

Document Pack



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WEDNESDAY, 20TH SEPTEMBER, 2017

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

I HEREBY SUMMON YOU TO ATTEND A MEETING OF THE **SOCIAL CARE & HEALTH SCRUTINY COMMITTEE** WHICH WILL BE HELD IN THE **CHAMBER, 3 SPILMAN STREET, CARMARTHEN** AT **10.00 A.M. ON TUESDAY, 26TH SEPTEMBER, 2017** FOR THE TRANSACTION OF THE BUSINESS OUTLINED ON THE ATTACHED AGENDA.

Mark James CBE

CHIEF EXECUTIVE



PLEASE RECYCLE

Democratic Officer:	Michelle Evans Thomas
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Ref:	AD016-001



YOUR COUNCIL **doitonline**
www.carmarthenshire.gov.wales

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

14 MEMBERS

PLAID CYMRU GROUP – 7 MEMBERS

- | | | |
|----|-------------------|-------------------------------|
| 1. | Councillor | Kim Broom |
| 2. | Councillor | Alun Davies |
| 3. | Councillor | Tyssul Evans |
| 4. | Councillor | Jean Lewis |
| 5. | Councillor | Emlyn Schiavone |
| 6. | Councillor | Gwyneth Thomas (Chair) |
| 7. | Councillor | Dorian Williams |

LABOUR GROUP – 4 MEMBERS

- | | | |
|----|-------------------|------------------------|
| 1. | Councillor | Ken Lloyd |
| 2. | Councillor | Andre McPherson |
| 3. | Councillor | Eryl Morgan |
| 4. | Councillor | Louvain Roberts |

INDEPENDENT GROUP – 3 MEMBERS

- | | | |
|----|-------------------|--------------------------------------|
| 1. | Councillor | Ieuan Wyn Davies (Vice-Chair) |
| 2. | Councillor | Rob Evans |
| 3. | Councillor | Edward Thomas |

AGENDA

1. APOLOGIES FOR ABSENCE
2. DECLARATIONS OF PERSONAL INTERESTS
3. DECLARATION OF PROHIBITED PARTY WHIPS
4. PUBLIC QUESTIONS (NONE RECEIVED)
5. 2017/18 WELL-BEING OBJECTIVES PERFORMANCE MONITORING REPORT - QUARTER 1. 5 - 22
6. REVENUE AND CAPITAL BUDGET MONITORING REPORT 2017/18. 23 - 34
7. SOCIAL CARE & HEALTH SCRUTINY COMMITTEE ANNUAL REPORT 2016/17. 35 - 56
8. SOCIAL CARE & HEALTH SCRUTINY COMMITTEE FORWARD WORK PROGRAMME 2017/18. 57 - 62
9. SERVICE INTEGRATION AND POOLED FUNDS. 63 - 72
10. CARMARTHENSHIRE'S QUALITY ASSURANCE ARRANGEMENTS INCLUDING OPERATION JASMINE ACTION PLAN. 73 - 138
11. CARMARTHENSHIRE COUNTY COUNCIL'S DRAFT ANNUAL REPORT FOR 2016/17. 139 - 218
12. FORTHCOMING ITEMS 219 - 220
13. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETING HELD ON THE 20TH APRIL, 2017. 221 - 224

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SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 26th SEPTEMBER 2017

2017/18 Well-being Objectives Performance Monitoring Report Quarter 1 – 1st April to 30th June 2017

To consider and comment on the following issues:

That the Committee scrutinises the 2017/18 Well-being Objectives Performance Monitoring Report for Quarter 1. The report includes:

- Actions and measures in the 2017/18 Well-being Objectives delivery Plan relevant to the Committee’s remit.

Reasons:

- To ensure that any areas of concern are identified and relevant action taken.
- To enable members to exercise their scrutiny role in relation to performance monitoring.

To be referred to the Executive Board for decision: NO

Executive Board Member Portfolio Holder: Cllr. Jane Tremlett (Social Care & Health)

Directorate:	Designations:	Tel Nos./ E-Mail Addresses:
Communities		
Names of Heads of Service:		
Avril Bracey	Head of Mental Health & Learning Disabilities	01267 242492 abracey@carmarthenshire.gov.uk
Rhian Dawson	Head of Integrated Services	01267 228900 rhian.dawson@wales.nhs.uk
Ian Jones	Head of Leisure	01267 228309 IJones@carmarthenshire.gov.uk
Report Author:		
Silvana Sauro	Performance, Analysis & Systems Manager	01267 228897 ssauro@carmarthenshire.gov.uk

EXECUTIVE SUMMARY
SOCIAL CARE & HEALTH SCRUTINY
COMMITTEE
26th SEPTEMBER 2017

2017/18 Well-being Objectives
Performance Monitoring Report

Quarter 1 – 1st April to 30th June 2017

The attached report sets out the progress against the actions and measures in the 2017/18 Well-being Objectives delivery Plan relevant to the Committee's remit, as at 30th June 2017.

DETAILED REPORT ATTACHED?

YES

IMPLICATIONS

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

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

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

1. Policy, Crime & Disorder and Equalities –

The Well-being of Future Generations (Wales) Act 2015 requires public bodies :-

- i. to set and publish Well-being Objectives by 31st March 2017 - *published*
- ii. to publish a statement about Well-being Objectives - *published*
- iii. **to take all reasonable steps to meet those Objectives**

2. Legal

In our published Well-being Statement we committed to monitor our Well-being Objective action plans.

CONSULTATIONS

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

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

1. Local Member(s) – N/A

2. Community / Town Councils – N/A

3. Relevant Partners – N/A

4. Staff Side Representatives and other Organisations – All departments have been consulted and have had the opportunity to provide comments on their performance and progress.

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

THESE ARE DETAILED BELOW:

Title of Document	File Ref No. / Locations that the papers are available for public inspection
2017/18 Well-being Objectives delivery plan	http://www.carmarthenshire.gov.wales/home/council-democracy/consultation-performance/well-being-of-future-generations/our-well-being-objectives.aspx#.Wa6wu2eovIU
Performance Measurement Records	Performance Management Unit, Regeneration & Policy Division
Departmental Business Plans 2017/18	Performance Management Unit, Regeneration & Policy Division
Budget Monitoring Reports	Corporate Services Department



Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



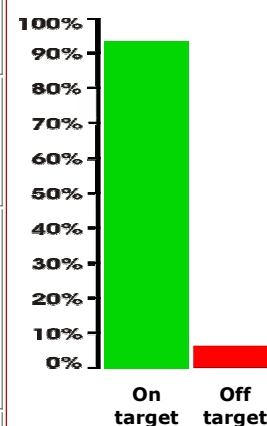
Filtered by:

Organisation - Carmarthenshire County Council
Source document - Well-being Objectives 2017-18

The table below provides a summary progress against target for the Actions and Measures contained within the selected document

		Total	On target	Off target	Not reported	Not available	Annual / Not started	% on target	Overall % on target
8. Help people live healthy lives (tackling risky behaviour & Adult obesity)	Actions	3	3	0	0	N/A	0	100%	100%
	Measures	2	2	0	0	0	0	100%	
9. Support good connections with friends, family and safer communities	Actions	5	4	1	0	N/A	0	80%	80%
10. Support the growing numbers of older people to maintain dignity and independence in their later	Actions	2	2	0	0	N/A	0	100%	100%
	Measures	1	1	0	0	0	0	100%	
11. A Council wide approach to support Ageing Well in Carmarthenshire	Actions	2	2	0	0	N/A	0	100%	100%
Overall Performance	Actions and Measures	15	14	1	0	0	0	93%	

Performance against Target





Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



Off Target

ACTIONS - Theme: 9. Support good connections with friends, family and safer communities			
Sub-theme: E. Support Safer Communities			
Action	12716	Target date	31/03/2018 (original target 31/07/2017)
Action promised	We will review third sector contracts to establish compliance with the SSWB Act and service transformation in mental health and learning disability		
Comment	As the Mental Health Transformation programme is currently out to "public consultation" the proposed model of working in the future is yet to be endorsed. As a result, no "formal" conversations have been had with providers about the possibility of amending or replacing current contracts. Meetings to take this forward are tentatively being planned and dates set by Hywel Dda, pending the outcome of consultation.		
Remedial Action	Further discussion with Head of Service. Revise target		
Service Head: Avril Bracey		Performance status: Off target	☹️

On target etc.



Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



Theme: 10. Support the growing numbers of older people to maintain dignity and independence in their later
Sub-theme: A. Integrated Community Health & Social Care 'infrastructure'

Measure Description	2016/17 Comparative Data			2017/18 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
Rate of people kept in hospital while waiting for social care per 1,000 population aged 75+ PAM/025	Not applicable		Q1: 0.64 End Of Year: 2.30	Target: 0.56 Result: 0.37 Calculation: (7 ÷ 18839) × 1000	Target: 1.12	Target: 1.68	Target: 2.24
Service Head: Rhian Dawson			Performance status: On target				



Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



ACTIONS - Theme: 10. Support the growing numbers of older people to maintain dignity and independence in their later

Sub-theme: B. Delivering Sustainable Services

Action	12622	Target date	31/03/2018
Action promised	We will progress prudent commissioning of long term care using effective professional and performance management		
Comment	Professional supervision and scrutiny in place to ensure equitable and proportionate commissioning of care and support		
Service Head: Rhian Dawson	Performance status: On target		
Action	12623	Target date	31/03/2018
Action promised	We will effectively commission short term assessment and interventions to maximise independence and wellbeing outcomes for our population		
Comment	Service specifications have been completed. New pathways are under development. Discussions with the Health Board are ongoing regarding the Through the night service. Residential reablement (convalescence) service is under review currently. Step down beds were trialled over the winter/spring period and evaluated.		
Service Head: Rhian Dawson	Performance status: On target		



Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



ACTIONS - Theme: 11. A Council wide approach to support Ageing Well in Carmarthenshire			
Sub-theme: B. Dementia Supportive Communities			
Action	12633	Target date	31/03/2018
Action promised	We will implement the actions within the Regional Dementia Plan in line with the findings of the Older People's Commissioner Report "More than just Memory Loss"		
Comment	The regional dementia group continues to meet with the aim that the regional plan will be ready for consultation in September 2017. This will then delivered locally.		
Service Head: Rhian Dawson		Performance status: On target	



Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



ACTIONS - Theme: 11. A Council wide approach to support Ageing Well in Carmarthenshire			
Sub-theme: C. Falls Prevention			
Action	12636	Target date	31/03/2018
Action promised	We will support the all-Wales 'Steady on' falls prevention campaign by distributing leaflets and posters to the 50+ Forum and other networks.		
Comment	Once information on the campaign is received we will share through the 50+ network and annual event		
Service Head: Wendy S Walters		Performance status: On target	



Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



ACTIONS - Theme: 8. Help people live healthy lives (tackling risky behaviour & Adult obesity)			
Sub-theme: A. Eat and breathe healthily			
Action	12600	Target date	31/03/2018
Action promised	To embed the population needs assessment into service planning at locality level		
Comment	The regional population assessment now complete and action plans being developed by the regional team with identified stakeholders. The intelligence gathered through the population assessment has allowed for each locality in Integrated Services to develop a locality plan which takes into consideration an evidence based approach to delivery of services. Locality plans are being revised in line with primary care cluster plans and are reviewed regularly as part of locality groups.		
Service Head: Rhian Dawson		Performance status: On target	



Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



Theme: 8. Help people live healthy lives (tackling risky behaviour & Adult obesity)

Sub-theme: B. Physical Activity

Measure Description	2016/17 Comparative Data			2017/18 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The percentage of people referred to the National Exercise Referral scheme that attend the initial consultation of the programme 3.4.2.6	Not applicable		Q1: 66.7 End Of Year: 58.1	Target: 58.5 Result: 62.8 Calculation: (191 ÷ 304) × 100	Target: 58.5	Target: 58.5	Target: 58.5
Comment	On target						
Remedial Action	Will continue to review NERS referral processes to ensure we are working as effectively as possible.						
Service Head: Ian Jones			Performance status: On target				
Measure Description	2016/17 Comparative Data			2017/18 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The percentage of people referred to the National Exercise Referral scheme that complete the 16 week programme 3.4.2.7	Not applicable		Q1: 62.1 End Of Year: 50.2	Target: 50.5 Result: 51.2 Calculation: (88 ÷ 172) × 100	Target: 50.5	Target: 50.5	Target: 50.5
Comment	On target						
Remedial Action	Will continue to support the NERS team to ensure we get the maximum number of referrals to complete.						
Service Head: Ian Jones			Performance status: On target				



Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



ACTIONS - Theme: 8. Help people live healthy lives (tackling risky behaviour & Adult obesity)			
Sub-theme: C. Mental Health			
Action	12605	Target date	31/12/2017
Action promised	We will contribute to health led transformation programmes in mental health and redesign of services within learning disability		
Comment	Officers are involved in the various workstreams the Health Board have created for this programme of work. The programme goes for public consultation over the Summer and a Members session is being convened to hear presentation.		
Service Head: Avril Bracey		Performance status: On target	



Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



ACTIONS - Theme: 8. Help people live healthy lives (tackling risky behaviour & Adult obesity)			
Sub-theme: D. Substance Misuse			
Action	12607	Target date	31/03/2018
Action promised	We will ensure our specialist substance misuse team meets the needs of children and adult services by providing expert advice, support and direct input to front line teams		
Comment	<p>Our Substance Misuse Team have increased the number of assessments they undertake and have adopted a common assessment to meet the requirements of the Social Services and Wellbeing Act.</p> <p>A proposal has been developed to realign the team to create additional social work capacity; this will be implemented within Quarter 2.</p> <p>The team continue to work with other teams from Children`s and Adults Social Care to provide them with support and advice.</p> <p>The team will be providing briefings to adult services teams in respect of Alcohol Related Brain Damage over the next year.</p> <p>The team will also be working with our Information Advice and Assistance service to ensure that people affected by drug and alcohol misuse receive the support they require when they contact the local authority.</p>		
Service Head: Avril Bracey		Performance status: On target	



Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



ACTIONS - Theme: 9. Support good connections with friends, family and safer communities			
Sub-theme: B. Social Care information, advice & assistance			
Action	12717	Target date	31/03/2018
Action promised	We will review our disability service to ensure seamless transition and pathways from children to adults		
Comment	We have commissioned IPC to undertake this review and they have interviewed a number of individuals and done some scoping regarding access and pathways. A stakeholder workshop is planned for September.		
Service Head: Avril Bracey		Performance status: On target	



Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



ACTIONS - Theme: 9. Support good connections with friends, family and safer communities			
Sub-theme: D. Promoting & supporting the health & wellbeing of neighbours			
Action	12610	Target date	31/03/2018
Action promised	We will identify the strengths and resources within communities which can contribute to promoting and supporting the health and wellbeing.		
Comment	Progress on this action is difficult to quantify as it is evidenced by the population of Dewis. whilst we are working on promoting and populating Dewis this action is dynamic as strengths and resources will continue to grow / reduce in the community.		
Service Head: Rhian Dawson		Performance status: On target	
Action	12611	Target date	31/03/2018
Action promised	Workforce modernisation to support implementation of new legislation as well as strategic objectives of both Department of Communities (CCC) and Hywel Dda's Integrated Medium Term Plan.		
Comment	Integrated Care Fund investment for workforce to support community services realignment secured through Integrated Services Board. New appointments made and should be complete by September. New service pathways developed and `go live` in October		
Service Head: Rhian Dawson		Performance status: On target	



Scrutiny measures & actions full monitoring report

Social Care and Health scrutiny - Quarter 1 2017/18



ACTIONS - Theme: 9. Support good connections with friends, family and safer communities			
Sub-theme: E. Support Safer Communities			
Action	12621	Target date	31/12/2017
Action promised	We shall establish and promote an "everybody's business "approach to safeguarding in Carmarthenshire by working with local authority colleagues and partner agencies		
Comment	The Carmarthenshire Local Operational Safeguarding group is now well established and well attended by various statutory and Non statutory organisations. This forum positively stimulates honest dialogue in relation to the collectively responsibility for keeping citizens safe.The agenda and discussion continues to evolve as does the performance data available to us. The everybody`s business approach to safeguarding is also supported by the ongoing operational partnership work between agencies and a variety of other relevant forums.		
Service Head: Avril Bracey		Performance status: On target	

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**SOCIAL CARE & HEALTH SCRUTINY
COMMITTEE
26th SEPTEMBER 2017**

**Revenue & Capital Budget
Monitoring Report 2017/18**

To consider and comment on the following issues:

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

Reasons:

- To provide Scrutiny with an update on the latest budgetary position as at 30th June 2017, in respect of 2017-18.

To be referred to the Executive Board for decision: NO

Executive Board Member Portfolio Holders:

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

<p>Directorate: Corporate Services</p> <p>Name of Director: Chris Moore</p> <p>Report Author: Chris Moore</p>	<p>Designation:</p> <p>Director of Corporate Services</p>	<p>Tel No. / E-Mail Address:</p> <p>01267 224120 CMoore@carmarthenshire.gov.uk</p>
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EXECUTIVE SUMMARY

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

26th SEPTEMBER 2017

Revenue & Capital Budget Monitoring Report 2017/18

The Financial Monitoring Report is presented as follows :

Revenue Budgets

Appendix A

Summary position for the Social Care and Health Scrutiny Committee. Services within the Social Care and Health Scrutiny remit are forecasting a £950k overspend.

Appendix B

Report on Main Variances on agreed budgets.

Appendix C

Detail variances for information purposes only.

Capital Budgets

Appendix D

Details the main variances, which shows a forecasted net spend of £599k compared with a working net budget of £7,535k giving a **£-6,936k** variance. The variance will be slipped into future years, as the funding will be required to ensure that the schemes are completed.

Appendix E

Detail variances on all schemes for information purposes only.

DETAILED REPORT ATTACHED?

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

IMPLICATIONS

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

Signed: Chris Moore Director of Corporate Services

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

3. Finance

Revenue – The Social Care & Health Service is projecting that it will be over its approved budget by £950k.

Capital – The capital programme shows a net variance of -£6,936k against the 2017/18 approved budget.

CONSULTATIONS

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

Signed: Chris Moore Director of Corporate Services

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

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
2017/18 Budget	Corporate Services Department, County Hall, Carmarthen

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Social Care & Health Scrutiny Report
Budget Monitoring as at 30th June 2017 - Summary

Division	Working Budget				Forecasted				June 2017 Forecasted Variance for Year £'000
	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000	
Adult Services									
Older People	51,372	-17,885	2,216	35,703	51,553	-17,726	2,216	36,043	340
Physical Disabilities	6,100	-732	74	5,442	6,135	-767	74	5,442	-0
Learning Disabilities	30,760	-8,534	1,199	23,425	31,302	-8,451	1,199	24,050	625
Mental Health	9,347	-3,454	125	6,018	9,278	-3,386	125	6,017	-1
Support	4,899	-1,740	799	3,958	4,892	-1,747	799	3,944	-14
GRAND TOTAL	102,478	-32,345	4,413	74,546	103,161	-32,078	4,413	75,496	950

Social Care & Health Scrutiny Report

Budget Monitoring as at 30th June 2017 - Main Variances

Page 28

Division	Working Budget		Forecasted		June 2017	Notes
	Expenditure £'000	Income £'000	Expenditure £'000	Income £'000	Forecasted Variance for Year £'000	
Adult Services						
Older People						
Older People - Private/ Vol Homes	19,022	-8,851	19,069	-8,697	200	Increase in cost pressures / yet to meet budget reductions
Older People - Private Home Care	9,210	-2,201	9,343	-2,201	133	Increase in cost pressures / yet to meet budget reductions
Learning Disabilities						
Learn Dis - Private/Vol Homes	9,828	-3,232	10,226	-3,375	255	Increase in cost pressures / yet to meet budget reductions
Learn Dis - Group Homes/Supported Living	5,945	-1,007	6,145	-1,007	200	Increase in cost pressures / yet to meet budget reductions
Learn Dis - Day Services	3,107	-262	3,282	-265	172	Increase in cost pressures / yet to meet budget reductions
Other Variances - Adult Services					-10	
Grand Total					950	

Social Care & Health Scrutiny Report
Budget Monitoring as at 30th June 2017 - Detail Monitoring

Division	Working Budget				Forecasted				June 2017 Forecasted Variance for Year £'000	Notes
	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000		
Adult Services										
Older People										
Older People - Commissioning	2,858	0	348	3,206	2,859	0	348	3,207	0	
Older People - LA Homes	7,061	-4,171	750	3,640	7,060	-4,171	750	3,640	-0	
Older People - Supported Living	0	0	0	0	0	0	0	0	0	
Older People - Private/ Vol Homes	19,022	-8,851	75	10,247	19,069	-8,697	75	10,447	200	Increase in cost pressures / yet to meet budget reductions
Older People - Private Day Care	14	0	0	14	19	0	0	19	5	
Older People - Extra Care	738	0	4	743	739	0	4	743	0	
Older People - LA Home Care	5,535	0	216	5,751	5,535	0	216	5,750	-0	
Older People - MOW's	296	-169	12	139	296	-169	12	139	0	
Older People - Direct Payments	628	0	1	629	629	0	1	630	0	
Older People - Grants	244	0	2	246	244	0	2	246	0	
Older People - Private Home Care	9,210	-2,201	157	7,165	9,343	-2,201	157	7,299	133	Increase in cost pressures / yet to meet budget reductions
Older People - Crossroads Schemes	0	0	0	0	0	0	0	0	0	
Older People - Ssmss	1,083	-233	267	1,117	1,086	-233	267	1,119	2	
Older People - Luncheon/ Day Clubs	0	0	0	0	0	0	0	0	0	
Older People - Careline	1,128	-1,394	192	-74	1,135	-1,401	192	-74	-0	
Older People - Enablement	2,458	-800	59	1,717	2,457	-800	59	1,717	-0	
Older People - Day Services	1,096	-65	134	1,164	1,083	-53	134	1,163	-0	
Older People Total	51,372	-17,885	2,216	35,703	51,553	-17,726	2,216	36,043	340	
Physical Disabilities										
Phys Dis - Commissioning & OT Services	606	-80	28	554	606	-80	28	554	-0	
Phys Dis - Private/Vol Homes	575	-114	1	462	565	-105	1	462	-0	
Phys Dis - Group Homes/Supported Living	1,391	-118	6	1,278	1,391	-118	6	1,278	-0	
Phys Dis - Community Support	93	0	0	93	93	0	0	93	-0	
Phys Dis - Day Services	0	0	0	0	-0	0	0	-0	-0	
Phys Dis - Private Home Care	424	0	0	424	424	0	0	424	0	
Phys Dis - Aids & Equipment	984	-419	36	601	1,029	-464	36	601	0	
Phys Dis - Grants	144	0	0	144	144	0	0	144	0	
Phys Dis - Direct Payments	1,875	0	3	1,878	1,876	0	3	1,879	0	
Phys Dis - Manual Handling	8	0	0	8	8	0	0	8	-0	
Physical Disabilities Total	6,100	-732	74	5,442	6,135	-767	74	5,442	-0	

Social Care & Health Scrutiny Report

Budget Monitoring as at 30th June 2017 - Detail Monitoring

Page 30	Division	Working Budget				Forecasted				June 2017 Forecasted Variance for Year £'000	Notes
		Expenditure	Income	Net non- controllable	Net	Expenditure	Income	Net non- controllable	Net		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
Learning Disabilities											
Learn Dis - Employment & Training	2,444	-905	246	1,785	2,237	-699	246	1,785	-0		
Learn Dis - Commissioning	902	0	50	953	900	0	50	951	-2		
Learn Dis - Private/Vol Homes	9,828	-3,232	16	6,611	10,226	-3,375	16	6,866	255	Increase in cost pressures / yet to meet budget reductions	
Learn Dis - Direct Payments	1,306	0	0	1,306	1,306	0	0	1,306	-0		
Learn Dis - Group Homes/Supported Living	5,945	-1,007	10	4,949	6,145	-1,007	10	5,149	200	Increase in cost pressures / yet to meet budget reductions	
Learn Dis - Adult Respite Care	943	-812	91	223	943	-812	91	223	-0		
Learn Dis - Home Care Service	145	0	0	145	145	0	0	145	0		
Learn Dis - Day Services	3,107	-262	336	3,181	3,282	-265	336	3,352	172	Increase in cost pressures / yet to meet budget reductions	
Learn Dis - Transition Service	510	0	56	566	510	0	56	566	-0		
Learn Dis - Community Support	2,202	-140	5	2,067	2,201	-140	5	2,066	-0		
Learn Dis - Grants	202	0	7	208	202	0	7	209	0		
Learn Dis - Adult Placement/Shared Lives	2,817	-2,175	64	706	2,794	-2,152	64	706	0		
Learn Dis/M Health - Ssmss	410	0	317	727	411	0	317	728	0		
Learning Disabilities Total	30,760	-8,534	1,199	23,425	31,302	-8,451	1,199	24,050	625		
Mental Health											
M Health - Commissioning	849	-69	50	830	848	-69	50	828	-1		
M Health - Private/Vol Homes	6,418	-2,943	9	3,484	6,366	-2,890	9	3,485	0		
M Health - Private/Vol Homes (Substance Misuse)	0	0	0	0	0	0	0	0	0		
M Health - Group Homes/Supported Living	601	-189	0	412	601	-189	0	412	-0		
M Health - Direct Payments	136	0	0	136	136	0	0	136	0		
M Health - Community Support	689	-101	2	590	689	-101	2	590	-0		
M Health - Day Services	226	-10	39	255	221	-4	39	256	0		
M Health - Private Home Care	96	0	0	96	96	0	0	96	0		
M Health - Community Frozen Meals	0	0	0	0	0	0	0	0	0		
M Health - Substance Misuse Team	331	-142	26	215	322	-132	26	215	-0		
Mental Health Total	9,347	-3,454	125	6,018	9,278	-3,386	125	6,017	-1		
Support											
Departmental Support	1,827	-139	595	2,284	1,827	-146	595	2,277	-7		
Performance, Analysis & Systems	246	0	0	246	238	0	0	238	-7		
Adult Safeguarding & Commissioning Team	1,154	0	133	1,287	1,154	0	133	1,287	-0		
Regional Collaborative	169	0	0	169	169	-0	0	169	-0		
Holding Acc-Transport	1,503	-1,602	71	-27	1,504	-1,602	71	-27	1		
Support Total	4,899	-1,740	799	3,958	4,892	-1,747	799	3,944	-14		
TOTAL FOR SOCIAL CARE & HEALTH SERVICE	102,478	-32,345	4,413	74,546	103,161	-32,078	4,413	75,496	950		

Capital Programme 2017/18								
Capital Budget Monitoring - Report for June 2017 - Main Variances								
	Working Budget			Forecasted			Variance for Year £'000	Comment
	Expenditure £'000	Income £'000	Net £'000	Expenditure £'000	Income £'000	Net £'000		
DEPARTMENT/SCHEMES								
COMMUNITIES								
- Social Care	7,535	0	7,535	606	-7	599	-6,936	
Learning Disabilities Accomodation Developments	228	0	228	50	0	50	-178	Options being considered for the modernisation of Learning Disability service provision in response to the Social Services and Wellbeing Act.
Extra Care - Llanelli Area	6,958	0	6,958	200	0	200	-6,758	Budget being re-profiled to reflect investment that will be needed in existing care home provision, as well as any extra provision that may be identified. Detailed work is being undertaken on confirming future needs around nursing, residential (including EMI), extra care and sheltered housing as well as future standards.
Other Projects with Minor Variances	349	0	349	356	-7	349	0	

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Social Care
Capital Budget Monitoring - Scrutiny Report for June 2017 - Detailed Variances

Scheme	Target Date for Completion	Working Budget			Forecasted		
		Expenditure £'000	Income £'000	Net £'000	Expenditure £'000	Income £'000	Net £'000
Learning Disabilities Accomodation Developments	Ongoing	228	0	228	50	0	50
Extra Care Schemes		7,307	0	7,307	549	0	549
Cartref Cynnes Development Carmarthen	Completed	337	0	337	337	0	337
Ty Dyffryn Development Ammanford	Completed	12	0	12	12	0	12
Extra Care - Llanelli Area	Ongoing	6,958	0	6,958	200	0	200
Intermediate Care Fund (ICF) Projects	Completed	0	0	0	7	-7	0
NET BUDGET		7,535	0	7,535	606	-7	599

Variance for Year £'000	Comment
-178	Options being considered for the modernisation of Learning Disability service provision in response to the Social Services and Wellbeing Act.
-6,758	
0	Contingencies included in contract not fully utilised - final sum yet to be agreed - Savings identified.
0	Contingencies included in contract not fully utilised - final sum yet to be agreed - Savings identified.
-6,758	Budget being re-profiled to reflect investment that will be needed in existing care home provision, as well as any extra provision that may be identified. Detailed work is being undertaken on confirming future needs around nursing, residential (including EMI), extra care and sheltered housing as well as future standards.
0	
-6,936	

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SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

26th SEPTEMBER 2017

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE ANNUAL REPORT 2016/17

To consider and comment on the following issues:

- That members consider and approve the Social Care & Health Scrutiny Committee's annual report for the 2016/17 municipal year.

