the levels of care and support currently provided and areas for improvement and development. A Population Assessment must be undertaken for each electoral cycle and the first one has to be published by 31 March 2017.

The statutory and other partners in the West Wales region have collaborated to produce the first Population Assessment for the region, which was agreed by the Regional Partnership Board on 15 December 2016. The statutory Code of Practice requires that the Assessment is endorsed by each of the statutory partners prior to publication. Accordingly, the Assessment will be taken through the full Councils of each local authority and the Health Board before 31 March 2017. Carmarthenshire County Council will be asked to endorse the Assessment at its meeting on 8 March 2017.

Key messages in the Assessment include:

- The vital contribution of carers in providing informal support, which reduces demand for long term care
- The need to further develop preventative approaches for children and young families to deliver positive outcomes and ensure support within a financially challenging climate
- The need for proactive programmes to address public health challenges such as smoking and obesity, to prevent escalation of conditions which may give rise to a need for care and support
- The existence of opportunities to further transform learning disability and mental health services, moving from institutional models of care to those which promote independence and support people in playing a full and active role in society
- The need to provide responsive services to a significantly increasing number of older people with complex needs across the region (the number of people over the age of 65 living in the region is expected to increase by 60% by 2015 and anticipated rise of 44% in the number of people with dementia in parts of the region over the same period)
- The need for an integrated, preventative approach to meeting the needs of people with a sensory impairment
- The emergence of opportunities for joined up approaches to address domestic and sexual violence introduced through the Wellbeing of Future Generations (Wales) Act 2015 and Violence Against Women, Domestic Violence and Sexual Abuse Act 2015

A set of general recommendations are included in the overview section of the report which identify the need to:

- Ensure that maintaining people's dignity and protecting individuals from harm and neglect underpins the planning and delivery of services
- Involve people meaningfully at all stages in the planning, delivery and review of services
- Ensure services are available in Welsh
- Develop a consistent approach to prevention across services
- Ensure that the needs of carers are taken into account when designing and delivering services
- Promote radical change to meet the demands and expectations of people needing care and support and reflect the ambitions of the Act
- Develop an integrated approach to commissioning and pool funds where appropriate to support seamless delivery
- Work in partnership to address challenges presented by the rural nature of the region

An Executive Summary is included in the Report and a Welsh language version of the Assessment is being prepared.

Under Section 14A of the SSWBWA partners are required to develop an Area Plan addressing the areas for improvement identified within the Population Assessment. The first Area Plan must be produced by April 2018.

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: **Martyn Palfreman**

Head of Regional Collaboration

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

1. Policy, Crime & Disorder and Equalities

Delivery of Partnership priorities will contribute to the achievement of the objective within the Council's improvement plan that people in Carmarthenshire are healthier. The Area Plan which will be produced in response to the Assessment will link with the actions required under the Wellbeing of Future Generations (Wales) Act.

Delivery of services in Welsh for those who require them is an identified priority within the Assessment and the Area Plan will include improvements in this area.

The needs of minority and marginalised groups have been considered in the Assessment and a high level Equalities Impact Assessment was undertaken to support the Assessment. The Area Plan will be supported by a full Equalities Impact Assessment.

2. Legal

The report sets out statutory requirements under the SSWBWA, under which regional partnership arrangements have been established and the Population Assessment has been undertaken.

3. Finance

Delivery of the RPB's priorities and actions required to address the findings of the Population Assessment (and included in the Area Plan) will be supported by the Welsh Government's Intermediate Care Fund (ICF) and Delivering Transformation Grant (DTG). The ICF is awarded on a regional basis and is a key financial enabler for implementation of the SSWBWA. It will be recurring for the remainder of the current Welsh Assembly administration. From 2017-18 the DTG will transfer to the Revenue Support Grants and be allocated proportionately to each of the three local authorities in the region. The allocations will be pooled to support implementation of the RPB's priorities and outcomes of the Population Assessment. Regional governance mechanisms are in place to agree on deployment of both funding streams.

Local delivery of identified priorities will be supported where appropriate by Carmarthenshire County Council budgets.

CONSULTATIONS

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

Signed: **Martyn Palfreman**

Head of Regional Collaboration

1.Scrutiny Committee – The report was considered by a joint meeting of the Social Care & Health and Education and Children's Services Scrutiny Committee on the 25th January, 2017.

2.Local Member(s) - N/A

3.Community / Town Council - N/A

4.Relevant Partners - Via the Regional Partnership Board (RPB)

5.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 Wellbeing (Wales) Act – Part 9 Statutory Guidance	N/A	http://gov.wales/docs/dhss/publications/151218part9en.pdf
Social Services and Wellbeing (Wales) Act – Part 2 Code of Practice	N/A	http://gov.wales/docs/dhss/publications/151218part2en.pdf

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PARTNERSHIP ARRANGEMENTS ESTABLISHED IN WEST WALES UNDER PART 9 OF THE SOCIAL SERVICES AND WELLBEING (WALES) ACT 2014 AND THE WEST WALES POPULATION ASSESSMENT

1. PURPOSE OF THE REPORT

- 1.1 This report provides an overview of partnership arrangements established within the West Wales footprint to meet the requirements within Part 9 of the Social Services and Well-Being (Wales) Act 2014. These include the establishment of a statutory Regional Partnership Board (RPB) with functions defined by the Act and in subsequent regulations.
- 1.2 The report also advises on work undertaken on behalf of the West Wales RPB to complete an initial population assessment, which has been approved by the Board and will be presented to Carmarthenshire County Council and the other statutory partners for endorsement in early 2017.

2. BACKGROUND

- 2.1 Collaborative arrangements have been in place across health and social care in West Wales (and the former Mid and West Wales region, which included Powys), for a number of years. These have facilitated development of a range of integrated approaches across services, including safeguarding, adoption and more latterly, intermediate care. Funding for this activity has been provided through the Welsh Government's Regional Collaboration Fund (RCF), Intermediate Care Fund (ICF) and Delivering Transformation Grant (DTG).
- 2.2 The Social Services and Wellbeing (Wales) Act 2014 (SSWBWA) came into force on 6 April 2016 and provides a coherent legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales. The following core principles underpin the Act:
 - **Voice and control** – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve wellbeing.
 - **Prevention and early intervention** – increasing preventative services within the community to minimise the escalation of critical need.
 - **Wellbeing** – supporting people to achieve their own wellbeing and measuring the success of care and support.
 - **Co-production** – developing ways of working whereby practitioners and people work together as equal partners to plan and deliver care and support.

- **Cooperation, partnership and integration** – improving the efficiency and effectiveness of service delivery, providing coordinated, person centred care and support and enhancing outcomes and wellbeing
- 2.3 Part 9 of the SSWBWA requires local authorities to make arrangements to promote co-operation with their relevant partners and others in relation to adults with needs for care and support, carers and children. It places a duty on relevant partners to co-operate with, and provide information to, the local authorities for the purpose of planning and delivering their social services functions. It also provides for the formation of partnership arrangements between local authorities and Local Health Boards for the discharge of their functions. These arrangements will help ensure improved outcomes and well-being of people as well as increased efficiency and effectiveness in service delivery.
- 2.4 Part 9 requires the establishment of RPBs on Local Health Board (LHB) Boundaries, with the following responsibilities:
- Respond to the population assessment carried out in accordance with section 14 of the Act
 - Implement the plans for each of the local authority areas covered by the board which local authorities and local health boards are each required to prepare and publish under section 14A of the Act
 - Ensure that partnership bodies provide sufficient resources for the partnership arrangements
 - Promote the establishment of pooled funds where appropriate, and establish these for (1) family support functions, (2) functions that will be exercised jointly in response to the Population Assessment (see Paragraph 3.8) and (3) from April 2018, care home accommodation functions
 - Prioritise the integration of services, initially in relation to:
 - Older people with complex needs and long term conditions, including dementia
 - People with learning disabilities
 - Carers, including young carers
 - Integrated Family Support Services
 - Children with complex needs due to disability or illness
 - Consider appropriate arrangements for mental health and substance misuse services within the partnership structure
 - Determine appropriate structures for the provision of these integrated services
 - Bring together all relevant partners and ensuring that they work effectively together to improve outcomes for people
 - Ensure appropriate governance and accountability arrangements are in place to support the partnership arrangements

- Allow for delegation of functions to a local authority or Local Health Board where appropriate
 - Ensure that appropriate arrangements are in place for advocacy for all individuals and information, advice and assistance as required by the Act, with local authorities leading on agreeing with partners what service components should be developed on a national, regional and local basis
 - Consider alternative not for profit business models in meeting the wellbeing needs of their local population
 - Foster engagement with existing networks or forums
- 2.5 The Act also confers duties on the RPBs to prepare annual reports, from April 2017, for submission to Welsh Ministers, and establish appropriate information sharing arrangements.
- 2.6 Membership of RPBs must, as a minimum include:
- At least one elected member of a local authority which established the board
 - At least one member of a Local Health Board which established the board
 - The Director of Social Services for each local authority or his or her nominated representative
 - A representative of the Local Health Board
 - Two persons representing the interests of the third sector organisations in the area covered by the board
 - At least one person representing the interests of care providers in the area covered by the board
 - One person representing people with needs for care and support in the area covered by the board
 - One person representing carers in the area covered by the board
- 2.7 Full details of requirements under Part 9 of the Act are contained in statutory guidance issued by Welsh Government and accessible at <http://gov.wales/docs/dhss/publications/151218part9en.pdf>.

3. PARTNERSHIP ARRANGEMENTS IN WEST WALES

- 3.1 The West Wales RPB has been established and supersedes previous regional collaborative arrangements. Regulations for Part 9 of the Act provide for the establishment of separate partnership arrangements in Powys. Membership and broad operational principles were agreed at a shadow meeting facilitated by the Institute of Public Care at Oxford Brookes University in March 2016.

- 3.2 The RPB is chaired by Sue Darnbrook, Strategic Director for Care, Protection and Lifestyle in Ceredigion County Council and the vice chair is Councillor Simon Hancock, Cabinet Member for Adult Services, Health and Well-Being and Equalities in Pembrokeshire County Council. RPB membership meets the requirements set out in Paragraph 2.6 above and includes representatives of each of the partner statutory agencies, the third sector, independent sector and the Care Council for Wales. Two service user representatives and one carer have also been appointed and there are plans to augment this with a further carer representative and a younger person representing users of child and family services. Mechanisms for wider citizen engagement in the work of the Board are under development. A full list of the current membership is provided as an Annexe to the Terms of Reference in Appendix 1.
- 3.3 Terms of Reference have been agreed by the RPB and these are provided in Appendix 1. Whilst it is a statutory body, initially the Board does not have delegated decision-making powers. Its decisions will therefore require ratification by individual partner agencies. This will be kept under review over time as new partnership arrangements are developed which may confer delegated responsibility to the Board.
- 3.4 Links are being developed with existing regional structures including the Mental Health Partnership Board, Substance Misuse Area Planning Board and the Carers' Regional Programme Board to enable the RPB to influence work in those areas. The RPB will also look to align its programme with relevant priorities being taken forward by the three Public Service Boards, and establish regular reporting to those Boards on progress. Strategic links are also in place with the Mid Wales Healthcare Collaborative, established in 2015 to address the findings of the [Mid Wales Healthcare Study](#) in providing accessible, high quality, safe and sustainable healthcare services in Mid Wales, and the [regional collaboration for health \(ARCH\) programme](#) aimed at improving the health, wealth and wellbeing of people in South West Wales .

4. REGIONAL PRIORITIES

- 4.5 Initially, the RPB has identified 5 strategic priorities and 'pace setter' agencies which will lead on implementation for the region. These are as follows:

Integrated commissioning (focusing on older adults services): Agreeing shared commissioning intentions and integrating commissioning activity including market facilitation and development, contracting, quality monitoring and procurement (Pace setter: Pembrokeshire County Council)

Pooled funds: Developing a coherent approach for application across services and establishing pooled funds for care homes by April 2018 (Pace setter: Carmarthenshire County Council)

Remodelling mental health and learning disability services: Implementing community based models of service which support and promote independent living (Pace setter: Hywel Dda University Health Board)

Information, Advice and Assistance/ prevention: Developing a consistent and robust approach to prevention across the region, including Information, Advice and Assistance services, that promotes independence, supports individual wellbeing and reduces demand for managed care and support services (Pace setter: Pembrokeshire County Council)

Implementation of the Welsh Community Care Information System (WCCIS): This nationally-developed system has already been implemented in Ceredigion and is designed to enable safe sharing of information across health and social care agencies, thus facilitating improved and integrated care and support for residents. A programme will be developed for implementing the system in the remaining 2 local authorities and Hywel Dda University Health Board (Pace setter: Ceredigion County Council)

A strategic approach to workforce development and citizen engagement will underpin delivery of these priorities.

- 4.6 An ongoing programme of activity will support delivery of these priorities, funded largely through the ICF and DTG. The ICF and DTG also fund a small Regional Collaboration Unit, hosted by Carmarthenshire County Council, which provides support to the RPB and coordination of its programme.

5. POPULATION ASSESSMENT

- 5.1 An important early task for the RPB has been the production of a regional population assessment, required under section 14 of the Act. In keeping with statutory regulations, the assessment provides an analysis of:
- The needs for care and support and the support needs of carers across the LHB footprint
 - The range and level of services, including preventative services required to meet those needs
 - The extent to which those needs are not being met and where improvement is therefore needed

- How these services will be delivered through the medium of Welsh
- 5.2 A partnership approach was adopted to undertake the assessment, involving the establishment of cross-agency thematic groups which focused on population groups specified within the statutory code of practice, namely:
- Carers
 - Children and young people
 - Health and physical disability
 - Learning disability (including autism)
 - Mental health
 - Older people
 - Sensory impairment
 - Substance misuse
 - Violence against women, domestic abuse and sexual violence
- 5.3 The analysis was informed by a range of quantitative and qualitative data, including population projections, usage data and the views of citizens. Qualitative information was captured through a range of means. Specific questions were included in the wellbeing survey conducted on behalf of the Public Service Boards (PSBs) over the summer to meet the requirements of the Wellbeing of Future Generations (Wales) Act and further qualitative data was captured in follow-up engagement events in the autumn, including the 'Let's Talk Health' programme run by Hywel Dda UHB. Information from established user groups and consultations undertaken over the recent period was also fed into the assessment.
- 5.4 The findings from the thematic groups were brought together in a single population assessment report, which is attached as Appendix 2. Key messages include:
- The vital contribution of carers in providing informal support, which reduces demand for long term care
 - The need to further develop preventative approaches for children and young families to deliver positive outcomes and ensure support within a financially challenging climate
 - The need for proactive programmes to address public health challenges such as smoking and obesity, to prevent escalation of conditions which may give rise to a need for care and support
 - The existence of opportunities to further transform learning disability and mental health services, moving from institutional models of care to those which promote independence and support people in playing a full and active role in society

- The need to provide responsive services to a significantly increasing number of older people with complex needs across the region (the number of people over the age of 65 living in the region is expected to increase by 60% by 2015 and anticipated rise of 44% in the number of people with dementia in parts of the region over the same period)
- The need for an integrated, preventative approach to meeting the needs of people with a sensory impairment
- The emergence of opportunities for joined up approaches to address domestic and sexual violence introduced through the Wellbeing of Future Generations (Wales) Act 2015 and Violence Against Women, Domestic Violence and Sexual Abuse Act 2015

5.5 A set of general recommendations are included in the overview section of the report which identify the need to:

- Ensure that maintaining people's dignity and protecting individuals from harm and neglect underpins the planning and delivery of services
- Involve people meaningfully at all stages in the planning, delivery and review of services
- Ensure services are available in Welsh
- Develop a consistent approach to prevention across services
- Ensure that the needs of carers are taken into account when designing and delivering services
- Promote radical change to meet the demands and expectations of people needing care and support and reflect the ambitions of the Act
- Develop an integrated approach to commissioning and pool funds where appropriate to support seamless delivery
- Work in partnership to address challenges presented by the rural nature of the region

5.6 Welsh language and easy read summary versions of the population assessment will also be produced.

5.7 The report was approved by the RPB on 15 December 2016 and was received unanimously at a joint meeting of the Education and Children and Social Care and Health Scrutiny Committees on 25 January 2017. The code of practice requires that the population assessment is also approved by the full Council of each local authority and the Board of the LHB prior to publication, the statutory deadline for which is 31 March 2017.

5.8 Subsequent population assessments must be produced once every local government electoral cycle and refreshed in the intervening period.

5.9 Section 14A of the Act requires the development of area plans which will provide a description of the range and level of services proposed to be

provided, or arranged, to respond to the care and support needs, and the support needs of carers identified in the population assessments. In West Wales the RPB will commence development of the plan, based on the findings of the population assessment, in early 2017. The first area plan must be published by 31 March 2018.

RECOMMENDATIONS

That the BOARD/ COMMITTEE:

1. Notes statutory requirements under Part 9 of the SSWBWA and partnership arrangements in place within West Wales to meet these requirements
2. Endorses the West Wales population assessment previously approved by the West Wales Regional Partnership Board on 15 December 2016 and received by the Joint Education and Children and Health and Social Care Scrutiny Committee on 25 January 2017

West Wales Regional Partnership Board

Terms of Reference

Background

Statutory guidance for Part 9 of the Social Services and Wellbeing (Wales) Act 2014 and the Partnership Arrangements (Wales) Regulations 2015 set out the requirements, purpose and responsibilities of the new Regional Partnership Boards.

These Terms of Reference reflect the above requirements and set out local arrangements for the West Wales Regional Partnership Forum.

Purpose and role

1. To provide a senior executive forum for partners to:
 - Discharge duties under Part 9 of the Social Services and Wellbeing (Wales) Act;
 - Set regional priorities;
 - Identify and respond to opportunities for collaboration and integration in the delivery of health, social care and wellbeing in West Wales;
 - Oversee delivery of the regional programme; and
 - Unblock obstacles to successful collaborative working.
2. To sign off an annual Partnership Plan and produce an Annual Report for Welsh Ministers on delivery of the Plan;
3. To prioritise the integration of services in relation to:
 - Older people with complex needs and long-term conditions, including dementia
 - People with learning disabilities
 - Carers, including young carers
 - Integrated Family Support Services
 - Children with complex needs due to disability or illness;
4. To extend the provision of integrated services beyond the priority areas identified in the Statutory Guidance;

5. To ensure appropriate arrangements are in place across the region to:
 - Respond to the advocacy requirements of individuals
 - Offer Information, Advice and Assistance services which are accessible and suit the needs of individuals
 - Promote the development of social enterprises, cooperatives, user-led services, third sector and not for profit delivery models
6. To undertake a Population Assessment each electoral cycle, as required under section 14 of the Social Services and Wellbeing (Wales) Act and implement plans at local authority and regional level as required under section 14A;
8. To establish pooled funding arrangements for functions exercised jointly in response to the Population Assessment, family support functions and, from April 2018, for care home accommodation for adults;
9. To approve and oversee the implementation of the Intermediate Care Fund programme;
10. To provide strategic leadership to ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this;
11. To review existing formal partnerships across health and social care in West Wales, strengthen governance as required and identify opportunities for new partnership arrangements at local authority and regional level;
12. To ensure that member agencies provide sufficient resources to support the partnership arrangements in accordance with section 167 of the Act;
13. To agree an annual regional budget to support delivery of the Partnership Plan and agree to any reallocation of resources within the course of the year to support revised priorities;
14. To ensure the Partnership Plan reflects specific duties within the Social Services and Wellbeing (Wales) Act and facilitates service transformation across the region through effective collaborative working, sharing of practice and comparative analysis;

15. To report on progress and delivery to the three Public Service Boards;
16. To establish formal links with the Mid Wales Healthcare Collaborative;
17. To meet accountability requirements to the Welsh Government regarding delivery of the Partnership Plan and deployment of grant funding;
18. To mandate Integrated Programme Delivery Board to scrutinise activities to support delivery of the Partnership Plan, deploy resources appropriately, monitor delivery and provide reports when required to the Regional Partnership Board;
19. To take a regular view on whether regional governance arrangements are effective in promoting collaboration and facilitating delivery of the Partnership Plan;
20. To make appropriate arrangements for service user and carer engagement in the development and delivery of the regional programme and Partnership Plan.

Delegated powers and authority

The Regional Partnership Board is authorised by the partner agencies to ensure delivery of the requirements of Part 9 of the Social Services and Wellbeing (Wales) Act. Autonomous decision-making powers will be ascribed to the Board where appropriate to facilitate delivery of its responsibilities. Any such delegation of powers will be agreed separately by partner agencies before being enacted. In all other areas, decisions taken by the Board will be required to be taken through decision-making process of partner agencies to obtain ratification.

Operation

The Regional Partnership Board will meet on a quarterly basis. Regional Programme Boards will be established to support the development of the regional programme and detailed scrutiny of delivery on behalf of the Regional Partnership Board.

The Regional Partnership Board will report regularly to the three Public Service Boards within the region.

The Regional Partnership Board will receive regular reports from local integrated services boards in Carmarthenshire, Ceredigion and Pembrokeshire.

Appropriate reporting links will be established with the Powys Regional Partnership Board in relation to areas of shared responsibility and interest.

Membership

The Regional Partnership Board will comprise the minimum membership as set out in the Code of Practice, namely:

- At least one elected member of each of Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council;
- At least one member of Hywel Dda University Health Board;
- The persons appointed as Directors of Social Services under section 144 of the Act in respect of Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council;
- An executive of Hywel Dda University Health Board;
- At least one person who represents the interests of care providers in the area covered by the Regional Partnership Board;
- At least one person to represent people with needs for care and support in the area covered by the Regional Partnership Board; *
- One person to represent carers in the area covered by the Regional Partnership Board; *
- One representative of the Carmarthenshire, Ceredigion and Pembrokeshire Voluntary Services Councils;
- One representative of a national third sector organisation. *

Those members marked with a * will be selected through an external appointments process.

Additional members may be co-opted onto the Board at any time, by agreement of its Members, to support delivery of its business.

Chairing arrangements

The Chair and Vice Chair will be formally appointed by the Board for a one year term from April to the following March.

Quorum

In order for the meetings to proceed and actions to be agreed, a minimum of two Local Authorities and the Local Health Board will need to be represented.

Deputies

Each representative will identify a named deputy to participate in Board meetings should they be unable to attend. It is the responsibility of the Board member to ensure that are represented in the event of unavoidable absence from a meeting. Should the representative and the deputy be unable to attend, an alternative representative will be agreed by the Chair in advance of the meeting.

Secretariat

The secretariat will be provided by the Regional Collaboration Unit, hosted by Carmarthenshire County Council.

Agendas and supporting papers will be circulated a minimum of 5 working days in advance of meetings. Agenda items should be submitted to the Chair at least one calendar month before each meeting.

Items for consideration under 'Any Other Business' will be agreed in advance with the Chair.

Review

These terms of reference will be reviewed on an annual basis.

Next review: **December 2016**

Annexe

Membership

At least one elected member of each of Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council

Councillor Jane Tremlett (Carms)
Councillor Catherine Hughes (Ceredigion)
Councillor Simon Hancock (Pembrokeshire)
VICE CHAIR

At least one member of Hywel Dda University Health Board

Bernadine Rees OBE

The persons appointed as Directors of Social Services under section 144 of the Act in respect of Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council

Jake Morgan (Carmarthenshire)
Sue Darnbrook (Ceredigion) **CHAIR**
Jonathan Griffiths (Pembrokeshire)

An executive of Hywel Dda University Health Board

Jill Paterson

At least one person who represents the interests of care providers in the area covered by the Regional Partnership Board

Melanie Minty (Care Forum Wales)

At least one person to represent people with needs for care and support in the area covered by the Regional Partnership Board

Alan Thomas
James Tyler

One person to represent carers in the area covered by the Regional Partnership Board

Steven Griffiths

One representative of the Carmarthenshire, Ceredigion and Pembrokeshire Voluntary Services Councils

Sue Leonard (Pembrokeshire Association of Voluntary Services)

One representative of a national third sector organisation

TBC (Appointment process underway)

Others:
National workforce and improvement for Wales)

Martyn Pengilly (Care Council



West Wales Population Assessment March 2017

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DRAFT

Foreword

The Social Services and Wellbeing (Wales) Act places a strong emphasis on cooperation and partnership working between agencies, and with citizens, to ensure that the very best help is available to those that need care and support within our communities. Two core principles lie at the heart of the West Wales Care Partnership and all that it seeks to achieve: Firstly, that the citizen's voice must be paramount in shaping the way in which care and support is delivered in our region and secondly that by working collaboratively local authorities, the NHS and our partners in the third and independent sectors we can become both more efficient and responsive to the needs of the individuals and communities we are all here to serve.

Undertaking our first Population Assessment has been a major priority for the Regional Partnership Board over the past 9 months. We sought from the outset to ensure that the process was inclusive by bringing managers and practitioners from each of the partner agencies together to consider the needs of our population, what these mean in terms of the care and support that should be available, the extent to which current services meet those needs and shared challenges for the future. Equally, we took the opportunity to engage with residents, through the wellbeing survey and follow-up events, and in so doing received some clear messages about what people feel they need and how they want to see these needs addressed.

As a result we have, for the first time, a comprehensive overview of care and support needs across the region, examples of innovation and good practice and numerous pointers in terms of where we still need to improve. We are clear that this is just the start of a much longer process. Not only will the Assessment form the basis for our Area Plan, we will also ensure that it feeds into local improvement plans within individual agencies and is used as a baseline against which the partnership can assess its progress over the coming months and years.

We will also reflect further on how the Assessment was undertaken and look to improve on this, not only for future iterations but in the intervening period as we seek to further develop cooperation across the partnership and ensure that the citizen's voice is taken into account at all stages in the planning and delivery of care and support. In so doing we are confident that we will build strong, resilient communities in which people work together to deliver positive outcomes and all play a part in supporting and protecting those most in need.

Sue Darnbrook,

Strategic Director, Care, Protection and Lifestyle, Ceredigion County Council
Chair of the West Wales Regional Partnership Board

1. Executive summary

1.1. Overview and purpose

This Population Assessment provides a high level strategic analysis of care and support needs of citizens and support needs of carers across West Wales. It assesses the extent to which those needs are currently being met and identifies where further improvement and development is required to ensure that individuals get the right support and are able to live fulfilled lives.

The Assessment has been undertaken to meet new requirements under Part 2 of the Social Services and Wellbeing (Wales) Act 2014. Section 14A of the Act requires that local authorities (LAs) and Local Health Boards (LHBs) jointly carry out an assessment of the needs for care and support, and the support needs of carers, in the LA's area. These assessments must then be combined into a single report for the LHB footprint before being signed off by each of the LAs and the LHB.

The Population Assessment will be a key driver for the integration and transformation of care and support in West Wales over the coming period. The Regional Partnership Board (RPB), which has been established under Part 9 of the Act and has responsibility for promoting integration and a partnership approach to service improvement, will use the Assessment to test its existing priorities and identify other areas on which it needs to focus. Over the next few months the RPB will lead on the development of an Area Plan which will set out those areas of change identified within the Assessment which will be addressed collaboratively over the coming three to five years. The Area Plan will link with existing strategic plans of the partner agencies and wider wellbeing goals and actions overseen by the three Public Service Boards (PSBs), thus ensuring a focused, consistent approach to change.

Population Assessments will be undertaken every five years and will be refreshed mid-cycle, allowing unforeseen changes in need to be addressed and progress to be monitored. This will enable us to accelerate the pace of change where necessary and to share examples of success across the region and beyond.

1.2. West Wales population profile

The West Wales region covers three LA areas – Carmarthenshire, Ceredigion and Pembrokeshire - and is coterminous with the Hywel Dda University Health Board (HDUHB) footprint. The population of the region is estimated at 384,000. 47.9% of the population live in Carmarthenshire, 20.7% in Ceredigion and 31.4% in Pembrokeshire.

The total population is predicted to rise to 425,000 by 2033, with a rise in those aged over 65 from 88,200 in 2013 to 127,700 by 2033.

There are fewer people aged 25-44 and more people aged over 55 compared with the rest of Wales. Similarly, there is a higher ratio of people aged 75 and over (10.3%

compared with 8.9% in Wales as a whole). Life expectancy for both males and females is broadly in line with the rest of Wales at 78.9 and 82.7 years respectively.

Areas of deprivation centre on parts of Llanelli in Carmarthenshire, Pembroke Dock in Pembrokeshire and Cardigan in Ceredigion.

People living in West Wales have generally healthier lifestyles than is typical across Wales. However there are particular challenges to address, for example higher rates of alcohol consumption in Ceredigion and rates of obesity above the national average in Carmarthenshire and Pembrokeshire.

More information is provided in Chapter 6 of the main report.

1.3. How we undertook the Population Assessment

The Assessment was undertaken collaboratively by all partners in the region and has been agreed by the RPB. It has also been endorsed by the three LAs and the UHB, signifying a shared commitment across partner agencies to address its findings.

Cross-agency groups were established to undertake a detailed assessment of care and support needs for different user groups, using a common template to provide consistency and allow full consideration of the characteristics of the group, likely care and support needs, the extent to which these are currently being met and where change is most needed. The results of these individual assessments were collated into thematic reports. The benefits of this process should not be underestimated. The positive impact of bringing people from across the region together to consider shared challenges and learn from current practice has been considerable and provides a firm foundation for collaboration moving forward.

Opportunities were taken to engage with people needing care and support and their carers across West Wales. Questions relating to people's experience of care and support and their thoughts on how things might be improved were included in the Wellbeing Survey conducted across the region during August and September 2016 to inform the Wellbeing Assessment required under the Wellbeing of Future Generations (Wales) Act. Residents were given the chance to discuss relevant issues in a range of consultation events held over the autumn. We also engaged where possible with other stakeholders such as providers in the third and independent sectors. A summary of the outcomes from this engagement is provided in Chapter 3 of the main report (pages 26 – 30). This, combined with the use of information from previous consultation and engagement, provides us with an invaluable insight into the views of our local population but needs to be consolidated through further engagement as we develop our Area Plan and refresh the Assessment in mid-cycle.

A range of quantitative data was used to provide a comprehensive picture of current and future care and support needs and how these are currently being met. To maximise the usability of the Assessment we have included high level, indicative data relating to the region and the constituent LA areas. A comprehensive data repository

is being established to retain additional data which will support improvement planning and inform future Assessments.

The Assessment has drawn on a range of existing strategies and plans in place across the region, thus providing an opportunity to review strategic intent at regional and local level. It will be important to ensure that these are reviewed in the light of the Assessment's findings and that the resulting Area Plan aligns with and complements existing plans where appropriate.

In undertaking the Assessment, close reference was made to the National Outcomes Framework for people who need care and support and carers who need support (Welsh Government, 2016). For example, the principle of people being empowered to understand their own needs, articulate these, take an active part in decisions affecting their lives and having access to the right information to improve their wellbeing, is a consistent theme throughout the thematic reports.

Consideration was also given to a range of cross-cutting issues which need to underpin our journey of improvement and change, namely:

- The need to ensure provision of care and support through the medium of Welsh for those who need it and to ensure that the requirements of the Welsh Language (Wales) Measure 2011 and the 'More than Just Words' strategy are fully met
- The importance of recognising the particular needs of minority and marginalised groups in developing care and support; we undertook a simple Equalities Impact Assessment (EIA) as part of the Assessment and are committed to undertaking further, detailed EIAs as the Area Plan is developed
- The centrality of prevention and the need to ensure that the principles of prevention underpin the range of care and support available, thus improving personal outcomes, promoting independence and reducing or delaying people's need for ongoing care and support
- The vital importance of safeguarding in the provision of care and support, in terms of ensuring people are protected from abuse and neglect and the effective exercise of new powers in relation to adults at risk
- Duties under the Act regarding the promotion of social enterprises, user-led services and the third sector and the need for a focused and strategic approach in growing such provision to ensure greater diversity of public services and empowering people and communities through a co-productive approach

1.4. Recommendations

Whilst specific areas for improvement are identified in each **of the thematic reports**, a number of **generic recommendations have been identified for consideration by the RPB and its constituent agencies**. These are set out below under the core principles of the Act:

Voice and control

1. Ensure that maintaining people's dignity and protecting individuals from neglect and abuse must lie at the heart of all services.

2. Ensure all services are available in Welsh for those who require them.

Prevention and early intervention

3. Build on the considerable foundations in place across the service areas covered in this assessment to ensure appropriate services are available to prevent or delay the need for ongoing care and support and that the prevention ethos underpins all levels and types of care. Specifically, opportunities should be taken to develop consistent preventative frameworks across services, which build on existing good practice, facilitate transition between children and adult's services and demonstrably reduce the need for ongoing care and support.
4. Invest in the development of community-based preventative services, including social enterprise, cooperatives, user-led and third sector provision thus building the resilience of communities and, thereby, of people needing care and support.
5. Align the Intermediate Care Fund (ICF) and Cluster Development Change Programmes to build consistent, whole system change on the ground.

Wellbeing

6. Prioritise support for carers, enabling them and those they care for to live fulfilled and independent lives for as long as possible.
7. Further improve transition services to facilitate effective planning across services and ensure that young people continue to receive appropriate care and support into early adulthood.

Co-production

8. Ensure that people needing care and support and carers are involved meaningfully at all stages in the planning, delivery and review of services. This needs to happen at strategic level, engaging with citizens over the future shape of care and support and expectations on individuals to promote their own wellbeing and operationally, ensuring that assessment and care planning allows people to express personal outcomes and influence decisions regarding the support needed to attain them.

Cooperation, partnership and integration

9. Create an environment which permits radical change and encourages innovation rather than trying to do more of the same with less.
10. Use the population assessment as the basis for the development of integrated commissioning across service areas, based on a common understanding of need.

11. Develop consistent delivery models across service areas and the region, based on a shared strategic vision and the principles within the Act; ensuring common standards to all residents in West Wales.
12. Use this population assessment as a basis for detailed modelling of future scenarios to understand the interdependencies and impact on care and support services of, for example, demographic increases in the older population, and expected increases in known carers and victims of violence against women, domestic abuse and sexual abuse. There is a need to understand how future conditions in the area might impact on social services provision and the extent and diversity of needs for social services over the next 10 -25 years.
13. Pool funds and other resources where appropriate to optimise their impact and support seamless delivery.
14. Engage strategically with providers across all sectors to develop services and build sustainable markets for the future.
15. Work with partners across the public sector and others to embed a preventative approach, promote wellbeing, optimise resources and address specific challenges such as accessibility of services in a predominantly rural area.

1.5. Thematic Reports

Key messages within the thematic reports are provided below.

Carers

- All of us will have our lives touched by caring at some point: 3 in 5 of us will be carers and many of us will also need care in our lifetime (Carers UK, 2001). Carers are the mothers, fathers, sons, daughters, siblings, spouses, friends and neighbours who provide unpaid care, caring at home, picking up prescriptions, changing dressings, providing much needed emotional support and much more, and often neglecting their own health and wellbeing needs. Carers are vital to those they care for and to the foundation of the health and social care system.
- Around 1 in 8 people in West Wales, many of them young people, are providing unpaid care with a significant proportion providing between 20 to 50+ hours of unpaid care per week.
- The provision of unpaid care is becoming increasingly common as the population ages, with an expectation that the demand for care provided by spouses and adult children will more than double over the next thirty years (see for example Personal Social Services Research Unit).
- Based on a national calculation conducted by carers UK and Sheffield University in 2015 (Carers UK, 2015), the cost of replacing unpaid care in West Wales, can be estimated at £924m. This exceeds the NHS annual budget for the region which is almost £727m (Hywel Dda University Health Board 2016).

Gaps and areas for improvement in relation to carers are listed on pages 55 - 58 of the main report.

Children and Young People

- Children and young people make up approximately 22.2% of the population in the West Wales region. The number of young people is expected to stay relatively stable over the next 15 years
- The region has a lower number of Looked After Children (LAC) than the national average
- Care and support needs span a wide range from universal, through early intervention, multiple needs and remedial intervention
- Partner agencies have adopted a broadly consistent continuum of care and support for children and families with a focus on prevention
- Areas for improvement include further development of preventative and early intervention services, building on established programmes such as Family Information Services, Families First and Team Around the Family; refocusing managed care and support to promote independence and wellbeing; improving multi-agency working and improved collaboration across the region to bring services to a consistent level and standard
- Collaborative action should also be considered to address strategic challenges such as reducing budgets, workforce development and the establishment of user-led preventative services

Gaps and areas for improvement in relation to children and young people are listed on pages 69 - 71 of the main report.

Health and Physical Disabilities

- A significant proportion of people in the 18-64 age group will not be accessing care and support directly to address specific needs. However, they will benefit from general public health information and programmes aimed at encouraging healthy lifestyles and reducing risks to their health brought about by factors such as smoking and obesity. More generally, adults in Wales will also benefit from combined approaches across sectors and within communities to improve the social, economic and cultural wellbeing of Wales in response to the Wellbeing of Future Generations (Wales) Act 2016.
- Where people within this age range have specific needs because of physical disability or chronic health conditions, proportionate, person-centred and responsive care and support may be required to help them achieve positive personal outcomes and live as independently as possible.
- A range of 'accelerating factors' have been identified within people's environments that might increase the likelihood of them developing an ongoing health condition, or aggravate the effects of existing conditions, and against which mitigating action should be taken. These include unemployment, low wages and poor housing conditions.
- Effective promotion of public health, targeted care and support for those with specific needs and more general support for people particularly at risk should

combine to optimise the quality of people's lives and their participation within their communities.