Reasons:

- The Council's Constitution requires scrutiny committees to report annually on their work.

To be referred to the Executive Board for decision: NO

Chair of the Social Care & Health Scrutiny Committee: Councillor Gwyneth Thomas

<p>Directorate: Chief Executive's</p>	<p>Designations:</p>	<p>Tel Nos. / E-Mail Addresses:</p>
<p>Name of Head of Service: Linda Rees-Jones</p>	<p>Head of Administration & Law</p>	<p>01267 224010 lrjones@carmarthenshire.gov.uk</p>
<p>Report Author: Michelle Evans-Thomas</p>	<p>Democratic Services Officer</p>	<p>01267 224470 meevanstomas@carmarthenshire.gov.uk</p>

EXECUTIVE SUMMARY

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

26th SEPTEMBER 2017

Social Care & Health Scrutiny Committee – Annual Report 2016/17

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

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

The report provides an overview of the workings of the Social Care & Health Scrutiny Committee during the 2016/17 municipal year and includes information on the following topics:

- Overview of the Scrutiny Work Programmes
- Key issues considered
- Issues referred to or from Executive Board / Other Scrutiny Committees
- Site visits
- Member attendance at meetings

DETAILED REPORT ATTACHED?

YES

IMPLICATIONS

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

Signed: **Linda Rees-Jones** **Head of Administration & Law**

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

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

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

CONSULTATIONS

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

Signed: **Linda Rees-Jones** **Head of Administration & Law**

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

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

THESE ARE DETAILED BELOW:

Title of Document	File Ref No. / Locations that the papers are available for public inspection
Social Care & Health Scrutiny Committee Reports and Minutes	Meetings from September 2015 onwards: http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?Committeeld=169

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Social Care and Health Scrutiny Committee

ANNUAL REPORT 2016/17

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Chair's Foreword

I am pleased to present the Social Care & Health Scrutiny Committee annual report covering the period May 2016 to April 2017.

Once again, the Committee has discussed a wide variety of topics during the past year, from the standard and regular monitoring reports to specific items requested by the Committee during the course of the year. The Committee also held four joint meetings during the past year which have been particularly useful when considering topics that cut across departmental and committee remits.

We received contributions from a number of different services over the course of the year, which helped to inform the Committee of the initiatives being undertaken in the County and to identify where there were pressures in services. For example, the Deprivation of Liberty Safeguards and how changes to legislation has dramatically increased referral rates. The Committee has also received presentations from Trading Standards on initiatives for the protection of the elderly and vulnerable. Resulting in Members making some useful recommendations that have been actioned by the Service. There will be some important issues to consider during 2017/18, including the Transformation of Mental Health Services.

The Committee undertook a site visit to Ty Dyffryn Extra Care Scheme, in Ammanford, during February 2017, which complemented similar visits that the Committee had made to other care schemes during 2015/16. It is always helpful to get out of the Council Chamber and visit facilities to speak to staff and people benefitting from such schemes.

There have been some changes to the Committee following the recent Local Government Elections and I would like to thank Members of the Committee over the last year for their dedication and contribution. In particular, I would like to express my thanks and appreciation to Cllr. Sue Allen, who has been my Vice Chair for the last few years and Cllr. Jane Tremlett, Executive Board Member for Social Care and Health, for attending meetings and supporting the Committee throughout the year.

I would like to welcome new Members to the Committee and I look forward to working with my new Vice Chair and all Members of the Committee in 2017/18. Finally, I would like to thank all the officers for their continued advice and support.

Cllr. Gwyneth Thomas
Chair of Social Care and Health



1. Introduction

1.1 Purpose of Annual Report

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

"Prepare an annual report giving an account of the Committee's activities over the previous year."

This report provides an overview of the work of the Social Care & Health Scrutiny Committee during the 2016/17 municipal year. It allows Members to reflect on the achievements during the year and to identify what worked well and where improvements could be made. This analysis is instrumental in developing the work of scrutiny and the Forward Work Programme for the upcoming year.

1.2 Number of Meetings

In all, the Social Care & Health Scrutiny Committee met on 12 occasions between May 2016 and April 2017, four of which were joint meetings. These included:

- Two with the Education & Children Scrutiny Committee in May and November 2016 respectively. To consider the Director of Social Services Annual Report on the effectiveness of social care services in Carmarthenshire and partnership arrangements established in West Wales under part 9 of the Social Services and Wellbeing (Wales) Act 2014 and the West Wales Population Assessment.
- One with the Environment & Public Protection Scrutiny Committee in September 2016. To consider Substance Misuse Services.
- One with Education & Children, Environment & Public Protection, Communities and Policy & Resources Scrutiny Committees. This meeting was held to consider Carmarthenshire County Council's Well-being Objectives 2017/18, which had cross cutting themes across the remit of all 5 scrutiny committees.

1.3 The Work Programme for 2016/17

Overall, the agendas for the meetings were consistent with those outlined by the Forward Work Programme for 2016/17, which was confirmed by the Social Care & Health Scrutiny Committee at its meeting on the 16th May 2016. However, the Forward Work Programme is a flexible document that is subject to changes throughout the year.

The Forward Work Programme (FWP) was mainly based on key areas identified as objectives within the Integrated Community Strategy and Improvement Plan together with standard items such as performance and budget monitoring reports, action plan monitoring reports, and specific requests from the scrutiny committee itself. Additional reports were also requested by the scrutiny committee during the year and the Forward Work Programme was amended accordingly.

The development of the concept of the Forward Work Programme and the process for its agreement, has allowed each scrutiny committee to determine their own work agendas. The benefits of such an approach has led to an improved level of debate and input during scrutiny committee meetings.

1.4 The Committee's Remit

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

- Social services for older people including nutritional standards
- Adults with learning disabilities
- Support for Carers
- Mental health services
- Safeguarding of Adults
- Integration of Health and Social Care Services
- Dementia Services

2. Key issues considered during 2016/17

2.1 Standard Scrutiny Monitoring Reports / Items

Half-Yearly Performance Management Reports - One of the principal roles of scrutiny committees is to monitor the performance of services and functions within its remit. They undertake this work mainly through the consideration of half-yearly performance monitoring reports and various action plan monitoring reports. The performance monitoring report provides a balanced picture of performance across the relevant service areas. The Committee considered the half-yearly performance reports for its remit at its meetings in September 2016 and March 2017. In addition, the Committee received the business plans and compliments and complaints monitoring information for the departments under their remit.

Revenue & Capital Budget Monitoring Reports - The Committee received half yearly reports on the departmental and corporate revenue and capital budgets. These reports enabled members to monitor the level of spend in each area and the progress made in any capital works.

Actions & Referrals Updates - Detailed update reports were presented every quarter for the Committee to monitor progress and additional information requested by Members was also circulated to the Committee.

2.2 Performance / Progress Monitoring

Annual Report of the Statutory Director of Social Services on the effectiveness of Social Care Services in Carmarthenshire 2015/16 - In May 2016, the Committee received the Annual Report on the Effectiveness of Social Care Services in Carmarthenshire for 2015/16, during a joint meeting with Education & Children Scrutiny Committee. Members noted that there was a statutory requirement for the Director of Social Services to report annually to Council on the delivery, performance and risks as well as plans for the improvement of the whole range of Social Services. It was noted that the presentation of this report to scrutiny members was an important element within the development of the final document.

RECOMMENDATION: The Committees unanimously resolved to recommend the report to the Executive Board for its consideration.

OUTCOME: At its meeting on the 13th July 2016, County Council resolved to endorse the Executive Board's recommendation that the Annual Report be approved.

Area Planning Board Drug and Alcohol Misuse Strategy Annual Report 2015/16 – This report was considered in a joint meeting with Environmental & Public Protection Scrutiny Committee, in September 2016. The report informed Members on the current commissioning arrangements and the provision of substance misuse services. Members welcomed the use of the Drug-aid Bus as a means of extending the service it offered to the more rural parts of the County.

Environmental & Public Protection Scrutiny Committee Task and Finish Group Action Plan Monitoring – Review of Substance Misuse Treatment Services – During the joint meeting in September this update report was also considered. The report detailed the progress made in relation to the recommendations made by the Environmental & Public Protection Task and Finish Group following the review of substance misuse treatment services in 2013/14. The Committee noted the progress made and signed off the action plan in relation to the recommendations made by the Task and Finish Group.

RECOMMENDATION: To sign off the action plan in relation to the recommendations made by the Committee's Task & Finish Group following the review of substance misuse treatment services in 2013/14.

The Community Safety Manager arranged a seminar for Members on drug and alcohol abuse.

Together for Mental Health: Annual Report for 2014/15 – The Committee was reminded that in October 2012 the Welsh Government launched Together for Mental Health, a strategy for mental health and wellbeing in Wales. Local Mental Health Partnership Boards were established based upon Health Board footprints and each local area produced its own annual report, which is submitted to the Welsh Government. The Committee considered the progress made in 2014/15 against the six high level priorities, which were agreed for the Hywel Dda region.

Community Resilience in Carmarthenshire - In May 2016, the Committee received a report for consideration on community resilience and why it is important in supporting health and wellbeing of the residents of Carmarthenshire. The report outlined the priority activities, the work being undertaken and the future intentions.

REQUESTED: The Committee receive a report at a future meeting on the Trading Standards Division's initiatives for the protection of the elderly and vulnerable.

OUTCOME: A report and presentation on the Trading Standards Division's Initiatives for the Protection of the Elderly and Vulnerable was received by the Committee in November 2016.

Unpaid Carers - At its meeting in June 2016, the Committee received a presentation that provided an update on the work that is ongoing in the County to support unpaid carers. It was highlighted that there were 24,000 unpaid carers in Carmarthenshire and the contribution to the local economy in the region was substantial. The Committee also considered the Carers Measure Annual Report and endorsed its submission to the Welsh Government.

RECOMMENDATION that:

- The Carers Measure Annual Report be endorsed for submission to the Welsh Government.
- the Executive Board Member for Social Care and Health be requested to contact Assembly Members in the Dyfed Powys area to voice the Committee's concerns over funding and asking them to put pressure on the Welsh Government regarding payments for carers.

OUTCOME:

- The Carers Measure Annual Report was submitted to the Welsh Government.
- The Executive Board Member confirmed to the Committee that this issue had been raised through the appropriate forums.

End of Year Performance Management Report 1st April 2015 to 31st March 2016 – The Committee considered the End of Year Performance Management Report which outlined the end of year position in relation to performance monitoring for the services within its remit. The Committee extended congratulations to the Transfer of Care Advice and Liaison Service (TOCALs) team on winning several awards .

Deprivation of Liberty (DoLS) - In September 2016, the Committee considered a report providing an update on the implementation of the Deprivation of Liberty Safeguards (DoLS) legislation, the effects of developing case law and the action being taken to mitigate the associated risks. The Committee requested a further update on this work in the New Year.

REQUESTED: that the Committee receive an update report on DoLS in the New Year.

OUTCOME: the Committee received a further report in March 2017.

RECOMMENDATION that:

- the Executive Board Member for Social Care and Health be requested to write to Welsh Government expressing the Committee's concerns over the financial implications of the new legislation and the insufficient funding provided;
- that the Executive Board Member for Social Care and health be requested to raise the Committee's concerns over the financial implications of the new legislation and the insufficient funding provided by the WLGA Social Services Policy Group.

OUTCOME: The Executive Board Member provided the Committee with an update and feedback during a meeting in January 2017.

As requested the Committee received a further update on Deprivation of Liberty Safeguards in March 2017. The report highlighted the increased referral rate and the resulting backlog of applications and how the Service was addressing this.

RECOMMENDATION: the Committee writes to the Welsh Local Government Association (WLGA) to encourage them to make representations to the Welsh Government regarding additional resources being allocated to address the increase of referrals for DoLS.

OUTCOME: For discussion by the Committee during 2017/18.

Revenue and Capital Budget Monitoring Report – As part of the September 2016 report the Committee made the following requests.

REQUESTED: that arrangements be made for the Committee to visit the Extra Care Scheme in Ammanford.

OUTCOME: The Committee visited the scheme on 7th February 2017.

Trading Standards Division's Initiatives for the Protection of the Elderly and the Vulnerable – The Committee had previously requested information on the Trading Standards initiatives to protect the elderly and vulnerable. They considered a presentation and report at the November 2016 meeting, which provided an update on the progress and development of an initiative aimed at maintaining and improving citizens' quality of life at home and improving community resilience by reducing financial exploitation of vulnerable adults.

RECOMMENDATION: that further publicity and promotion of the Registered Handyperson and Gardeners Scheme be undertaken during 2017.

OUTCOME: The recommendation was actioned. A short promotional blog/film was developed and work has begun on new advertising materials to highlight the different services the scheme offers, for example, cleaners, handymen, as well as gardeners. Once the new material has been completed a re-launch event would be held. There would also be further advertising in the press and on social media to promote what is available.

Older People's Services – Extra Care – The Committee considered the Older People's Services Extra Care report, which provided an update on the provision within the County. There are four schemes in the County: Cartref Cynnes (Johnstown), Ty Dyffryn (Ammanford), Plas y Mor (Burry Port) and Cwm Aur (Llanybydder). The advantage of Extra Care was that it provided a "home for life" enabling older people to remain living independently and prevented the need to move to alternative forms of care should their assessed needs change in the future.

RECOMMENDATION: that a report on the ARCH Project, including an update on the Extra Care scheme in Llanelli be brought to the meeting of this Committee being held on 25th January 2017.

OUTCOME: An update on the ARCH project was presented to Council on 25th January 2017, as part of the report on the City Deal.

Domiciliary Care Commissioning Framework – In November 2016, the Committee considered a report on the Authority's commissioning arrangements for domiciliary care that noted the findings of the Care and Social Services Inspectorate Wales (CSSIW) national review of domiciliary care in Wales. A new contract and service specification had been introduced and had received positive feedback.

Older People's Services – Demand and Budget - The Committee received the report on how the Older People and Physical Disabilities division was managing the high level of demand for services. It was highlighted that the increasingly older population would present challenges in meeting future demand for social services and there were a number budget proposals with the aim of assisting people to remain independent for as long as possible.

Annual Safeguarding Adults Report 2015/16 – In December 2016, the Committee considered the Annual Safeguarding Adults Report, which summarised the national policy context and the implications of the Social Services and Well Being (Wales) Act 2014. This was the last report from the Carmarthenshire Safeguarding Adults Board, as the Social Services and Wellbeing (Wales) Act established a Regional Board with the lead partner being Carmarthenshire. The Committee agreed that there would be a further update report on the Regional Action Plan that had resulted from the work around Operation Jasmine and it would also include further information on the escalating concerns processes.

REQUESTED: that an all Members Seminar be arranged to provide information on the Social Services and Wellbeing Act (Wales) 2014 and progress that has been made in its implementation.

OUTCOME: A Member induction session was scheduled for 4th September 2017 on Social Services and Well-being Act.

Carmarthenshire's Ageing Well Plan – Annual Report – In January 2017, the Committee considered Annual Report for Carmarthenshire's Ageing Well Plan that was required by the Older Peoples Commission. The overall aim was to make the most of the capacity of communities to support the independent living of older people. The report highlighted that Council's performance against the five main priorities. There had been a lot of work undertaken in developing dementia supportive communities, for example Llanelli market was the first dementia friendly market in Wales. There had also been significant work in falls prevention, such as the SAVE scheme.

REQUESTED: that the Community Health Council be invited to a future meeting of the Committee.

OUTCOME: This request will included in the Forward Work Programme planning discussions for 2017/18.

Improving Dementia Support in Carmarthenshire – The Committee received a progress report on improving dementia support in Carmarthenshire. Members were advised on the national recommendations published by the Older People's Commissioner regarding the improvements needed in dementia services, the regional steering group that had been set up to deliver these improvements and the progress and actions taken at a local level to respond to these recommendations. The Committee highlighted that some of the work being undertaken in dementia services had been excellent.

Information, Advice and Assistance Service – The Committee received an update report on the Council's current and future provision for Information, Advice and Assistance Services in relation to statutory duties under the Social Services and Wellbeing Act (Wales) 2014.

2.3 Pre-Decision Scrutiny & Consultation

Annual Revenue Budget Consultation - At its meeting in December 2016, the Committee received the annual consultation report for the Revenue Budget for 2017/18 to 2019/20. Members were provided with reassurances that the changes in care packages would be undertaken safely and that service users would not be put at risk and an audit had been undertaken to support this work. There was some discussion regarding maintaining the current price of Community Meals, however, it was agreed that the Committee would support the previous decision of the increase in charges being phased over 3 years.

RECOMMENDATION: that the Charging Digest be endorsed.

Carmarthenshire County Council's Annual Report (2015/16) and Improvement Plan (2016/17) – In line with the requirements of the Local Government (Wales) Measure the Authority must publish an Improvement Plan as soon as it is reasonably practicable after the start of the financial year and an Annual Report on past performance. These two documents are combined, which enables the previous year's results to be evaluated and future outcomes to be agreed.

Each scrutiny committee is afforded the opportunity to consider these items in relation to their specific work areas. The Committee considered a report which included extracts relevant to the Social Care and Health Scrutiny Committee.

RECOMMENDATION: that the Executive Board Member for Social Care and Health write to the Assembly Member for Health, Wellbeing and Sport expressing the Committee's concerns over the fact that the NHS system does not work in its current form,

OUTCOME: the Executive Board Member provided the Committee with an update a future meeting.

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 Committee considered a report on the partnership arrangements and the West Wales Population Assessment, in a joint meeting with Education and Children Scrutiny Committee, in January 2017. The report provided 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, which included the establishment of a statutory Regional Partnership Board (PRB). Members were advised of work that had been undertaken on behalf of the PRB to complete an initial Population Assessment that were required to be endorsed by the statutory partners prior to publication by 31st March 2017.

Members noted the positive steps that had been made, such as working towards pooled budget. It was suggested that it would be useful to have a flowchart for ease of reference as to how the different Boards and groups related to each other and their accountability. The Joint Committee were supportive of the report and in a meeting of Council held on 8th March 2017 the statutory requirements in place within West Wales under Part 9 of the Social Services and Wellbeing (Wales) Act 2014 and the partnership arrangements to meet those requirement were noted and the contents of West Wales Population Assessment were endorsed.

Carmarthenshire County Council – Well-being Objectives 2017/18

In February 2017, all Scrutiny Committees which included the Social Care & Health Scrutiny Committee, met together to form a Joint Scrutiny Committee (also known as a Super Scrutiny Committee). Together, all Scrutiny Committees considered a report on the Carmarthenshire County Council's Well-being Objectives for 2017/18. The Joint Committee were informed that the Local Government (Wales) Measure 2009 required the Council to set Key Improvement Objectives Priorities (KIOPs) each year and that the Well-being of Future Generations (Wales) Act 2015 required all public bodies to:-

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

The new Well-being of Future Generations (Wales) Act 2015 placed a Duty on public bodies to consider and improve the well-being of Wales, by taking into account the needs of future generations when taking decisions.

Each of the Council's Well-being Objectives 2017/18 were developed to comply with the Act, which states that public bodies must carry out sustainable development, improving the economic, social, environmental and cultural well-being of Wales. This includes the adoption of the 5 new ways of working, demonstrating that the sustainable development principle has been applied. The 5 new ways of working aims to encourage collaboration, avoid duplication of effort between public bodies and tackle some long-term challenges. In addition, in order to ensure that those public bodies listed within the Act were working towards the same vision, the Council's well-being objectives were linked to the 7 National well-being goals which the Act had in place.



The Council is required to publish an annual report showing progress made in meeting the objectives. The Joint Scrutiny Committee made additional comments and suggestions which finalised the Well-being objectives

RECOMMENDATION: the Joint Committee resolved that subject to the inclusion of its comments and additional suggestions, the report be received and referred to the Executive Board for its consideration.

OUTCOME: At its meeting on the 8th March 2017, County Council resolved to endorse the Executive Board's recommendation that the report be approved

2.4 Policy Development and Review

Social Care Welsh Language Strategy - In November 2016, the Committee considered a report providing an update on progress relating to the implementation of the Welsh Government's "More Than Just Words" Strategic Framework. Members noted the progress that had been made and that the Service was in the process of collating data on linguistic skills of the workforce and a more detailed report would be scheduled for a future meeting.

3. Other Activities during 2015/16

Site Visits - The Committee undertook a site visit during the municipal year to Ty Dyffryn Extra Care Scheme. This work complemented previous visits the Committee had undertaken during 2015/16 to the Cwm Aur Extra Care Scheme and Annedd Care Home and the Cartref Cynnes Extra Care Scheme.



Development Sessions

The following all-member development sessions were held during 2016/17, to which Committee members were invited:

- Changes to Community Services in Wales (May 2016)
- Changes to the Planning System (June 2016)
- Changes to Refuse and Recycling Collection Seminar (September 2016)
- Well-being Objectives (October 2016)
- Empty Houses in the Private Sector (November 2016)
- Launch of Roadworks Information Services (November 2016)
- Curriculum Developments (November 2016)
- Corporate Parenting (February 2017)

In addition there were several departmental budget seminars held and 2 Members Induction Focus Groups to assist with the development of the new induction programme following the Local Government Elections in May 2017.

The Committee did not undertake a task and finish review during 2016/17. Consideration will be given to topics for further scrutiny investigation during 2017/18.

4. Support for the Scrutiny Function

In July 2015, support for Carmarthenshire County Council's scrutiny function was transferred from the former Scrutiny & Consultancy Team, based in the People Management & Performance Division, to the Democratic Services Unit, based in the Administration & Law Division of the Chief Executive's Department.

Support for the Scrutiny function includes:

- Providing support and constitutional advice to the Council's Scrutiny Committees and to members of those Committees as well as producing minutes of their meetings and ensuring items arising from those meetings are actioned
- Giving support and advice in relation to the functions of the Council's Scrutiny Committees to executive and non-executive members of the Council and its officers
- Managing the strategic development of Scrutiny in Carmarthenshire through engaging in national and regional Scrutiny networks and initiatives, supporting the Chairs and Vice-Chairs of Scrutiny Forum, and the Scrutiny Chairs and Vice-Chairs Executive Board Forum
- Advising and supporting the implementation of the requirements of the Local Government (Wales) Measure 2011 as guidance is published
- Managing the co-ordination and development of the Scrutiny forward work programmes in conjunction with Scrutiny members
- Managing and co-ordinating Scrutiny review work, including the operation of scrutiny task and finish groups, authoring reports in conjunction with the groups, and assisting in the implementation and monitoring of completed reviews
- Managing the Scrutiny member development programme.
- Despatching agendas for Scrutiny Committee meetings a minimum of 4 working days prior to the meeting.

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

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



5. Committee Member Attendance

Attendance by members of the Social Care & Health Scrutiny Committee during the 2016/17 year is shown in the table below. A total of 9 meetings were held between May 2016 and April 2017.

Member	Meetings attended	%
Cllr. Sue Allen	9	100
Cllr. Siân Caiach	8	89
Cllr. Ieuan Wyn Davies	8	89
Cllr. Tom T. Defis	5	56
Cllr. Tyssul Evans	8	89
Cllr. Irfon Jones (until 12 th October 2016)	4	100
Cllr. Roy Llewellyn	6	67
Cllr. Kevin Madge	8	89
Cllr. Eryl Morgan	7	78
Cllr. Jeff Owen (as of 12 th October 2016)	4	80
Cllr. Louvain Roberts	5	56
Cllr. Edward Thomas	6	67
Cllr. Gwyneth Thomas	8	89
Cllr. Jan Williams	4	44
Cllr. Joy S. Williams	9	100

Substitute	No. of meetings attended
Cllr. Deryk Cundy	1
Cllr Theresa Bowen	1
Cllr. Peter Hughes-Griffiths	2
Cllr. Jean Lewis	1
Cllr. Hugh Richards	1

Executive Board Member	No. of meetings attended
Jane Tremlett	8
Linda Evans	1

Joint Attendance

Attendance by members of the Social Care & Health Scrutiny Committee at joint meetings during the 2016/7, is outlined in the table below. The Social Care & Health Scrutiny Committee held 4 joint meetings between May 2016 and April 2017.

Member	Joint E&C (i)	Joint E&PP	Joint E&C (ii)	Joint E&C, E&PP, Comm.& P&R
Cllr. Sue Allen		1	1	1
Cllr. Siân Caiach	1		1	
Cllr. Ieuan Wyn Davies	1	1	1	1
Cllr. Tom T. Defis				
Cllr. Tyssul Evans	1	1	1	1
Cllr. Irfon Jones (until 12 th October 2016)	1	1	N/A	N/A
Cllr. Roy Llewellyn		1	1	
Cllr. Kevin Madge	1	1		1
Cllr. Eryl Morgan	1	1	1	
Cllr. Jeff Owen (as of 12 th October 2016)	N/A	N/A		
Cllr. Louvain Roberts		1	1	1
Cllr. Edward Thomas	1	1	1	1
Cllr. Gwyneth Thomas	1	1	1	
Cllr. Jan Williams			1	1
Cllr. Joy S. Williams	1	1	1	1

Executive Board Member	Joint E&C (i)	Joint E&PP	Joint E&C (ii)	Joint E&C, E&PP, Comm.& P&R
Cllr. Jane Tremlett	1		1	
Cllr. Gareth Jones	1			
Cllr. Pam Palmer				1
Cllr. David Jenkins				1
Cllr. Linda Evans				1

6. Glossary of Terms

CSSIW - Care & Social Services Inspectorate Wales

DoLS—Deprivation of Liberty Safeguards

FWP - Forward Work Programme

RPB - Regional Partnership Board

TOCALs - Transfer of Care Advice and Liaison Service

WG - Welsh Government

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SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

26TH SEPTEMBER 2017

Social Care & Health Scrutiny Committee Forward Work Programme for 2017/18

To consider and comment on the following issues:

- That the Committee confirm its Forward Work Programme for 2017/18.

Reasons:

- The County Council's Constitution requires scrutiny committees to develop and publish annual forward work programmes that identify issues and reports to be considered during the course of the municipal year.

To be referred to the Executive Board for decision: NO

Executive Board Member Portfolio Holder: NOT APPLICABLE

<p>Directorate: Chief Executive's</p> <p>Name of Head of Service: Linda Rees-Jones</p> <p>Report Author: Michelle Evans Thomas</p>	<p>Designations:</p> <p>Head of Administration & Law</p> <p>Principal Democratic Services Officer</p>	<p>Tel Nos. / E-Mail Addresses:</p> <p>01267 224010 lrjones@cararthenshire.gov.uk</p> <p>01267 224027 MEEvansThomas@cararthenshire.gov.uk</p>
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EXECUTIVE SUMMARY

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

26TH SEPTEMBER 2017

Social Care & Health Scrutiny Committee Forward Work Programme for 2017/18

Purpose of the Forward Work Programme

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

The development of a work programme:

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

Members will recall that the Committee held an informal planning session on the 12th July, 2017 to consider the draft briefing paper and begin the process of formulating the forward work programme for 2017/18. The outcome of this meeting is now presented to the Committee in the Forward Work Programme for confirmation

DETAILED REPORT ATTACHED?