- Supporting people to live active and healthy lives will reduce their needs for care and support and lead to improved outcomes at an individual and community level. The contribution of care and support services must be complemented by a range of collaborative approaches to improve people's social, economic, environmental and cultural wellbeing.
- Public Health has an important role in providing the population with general information and advice on healthy life choices and support in areas such as diet and smoking cessation. This needs to start in the early years but should be sustained where possible across the range of age groups.

Gaps and areas for improvement in relation to health and physical disabilities are listed on pages 80 - 82 of the main report.

Learning Disability and Autism

Learning Disability can be defined as:

- A significantly reduced ability to understand new or complex information and to learn new skills (impaired intelligence)
- A reduced ability to cope independently (impaired social functioning); or
- These are in evidence before adulthood and have a lasting effect on development

The way in which the needs of people with a Learning Disability are met has changed over the last twenty years. People who would historically have been placed in institutional care are increasingly being supported to live in their communities. Health and social care services along with the third sector collaborate to maximise the independence and potential of those who use our services.

Although Autism is not a learning disability it has been included in this section as services for people on the spectrum are generally provided from within learning disability teams or community mental health teams and NICE guidance (2008, 2016) provides standards for provision of services.

Gaps and areas for improvement in relation to learning disability and autism are listed on pages 91 – 92 of the main report.

Mental Health

- The care and support needs of adults aged 16 + with mental health needs have been considered in this section of the Assessment.
- According to the Mental Health Foundation (2015) in any year one in four of us experience a mental health problem, yet three quarters of people with mental health problems receive no treatment.
- Many of us will require support with respect to our mental health throughout our lives whether this is low intensity support for difficulties such as low level anxiety / depression or longer term support.

- Mental illness can develop from a number of factors including social traumas, illegal drug use and genetic predisposition. Mental health does not discriminate and can affect anyone often leading to debilitating conditions.
- Early intervention is crucial and this can take the form of providing information or referral to community or third sector services. Admissions to inpatient services may occur in extreme situations, where the individual cannot be treated in the community and presents a risk to themselves and / or others.
- It has been estimated that the economic and social costs of mental health problems in Wales is estimated to be £7billion a year (Cyhlarova, 2010).
- In 2015-16, the WG ring-fenced £587m for mental health services across Wales – up from £389m in 2009-10. Earlier this year, Government announced an additional £15m of new funding is being made available for mental health services in Wales every year.

Gaps and areas for improvement in relation to mental health are listed on pages 103 - 105 of the main report.

Older People

- According to the Office for National Statistics, the population of West Wales has a higher proportion of older people than the Welsh average, and that already high proportion is predicted to increase significantly in the coming years, as average life expectancy in the region follows the national upwards trend.
- The change in the profile of the population will undoubtedly have an impact on health, as older people are statistically more likely to have a life limiting health condition (Office for National Statistics, 2011) These changes will significantly impact on the health and social care services provided, as demand for hospital and community services by those aged 75 and over is in general more than three times that from those aged between 30 and 40 (Parliamentary Select Committee on Public Service and Demographic Change, 2013).
- A number of 'accelerating factors' add to the challenge of providing effective services to older people in West Wales, from pockets of significant deprivation to large areas of rurality and high levels of migration of older people to certain areas.(Wales On-line, 2012)
- In 2013-14 an estimated £91 million was spent in West Wales on services specifically for older people including Tier 1 – Community, Universal and Prevention Services, Tier 2 - Early Intervention and Reablement and Tier 3 - Specialist and Long Term Services.¹ Across the UK public expenditure related to older people is expected to rise from 20.1% of GDP in 2007-08 to 26.7% in 2057. (Mid and West Wales Health and Social Care Collaborative, 2015) The Office for Budget Responsibility (2011) has noted that '*public finances are likely to come under pressure, primarily as a result of an ageing population.*'

Gaps and areas for improvement in relation to older people are listed on pages 120 - 121 of the main report.

Sensory Impairment

- Sensory impairment can be a significant life limiting condition and its incidence increases with age. This means the challenges associated with the condition are likely to grow over coming decades
- The condition includes sight loss, hearing loss, and dual sensory loss (deafblind).
- Accelerating factors in relation to sight loss include diabetes and obesity
- People with sensory impairment have a range of care and support needs. Early identification is vital, as is prevention, support to reduce loneliness, isolation and promote mental health and wellbeing and measures to support access to employment
- Effective care and support is likely to reduce other risks associated with age and frailty, such as falls
- A range of services is available across West Wales. These provide a foundation for improvement in the future
- Improvements need to focus on further development of generic and specialist services and improving access to other services for people with a sensory impairment. This will require collaborative approaches to ensure consistency and that common challenges are addressed

Gaps and areas for improvement in relation to sensory impairment are listed on pages 134 – 136 of the main report.

Substance Misuse

- The care and support needs of those affected by alcohol and drug misuse have been considered. The effects of these are far reaching; impacting on children, young people, adults, whole families and communities. Partnership work to address this agenda is taken forward through the Dyfed Area Planning Board for Substance Misuse who are developing their own comprehensive needs assessment to inform their new strategy and action plan.
- A ten year strategy (Welsh Government, 2008) provides the framework for partner organisations in West Wales to tackle the harms associated with drug and alcohol misuse across four key themes;
 - Preventing harm
 - Support for those that misuse drugs and alcohol in order to improve their health and aid and maintain recovery
 - Supporting and protecting families
 - Tackling availability and protecting individuals and communities via enforcement activity
- Those at risk of harm from alcohol misuse come from across the spectrum of society. They include chronic heavy drinkers, adults at home drinking hazardous or harmful levels and children and young adults who suffer from the consequences of parental alcohol misuse. The health impact of misuse of alcohol is considerable; more people die from alcohol related causes than from breast cancer, cervical cancer and MRSA infection combined. Foetal alcohol syndrome is also a risk to the babies of mothers who use alcohol. Most recent data on hospital admissions for Hywel Dda University Health Board show that over 5,000

bed days were taken up by patients with alcohol related conditions at a cost to the Health Board of over £5.2million per year in in-patient treatment alone.

- Misuse of drugs, both legal and illegal, and other mind-altering substances such as solvents, can damage health in a variety of ways. These include fatal overdoses, addiction, mental health problems, infections caused by injecting and the toxic effects of the many substances that dealers mix with the active substance. Although the greatest harms are associated with the use of illicit drugs, the misuse of prescription only medicines and over the counter medicines continues to be a problem.

Gaps and areas for improvement in relation to substance misuse are listed on pages 142 - 143 of the main report.

Violence Against Women, Domestic Abuse and Sexual Violence

- Violence against women, domestic abuse and sexual violence is a fundamental violation of human rights, a cause and consequence of inequality and has far reaching consequences for families, children and society as a whole (Welsh Government, 2016)
- Domestic Abuse costs Wales £303.5m annually. This includes £202.6m in service costs and £100.9m to lost economic output. If the emotional and human cost is factored in there are added costs of £522.9m (Welsh Women's Aid, date)
- The cost, in both human and economic terms, is so significant that marginally effective interventions are cost effective (Welsh Government, 2016)
- New requirements under the Wellbeing of Future Generations (Wales) Act 2015, Social Services and Wellbeing (Wales) Act 2014, and Violence Against Women, Domestic Violence and Sexual Abuse Act, 2015 impact this area and are likely to increase the number of cases of domestic abuse identified
- Improving partnership responses to survivors could reduce the levels of need for specialist services

Gaps and areas for improvement in relation to violence against women, domestic abuse and sexual violence are listed on pages 151 - 155 of the main report.

A full list of colleagues who contributed to the Population Assessment is provided in Appendix 2.

2. Introduction

2.1. Structure of the report

This report provides a high level summary of the population assessment undertaken for the West Wales region between June and November 2016. It sets out key findings from this intensive piece of regional work.

Whilst illustrating variations and differing challenges in different parts of the region, the report focuses intentionally on shared opportunities and areas for improvement, where it is felt most benefit will be gained in developing collaborative approaches through the forthcoming Area Plan. As well as the Area Plan, the report will also be available to inform future commissioning strategies and other similar activity across the region.

The report is structured around the following chapters:

Chapter 1: Executive summary

Chapter 2: Introduction sets out the background to and purpose of the assessment; our approach to undertaking the assessment, and examples of high level strategies and plans that have informed or will be informed by the assessment.

Chapter 3: Consultation and engagement describes our approach to consultation and engagement for the population assessment, areas for further development, and an overview of the feedback from consultation and engagement.

Chapter 4: Cross cutting themes discusses a number of these that emerged during the assessment that are common to most or all of the thematic reports including delivering services in the medium of Welsh and key challenges, for example, finances and resources and recruitment and retention.

Chapter 5: Recommendations set out against the core principles of the Social Services and Wellbeing Act (2014)

Chapter 6: Demographics and trends describes the population of West Wales including age and sex profile, life expectancy, all-cause mortality rates and areas of deprivation.

Chapters 7-15: Thematic reports for each of the Core Themes at the heart of the population assessment, namely:

- Carers
- Children and Young People (C&YP)
- Health and Physical Disabilities
- Learning Disabilities and Autism
- Mental Health
- Substance Misuse
- Older People
- Sensory Impairment

- Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Each thematic report contains a demographic profile, a description of care and support needs, current and future care and support provision, and gaps and areas for development.

Chapter 16: Appendices containing a list of figures and tables used in the report, membership of the cross-agency groups involved in undertaking the assessment and a glossary.

2.2. Background

The Social Services and Wellbeing (Wales) Act 2014 (SSWB) provides a new legislative framework for care and support in Wales, aimed at improving the wellbeing of people who need care and support, and carers who need support, and for transforming the way in which services are commissioned and delivered. A number of core principles underpin the Act:

- **Voice and control** – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve wellbeing
- **Prevention and early intervention** – increasing preventative services within the community to minimise the escalation of critical need
- **Wellbeing** – supporting people to achieve their own wellbeing and measuring the success of care and support
- **Co-production** – developing ways of working whereby practitioners and people work together as equal partners to plan and deliver care and support
- **Cooperation, partnership and integration** – improving the efficiency and effectiveness of service delivery, providing coordinated, person centred care and support and enhancing outcomes and wellbeing

Part 9 of the Act requires local authorities (LAs) and Local Health Boards (LHBs) to establish Regional Partnership Boards (RPBs) to manage and develop services to secure strategic planning and partnership working and to ensure effective services, care and support are in place to best meet the needs of their respective population.

RPBs are required to promote the integration of services, prioritising those for older people with complex needs and long-term conditions, including dementia; people with learning disabilities; carers; families through Integrated Family Support Services; and children with complex needs due to disability or illness. Implicit in this is the requirement to remodel services to meet the needs of the population and to meet the aspirations of the Act. Merely doing more of the same in a more joined up way is unlikely to deliver the wellbeing outcomes which underpin the legislation.

Key to achieving this will be RPBs understanding the needs of their population, assessing the effectiveness of current services and identifying where further change and improvement is needed. Part 2 of the Act requires that local authorities and LHBs must jointly carry out an assessment of the needs for care and support, and the support needs of carers in the local authority's (LA's) area. The assessment must identify:

- The extent to which those needs are not being met
- The range and level of services required to meet those needs
- The range and level of services required to deliver the preventative services required in section 15 of the Act; and
- How these services will be delivered through the medium of Welsh

In common with areas covered by the other six LHBs in Wales, partners in West Wales have established a RPB which brings together senior representatives of the three local authorities (Carmarthenshire, Ceredigion and Pembrokeshire County Councils), Hywel Dda University Health Board, the third and independent sectors and user and carer representatives. The RPB builds on strong foundations of collaborative working across health and social care in West Wales, in relation to areas such as intermediate care, integrated family support, adoption, substance misuse, shared lives for adults and safeguarding. Building on these, it has agreed initially the following strategic priorities, underpinned by a commitment to improving engagement with citizens and developing a workforce equipped to meet future challenges:

- Integrated commissioning of older people's services
- Pooled budgets
- Information, Advice and Assistance/ prevention
- Implementation of the Wales Community Care Information System (WCCIS); and
- Integration of mental health and learning disability services

These priorities complement and support a wider range of activity underway across the region to reshape services and improve the way in which they are commissioned and delivered. The Population Assessment has provided an invaluable further 'test' of both the Board's priorities and the wider activity and these will be refined as necessary in light of its findings. During 2017 the RPB will oversee the development of a comprehensive combined Area Plan linked to internal agency plans and setting out those areas of change identified within the Assessment that will be addressed collaboratively over the coming 3 to 5 years.

2.3. Purpose of the Population Assessment

The Population Assessment provides a high level strategic analysis of care and support needs, and support needs of carers across West Wales. It assesses the extent to which those needs are currently being met and identifies where further improvement and development is needed to ensure that individuals get the services they need and are supported in living fulfilled lives.

The Assessment draws on existing strategies in place across West Wales and for the first time brings together the views of citizens, service data and research evidence in a single, regional document. In highlighting shared issues and challenges, as well as successful approaches already in place, it provides an invaluable basis for the RPB in taking forward transformational change. Such change is all the more important in view of the projections within the Assessment, which point towards increased volume and complexity of care and support needs in the region over the next two decades.

Completing the Assessment is only the first step in a much longer process. We are required under Section 14A of the SSWB Act to respond to the Population Assessment by developing an Area Plan for our region. This will contain actions designed specifically to address the challenges we have identified. Linking with the UHB's Integrated Medium Term Plan (IMTP), local authority (LA) plans and those of other partners, the Area Plan will be a key driver for change over the coming period and delivery will be overseen by the RPB. We will look to pool resources wherever possible across agencies to support delivery of the Area Plan and will ensure that additional funding such as the Intermediate Care Fund (ICF) is focused on those areas where most change is needed and the greatest benefit can be gained for people who need care and support.

We recognise the contribution of other services to the wellbeing of people who need care and support and will work with the three Public Service Boards (PSBs) in the region to ensure that the needs we have identified are reflected in wider wellbeing goals and actions across West Wales.

The RPB will undertake new population assessments every five years and will ensure that existing assessments are refreshed mid-cycle. This will provide an opportunity not only for identifying unforeseen changes in the level and type of need for care and support within the region but also for assessing the extent to which the required improvements are happening on the ground. This will enable us to accelerate the pace of change where necessary and to share examples of success across the region and beyond.

2.4. How we undertook the Population Assessment

The Assessment was undertaken collaboratively by all partners in the region and has been agreed by the RPB. It has also been ratified by the three local authorities and the Local Health Board, signifying a shared commitment across partner agencies to address its findings.

To ensure a genuinely collaborative approach, our existing regional Integrated Programme Delivery Board (IPDB), comprising senior representatives from all partner agencies, took on the role of Joint Committee for the purposes of the Assessment. All partners committed to engaging fully and providing time and resources to ensure the Assessment was completed on time and contained relevant information from all parts of the region. Carmarthenshire County Council took a lead agency role, coordinating the process and securing external project management capacity to steer the assessment process and ensure legislative requirements were met.

Key partners in the Assessment, alongside Carmarthenshire County Council, were:

- Ceredigion County Council
- Hywel Dda University Health Board
- Pembrokeshire County Council
- Public Health Wales

Cross-agency thematic groups were established to undertake a detailed assessment for each user group, each focusing on one or more sections of the population. A common template was followed to help partners fully consider the characteristics of the user group, likely care and support needs, the extent to which these are currently being met, where change is most needed and how this needs to be taken forward over the coming period. The thematic groups also identified specific issues in relation to areas such as market sustainability and workforce and these are aggregated in the Chapter 4.

The IPDB received regular updates on progress and contributed directly to the drafting of the report before recommending to the RPB that it be approved.

In undertaking the Assessment opportunities were taken to engage with people needing care and support and their carers across West Wales. Questions relating to people's experience of care and support and their thoughts on how things might be improved were included in the Wellbeing Survey conducted across the region during August and September to inform the Wellbeing Assessment required under the Wellbeing of Future Generations (Wales) Act. Residents were given the chance to discuss relevant issues in a range of consultation events over the autumn. Where possible we also used recent consultation findings and intelligence gained from individual service users and user and stakeholder groups to inform the detailed assessments contained within the thematic reports. Further detail on our approach to consultation is provided in the Consultation and Engagement chapter.

We also sought to speak with other stakeholders such as providers within the third and independent sector in the course of our assessment, thereby looking to obtain as wide a perspective as possible on need, current provision and priorities for change. In addition, specific research undertaken by academic institutions and organisations representing users and carers has been referenced where appropriate.

Whilst this engagement activity played a key role in our assessment, it has been less extensive in some cases than we had hoped, largely due to the challenging timescales in which we were required to complete our work. We are confident, however, that we have established firm foundations for ongoing engagement as we develop our Area Plan and work towards the refresh of the Assessment by 2020. The RPB has made specific commitments to improve regional arrangements for citizen and provider engagement over the coming period, providing potential opportunities for a rich ongoing dialogue with all stakeholders as we take forward change in West Wales.

Robust quantitative data on our current and projected population and how services are currently provided has been another key element of our Assessment. We have extracted this from a range of sources, including among others a comprehensive data catalogue compiled on our behalf by the Local Government Data Unit, Daffodil Cymru, 2011 census data and statutory performance returns submitted by partner agencies. In analysing the data we have adopted an epidemiological approach, looking at the size and composition of different groups within our region currently and how this is predicted to change in the future, resulting levels of need and the ability of current services to meet those needs. Where appropriate we have also used comparative data to illustrate prevalence in West Wales compared with other parts of

the country and, in some cases, significant variances across different parts of our region. Although some data is available at NHS locality and cluster levels, this is not the case for all services. For this reason the majority of data is presented at regional and LA level. In developing the Area Plan, it will be important for partners to examine more local data to ensure responsiveness to local need and the right focus for investment.

We took the decision not to include detailed data on current performance of services within our Assessment. We considered it more important to consider the extent to which current service models and approaches met current need, rather than to assess how well we were providing those services. Of course, performance data is and will continue to be important in assisting managers to identify problems in services and areas for improvement and it will continue to be used in this way to ensure that those needing care and support at the current time get the best possible services. An exception to this was our decision to incorporate early findings from the user surveys circulated by local authorities during the summer of 2016 to assess the extent to which nationally identified outcomes are being achieved for individuals. Details are provided in the Consultation and Engagement chapter.

To keep the report manageable, we have had to select the most pertinent data to each of the user groups; however a comprehensive data repository has been established to retain data not cited directly within the report but which nevertheless will have a role in supporting service planning and informing future assessments.

2.5. Key relevant strategies and plans

The Population Assessment has intentionally drawn on a range of existing strategies and plans in place across the region and provided an opportunity to review strategic intent at regional and local level in the light of identified and projected needs.

Partners have already articulated shared strategic intentions in a number of service areas, for example for older people in the Statement of Intent for the Integration of Services for Older People with Complex Needs (Mid and West Wales Health and Social Care Collaborative, January 2014a), and subsequent Market Position Statement for older people's services (Mid and West Wales Health and Social Care Collaborative, November 2015) and for learning disabilities in the regional Statement of Intent (Mid and West Wales Health and Social Care Collaborative, October 2014b). These intentions have been tested and in most cases reaffirmed in the Population Assessment. Equally, partners have committed to revising existing plans where necessary to ensure they fully address the findings of the Assessment.

Similarly, there is significant alignment between the themes emerging from the Population Assessment and those that underpin local plans such as the UHB's IMTP, LA improvement plans and a range of service strategies developed on the LA footprints.

When work begins on the development of the Area Plan it will be important to maintain this alignment, ensuring its commitments reflect those within existing plans (adjusted and refocused where necessary) and vice versa. This will help ensure a

consistent focus across agencies on the priorities and challenges that have been identified.

Each of the thematic reports includes further details of existing strategies and plans that are relevant to that particular user group.

2.6. Delivering national outcomes

The need to achieve improved wellbeing for people in need of care and support lies at the core of our Population Assessment and will underpin our resulting Area Plan. Services across the statutory, third and independent sectors need to continue to work in partnership to build on people's strengths and abilities and enable them to maintain an appropriate level of independence and realise their personal goals.

To support services in achieving this, the Welsh Government (WG) has developed a National Outcomes Framework for people who need care and support and carers who need support. This framework sets out a series of national wellbeing outcomes which people who need care and support and carers should expect in order to lead fulfilled lives. A series of national outcome indicators are identified for each of the outcomes and the framework will be a key driver in identifying evidence-based national priorities for improvement. The national wellbeing outcomes are listed in the following table.

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Figure 2:1 National Wellbeing Outcomes

What wellbeing means	National wellbeing outcomes
Securing rights and entitlements Also for adults: Control over day-to-day life	<ul style="list-style-type: none"> • I know and understand what care, support and opportunities are available and use these to help me achieve my wellbeing. • I can access the right information, when I need it, in the way I want it and use this to manage and improve my wellbeing. • I am treated with dignity and respect and treat others the same. • My voice is heard and listened to. • My individual circumstances are considered. • I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.
Physical and mental health and emotional wellbeing Also for children: Physical, intellectual, emotional, social and behavioural development	<ul style="list-style-type: none"> • I am healthy and active and do things to keep myself healthy. • I am happy and do the things that make me happy. • I get the right care and support, as early as possible.
Protection from abuse and neglect	<ul style="list-style-type: none"> • I am safe and protected from abuse and neglect. • I am supported to protect the people that matter to me from abuse and neglect. • I am informed about how to make my concerns known.
Education, training and recreation	<ul style="list-style-type: none"> • I can learn and develop to my full potential. • I do the things that matter to me.
Domestic, family and personal relationships	<ul style="list-style-type: none"> • I belong. • I contribute to and enjoy safe and healthy relationships.
Contribution made to society	<ul style="list-style-type: none"> • I engage and make a contribution to my community. • I feel valued in society.
Social and economic wellbeing Also for adults: Participation in work	<ul style="list-style-type: none"> • I contribute towards my social life and can be with the people that I choose. • I do not live in poverty. • I am supported to work. • I get the help I need to grow up and be independent. • I get care and support through the Welsh language if I want it.

What wellbeing means	National wellbeing outcomes
Suitability of living accommodation	<ul style="list-style-type: none"><li data-bbox="810 259 1436 327">• I live in a home that best supports me to achieve my wellbeing.

Source: Welsh Government, 2016

The Population Assessment has taken the National Outcomes Framework into account in considering the care and support needs of different user groups, the extent to which these are being met and areas for improvement. For example, the principle of people being empowered to understand their own needs, articulate these, take an active part in decisions affecting their lives and having access to the right information to improve their wellbeing is a consistent theme throughout the thematic reports. Similarly, physical health, mental health and emotional wellbeing, protection from abuse and neglect, access to appropriate educational and recreational opportunities and support in developing strong personal and community relationships have been important considerations in assessing support needs of particular groups and the type of care and support that should be available.

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2.7. References

Mid and West Wales Health and Social Care Collaborative (2014a). *Statement of Intent for the Integration of Services for Older People with Complex Needs* [online]. Available at: <http://www.wwcp.org.uk/documents/>

Mid and West Wales Health and Social Care Collaborative (2014b). *Regional Statement of Intent* [online]. Available at: <http://www.wwcp.org.uk/documents/>

Mid and West Wales Health and Social Care Collaborative (2015). *Market Position Statement for older people's services* [online]. Available at: <http://www.wwcp.org.uk/documents/>

Welsh Government (2016). *National outcomes framework for people who need care and support and carers who need support* [online]. Available at: <http://gov.wales/docs/dhss/publications/160610frameworken.pdf>

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3. Consultation and engagement

3.1. Approach

Our approach to consultation and engagement to support the Population Assessment was underpinned by the principle to identify gaps and avoid duplication and engagement fatigue by:

- Linking in with the Wellbeing Assessment undertaken regionally by the three PSBs in the region to meet the requirements of the Wellbeing of Future Generations (Wales) Act 2015, thus utilising consultation and engagement opportunities for mutual benefit
- Identifying existing provider, service user and carer forums that could contribute to and support the assessment
- Using intelligence from relevant international, national, regional and sub-regional consultation and engagement activities and events undertaken in the recent past
- Undertaking additional engagement where it was agreed that there was a significant gap in our understanding of needs to support the development of the Population Assessment

3.2. Wellbeing Assessment

We worked with the PSBs of Carmarthenshire, Ceredigion and Pembrokeshire to co-ordinate public engagement activities on the Population Assessment and WBA. This provided a framework for a consistent, regional approach and promoted the interconnectedness of the two key pieces of legislation, using shared engagement activities for mutual benefit.

The key components of the regional engagement approach were:

- A survey directed at residents
- An agreed toolkit for undertaking direct engagement work through focus groups or in less formal settings across the region
- Media campaign activities including social media posts, press releases, newsletters articles, staff briefings

A survey was developed and a series of questions were formulated under the Wellbeing themes of economic, environmental, social and cultural wellbeing respectively. A further section was developed which explored the importance of health to individuals in order to ascertain the views of respondents to the care and support needs that they have and how these are currently met. For the purposes of the Population Assessment our engagement activities were focused on developing our understanding of:

- The extent to which people need care and support or carers need support
- The extent to which needs are not being met
- The range and level of services required to meet the care and support needs of people including the support needs of carers

- The range and level of preventative services required
- The actions required to provide the range and level of services needed to be provided through the medium of Welsh

Alternative versions of the survey were produced in order to ensure accessibility across a wide range of age groups and abilities, namely a younger person's version and an easy read version. In total 7,006 surveys were completed across the region which has provided a wealth of information about the views and needs of residents.

A regional engagement toolkit was also developed and included a series of documents to help organisers in running events and focus groups. A wealth of qualitative data has been gathered as a result of engagement with members of the public or specific patient/service user groups. This activity included:

- Attendance at community events, for example county shows and over 50s forums
- Drop-in sessions on hospital sites and schools
- 7 'Let's Talk Health' events
- 3 Siarad Iechyd events; and
- A number of focus groups, including with Youth Forums, Equality Carmarthenshire and Disability Coalition

Taking a regional and collaborative approach to engagement with our communities in the development of the Wellbeing and Population Assessments has resulted in an excellent survey response rate providing both quantitative and qualitative data. It is acknowledged that some specific population groups may be under-represented both within the survey respondents and the qualitative data gathered through focus groups/community activities. However, we believe that engagement and participation is a fundamental underlying principle of service development and delivery and whilst specific activities have taken place to support this Population Assessment it is important to ensure an ongoing dialogue with service users, families and carers as this represents the ethos of co-production.

3.3. Highlights from the findings

Whilst the response rate was good, the findings from the Wellbeing Assessment and engagement events will only provide a snapshot in time of residents' perceptions and identified need. However, combined with recent consultation data and ongoing engagement activity, they make an invaluable contribution to our understanding of needs and views across our communities.

Key messages emerging from the resident's survey align with the issues highlighted in our population assessment and, particularly, the areas identified as priorities for future development and improvement. A sample of these messages is provided below.

A significant number of respondents identify themselves as having caring responsibilities: 34% of respondents in Carmarthenshire, 35% in Ceredigion and 36% in Pembrokeshire stated this to be the case. Given that 78% of Carmarthenshire respondents, 62% of Ceredigion respondents and 67% of Pembrokeshire

respondents had no dependent children (reflecting the high age profile generally of those that responded), it would appear that the majority of those identifying as carers are caring for other adults. It is particularly important to note that these figures significantly exceed the number of carers formally known to partner agencies, as set out in Chapter 7 of this assessment. There are clear implications in terms of ensuring appropriate support to those carers to ensure wellbeing and prevent future demand on core services.

Around a third of respondents claimed to have a health issue that affected their wellbeing (32% in Carmarthenshire, 24% in Ceredigion and 32% in Pembrokeshire). Possibly, the variation across the region reflects the existence of pockets of deprivation within Carmarthenshire and Pembrokeshire which are not present in Ceredigion. However, across the three counties, the incidence of such health issues increases markedly with age. In the 75-84 age group, 49% of respondents in Carmarthenshire, 47% in Ceredigion and 53% in Pembrokeshire said they had a health issue affecting their wellbeing. Corresponding figures for the over 85s were 72%, 67% and 67%. These figures underscore the messages within Chapter 12 relating to the implications of an ageing population and the need for effective preventative services to help people maintain a good quality of life and prevent or delay their need for intensive support.

Many people needing care and support are receiving this from their families. The proportion of respondents claiming this to be the case was 81% in Carmarthenshire, 71% in Ceredigion and 85% in Pembrokeshire. This contrasted strongly with the numbers reporting to be in receipt of LA care, the corresponding figures being 6%, 8% and 11%. Interestingly, 76% of respondents in Carmarthenshire receiving support from their families felt this was adequate, suggesting a significant proportion who might need more formal care support now and in the future. This reinforces the need to build low level capacity at community level to supplement the care and support provided by families, support carers themselves and keep people as independent as possible.

A range of responses were received in relation to care not meeting needs. These included:

- Care visits at unsuitable times and at infrequent intervals
- Long waiting lists for LA care
- Changes in benefits reducing individuals' capacity to purchase support privately
- Unmet need for emotional support and for practical help following slips and falls
- Lack of training and support for family members, for example in relation to mental health

Once again these comments provide a clear indication of the need for and value of low level support to keep people independent and maintain their wellbeing within their communities, as well as the need to manage demand for more formal care to ensure that those in need of this receive timely and responsive support.

People go to a variety of places for information and advice in relation to care and support. In Carmarthenshire, most people said their preference would be to go to their GP, followed by family and then the Internet; in both Ceredigion and

Pembrokeshire the Internet was the preferred route, followed by GP then family member. Implications from this include:

- The need to ensure information contained on the Internet is accessible and accurate (the implementation of the Dewis Cymru database across the region in 2017 will play a key role in this)
- The need to ensure access to the Internet is adequate across the region and to promote digital inclusion
- The need to partner with primary care and GPs to ensure consistent and appropriate information and advice on wider care and support is provided at this point of entry into the system

Discussions at the engagement events which followed circulation of the Wellbeing Survey provided a useful insight into the thoughts and perceptions of those residents that participated. Once again a number of these reflect the core premise of this population assessment. A selection of comments made during discussions is provided below:

What does wellbeing look like?

- Support from friends, family and professionals
- Freedom to make choices
- Mental health and wellbeing – especially children
- Connectedness
- Information/ support to make decisions
- Confidence, knowing you are not alone
- Maintaining social links in later life
- Local services that you can reach easily

What are the cultural and social factors that are important to the wellbeing of your community?

- Supporting communities to help themselves
- Everyone has something to offer
- Valuing carers
- Sound information in a variety of media
- Access to someone who can give information on preventative measures to avoid ill health and helping to make healthy lifestyle choices – pharmacist, advisers at the gym etc
- Opportunities for befriending and intergenerational links, e.g. schools 'adopting' care homes
- Community hubs
- Welsh language and culture
- Getting services in the language we want to speak
- A community that works together

What improvements are needed to care and support?

- Put patient at the heart of things

- Specialist clinics in the community and closer to people's homes
- Proactive care events
- Transport and access to services

Full reports have been produced on the findings of the Wellbeing Assessment, including those questions included specifically relating to health and wellbeing in the resident survey, and qualitative feedback from the consultation events. These reports will be made available when this assessment is published.

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4. Cross Cutting Themes

4.1. Overview

Whilst each of the thematic reports identifies issues and challenges relevant to that user group, some of these are common across all parts of the population and require a generic response from the RPB and its constituent partners. These common issues and challenges are set out below.

4.2. Delivering Services in the Welsh Language

Being able to access Welsh language services is a desire for some people whilst for others it is a necessity and can play a key role in securing positive wellbeing outcomes. Particularly when they find themselves at a vulnerable point in their lives and potentially in need of care and support services, some people will find expressing and communicating needs in Welsh more natural than they would in English, particularly where Welsh is their first language and that through which they think and live their lives. Therefore, maximising the availability of services in Welsh needs to be a priority for local authorities, LHBs and other partners across health and social care and the wider public service. Failure to do so can mean that the basic needs of some of the population cannot be met.

Under the Welsh Language (Wales) Measure 2011 the language has official status in Wales and as such should not be treated less favourably than the English language. The Measure establishes a legal framework placing a duty on organisations providing services to the public in Wales to meet specified standards in relation to:

- Delivery of services
- Policy making
- Internal operations
- Promotion of the Welsh Language; and
- Record keeping

Each LA in Wales has been issued with a compliance notice by the Welsh Language Commissioner setting out the Standards introduced by the measure that they are expected to meet. Councils are required to submit annual progress reports on how these standards are being met. Regulations creating the Standards for NHS Wales are likely to be passed by the National Assembly for Wales in late 2016/early 2017. From that point, the Welsh Language Commissioner will also have the right to serve compliance notices to NHS agencies.

The Wellbeing of Future Generations (Wales) Act 2015 (WFG) contains seven goals for the wellbeing of Wales, one of which is to ensure 'A Wales of vibrant culture and thriving Welsh language'. The SSWB Act includes in its definition of wellbeing 'securing rights and entitlements'. For Welsh speakers, this will mean being able to use their own language to communicate and participate in their care as equal partners.

The WG's 'Mwy na geiriau' or 'More than Just Words' initiative was launched in 2012 and provides a strategic framework for Welsh language services in health, social services and social care (Welsh Government, 2012). Since its inception the framework has driven a number of important improvements, achieved by optimising existing skills and resources across social services and the NHS.

A follow-on Strategy was launched in 2016 (Welsh Government, 2016a), reflecting the developing legislative context and aimed at building momentum in the development of Welsh language services, in recognition of the importance of care and support delivered through the medium of Welsh for vulnerable people. Examples might include those suffering from dementia or stroke, or very young children who may only speak Welsh. A key principle of the original Framework – that of the 'active offer' remains central in the new strategy. This means providing a service in Welsh without someone having to ask for it, placing the onus on service commissioners and providers rather than the individual needing care and support. The new strategy covers the following areas: National and local leadership; mapping, auditing, data collection and research; service planning, commissioning, contracting and workforce planning; promotion and engagement; professional education, Welsh in the workplace and regulation and inspection.

Effective delivery of statutory requirements and the requirements within 'More than Just Words' is particularly important in West Wales, where a significant proportion of the population is Welsh speaking. The following table provides a break-down of the proportion of Welsh speakers by age in each county within the region, compared with Wales as a whole.

Figure 4:1 Proportion of Welsh speakers in each County

Age group	Carmarthenshire	Ceredigion	Pembrokeshire	West Wales	Wales
3-4	46%	58%	22%	40%	23%
5-9	60%	82%	41%	57%	38%
10-14	60%	83%	46%	59%	42%
15-19	53%	45%	35%	46%	29%
20-24	42%	31%	18%	32%	18%
25-29	39%	49%	16%	34%	16%
30-34	36%	47%	13%	31%	15%
35-39	36%	48%	13%	31%	15%
40-44	36%	45%	13%	30%	14%
45-49	35%	44%	13%	29%	13%
50-54	38%	44%	13%	31%	13%

Age group	Carmarthenshire	Ceredigion	Pembrokeshire	West Wales	Wales
55-59	39%	42%	14%	32%	13%
60-64	40%	39%	14%	31%	13%
65-69	45%	42%	15%	34%	15%
70-74	46%	45%	15%	35%	15%
75-79	50%	49%	15%	38%	16%
80-84	53%	51%	17%	41%	18%
85+	57%	51%	17%	43%	19%
All aged 3 and above	44%	47%	19%	37%	19%

Source: Office for National Statistics, 2011

The above table illustrates that the proportion of the population over 3 years of age who are Welsh speakers in West Wales is significantly higher – at 37% than in Wales as a whole, for which the corresponding figure is 19%. Also of note is the variation in the number of Welsh speakers in each county area; whilst Carmarthenshire and Ceredigion both exceed the proportion across Wales as a whole by a considerable margin, the proportion in Pembrokeshire is the same, at 19%. There are also variations within county areas. 55% of people in the Gwendraeth Valley in Carmarthenshire speak Welsh, compared with just 25% in Llanelli town. There is a wide variation between the numbers of Welsh speakers in North and South Pembrokeshire, the proportions being 40% and 12% respectively. In Ceredigion the variations are less marked, although 52% of the population speak Welsh in the south of the county, compared with 44% in the north.

These figures highlight the importance of promoting the Welsh language and taking all available measures to strengthen the breadth of Welsh language services across the region. All statutory partners are signed up to the 'More than Just Words' strategy, and a number of local initiatives are in place across the region.

A particular challenge in meeting needs in relation to the Welsh language will be in ensuring that a sufficient number of those providing services on the front line are able to converse with users and carers in Welsh where individuals have expressed this preference.

4.3. Minority and marginalised groups

The Regional Community Cohesion Steering Group, comprising Carmarthenshire, Ceredigion, Powys and Pembrokeshire County Councils, is focusing on mainstreaming the seven outcomes (set out below) of the

Community Cohesion National Delivery Plan 2016-17 (Welsh Government, 2016b) into policies, strategies, partnerships and service delivery.

The seven outcomes are to ensure:

- Departments, organisations and people understand hate crime, victims make reports and get appropriate support
- Departments, organisations and people understand modern slavery, victims make reports and get appropriate support
- Increased awareness and engagement across Gypsy and Traveller communities.
- Increased evidence and awareness on immigration and supporting the inclusion of asylum seekers, refugees and migrants
- Increased understanding regarding the impacts of poverty on people with Protected Characteristics across key service and policy delivery
- Key policies and programmes are supporting and evidencing delivery against the national goal on more cohesive communities through the Wellbeing of Future Generations (Wales) Act 2015
- Policies and services are responsive to community tensions

There are also a range of partnerships in each county that are supporting this work including:

- Pembrokeshire Voices for Equality
- Pembrokeshire County Council Corporate Equality Strategy Working Group
- Safer Pembrokeshire, Community Safety Partnership
- Ceredigion Voices for Equality
- Ceredigion Corporate Equality Strategy Working Group
- Ceredigion Community Safety Partnership
- Equality Carmarthenshire
- Fair and Safe Communities Thematic Group

However, in order to deliver these outcomes and to fully understand the care and support needs of minority and marginalised groups there is a need to obtain and analyse more robust demographic data than that currently available.