Forward Work Programme 17/18

IMPLICATIONS

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

Signed: **Linda Rees-Jones** **Head of Administration & Law**

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

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

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

CONSULTATIONS

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

Signed: **Linda Rees-Jones** **Head of Administration & Law**

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

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

THESE ARE DETAILED BELOW:

Title of Document	File Ref No. / Locations that the papers are available for public inspection
Community Scrutiny Committee Reports and Minutes	<p>Meetings held up to July 2015: http://www.carmarthenshire.gov.wales/home/council-democracy/committees-meetings/agendas-minutes-(archive)/</p> <p>Meetings from September 2015 onwards: http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?Committeeld=186</p>

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SC&H Scrutiny Committee –Forward Work Programme 2017/18

23 June 2017 Joint with E&C	26 September 17	23 November 17	18 December 17	24 January 18 (Keep to low number of items)	5 March 18	19 April 18
Annual Report of Director of Social Services 2016/17	Q1 Performance Management Report for the Council's 2017/18 Well-being Objectives	Review of Careline	3-year Revenue Budget Consultation	Half-Year Compliments & Complaints Report 2017/18	Budget Monitoring 2016/17	Actions & Referrals Update
	Budget Monitoring 2016/17	Prevention & Information, Advice & Assistance	5-year Capital Programme Consultation	Pooled Budgets	Q3 Performance Monitoring 2016/17	
	SC&H Scrutiny Annual Report 2016/17		Communities Business Plan	Learning Disability Strategy	Annual Safeguarding Report	
	SC&H Forward Work Programme 2017/18		Mental Health Transformation Report (Post Consultation)	Actions & Referrals Update	Area Plan Part 9 SSWBA	
	Pooled Budgets (Initial report)				Update on Mental Health Transformation	
	Local Action Plan in response to Jasmine Report (including CSSIW Escalating Concerns Procedures)					
	Carmarthenshire County Council's Annual Report 2016/17					

ITEMS CARRIED OVER FROM PREVIOUS WORK PROGRAMME:

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- TIC Project Update
- Community Health Council to be invited to a meeting
- Results of Service User satisfaction survey

PROPOSED ITEMS:

- Are people safe and protected in Carmarthenshire Care Homes? (Including how risks are managed)
- Commissioning and workforce development in the care sector and the impact on the quality of the experience.
- Welsh Language in Social Care “More than Just Words”

ANNUAL ITEMS (TBC)

- Ageing Well Plan Annual Report
- Hywel Dda Information & Consultation Strategy for Carers Annual Report
- Revised Charging Policy

DEVELOPMENT SESSIONS:

- Social Services and Well-being Act (4th September 2017)
 - *To include consultation on Mental Health Transformation*
- Performance Information – identifying priorities

SITE VISITS:

- Cwmamman Day Centre
- Day Centres

TASK & FINISH REVIEW:

- Integration into communities
- Mental Health (possibly 2018/19)

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

DATE: 26TH SEPTEMBER, 2017

SUBJECT

SERVICE INTEGRATION AND POOLED FUNDS

Purpose:

'Sighting' report.

To consider and comment on the following issues:

- To note the Council's statutory obligation to establish pooled funds for adult care homes
- To acknowledge the regional arrangements established for meeting pooled fund obligations

Reasons:

The Council must respond to statutory obligations under the Social Services and Well-being (Wales) Act 2014 - in particular, to establish pooled funds for adult care homes.

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

Exec Board Decision Required YES – 31st July, 2017

Council Decision Required NO

EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:-

Cllr Jane Tremlett (Social Care & Health Portfolio Holder)

Directorate: Communities	Designations: Head of Integrated Services Service Integration and Pooled Funds Programme Manager	Tel Nos. 01267 228900 / 01267 228777 E Mail Addresses: Rhian.Dawson@wales.nhs.uk / KPett@carmarthenshire.gov.uk
Name of Head of Service: Rhian Dawson		
Report Author: Kevin Pett		

**EXECUTIVE SUMMARY
SOCIAL CARE & HEALTH SCRUTINY COMMITTEE
26TH SEPTEMBER, 2017**

**SUBJECT:
SERVICE INTEGRATION AND POOLED FUNDS**

Attention is drawn to the 'sighting' paper that has been prepared on a regional basis for use within the governance structures of the relevant organisations – the Health Board and respective councils within the West Wales Care Partnership area.

The key considerations to note are:

- Regional arrangements – under the West Wales Care Partnership - have been put in place to advance work on service integration and pooled funds;
- There is a statutory deadline for establishing pooled fund arrangements between health and social services for adult care homes, by 6th April 2018;
- Carmarthenshire is acting as a 'pace-setter' within the Region by taking work forward on integrating a wider range of services. The current thinking is to give priority to completing already advanced integration in respect of short term care arrangements;
- Other opportunities for furthering service integration are under active consideration on a regional basis.

The paper also highlights a preliminary view on the potential risks and benefits of pooled fund arrangements.

DETAILED REPORT ATTACHED ?

YES

IMPLICATIONS

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

Signed: Rhian Dawson, Head of Integrated Services

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

1. Policy, Crime & Disorder and Equalities

The subject has significant implications in supporting policy intentions to more effectively integrate services across organisational remits. This is in keeping with policy commitments arising from the Well-being of Future Generations (Wales) Act (2015) and the Social Services and Well-being (Wales) Act (2014).

2. Legal

There are a range of legal issues, to include: responding to the statutory requirements in an appropriate and timely manner; and establishing proper governance arrangements and legal agreements.

3. Finance

Pooling of funds will require appropriate arrangements to ensure adequate control of budgets and suitable measures to protect the Authority in the event of overspends.

4. ICT

Depending on the precise agreed arrangements, there may be implications for ICT interoperability.

5. Risk Management Issues

There is a range of risk management issues to consider, as detailed in the attached report

7. Staffing Implications

None arising directly from the report

CONSULTATIONS

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

Signed: Rhian Dawson, Head of Integrated Services

1. Local Member(s) - N/A

2. Community / Town Council – N/A

3. Relevant Partners - N/A

4. Staff Side Representatives and other Organisations - N/A

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

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

THESE ARE DETAILED BELOW

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Part 9 of the Social Services and Well-being (Wales) Act 2014		http://gov.wales/docs/dhss/publications/151218part9en.pdf

Pooled funding: arrangements in west Wales

Members are asked to note the regional arrangements that are in place to support organisations in meeting obligations under the Social Services and Well-being (Wales) Act 2014 (SSWBA) in respect of pooled funding provisions.

Context

Under the 2014 Social Services and Well-Being (Wales) Act (SSWBA), councils and health boards have a statutory obligation to establish and maintain pooled fund arrangements in relation to:

- The exercise of their care home accommodation functions (by 6 April 2018)
- The exercise of their family support functions
- Specified functions exercised jointly in response to Population Assessments, where such arrangements are considered appropriate

The West Wales Care Partnership established under Part 9 of the Act, has prioritised the establishment of pooled fund arrangements for older people's care homes by the statutory deadline. This approach is consistent with elsewhere in Wales.

The Health Act 1999, consolidated by the National Health Service (Wales) Act 2006, provides a legislative basis for pooled funding agreements – so-called s33 agreements. While the SSWBA itself provides for governing agreements, s33 agreements may be preferred, due to their long standing and established use.

S33 agreements must cover:

- The agreed aims, objectives and outcomes of the partnership
- The contributions to be made by each of the partners and how these may be varied
- The NHS functions and the health related functions of local authorities which are subject of the arrangements
- The persons the service is for and the kinds of arrangements they can expect
- The staff, goods and services or accommodation that are also to be provided in support of the arrangements
- The duration of the arrangement and provision for review or termination of the arrangements
- How the arrangements are to be monitored and how they are going to be managed

Where an organisation has a pre-existing s33, it has the option to amend this to reflect additional services, or it can develop a new, service-specific s33.

The regional programme

Service integration and pooled fund arrangements are a strategic priority of the West Wales Care Partnership. A regional programme has been developed, with delivery through the regional Service Integration and Pooled Fund Programme Board and its working groups, (all with cross-organisational representation). The Programme consists of *three priorities*:

1-Pooled funds for care homes (to include nursing homes)

In line with statutory obligations, a working group (meeting monthly) has been established to ensure pooled funds for care homes will be operational from 6th April 2018. The Group is working together to define the service scope of the pooled budgets, establish a baseline budget for the 2018-19 pooled funds, and oversee the drawing up of pooled fund agreements to underpin the pooled funds.

In terms of scope, the Group are working to deliver pooled funds for care homes for *older people*, initially. The Group are working to establish three pooled funds – one per county area; involving HDdUHB in each case. Arrangements will span internal and commissioned services.

The following figures are included to illustrate the magnitude of the potential pooled funds (care and nursing homes for older people). They are illustrative only and based on preliminary analysis of outturn figures for 2016-17.

	Council	HDdUHB	Total
Carmarthenshire	£24m	£8m	£32m
Ceredigion	£7m (in-house provision excluded)	£3m	£10m
Pembrokeshire	£13m	£6m	£19m

Note: council figures include in-house care homes (less central support costs) and commissioned placements. They are net of client contributions and contributions made on behalf of the Health Board. HDdUHB figures include Continuing Health Care and Free Nursing Care.

2-Pooled funds for older people's services

This priority has a practical focus on Carmarthenshire as 'pace-setter' for the Region, although the learning from the work will have wider applicability for future developments in the other two counties. While directly involving Carmarthenshire County Council and HDdUHB, it is intended that the Working Group will include members from Ceredigion and Pembrokeshire councils, in recognition of shared learning opportunities and wider applicability.

The scope of the Group goes beyond the 'statutory minimum' of pooled funds for adult care homes by 6th April 2018. A wider range of services are potentially 'in-scope', as below:

Assessment services	Therapies	End of life care	Hospice care
Care homes (including nursing homes)	Domiciliary care	CHC (including specialist palliative)	Community hospitals
	Community nursing	Bereavement service	Intermediate Care Fund (ICF)

A key success factor for any pooled funds established under this priority area will be the extent to which spend shifts away from resource intensive services, towards more appropriate, but less expensive, community-based interventions.

3-Other opportunities for pooling funds to support service integration

The Service Integration and Pooled Fund Programme Board is mindful of the general obligation on councils and LHBs to develop pooled funds where this supports service integration. Working groups will be established, with representation from HDdUHB and the councils of the Region, to pursue opportunities. This will include reviewing current arrangements for family support functions and consideration of functions that will be exercised jointly in response to the Population Assessment (published March 2017).

Such a group has been established to consider integrated community equipment stores. These exist in each county area and each has a pooled budget, legal agreement (s33 agreement) and governance arrangements (including pooled fund manager and board).

Benefits and risks of pooled funds

Pooled funding arrangements involve an organisation holding and being held accountable for the budget on behalf of a partner (or partners). Commissioning is an important consideration and arrangements have to be agreed regarding who can spend against the pooled fund and what process will apply (e.g., 'signing off' admissions to care homes). In all cases, a legal agreement (for instance, a s33 agreement) is required to formalise arrangements between the parties.

It is critical to appreciate that although some functions can be delegated (e.g., commissioning), legal responsibility for the discharge of functions ultimately remains with the organisation defined in law.

Organisations will need to be satisfied that governance and control mechanisms are sufficient.

Potential benefits

- Enhancement of the users' experience in respect of a seamless service across health and social care.
- Packages better suited to what helps meet the needs of the user, rather than the default 'go to' options that are typically prescribed.
- streamlined commissioning through a lead commissioner and single agreed commissioning framework.
- Can help prevent 'cost-shunting' between agencies.
- System-wide budgetary control due to consistent, streamlined decisions leading to the use of the most appropriate and cost-effective care packages.
- Meeting the aim of supporting integration across systems, without the distraction of reorganisation or restructuring.

Potential risks

- Failure to meet the statutory deadline for care home pooled funds.
- Lack of consideration of impact on corporate services (e.g., finance, commissioning, audit, governance arrangements).
- Difficulties establishing a realistic baseline budget, given the pressures on the budgets of all partner agencies.
- Overspends.
- Budget cuts.
- Control of budget / service.
- Financial benefits disproportionately gained by one partner.

Managing risk

It is recognised that risk will be an inherent feature of the developing Programme and that not all risks can be anticipated at this point in the process. Regular risk identification and appraisal will be an integral aspect of the Programme planning and implementation. The following is offered as indicative only.

An obvious area of concern is missing the statutory deadline for care homes (6th April 2018). Ensuring corporate commitment can help ensure sufficient resources are given over to meeting the task.

Pooled fund arrangements rely on organisations prepared to act as budget host. Those organisations need to have a comprehensive understanding of likely impacts on corporate services, and come to a view on appropriate charges to be included in the pooled fund.

Establishing a base budget is likely to be challenging, given the pressures on the budgets of all partner agencies. Even so, benchmarking on the basis of actual expenditure, rather than allocated budget, is likely to lead to a more accurate position. Agreeing budget for subsequent years will need to be considered, particularly in the context of efficiency savings or other cost reduction pressures.

Sufficient attention will be needed to ensure costs are contained (within year), through robust reporting, and agreement will need to be reached over methods of cost apportionment (at year end). In the event that budgets overspend cost apportionment will be critical. Queries from stakeholders have been raised as to whether they would in reality be pooled budgets if overspends are simply attributed to respective agencies at year end. It is clearly a risk that aligned rather than pooled budgets would deliver little benefit yet create an enhanced level of administration.

Setting unrealistic single agency savings targets against these budgets this year could make the delivery of a pooled budget challenging in 2017/18.

A further control issue relates to organisational accountability. Measures to address this may include: the development of shared performance arrangements (including objectives); and transparent governance arrangements (including regular reports to relevant committees/ boards).

Good practice

Pooled funding can be a component of successful service integration, though is insufficient on its own. Some examples, where pooled funding has been a feature of effective integration, are highlighted below:

Cornwall: £2billion budget (health, social care and welfare budget). Admissions to hospital have fallen by 50% in Penwith and 40% in Newquay, through action to reconnect socially isolated, and service-dependent people with their communities.

Greenwich: £19.8 Better Care Fund. 35% reduction in care home admissions, through integration of rapid response and intermediate care services.