For example, 2011 Census data shows that the Black and Minority Ethnic population in West Wales made up less than 2% of the overall population (compared to 4.4% in Wales) and that there were 335, 74, and 454 persons in Carmarthenshire, Ceredigion and Pembrokeshire, respectively described as White Gypsy or Irish Traveler.

However, we also know that since 2011 there has been inward migration of people from other parts of the EU and of refugees and asylum seekers from other parts of the world.

The total number of asylum seekers and refugees living in Wales is estimated to be between 7,500 and 11,500). The top five countries of origin of asylum seekers living in Wales at the end of March 2013 were People's Republic of China, Pakistan, Iran, Nigeria and Afghanistan. The most common age group of asylum seekers is 30-34 years. Just under half of all asylum seekers living in Wales are female. More work is needed to engage with such groups, identify specific needs and ensure that services are responsive to them.

There is also a lack of consistent data to inform our understanding of these groups and other minority and marginalised groups including:

- Offenders, ex-offenders, and their families
- Homeless
- The lesbian, gay, bisexual and transgender (LGBT) community
- Black and Minority Ethnic (BME) groups
- Military veterans

For example, in relation to homelessness, local authorities collect data on the numbers of people who present as homeless and who after advice and / or mediation are assessed as 'final duty' homeless. However, there are less consistent approaches in relation to identifying rough sleepers across the region.

Where possible, we have highlighted specific needs of minority and marginalised groups into the thematic reports; for example, the carers Report notes that the proportion of carers in the BME population is less than the proportion in the population as a whole and the VAWDASV report makes specific reference to the care and support needs of migrant, refugee and asylum seeking women in the region.

A high level Equalities Impact Assessment (EIA) was undertaken to support this population assessment and ensure that it reflects the requirements of the Public Sector Equality Duty and properly considers the needs of protected groups. Moreover, it will be vitally important to ensure, when planning future services and addressing the issues and challenges raised in this report, that partners take all opportunities to engage with minority and marginalised groups and ensure their needs are properly understood and addressed. This work will need to be supported as appropriate by further EIAs.

4.4. Prevention

Prevention lies at the heart of the new arrangements for care and support envisaged within the SSWB Act. Specifically, Section 15 of the Act requires local authorities to provide or arrange for the provision of preventative services to prevent, delay or reduce need for care and support. They also have an important role to play in:

- Promoting the upbringing of children by their families, where that is consistent with the wellbeing of children
- Minimising the effect on disabled people of their disabilities
- Contributing towards preventing people from suffering abuse or neglect
- Reducing the need for proceedings for care or supervision orders under the Children Act 1989;
- Criminal proceedings against children
- Any family or other proceedings in relation to children which might lead to them being placed in LA care, or proceedings under the inherent jurisdiction of the High Court in relation to children
- Encouraging children not to commit criminal offences
- Avoiding the need for children to be placed in secure accommodation; and

- Enabling people to live their lives as independently as possible

Not surprisingly, partners across West Wales have for some time been working to develop and enhance the range of preventative services available to people who either need care and support or who are likely to in the future. Some of this activity has been supported through national initiatives such as Families First, Flying Start and Integrated Family Support Services in relation to children and families. A range of initiatives are underway in West Wales to build resilience within communities through local provision of low level support services including Information, Advice and Assistance and befriending services which help people remain independent without having to seek formalised care. Programmes targeted at reducing unnecessary hospital admissions, especially among older people, and accelerating discharge back home have been funded through the WG's ICF. These include third sector-led partnerships such as the Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT) which provides a home to hospital service for older people and is now being replicated across all parts of the region.

Meanwhile many new initiatives are being developed across GP clusters to improve the integration of primary and community services and develop approaches such as social prescribing, which encourage the referral of people to wellbeing services within their communities rather than on to specialist health services. Initiatives such as time banking are being developed to encourage members of the community to contribute to such services; optimising community assets and driving genuinely user-led approaches to prevention.

Current achievements in relation to prevention are set out in more detail in the thematic reports, with a consistent call for further development to ensure the delivery of efficient and effective wellbeing for the local population. The identification of prevention as one of its strategic priorities demonstrates the commitment of the RPB to further improvement in this area.

4.5. Safeguarding

Safeguarding is a central theme in the SSWB Act. In the Act, one of the identified elements of wellbeing is protection from abuse and neglect. For children and young people this includes their physical, intellectual, emotional, social and behavioural development; and their welfare (ensuring they are kept safe from harm).

Part 7 of the Act introduces a new duty on local authorities to make enquiries if they have reasonable cause to suspect that an adult within their area is at risk, and on all relevant partners to report an adult at risk. Councils may grant adult protection and support orders (APSOs) where there is reasonable cause to suspect that a person is an adult at risk and the order is needed to enable them to be assessed.

Under the Act all relevant partners of a LA also have a duty to report a child at risk. Local authorities then have a duty to make enquiries (linking into section 47 of the Children Act 1989) if they are informed that a child may be at risk; and to take steps to ensure that the child is safe.

Regional safeguarding boards for children and adults are required under the Act, representing a range of partners and with responsibility for identifying and disseminating effective practice in relation to safeguarding. These are in place in the Mid and West Wales region, complementing local safeguarding arrangements and spanning the West Wales and Powys areas. A review of the regional safeguarding board – CYSUR - was undertaken in late 2015 and informed the structure and operation of the adult safeguarding board which was established in early 2016. Both boards come together on a regular basis to share approaches and consider common issues.

Arrangements are in place in each LA to ensure compliance with the other safeguarding duties introduced by the Act and outlined above.

4.6. Promoting social enterprises, cooperatives, user led services and the third sector

The SSWB Act also places a strong emphasis on the role of social enterprises, cooperatives, user-led services and the third sector in providing care and support services. This will be key in delivering the WG's policy for greater diversity in the delivery of public services and in empowering people and communities through a co-productive approach.

Once again, a number of the thematic reports identify existing good practice in this area, citing specific examples of social enterprises that are providing a range of services across client groups. However, without exception the reports conclude that these foundations need to be built upon and the development of such new service models accelerated, both to achieve sustainability of care and support within communities and to drive a genuinely community-based approach to wellbeing. In delivering this, expert support will be sought from recognised experts such as the Wales Cooperative Centre and Social Firms Wales to ensure that new models are appropriate and sustainable within the region. Regional forums will be established to support social value based providers to develop a shared understanding of this agenda, and to share and develop good practice.

4.7. References

Children Act 1989, chapter 41. Available at
<http://www.legislation.gov.uk/ukpga/1989/41/section/47>

Office for National Statistics. (2011). Welsh Language Skills (QS207WA). [online]. Available at: <http://www.neighbourhood.statistics.gov.uk/dissemination/Download1.do>

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5. Recommendations

Whilst specific areas for improvement are identified in each of the thematic reports, there are a number of generic recommendations which need to be considered by the Regional Partnership Board if it is to drive sustainable change to services on the ground. These are set out below under the core principles of the Act:

5.1. Voice and control

1. Ensure that maintaining people's dignity and protecting individuals from neglect and abuse must lie at the heart of all services.
2. Ensure all services are available in Welsh for those who require them.

5.2. Prevention and early intervention

3. Build on the considerable foundations in place across the service areas covered in this assessment to ensure appropriate services are available to prevent or delay the need for ongoing care and support and that the prevention ethos underpins all levels and types of care. Specifically, opportunities should be taken to develop consistent preventative frameworks across services, which build on existing good practice, facilitate transition between children and adult's services and demonstrably reduce the need for ongoing care and support.
4. Invest in the development of community-based preventative services, including social enterprise, cooperatives, user-led and third sector provision thus building the resilience of communities and, thereby, of people needing care and support.
5. Align the Intermediate Care Fund (ICF) and Cluster Development Change Programmes to build consistent, whole system change on the ground.

5.3. Wellbeing

6. Prioritise support for carers, enabling them and those they care for to live fulfilled and independent lives for as long as possible.
7. Further improve transition services to facilitate effective planning across services and ensure that young people continue to receive appropriate care and support into early adulthood.

5.4. Co-production

8. Ensure that people needing care and support and carers are involved meaningfully at all stages in the planning, delivery and review of services. This needs to happen at strategic level, engaging with citizens over the future shape of care and support and expectations on individuals to promote their own wellbeing and operationally, ensuring that assessment and care planning allows people to

express personal outcomes and influence decisions regarding the support needed to attain them.

5.5. Cooperation, partnership and integration

9. Create an environment which permits radical change and encourages innovation rather than trying to do more of the same with less.
10. Use the population assessment as the basis for the development of integrated commissioning across service areas, based on a common understanding of need.
11. Develop consistent delivery models across service areas and the region, based on a shared strategic vision and the principles within the Act; ensuring common standards to all residents in West Wales.
12. Use this population assessment as a basis for detailed modelling of future scenarios to understand the interdependencies and impact on care and support services of, for example, demographic increases in the older population, and expected increases in known carers and victims of violence against women, domestic abuse and sexual abuse. There is a need to understand how future conditions in the area might impact on social services provision and the extent and diversity of needs for social services over the next 10 -25 years.
13. Pool funds and other resources where appropriate to optimise their impact and support seamless delivery.
14. Engage strategically with providers across all sectors to develop services and build sustainable markets for the future.
15. Work with partners across the public sector and others to embed a preventative approach, promote wellbeing, optimise resources and address specific challenges such as accessibility of services in a predominantly rural area.

The process of undertaking this assessment has brought professionals from across the region together to consider objectives, contemplate solutions and agree on where change is most needed. This in itself provides another firm foundation across partner organisations for the Regional Partnership Board in discharging its primary duty – to drive the strategic change that is still needed through cooperation, partnership and integration. This will go long way in ensuring that care and support in West Wales supports the wellbeing and promotes the independence of those in need within our communities.

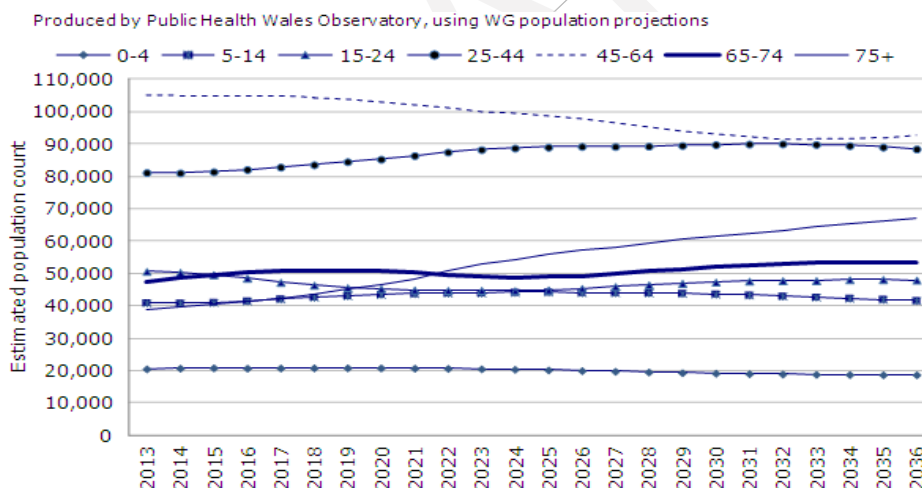
6. West Wales Population Profile

6.1. Overview

The West Wales region covers three LA areas - Carmarthenshire; Ceredigion and Pembrokeshire - and is coterminous with the Hywel Dda University Health Board (HDUHB) footprint. Estimated population of the region is 384,000 (Hywel Dda University health Board, 2016). Covering a quarter of the landmass of Wales, it is the second most sparsely populated health board area in Wales. 47.9 per cent of the population in the region live in Carmarthenshire, 20.7 per cent in Ceredigion and 31.4 per cent in Pembrokeshire.

Current population projections suggest that the total population of West Wales will rise to 425,400 by 2033, with a rise in those aged over 65 years from 88,200 in 2013 to 127,700 by 2033. These estimates are based on assumptions about births, deaths and migration. The increase in the number of older people is likely to cause a rise in chronic conditions such as circulatory and respiratory diseases and cancers. Meeting the needs of these individuals will be a key challenge for the UHB. In the current economic climate, the relative (and absolute) increase in economically dependent and in some cases, care-dependent populations will pose particular challenges to communities.

Figure 6:1 Projected population counts by age group, Hywel Dda UHB, 2013-2036



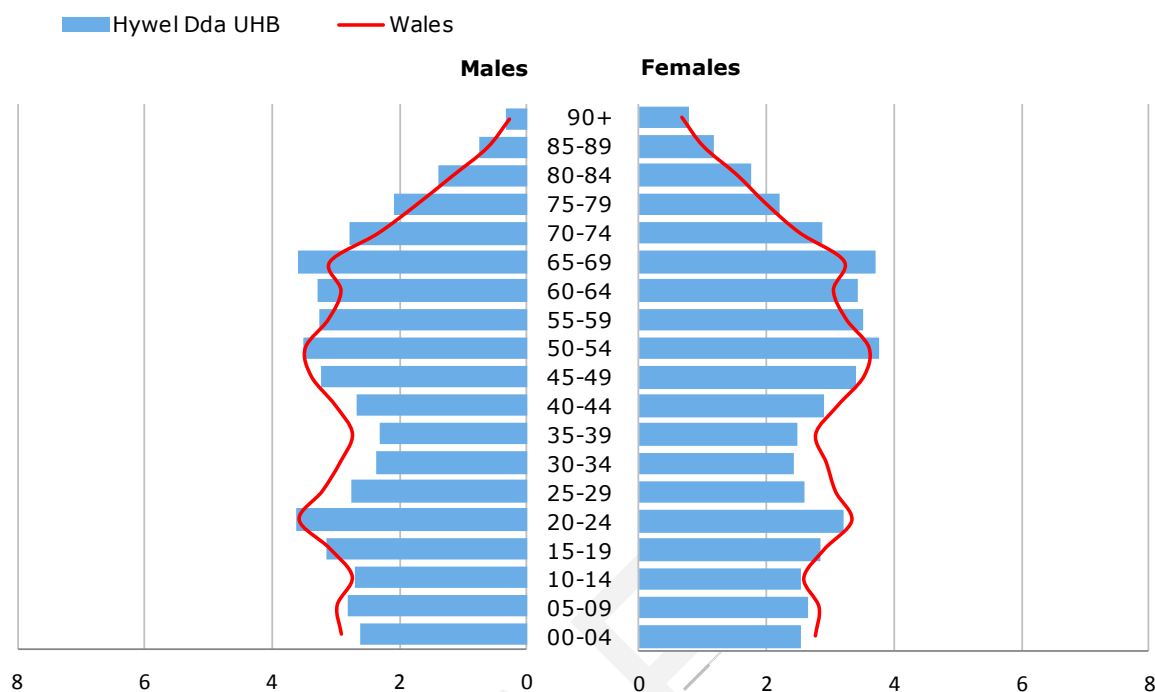
Source: Hywel Dda University Health Board

With 12.4% of Wales' population the area's age and sex profile is similar to that of Wales as a whole.

The following Figure provides detail of how the West Wales region compares to the rest of Wales in relation to the age and sex distribution of its population. It shows how in West Wales the age composition of the population is higher than in Wales generally with fewer people aged between 25 and 44 and more people aged 55 and over.

Figure 6:2**Percentage of population by age and sex, Hywel Dda UHB and Wales, 2015**

Produced by Public Health Wales Observatory, using MYE (ONS)



Source: Hywel Dda University Health Board

Figure 6.3 sets out further key population statistics for West Wales compared with the rest of Wales. This shows that West Wales has a higher proportion of people aged 75+ than Wales; slightly higher life expectancy for both males and females than Wales; slightly higher rates of people who are obese or overweight, and lower proportions of people who smoke and who drink alcohol above guidelines. West Wales also has a lower take up of MMR immunization and a lower birth rate than Wales. Emergency admissions per 1000 population are also lower in West Wales.

Figure 6:3 Key Population Statistics

Key Statistics	Wales	West Wales
Total population	3,092,000	384,000
Population aged 75 and over (%)	8.9	10.3
Life expectancy at birth – males (years)	78.1	78.9
Life expectancy at birth – females (years)	82.2	82.7
Adults who are overweight or obese (%)	58.1	58.5
Adults who smoke (%)	20.9	19.7

Key Statistics	Wales	West Wales
Adults who drink above guidelines (%)	41.1	39.1
MMR uptake (%)	95.8	94.9
Live birth per 1,000 women aged 15-44	59.1	56.8
Emergency hospital admissions (European age standardized rate per 1,000 population)	112.4	105.3

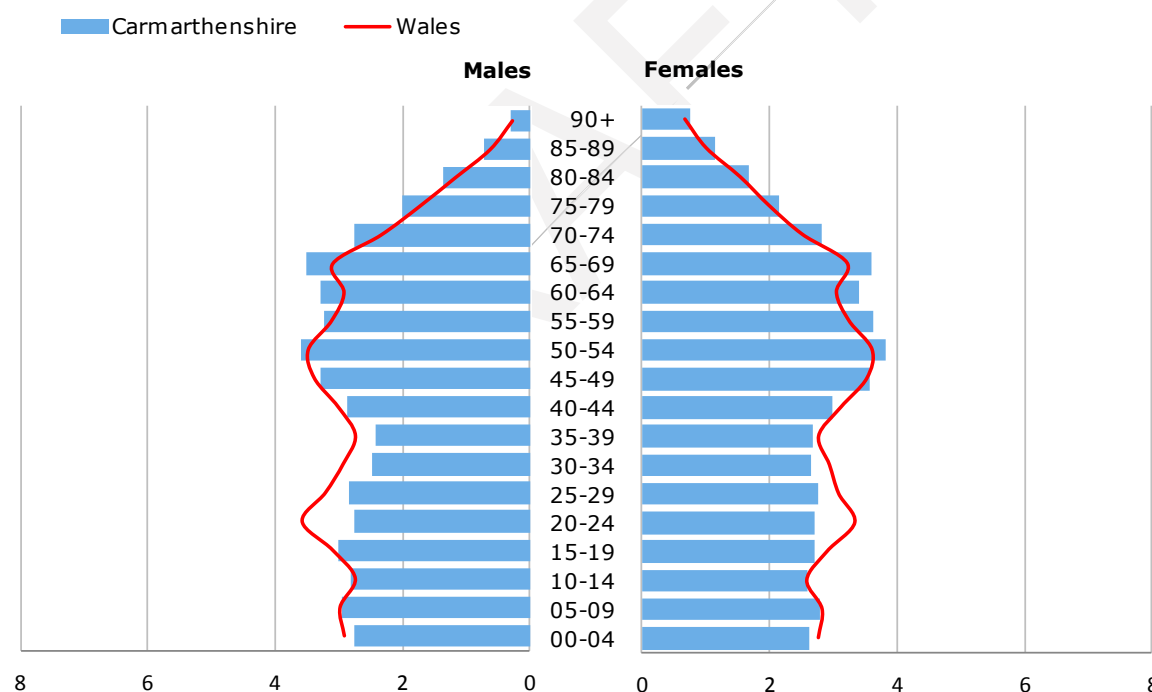
Source: Hywel Dda University Health Board

Within the region there are notable differences in the composition of the population as illustrated below:

Figure 6:4 Population Pyramids

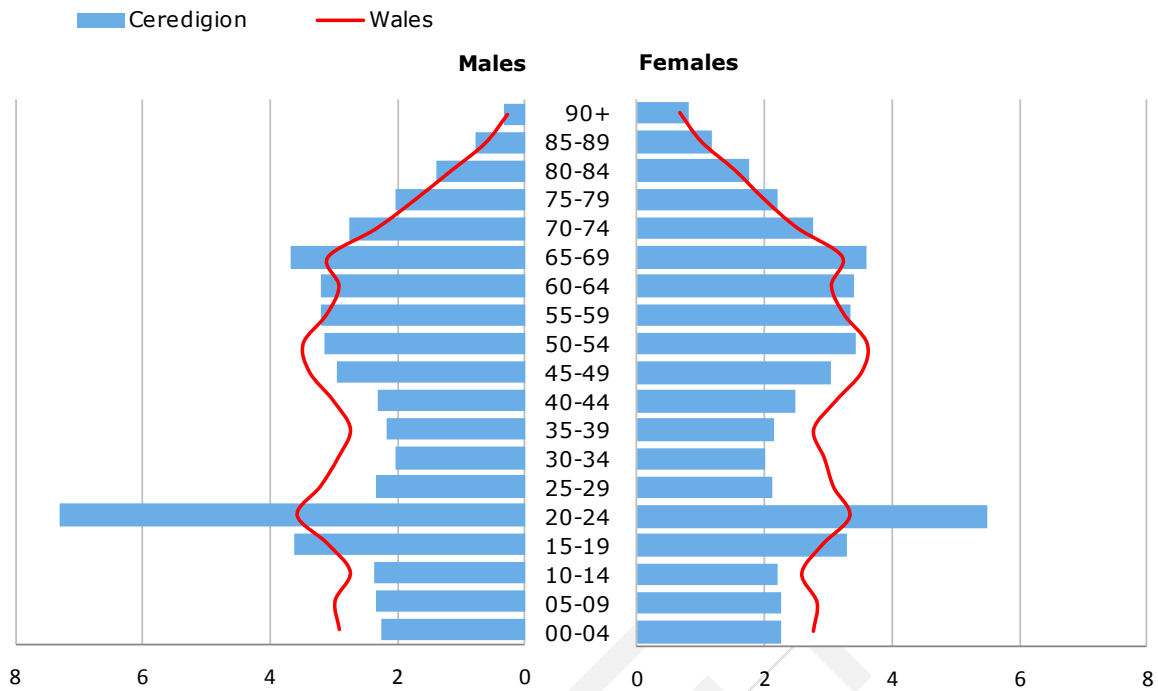
Percentage of population by age and sex, Carmarthenshire and Wales, 2015

Produced by Public Health Wales Observatory, using MYE (ONS)



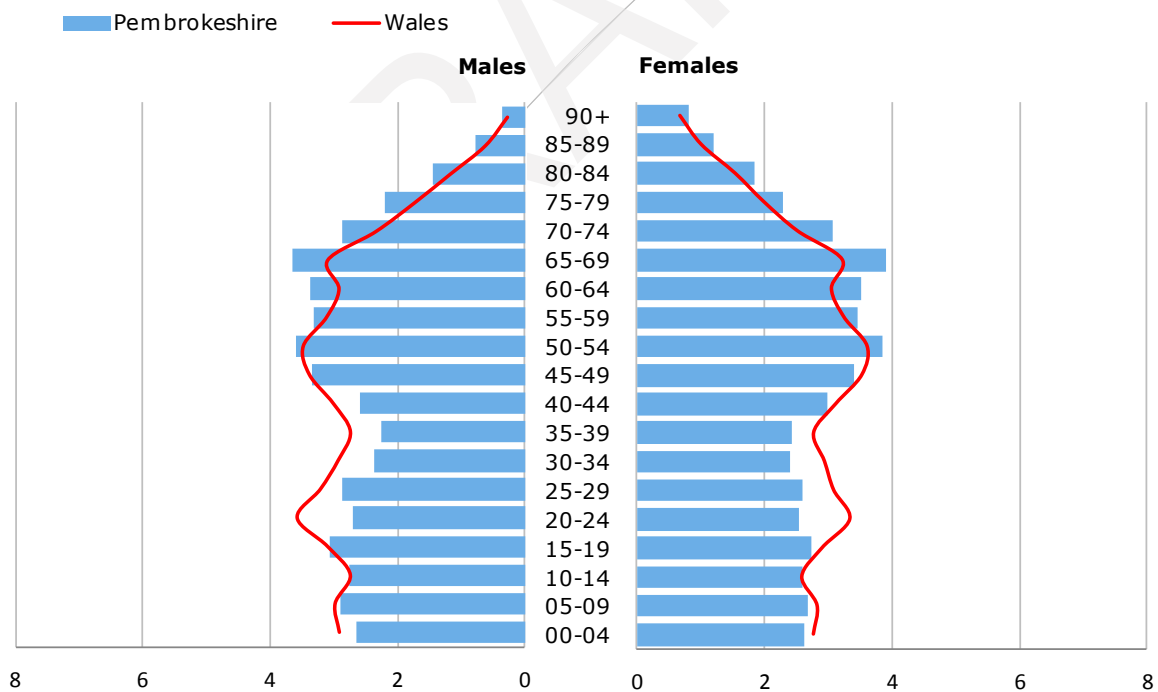
Percentage of population by age and sex, Ceredigion and Wales, 2015

Produced by Public Health Wales Observatory, using MYE (ONS)



Percentage of population by age and sex, Pembrokeshire and Wales, 2015

Produced by Public Health Wales Observatory, using MYE (ONS)



Source: Hywel Dda University Health Board

Ceredigion has a large proportion of young adults aged 20-24 years in its population due to its large University town compared to Carmarthenshire and Pembrokeshire.

6.2. All cause mortality rates

Figure 6.4 shows that in West Wales the under 75 age-standardised mortality rate for males and females is statistically lower than the Wales rate. However, at LA level there seems to be no statistical difference between Wales and Carmarthenshire for males and Pembrokeshire for females.

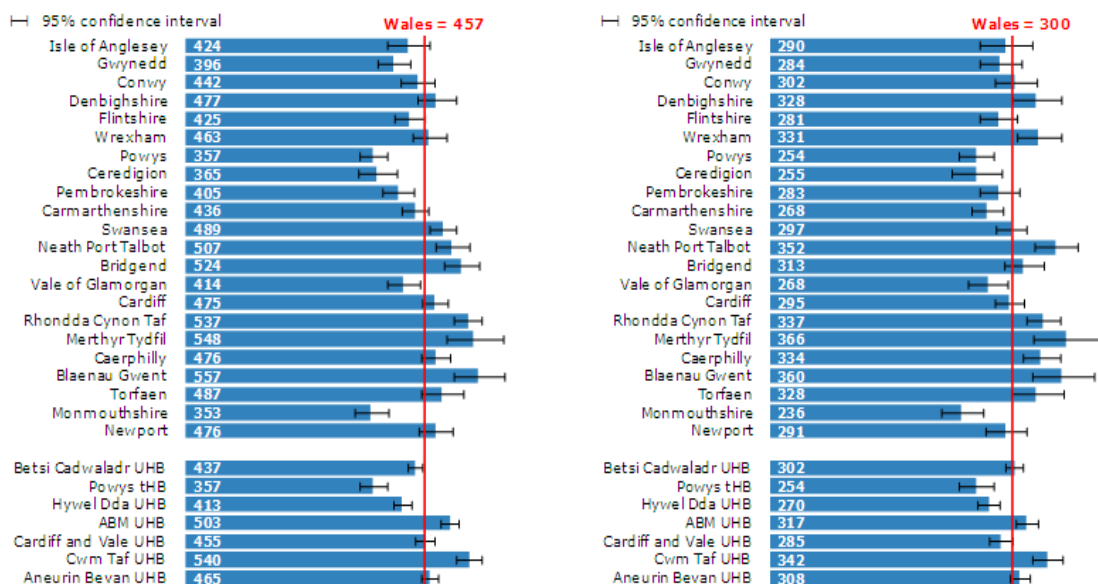
Figure 6:5 All cause mortality, EASR per 100,000, count and crude rate, under 75, Wales local authorities, health boards, 2012-14.

Males:

Females:

Produced by Public Health Wales Observatory, using PHM & MVE (ONS)

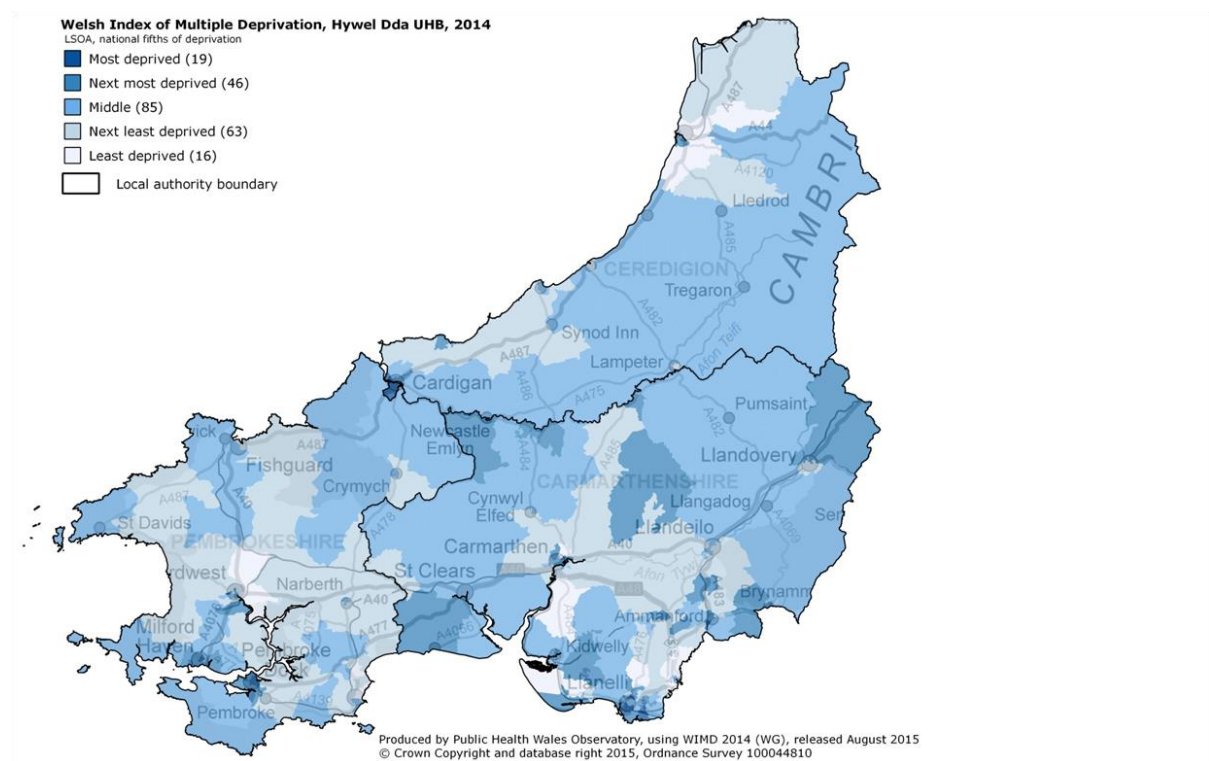
Produced by Public Health Wales Observatory, using PHM & MVE (ONS)



Source: Hywel Dda University Health Board

6.3. Deprivation and lifestyle factors

Geographically based deprivation measures can be used to show inequalities in health and suggest areas likely to most need measures to improve health and manage ill-health. The Welsh Index of Multiple Deprivation 2014 is produced at Lower Super Output Area (LSOA) level and is derived from a broad range of factors. The following figure shows that in West Wales there are areas of deprivation including parts of Llanelli, Pembroke Dock and Cardigan.

Figure 6:6 Welsh Index of Multiple Deprivation, Hywel Dda UHB 2014

Source: Hywel Dda University Health Board

Figure 6.6 shows that people living in the West Wales region have generally healthier lifestyles than is typical across Wales. Yet there are still challenges to be addressed. For example, Ceredigion has a slightly higher rate of adults reporting to drink alcohol above the guidelines and binge drink, whereas Pembrokeshire and Carmarthenshire are reporting higher than the Welsh average in rates of obesity. This is despite better rates than Wales for levels of physical activity and fruit and vegetable consumption.

Figure 6:4 Observed percentage of adults who reported key health-related lifestyles, by LA, Health Board and Wales, 2013/14.

		Wales	Hywel Dda UHB	Ceredigion	Pembrokeshire	Cardiganshire
Daily alcohol consumption	Smoker	21	19	18	18	19
	Above guidelines	41	39	42	35	39
	Binge	25	22	26	18	24
Consumption of fruit & vegetables	Meets guidelines	32	37	39	38	35
Exercise or physical activity	Active on 5 or more days per week	30	33	35	32	33
	0 active days	34	31	27	34	31
Body Mass Index	Overweight or obese	58	58	52	59	60
	Obese	22	22	17	23	24
*Unweighted base		29,177	3,703	1,295	1,122	1,286

*Bases vary, those shown are for the whole sample

Source: Hywel Dda University Health Board

6.4. Further information

More information on the West Wales population is available in the Public Health Needs Assessment Report (Hywel Dda University Health Board, 2016). This document provides further details on the demographic profile, prevalence and incidence of various chronic conditions, lifestyle risk factors and some of the wider determinants that impact upon health. There is also reference to the local Single Integrated Plans for Cardiganshire, Ceredigion and Pembrokeshire.

Further reference is made to lifestyle and environmental factors where appropriate in each of the thematic reports that follow.

6.5. References

Hywel Dda University Health Board (2016). *Health Needs Assessment Report 2016*. Available at: <http://www.wales.nhs.uk/sitesplus/862/page/85702>

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7. Carers

7.1. Overview and Key Messages

All of us will have our lives touched by caring at some point: 3 in 5 of us will be carers and many of us will also need care in our lifetime (George, 2001). Carers are the mothers, fathers, sons, daughters, siblings, spouses, friends and neighbours who provide unpaid care, caring at home, picking up prescriptions, changing dressings, providing much needed emotional support and much more, and often neglecting their own health and wellbeing needs. Carers are vital to those they care for and to the foundation of the health and social care system.

Around 1 in 8 people in West Wales, many of them young people, are providing unpaid care with a significant proportion providing between 20 to 50+ hours of unpaid care per week.

The provision of unpaid care is becoming increasingly common as the population ages, with an expectation that the demand for care provided by spouses and adult children will more than double over the next thirty years (See for example Pickard, 2008).

Based on a national calculation conducted by carers UK and Sheffield University in 2015 (Buckner and Yeandle, 2015), the cost of replacing unpaid care in West Wales, can be estimated at £924m. This exceeds the NHS annual budget for the region which is almost £727m (Hywel Dda University Health Board 2016a).

7.2. Demographics and Trends

Census data suggests that within West Wales there are more than 47,000 unpaid carers representing 12.5% of residents (ONS, 2011):

- Carmarthenshire has the highest proportion (13.2%) of unpaid carers in West Wales, the 3rd highest in Wales
- Pembrokeshire has the second highest proportion (12.4%) in West Wales, the 11th highest in Wales
- Ceredigion has the lowest proportion in West Wales (8,603), the 4th lowest in Wales. In comparison with the other 21 authorities across Wales however, the percentage change (8.7%) between 2001 and 2011 of carers in Ceredigion was the second highest across all of Wales (joint second with Powys)
- The age range that provided the greatest share of care were women aged 50-64, with more than a quarter of all women in this age group providing some level of unpaid care
- The percentage of people providing over 50 hours of care per week rises with age, for both males and females
- The Black and Minority Ethnic (BME) population of West Wales is 2.12% of our total population or 8,105 people, considerably lower than the Welsh average of 4.4%. The rates of caring amongst the BME population are significantly lower than the population as a whole, around half that of the general population. This is partly explained by the lower age profile found in BME groups

Figures from Carers UK (2013a) indicate that over one third of eligible carers do not claim the carers Allowance benefit.

The 2011 Census further suggests that:

- 7.2% of the population provide 1-19 hours unpaid care per week
- 1.7% provide 20-49 hours unpaid care per week
- 3.5% provide more than 50 hours of unpaid care per week
- The age range that provided the greatest share of care were women aged 50-64, with 25.7% of all women in this age group providing some level of unpaid care. A total of 10% of this age group are providing over 20 hours care p/w
- The total number of people in the area providing over 50 hours of care p/w is 13,373 of whom 5,485 (41%) are male and 7,888 (59%) are female
- The percentage of people providing over 50 hours of care p/w rises with age, for both males and females
- In the 25-49 years age group, 2.3% (1,215) of all males and 4.1% (2,297) of all females provide over 50 hours of care p/w
- In the 50-64 years age group, 4.2% (1,629) of all males and 6.3% (2,564) of all females provide over 50 hours of care p/w

The percentage of carers identified to health and social care organisations in West Wales increased from 10.2% in June 2013 to 20.6% in June 2016 (Hywel Dda University Health Board, 2016b).

Census data suggest that there are 3,436 young carers (defined as 5-17 year olds) in West Wales. Of those:

- 48% are male and 52% are female (compared to 43% and 57%, respectively in the overall carer population)
- 858 (25%) of young carers are providing more than 20 hours unpaid care per week
- 385 (11%) are providing more than 50 hours of unpaid care per week

Figures published by the BBC suggest there are four times more young carers in the UK than are officially recognised (Howard, 2010).

7.3. Current and Future Support Needs

It is worth noting that not all carers want or need support all of the time. For example, 51% of 1,020 carers who were offered a carers assessment by Ceredigion Social Services in 15/16 declined the offer. Just over a third (35%) of those that declined the offer reported that they were managing in their caring role so did not require any additional support.

However, the Carers Trust (2016) estimate that by 2030 the number of unpaid carers will grow by around 60% as more people live longer but with more complex needs.

The role of an unpaid carer can negatively impact a carer's physical and mental health and their career and financial security. Carers can also experience social isolation, a lack of recognition of their caring role and their knowledge of the cared for person. Life after caring can also bring its own challenges.