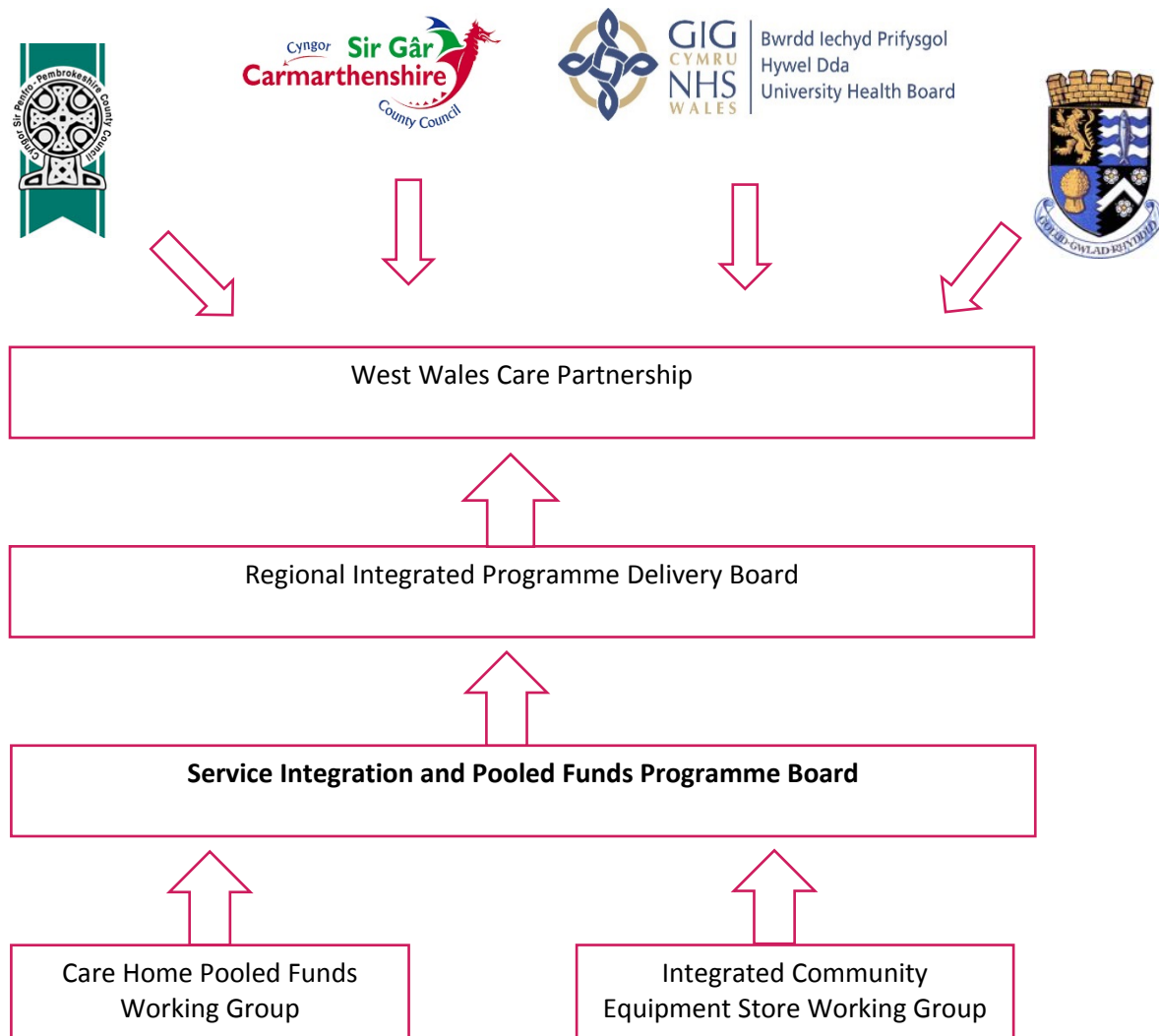
Worcestershire: Improved care planning (integrating patient flow and clinical triage), supported through the Better Care Fund has led to a 23% fall in A&E attendance from care homes (estimated £700,000 saving).

Summary

- The SSWBA, places a duty on statutory partners to establish and maintain pooled funds for care home accommodation functions, family support functions and (where such arrangements are deemed appropriate) other functions exercised jointly in response to Population Assessments.
- The same legislation defines a specific obligation for relevant organisations to put in place pooled funds for care homes by 6th April 2018.
- Service integration and pooled funding arrangements are key priorities for the West Wales Care Partnership. A regional approach (incorporating cross-organisational representation) has been instituted to take forward organisational obligations in respect of pooled funds.
- Members of the Service Integration and Pooled Funds Programme Board, and its' working groups, are expected to take responsibility for reporting back to their respective organisations, progressing required actions and achieving 'sign-off' at relevant stages.
- Respective organisations will be required to consider and formally sign off relevant legal agreements associated with any pooled funds in due course. This will involve a legal agreement for care homes, as a legal minimum.
- Organisations will need to be satisfied that sufficient governance and control mechanisms are in place.
- Lead responsible officers in the 3 counties are the Directors with the Statutory Social Services Responsibility. The Executive responsible officer in the Health Board is Jill Paterson, Interim Director of Commissioning, Primary Care, and Therapies and Health Sciences. The governance structure for the project is attached.

Governance structure

Statutory partners



SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

26TH SEPTEMBER, 2017

SUBJECT:

CARMARTHENSHIRE’S QUALITY ASSURANCE ARRANGEMENTS INCLUDING OPERATION JASMINE ACTION PLAN

Purpose:

To provide assurance to members that the Authority has effective commissioning arrangements in place, specifically quality assurance systems, to ensure service users, carers and the community receive reliable and safe services.

To consider and comment on the following issues:

To note the Authority’s effective quality assurance approach.

Reasons:

The provision of adult social care has grown increasingly complex and diverse since 1990 when the NHS and Community Care Act introduced the concept of a mixed economy of care. Each local authority has been required to develop commissioning and contracting arrangements, particularly quality assurance systems, to ensure service users and carers receive reliable and safe services. Carmarthenshire’s commissioning arrangements, including its quality assurance systems, are considered “effective” and “robust”. (Care and Social Services Inspectorate, Wales 2014, 2015, 2016).

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

EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:-

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

Directorate

Communities

Name of Head of Service:

Chris Harrison

Designations:

Head of Strategic Joint Commissioning

Tel Nos.

E Mail Addresses:

Chris.harrison@pembrokeshire.gov.uk

EXECUTIVE SUMMARY

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

26TH SEPTEMBER, 2017

SUBJECT:

CARMARTHENSHIRE'S QUALITY ASSURANCE ARRANGEMENTS INCLUDING OPERATION JASMINE ACTION PLAN

Background

The introduction of the NHS and Community Care Act 1990 required the development of a mixed economy of care away from the traditional state provision of social care only. This led to the emergence of an independent sector (private and voluntary, the latter often referred to as the third sector) to provide social care services in such areas as care homes, domiciliary care and day care.

Alongside this development, the Care Standards Act 2000 introduced explicit standards for care providers and established the regulatory body, the Care and Social Services Inspectorate, Wales (CSSIW) to regulate and inspect care providers to assure the State and the public of the quality of care provided both by local authority and independent care providers.

In Carmarthenshire commissioning arrangements developed early 2002 in response to Government policy and the increasing emergence of a local independent sector.

The pace of change has been significant across both England and Wales with many local authorities currently commissioning their care entirely from the independent sector. This has meant that each local authority has needed to develop commissioning arrangements to ensure that services commissioned met the required standards i.e. safe, reliable, of good quality and cost effective.

Adult social care provision has been the subject of various national debates and enquiries resulting from poor standards of care. For example, the collapse of Southern Cross (2011) exposing the fragility of the residential and nursing care market, the Winterborne scandal (2012) involving the abuse of learning disabled adults; and the mid Staffordshire NHS scandal (2013) involving ill-treatment and neglect of older people in hospital.

The series of measures introduced by the Welsh Government seek to improve standards and provide assurance of service provision, in particular, part 9 Safeguarding of the Social Services and Well-being Act 2014 and the Regulation and Inspection Act 2016 (RISCA). The latter includes not only placing increasing requirements of care providers related to service provision but also better regulation of the social care workforce.

Carmarthenshire Social Care market

Carmarthenshire's social care market is best understood in terms of the different areas of provision, namely the care home sector, domiciliary care, supported living and the third sector. As a whole, the Authority commissions in county over 150 care providers with a gross expenditure of approximately £60 million (2016/17).

There are over 90 care homes in the independent sector. It is extremely diverse and dynamic. Large corporate companies are based in Carmarthenshire: e.g. Barchester Healthcare own two nursing care homes for older people with a total capacity of almost 180 beds; Consensus own two learning disabled care homes; Tracscare with four learning disabled and mental health care homes. Equally, there are a considerable number of small and medium sized care homes owned as a single business by families.

Over the past 10-15 years, several care homes have closed owing to issues of poor standards of care and/or financial viability. In contrast, several care homes have been built, extended or purchased in response to a perceived need and/or business choice.

Domiciliary care represents a second area of considerable development during the past 10-15 years. There are 12 domiciliary care providers operating in the county that chiefly provide services to older people. These range from large corporate companies such as Allied Healthcare, Village Homecare to small and medium sized businesses, many of which established themselves in Carmarthenshire in early 2000 and continue to have good working relationships with the Authority.

In supported living, there are up to 25 care providers with contracts with the Authority. These providers typically provide services to disabled adults in shared houses or individual tenancies clustered together. In addition to the above, there are a range of other services commissioned by the Authority for disabled adults to support them to maintain their independence and meet their needs.

In terms of the third sector, while many third sector organisations are involved in the provision of supported living, the Authority also contracts with almost 30 third sector organisations for specific services e.g. advocacy, advice and information, day opportunities.

Carmarthenshire's Quality Assurance Arrangements

Since the inception of commissioning in 2002, Carmarthenshire has developed effective contract management and contract monitoring arrangements. This has been founded upon:

1 Positive adherence to the principles of statutory Welsh Government guidance, *Promoting Partnerships In Care (2003), Escalating Concerns (2008) and Fulfilled Lives, Supportive Communities: Commissioning Framework and Good Practice guidance (2009)*. These documents explain the strategic requirements placed upon the local authority but also the principles and values expected in the Authority's work with care providers. Carmarthenshire has developed extremely close and constructive working relationships with care providers as the basis of an effective quality assurance approach.

2 Establishing close working relationships with key statutory partners such as the Hywel Dda University Health Board (HDUHB) and the CSSIW. Underpinning this is the concept of working together and sharing information so that early and effective action can be taken on a multi agency basis as soon as considered necessary.

3 The collation and analysis of intelligence of the social care sector. During the past 10-15 years, the Authority has obtained a vast amount of data about the sector that has enabled it to understand the key characteristics of the sector. This enables the Authority to work effectively e.g. by providing a comprehensive training programme to the social care sector based on its analysis of the sector and working with the Authority's Learning and Development team.

In actual **operational terms**, the Authority has established a number of facets to its contract management and contract monitoring arrangements for the purposes of assuring it that services provided to service users and carers are safe and reliable.

- A collaborative, effective, sophisticated and well developed multi agency network of professionals, including care providers, committed to working together to identify and share issues in order that matters can be resolved at the earliest possible stage to avoid escalation. This runs to the heart of the philosophy of the commissioning service working in an open and supportive manner with care providers
- Two provider performance monitoring groups that meet bi monthly: one for the older person's care sector and another for the learning disabled and mental health care sector. These are a multi agency representative groups where information is shared about any issue of concern and allows for early identification and intervention
- Effective contract monitoring to respond to any issues of concern
- Contract monitoring programmes that pro actively monitor and review care providers' compliance with the Authority's contracts, and will advise as necessary
- A well defined and established contract management programme where officers of the Authority meet with each and every care provider for domiciliary care and third sector provision to discuss issues of performance and quality

It can be noted at this point that the CSSIW as the external body responsible for evaluating the Authority has continuously commented very favourably about the Authority's "effective" and "robust" commissioning and contracting arrangements in connection with assuring the Authority of its approach to care providers in providing safe, reliable services.

Notwithstanding the above, the Authority has over the said period intervened and used its powers to enforce its contract and apply the statutory guidance *Escalating Concerns*. The Authority has terminated its Contract with care homes that have failed after considerable assistance and support to address failings. Equally, the Authority has also suspended care home placements or care packages as necessary. These measures are considered in a reasonable and proportionate manner, often with legal advice, and always with the approval of the Director. Clear accountability is provided through the Authority's processes.

Attached to assist the Committee on the Authority's procedures are the two following documents:

- *Provider Performance Monitoring Protocol* (2011). This was approved at the Carmarthenshire Adult Safeguarding Board.
- *Quality & Performance Monitoring Protocol: domiciliary care and supported living* (2013) This was a supplementary document to enhance the above Protocol for the purposes of managing the domiciliary care and supported living sector.

*NB: These documents are currently **under revision** in order that the Authority can agree a regional quality assurance framework with Ceredigion County Council, Pembrokeshire County Council and HDUHB.*

Supplementary Note: Operation Jasmine Action Plan

Operation Jasmine was an investigation into the neglect of older people in several care homes in the Gwent region. It led to a serious case review being commissioned by the First Minister of the Welsh government. On 14 July 2015, the Review, *In Search of Accountability: A review of the neglect of older people living in care homes investigated as Operation Jasmine.* was published by the First Minister.

In September 2015, each of the Regional Safeguarding Boards in Wales was asked by the Minister for Health and Social Services to consider the Review and to set out its findings in the form of a written response. The form of the response was for each Board to determine and each was asked for it to address the key lessons from the Review and the action that the Board will be taking as a result.

The Chair of the Board responded to the Minister providing a detailed position statement on how the Regional Safeguarding Adults Board will meet its obligations arising from the Review.

The letter proposed that an Action Plan be developed by 30 April 2016 for ratification and approval at both the Regional Safeguarding Adults Board and the local operational group for safeguarding adults. A small regional working party would be convened to prepare the Action Plan.

Attached is the current Action Plan for both West Wales (the three local authorities and HDUHB) and Powys that is submitted to each Authority's Local Operational Group for adult safeguarding. For purposes of accountability and governance, the Action Plan is reviewed and updated each quarter at both the Local operational groups before submission to the Regional Safeguarding Board.

Summary

Carmarthenshire has a history of:

- Clear and explicit standards of contract and contract enforcement
- Regular and systematic monitoring of care providers
- Close working relationships with Inspectors and officers of the CSSIW and HDUHB respectively coupled with the open exchange of information
- Mature and respectful relationships with care providers

These elements have been combined to form an effective quality assurance system that provides certainty and confidence for the benefit of service users, carers and the community. Issues of concern have and will continue to arise. However, the experience of the Authority's systems as noted above has enabled it to provide a degree of reasonable confidence in the standards of service that are provided to the citizens of Carmarthenshire.

DETAILED REPORT ATTACHED?

NO - Attached –

- **Provider Performance Monitoring Protocol**
- **Quality & Performance Monitoring Domiciliary Care and Supported Living**
- **Operation Jasmine Action Plan for West Wales and Powys**

IMPLICATIONS

Policy and Crime & Disorder	Legal	Finance	ICT	Risk Management Issues	People Management & Performance	Physical Assets
NONE	NONE	NONE	NONE	NONE	NONE	NONE

CONSULTATIONS

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

Signed: Chris Harrison Head of Strategic Joint Commissioning

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 - N/A

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

Carmarthenshire Adult Safeguarding Board

Provider Performance Monitoring Protocol

1. Purpose of the Protocol

- 1.1 Carmarthenshire Adult Safeguarding Board has a duty to respond to concerns about standards of care and protect vulnerable adults. Partner agencies will communicate effectively, respond within a timely manner and ensure any action taken is monitored to ensure service improvement. Safeguarding and promoting the welfare of the Service User is the paramount consideration in implementing this protocol.
- 1.2 This protocol has been developed to clarify the roles and responsibilities of agency partners to ensure that good communication and partnership working takes place to protect vulnerable adults (see appendix A).