Evidence suggests that:

- Providing more than 50 hours of unpaid care can increase the likelihood of self-reported poor health (Census data)
- The short and long-term impact of carer collapse can be devastating. Carers can end up in a double admission alongside their ill or disabled loved one (Carers UK, 2014)
- Caring for someone with dementia or mental health needs can have an even greater impact leading to stress and frustration and a detrimental impact on carers' physical and mental health
- Carers frequently report that their involvement in care is not adequately recognised and their expert knowledge of the 'cared for person' is not taken into account. A disconnected model of involvement like this can lead to carers being excluded at important points (Worthington et al, 2013); and this issue contributed to readmission of the cared for person into hospital in 62% of cases (Carers Trust Wales, 2016)
- It can be difficult for working-age carers to combine paid work with caring duties and carers may choose to quit paid work or reduce their work hours (OECD, 2011)
- Around 5% or 1 in 20 people of working age combine paid work with their role as an unpaid carer (Carers UK, 2013b) and yet across the region the percentage of working age people claiming Carer's Allowance is around 2.0%. Whilst this is comparable to the Wales percentage (2.1%) in Ceredigion the uptake is lower (1.4%) (Data Unit Wales, 2015). Direct Payments to carers in their own right is also low which could be linked to the take up of assessment offers. More than a third of carers miss out on state benefits because they didn't know they could claim for them (Carers Trust, 2016)

"A carer confided in the GP surgery receptionist that she was not coping at home due to the stress of being a carer to her husband who had been diagnosed with Dementia. She was alone, and nobody understood how her husband could be a handful as his friends and family knew him as this kind caring man".

Source: Hywel Dda Regional IiC (2016)

It is important to recognise that carers' wellbeing can be significantly improved by addressing low level issues such as not being able to carry out maintenance or DIY, tidy up the garden or clean the windows.

Carers are not a static population. Every year around a third of carers find their caring role has come to end as the person they care for recovers, moves into residential care or passes away (Carers UK, 2015). Life after caring can bring new challenges. Loss of role and function compound normal grieving and can lead to isolation and depression. Many carers will have depended on the welfare benefits of those that they cared for to jointly live on but when the caring role comes to an end welfare

benefits can stop too leaving carers having to apply for benefits themselves. As one carer put it:

'why doesn't anyone pick up on this and help the carer to be able to move on?'

Source: Carers UK

Carers also face a number of other challenges including transport and finding suitable and affordable housing, and inadequate and inaccessible service provision for carers and for the cared for person.

- Looking after someone with a disability or illness can make it difficult to get out of the house. This could be due to mobility, travel and fuel costs or poor transport links within large rural areas
- Carers and their families often face problems in relation to suitable and affordable housing. Carers are not being prioritised for housing, can suffer overcrowding or other types of inappropriate housing, sometimes without a separate bedroom for the carer or cared for person
- Inadequate service provision for the carer and cared for person is also an issue across the region. Lack of services can have a knock on effect on carers, for example a lack of inpatient, day services, clinics, and respite care, and specialist services for example for older people, people with mental health issues, veterans and their families and younger adults with physical disability. The north of the region is particularly poorly served in terms of mental health and dementia services

Health and care services need to be better tailored to the carer's individual needs rather than the organisations providing them. Mixed consistency of support from local services means that carers are facing barriers to maintaining their health, balancing work and care, and balancing education and care which is having a markedly negative impact on their life chances: Carers who are supported by their communities are more than three times as likely to always be able to maintain a healthy lifestyle (Carers UK, 2016).

Local carer feedback supports this:

"As a carer attempting to get understanding, advice, support and emergency care from the 'community' – such as GP, public transport, social services, dentist pharmacies and hospitals – can be very challenging, exhausting and beyond stressful."

'although a commissioned service is "marvellous", what is needed, is someone to take the cared for person out so that the carer can have time at home on their own'.

Source: Hywel Dda Regional IiC (2016)

Young Adult Carers (YACs) (18 -25 year olds) face many of the same challenges as adult carers including having their own physical or mental health problems. In addition, they are four times more likely to drop out of college or university than a student without caring responsibilities. Only 36% of YACs feel able to balance their

commitments with their caring role compared to 53% without a caring role. Many YACs in West Wales live in rural and remote communities and financial hardship can make it difficult to access services because of travel costs and time restraints. YACs need advice and information about education, health, employment, benefits, relationships, respite and support around their caring role and transition to an independent adult life.

Young carers (5 -17 year olds) face additional challenges of problems at school, with completing homework and in getting qualifications, isolation from other children and other family members, being stigmatised or bullied, lack of time for play, sport or leisure activities, feeling that there is nobody there for them, and that professionals do not listen to them. Young carers can also experience problems moving into adulthood, including with finding work, their own home and establishing relationships. One Young carer said:

“I’ve gone from 12 to 30 and it’s hard. I want to live a normal life. I want to be understood.”

Source: Children’s Society, 2012

7.4. Current Support Provision

Carers’ needs are currently met in the region through a range of services that are delivered by or commissioned by the local authorities, health, the third sector and other local community groups. These can be broadly broken down in to services that support:

- Identification and recognition
- Advice and information
- Assessment of carers needs
- Practical support (for example replacement care, help around the home, shopping)
- Advocacy
- Condition specific support for the carer and the person they care for

Services that directly support carers include:

- Carers needs assessments and support plans
- Commissioned support services (i.e. services providing practical and emotional support for the carer)
- Breaks from caring (from a few hours to extended periods depending on assessed need)
- Comprehensive information in a range of formats including social media
- Direct payments for carers
- Carers Emergency Card schemes
- Programme of events including carers week and carers rights day
- Carers Forums and support groups (engaging, informing, consulting and peer support)
- Advocacy

- Grants

Services that indirectly support carers include:

- Replacement care for cared for person (day opportunities, replacement care and respite)
- Direct payments for cared for person
- Expanded care plans
- Workforce development and training / eLearning. The value of workforce training is highlighted by the following feedback

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

Source: Carer Aware e-Learner Feedback Survey, 15/16 Hywel Dda University Health Board Carers' Measure Strategy Annual Report, 2016.

Significant progress has been made in the region particularly through the Investors in Carers (IiC) scheme. IiC is an accredited award initiative for GP practices, secondary care settings, pharmacies and schools aimed at improving the help and support given to carers. The scheme delivers a number of cultural changes including;

- Mainstreaming of areas of good practice within the partner organisations
- Increased communication between professionals and voluntary organisations
- Recognition of the caring role and the identification of 'hidden' carers
- Targeted health checks for carers
- Engaging carers in the design, development and delivery of the services they receive, for example; the new Information Advice and Assistance (IAA) 'Pre-Front Door' operating Model and the development of a digital inclusion project in rural Tregaron, Ceredigion, to help overcome social isolation
- Partnership working between Mid Wales Healthcare Collaborative, Ceredigion County Council's Carers Unit and the IiC Scheme to develop a training programme to build resilience and improve the wellbeing of carers across the region - the first time the training programme has been adapted and trialled with carers in the whole of the UK
- Roll out of the Carer Aware training scheme and Young Carer Aware E-learning package
- Ensuring that HR policies include support for employees to remain in work, fulfil their career potential and meet their caring responsibilities

Evidence of improvements include:

- An increase in the percentage of carers identified from 10.2% in 2013 to 20.6% in 2016
- An increase in the number of carers registered with GP surgeries in the region from 5,871 in 2015 to over 6,138 in June 2016. GP Surgeries also made 635 carer referrals for further help and support (almost a 40% increase since 2015)
- Positive feedback for example

“I realised that I was a carer and could register with my GP after seeing the notices on the board in my Surgery.”

“Carer and cared for have used some of the information leaflets available in the GP surgery to access support/advice.”

Source: Hywel Dda Regional IiC (2016)

Social enterprises and voluntary groups also provide a wide range of services to support carers including:

- Crossroads Care
- Action for Children – supporting Young Carers
- Mind – Mental health services and support for Carers
- Carers Provider Forum
- Carers’ Networks

In addition, there are numerous voluntary and community groups offering services in the community, such as luncheon clubs, learning circles, exercise classes, shopping services, book clubs, and so on which can help improve the wellbeing of carers.

Some work has been done to stimulate social enterprise in the region. County Voluntary Councils (CVCs) have facilitated development workshops alongside local agencies with respect to social enterprise but there are resource implications to progressing this further.

CVCs also support a wide range of social enterprises and voluntary and community groups, which collectively make up the third sector. Experienced staff provide information and support on setting up new groups (including legal structures and governing documents); organisational development; good governance; sustainable funding and fundraising and quality assurance.

Communities offer significant assets and social capital that could be utilised to improve the physical and mental wellbeing of carers including:

- Carers themselves (experts through experience)
- A network of community buildings offering local access to services, events and activities
- A vibrant third sector
- Active volunteer network – including formal and informal volunteers
- A beautiful natural environment, including a national coastal path
- Community based groups
- Community connectors/community champions being developed under the SSWBA implementation
- Arts, educational, cultural, and spiritual resources

7.5. Gaps and Areas for Improvement

There are challenges to improving experience and outcomes for carers including:

- Recruitment and retention of staff to many health and social care providers and lack of capacity to recruit and support volunteers
- Stretched budgets, reductions in grants, or reduced access to grants to third sector providers, and short term funding
- Lack of market competition in the private sector in rural areas
- National variations in the age ranges used in relation to YACs which has a bearing on how research data can be compared. For example, Carers Trust considers YACs to be 14-25. The Census and other research consider the age range to be 18-25 years

However, the Population Assessment will inform partners' future plans including:

- Investors in Carers development plan (2017 onwards)
- Regional Carers Strategy
- Hywel Dda Transition Carers Action Plan 2016-2018
- Ceredigion Carers Unit Business Plan
- Carmarthenshire Carers Action Plan
- Pembrokeshire Carers Strategy – Supporting the Health and Wellbeing of Carers

Headline intentions will be overseen through the Regional Partnership Board and through local governance structures including the Regional Carers Strategy Implementation Group and Regional Carers Programme Board, Ceredigion Carers Alliance, Carmarthenshire Strategic Partnership Board for Carers and Pembrokeshire Joint Carers Strategy Board.

Partners including the third sector will continue to work together to address gaps and areas for improvement which are set out below against the core principles of the SSWB Act.

Voice and Control

There are challenges to improving outcomes for carers. Caring responsibilities can grow over time so that individuals do not immediately recognise they have become a 'carer' or that support may be available. There is a need to:

- Further embed good practices around identification, information and consultation. This includes maintaining Carers Information Services to include information about health and care services and key stages in the caring journey from being a new carer, to changes in needs, transitions points in life stages, preparing for the end of caring, bereavement and when the caring role ends
- Raise the profile and public understanding of caring
- Ensuring carers are involved in decisions about the cared for person including discharge planning

Prevention and Early Intervention

There is a need to design and develop preventative services and review commissioned service specifications to meet the prevention model.

Wellbeing

There is a need to improve carer assessments and to do more to ensure services that support the cared for person are accessible and available (for example rapid response services to support people with night care during acute episodes and emergencies, respite services, support for people in a crisis and transitional services for children and young people).

Programmes aimed at maintaining general wellbeing of carers should also be considered. One such programme was piloted by the Mid Wales Healthcare Collaborative in partnership with Ceredigion County Council's Carers Unit and HDUHB's liC Scheme over an eight week period in autumn 2016. A training programme entitled 'Caring for the Third Workforce: The Resilience and Wellbeing of Carers' was developed aimed at building resilience and improving the wellbeing of Carers across Ceredigion. This was the first time this exciting and well trusted training programme has been adapted and trialled with Carers in the whole of the UK; Ceredigion was specifically chosen as an area with a rural dispersed population. Carers had the opportunity to be one of the first in the UK to take part. The resilience pathway considered the effects of isolation, stress and identity. The methodology enabled the Carers to develop a situational analysis process regarding stress levels, as a means of always finding a way back to their "best self" as the core resilience pathway. The outcomes of the robustly evaluated pilot with the participants indicated significant and sustainable improvements in a positive mind set and self-help, identified by the carers through their own analysis and that of the researcher as to their improved resilience. The participants have continued to meet into 2017 since course completion as a support group with their own identity 'Caring Friends'. There is significant ongoing interest and commitment to further trials for the model of delivery to support further roll out, both from Carers and professionals, it has potential for Carers in the Workforce and Young Carers. The Report will be shared with the Mid Wales Collaborative and the West Wales Regional Partnership Board. The research is to be discussed at the BMJ International Conference in July 2017, and with the Welsh Government. It is also a training programme under discussion with Academi Wales as a tool to support the resilience of the workforce and the Carers within that environment in Spring 2017 for further development.

Co-production

Support the role of user-led services including:

- Create local carer co-operatives that can commission services that best meet their needs
- Work with carers through Carer Forums on the co-production of services

Co-operation, Partnership and Integration

- Strengthen the role of social enterprises and user-led services including
 - Developing commissioning and procurement processes that pro-actively build social enterprise supply chains
 - Promote new models of service delivery by sharing examples of what works elsewhere and encourage collaboration
 - Develop a programme of training courses and workshops for carers delivered by third sector organisations and social enterprises

- Develop a much more joined up approach between partners and other agencies to ensure the issues facing carers are taken into account when planning community programmes such as transport, housing, and technology developments and other community programmes. For example whilst technology developments have significant potential many carers need paper based and face to face advice because they cannot access online information or require the emotional support from personal contacts
- Support carers with housing problems for example through
 - Advice services for carers including specialist housing advice services for carers of older people or people with learning disabilities
 - Local authorities and housing associations taking carers' needs into account in housing lettings policies
 - Support with adaptations; equipment, repairs and improvements, alarms and telecare technologies
 - Support to move home from an inappropriate property (The Princess Royal Trust for Carers, 2010)
- Address the challenges of transport in the region through for example, integrating carers impact assessments within transport planning for the community and more consistent Community Transport Schemes across the region. For example 'Cars for Carers' is no longer resourced in all counties and needs to be considered on a regional footprint. And address carer transport needs using Direct Payments, Voucher schemes and other community schemes
- Address the low up take of benefits and increase claims and to ensure:
 - Older carers over the age of 65 take up entitlement that could passport them onto other benefits or carer addition to Pension Credit
 - Coordinated local concessions across the regional footprint e.g. free bus passes for carers, free parking, and other concessions that can make a big difference to the lives of carers and their families, and help to build a more carer friendly community

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8. Children and young people

8.1. Overview and key messages

- Children and young people make up approximately 22.2% of the population in the West Wales region. The number of young people is expected to stay relatively stable over the next 15 years
- The region has a lower number of looked After Children (LAC) than the national average
- Care and support needs span a wide range from universal, through early intervention, multiple needs and remedial intervention
- Partner agencies have adopted a broadly consistent continuum of care and support for children and families with a focus on prevention
- Areas for improvement include further development of preventative and early intervention services, building on established programmes such as Family Information Services, Families First and Team Around the Family; refocusing managed care and support to promote independence and wellbeing; improving multi-agency working and improved collaboration across the region to bring services to a consistent level and standard
- Collaborative action should also be considered to address strategic challenges such as reducing budgets, workforce development and the establishment of user-led preventative services

8.2. Demographics and trends

In 2015 there were 85,170 children and young people (aged between 0 and 19) in the West Wales region, of which 41,920 reside in Carmarthenshire, 15,890 in Ceredigion and 27,360 in Pembrokeshire. Across the region this represents 22.2% of the total population.

Projections suggest these figures will remain relatively stable at regional level between now and 2030, the estimated number of children and young people standing at 84,430. Slight increases are predicted in Carmarthenshire (projection of 43,220) and Ceredigion (17,210) to 43,220 with a slight drop to 26,230 predicted in Pembrokeshire (Daffodil Cymru).

LA data indicates that there are currently 144 children and young people with a disability (including Autism Spectrum Disorder or ASD) in Carmarthenshire, with corresponding figures for Ceredigion and Pembrokeshire standing at 184 and 136, respectively. Available figures for children with ASD and disability project a relatively stable incidence of these conditions over the period to 2030.

A study undertaken across the region in 2015-16 indicated that the number of children and young people identified with complex needs stood at 64 (16 in Carmarthenshire, 21 in Ceredigion and 27 in Pembrokeshire). 23 children and young people were identified as having complex needs by Hywel Dda University Health Board (People and Work Unit, 2016). These numbers should be seen as indicative; definitions of complexity and nature of conditions vary across local authorities, and

anonymised records mean that there could be overlap between those children and young people identified by social services and those identified by the NHS.

The following table shows the percentage of children and young people not in education, employment or training in 2015 in each county in years 11, 12 and 13. Whilst the data shows similarities between the counties for year 12, there are some notable differences between Ceredigion and the other two counties in year 11, and between all counties in year 13.

Figure 8:1 Percentage of children and young people not in education, employment or training (NEET) 2015

Not in Education, Employment or Training 2015			
	Carmarthenshire	Ceredigion	Pembrokeshire
% known to be NEET in year 11	3.5	1.4	3.8
% known to be NEET in year 12	1.1	1.3	1.3
% known to be NEET in year 13	2.8	3.3	4.0

Source: Careers Wales

8.3. Current and future care and support needs

Children and young people will have a range of care and support needs depending on their personal circumstances. Broadly speaking, this range will encompass:

- **Universal needs**, for example information and advice, low level family support, preventative services such as health visiting, early ante-natal provision, dietetic support and advice, childcare and careers advice
- **Additional needs and early intervention**, such as improvement support for families, youth engagement, supporting young people into education and training, education inclusion and welfare
- **Multiple needs**, requiring coordinated multi-agency support to support children and families to address complex and/ or entrenched needs
- **Need for remedial intervention** to support children at risk

Effective transition into adult services for children and young people who need ongoing care and support, and providing the right support for young people leaving care are also important factors when planning and delivering services.

Regardless of the specific nature of their need, care and support for children and young people should contribute to the ten aspects of wellbeing set out in Part 2 of the Social Services and Wellbeing (Wales) Act. In particular, partners share a strategic commitment to:

- Promote physical and mental health and emotional wellbeing
- Support welfare and development of children and families by working collaboratively with parents, family networks and community services including education, training and recreation providers
- Keeping children safe and protecting them from abuse and neglect

All planning for care and support for children and young people is guided by the

United Nations Children Rights Convention and we will work together for children *to ensure they are not harmed, are looked after and are kept safe (Article 19)* and achieve their wellbeing outcomes (United Nations, 1989).

Wellbeing Outcomes that are particularly important to this group are:

Physical and mental health and emotional wellbeing

- I am healthy and active and do things to keep myself healthy
- I am happy and do the things that make me happy
- I get the right care and support, as early as possible

Protection from abuse and neglect

- I am safe and protected from abuse and neglect
- I am supported to protect the people that matter to me from abuse and neglect
- I am informed about how to make my concerns known

Education, training and recreation

- I can learn and develop to my full potential
- I do the things that matter to me

Domestic, family and personal relationships

- I belong
- I contribute to and enjoy safe and healthy relationships

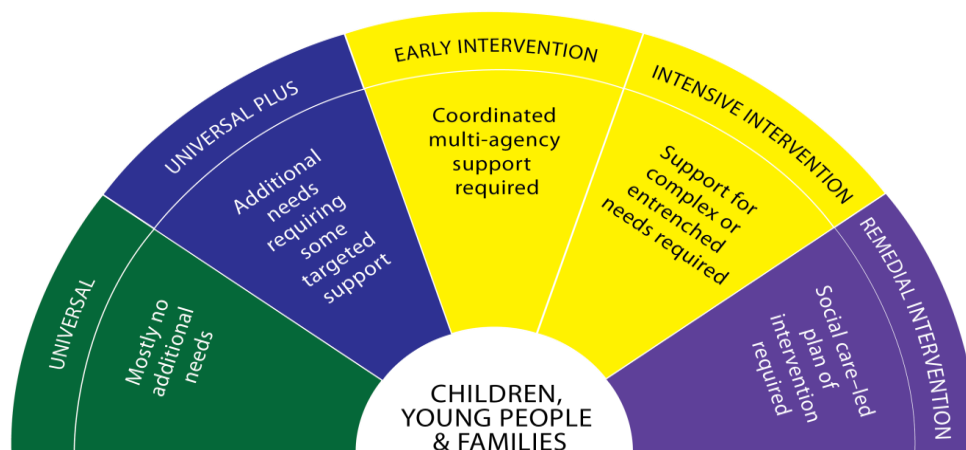
Children will want to achieve wellbeing outcomes that are personal to them and they may need care and support from many different areas in helping them to achieve these. Children with disability or additional needs will require enhanced or targeted support to assist them.

Exposure to Adverse Childhood Experiences (ACEs) such as parental separation, domestic violence or individuals with alcohol or substance misuse problems have a long term harmful effect. Preventing ACEs can improve health across the whole life course and enhance an individual's wellbeing while supporting families with parenting and child development plays a central role by promoting resilience, positive self-esteem and has a positive impact on wellbeing outcomes (Public Health Wales, 2015).

Workers across health, social services and associated preventative services gather the views of children, young people and their families through their day to day practice. In addition to this a range of consultation and engagement activity is undertaken to ensure that the experience and voice of children, young people and their families shapes service improvement and planning. For example, in Ceredigion the views of the wider children and young people population are gathered through the School Wellbeing Survey.

8.4. Current care and support provision

In response to the needs identified in the previous section, partners across the region have adopted a service continuum as a basis for planning and delivering care and support as shown in the following diagram.

Figure 8:2 Service continuum

Source: Institute of Public Care

Whilst the continuum is articulated differently in each county area and the precise categorisation of services varies slightly, there are common core principles which include:

- A recognition of the importance of physical, mental and emotional wellbeing of children and the key role of universal services in achieving this
- The importance of partnership working, for example between social services, youth services, youth prevention services and other organisations to ensure that young people have access to social activities
- The view that resilience and wellbeing are rooted in families and communities and therefore that support should be focused wherever possible on promoting family life and enabling children and young people to remain within their families and/ or communities so long as it is safe for them to do so
- A multi-agency and individualised approach to supporting children with complex needs
- Effective transition for children and young people into adult services where appropriate

Similarly, service provision varies in detail across the region, but they are predicated on this continuum of services. A summary of services currently in place is provided below.

- Family Information Services (FIS) are in place in each LA area which provide members of the public, professionals and other agencies with access to a broad range of information about local relevant services and support available to families including those who may have a need for advice with specific issues
- Advocacy services are provided through a newly commissioned regional contract spanning Mid and West Wales (including Powys)

- A range of services are commissioned through the Families First programme, which has a clear emphasis on early intervention for families, especially those living in poverty, through a multi-agency approach and coordinated working with other programmes and services across the region. These include Flying Start, which provides enhanced services for children age 0-4 living in particular geographical areas as well as third sector providers which cover the whole region such as Action for Children, Plant Dewi and Homestart. More information on Families First can be found at <http://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/families-first/?lang=en> and on Flying Start at <http://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en>
- There is an increasing focus on reducing adverse childhood experiences such as drug use, domestic violence, mental illness alcohol and drug use as well as continuing to address child maltreatment verbal, physical and sexual abuse. Those families who may have more complex or entrenched difficulties require assessment and coordination by a specialist worker to develop and deliver plans which will incorporate a range of specialist responses from dedicated services such as the Integrated Family Support Service (IFSS) and Looked After Children (LAC) teams. More information on IFSS can be found at <http://gov.wales/topics/health/socialcare/working/ifst/?lang=en>
- Education welfare services in each area work with partners in education to reduce persistent non-attenders and ensure educational entitlement
- Specialist provision for children and young people with complex physical and mental health needs, including residential care (fostering, in-house placements, children's homes, care homes and secure accommodation), community care packages enabling people to live at home and a range of health and education services such as Speech and Language Therapy, occupational Therapy, sensory, educational psychology (EP), physiotherapy, child psychology, and children and adolescent mental health services (CAMHS)
- A range of 'looked after' solutions including child protection reviews, adoption, fostering and residential care. A regional adoption service is in place across Mid Wales, including Powys, which has enabled a standardisation of approach and collaborative working in areas such as promotion, recruitment, assessment, training and ongoing support
- Regional safeguarding arrangements through the CYSUR Children's Safeguarding Board, which has the aim of 'protecting children who are experiencing, or are at risk of abuse, neglect or other kinds of harm, and prevent children from becoming at risk of abuse, neglect or other kinds of harm'. The regional arrangements have facilitated the development of consistent policies and procedures, including a regional action plan in relation to Child Sexual Exploitation, and are being aligned closely with arrangements for adult safeguarding to address cross-over issues such as domestic abuse and violence

- Transition services and enhanced ‘leaving care’ provision to meet the requirements of the Social Services and Wellbeing (Wales) Act
- A comprehensive range of sexual health services including:
 - Sexually Transmitted Infections (STI) testing and treatment
 - Complex contraception including provision of all LARC methods
 - Basic contraception
 - Cervical screening
 - Community gynaecology
 - Psychosexual counselling
 - Rapid access for vulnerable groups
 - Child Sexual Exploitation (CSE) risk assessment for all patients under 18
 - Assessment for domestic abuse
 - Post-Exposure Prophylaxis (PEP) and Hepatitis B vaccinations

The sexual health service sees approximately 25,000 patients a year with the highest levels of attendance falling within the 15-24 age range.

Within each authority there are individual examples of coproducing creative solutions to support future services such as the Intergenerational Community Centre in Aberaeron. This is spearheaded by the third sector (Ray Ceredigion & Age Cymru), and the introduction of the ‘Signs of Safety’ outcome measurement framework when working with families which is a strengths-based and safety-focused approach to child protection work grounded in partnership and collaboration.

The following table provides a breakdown of the numbers of children supported through a range of statutory and non-statutory services across the region.

Figure 8:4 Numbers of children supported through a range of statutory and non-statutory services

Statutory Children’s Services	Carmarthenshire	Ceredigion	Pembrokeshire
Referrals to Social Services (2015/16)	1,473	531	1262
Rate of Looked After Children (LAC) per 10,000 child population as at 31/3/16	58 (n=215)	62 (n=80)	46 (n=126)
Number of LAC placed by other LAs as at 31/3/16	166	24	59
Rate on Child Protection Register (CPR) per 10,000 child population as at 31/3/16	24 (n=88)	46 (n=55)	24 (n=60)
Rate of Children In Need (CIN) per 10,000 child population as at 31/3/15 <i>(2016 comparative data not yet available)</i>	250 (n=930)	360 (n=450)	205 (n=505)
Adoption activity 2015/16			

Number of Adoption Orders granted	25	4	3
Placed ready for adoption	12	1	6
Number of approved Adopters	8	6	5
Post adoption support	45	26	27
Adoption breakdowns	0	0	0
Foster placements 2015/16			
Within LA boundary	163	50	88
Outside LA boundary	12	12	5
Other community placements 2015/16			
Independent living	6	0	1
Residential employment	0	0	0
Residential placements 2015/16			
Looked after and placed in secure unit	0	0	0
Placements in homes and hostels subject to Children's Homes Regulations	2	1	8
Placements in other hostels and supportive residential settings	0	1	0
Placements in residential care homes	0	0	0
NHS/ Health Trust or other medical establishment providing medical or nursing care	0	1	1
Family centre or mother and baby unit	0	0	0
Youth offender institution or prison	0	0	0
School placements 2015/16			
Residential schools, except where dual registered as a school and children's home	1	0	2
Non-statutory/ preventative services			
Family Information Service 2015/16			
Contacts – Telephone/email enquiries	641	600	300
FIS Website visits	15,098	54,725	47,787
Flying Start 2015-16			
Numbers of children worked with	1570	525	1226
% assessed as medium and high need	41%	37%	41%
Families First 2015-16			
Individuals accessing FF funded projects	8626	1732	2500
Numbers of JAFFs completed	1162	399	205

TAF requests for support	476	163	463
TAF cases (closed during the year)	285	122	203
Youth Justice Service – Preventions			
Number of NEW prevention cases	30	148	33
Number of ACTIVE prevention cases	35	66	22
Elective Home Education (EHE)			
Numbers known to be in EHE	196	123	119
Children with a disability			
Children receiving continuing care funding	11	6	12
Children receiving a service from Children's Community Nursing Service	135	29	105

Source: Various local data

8.5. Gaps and Areas for Improvement

As outlined above, the range and level of care and support currently being provided aims to address identified need and offers a range of interventions at varying levels of intensity, with the aim of preventing escalation and delivering positive outcomes to children and young people. There is room for confidence that the required statutory services are in place to meet the needs of the most vulnerable children and young people and to keep them from harm.

The development of fit for purpose services right across the range is, however, an ongoing journey and there are a number of areas in which further improvement can be made. These are set out below against the core principles of the Social Services and Wellbeing (Wales) Act.

Voice and control

- Enhancing assessment and care planning processes to ensure that citizens have a genuine voice over outcomes and support needed to achieve them
- Ensuring that children, young people and their families are able to access services through their language of choice and that the 'active offer' of services through the medium of Welsh is always available

Prevention and early intervention

- Further development of information, advice and assistance to meet the requirements of the Social Services and Wellbeing (Wales) act and direct children and young people to appropriate care and support within communities
- Continuing to strengthen the focus on prevention across the range of services, to build resilience of children, young people and families, reduce reliance on statutory services and facilitate de-escalation from intensive support where appropriate. It will also be important to have robust mechanisms in place to assess the impact of these new approaches

- Improved working with community-based organisations to support children and young people in the development of life skills
- Refocusing social work practice and resources towards early, direct interventions that strengthen the resilience and functionality of families

Wellbeing

- Reducing the number of placement moves for LAC and reducing reliance on residential care
- Improving access to mental health services at an early stage, thus preventing the need for referral to CAMHS services. There continue to be significant numbers of young people who require psychological support (intensive or remedial intervention) although there remains very limited provision. It will also be important to improve joint planning between CAMHS and learning disability services to ensure equitable service provision for children with neuro-developmental conditions. The 'Together for Children' programme provides a mechanism for this
- Enhancing accommodation and meeting accommodation support needs of young people who are care leavers (including those leaving residential care) and following custodial sentences. Local initiatives in place to improve arrangements need to be consolidated moving forward
- Improving the support offered for family relationships, particularly for new parents or parents who are experiencing stress due to other factors such as imprisonment or disability. This will be instrumental in reducing the risk of domestic abuse or other offending behaviours (Welsh Government, 2016)
- Increasing the level of support available for child victims of sexual abuse; a recent study also suggested gaps in capacity in this area across Wales (Allnock et al, 2015)
- Achieving better integration between children's services, mental health and learning disability to address specialist needs of specific children and young people
- Improving access to child sexual health services

Co-production

- Developing community-based, user-led services

Cooperation, partnership and integration

- Developing consistent methodology such as Signs of Safety to underpin care and support across the region
- Developing a consistent, outcomes-based performance framework for children and young people's services across the region
- Developing links between Integrated Family Support Services (IFSS) and other council services such as adult care and housing as well as community-based services, to help families back to independence and enable them to function effectively within their communities
- Reconfiguring commissioning processes for high cost, low volume care and support packages for children with complex needs are needed to ensure best outcomes for service users and improve financial efficiency. The possibility of developing new services on a regional basis should also be explored

Opportunities should be taken to take these areas forward in partnership across the region; thereby ensuring consistency of provision and enabling a 'once for West Wales' approach wherever possible. The regional partnership arrangements provide a mechanism for this and for sharing of effective practice and approaches as they are developed. Shared strategic challenges such as improving services while budgets are being reduced, workforce development and delivering effective services in a highly rural area will also benefit from a consistent approach across the region. These should be considered as the regional Area Plan is developed in response to this assessment.

Existing strategies such as the 'Together for Children and Young People' strategy for child and adolescent mental health in Wales and Child Poverty Strategy for Wales (Welsh Government, 2015) will be reviewed and refocused as appropriate to ensure delivery of the identified areas for improvement.

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8.6. References

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9. Health and Physical Disabilities

9.1. Overview and Key Messages

This report considers the needs of the population aged between 18 and 64 who live in West Wales. A significant proportion of people in this age group will not be accessing care and support directly to address specific needs. However, they will benefit from general public health information and programmes aimed at encouraging healthy lifestyles and reducing risks to their health brought about by factors such as smoking and obesity. More generally, adults in Wales will also benefit from combined approaches across sectors and within communities to improve the social, economic and cultural wellbeing of Wales in response to the Wellbeing of Future Generations (Wales) Act 2016.

Where people within this age range have specific needs because of physical disability or chronic health conditions, proportionate, person-centred and responsive care and support may be required to help them achieve positive personal outcomes and live as independently as possible.

The report identifies a range of 'accelerating factors' within people's environments that might increase the likelihood of them developing an ongoing health condition, or aggravate the effects of existing conditions, and against which mitigating action should be taken. These include unemployment, low wages and poor housing conditions.

Effective promotion of public health, targeted care and support for those with specific needs and more general support for people particularly at risk should combine to optimise the quality of people's lives and their participation within their communities.

Supporting people to live active and healthy lives will reduce their needs for care and support and lead to improved outcomes at an individual and community level. The contribution of care and support services must be complemented by a range of collaborative approaches to improve people's social, economic, environmental and cultural wellbeing.

Public Health has an important role in providing the population with general information and advice on healthy life choices and support in areas such as diet and smoking cessation. This needs to start in the early years but should be sustained where possible across the range of age groups.

9.2. Demographics and Trends

There are currently 219,606 people aged between 18 and 64 in West Wales. This equates to around 70% of the adult population across the region, with the proportion being slightly lower in Pembrokeshire at 68% and that in Carmarthenshire and Ceredigion standing at 70% and 71%, respectively.

Of those adults aged between 18 and 64, 1,679 people are registered with a physical disability and a further 1,744 are registered as having physical and sensory

disabilities. Together this represents around 1.1% of the total 18-64 population, which is in keeping broadly with the Welsh average of 1.02.

Proxy figures suggest that significant numbers of people within this cohort of the West Wales population experience one or more 'accelerating' factors which could result in increased need for care and support. For example:

- 1,010 adults are in receipt of Incapacity Benefit or Severe Disability Allowance, 10.3% of the Wales total
- 16,740 adults are entitled to Disability Living Allowance or PIP (personal independence payment), representing 12% of the all-Wales figure
- 3.14% of people between 18 and 64 do not have central heating (1.97% in Carmarthenshire, 3.47% in Pembrokeshire and 5.5% in Ceredigion), compared with a Welsh average of 1.84%; and
- Among people living with severe health conditions 9,480 are in receipt of Employment Support Allowance (which is 0.4% of the Wales 18+ population). (Daffodil Cymru).

Neurological conditions are the most common cause of serious disability and have a major, but often unrecognised, impact on health, social services and on people's lives (Hywel Dda University Health Board, 2015).

- 25% of people aged between 16 and 64 with chronic disability have a neurological condition
- 33% of disabled people living in residential care have a neurological condition
- 10% of visits to Accident and Emergency Departments and 19% of hospital admissions are for a neurological problem
- 7% of GP consultations are for neurological symptoms
- In West Wales there are:
 - 727 people living with Muscular Sclerosis
 - 723 living with Parkinson's disease. 80% of people with Parkinson's disease will develop dementia or experience cognitive decline
 - 2,934 adults with Epilepsy on GP registers
 - 223 admissions for headaches for people under 65
 - 31 people known to have Motor Neurone Disease
 - 247 people attended Rookwood Welsh Spinal Cord Injury Rehabilitation Centre in Cardiff with spinal injury in the last 10yrs
 - Approximately 130 people admitted to hospital with head injury every year. Of these on average, 30 people per year require admission to a regional centre due to the significance of the presentation. In addition 10 people have anoxic brain damage every year in HD
 - Approximately 710 people living with cerebral palsy. For many this includes not only physical disability but also a learning disability and may result in significant care needs

Of those adults in West Wales living with a limiting long term illness, only 7.5% fall within the 18-64 age range. The total figure of those with a life limiting illness in West Wales is 23,656 and is predicted to decrease by 4% by 2030, with the most significant drop of 9.9% predicted in Ceredigion. This is reflective of general population trends, which predict a fall in the numbers of adults aged between 18 and

64 in general. However, the expected decrease in West Wales is significantly greater than in Wales as a whole, which stands at 0.7% (Daffodil Cymru).

The following tables provide further details of health related lifestyle factors in the 18+ population.

Figure 9:1 Adults who reported health related lifestyles

Observed percentage of adults who reported being overweight or obese, persons aged 16-44 and 45-64, Hywel Dda UHB and local authorities, 2013-2015

	Aged 16-44		Aged 45-64	
	Percentage	Estimated count*	Percentage	Estimated count*
Wales	49.2	544,900	67.7	550,200
Hywel Dda UHB	48.1	60,200	68.9	72,400
Ceredigion	42.5	11,900	63.3	12,200
Pembrokeshire	49.2	18,700	67.9	23,300
Carmarthenshire	50.1	29,800	71.5	36,800

Produced by Public Health Wales Observatory, using MYE (ONS) & WHS (WG)

*Rounded to nearest 100

Observed percentage of adults who reported smoking, persons aged 16-44 and 45-64, Hywel Dda UHB and local authorities, 2013-2015

	Aged 16-44		Aged 45-64	
	Percentage	Estimated count*	Percentage	Estimated count*
Wales	25.1	279,000	21.0	170,800
Hywel Dda UHB	23.3	29,200	18.5	19,500
Ceredigion	22.6	6,300	17.3	3,300
Pembrokeshire	21.3	8,100	19.1	6,600
Carmarthenshire	24.8	14,800	18.6	9,600

Produced by Public Health Wales Observatory, using MYE (ONS) & WHS (WG)

*Rounded to nearest 100

Observed percentage of adults who reported not meeting guidelines for fruit and vegetable consumption, persons aged 16-44 and 45-64, Hywel Dda UHB and local authorities, 2013-2015

	Aged 16-44		Aged 45-64	
	Percentage	Estimated count*	Percentage	Estimated count*
Wales	69.1	766,300	66.9	544,000
Hywel Dda UHB	65.4	81,900	63.1	66,300
Ceredigion	60.8	17,000	64.0	12,400
Pembrokeshire	66.6	25,300	61.2	21,100
Carmarthenshire	66.9	39,800	63.9	32,800

Produced by Public Health Wales Observatory, using MYE (ONS) & WHS (WG)

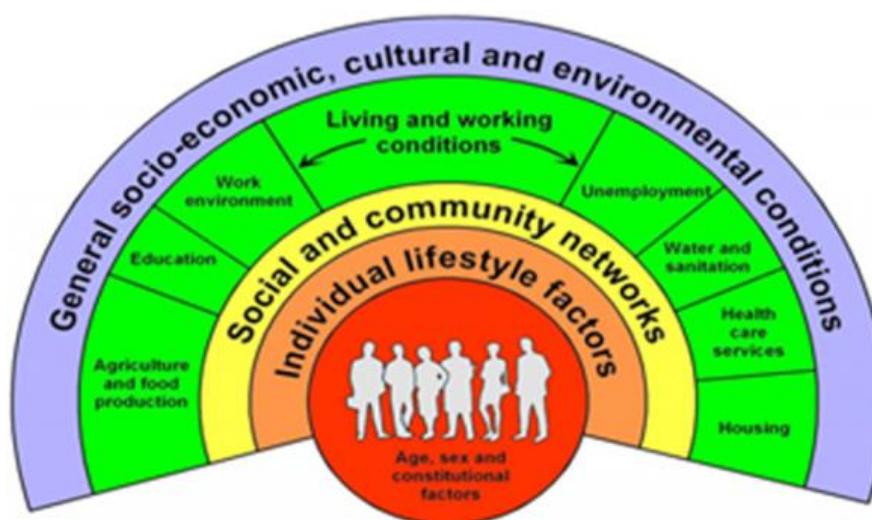
*Rounded to nearest 100

Source: Hywel Dda University Health Board

9.3. Current and Future Care and Support Needs

Supporting people to live active and healthy lives will reduce their needs for care and support and lead to improved outcomes at an individual and community level. The following chart sets out a range of factors which can affect an individual's wellbeing, of which formalised care and support represents a small proportion.

Figure 9:2 The Determinants of Health.



Source: Dahlgren and Whitehead, 1992

The contribution of care and support services must be complemented by a range of collaborative approaches to improve people's social, economic, environmental and cultural wellbeing as required by the Wellbeing of Future Generations (Wales) Act 2016.

Public Health has an important role in providing the population with general information and advice on healthy life choices and support in areas such as diet and smoking cessation. This needs to start in the early years but should be sustained where possible across the range of age groups.

More generally, a range of preventative measures within communities will help ensure that individuals can take care of themselves, access low level support when needed and remain independent for as long as possible. Examples of this include:

- Information, advice and assistance about universal and prevention services, including how to access these services, must be available in formats and venues that are appropriate to this cohort's communication needs and preferences
- Effective information, advice and assistance to maximise income and access employment opportunities and benefits

- Training and further education to improve probability of successfully entering employment
- Access to a range of sport and exercise facilities/programmes that are tailored to meet specific needs to support good health and wellbeing
- Support to access activities and services within communities that counteract socio-economic deprivation and maximise engagement (including volunteering);
- Appropriate transport provision, especially in rural areas
- Where appropriate, access to mental health services to improve wellbeing through diagnosis, assessment and care planning

People with chronic, long term health conditions and physical disabilities will have specific care and support needs. Given the greater preponderance of these conditions in older age groups, it is important that services are available to younger adults and responsive to meet their particular needs. In keeping with the requirements of the Social Services and Wellbeing (Wales) Act and the expressed need of individuals, these services need to retain a preventative approach, helping people to support themselves without the need for long term care and support. Sometimes this will be about signposting people to 'low level' services run within their communities, others may need an intensive intervention in the short term to prevent escalation and the need for longer term care. In all instances it is vital that people are supported in achieving their desired personal outcomes in a proportionate and dignified way. Early identification of conditions and anticipatory care is vital to improve people's health and wellbeing.

Examples of support needs for this section of the population include:

- Support at home to maintain independence, including assistive technology such as telecare and telehealth (including those that link individuals with clinicians), adaptations, equipment and aids and assistance with personal care
- Links to groups within the community providing support for people with particular conditions; and
- Step up and down beds and other intermediate care options such as occupational therapy and reablement, to avoid admission and support safe discharge from hospital to provide support when needed

In many cases of complicated health conditions or physical disabilities, specialist acute provision will be required, although again where possible short-term care and support should be provided to help people optimise their self care. For others, residential support in independent/ supported living environments (including extra care) might be appropriate. In all such cases health, social care and other professionals should work together and with individuals to ensure service users have a genuine voice in relation to both their desired outcomes and their choice of service provision.

9.4. Current Care and Support Provision

There are a range of services and support available to the adult population to help them lead healthy and fulfilled lives; although a significant degree of responsibility for this falls on the individual and responsibility for services and support extends well beyond health and social care.

The following table gives an indication of the numbers of people aged 18-64 in receipt of care and support services.

Figure 9:3 Numbers of people aged 18-64 in receipt of care and support services

18-64 In Receipt Of Support 2014-15	18-64 Receiving Services	18-64 Supported in the community	18-64 Receiving residential services	18-64 Equipment	18-64 Adaptations	18-64 Direct payments	18-64 Home care
Wales	8509	8139	370	4742	2031	1471	2275
West Wales Region	959	925	34	493	133	287	219
Carmarthenshire	454	437	17	295	..	135	112
Ceredigion	134	128	6	19	20	49	21
Pembrokeshire	371	360	11	179	113	103	86

18-64 In Receipt of Support as a % of 18+ In Receipt of Support	Receiving Services	Supported in the community	Receiving residential services	Equipment	Adaptations	Direct payments	Home care
Wales	17%	19%	5%	21%	29%	55%	13%
West Wales Region	14%	17%	3%	17%	30%	64%	10%
Carmarthenshire	12%	15%	2%	17%	..	71%	9%
Ceredigion	24%	29%	6%	26%	34%	72%	14%
Pembrokeshire	15%	17%	3%	16%	29%	54%	10%

Source: Stats Wales

General services available to promote self-care and wellbeing include:

- Universal services and amenities within the community
- Prevention and early intervention services including information, advice and assistance
- Third sector provision including a wide range of facilities including transport, social activities, help at home with domestic tasks such as finance management gardening and cleaning and various targeted support groups such as carers' support; and
- Leisure services, which can where appropriate be accessed via the National Exercise Referral Scheme (NERS) which is in place across the region

For those with chronic and long term conditions and physical disability, a range of services are provided:

- Chronic conditions management through district and specialist nurses
- Social services support in residential settings and in the community
- Community-based support to reduce risk of deterioration and promote independence
- High level support through the provision of assistive technology, equipment, adaptations, direct payments and home care; and

- Advocacy services to help people make informed decisions about how their needs can be met and to support or improve independence

People with neurological conditions can receive a range of specialist neurological services within community settings or hospital. Acute medical inpatient care and generic rehabilitation services are provided from four District General Hospitals with support of community hospitals, with a neurological service provided by Abertawe Bro Morgannwg University Health Board.

Health and LA Leisure services work together to provide targeted intervention for those who are referred by GPs onto the National Exercise referral scheme. This produces good outcomes and many of these participants go on to regular exercise programmes. For example, Ceredigion had 386 referrals in 15/16 of which 65% were aged 17-65, and in Pembrokeshire there were 608 referrals of which 66% were aged 17-65. Leisure centres also provided support to those with: Stroke, Cardiac, Falls, Back Care, Pulmonary, Cancer, Weight management, Mental Health and Antenatal Care.

People with health and physical disabilities are provided with a range of services to improve or help maintain their independence levels and quality of life. This support includes: occupational therapy support with assessments, equipment and aids and referrals for disabled facilities grants and adaptations. Leisure services also provide exercise and sports programs designed to benefit those with health and physical disabilities through provision at leisure and sports centres.

General and universal services such as information, advice and assistance and advocacy, third sector support groups, supported employment, education and training opportunities are also on offer. Day care provision at day centres and where required in other settings provide opportunities for this cohort and support carers so they can benefit from a break from caring duties.

The range of services available include:

- Stop Smoking Wales
- NERS
- Provision of equipment from the Joint Equipment Store
- Disabled Facility Grants
- Reablement including Occupational Therapy and Physiotherapy Services
- Telecare
- Meals on wheels
- Daycare
- Respite care
- Minor adaptation provision
- Falls prevention/fall clinic
- Disabilities sport wales development officer
- 50+ Network
- Blue Badge Scheme
- Disability Forum

- Rally Round App which is being piloted and is a free online service which makes it easy for friends and family to come together and help a loved one stay safe and well at home

9.5. Gaps and Areas for Improvement

Although a drop in the number of people falling within this thematic group is predicted in the medium term, and the current number of people with specific care and support needs is small, it is vital that appropriate provision is in place to promote wellbeing and independence and prevent escalation of need. The following gaps and areas for improvement have been identified and are set out below against the core principles of the Social Services and Wellbeing (Wales) Act.

Voice and Control

Areas for improvement include information, advice and assistance to ensure that people are signposted to relevant support within their community, advocacy, and improved choice in the format and range of services available.

Prevention and Early Intervention

Enhancing community based support to prevent isolation and promote independence is common to all themes including this one. In addition,

HDUHB has identified a number of areas for improvement to help people adopt healthy lifestyles and prevent ill health:

- High population awareness of the health harms of smoking and alcohol consumption above recommended guidelines, the benefits of physical activity and healthy eating and of sources of help for lifestyle change
- Increased numbers of people who stop smoking
- Increased numbers of people who achieve a healthy weight or, by losing a clinically significant amount of weight (5-10% body weight), move in that direction
- Increased numbers of people undertaking sufficient physical activity to benefit their health
- Reduction in alcohol consumption above recommended guidelines; and
- Effective identification and treatment of risk factors associated with health inequality and heart disease

To achieve this, resources are being targeted at the following priorities:

Reducing smoking prevalence and inequality can be achieved through:

- Developing a clear understanding of the social and economic pressures in communities, e.g. deprived communities and age groups where smoking rates are highest
- Supporting intensive targeted interventions to specifically address smoking cessation uptake with target groups
- Advocating increased action at the population level including plain packaging and reducing second-hand smoke exposure in children; and
- Ensuring that every contact with health services is used to both prevent smoking uptake and encourage cessation

Reducing the proportion of the population who are overweight and obese through:

- A better understanding of why individuals are likely to become overweight or obese in early adulthood and how this can be prevented
- Ensuring effective interventions and pathways for prevention, treatment and management of childhood obesity are routinely available and systematically implemented
- Supporting intensive targeted interventions to specifically address weight and diet issues within the deprived communities; and
- Advocating increased action at the population level to ensure healthy food is available to all

Increasing physical activity levels especially in older population groups through:

- Better understanding of why individuals stop exercising as they get older and how this can be prevented
- Supporting interventions within targeted age groups to increase participation in physical activity
- Better understanding the motivations and barriers for undertaking physical activity; and
- Considering interventions within a settings approach

Reducing alcohol consumption and binge drinking through:

- Better understanding the social changes that cause a demographic shift in alcohol prevalence
- Advocating increased action to reduce the marketing and promotion of alcohol for home consumption, e.g. multi-buy deals, minimum unit price of alcohol; and
- Increasing awareness of harmful alcohol consumption in less deprived areas

Further health related objectives are;

- To increase survival rates for cancer through prevention, screening, earlier diagnosis, faster access to treatment and improved survivorship programmes
- To improve the early identification and management of patients with diabetes, improve long term wellbeing and reduce complications
- To improve the support for people with established respiratory illness, reduce acute exacerbations and the need for hospital based care
- To improve the mental health and wellbeing of our local population through improved promotion, prevention and timely access to appropriate interventions
- The measurement of risk factors for the development of cardiovascular disease and lifestyle improvement programmes are also critical to improve the prevention, detection and management of the disease
- Establishing structured community Neuro Rehabilitation in Hywel Dda to compliment commissioned neurological as well as local generic services

Wellbeing

- Raising awareness of the wellbeing impact of leisure and cultural activities and what's available especially from the third sector by having a directory or database of services and support

- Domiciliary care and supported living services will have to evolve to support increased use of assistive technology, such as telecare
- Day opportunities that support people with specific health and physical needs
- Greater flexibility to deliver step up and down provision to respond to changing needs and a greater focus on mental health provision
- Building community resilience by encouraging a culture of ownership and responsibility for individuals' and the community's own health and wellbeing and support for example through local support groups for people with chronic conditions
- Support for and improved awareness of those with mental health conditions
- Improved internet/ broadband access and public and community transport
- Help with low level tasks around the house

To promote a culture of care for patients, carers and the public and a culture of care for all staff, NHS Wales developed and adopted a Health and Wellbeing Charter in May 2013. The charter encourages the health and wellbeing of all its staff and recognises that staff act as role models to the community they serve in promoting and preventing ill health.

Co-production

A number of the services that people between 18 and 64 with specific needs require tend to be available to, and shaped around the needs of, older people. It is vital that they are co-developed further to ensure that younger adults have access to the care and support needed for them to lead fulfilled lives and have a greater say in the development of services.

The HDUHB Together for Health Neurological Delivery Plan 2013 – 2017 priorities for 2014 – 17 include reviewing and revising clinical/care pathways in order to deliver well co-ordinated care that feels integrated from a user perspective (Hwyl Dda University Health Board, 2015).

Co-operation, partnership and integration

- Strengthening partnership working for Neurological services between Regional and local services, Statutory and third sector organisations, and Clinical and user groups
- Strengthening transition arrangements between children and young people's services and adult services

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10. Learning Disability and Autism

10.1. Overview and Key Messages

There are several ways in which the term 'learning disability' can be defined, however for the purposes of this assessment, Learning Disability is defined as:

- A significantly reduced ability to understand new or complex information and to learn new skills (impaired intelligence)
- A reduced ability to cope independently (impaired social functioning); or
- These are in evidence before adulthood and have a lasting effect on development

The way in which the needs of people with a Learning Disability are met has changed over the last twenty years. People who would historically have been placed in institutional care are increasingly being supported to live in their communities. Health and social care services along with the third sector collaborate to maximise the independence and potential of those who use our services.

Although Autism is not a learning disability it has been included in this section as services for people on the spectrum are generally provided from within learning disability teams or community mental health teams and NICE guidance (2008, 2012) provides standards for provision of services.

10.2. Demographics and Trends

In 2015 there were an estimated 1,483 people over the age of 18 with a moderate or severe learning disability in the West Wales region. This represents just under 0.5% of the total adult population, which is comparable with the picture across Wales.

The breakdown across the constituent parts of the region is as follows:

Carmarthenshire:	713
Ceredigion:	305
Pembrokeshire:	465

The rate of incidence within the adult population stands at approximately 0.5% in each of the county areas, in line with the regional average.

This regional total is predicted to rise to 1,571 by 2030, although as a percentage of the total population the position is expected to remain largely the same.

An increase of 35 in the total number of adults with a moderate or severe learning disability in Carmarthenshire is predicted over the same period, whilst in Pembrokeshire and Ceredigion numbers are expected to remain the same. This means the proportion of adults with a learning disability will decline slightly in those 2 areas (although the change will be negligible), whilst in Carmarthenshire it will remain about the same.

Of note is the expected significant rise in the numbers of people aged 75 and over with a moderate or severe learning disability, estimated to increase by 33% by 2030. Current numbers and projections for each part of the region are as follows:

Figure 10:1 Numbers (current and predicted) of people aged 75 and over with a moderate or severe learning disability

	2015	2030
Carmarthenshire	38	57
Ceredigion	16	23
Pembrokeshire	27	40
Region	81	122

Source: Daffodil Cymru

Whilst the predicted rise is less than that for Wales as a whole over this period, there are clear implications for care and support services as older people with learning disabilities encounter other age-related conditions, are less likely to receive support from family and friends and are therefore more likely to present with more complex needs than they would at a younger age.

Autism is a pervasive developmental disorder that is thought to affect 1 in 100 people in the population (Baird et al, 2006). The research shows that there is a high rate of co morbidity between Neuro-developmental disorders (ND) e.g. Autistic Spectrum Disorders (ASD)/Attention Deficit Hyperactivity Disorder (ADHD), and also of other mental health disorders. Research suggests that based on the population of Hywel Dda UHB:

- 1% ASD, 2-4 % ADHD
- 70% ADHD/ASD co-morbidity
- 40% ASD anxiety disorder
- 90 % prisoners mental disorder including ND
- 30% IP eating disorders have ASD
- 40% specialist substance misuse ND

The current demand for the ASD diagnostic service is based on a pattern of referral which is likely to be an underestimation of the actual population's need. Local data on referrals for ASD diagnostic services shows that for the period January 2013 – end of November 2015 there were 265 referrals. However, since April 2016, the service has received 99 referrals.

Data relating to the incidence of autism is not collected routinely by all local authorities. However, open cases for people with autism in Ceredigion and Pembrokeshire in November 2016 are as follows:

Figure 10:2 Open cases for people with autism in Ceredigion and Pembrokeshire 2016

	Caseload numbers (18 years +)	Caseload numbers (open to transition)
Ceredigion County Council	22	18
Pembrokeshire County Council	91	22

Source: Local data

Data is not available for Carmarthenshire.

10.3. Current and Future Care and Support Needs

People with learning disabilities are likely to require a range of care and support, depending on the nature and complexity of their individual needs. Depending on individual circumstances, needs will include support to help people participate fully in their local communities (for example through education, training, volunteering and access to employment), day opportunities, (for example access to social activity centres and programmes), general health care, residential care and supported accommodation to enable people to remain living independently within their communities.

There is a growing recognition that, in common with other groups needing care and support, delivery models for learning disability need to move away from traditional, risk-averse approaches which result in an over-reliance on options such as residential care. Such approaches tend to 'lock' people into expensive, passive forms of care which do little to promote independence and are not suited to helping them build skills and capacity for more active participation in society and, thereby, achieve more positive personal outcomes. The concept of the 'progression model' of care and support for people with learning disabilities has emerged, described by the Social Services Improvement Agency (SSIA) (2014) as

'the ability to promote independence through strength-based assessment, clear development plans, positive risk taking and outcome based review to transform services.'

Across the region, numerous mechanisms are in place for engagement with users and carers to obtain their perspective on the care and support they would like to receive. Examples include:

- Engagement events facilitated by Carmarthenshire People First in October 2015 to inform the development of Carmarthenshire County Council and Ceredigion County Council's Equality Strategies, focusing specifically on the needs of people with a learning disability
- Consultation in support of the development of Pembrokeshire County Council's Strategy for People with Learning Disabilities in May 2016
- Ongoing dialogue between service commissioners, providers and users and carers through local stakeholder groups in each county area

A clear message is coming from service users and carers; they want support to help them optimise their independence, access employment and benefit from volunteering opportunities. People also say they want greater opportunities for training and development and to be able to make new friends and participate in social activities. These clearly reflect the principles underpinning the progression model of care and support.

In Pembrokeshire a set of wellbeing outcomes has been co-produced with users and carers. These send clear messages in terms of the kinds of care and support which should be provided now and in the future and are set out below:

- Improved Health – ‘I am as healthy as I can be and can easily visit doctors, dentists, hospitals and other health services’
- Productive and independent lives - ‘I am able to live a fulfilled life’
- Freedom from discrimination and harassment - ‘I have an equal right to live free from fear, discrimination and prejudice’
- Personal Dignity – ‘I feel valued by others’
- Exercise choice and control – ‘I have the same life chances as other adults.’
- Part of the Community – ‘I can participate as a full and equal member of my community.’ ‘I can live in a home of my choice by having the right support in place’
- Maintain and develop social and family ties – ‘I have the same opportunities to maintain relationships as other adults’

These outcomes are forming the basis of a Learning Disability Charter, which is currently in draft. Pembrokeshire County Council’s Learning Disabilities Strategy (2016) is based on a ‘Circle of Support’ shown below, which articulates the types of support which are needed, and which should equally apply across other parts of the region:

Figure 10:3 Circle of support for learning disability

THE CIRCLE OF SUPPORT FOR LEARNING DISABILITY



Source: Pembrokeshire County Council, 2016

Broad aims under each of the segments in the Circle of Support are as follows:

Community connections/ Creative solutions: Growth of local community solutions such as social enterprises, cooperatives, user-led and third sector services to provide

opportunities for people with a learning disability to contribute to society and develop skills.

Communication and information: Provision of Information, Advice and Assistance as required under the Social Services and Wellbeing (Wales) Act, with particular regard to the specific communication needs of this service user group.

Social care and support: Acknowledging the need for ongoing support for some people with a learning disability, provision of supported living models which enable as many of them as possible to live within and contribute to their local communities.

General health care and treatment: Improved access for people with a learning disability to generic health care services, acknowledging that there is an above-average incidence among this service user group of conditions such as epilepsy, diabetes and cardiac disease. Encouraging take-up of annual health checks.

Transitions and family support: Ensuring that children and young people who have received care and support, and those that have not, are known to social services and that appropriate measures are in place to arrange appropriate support once they reach adulthood.

Support for Carers: Ensuring that those caring for people with a learning disability receive appropriate information, advice and support on options available and entitlements, etc.

Voice, choice and advocacy: Ensuring people with a learning disability have access to high quality advocacy services so that they can make informed choices and be supported appropriately in achieving personal outcomes.

Personal growth, including education, training, employment and volunteering: Providing equitable access to further education and appropriate support in accessing training and volunteering opportunities.

Environment, including transport and housing: Availability of transport links to enable access to care, support and other services and appropriate housing to facilitate independent and supported living.

Autistic Spectrum Disorder Diagnostic and Pre/post Counselling Service: Improved recognition and diagnosis of people with Autistic Spectrum Disorder (ASD).

Housing: there are still significant numbers of people particularly in Carmarthenshire under the age of 65 in residential care. A priority for the LA and Health Board is to reverse this trend and develop housing options to prevent admission to hospital and residential settings, facilitate discharge from hospital. There is need to jointly commission a range of community accommodation options and services that offers more choice and control for individuals using learning disability services.

10.4. Current Care and Support Provision

A range of care and support services are in place across the region to support adults with a learning disability to live fulfilled lives within the community. Whilst specific care and support options vary across counties, current provision includes:

- **Universal services:** For example leisure centres, community centres, libraries, adult education opportunities although it is recognised that these services do not yet provide consistent equal access to people with LD
- **Preventative services:** Council grant funding supports the growth of alternative community services that are co-produced with members of communities enabling people to build upon their own individual strengths and resources. These include good neighbour schemes, luncheon clubs, community enterprises, community/voluntary services
- **Specialist Health interventions :** Consultant psychiatry, psychology, community nursing, Speech and Language Therapy, Occupational Therapy and Physiotherapy provide specialist interventions to adults with a diagnosed learning disability both within in-patient and community setting
- **Specialist Health Autistic Spectrum Disorder Diagnostic and Pre/post Counselling Service:** The current service consists of allocated sessions from a locum consultant and a specialist practitioner
- **Day Opportunities:** Providing social contact and stimulation, reducing isolation and loneliness, maintaining and / or restoring independence, offering activities which provide mental and physical stimulation, providing care services, offering low-level support for people at risk
- **Pathways to employment:** A range of local initiatives including FRAME, Workways Plus, Stackpole Estate and ESTEAM in Pembrokeshire and Opportunities Team and 'Steps' in Carmarthenshire. In addition national programmes such as 'Work choice', run by the Department for Work and Pensions, support those with lower level LD
- **Respite provision:** Short breaks/respite is a key commitment in recognition that planned breaks are an essential part of supporting families
- **Commissioned Services:** Individually commissioned supported living arrangements which enable people with learning disabilities to live in their own tenancies with support at varying levels, and residential services which include both the provision of accommodation and care on site, with care being available 24 hours per day. These include a regional **Shared Lives** service, managed for the region by Carmarthenshire County Council and providing a route for people to return to their communities and is an example of an alternative to traditional residential services. Advocacy services are commissioned across the region; and
- **Direct Payments:** These provide another way for individuals to access a range of opportunities by being able to choose who provides the services they need

Assessment and care planning for people with a learning disability is managed through multi-disciplinary Community Teams for Learning Disability (CTLDs), in place across the region and staffed by health and social care professionals. The teams also work jointly with Disabled Children's Teams and Transition Teams with occasional involvement from age 14 upwards and undertaking assessment when a young person in receipt of services reaches 17. Transition teams play a key role in

supporting the transfer of care needs between one service and another, and typically between adult and children's services.

The following table indicates the number of people currently being supported through the CTLDs, and the type of support that is being provided (November 2016).

Figure 10:4 Numbers of people currently being supported through the CTLDs

	Carmarthenshire	Ceredigion	Pembrokeshire
People supported by the Teams	505	306	422
People in residential care	98	76	88
People supported in the community	407	230	334
People supported by the Transition Team *	226	99	61
People in residential Colleges	10	9	16
People supported by the Transition team* in the community	209	90	45

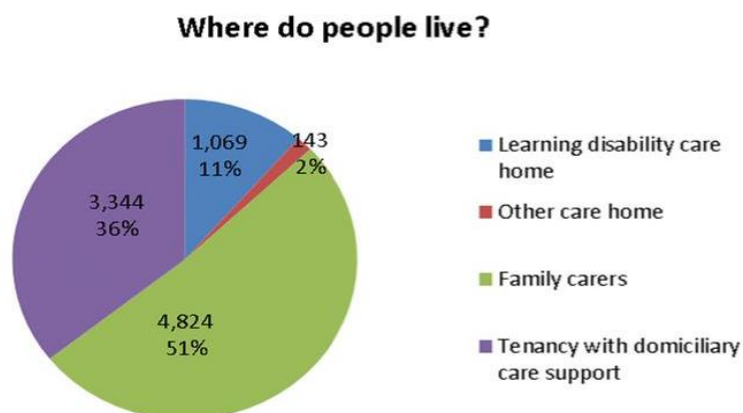
* Age based eligibility for transition varies across the counties.

Source: Local data

Data held by the Welsh Data Unit indicates that the reliance on residential care in each of the three counties is above the Welsh average. Pembrokeshire currently ranks third, Ceredigion sixth and Carmarthenshire eighth in Wales in relation to the proportion of people with a learning disability receiving care and support that are supported in this way.

The following figure identifies the wider position in relation to accommodation. Although most people with a learning disability live at home with their families, 36% live in homes of their own with a tenancy and receive domiciliary support (supported accommodation). These arrangements are usually referred to as supported living or supported accommodation. A further 1,000 people (11%) live in care homes that are registered and inspected by the Council.

Figure 10:5 Where people with Learning Disability live



Source:

10.5. Gaps and Areas for Improvement

As evidenced by the summary of current provision in the preceding section, whilst there is a clear direction of travel towards a range of care and support for people with learning disabilities based on progression principles, there is more to do in rebalancing the current emphasis on traditional solutions such as residential care.

A number of foundations are in place to drive further change. Key among these is a regional Statement of Intent for Learning Disability Services (Mid & West Wales Health and Social Care Collaborative, 2014) and Model of Care and Support (Mid & West Wales Health and Social Care Collaborative, 2015), which have subsequently been endorsed by all statutory partners in the region. The purpose of the Statement of Intent is to provide a clear, shared strategic vision for learning disability services and to articulate an integrated, regional approach to the transformation of services. Predicated on the 'progression model', it identifies four regional aims as follows:

- To improve community resilience and enablement through choice, self-direction and control for people with learning disabilities over decisions affecting their lives
- To commission services that strengthen quality and value for money across the range of services provided for people with a learning disability
- To reduce health inequalities by increasing access to and uptake of universal health, social care and wellbeing services for people with learning disabilities
- To build community resilience and capacity across a range of services that support people with a learning disability

The development of fit for purpose services is, however, an ongoing journey and there are a number of areas in which further improvement can be made. These are set out below against the core principles of the Social Services and Wellbeing Act.

Voice and control

- Empowering people with a learning disability to decide who provides their support and what form that support takes
- Development of an identifiable framework for service delivery that reflects individual personalised care and local need

Prevention and early intervention

- Giving people access to low level support which they require to remain independent for as long as possible, which may delay or reduce any further support requirements
- Improving the recognition, diagnosis and the treatment and management of people with Neurodevelopmental disorders including Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)

Wellbeing

- Improve services for Adults with Neurodevelopmental disorders in order to provide a high quality integrated model which includes availability of input from highly specialist expertise and an ability to contribute to the evidence base for service delivery

- Development of a defined model of care and support based on the principles of the progression model
- Reduction in the number of children and young adults transitioning into residential care
- Reducing health inequalities across a continuum of care (from accessing mainstream health and social care services to specialist care, and prevention of crisis and ill health)
- Reducing reliance on residential care and promoting opportunities for independent living
- A continued shift from traditional day services to a model that offers choice and variety, that is outcome and community based, supports access to employment and volunteering, helps people realise individual aspirations and promotes social inclusion

Co-production

- Increased access and availability of local housing and accommodation to enable people with a learning disability to live as independently as possible, in a place of their choice
- Strengthening pathways back to local communities following education, and developing local education and work opportunities in communities and making the necessary adjustments for people with a learning disability
- Placing an emphasis on building strong communities, in which people with a learning disability have a sense of belonging and can contribute to the wellbeing of fellow citizens. The development of social enterprise, cooperatives, user-led and third sector services will be a key factor in this

Co-operation, partnership and integration

- 'Right-sizing' existing packages of care to ensure they meet current needs and facilitate personal development and increased independence, and that they are cost-effective
- Maximising opportunities from regional collaboration, partnership and integrated working to deliver high quality, cost effective services
- Regional collection and use of data to support future planning and commissioning

Strategic leadership from the Regional Partnership Board will be instrumental in building on existing foundations and taking this agenda forward. Mechanisms such as the *Learning Disability Service Redesign* programme recently launched by Hywel Dda University Health Board will be key drivers in achieving the change required.

“Together we are committed to support people with individual needs live the life they choose. By providing a range of flexible care and support services we will ensure people with learning disabilities are as independent as possible and connected with their local communities”

From Model of Care and Support, Mid and West Wales Health and Social Care Collaborative (2015)

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11. Mental Health

11.1. Overview and Key Messages

This chapter considers the care and support needs of Adults aged 16 + with mental health needs. The care and support needs of older people (aged 65+) with dementia are addressed in the Older People's thematic report.

According to the Mental Health Foundation (2015) in any year one in four of us experience a mental health problem, yet three quarters of people with mental health problems receive no treatment.

Many of us will require support with respect to our mental health throughout our lives whether this is low intensity support for difficulties such as low level anxiety / depression or longer term support.

Mental illness can develop from a number of factors including social traumas, illegal drug use and genetic predisposition. Mental health does not discriminate and can affect anyone often leading to debilitating conditions.

Early intervention is crucial and this can take the form of providing information or referral to community or third sector services. Admissions to inpatient services may occur in extreme situations, where the individual cannot be treated in the community and presents a risk to themselves and / or others.

It has been estimated that the economic and social costs of mental health problems in Wales is estimated to be £7billion a year (Cyhlarova, 2010).

In 2015-16, the WG ring-fenced £587m for mental health services across Wales – up from £389m in 2009-10. Earlier this year, Government announced an additional £15m of new funding is being made available for mental health services in Wales every year.

11.2. Demographics and Trends

In Wales, according to the Welsh Government Mental Health Strategy (Welsh Government, 2012):

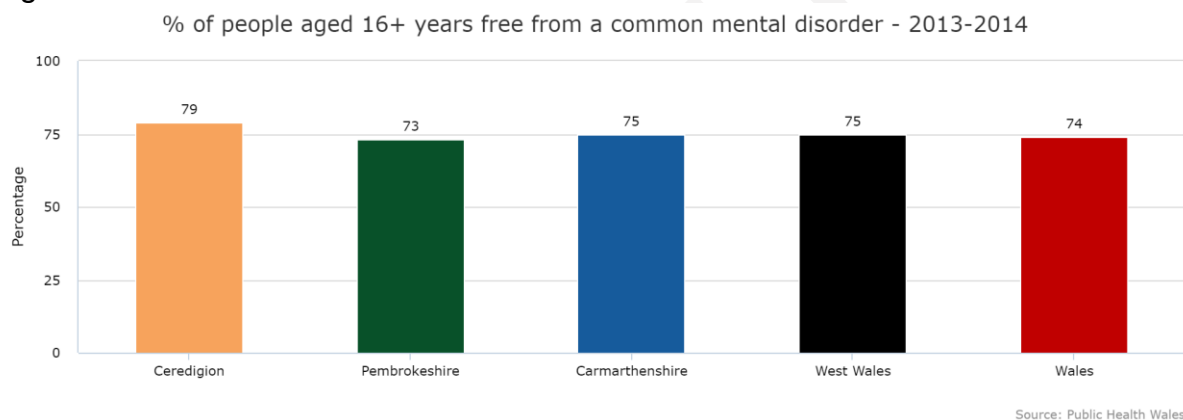
- 1 in 4 adults experiences mental health problems or illness at some point during their lifetime
- 1 in 6 of us will be experiencing symptoms at any one time
- 2 in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder at any one time
- Approximately 50% of people with enduring mental health problems will have symptoms by the time they are 14 and many at a much younger age
- Between 1 in 10 and 1 in 15 new mothers experience post-natal depression
- 9 in 10 prisoners have a diagnosable mental health and / or substance misuse problem

- In Wales the number of people detained in police custody as a place of safety under section 136 of the Mental Health Act 1983 decreased from 8,667 in 2011-12 to 6,028 6,028 2013-14. 2014-15 saw this figure decrease further (Mental Health Foundation, 2016)

According to Rethink Mental Illness (2016) individuals with a severe mental illness die on average 20 years younger than the rest of the population, predominately due to health related issues such as coronary heart disease, diabetes and some cancers. This in part may be due to a poor diet, side effects of medication, poor monitoring of physical health and life style factors. People with mental health needs are more at risk of social exclusion and poverty and have poorer employment / education prospects.

The following graph shows the percentage of people in the 3 counties aged 16 + who are free from experiencing a common mental health disorder (2013-14) when compared to West Wales and Wales. There are some small variations when compared to the Wales percentage (74%).

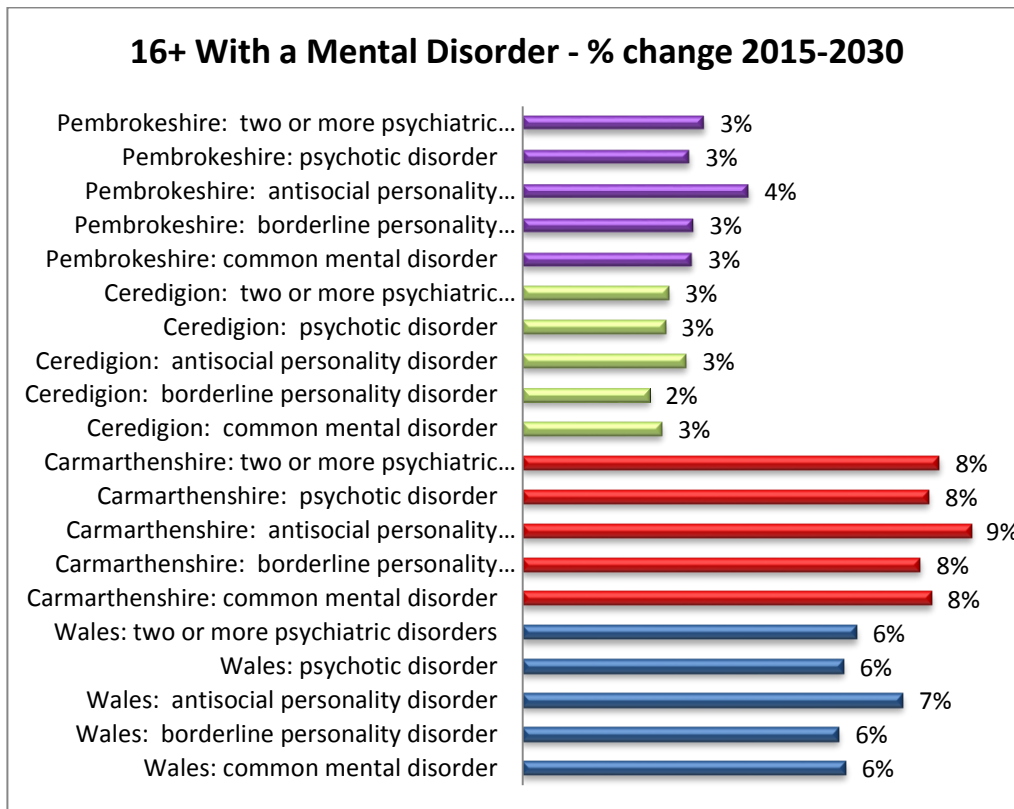
Figure 11:0



Source: Welsh Government

Around 75% of people with a mental health issue have a common mental disorder (which include depression, anxiety disorder, panic disorder, obsessive-compulsive disorder and post-traumatic stress disorder). The following chart shows the predicted percentage change between 2015 and 2030 of people with a mental health disorder in each of the counties. Carmarthenshire is expected to see the biggest percentage changes across all disorders shown when compared to Ceredigion, Pembrokeshire and Wales.