2. Background to the protocol

- 2.1 Previously concerns about the quality of care provided to service users living in a care home or their own home were responded to by the Carmarthenshire Commissioning and Contracting team, often working closely with Hywel Dda Health Board and the Care and Social Services Inspectorate, Wales and, whilst information was sought and shared with partner agencies, it was felt that the response could be more proactive and at an earlier point.

The Commissioning and Contracting team used a range of methods to engage with providers to reinforce their expectations of quality service being provided to service users in Carmarthenshire. Methods used included: visits; meetings; reports, correspondence and action plans. The team explored and expanded its usual role and carried out a series of baseline audits to gain a more comprehensive view of the quality of care services provided in the county.

Results from the audit and discussions with key partners identified the benefits of early intervention and a more coordinated approach to sharing information about the good and poor practice the impact that this has on vulnerable adults and the desire to work with care providers to improve quality in a more timely manner.

- 2.2 Where multiple Protection of Vulnerable Adult (POVA) referrals were received by Carmarthenshire County Council in relation to a care provider an 'overarching meeting' was held to respond to all referrals together.

On occasions, the POVA overarching meeting covered the general issues well. However the individual service users allegation of abuse or neglect was not adequately explored nor were individual protection/prevention plans used. Similarly, on occasions, the individual service

user situation was considered comprehensively. However the general need for improvements by the care provider were not explicitly evaluated in order to protect other vulnerable adults and prevent recurrence of inadequate care.

2.3 Therefore the Provider Performance Monitoring Protocol replaces both contract meetings and overarching meetings bringing one system for early identification of concerns, sharing of information and multiagency action planning.

2.4 Meetings held under this protocol – the monthly quality assurance meeting and the provider performance meetings focus on the care provider and are separate to POVA meetings which are held about individual service users who are alleged victims of abuse or neglect. However the protocol allows for information to be shared between professionals involved in the two processes to ensure seamless protection for the individual and groups of service users receiving care from the named provider.

2.5 Information about types of meetings is clarified in Appendix B.

2.6 An illustration of how POVA and Provider Performance processes interact is provided at Appendix C.

3. Scope of the Protocol

3.1 The protocol sets out how the agency partners will respond to initial, ongoing and/or serious concerns regarding standards of care. It sets out how information is communicated effectively, how a response is coordinated within a timely manner and how agreed actions are monitored.

3.2 This protocol ensures practice in Carmarthenshire is compliant with statutory guidance: *Escalating Concerns with and closures of, Care Homes providing Services for Adults* (WAG May 2009). Whilst this guidance refers only to care homes it should be noted that this protocol is used for all commissioned services (In house and external) and all service user groups.

3.3 The interface between the monitoring of a failing care service under the Provider Performance monitoring process and the closure of a care home is set out in Appendix M.

3.4 The WAG guidance requires statutory bodies to have arrangements in place for a Joint Inter-Agency Monitoring Panel (JIMP) to lead the escalating concerns process. The Provider Performance meeting process was developed in 2007 and meets this function.

3.5 The protocol takes account of:

- Significant concerns about care provided within Carmarthenshire either directly through in-house services or those commissioned

- through Independent (private and voluntary) Sector contracts.
- Significant concerns about care identified by an individual who is self funding with a provider who has a contract for services with the Carmarthenshire County Council.

4. **The Usual Role of Partner Agencies**

4.1 Each agency has a clear role to ensure that satisfactory care is delivered to vulnerable adults and, where care is inadequate, to communicate concerns both internally and where appropriate externally. This ensures actions of advice, support and monitoring can be considered and selected to assist service improvement.

4.2 Whilst some agency partners have a key role in determining the fitness of a care provider for example a regulatory body, Commissioning agencies must take account of their own contract requirements and measure the quality received by service users as an indicator of contract compliance. Commissioners must hold an independent view of the quality they expect to receive rather than perhaps be more reliant upon inspection reports of other agencies.

4.3 Agency partners aim to work in a proactive and preventative manner, rather than wait to respond to a service that has deteriorated resulting in inadequate care, abuse or neglect.

4.4 Therefore, when a member of staff identifies concerns he/she addresses them as part of the usual role of their organisation and considers whether it is appropriate to share the issue of concern with other sections within the department. This can be done in one of two ways.

- Firstly, the member of staff can bring their concerns to the attention of the member of staff from their organisation who attends the regular quality assurance meeting in order that the issue is brought to the agenda and information about the provider shared.
- Secondly, the member of staff can bring significant concerns to the attention of the Carmarthenshire County Council Procurement and Contracting Manager or the Safeguarding and Complaints Manager in order that a decision to call an urgent meeting to discuss the provider performance can be considered.

4.5 Example 1: During a monitoring visit a member of the Commissioning and Contracting Team identifies concerns about the management of a nursing home the failure to adequately maintain the home, provide a variety of quality foods, failure to keep appropriate records in relation to facilities, recruitment and training, failure to CRB check staff and has not shared information with the Commissioning and Contracting Team about a series of complaints which have been received. The member of staff brings his/her concerns to the Procurement and Contracting Manager to discuss the significance of the concerns to determine whether a separate provider performance meeting is arranged.

- 4.6 Example 2: A Safeguarding co-ordinator who has been allocated a POVA referral continues with his or her usual role of coordinating the POVA process for the individual service user, however where the strategy discussion or strategy meeting identifies serious risks to other service users or multiple referrals are received then the Co-ordinator should discuss the significance of the concerns with the Safeguarding and Complaints Manager to determine whether a separate provider performance meeting is arranged. Additional information is provided in appendix B.

5. Consent & Information Sharing

- 5.1 Service users are not always sure how to raise their concerns. They may be uncertain of whom to approach or may approach a number of different teams and/or agencies. It is vital that everyone involved in the provision and monitoring of services shares information received regarding service provision

- 5.2 Information, whether arising from a POVA referral, a complaint or a contracting issue, can be shared without the enquirer's consent where there is an allegation that:

- A criminal offence has been committed, is being committed or is likely to be committed
- A person has failed, is failing or is likely to fail to comply with any legal obligation to which s/he is subject
- The health and safety of any individual has been, is being or is likely to be endangered
- There has been a breach of statutory regulations

6. Sharing Information regarding Provider Performance at the Quality Assurance meeting.

- 6.1 Carmarthenshire County Council holds a regular Quality Assurance Meeting; a key part of the provider performance monitoring framework. The quality assurance meeting acts as an important link between the information provided by its members and early intervention.

- 6.2 The Quality assurance meeting consists of Carmarthenshire County Council representatives: Assessment, Care Management and Review Teams; Safeguarding Team; Commissioning/ Contracting Team; and Supporting People Team and Hywel Dda Health Board representatives.

- 6.3 The purpose of the meeting is to help the commissioning organisations to work together across adult services in a proactive manner and specifically to:

- Share information gained by each team
- Record escalating concerns in care services
- Recommend actions to be taken and where appropriate disseminate across each Team.
- Demonstrate the use of contract monitoring and case management

review to achieve improvement rather than wait for a complaint or POVA referral to be received

- Record improvements in care services
- Share good practice and lessons learned across the service to support continuous improvement.

6.4 All participants bring any information regarding concerns, monitoring outcomes and/or improvements which have been identified and managed by their team since the previous meeting and which are thought to be relevant for other adult service departments. For example information on complaints, POVA; issues of concern about a particular service noted by the review team; or improvements noted regarding a provider.

6.5 This discussion will facilitate early identification of patterns of concern or risk that can be addressed through the ordinary activity of adult services department before the significance of the issue or risk escalates. Concerns may be passed to the Out of Hours/Standby Team.

6.6 A standard agenda template is provided at appendix D.

7. Significant Concerns

7.1 Where the significance of the issue or the risk escalates or a new significant concern is identified outside of the regular quality assurance meeting and a multi faceted approach to its management is anticipated, a provider performance meeting will be held to specifically discuss the issues in relation to the provider.

7.2 Information will be sought from external agency partners for example Lead Nurse for POVA, CSSIW, Care Home Support Manager, Continuing Care Manager regarding their view of the performance of a care provider in order to determine whether a provider performance meeting is required.

7.3 The identification of one of the following circumstances would lead to a Provider Performance meeting being held:

- The Council has been notified of significant issues by partner agencies
e.g. Health Board, CSSIW or HIW
- The Provider is unable to make the improvements required of them.
- The Provider is unwilling to make the improvements required of them.
- A single or repeated concern is raised by a care manager or other staff,
service user or their representative, highlighting a risk
- A single POVA referral identifies significant risk to other service users
- The number and type of issues identified gives cause for concern
- This is not an exhaustive list.

- 7.4 There is an expectation that staff will use their professional judgement in decision-making as to whether the concern identified will continue to be managed through their own department, discussed at the regular Quality Assurance Meeting or shared urgently.
- 7.5 Whilst the Statistical Directorate defines large scale investigations as five or more POVA referrals for one care provider, this is not an automatic trigger to hold a provider performance meeting. Rather, the POVA referrals would be considered along with other information that had been made available to the most recent quality assurance meeting and a decision taken as to its significance and the most appropriate course of action. For example it may be decided to await the outcomes of the individual POVA investigations and seek further information from agency partners about current information to determine the level of significance and the depth and breadth of the concerns.
- 7.6 The Procurement and Contracting Manager for Commissioning, often in conjunction with the Safeguarding and Complaints Manager considers the information to determine whether a provider performance monitoring meeting is required.

7.7 A flow chart is provided at B illustrating the use of the regular quality assurance meeting and provider performance meeting.

8. The Provider Performance Meeting

- 8.1 The Provider Performance Meeting enables discussion to take place around the provider's performance and allows shared decision making as to how to manage concerns. A record is maintained of the meeting. Templates are provided in the appendices for Attendance (E), Agenda (F) and minutes (G).
- 8.2 The Carmarthenshire County Council Procurement and Contracting Manager will chair the first meeting. The role of Chair will be negotiated in relation to the most appropriate Manager. For example where the concern relates to repeated breach of contract, the Procurement and Contracting Manager may chair the meeting. Where the concern relates to multiple POVA referrals the Safeguarding and Complaints Manager may chair the meeting. The chairperson will agree the circulation of the minutes with participants at the meeting.
- 8.3 Attendees at the Provider Performance meeting will include relevant internal representatives from the Commissioning and Contracting Team, Supporting People Team, the Safeguarding Team and the Assessment/ Care Management Team.
- 8.4 The Chairperson of the provider performance meeting should consider which agencies should be invited to the first and/or subsequent Provider Performance Meeting(s). Where the provider is a Registered Care Home (Nursing) it is important that Hywel Dda Health Board is represented as a Commissioning Partner, and to reflect the lead commissioner role for

individuals who are placed in the Home through Continuing NHS Healthcare funding streams. Other key stakeholders might include Health Inspectorate Wales, Care and Social Services Inspectorate Wales, Healthcare Commission, Health and Safety Officers, other local authorities who have placed individual in the Home, and other commissioners. All agency partners may have important information regarding the Provider and may be able to contribute with monitoring performance and improvements at the Home.

- 8.5 Staff will endeavour to involve the provider at the earliest opportunity informing them of concerns and where appropriate enabling the provider to give their account and work in collaboration.
- 8.6 Discussion with key partners will enable a consensus to be reached as to whether the provider will be invited to attend the first or any subsequent meetings. In some situations the provider may be invited to attend part of a meeting as statutory agencies may need to discuss outcomes and actions of single agency activity for example regulatory or contractual matters which it is not appropriate to share with the provider at this point.
- 8.7 It is noted that each situation will need to be decided upon on an individual basis and will need to take account of any possible criminal, regulatory or contracting actions which may need to be undertaken so as not to compromise the provider.
- 8.8 In summary the chair of the provider performance meeting will
- Reinforce the confidentiality of the issues discussed
 - Explain the purpose of the meeting 'to consider the significance of concerns raised in relation to the quality of care and the protecting of vulnerable adults'
 - Review any previous minutes and actions set
 - Facilitate discussion regarding the outline of concerns
 - Review referrals of abuse or neglect
 - Facilitate Information sharing to formulate an action plan if required or review progress of any action plan previously set
 - Identify of the level of risk (see appendix H for guidance on using action plans)
 - Summarise actions to be taken (who, what, when)
 - Set a date for a Provider Performance Review Meeting and agree attendance
- 8.9 The meeting will need to determine what relevant information is to be shared with others at this time or in the future for example service users, their family, advocate or representative, or other local authority staff including Out Of Hours Duty Team.
- 8.10 Consideration must be given to informing other relevant external partners who have not already been informed for example: the Care and

Services Inspectorate, Wales, Local Health Board, Healthcare Inspectorate for Wales.

- 8.11 Legal or media advice may also need to be sought.
- 8.12 The rationale for and the specific shared decisions of what information will be provided, when and to who must be clearly recorded in the minutes of the meeting.
- 8.13 Where POVA referrals are being coordinated by a Safeguarding Co-ordinator in relation to the care provider, the Chairperson of the Provider Performance meeting will ensure feedback is provided. Where there are multiple POVA referrals the Safeguarding Co-ordinator will be invited to attend this meeting.

9. Responding to the Concerns

- 9.1 Those present at the Provider Performance Meeting can discuss information provided by each attendee. However, further information may be required to ensure the safety of service users. This may be obtained through a review of the care being received by any identified individual service user, or other service users who may be at risk because they are receiving care in the same setting or from the same provider. The review of this care may be undertaken by the review team or the Health Board may be asked to assist. The type of review being requested must be clear.
- 9.2 There is need to explore the concern identified with the provider who must be given the opportunity to give their account. This may include attendance at a future provider performance meeting.
- 9.3 The nature of the concern and/or the level of risk will determine the response to be adopted and the time frame for action. Response actions may include
- Holding a telephone discussion with the provider to gather more information.
 - Making a planned or unplanned monitoring visit
 - Writing to the provider and setting out the concerns requesting a written response as to how the provider intends to remedy the situation
 - Requesting the provider attends a meeting
 - Preparing an action plan for the provider to improve its service (see Appendix H for guidance on using action plans and Appendix I for the action plan)
 - Suggesting the provider reassesses service users to confirm his/her ability to provide care in line with the care plan/contract
 - Advising the provider that the authority has suspended new placements or packages of care

- Advising the provider that the local authority will be carrying out its duty to inform other local authorities and commissioners of the significant risk
- Advising the provider that the contract will be terminated in accordance with the contractual notice period.