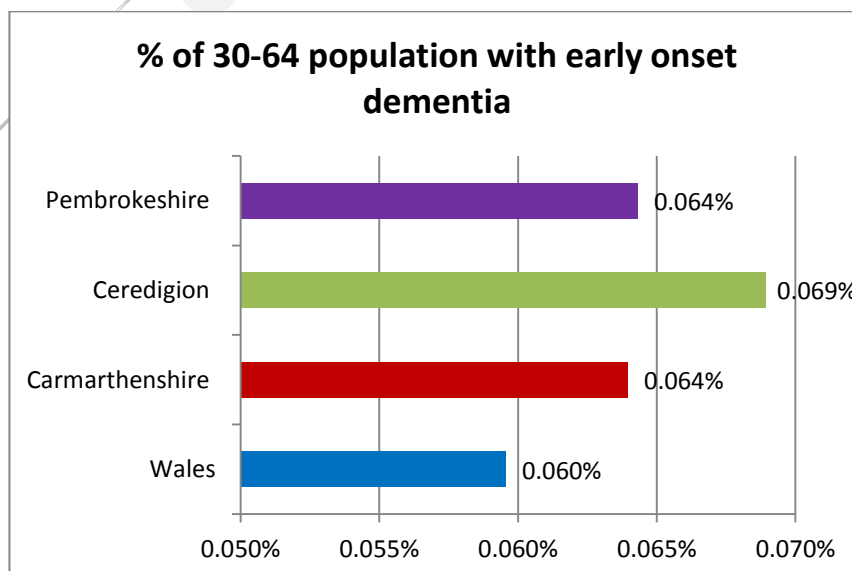
Figure 11:1 Predicted percentage change between 2015 and 2030 of people with a mental health disorder



Source: Daffodil Cymru

Dementia in people aged less than 65 is described as early onset dementia, young onset dementia or working age dementia. It is estimated that 1 in 1000 people in Wales have early onset dementia. This figure is slightly higher in Carmarthenshire and Pembrokeshire, and slightly higher still Ceredigion.

Figure 11:2 Percentage of people aged 30-64 with early onset dementia

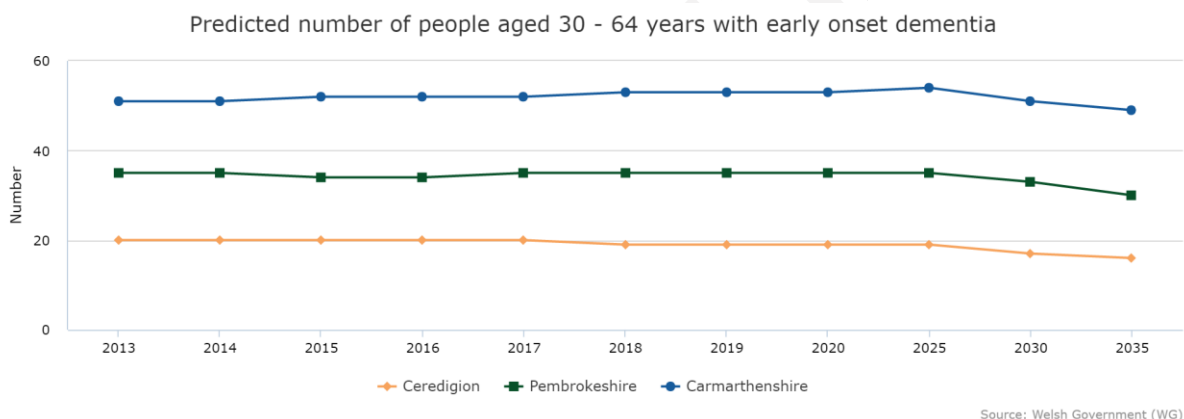


Source: Daffodil Cymru

The symptoms of dementia may be similar regardless of a person's age, but younger people often have different needs, and therefore require some different support. There is a wider range of diseases that cause early onset dementia and a younger person is much more likely to have a rarer form of dementia. However, people under 65 do not generally have the co-existing long-term medical conditions of older people – for example diseases of the heart and circulation. They are usually physically fitter and dementia may be the only serious condition that a younger person is living with (Alzheimers Society, 2015). The following chart shows the numbers of people with early onset dementia in Pembrokeshire, Ceredigion, Carmarthenshire and Wales.

The Alzheimers Society predict a small decrease in the numbers of people aged 30-64 with early onset dementia by 2035 ^{NEED REF.} The following graph shows how this trend will affect the population in West Wales.

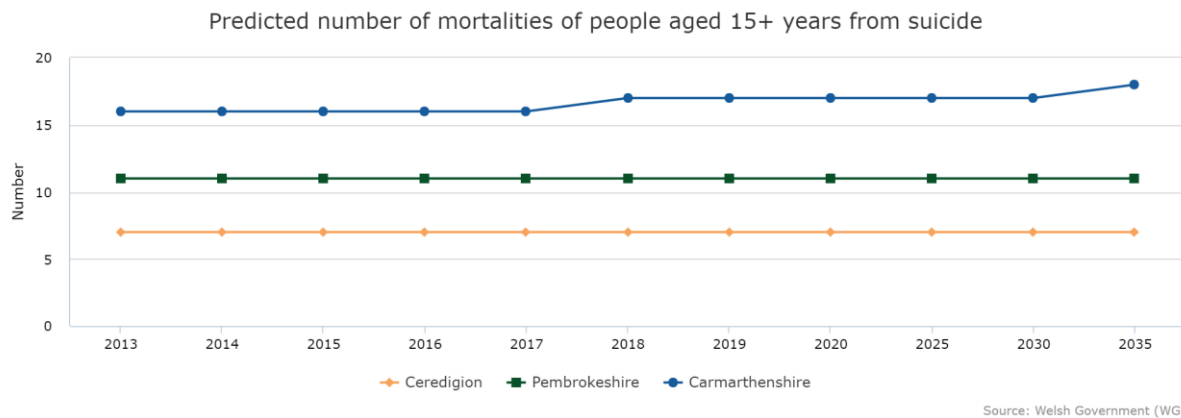
Figure 11:3 Predicted number of people aged 30-64 with early onset dementia



Source: Welsh Government

Suicide in people aged 15 + is also relatively rare however the following graph suggests there is predicted to be a small increase in the numbers by 2035. Suicide reaches its peak among males between the ages of 20-39 and for females between the ages of 40-54 (Welsh Assembly Government, 2008)..

Figure 11:4 Predicted number of mortalities of people aged 15+ from suicide



Source: Welsh Government

11.3. Current and Future Care and Support Needs

A 2013 survey of attitudes towards mental health showed there is a need for a better understanding of mental health issues (Opinion Research Services, 2014). The survey suggests:

- 1 in 7 believe that people with a mental illness can never recover
- 1 in 7 believe that as soon as a person shows signs of mental illness they should be hospitalized
- 1 in 4 people believe said that being around someone with a mental illness can make them feel uncomfortable
- Nearly 1 in 10 believe that people with mental health issues should not be given any responsibility

Organisations in West Wales are working in partnership to improve the health and wellbeing gains for people who are, or have potential to experience, mental health problems. This work is being driven through the Transforming Mental Health Services Programme (TMHSP).

Consultation activities to inform the TMHSP have identified the following key care and support needs for individuals with mental health problems:

- Improve access to care and support services with clear pathways into and through services, including evenings and weekends
- Improve services and support for young people in transition;

Walk-in centres where people in crisis can come when they need it and not when staff are available to come to see them.

Improve collaboration between statutory organisations, including primary care, to respond to unscheduled care needs

- Improve bed availability and management, and develop community alternatives to hospital in a crisis
- Improve transport and conveyancing in relation to the Mental Health Act;
- Improve services and support for people with Autism and Autistic Spectrum Disorders (ASD)
- Develop a collaborative approach with the third sector to facilitate information, advice and assistance that supports the development of population resilience

- Build upon awareness raising initiatives that help tackle the stigma and discrimination faced by those who have mental health issues
- Improve response for individuals with low-levels of anxiety / depression;
- Improve access to counselling services
- Improve support for carers
- Access to a range of accommodation options and accommodation support
- Improve availability of meaningful day time employment opportunities
- Access to age-appropriate environments should be provided for children and young people; and
- Service users must continue to be at the heart of service design and provision

Need better links between statutory and voluntary sector in providing social aspects of social care and support.

Alongside the engagement events the Mental Health Programme Group (MHPG) have been working closely with West Wales Action for Mental Health (WWAMH) to produce a report on independent service user and carer perspectives on alternative models of care (Wright et al, 2016).

11.4. Current Care and Support Provision

The mental health needs of society have changed significantly over the past decade. Treatment advances have also changed with delivery of services moving away from a reliance on hospital care and instead providing services in community settings where people can remain supported primarily by families and friends or, when required, by services delivered by health, social care and the third sector.

Since 2012 and the introduction of the Mental Health (Wales) Measure 2010 (the Measure), the vast majority of people with mental health problems are treated at a primary care level, either through their GP or Primary Care Mental Health Services. This promotes early intervention for people experiencing mental health difficulties, the aim being to reduce the likelihood of their condition deteriorating and the need for secondary mental health services.

The introduction of the Local Primary Mental Health Support service (LPMHSS) has enabled closer integration of mental health services with primary care and GP services to provide short term psychological interventions, both individual and group, to individuals with a mild to moderate mental health problem. In addition, the LPMHSS also provide support and training to professionals working within primary care teams in relation to their management of individuals on their caseloads with mental health issues.

The significant numbers of people accessing Primary Mental Health Support Services in West Wales during 2015/16 are summarised below, and reflect the priority given to early intervention support.

Figure 11:5 Number of individuals referred to Primary Mental Health Support Services in 2015-16

Carmarthenshire	1727
Ceredigion	1130

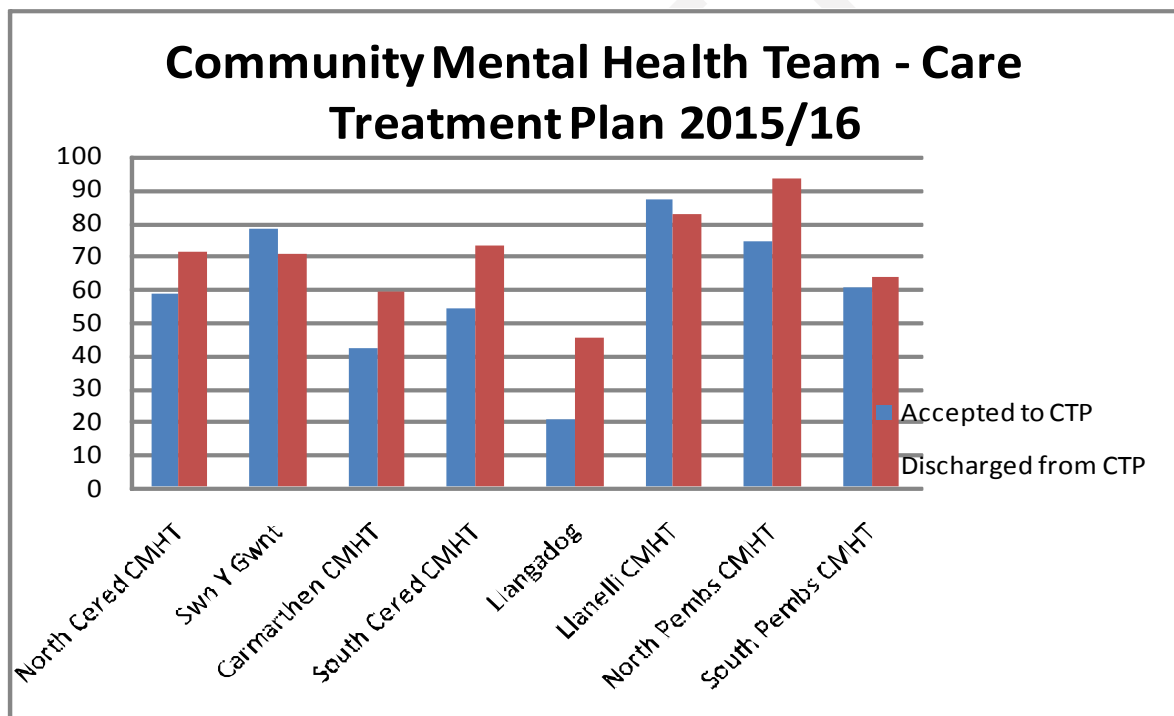
Pembrokeshire	1822
Hywel Dda Total	4679

Source: Local data

In West Wales, Community Mental Health Teams (CMHTs) are a partnership between Social Services and Hywel Dda University Health Board and are the central point of referral for those requiring access to secondary mental health services. Part 2 of the Measure specifies that any individual receiving secondary mental health services must also have an up-to-date care and treatment plan. CMHTs have a duty to assess anyone who appears to be experiencing mental health difficulties which are affecting their ability to lead their usual life.

The figure below shows how many individuals were accepted into secondary services during 2015/16, and also how many have been discharged. Mental health services focus on a recovery model; this means that many individuals do not need to remain under the care of secondary mental health services throughout their lives.

Figure 11:6 CMHT Care Treatment Plans 15/16



Source: Hywel Dda University Health Board

Most individuals experiencing mental health crisis or more severe problems prefer not to be treated in hospital. HDUHB established Crisis Resolution Home Treatment (CRHT) Teams in December 2012 that are able to work flexibly and intensively, outside normal working hours, to treat people at home and to help them avoid admission to hospital.

The CRHT Teams also work closely with in-patient units to ensure that people are able to be discharged as early as possible. The numbers of people referred to CRHT services in 2015/16 are summarised in the table below.

Figure 11:7 Referrals to Crisis Resolution Home Treatment Teams 2015/16

Carmarthen CRHT	840
Ceredigion CRHT	520
Llanelli CRHT	1, 010
Pembrokeshire CRHT	775
Total	3, 145

Source: Hywel Dda University Health Board

Specialist Services such as psychological and occupational therapies and psychiatric interventions deliver services in a range of community and in-patient settings, including forensic mental health provision. Inpatient mental health services are provided by the Health Board, or commissioned from the independent sector. The numbers of admissions to hospital have fallen since 2009 as shown below.

Figure 11:8 Admissions to Psychiatric Inpatient services

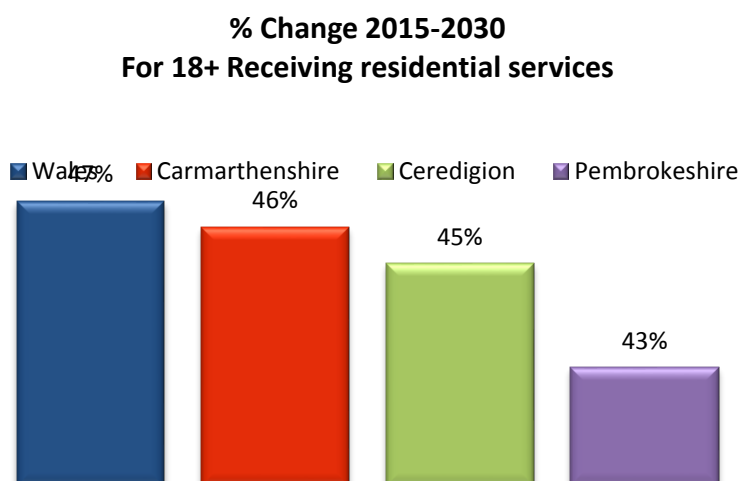
Year	2009	2010	2011	2012	2013	2014	2015	2016
Hywel Dda UHB Psychiatric Inpatient Admissions	165	156	164	133	132	119	114	123

Source: NHS Informatics Service, 2016

The number of individuals detained under Section 2 of the Mental Health Act has risen from 217 in 2013/14 to 303 in 2015/16 and based on in-year activity. A further increase is expected to be reported at the end of 2016/17.

There are still significant numbers of people receiving residential care services and as illustrated below this is set to continue to rise by 2030.

A priority for the local authorities is to reverse this trend and develop housing options to prevent admission to hospital and residential settings, and facilitate discharge from hospital. There is need to jointly commission a range of community accommodation options and services that offers more choice and control for individuals using mental health services. 97% of those in residential placements are in independent sector care homes under contract, with 17% of these receiving nursing care in those settings.

Figure 11:9 Percentage change for 18+ receiving residential services 2015-2030

Source: Daffodil Cymru

Deprivation of Liberty Safeguards

Any one of us at some point in our lives may lose our mental capacity. This is more likely as we get older and for many mean receiving care and support in an environment where there are restrictions or deprivations of liberty. The Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (Dols) provides a legal framework to protect vulnerable adults, who may become, or are being deprived of their liberty in a care home or hospital setting.

These safeguards are for people who lack capacity to decide where they need to reside to receive treatment and / or care and need to be deprived of their liberty, in their best interests, otherwise than under the Mental Health Act 1983 (MCA Code of Practice). The safeguards came into force in Wales and England on the 1st April 2009. Following the Supreme Court judgement on the Cheshire West case of March 2014, the number of people who should be considered under the Safeguards has increased dramatically. This has placed increasing burdens on local authorities and health and social care practitioners administering the Dols. For example prior to the Cheshire West judgement Ceredigion received approximately 10 Dols requests a year. In 2015/16 requests increased to 421.

The following table shows the number of DOLS requests and the waiting list for DOLS in each county.

Figure 11:10

	Carmarthenshire	Ceredigion	Pembrokeshire
DOLS referrals – 2015/16	629	421	623
Dols waiting list - current	685	305	277

Source: Local data

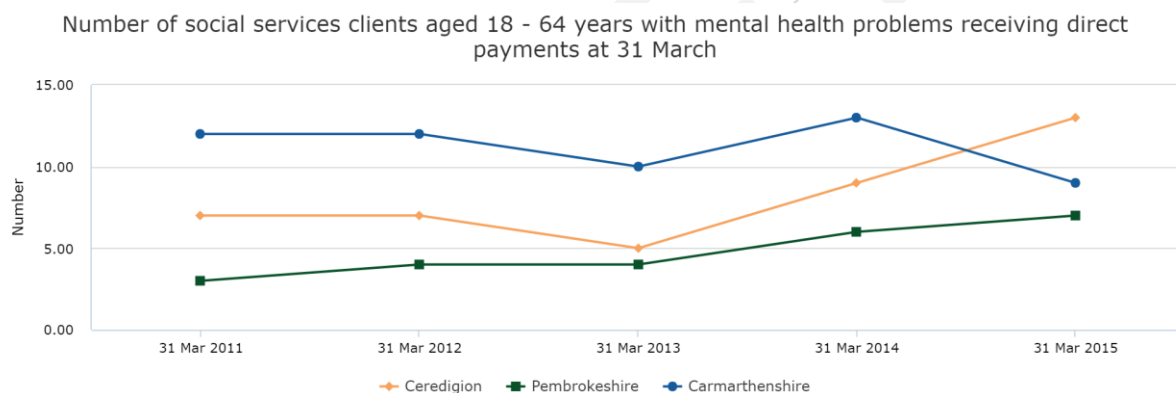
The Health Board and Local Authorities commission a range of third sector organisations to support people with mental health needs including advocacy services, information and advice, activities, healthy lifestyles and a range of

supported accommodation and tenancy related support services. There are many voluntary and community organisations and social enterprises working with people with mental illness including Pembrokeshire Mind, Carmarthenshire Mind, Mind Aberystwyth, Hafal, and FRAME.

West Wales Action for Mental Health (WWAMH) supports voluntary organisations with an interest in mental health and seeks to improve the services and opportunities available to people with mental health problems, their families and carers. WWAMH has an active presence across the West Wales area, and a number of service users have been involved or contributed towards future service developments.

Direct payments provide another way for individuals to access a range of opportunities and services, by being able to choose who provides the services they need. The numbers of adult social services clients with mental health needs who are receiving direct payments are shown in the following graph. Although numbers are low there has been a small upward trend in Ceredigion and Pembrokeshire since 2011.

Figure 11:11 Number of social services clients aged 18-64 with Mental Health problems receiving direct payments 31 March



Source: Welsh Government

11.5. Gaps and Areas for Development

The TMHSP programme have developed a shared vision for a modern mental health service (Hywel Dda University Health Board, 2015) which should:

- **be accessible 24 hours a day** so that the person who needs help or their supporters can walk into a mental health centre at any time and establish a safe relationship to discuss their needs and agree immediate support
- **have no waiting lists** so that the first appointment can take place within 24 hours, with planned meetings to follow that agree the support and treatment needed
- **move away from hospital admission and treatment to hospitality and 'time out'** so that the mental health centres can provide night hospitality from one night to several weeks in order to address crisis periods when there is a higher need for protection and/or to support the needs of the family, when hospital admission is not the best option; and

- **day time out and opportunities** to provide therapeutic day service options for the individual to access the care and support that is needed, for a few hours or a whole day

As part of TMHSP work is underway to consider the implementation of the Trieste Model in Italy which places a major focus on community based resources that look at the whole person, break down barriers to accessing services by operating an open door policy, and are more service user led. The model works on a network of Community Mental Health Centres that are active 24 hours a day, 7 days a week (24/7 CMHCs), with a few hospitality / crisis beds, supported housing facilities and several social enterprises.

In the Trieste model, 80% of the budget is spent on community based support with 20% on in-patient services; this is the direct opposite of the current West Wales area expenditure profile. The TMHSP are exploring the possibility of developing a joint funding bid with Trieste in order to access funding to support the transformation of mental health services in the West Wales area, and to share this learning more widely across Wales and Europe.

The development of fit for purpose services right across the range is an on-going journey and there are a number of areas in which further improvements can be made. These are set out below against the core principles of the Social Services and Wellbeing (Wales) Act.

Voice and Control

- Develop an outcome focused and “risk-enablement” approach to service provision to support a flexible approach
- Although fewer individuals with mental health needs are being detained in police custody, further work is required to improve service user experience and conveyancing in relation to S136 of the Mental Health Act

Prevention and early intervention

- Improve prevention and early intervention services, alternatives to hospital services such as a safe haven, respite and transfer of care liaison services, and access to services, especially for those in crisis
- Improve direct access services as many people are not reaching the high threshold for secondary mental health services, and so problems are escalating
- Wellbeing centres and befriending schemes could be used to support people while waiting for a diagnosis or access to more specific care

Wellbeing

- Address the lack of Tier 4 specialist services and forensic services within the region
- Improve the availability of alternatives to hospital assessment and crisis intervention to manage placement breakdown
- Improve access to specific mental health welfare rights support and increased support for carers and carers need to be involved in Care and Treatment planning
- Work as therapy could be better supported, and this could include “time credits” to engage more difficult clients with peer support and/or mentoring

Co-production

- Ensure unmet need data is recorded as part of individual assessment processes and is effectively aggregated to inform future planning
- Increase outreach community based activity which builds social networks, confidence and supports integration

Co-operation, partnership and integration

- Development of a flexible and responsive workforce across health and social care to successfully deliver new models of mental health service
- Lack of good transport links within very rural regions adds to the difficulty of accessible service delivery and recruitment challenges
- Increase the range of community based activity such as the golfing projects recently run by the CMHT in partnership with West Wales Action for Mental Health;
- There are opportunities to base mental health workers at police stations
- Benefit services should be better linked with mental health services because livelihood fears exacerbate mental health issues

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11.6. References

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12. Older People

12.1. Overview and Key Messages

The population of West Wales has a higher proportion of older people than the Welsh average, and that already high proportion is predicted to increase significantly in the coming years, as average life expectancy in the region follows the national upwards trend (Office for National Statistics, 2011).

The change in the profile of the population will undoubtedly have an impact on health, as older people are statistically more likely to have a life limiting health condition (Office for National Statistics, 2011) These changes will significantly impact on the health and social care services provided, as demand for hospital and community services by those aged 75 and over is in general more than three times that from those aged between 30 and 40 (Parliamentary Select Committee on Public Service and Demographic Change, 2013) .

A number of 'accelerating factors' add to the challenge of providing effective services to older people in West Wales, from pockets of significant deprivation to large areas of rurality and high levels of migration of older people to certain areas (Henry, 2012)

In 2013-14 an estimated £91 million was spent in West Wales on services specifically for older people including Tier 1 – Community, Universal and Prevention Services, Tier 2 - Early Intervention and Reablement and Tier 3 - Specialist and Long Term Services. Across the UK public expenditure related to older people is expected to rise from 20.1% of GDP in 2007-08 to 26.7% in 2057 (Mid and West Wales Health and Social Care Collaborative, 2015). The Office for Budget Responsibility (2011) has noted that;

'public finances are likely to come under pressure, primarily as a result of an ageing population.'

12.2. Demographics and Trends

Demographic data suggests three key factors in relation to older people in West Wales:

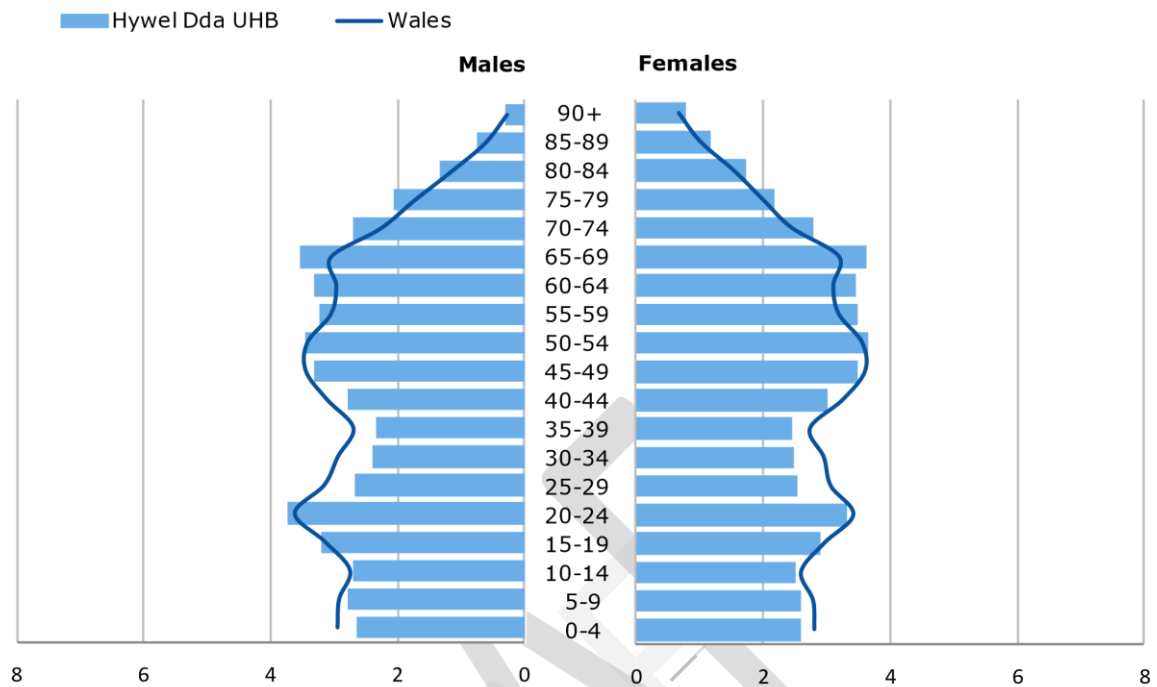
- 1) **There are increasing numbers of older people across Carmarthenshire, Ceredigion and Pembrokeshire:**

Figure 12:1 Population by age and sex and aged over 65 by LA

3)

Percentage of population by age and sex, Hywel Dda UHB and Wales, 2014

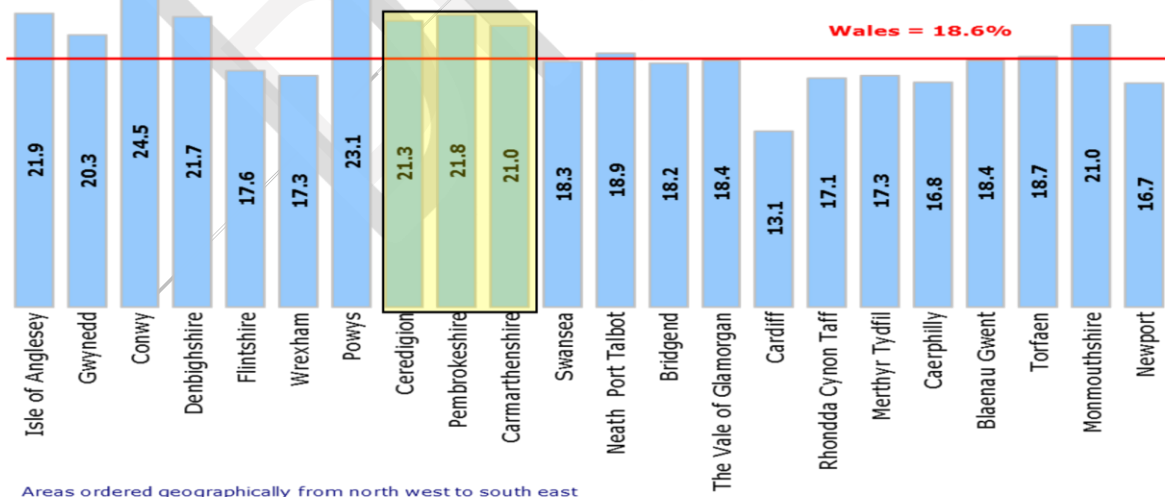
Produced by Public Health Wales Observatory, using MYE (ONS)



4)

Percentage of population aged 65 and over by local authority, 2010

Produced by Public Health Wales Observatory, using MYE (ONS)

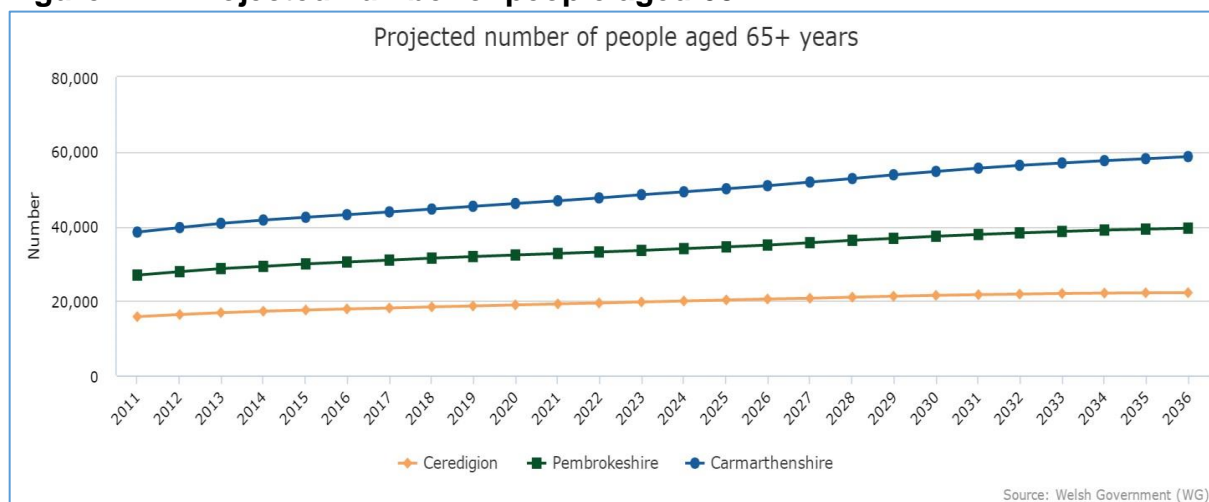


Source: Hywel Dda University Health Board

Current projections on Daffodil Cymru (2014a) suggest that the total population of people aged over 65 living in West Wales will rise from 89,780 in 2015 to 119,510 by 2035. This represents an approximate 60% increase.

In addition there has been, and will continue to be, a significant increase in the people aged over 85 in this area with the greatest predicted increase in population growth represented in the over 85 age group. An increase of 122% in West Wales overall by 2035, with a 116% increase predicted in Carmarthenshire, 125% in Ceredigion and 129% in Pembrokeshire.

Figure 12:2 Projected number of people aged 65+

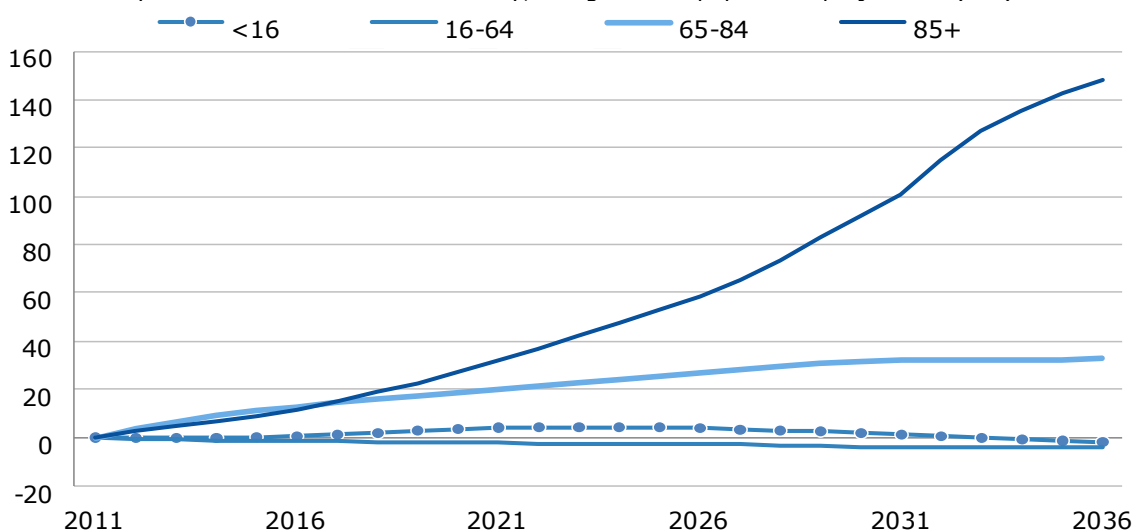


Source: Welsh Government

Figure 12:3 Population projections by age

Population projections by age group, percentage change since 2011, Hywel Dda UHB, 2011-2036

Produced by Public Health Wales Observatory, using 2014 based population projections (WG)



Source: Hywel Dda University Health Board

Over the same period there is expected to be a marked decline in the working age population. By 2033 the proportion of the population between 0-14 years in West Wales will reduce to 15% and 15 –24 year olds will also reduce to 11%. Older people in this region currently represent a higher percentage of the population with 21.3% of the area being 65 or over compared with 18.6% in Wales a whole. This raises into question capacity and resources to care and support the older age group.

With large parts of Carmarthenshire, Ceredigion and Pembrokeshire being both rural and coastal, the region attracts high levels of inward migration of people over 65. People from elsewhere in the UK already account for almost 22% of the population of Wales, with the vast majority of the new arrivals retiring from England (Bingham, 2014) The highest levels are found in Pembrokeshire with a 31% migration rate with 87% of these being over 65. Ceredigion has the largest percentage of residents with a second home in the whole of the UK. Whilst this may be explained in part by the large student population, census data shows that 325 people over 65 in Ceredigion have second addresses outside the county. Of equal importance; data indicates that 1,182 pensioners have second homes in Ceredigion; these individuals have not moved permanently into the area but still spend a significant amount of time there, during which periods they might access health and social care services.

2) Older adults in the West Wales area have increasingly complex needs:

Healthy and disability-free life expectancy is rising more slowly than life expectancy. People are living longer but with increased levels of illness and disability. Males in West Wales have a life expectancy of 77.4, with disability free life estimated at 59.4 and healthy life at 64. The equivalent figures for females are 82, 61.2 and 65.7 respectively (Public Health Wales, 2016).

Limiting long-term conditions and disability are generally more prevalent amongst the older age group, with 55% of the over 65 population in the three LA areas reporting having a long-term illness or disability (Hywel Dda University Health Board, 2016a). The number of people over 65 with limiting long term illness has been steadily increasing and predictions suggest that this will continue to varying degrees across all LA areas, with the highest increase predicted in Carmarthenshire.

Frailty is a complex concept as it not an illness but a distinctive state of health, related to the ageing process, in which multiple body systems gradually lose their in-built reserves. We have no specific data on the prevalence of frailty in the West Wales region but national research shows that around 10% of people aged over 65 years have frailty (Clegg, 2013). It is estimated that one in four people aged 85 and over is living with frailty. This typically means that a person is at a higher risk of a sudden deterioration in their physical and mental health, can be expected to have longer stays in hospital, experience increased rates of re-admission and is more likely to be discharged to residential care (British Geriatrics Society, 2014). The risk of being admitted to hospital also increases with age; whilst 21% of the current West Wales population is over 65, 55% of all emergency admissions are of those who are over 65, with 78% of emergency admission beds taken up by people who are over 65, which equates to 57% of all bed days (Hywel Dda University Health Board, 2016a). There is an also a significantly increased likelihood of a person over 65 with a chronic condition receiving inpatient care.^(REF)

As people age they are more likely to need help with self-care, domestic tasks and have reduced mobility. Evidence in the three LA areas supports this, with data trends predicting an increasing need to support older people with the activities of daily living.

The prevalence of dementia is also associated with aging and the condition is one of the major causes of disability in later life. Above the age of 65 the risk of developing dementia doubles roughly every 5 years, with estimates that dementia affects 1 in 14 people over 65 and 1 in 6 over 80.^{REF} Recent projections show a rapid increase in dementia across all LA areas with some of the more rural areas, including North Carmarthenshire and Pembrokeshire, seeing the highest rises of up to 44% by 2035 (Roberts and Charlesworth, 2014; Public Health Wales Observatory, 2013). People with dementia stay far longer in hospital than other people who come in for the same procedure; at least 40–50% of bed days relating to emergency admission in West Wales will relate to people who have dementia as part of their multi-morbidity (Hywel Dda University Health Board, 2016). It has been estimated that Hywel Dda has the lowest rates of dementia diagnosis in Wales at 37.2% (Alzheimer's Society, 2015).

It appears that residents in West Wales have increasingly complex needs associated with dementia and associated lack of capacity; Hywel Dda University Health Board made the greatest number of applications for Deprivation of Liberty Safeguards in 2013-14, with Carmarthenshire LA having the highest number of applications in Wales (Care and Social Services Inspectorate Wales, 2015) Whilst this may reflect improved processes and systems, it may also suggest a heightened level of need particular to this area, with dementia not being diagnosed but still recognised in a residential setting.

Falls are a common and serious problem for older adults and it has been reported that more than 50% of people over the age of 85 fall at least once a year (Age UK, DATE) Daffodil Cymru data suggests that the number of hospital admissions because of a fall predicted to increase in the area by almost 70% by 2035. A significant percentage of older people in West Wales provide unpaid care to support family or friends with the greatest predicted increase in those over 85 providing more than 50 hours of unpaid care of 122% by 2035. (Daffodil Cymru, 2014b).

3) A range of 'accelerating factors' are likely to exacerbate the needs of some older adults

The West Wales region is the second most sparsely populated in Wales. Research into ageing in rural communities has described a set of compounding factors which result in 'multiple disadvantage' (Hartwell et al, 2007) as rurality impacts on many factors including housing, deprivation, access to services and, vitally, levels of physical and social isolation. Evidence indicates that rural areas are also ageing faster, the projected increase of the 65+ age group by 2021 in rural areas is 29% compared to 20% in urban ones (International Longevity Centre, DATE)

In nearly all instances, people living in the more deprived areas experience worse health than those in more affluent ones. Deprivation has an impact on older adults especially in relation to healthy and disability free life expectancy. There are a number of areas of high deprivation in the region, with the largest concentration around Llanelli in the east of Carmarthenshire. Data shows that people living in the least deprived areas of Carmarthenshire can expect to live healthily for nearly 14 years longer than those in the most deprived ones (Public Health Wales, 2011).

The West Wales region reports the second largest instance of excess winter deaths in the over 65s in Wales (Hywel Dda University Health Board, 2016a). There is a strong relationship between poor insulation and heating of houses, low indoor temperature and excess winter deaths of older people (Marmot Review Team, 2013). With respiratory disease being the major cause of seasonal mortality (Office of National Statistics, 2015) and the proved causality between damp housing and asthma (Basham, 2002), levels of fuel poverty and heating may be adversely impacting on this group. Census data suggest that the older the occupant, the less likely they are to have central heating. Data on Daffodil Cymru suggests that 3.3% of households in the area do not have central heating with Ceredigion being the highest at 5.4%; this is in stark comparison to the Welsh average of 1.9%. Large parts of the region are also in Fuel Poverty, with some areas having a rate of 17% or higher of fuel poverty compared to the 14% Welsh average.

Evidence suggests that older people are particularly vulnerable to loneliness and social isolation (NHS, 2015). Whilst living alone in itself does not equate to loneliness, research shows that those who do live alone are more likely to be lonely (De Jong et al, 2011). In West Wales there are currently 40,496 people 65+ living alone, which represents 45% of this group, with the likelihood of living alone increasing with age (Daffodil, 2014c). It is predicted that between 2008 and 2033 there will be a 44% increase in the number of 65–74-year-olds living alone, a 38% increase in those aged 75–85 and a 145% increase in those aged 84+ (Department for Communities and Local Government, 2010). Levels of loneliness and isolation could be further compounded by other factors, such as high levels of rurality and lack of access to transport. The most recent evidence in this area indicates that 14% of people aged 65 and over felt they were unable to manage walking down the road without assistance (The Young Foundation, 2006).

The Quality of Life Indicators for Older People (Public Health Wales Observatory, 2012) published by Public Health Wales show that accelerating factors for this group vary across the different LA areas; with those in Carmarthenshire presenting higher instances of poor health and disability, with Pembrokeshire having higher levels of obesity compared with the Welsh average.

12.3. Current and Future Care and Support Needs

Whilst it is not possible to equate population changes precisely with need for increased care and support (Bolton, 2016), the predicted care and support needs of older people are summarised below. A holistic approach which supports resilience and independence needs to underpin all levels of care and support. This will provide integrated, coordinated and person-centred care, appropriate rapid and effective support at times of crisis, high quality acute care and choice, and control and support towards the end of life. In identifying care and support needs, reference has been made to relevant data and research as well as expressed views of older people. A range of quantitative data has been obtained from the wellbeing survey undertaken on behalf of the three Public Service Boards in the summer of 2016, early responses to the initial wellbeing questionnaires distributed to service users by local authorities and from 'what matters to you?' conversations which form an integral part of individual integrated assessments. Local 'Ageing Well' consultation data and material

emerging from engagement with fora such as 50 + groups in each LA area and the Carmarthenshire Dementia Action Board, have also been taken into account.

Care and support needs of older people generally will include:

Support to maintain health and wellbeing: The World Health Organization (WHO) estimates that more than half of the burden of disease among people over 60 is potentially avoidable through changes to lifestyle ^(REF). These can be broadly defined as preventative community services which promote engagement, healthy behaviours/eating and physical activity. Evidence shows that many age-related conditions, including frailty, can be prevented or delayed by helping maintain individuals' resilience (Pacala, 2013). Work commissioned by the Social Services Improvement Agency (SSIA) suggests that targeted support in the areas of information, relationships, psychological resources, finance, physical health, home, community and work and learning is most effective in achieving this (Blood et al, 2015).

Effective information, advice and assistance services: This is a key theme within the Social Services and Wellbeing (Wales) Act 2014 and services, including advocacy, are of particular value for older people in helping them access services, make informed decisions, exercise choice and participate in their community. Research by Age UK suggested that generic information, advice and assistance services need to be tailored to fit older people's needs which are likely to include social contact and care, finance and housing, health and practical support. (Age UK, n.d). Targeted IAA services might be appropriate for those people aged 65 and over that retire to the region. In a recent poll the single most important thing to people over 60 planning to move was access to the countryside. More than 80% of those polled put the countryside ahead of social life or access to healthcare. It also suggested that people do not consider their potential care needs as most people indicated "don't know" when asked about the provision of care and support in the area they were planning to retire to (McVeigh, 2009).

Suitability of living accommodation: It has been estimated that older people spend 70-90 % of their time at home, which means that an environment that is conducive to supporting wellbeing is crucial (ODMP, 2006 cited in Careter and Hillcoat-Nallétamby, 2015: 3). The housing environments in which we age plays a determining role in ensuring that people maintain autonomy and independence and remain engaged in their local communities (Institute of Public Care, 2012).

Age-friendly communities: An age-friendly community can be simply defined as one where local people have decided their priorities to better support people as they age⁵¹. This can include physical design, promoting better access and mobility, promoting people's social engagement and developing support and relationships between the generations. The most important aspect is that it is an integrated approach to thinking about the places where people live and how best to promote older people's wellbeing and engagement with their physical and social environments.

Maintaining connection and community contribution: Ageing Well in Wales defines loneliness and isolation as cross-cutting issues that seriously impact on the

health and wellbeing of older people in Wales (Ageing Well in Wales, 2015: no pagination). Research shows that loneliness and social isolation are harmful to health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is more detrimental to health outcomes than well-known risk factors such as obesity and physical inactivity.

Effective access to treatment for ‘minor’ needs that may compromise

independence: Many older people experience needs that tend to be characterised as ‘minor’, but which can significantly affect their independence and wellbeing if not supported effectively. These can include mobility problems, foot health, chronic pain, sensory impairment, incontinence, malnutrition and oral health. Proactive, early identification of such problems, using structured assessment tools coupled with tailored interventions, can have significant benefits for older people’s wellbeing and independence. (Melis et al, 2008)

Older people with more complex needs are likely to require a range of care and support, which will include:

Effective management of frailty, based on a population-led approach that prevents or delays the onset of the condition through early identification and anticipatory care management across the primary and community sectors, integrated assessment and care planning, measures to avoid inappropriate hospital admission and targeted falls prevention programmes. Evidence shows these can reduce the incidence of falls by between 15 and 30%.

Holistic support for dementia and cognitive impairment, including improved rates of diagnosis, quality support in a range of settings and the development of dementia-friendly communities.

Appropriate and efficient intermediate care services, including rapid response care and support, therapeutic rehabilitation, reablement, step-up/ step-down placements and supported discharge schemes, in which the third sector can play a major role.

Person-centred, dignified long-term care which optimises independence, which requires outcomes-focused assessment and care management and domiciliary care, appropriate residential provision based on an enablement approach, effective assistive technology, telecare and telehealth, effective adaptations and effective advanced planning which includes choice and control for end of life care.

Effective support structures for older Carers, to ensure that they maintain wellbeing and are able to continue their support for the relative for whom they are caring for as long as possible.

Integrated mental health services Evidence suggests that in the UK depression affects 22% of men and 28% of women aged 65 and over, with another study estimating that depression affects 40% of older people in care homes (Age UK, 2016).

For those older people experiencing any or all of the ‘accelerating’ factors identified in the previous section, support needs will include:

Measures to reduce isolation through effective public transport and generally improved access to health and social care provided on a locality basis. Evidently the appropriate model of support for older adults in a deprived urban ward of Llanelli will be different from those of a coastal area such as Aberporth or rural hamlet such as St Dogmaels. The Kings Fund recommends the establishment of place-based 'systems of care' in which health and social care collaborate to address the challenges and improve the health of the populations they serve (Ham and Aldewick, 2015). Availability of broadband can also play a role in reducing the effects of social exclusion in later life (Age UK, 2013).

Support that addresses specific needs of older people living in areas of deprivation through benefit and income maximisation, employment opportunities for those wanting to work and increased public health activity to reduce limiting factors such as smoking and obesity.

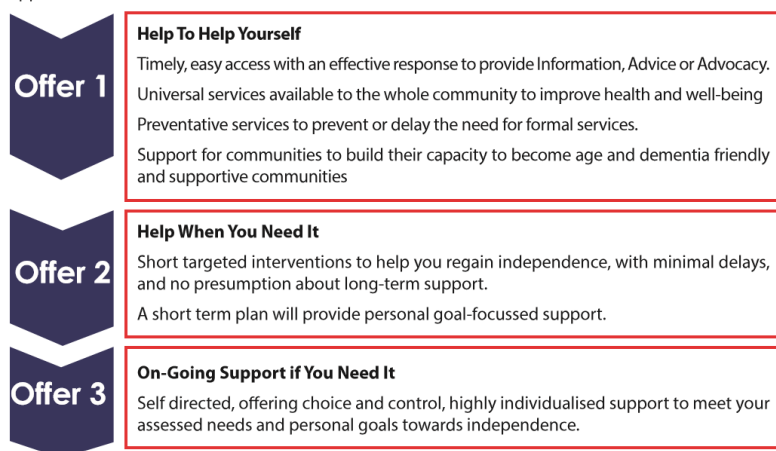
Prevention activity targeting excess winter deaths, through anticipatory care, public awareness and tackling fuel poverty.

12.4. Current Care and Support Provision

All partners in the region are moving towards a consistent model of care for older people based on the principles of wellbeing and prevention encapsulated in the Social Services and Wellbeing (Wales) Act and informed locally by a range of plans and strategies including Ageing Well plans, the Health Board's Integrated Medium Term Plan, Carmarthenshire County Council's 'Vision for Sustainable Social Services for Older People 2015-25 and the regional Statement of Intent for the Integration of Services for Older People with Complex Needs in West Wales (2014).

Delivery across the region varies in detail but in each county area it is based around three levels of service each of which aim to meet person-centred outcomes, as shown in the following figure. These three levels can be described as 'offers' to individuals according to their need and circumstance and are as follows:

Figure 12:4 Three Levels Of Service



Source:

More detail of each offer is provided below:

Offer 1: Help to help yourself

These are services which build resilience of individuals and communities, aimed at helping people help themselves and prevent the need for ongoing care. Roles such as community connectors and community resilience development officers have been introduced to build third sector capacity and improve sign-posting of individuals. Locally funded community-based projects such as Solva in Pembrokeshire and Llandysul in Ceredigion aim to provide holistic, community-based support that promote and sustain independence.

Provision includes:

- Information, Advice and Assistance which help people achieve their outcomes by directing them to support available within the community. This should be targeted when appropriate to support people experiencing one or more 'accelerating factors' as described earlier in the report
- Advocacy to help people articulate needs and access appropriate care and support
- Community-based home to hospital provision which facilitates effective hospital discharge, prevents readmission and inappropriate admission
- Third sector services promoting independence, social engagement and inclusion
- Time banking, social prescription and volunteering
- Primary and community care initiatives funded through the cluster development programme

Data from the regional Market Position Statement for older people's services in West Wales (Mid and West Wales Health and Social Care Collaborative, 2015) suggests that spend on these services represents between 3% and 11% of total older people's budgets.

Case Study – Remodelling and Co-designing Services in Llandysul, Ceredigion

Ceredigion has taken an innovative approach to developing services for older adults and working with communities to remodel services. A small cross organisational group made up of representation from HDUHB, Ceredigion County Council and Ceredigion Association of Voluntary Organisations has been established to deliver a place based system of care within a town in Ceredigion and scope opportunities for Alternative Delivery Models for public services. The project aims to understand the opportunities and challenges associated with alternative delivery models and explores various forms of service delivery such as social enterprises, cooperatives and user led services. The dialogue includes:

- Sessions for officers from LA, UHB, CAVO with the aim of raising awareness of the principles of Alternative Delivery Models, including Community Asset Transfer, social enterprise, cooperatives
- Sessions for elected members to understand Alternative Delivery Models and the opportunities for the key partners

- Sessions with community groups and individuals to discuss the support and options available

Case study – Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT)

The PIVOT Project was established as a third sector collaborative in Pembrokeshire to facilitate hospital discharge, support those who are at risk of admission to hospital for non-medical reasons and reduce support required from statutory agencies. The project is coordinated by Pembrokeshire Association of Voluntary Services and includes, British Red Cross, Pembrokeshire Care & Repair and Pembrokeshire Association of Community Transport Organisations. The PIVOT partners have many years of experience providing support that builds confidence and self-esteem to enable people to live independently within their own homes. PIVOT provides home-based low level support for up to six weeks for people who would benefit from low level prevention and reablement support in the community.

Offer 2: Help when you need it

Here care and support is designed to support people to regain their previous level of independence after an illness or injury, which include reablement and rehabilitation at home. Examples include:

- Rapid access domiciliary care provision
- Acute response teams to facilitate rapid nursing needs in the community
- Equipment provision, telecare and telehealth and home adaptations
- Housing related support to maintain independence at home
- Support for carers
- Residential reablement placement in care homes and rehabilitation facilities in community hospitals
- Anticipatory care processes such as multi-disciplinary meetings and proactive care- planning
- Targeted projects funded by the Intermediate Care Fund to build effectiveness in intermediate care, such as TOCALs – a frailty discharge service aimed at facilitating effective and appropriate discharge from hospital

The WG's Intermediate Care Fund has provided resources to develop new, integrated approaches to care and ensure a level of consistency across the region in relation to key aspects of care and support.

Analysis shows that this tier accounts for the second largest proportion of the overall budget in the region at between 4 to 13% (Fig 32). This however does not consider the significant investment of ICF funds which amounted to £8.4 million in 2014-15, some of which supported projects aimed at improving intermediate care and reducing reliance on acute services.

Case study – Multi-disciplinary Teams (MDTs) and Stay Well Plans in Carmarthenshire

Effective anticipatory care of frail older adults was identified as a priority in the 2Ts GP cluster of Carmarthenshire. In partnership with integrated health and social care teams an MDT approach was embedded to manage frail patients more effectively and pro-actively in their own home will enhance their experience of care, improve their outcomes and reduce acute care costs and bed days. As part of the project, practices nominated a clinical frailty lead and to identify frail patients utilising a practice based IT Risk Stratification System. The MSDi (software) tool is then used to risk stratify patients. Patients identified receive a written Stay Well Plan which includes details of a carer, health and social care summary, optimisation and maintenance plan, and escalation and urgent care plan. The project also identifies optimising Multi-disciplinary Teams (MDT) working through the adoption of the MDT best practice guidance and the appointment of a generic Occupational Therapy/Physiotherapy (OT/PT) technician who attends all MDT meetings and accepts referrals to undertake low levels assessments.

Offer 3 – Ongoing support

The third level of support includes services for people whose conditions or circumstances mean that they need longer-term specialist or substitute care or support. The route into this level of care and support is usually through an integrated assessment and multi-disciplinary professional support; a care and support plan is based on the question 'what matters to you' and an outcome plan delivered accordingly.

Services include:

- Domiciliary care support, direct payments and residential placements in care homes for assessment, respite or on long-term basis
- Social support and day opportunities are provided through accessing community based services, direct payments or day centre provision
- Health led services include community nursing and hospital services, continuing healthcare and end-of life care. Over 60% of the £37,602,320 spent in 2014-2015 on continuing healthcare in HDUHB was spent on older adults, which included both domiciliary and residential nursing care (Hywel Dda University Health Board, 2016b)
- Residential and nursing care. Across the region, several residential options are available which range from extra care to EMI nursing. Approximately 668 residential care beds are registered for older people with dementia and 645 EMI nursing home beds, with 1,257 residential placements and 673 nursing ones; as well as currently having 254 units of extra care accommodation across the region
- A significant proportion of older people who live in a residential setting in West Wales currently fund their own placement but may need financial support at a later date. The Local Government Information Unit (LGiU) estimated that an average of 41% of people entering residential care each year self-fund, and of those, 25% will run out of money during their stay. Estimating the precise

numbers of self-funders in the area is difficult, however a market survey of care home providers in each county suggests that Carmarthenshire and Pembrokeshire have a similar rate of self-funders (34% and 33%) while Ceredigion has a lower number (23%). Another calculation which estimates numbers of self-funders, and considers the number of beds funded by NHS continuing health care provided similar results for Ceredigion at 21.5%, but higher for Carmarthenshire (43%) and Pembrokeshire (41%). (Mid and West Wales Health and Social Care Collaborative, 2015)

- Safeguarding services to protect against abuse and neglect.
- Comprehensive telecare support
- Management of specific conditions through community nursing which includes; clinics and district nursing services

Providing services to those with ongoing need overwhelmingly represents the largest part of the budget in region.

12.5. Gaps and Areas for Improvement

Current provision as set out in the previous section provides a valuable foundation for further development to ensure that rising levels of need across the region are effectively met. A number of areas need further development if the requirements of the Act, including wellbeing outcomes for older people and the aspirations of existing strategies are to be fully addressed. These are set out below against the core principles of the Social Services and Wellbeing (Wales) Act.

Voice and control

- Ensuring effective community based advocacy services for older adults is available and accessible across the region
- Improving the level of services available through the medium of Welsh

Prevention and early intervention

- Reducing the reliance on residential and nursing care in favour of lower level, preventative and wellbeing services
- Mainstreaming integrated approaches across primary, community and social care, adopting local successful practice across the region where positive impact is evidenced and further aligning ICF and cluster development programmes
- Increasing the level and range of low level support services such as befriending, shopping and lunch clubs are not able to recruit volunteers in some areas – where there are specific befriending services demand greatly outweighs capacity
- Building good-neighbour schemes to promote community connection and resilience
- Improving availability of rapid response services for older people who have short term need
- Improving the level and quality of rehabilitation across the region

- Attaining improved and standardised levels of telehealth and telecare across the region
- Achieving a consistent approach to frailty; the recent adoption by Hywel Dda University Health Board of a frailty strategy (Hywel Dda University Health Board, 2016c) is an important first step; the objectives within the strategy need to be taken forward in an integrated way with all partners working in collaboration

Wellbeing

- Improving community transport to enable older people to access care and support at the appropriate level; feedback from communities consistently cite effective transport as a barrier accessing services and provision
- Joined up service provision to support mental wellbeing and address depression
- Ensuring services (including primary care, domiciliary care, residential care and reablement) and communities are 'dementia friendly'
- Improving dementia diagnosis rates
- Ensuring appropriate levels of residential and nursing care are available in all parts of the region

Co-production

- Involving older people more in the design and delivery of services that affect them
- Maintaining a dialogue with older people in relation to personal responsibility for maintaining wellbeing and care and support available

Cooperation, partnership and integration

- Working in partnership across commissioners and providers to articulate and promote a consistent service model
- Improving anticipatory care across the health, social care and other sectors to avoid escalation of need
- Building on local pilots for integration of health and social care roles, in keeping with national guidance on third party delegation, to ensure responsiveness of services and sustain independence for older people
- Developing integrated commissioning to achieve market sustainability across the region in residential and domiciliary care
- Growing an integrated approach to quality assurance and contract monitoring of care homes to identify and address emerging concerns and prevent placement breakdown

The role of the Regional Partnership Board will be vital in sustaining this drive for improvement, using the Area Plan and funding such as the Integrated Care Fund to achieve the paradigm shift still needed. A partnership approach will be needed in tackling key challenges such as development of new services in an environment of financial austerity, setting clear and shared outcome targets to measure progress and impact of transformation, achieving market sustainability across levels of care and support, and ensuring an appropriately qualified and skilled workforce is in place to deliver the changes still needed.

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13. Sensory Impairment

13.1. Overview and Key Messages

- Sensory impairment can be a significant life limiting condition and its incidence increases with age. This means the challenges associated with the condition are likely to grow over coming decades
- The condition includes sight loss, hearing loss, and dual sensory loss (deafblind).
- Accelerating factors in relation to sight loss include diabetes and obesity
- People with sensory impairment have a range of care and support needs. Early identification is vital, as is prevention, support to reduce loneliness, isolation and promote mental health and wellbeing and measures to support access to employment
- Effective care and support is likely to reduce other risks associated with age and frailty, such as falls
- A range of services are available across West Wales. These provide a foundation for improvement in the future
- Improvements need to focus on further development of generic and specialist services and improving access to other services for people with a sensory impairment. This will require collaborative approaches to ensure consistency and that common challenges are addressed

13.2. Demographics and Trends

Sensory impairment includes sight loss, hearing loss and dual sensory loss (a condition also referred to as 'deaf blind'). Incidence of sensory impairment across these categories primarily affects older age groups, although there are other significant groups within the population that are susceptible particularly to sight loss and genetic conditions and injury can also give rise to a range of sensory impairment.

The prevalence in West Wales of each of these three conditions is examined below.

Sight Loss

The charts below provide numbers of adults predicted to have visual impairment in each part of the region, in 2015 and 2030. These are based on generic forecasting and demonstrate that, whilst the proportion of younger people affected is very small, people are more likely to suffer sight-related conditions as they grow older.

Forecasting predicts that:

- Approximately 0.06% of adults between the ages of 18 and 64 will have a severe visual impairment
- Moderate or severe visual impairment will be experienced by around 5.6% of older adults aged between 65 and 74
- Around 12% of people aged 75 and over will have a moderate or severe visual impairment
- Approximately 6.4% of people aged 75 and over will have registerable eye conditions

The most common sight-threatening conditions are age-related macular degeneration, cataract, glaucoma and diabetic retinopathy. This will become significant as the population of the region ages over the next 2 decades.

Other conditions such as diabetes and obesity are underlying causes of sight loss and as the incidence of these increases this will also impact on the preponderance of vision-related problems within the population (Action for Blind People, n.d).

Figure 13:1 Predicted levels of visual impairment, Carmarthenshire

	2015	2030
People aged 18-64 predicted to have a severe visual impairment	70	70
People aged 65-74 predicted to have a moderate or severe visual impairment	1,308	1,437
People aged 75 and over predicted to have a moderate or severe visual impairment	2,382	3,631
People aged 75 and over predicted to have registerable eye conditions	1,220	1,859

Source: Daffodil Cymru

Figure 13:2 Predicted levels of visual impairment, Ceredigion

	2015	2030
People aged 18-64 predicted to have a severe visual impairment	30	28
People aged 65-74 predicted to have a moderate or severe visual impairment	540	532
People aged 75 and over predicted to have a moderate or severe visual impairment	988	1,498
People aged 75 and over predicted to have registerable eye conditions	506	767

Source: Daffodil Cymru

Figure 13:3 Predicted levels of visual impairment, Pembrokeshire

	2015	2030
People aged 18-64 predicted to have a severe visual impairment	45	43
People aged 65-74 predicted to have a moderate or severe visual impairment	917	948
People aged 75 and over predicted to have a moderate or severe visual impairment	1,692	2,551
People aged 75 and over predicted to have registerable eye conditions	866	1,306

Source: Daffodil Cymru

The following table provides the latest figures on the numbers of people registered as partially sighted or blind in each county.

Figure 13:4 Numbers of people registered as partially sighted or blind

	Carmarthenshire	Ceredigion	Pembrokeshire
Numbers of people registered as partially sighted or blind (2013/14)	1,029	365	663

Source: Stats Wales

Other statistics (RNIB, 2016) relating to sight loss include:

- Nearly two-thirds of people living with sight loss are women
- Adults with learning disabilities are 10 times more likely to be blind or partially sighted than the general population
- People from non-white ethnic groups are at a higher risk of certain sight conditions

NHS Wales spends around £113 million (Welsh Assembly Government, 2011) on eye health including costs associated with inpatient treatments and outpatient attendances, and also the cost of NHS funded eye tests and yet over 50 per cent of sight loss can be avoided (Public Health Wales, 2013). In published NHS programme budgets Hywel Dda Health Board combined spend on problems of vision is £15.6 million (2.2% of the overall budget). Indirect costs of sight loss are significant and include the provision of unpaid care by family and friends, lower employment, absenteeism and the cost of specialist equipment and modifications.

Hearing loss

Hearing loss has been identified as a major public health issue. The vast majority of people with hearing loss and profound hearing loss are older people aged 65+, so

once again as the population profile of the region ages the number of people with hearing loss is set to grow (Action on Hearing Loss, 2015)

The following table shows how the estimated numbers of people aged 18+ with a hearing impairment is set to grow in the West Wales region by 2030.

Figure 13:5 Estimated numbers of people aged 18+ with a hearing impairment

Those aged 18+ with hearing impairment	2015	2030	2015-2030 % Change
Moderate or severe hearing impairment	46,973	61,907	32%
Profound hearing impairment	1,075	1,529	42%

Source: Daffodil Cymru

Hearing loss affects us and is more likely to be experienced alongside other conditions, as we age:

- From the age of 40 onwards, a higher proportion of men than women develop hearing loss. This may be because more men have been exposed to high levels of industrial noise (Action on Hearing Loss, 2015)
- 71.1% of over-70-year-olds have some kind of hearing loss (Action on Hearing Loss, 2016)
- Among people over the age of 80, more women than men have hearing loss, which is due to women living longer than men on average, not because women are more likely to become deaf (Action on Hearing Loss, 2016)

Dual Sensory Loss (Deafblind)

Deafblindness is when a combination of both sight and hearing loss cause difficulties in communication, mobility and access to information. People can be born deafblind, or become deafblind through illness, accident or in older age. Deafblindness is a growing issue in the UK (SENSE, 2010). Dual sensory loss can be found in all age groups, including children, but the incidence is greatest in older adults. Once again, this number is set to grow substantially over the next two decades as the population ages.

The following table sets out the estimated numbers of people of all ages with some degree of and more severe dual sensory loss (RNIB, n.d).

Figure 13:6 Estimated numbers of people with some degree of and more severe dual sensory loss

	Carmarthenshire	Ceredigion	Pembrokeshire
Estimated number of people living with some degree of dual sensory loss	1,345	931	546
Estimated number of people living with more severe dual sensory loss	455	320	191

Source: RNIB, n.d.

13.3. Current and Future Care and Support Needs

The positive impact of prevention, early identification, practical and emotional support and accessibility of services is common across all categories of sensory loss. Whilst many people with sensory impairment will not need direct care and support for their condition, they are more likely to suffer with depression, anxiety, loneliness, loss of independence and isolation, along with poorer employment prospects and the financial impact that can bring, than the general population. Appropriate low level support can play a key role in mitigating the effect of these and in improving the general wellbeing of people with these conditions.

Since, as outlined above, sight loss can often be accompanied by other chronic conditions, people may often be receiving other care and support relating, for example, to stroke, diabetes and dementia.

Care and support needs are explored in further detail below.

Prevention and early identification

Research by the RNIB suggests that 50% of blindness and serious sight loss could be prevented if detected and treated in time (RNIB, 2016).

It is much easier for people to maintain their independence as their sight deteriorates if they can learn coping techniques early in the process rather than trying to re-incorporate activities into their routine that they have previously decided are off-limits. Adaptations in the home such as better lighting can be of significant benefit (Rotheroe et al, 2013). Early diagnosis of hearing loss and dual sensory loss can also facilitate better adjustment to these conditions and better levels of independence and wellbeing. Diagnosis of hearing loss can currently take on average 10 years to obtain. Evidence suggests that GPs fail to refer up to 45% of people reporting hearing loss for an intervention such as a referral for a hearing test or hearing aids (Action on Hearing Loss, 2009).

Appropriate services, accessed with the help of communication aids, is the single biggest need for dual sensory impairment. An example of need is the availability of guides/communicators to facilitate social interaction and ensure equality of opportunity in accessing services (Orr et al, 2006). Early intervention is, again, crucial. People with dual sensory impairment rely on tactile communication and this is easier to teach whilst individuals are still able to receive audio and visual information. Once people have lost almost all their sight and hearing, highly-skilled practitioners are needed to support people in learning tactile communication skills (RNIB, 2013).

Coping strategies for single sensory loss often rely on the other senses working harder to compensate; audio readers can support those who are unable to read printed materials and those with hearing loss may rely on lip reading. Where both senses are impaired, implications for the individual are profound; the impact of losing both senses is 'more than the sum of its parts' (Rotheroe et al, 2013).

Mental health and wellbeing

People with vision impairment have an increased risk of depression (Thomas Pocklington Trust, 2016) and over one-third of older people with sight loss are estimated to be living with this condition (Hodge et al, 2010 cited in Action for Blind People, n.d). The provision of emotional and practical support at the right time can help people who are experiencing sight loss to come to terms with the situation, retain their independence and access the support they need, thus reducing possible triggers for depression (RNIB, 2013).

Research findings suggest that deaf people are more likely than their hearing counterparts to suffer from mental health problems (McClelland et al, 2001). 40% of the deaf and hard of hearing people in the UK are likely to experience a mental health problem at some time in their lives. The culturally deaf (that is, those using British Sign Language (BSL)) have a 50% chance of a mental health crisis (Orr et al, 2006).

Social isolation and loneliness

Research by the Thomas Pocklington Trust identified a significant need among people with a visual impairment for greater social contact (Percival, 2003).

RNID research undertaken in 2000 found that 66% of deaf and hard of hearing people feel isolated due to the fact that their condition excludes them from everyday activities. Research conducted by FMR (a social research consultancy) in 2002, suggests that deaf people experience social exclusion, discrimination, and barriers in access services and facilities because of difficulties in communication (Orr et al, 2006).

People of different ages face distinct and particular issues when sensory loss is not diagnosed. Older people are likely to become more vulnerable, isolated and less independent if visual loss is not diagnosed and addressed. This concern is highlighted in an in-depth interview with a service user who said:

'I feel I want to scream just for human conversation... I feel that I'm deteriorating so much because I have no stimulant, I suppose. I hardly sleep at all.'

(Bristol City Council, 2014)

For young people, life chances are affected as they may struggle to build the necessary resilience to cope with transition periods, for example when moving from education to employment. Social isolation within mainstream schools and the workplace can also be a problem for people with sight loss (Rotheroe et al, 2013).

Falls reduction

A 2012 study found that between 40% to 50% of older adults with visually impairing eye disease limited their activities due to a fear of falling. This puts people at further potential risk for social isolation and disability (Wang et al, 2012)

Every year in Wales half of those over 80 will have a fall in their home. Resulting injuries such as hip fractures have a hugely detrimental effect on individual wellbeing and require costly health interventions. Across Wales, falls have been estimated to directly cost the NHS £67 million per year (Davidson et al, 2011) and evidence

suggests around 10% of all falls can be attributed to sight loss (Boyce, 2011). Appropriate adaptations and aids in the home can play a vital role in reducing risk in this area.

Access to education and employment

Across the UK it is estimated that two-thirds of registered blind and partially sighted people of working age are not in paid employment (Douglas et al, 2006 cited in Action for Blind People, n.d). Over two-fifths of people living with sight loss say that they have some or great difficulty in making ends meet (RNIB, 2013).

Figures from the Office of National Statistics show that people with hearing loss are less likely to be employed (65% are in employment) compared with 79% of people with no long term health issue or disability (Action for hearing loss, 2016).

13.4. Current Care and Support Provision

A range of care and support is available for people with sensory loss in West Wales. Whilst the precise nature of provision varies in each county area, generally these include:

- **Specialist assessments undertaken for people with sensory loss**, which identify level and type of need
- **Rehabilitation Officers for the Visually Impaired (ROVIs)** located within social care who provide rehabilitation service for people of all ages who are certified blind, partially sighted or are registerable under these categories of reduced vision. A ROVI's role is to help build confidence, provide emotional support, regain lost life-skills and teach new skills, maintain and promote independence and choice and assess people's need for specialist equipment and adaptations. The ROVIs work closely with partner agencies such as the Low Vision Service Wales (LVSU) and the third sector to ensure clients' needs can be fully recognised, supported and progressed. They also build links with other services to ensure the needs of visually impaired people are taken into account. A recent example is engagement with Aberystwyth University in Ceredigion which resulted in the opening of an art gallery with audible provision. Finally, ROVIs work within communities to provide visual awareness training and look to set up local support groups for people with vision impairment
- **Low Vision service Wales (LVSU)-accredited practitioners** located within primary care, who provide advice and guidance to those who have had diagnosis of a specific eye condition. People can access LVSU practitioners from the community or when in secondary care. Practitioners currently operate in 32 community optometric (optician) practices and a further 11 offering a domiciliary service
- **Eye Care Liaison Officers (ECLOs)** operating from ophthalmology departments across the region and provide support and advice to patients with vision impairment; this service is limited and is provided by RNIB in Carmarthenshire and Pembrokeshire and by Sight Cymru in Ceredigion

- **Specialist equipment** available to facilitate daily activities, such as mobility and communication equipment (including Braille and hearing loop systems) and lip-reading services (in Carmarthenshire), where appropriate
- **General awareness raising and engagement activities**, for example with 50+ forums which takes place across the region and interaction with other services such as education, highways and the third sector (in Pembrokeshire) to improve provision for people with sensory loss. Local engagement activities include work conducted through the West Wales Audiology Group, facilitated by Hywel Dda University Health Board and bringing together professionals and service users to consider and address relevant service issues and the publication in Pembrokeshire of a monthly audio magazine for the visually impaired which encourages feedback from citizens on the type and level of services they would like to receive. Wales Council for the Blind convenes a quarterly 'Your Voice Shared Vision' meeting across Mid and West Wales (including Powys) to discuss service-related issues and obtain the views of users and carers
- **Support for Carers of people with sensory loss**, including information, signposting to appropriate support and advice on carers' assessments
- **Partnership working between the statutory and third sectors** at national level with organisations such as British Wireless for the Blind, Blind Veterans UK, RNIB, SENSE Cymru, Deaf Children's Society, Welsh Interpreting and Translation Services, Wales Council for Deaf People and locally with groups such as Pembrokeshire Association of Voluntary Services and the Llanelli Blind Society, to deliver a range of support services. These include social interaction and activities and specific facilities such as wireless for the blind, talking newspapers

Regional initiatives to improve provision for people with sensory loss include the Sensory Friendly Awareness Awards programme, the first to be piloted and rolled out in Wales and led by Hywel Dda University Health Board. The programme aims to raise awareness and understanding among health care providers of the needs of people with sensory loss and their carers and to respond to these appropriately. Its initial focus is on secondary wards.

Along with other LHBs across Wales, Hywel Dda University Health Board has recently introduced a sensory e-learning course, in conjunction with SENSE Cymru, to raise awareness of sensory impairment issues among staff. Service user feedback has been positive. One user commented:

"I was dreading going into hospital due to being virtually blind and I feared I would not be helped, however I could not have asked for any more help. They guided me, gave excellent verbal instruction and even told me when my meal had been placed in front of me, which has never happened to me before".

13.5. Gaps and Areas for Improvement

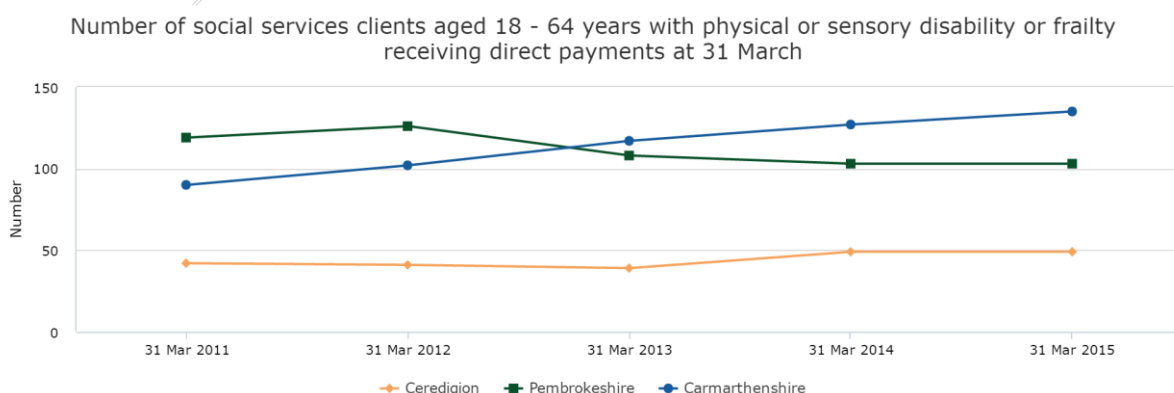
The biggest single challenge in relation to people with sensory loss is lack of diagnosis. This is also an issue where individuals are receiving other services such as residential and nursing care. Research undertaken in 2012 (Watson and Bamford, 2012) revealed that eye care and sight testing are both neglected in care homes for older people. A similar situation prevails for hearing loss (Echalier, 2012). Ensuring people are diagnosed with sensory loss as soon as possible can help them to remain independent for as long as possible and avoid other risks such as falls.

The following gaps and areas for further improvement are set out below against the core principles of the SSWB Act. These show that ensuring people with sensory loss have a voice and are in control of their disability is paramount.

Voice and Control

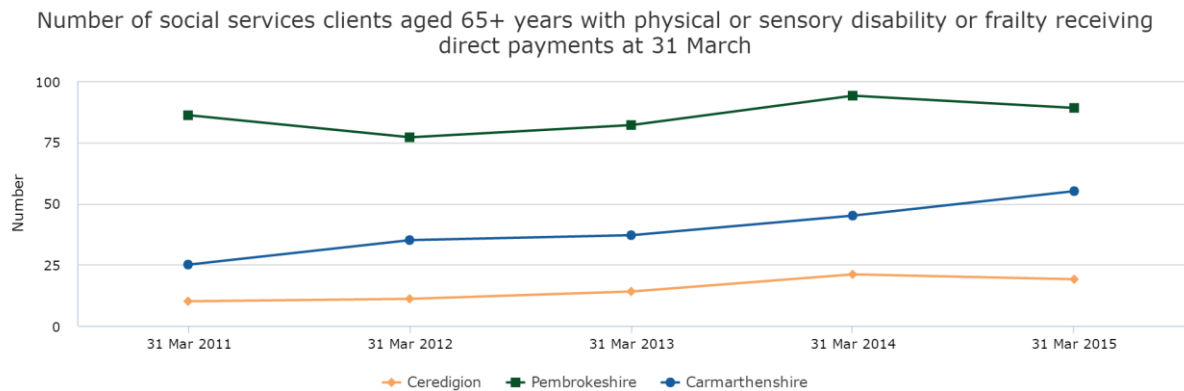
- There is a need for greater awareness of sensory loss and its impact so that service providers take specific needs into account and make their services more accessible. This is particularly important given that sensory loss often exists alongside other age-related conditions such as dementia and frailty. Information and advice needs to be provided in accessible formats. Wider services need to be made accessible so that people are not turned away inappropriately, or give up because, for example, they are unable to navigate the health and social care system. Thought also needs to be given to how people receive information, for example about hospital appointments. Difficulties in reading these can mean people with visual impairment missing out on other vital health care
- Awareness of the NHS Low Vision Service in West Wales needs to be raised, thus increasing the number of referrals to the service and enabling appropriate support to be provided
- Specific support services such as interpretation, translation, lip reading and talking therapies need to be enhanced to ensure they are available and accessible across the region
- Take-up of Direct Payments should be encouraged to ensure that people can exercise genuine choice and control over the care and support they receive

Figure 13:7 Numbers of social services clients aged 18-64 with physical or sensory disability or frailty receiving direct payments.



Source: Welsh Government

Figure 13:8 Numbers of social services clients aged 65+ with physical or sensory disability or frailty receiving direct payments.



Source: Welsh Government

- Social care assessment processes should be reviewed to ensure that sensory loss is identified and steps taken to put appropriate care and support in place

Prevention and Early Intervention

Wales leads the UK in many areas of eye care, including clinical and research arenas. But where sight cannot be saved, there must be provision for preventing further functional deterioration and providing mitigating strategies that enable independent living. Rehabilitation for the Vision Impaired meets the Article 26 UN Convention on the Rights of Disabled People. Specialist services such as ophthalmology and glaucoma clinics need to be sufficiently resourced to ensure timely intervention and to guard against further deterioration in conditions.

Although as stated earlier there is evidence that GPs fail to refer 45% of those reporting hearing loss (Action on Hearing Loss, 2009) in 2013 Wales became the first country in the UK to develop guidance on dealing with people with sensory loss for distribution in GP surgeries and hospitals.

Wellbeing

- There is a need to 'grow' low level care and support within communities, such as facilities to reduce isolation and loneliness and assist people in retaining independence and wellbeing
- There is a need for improved levels of rehabilitation for people experiencing vision impairment; this can be highly effective in helping people regain independence, avoid associated decline in physical and mental health, reduce the risk of accidents and support carers in understanding and adapting to the needs of the person they are caring for

Co-operation, partnership and integration

There is a need for a collaborative approach across the region in building on current success and ensuring fit for purpose services that enable people with a sensory impairment to live fulfilled lives and optimise their wellbeing. Existing commitments such as those contained in a Strategic Statement of Intent recently developed by the

West Wales Sensory Loss Standards Group (2015) provide useful mechanisms for taking this work forward. The Regional Partnership Board provides a further opportunity for addressing identified challenges in a focused and joined-up way:

- There is a need for closer working between sensory impairment services and other services, such as residential, nursing and domiciliary care to raise awareness and increase referral rates
- Further links between sensory impairment and learning disability and mental health teams is needed to ensure appropriate support is available to people with sensory loss
- Similarly, further work is needed with other partners such as employers, to ensure that the needs of people with sensory impairment are recognised and addressed
- Greater recognition is needed of accessibility issues when designing the built environment
- Insufficient resources in a time of financial constraint
- Rurality of the region and poor public transport which can hinder access to services
- Workforce issues relating to difficulties in recruiting appropriately qualified staff and ensuring their skills develop in line with changing needs and advances in technology
- The need to develop capacity within the third sector to improve community-based support
- Ensuring consistency of provision across the region and appropriate levels of specialist services in all areas
- Developing self-reliant individuals and resilient communities to support people to remain independent in their own communities

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14. Substance Misuse

14.1. Overview and Key Messages

This report considers the care and support needs of those affected by alcohol and drug misuse, the effects of which are far reaching; impacting on children, young people, adults, whole families and communities. Partnership work to address this agenda is taken forward through the Dyfed Area Planning Board for Substance Misuse who are developing their own comprehensive needs assessment to inform their new strategy and action plan. This thematic report therefore provides a brief summary only.

The WGs 10 year strategy (Welsh Government, 2008) provides the framework for partner organisations in West Wales to tackle the harms associated with drug and alcohol misuse across four key themes;

- Preventing harm
- Support for those that misuse drugs and alcohol in order to improve their health and aid and maintain recovery
- Supporting and protecting families
- Tackling availability and protecting individuals and communities via enforcement activity

Those at risk of harm from alcohol misuse come from across the spectrum of society. They include chronic heavy drinkers, adults at home drinking hazardous or harmful levels and children and young adults who suffer from the consequences of parental alcohol misuse. The health impact of misuse of alcohol is considerable; more people die from alcohol related causes than from breast cancer, cervical cancer and MRSA infection combined. Foetal alcohol syndrome is also a risk to the babies of mothers who use alcohol. Most recent data on hospital admissions for Hywel Dda University Health Board show that over 5,000 bed days were taken up by patients with alcohol related conditions at a cost to the Health Board of over £5.2million per year in in-patient treatment alone.

Misuse of drugs, both legal and illegal, and other mind-altering substances such as solvents, can damage health in a variety of ways. These include fatal overdoses, addiction, mental health problems, infections caused by injecting and the toxic effects of the many substances that dealers mix with the active substance. Although the greatest harms are associated with the use of illicit drugs, the misuse of prescription only medicines and over the counter medicines continues to be a problem.

14.2. Demographics and Trends

Within the West Wales region the percentage of adults drinking above the recommended guidelines has reduced by 5% since 2010/11 and from 40% to 37% in 2014/15 (Welsh Government, 2016). Similarly, the percentage of adults binge drinking has reduced by 4% over the same time period from 24% to 20%. Hywel Dda UHB is below the Welsh average for both indicators.

Whilst there has been some decreases for Ceredigion and Pembrokeshire in alcohol related hospital admissions, in Carmarthenshire there has been an overall increase of 6.7% between 2014/15 and 2015/16. Similarly, for alcohol attributable hospital admissions both Pembrokeshire and Carmarthenshire have seen rises of 1.3% and 1.7% respectively since 2014/15. (Public Health Wales, 2016)

In 2015/16 there were 1137 referrals for alcohol treatment with 82% successfully completing treatment. In the same year there were 713 referrals for drug treatment with 79% completing treatment. The figures for those successfully completing treatment are above the Welsh baseline. Of those accessing drug treatment 65% were male and the largest number of referrals were in the 30-39 years age group (27%), followed by 24% in the 40-49 year age group and 13% in the 50-59 year age group.

There are considerable variations between local authorities in the proportion of Children in Need cases where parental substance misuse is a factor. The figures for the West Wales region are below the Welsh average and Ceredigion and Pembrokeshire have the lowest proportions in Wales. These areas have dedicated Hidden Harm services and Integrated Family Support Services (IFSS) which may account for the lower figures.

West Wales area data for school exclusions due to substance misuse are not available, but Welsh data (Public Health Wales, 2016) indicates that permanent exclusions as a result of drug or alcohol related incidents across Wales was 20.2% in 2015/16. Exclusion from school is a key vulnerability for young people and can result in lack of meaningful daily learning and activities.

There has been an increase in drug related deaths during 2016 compared to 2015/16 and a similar increase is being experienced elsewhere in Wales and in England.

14.3. Current and Future Care and Support Needs

The Dyfed Area Planning Board for Substance Misuse are developing their commissioning strategy in order to address the following population outcomes:

- To stop people from starting to take drugs, and to reduce harm from alcohol through ensuring the whole population is informed of the risk and side effects of drug and alcohol misuse
- To minimize the impact of drug and alcohol use on the health and wellbeing and safety of children, young people and families
- To support people with substance misuse issues to achieve a good quality, meaningful life and to make a positive contribution to the community
- To reduce health related harm as a result of drug and alcohol misuse and make communities safer through tackling issues created by drug and alcohol misuse within communities

14.4. Current Care and Support Provision

In April 2015 a new Dyfed wide drug and alcohol service (DDAS) was commissioned by the Dyfed Area Planning Board for Substance Misuse in partnership with the Police and Crime Commissioner, National Probation Service, Hywel Dda University Health Board and two of the three local authorities. The service provides a single point of contact for access to all adult drug and alcohol treatment services, including for criminal justice clients, and is delivered by a consortium of third sector partners.

The region adopts a partnership approach and in each LA area weekly meetings are held between DDAS, HDUHB and LA Substance Misuse teams to manage risk, where appropriate share information and oversee the transfer of care between teams. Teams are co-located in dedicated bases throughout the region and have established systems and protocols to reduce the barriers to effective partnership working.

Referrals into Tier 4 treatment – Inpatient Detoxification or Residential Rehabilitation – are also managed by the Tier 3 community teams. Social Care teams also access other types of specialist accommodation such as that commissioned through the Supporting People Programme for example ‘dry house’ or supported accommodation provision, as well as Floating Support for individuals with substance misuse needs within their own homes in the community.

The UHB and LAs commission a range of third sector organisations to support people with substance misuse needs including information and advice, counselling services as well as treatment and support services. There are many voluntary and community organisations and social enterprises working with people with substance misuse needs including Drugaid, Chooselife and Cais.

A specialist children and young people’s service is provided by Drugaid Choices West, a third sector organisation who link closely with a range of other partners including the Police School Liaison Officers, Specialist Child and Adolescent Mental Health Services (Sp CAMHS), Children’s Services, Youth Services, HDUHB Youth Health Team and Youth Offending Services. The Dyfed Area Planning Board also commission a dual-diagnosis service for young people who have co-occurring mental health and substance misuse needs and this is provided by Hywel Dda UHB Specialist CAMHS.

14.5. Gaps and Areas for Development

The Dyfed Area Planning Board for Substance Misuse is in the process of developing its third Commissioning Strategy for Drug and Alcohol Misuse. This will involve the development of a full needs assessment, market and service mapping, gap analysis and the development of future commissioning intentions. The development of fit for purpose services right across the range is an on-going journey but a number of areas in which further improvements can be made have been set out below against the core principles of the Social Services and Wellbeing (Wales) Act. The further development of services will be in the context of strategic priorities within the national ‘Working Together to Reduce Harm – Substance Misuse Delivery Plan 2016-18’ (Welsh Government, 2016).

Voice, Choice and Control

- Ensuring that children, young people and families are able to access services through their language of choice and that the 'active offer' of services through the medium of Welsh is always available
- Use of direct payments so that individuals can choose who provides the services they need

Prevention and Early Intervention

- Establishing a more co-ordinated and coherent approach to drug and alcohol misuse education and awareness raising for young people across schools and for those who are not in education, employment and training (NEET)
- Provide support for the further development and roll out of the Alcohol Liaise Nurse scheme in secondary care settings across the West Wales area
- Establish clear and coherent treatment options for young people and their families with drug and alcohol problems to provide a more holistic approach to prevention and early intervention ensuring that there is a clear link to the Adverse Childhood Experiences (ACE) agenda

Wellbeing

- Re-evaluation of treatment options for young people aged between 18-25 years old
- Re-evaluation of treatment options for older people with alcohol issues.
- Lack of clear funding and treatment options for patients with Alcohol Related Brain Damage

Co-production

- Increasing service user involvement, including carers, young carers, parents or significant others, in service delivery and service planning

Co-operation, Partnership and Integration

- Development of housing options and reintegration opportunities within the community for recovering service users
- Establish, develop, implement and manage a robust process for the review of both fatal and non-fatal overdoses including the rollout of the distribution of Naloxone across hospital sites
- Support the development and implementation of the alcohol and assault data project between the University Health Board, Welsh Ambulance Services NHS Trust, Dyfed Powys Police and Public Health Wales in order to improve information sharing arrangements between partners involved in reducing harm in the night time economy
- Ensure clear pathways between services for service users with co-occurring substance misuse and mental health

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15. Violence Against Women, Domestic Abuse and Sexual Violence

15.1. Overview and Key Messages

- Violence against women, domestic abuse and sexual violence is a fundamental violation of human rights, a cause and consequence of inequality and has far reaching consequences for families, children and society as a whole (Welsh Government, 2016)
- Domestic Abuse costs Wales £303.5m annually. This includes £202.6m in service costs and £100.9m to lost economic output. If the emotional and human cost is factored in there are added costs of £522.9m (Walby, 2009 cited in Welsh Women's Aid, n.d)
- The cost, in both human and economic terms, is so significant that marginally effective interventions are cost effective (Welsh Government, 2016)
- New requirements under the Wellbeing of Future Generations (Wales) Act 2015, Social Services and Wellbeing (Wales) Act 2014, and Violence Against Women, Domestic Abuse and Sexual Violence Act, 2015 impact this area and are likely to increase the number of cases of domestic abuse identified
- Improving partnership responses to survivors could reduce the levels of need for specialist services

15.2. Demographics and Trends

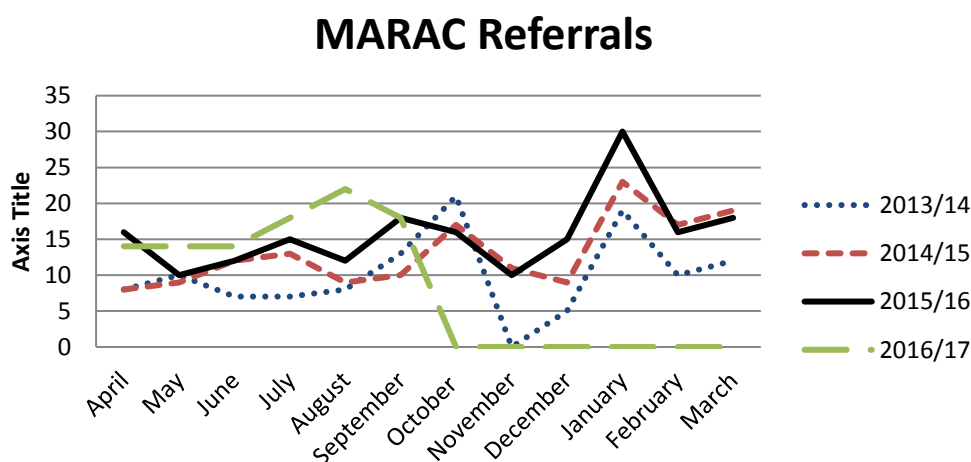
Violence against women, domestic abuse and sexual violence includes domestic abuse, sexual violence, forced marriage, female genital mutilation (FGM), 'honour-based violence', sexual exploitation, trafficking and child sexual abuse. This can happen in any relationship regardless of age, ethnicity, gender, sexuality, disability, income, geography or lifestyle (Welsh Government, 2016).

- 1.4 million women and 700,000 men aged 16-59 report experiencing incidents of domestic abuse in England and Wales. Younger women aged 16-24 are most at risk and a woman is killed every 2.4 days in the UK, with 148 UK women killed by men in 2014
- Extrapolating this data to Wales shows that 11% women and 5% men a year experience 'any domestic abuse', while rates of 'any sexual assault' in the last year were also higher for women (3.2%) than men (0.7%)
- Approximately 124,000 women, men, boys and girls over the age of 16 in Wales, have been the victim of a sexual offence
- There has been a 26% increase in the number of recorded sexual offences involving children under 16 in Wales in the past year. Figures have more than doubled in the last decade (Bentley et al, 2016). Last year the rate of recorded sexual offences against children under 16 in Wales was 3.3 per 1000 children
- In 2011 an estimated 137,000 girls and women were living with consequences of FGM in the UK and in 2011 an estimated 60,000 girls under the age of 15 were living in the UK who were born to mothers from FGM practising countries and therefore could be at risk of FGM. It is estimated there are 140 victims of FGM a year in Wales

- 80% of cases dealt with by the Forced Marriage Unit involved female victims; 20% involved male victims. It is estimated there are up to 100 victims of forced marriage a year in Wales
- 750,000 children and young people, across the UK witness or experience domestic abuse every year and a significant proportion experience abuse in their own relationships
- In a study of young people in intimate relationships by the NSPCC (Barter et al, 2009), 25 % of the girls and 18% of the boys experienced physical abuse; 75% of girls and 14% of boys experienced emotional abuse, and 33% of the girls and 16% of the boys experienced sexual abuse. It found that not only do girls experience more abuse, but they also experience more severe abuse more frequently, and suffer more negative impacts on their welfare, compared with boys
- People with additional vulnerabilities including mental health needs, substance misuse issues, disabilities and older people with support needs are more likely to be affected by Domestic Abuse (Local Government Association, 2015)

The number of **high risk and very high risk cases of domestic abuse** discussed via the Multi Agency Risk Assessment Conference process (MARAC) has increased year on year since the process began over ten years ago.

Figure 15:1 MARAC referrals



Source: Carmarthenshire, Ceredigion and Pembrokeshire IDVA Services, 2016

Note: MARAC data from October 2016 was not available at the time of writing.

The graph shows increases in MARAC referrals from the Dyfed counties (Carmarthenshire, Ceredigion, Pembrokeshire and Powys) and indicates a year on year upward trend in referrals over the last three full financial years. Data for 2016/17 are included up to and including August 2016 and suggest the upward trend continues. The new requirements of the Social Services and Wellbeing Act and changes in the way that Police record crime and incidents are thought to be contributing factors to the upward trend. National figures from Her Majesty's Inspectorate of Constabulary show the number of domestic abuse cases reported to the police in England and Wales rose by 31% between 2013 and 2015 (BBC, 2015).

There are peaks and troughs in referrals. There is a peak around the Christmas period when additional pressures can impact on families already experiencing abuse and there is a trough around August where fewer people are in work and children are not in school so identification leading to a referral can be lower.

Cases are only heard at MARAC when they become high or very high risk cases and therefore only represent a small proportion of the total number of actual cases. Research suggests only around 2% of domestic assaults are reported to the police and that on average, a woman will be assaulted 35 times before she contacts the police (Yearnshire, 1997).

Figure 15:2 MARAC cases

MARAC data 2015/16	Carmarthenshire	Ceredigion	Pembrokeshire	Total
Number of cases heard at MARAC	454	189	341	984
Safe Lives recommended number of cases	310	130	210	650
Number of children in MARAC households	448	257	402	1462
Number of repeats	79 (17%)	31 (16%)	44 (12%)	154 (15%)
BME referrals	21	6	7	34
Alleged victim has a disability (physical, mental etc.)	5 or under	5 or under	5 or under	10 or greater
Referrals where there is an alleged male victim	28	15	32	75
LGBT cases discussed	Under 5	Under 5	Under 5	Fewer than 5
Cases where the person causing harm is aged 17 and below	Under 5	Under 5	Under 5	Fewer than 5

Source: Carmarthenshire, Ceredigion and Pembrokeshire IDVA Services, 2016

- The number of male victims discussed varies across counties and the numbers are confounded by a number of factors. Perpetrators of abuse often make counter allegations of abuse against the actual victim. However, research (ONS, 2015) also suggests
 - 1/3 of victims of abuse in Wales are male
 - male victims are more than twice as likely as women not to tell anyone about the partner abuse they are suffering (29% and 12%, respectively)
- Levels of reporting for those with a disability appear to be low when it is taken into account that their additional vulnerability is a known area for increased susceptibility to being abused; research (Bennett et al, 2013) suggests
 - people with a learning disability are not always listened to or believed when reporting abuse
 - disabled children and adults are at greater risk of experiencing abuse and violence than their non- disabled peers
 - people with a learning disability are more likely to be subjected to abuse than non-disabled people and possibly at greater risk than other disabled people

- Very few younger victims are discussed at MARAC. Safeguarding processes are in place in each county's children's services department where high risk cases are also managed

Cases of abuse in older people appear to be an area where there is underreporting. The National Strategy (Welsh Government, 2016) suggests:

'There is sometimes confusion between the experience of domestic abuse in later life and "elder abuse" (a term which encompasses all forms of violence, abuse and neglect experienced by older people). Such confusion can result in victims of abuse falling between the systems which are designed to offer them protection and as a consequence do not receive appropriate support to help them to stop the abuse or make them safe.'

Work is ongoing through a pilot in Carmarthenshire and Cardiff led by Aberystwyth University to improve responses and so improve outcomes for older people.

15.3. Current and Future Care and Support Needs

The Violence Against Women, Domestic Violence and Sexual Abuse Act, 2015 makes it clear that partners including Local Authorities, Local Health Boards, NHS Trusts, Fire and Rescue Authorities, Police, Police and Crime Commissioners, education services, housing organisations, the third sector, specialist services, survivors, crime and justice agencies, and probation services need to work together to:

- Prevent violence against women, domestic abuse and sexual violence
- Protect victims of violence against women, domestic abuse and sexual violence
- Support people affected by violence against women, domestic abuse and sexual violence

The National Strategy (Welsh Government, 2016) makes it clear that this requires;

'targeted action and support to overcome barriers to accessing safety and support. Women who are known to be especially vulnerable to violence and/or who are marginalised, such as women in prostitution, women from BME communities, disabled women, women with mental health or substance abuse problems, young women in care, will require specialised approaches.'

Feedback suggests survivors of domestic abuse have a range of support needs including better awareness and understanding, help with feelings of isolation, non-time limited support, and support for children within the abusive relationship;

"I think we need more awareness of what is available [...] a lot of people are afraid of going into a refuge."

"I think we need more awareness earlier – in early teens."

"Being understood by support workers is really important."

"The group was the most helpful thing as it made me feel less isolated. I had contact with other women and realised for the first time in years that I wasn't the only one living with this."

“We need more support for us so we’re not seen as a case to be closed or passed on to someone else, we have needs in our own right, and support should be available for as long as we need it, not time limited.”

“The worse thing was the children didn’t have the option of speaking to someone. They wouldn’t say anything to a teacher or a police officer... but if there was a support worker there for children they’d have spoken to them.”

“For a long time I felt confused... Was I just as bad as (dad)? How could I love someone who hits my mum?”

Source: Welsh Women’s Aid, 2016.

There is also a need to deal with the effects of coercive control that prevents many victims from getting in touch with any services and some people may not recognise that they are in an abusive relationship. To help address this issue controlling or coercive behaviour has been made a crime under section 76 of the Serious Crime Act 2015 (CPS, 2015)

15.4. Current Care and Support Provision

WG contracted with Hafan Cymru in 2015 to provide awareness-raising in primary and secondary schools across all schools in Wales through the SPECTRUM Project. This aims to assist with children having access to dedicated sessions around healthy relationships. Discussions are ongoing regarding how this contract can be enhanced to further support the guidance. In addition to this each county’s specialist support providers provide awareness raising sessions in schools and youth settings.

Community campaigns are coordinated during the year to improve the community’s understanding of abuse and the support that is available. Domestic Abuse Coordinators, specialist services and partners also utilise opportunities to raise awareness in community settings.

A mandatory National Training Framework is in place with training modules currently under development to ensure that staff are training appropriately for their level of involvement and are able to target enquiry and act appropriately where abuse or violence is disclosed. Training has also been arranged for Health Board staff in Domestic Abuse, Risk Assessment and MARAC training and Domestic Abuse and the Older Person. Domestic Abuse Routine Enquiry is ongoing in both Midwifery and Health Visiting. Accident and Emergency staff complete questions with patients to assist in determining if the patient is experiencing abuse.

The following table shows the range of services from universal services through to those for acute needs and approximate stages for services to become involved or hand over to other services. Some services may become involved earlier and remain involved. Others may only be involved once, or for specific support at different times when needed. New legislation may impact these areas of support so this represents current service configuration.

Universal services	Additional support	More complex needs	Protection / Safeguarding needs
GPs	Flying start services		
Midwifery	Specialist Safeguarding Team within Health		
Community nursing team	Specialist Safeguarding Midwife	Looked After Children Service	
Hospitals	Child and Adolescent Mental Health Services	Specialist Safeguarding Health Visitor Flying Start	
	Community Psychiatric Team attached to Mental Health Services		
	Substance misuse services	Social Care tier 3 services for substance misuse	
Childcare	Children and family services	Social Care Child and adult safeguarding and protection teams	Multi agency Child protection Multi agency Adult protection
Family centres	Families first services		
	Team around the family		
	Generic community support services		
	Disability services		
	Older people's services		
	Victim support	Counselling services	
	Independent Domestic Abuse Adviser (IDVA)	Refuge/safe accommodation	
	New Pathways		Courts & legal services (civil, family & criminal)
Police		Police Protecting Vulnerable People Units	Probation
			Community Rehabilitation Company
Citizens advice			
Benefits, Financial services			
Housing	Homelessness options		
Education		Safeguarding Leads in school	

Figure 15:3 Range of services

Source: Local data

Peer support can assist survivors with early recovery and specialist services offer group support work such as the Freedom Programmes, which benefit survivors in understanding healthy relationships and so reduce the likelihood of abuse in future relationships.

The MARAC process is led by Dyfed Powys Police and the process allows all relevant partner agencies to come together to increase safety options for victims of

domestic abuse. Each county has an Independent Domestic Abuse Adviser (IDVA) service that provides short to medium term support to those at high or very high risk.

Target hardening (strengthening of the security of a building or installation in order to protect it in the event of attack) which allows survivors to stay in their own homes when it is safe to do so rather than flee to refuge is a preferred option and can reduce dependency on specialist services.

Each county has specialist services that provide refuge accommodation, move on accommodation and community support. In addition to this, Carmarthenshire have a dedicated Domestic Abuse Social worker in their children's team and Ceredigion have plans to provide specialists within Flying Start services.

Each LA has dedicated safeguarding teams that provide support and protection to vulnerable people. Hywel Dda University Health Board have a safeguarding team that works with other agencies to address risk and support needs.

15.5. Gaps and Areas for Improvement

There are a range of gaps and areas for improvement that need to be addressed in the context of the new requirements under recent legislation. These are set out below against the core principles of the Social Services and Wellbeing (Wales) Act.

Voice and Control

Despite a significant amount of work in Wales including many awareness raising campaigns there remains a public perception that domestic abuse is 'something that doesn't happen around here' and so signs of abuse in friends and family can be missed in the community. There are also enduring social problems of violence against women, domestic abuse and sexual violence and many men, women and children are still at risk of, or experiencing violence or abuse. More work across agencies is required to challenge perceptions and provide earlier interventions for survivors of abuse.

There is no benchmark for the number of children and young people reached through awareness raising sessions in schools and youth settings although each county reports increased concerns in teenagers and young adults' understanding of what constitutes a healthy relationship. It would be helpful to have a better understanding of the numbers of children and young people reached through these sessions and to have the involvement of specialist services during campaigns to support disclosure. Awareness raising sessions for adults also need to be expanded with improved effectiveness and resources.

A more robust awareness raising strategy also needs to be developed to raise awareness of elder abuse building on the pilot in Carmarthenshire and Cardiff.

There is a gap in services for those that are not able to engage with services which could be because of fear of repercussions or the effects of coercive control. Historically Domestic Abuse services provided an outreach service which allowed victims to maintain a level of contact with services and the time to be able to accept

support. There is no dedicated outreach service in the region and although specialist charities make efforts to offer outreach via volunteers, they are often hampered by a lack of resourcing to recruit volunteers and manage the service effectively. Where gaps exist survivors could benefit from improved support from universal services which are able to keep in touch with the survivor and offer additional support via specialists at the right time. There is also a need to deal with the effects of coercive control that prevents many victims from getting in touch with any services.

Prevention and Early Intervention

The introduction of targeted enquiry through the Ask and Act process that targets enquiry through services that are likely to come into contact with those experiencing abuse is likely to lead to an increase in demand for support and therefore waiting lists. In Ceredigion some targeted work in training staff in education has resulted in a large increase in direct support for children, which resulted in increases in waiting lists for support. Clearly this is problematic as it delays intervention, support and ultimately recovery. Early intervention can prevent inappropriate development becoming embedded longer term and can break the cycle of abuse so that it does not carry on into the next generation.

When teenagers exhibit violent and abusive behavior there is a gap in services to address violence. This requires a partnership response to combat abusive behaviour in teenagers and reduce escalation.

Perpetrator programmes which aim to reducing abusive and violent behaviour vary across the region:

- Ceredigion lacks any perpetrator programme except where there is a court conviction and relies on being able to refer onto programmes in neighbouring counties
- Carmarthenshire have a pilot charity-funded project to provide support to whole families including perpetrators of abuse
- Pembrokeshire run a non-RESPECT accredited programme that is suitable for some perpetrators and not others

There is a need to consider what model of support is effective and how such work can be resourced.

The IDVA is a key part of the pathway for survivors of high and very high risk cases. These services are currently part funded from WG Grants and part funded from Home Office Grants. Current IDVA provision and pathways vary greatly across the region and each county lacks the levels required for the number of MARAC cases heard. The following table shows the number of FTE IDVAs in each county, the number recommended by Safe Lives, and the number required to service current case numbers. In Carmarthenshire and Ceredigion the number of FTE IDVAs is less than the Safe Lives recommended levels and the numbers required to service current case loads. In Ceredigion the number of FTEs is between these benchmarks. The aggregated figures for the region also fall short of both benchmarks.

Figure 15:4 MARAC cases and IDVA support

MARAC data	Carmarthenshire	Ceredigion	Pembrokeshire	Total
Number of cases heard at MARAC	454	189	341	984
Safe Lives recommended number of cases	310	130	210	650
Number of Full Time Equivalent (FTE) IDVAs recommended by Safe Lives	4	1.5	3	8.5
Number of FTE IDVAs to serve current volume of cases	5.8	2.2	4.5	12.5
Current IDVA FTE	2.56	1.8	2.45	6.9

Source: Carmarthenshire, Ceredigion and Pembrokeshire IDVA Services, 2016

In addition, targeted enquiry is likely to lead to increased demand on services. It is anticipated that from April 2017 WG will move to a regional funding model for IDVAs. If this happens there will be an opportunity to ensure that services in each county are appropriate to the identified level of need and that there is a consistent IDVA pathway across the region. In order to support the targeted enquiry process it would also be helpful for staff working across public services to be able to signpost appropriately through having a directory of services.

Specialist support and protection services include refuge and move on accommodation which are funded by Supporting People Programme Grant which provides housing related support to vulnerable people. However, capacity levels are low and services across the region advise that they are operating at maximum capacity. The following table shows the numbers supported by specialist services across the three counties.

Figure 15:5 Refuge and Move on services

	Carmarthenshire	Ceredigion	Pembrokeshire
Refuge number supported	99		29
Number supported in move on units	24	79	9
Total	123	79	38
Floating (community) support	227	78	68

Source: Carmarthenshire, Ceredigion and Pembrokeshire IDVA Services, 2016

Refuges are managed by specialist services, with the refuges being owned by LA or Social Housing Landlords. Funding for support in refuges comes from Supporting People. Rents are covered through housing benefits, providing that the survivor is able to access the benefits system. Housing are a vital partner in addressing accommodation issues for survivors of domestic abuse.

One Stop Shops have been funded through capital grants from WG, where specialist services either purchased buildings or leased them utilising the grant. Specialist services welcome partners utilising these buildings to assist with partnership working.

Currently target hardening options are limited in the three counties. Police utilise locksmith services for emergencies for the most acute needs but options are lacking further down the scale. Target hardening can improve feelings of safety and can contribute to a reduction in demand for refuge services. There is a need to identify cost effective target hardening solutions with a partnership approach.

There is also a need to consider how to assist migrant, refugee and asylum seeking women who have no recourse to public funds but who may be subject to FGM, 'honour' based violence, forced marriage, domestic abuse and sexual violence. Although the numbers are difficult to estimate accurately (for example the total number of asylum seekers and refugees living in Wales is estimated to be between 7,500 and 11,500) (Crawley, 2013), there is a need to consider appropriate pathways for these women who may be suffering abuse and to identify and access funding that may exist for example from the Home Office for non EU women on spousal visas.

Data collection from specialist services other than IDVA services is lacking. Specialist providers across all three counties accept referrals from marginalised groups. Each LA considers equality impact in any decision-making around the commissioning of services.

Black and Minority Ethnic (BME) communities are able to access domestic abuse services although specialist support for BME communities and Gypsy and Traveller communities is required as there are particular risks associated with some communities. Also the BAWSO service across Wales which provided generic and specialist services for BME communities ended in 2015/16.

There is evidence that individuals who attend the Sexual Abuse Referrals Centres (SARC) may also have been victims of domestic abuse, although further work is required to identify the actual numbers. Support is given by third sector organisations such as New Pathways. Victims attending the SARC will often require sexual health services and as such there are robust pathways in place to support this service and allow easy access for victims. Pathways are also in place for easy access to the Emergency Departments, should victims require urgent treatment. The follow up of such victims will be an important element of their physical and mental Health care. It is these follow up services that may require further in-depth analysis as to what currently exists.

Wellbeing

There is a high correlation between escalation in abuse with mental health issues and drug and alcohol use. HDUHB have undertaken some work within Mental Health Services and some of the specialist teams do work closely with partner organisations. Public Health and Health Visiting Flying Start/Specialist mental health services will support some areas, however, it is recognised that more investment and a more consistent approach across all counties would be helpful.

There is also a lack of supply of suitable, affordable, good quality single person and 2 bedroomed accommodation in Carmarthenshire that cannot be met through social housing leading to a reliance on the private sector. However, private sector landlords

are reluctant to let to people who are benefit dependent. This lack of supply is having a detrimental impact on the capacity and capability of both supported and unsupported temporary accommodation to meet the needs of service users. There is a need to improve working relationships with landlords and providers of housing related support.

Co-production

There is published research following engagement with survivors of VAMDASV (both nationally) for example; 'Are you Listening' and 'Am I Being Heard' (Welsh Women's Aid, 2016) that sets out the care and support needs of this group in their own words but more work is needed locally to engage people with lived experience in this area to co-design and deliver support.

Co-operation, Partnership and Integration

Under requirements of the VAWDASV Act a regional strategic board comprising all partners (Dyfed Powys Police, Mid Wales Fire and Rescue Service, Welsh Ambulance Trust, Health Boards, Local Authorities, Education, Probation, Specialist Third Sector) needs to be established which will report to WG. The Board will be based around the Dyfed Powys Police footprint so will include Powys organisations. Consideration should be given to adapting the existing Regional Domestic Abuse Forum for this purpose. The Board could consider and co-ordinate a regional response to the new requirements placed upon public services and the gaps and areas for development highlighted in this report and to support delivery of the 6 objectives set out in the National Strategy:

- Increase awareness of violence against women, domestic abuse and sexual violence
- Enhance education about healthy relationships and gender equality
- Challenge perpetrators, hold them accountable for their actions and provide interventions and support to change their behaviour
- Ensure professionals are trained to provide effective, timely and appropriate responses to victims and survivors
- Provide victims with equal access to appropriately resourced high quality, needs led, strength based, gender responsive services
- Work together to understand and meet the needs of communities

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16. Appendices

16.1. Appendix 1 List of figures and tables

To be completed

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16.2. Appendix 2 Group membership and acknowledgements

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