This is not an exhaustive list

9.4

Where there are multiple concerns and/or significant risks to the health and wellbeing of service users consideration will be given to suspension of new placements/packages of care and/or cancellation of the Contract. The multi agency risk management and action planning process will assist the decision-making.

9.5

Where the level of risk is so serious as to warrant an urgent or planned cancellation of the Contract with a care home providing residential or nursing care, then the home closure protocol detailed in Escalating Concerns will need to be used. This provides specific guidance around managing the situation. It is likely that such significant information leading to home closure will already have been shared with agency partners.

9.6

The Statutory Guidance on *Escalating Concerns with, and closure of, Care Homes providing Services for Adults* requires statutory bodies to have arrangements in place for direct operational management for a care home closure. The Home Operation Support Group (HOSG) would be made up of a standing panel of senior posts from Carmarthenshire County Council, Care and Social Services Inspectorate, Wales and Hywel Dda Health Board. Further detail regarding the practice of the group can be found in the Home Closure Policy.

10. Monitoring Improvement, Risk Management and Action Planning

Carmarthenshire ASB partners are committed to working with care providers to ensure a high quality of care. However, partner agencies are mindful of the level of prompting and monitoring that may take place when a service is identified as having significant concerns. Whilst the protocol provides for the use of action plans to clarify expectations, ASB agency partners are most clear that it is not appropriate for intervention to the extent that they appear to manage providers business. Therefore the action plan provides an opportunity for the provider to demonstrate their competence/fitness and contract compliance to provide the required standard of care.

10.1

Action plans may be used as a method of setting out the improvements required for the care provider. The actions need to be specific in order that progress and achievement can be measured.

10.2

The required improvements must be marked as either development actions (DA) or corrective actions (CA):

- A Development Action Plan (DAP) may be required when care management, contract monitoring, complaints monitoring and/or other sources of information indicate a short fall in the quality of services provided and statutory agencies want to see the service moving forward in specific areas of quality and practice.
- A Corrective Action Plan (CAP) will be required where immediate action to ensure the safety of service users and/or staff is needed. This would be indicated in situations where a delay in taking preventative or remedial action could result in a risk to service users and the need for enforcement action and/or cancellation of contract.

10.3 The chair of the provider performance meeting will consider whether a draft action plan is prepared prior to the meeting. This may have been populated with information provided from a variety of sources: the quality assurance meeting; POVA investigation findings; complaint outcomes; concerns from reviews of service user care or CSSIW and contract monitoring episodes. The action plan is the discussed at the meeting and issued to the provider.

10.4 The action plan is given an overall start date and target dates for improvements to be made are recorded alongside the person responsible. Dates and sources of evidence of improvement are recorded on the action plan.

10.5 Failure to progress the improvement actions must be considered at the provider performance meeting alongside an assessment of the level of risk i.e. is it increasing decreasing or remaining the same in relation to the specific actions not completed and the overall concerns. Agreement should be reached as to whether target dates will be extended or sanctions applied. Where target dates are extended the rationale will be recorded in the minutes and the date upon which the target date was extended and the new target date will be recorded in the 'by when' box of the action plan.

10.6 Action Plans must include any identified management and leadership weakness. Lessons learned from implementing the provider performance protocol indicate the registered manager and the staffing structure supporting the post are key in order that responsibilities are clear and tasks can be delegated/cascaded throughout the care team. If the management and leadership weaknesses and staffing structure are not addressed any improvements are unlikely to be sustained.

10.7 Where the minutes of Provider Performance Meetings require further monitoring or reviews, it is important that the requirements are specific. For example, Is it a general service user review e.g. whole unified assessment, or a specific aspect of someone's care e.g. moving and handling needs or continence care?

Similarly is it the whole action plan we want monitored or key priorities i.e. those rated as the highest risk, a particular theme such as documentation or those with target dates due etc.

Where appropriate joint monitoring should be considered to reduce duplication and disruption for the provider.

- 10.8 Following the Provider Performance meeting the Procurement and Contracting Manager writes to the Provider to confirm the provider performance meeting process has commenced and confirms any agreements and/or an action plan for improvement. See Appendix N for suggested letter template. The letter will detail any further meeting dates and required attendance. The provider may be informed of changes to the contract monitoring or case management arrangements.
- 10.9 Following the Provider Performance meeting the Procurement and Contracting Manager writes to the service user/representative advising that the provider Performance Monitoring process has commenced. See Appendix O for suggested letter template.
- 10.10 The members of the Provider Performance meeting review progress in relation to improvement, to discuss whether the level of risk remains the same, is there an increase/decrease of ongoing protection measures. It is imperative that as far as possible risks are reduced for service users receiving care from the provider.
- 10.11 Risk reduction steps may include requiring addition expertise and advice from health professionals, considering staffing numbers and structures, supernumerary hours for key staff to target improvements and monitoring to determine whether the risks are being managed to an acceptable level.
- 10.12 10.12 Monitoring and risk management arrangements may include:
- A series of meetings with the provider
 - Further specific service user care reviews
 - Directly seeking service user feedback
 - Quality assurance monitoring visits
 - Contract monitoring visits
 - Care manager monitoring visit
 - Monitoring visits by the regulator -CSSIW/HIW
 - Dialogue with Carers and family
 - Expertise
- 10.13 The Carmarthenshire County Council Adult Services Strategic Leadership Team and/or Social Care Management Team meeting will be advised during a standing agenda item of 'Provider Performance' that the Provider Performance Monitoring protocol has been utilised in relation to a Provider. It is envisaged that other members of the provider performance meeting provide feedback within their organisations as appropriate.
- 10.14 The chair of the provider performance meeting has a key role in appropriately but robustly challenging the care provider where

not committed to the improvements required – for example consistent failure to attend meetings and enter into discussion about concerns and risks, not making progress or slow progress on the improvements required, not fully engaging in the process. A letter will be sent by the chair of the meeting setting out the concerns re lack of engagement and expectations for improvement. The provider will be reminded of the contract with the local authority and the need to work in partnership for the benefit of the service users we support.

- 10.15 Where the required improvements have been made by the care provider and the provider performance meeting participants are in agreement that the process can close with, written confirmation is sought by the chair of the meeting. Meeting participants from each organisation then revert back to their usual departmental role for example care manager carries out care reviews as planned. The Procurement and Contracting Manager confirms the closure of the provider performance meeting process in writing to the provider

11. Suspension of Placements

- 11.1 Following advice from the provider performance partners a decision will be made by the Director of Carmarthenshire County Council as to whether or not it is appropriate to suspend any new business with the organisation, whilst maintaining existing contracts until the issue has been resolved or whether or not the contract must be terminated and services be delivered by an alternative provider. If the decision is taken to suspend new placements/packages of care then CSSIW or HIW along with the other agency partners will be informed and a letter is sent to the Provider setting out the rationale.

- 11.2 Whilst the new placements or packages of care may be suspended the local authority will ensure along with agency partners that service users already receiving a service from the provider are protected. It is imperative that care is monitored in order that vulnerable adults are not exposed to unnecessary risk. The use of monitoring, frequent review, advocacy involvement and feedback mechanisms will be considered.

- 11.3 Where the improvements required in the action plan have been completed and the breadth/depth of the risk has significantly reduced the provider performance group will consider whether it is appropriate to lift the suspension of placements/packages of care.

- 11.4 Following advice from the provider performance agency partners the Director of Carmarthenshire County Council will take the decision as to whether new placements/packages of care will commence with the provider. The decision will be recorded on the appropriate form (Appendix J). The outcome of any decision will be shared with agency partners and service user/representatives (see Appendix L).

- 11.5 Where a decision to restart business is made additional protective measures may be used for example a restriction on the number of hours of care awarded to a domiciliary care agency or a maximum number of

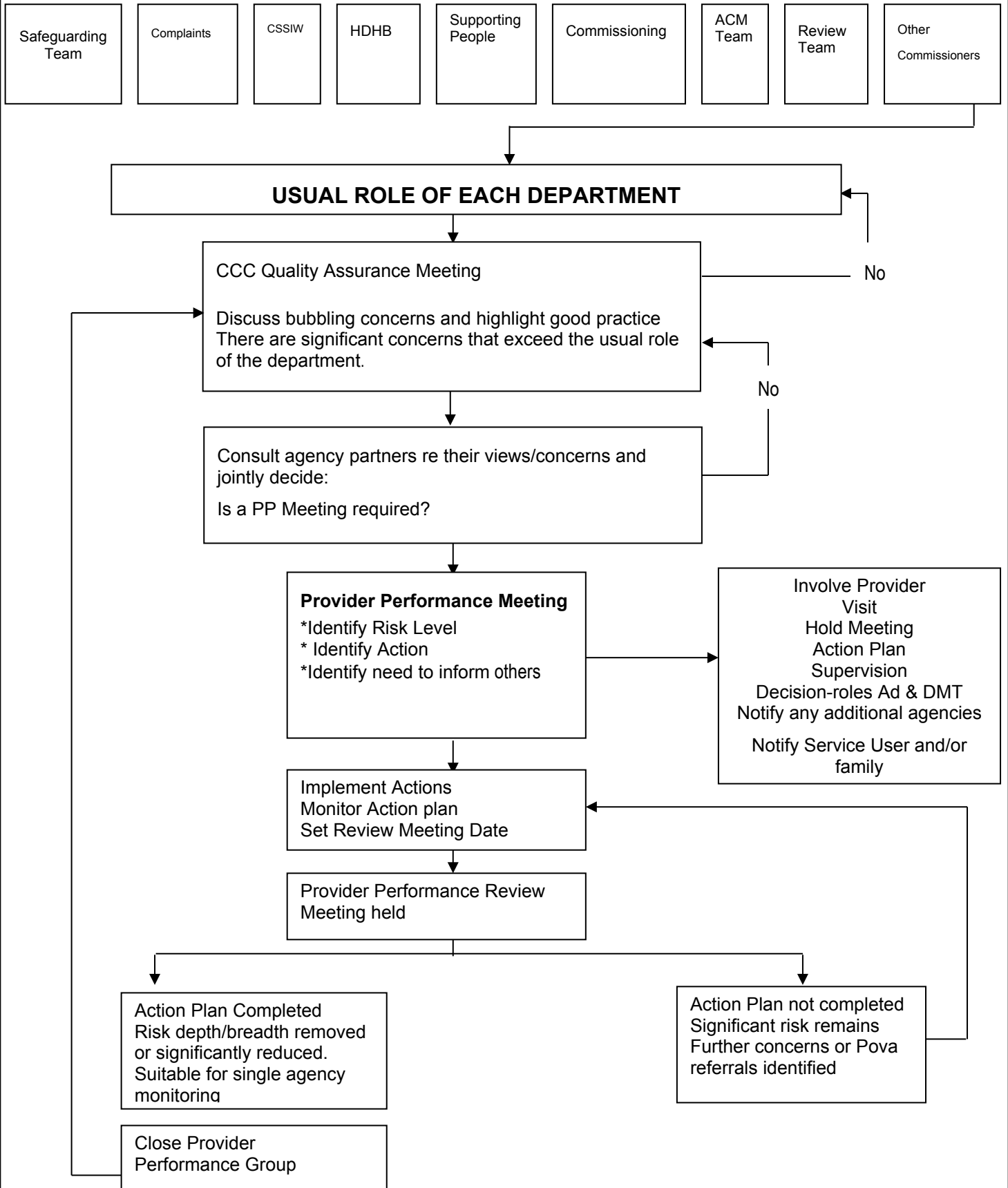
admissions to a care home over a specified period.

- 11.6 If the decision is taken to restart business then the regulator, commissioning bodies and the other agency partners will be informed. This is important to ensure that providers are the provider performance process promotes transparency and clarity. Providers are made aware that joint embargos will be considered by commissioners and recommencement of business is also jointly considered in order that business commences at a manageable pace.
- 11.7 A letter is sent to the Provider setting out the any conditions or business or ongoing monitoring for example the number of placements that will be made per week or number of new care packages to be arranged.
- 11.8 On some occasions, the Provider may take a decision to limit the number or type of admissions to a care home or care packages to ease pressure of work whilst improvements are made. In this situation Carmarthenshire commissioners will consider whether a voluntary or mandatory embargo is put in place.
- 11.9 Each commissioning body, whilst sharing information and taking account of others views about the quality and level of risk provided, is required to make their own assessment and decision regarding suspending or restarting business. It is not automatic that all commissioning bodies will respond in the same way. Therefore, where an embargo is placed by another Commissioning body the matter will be considered in relation to the Contract held with the provider by CCC.

12. Termination of contract

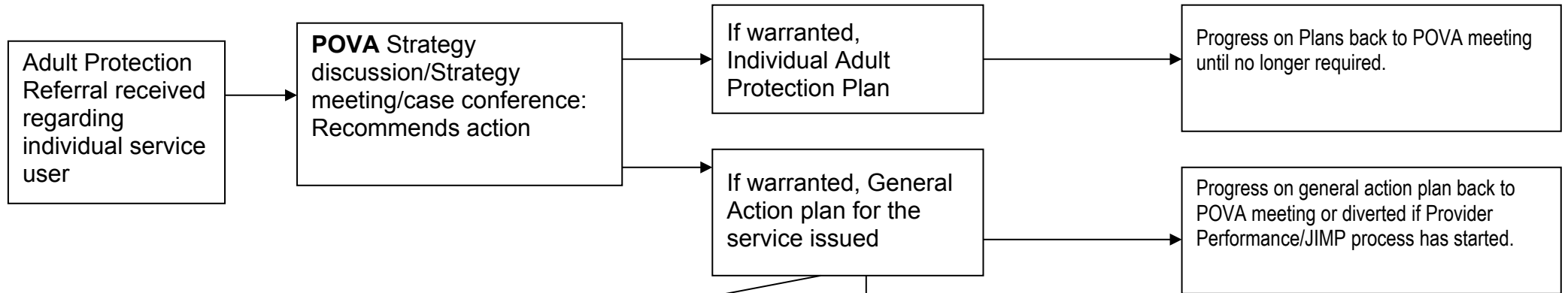
- 12.1 Where a provider continues to fail to improve quality or protect vulnerable adults consideration will be given to terminating the Contract. The advantages and disadvantages of terminating the Contract will be considered in relation to the specific detail included in the Contract and also in relation to the individual service users living at the home.
- 12.2 Where the contract is terminated the local authority will use the Care Home closure policy including service user relocation plans to ensure a smooth transition for service users to a new service provider.

CASB Provider Performance Monitoring Protocol

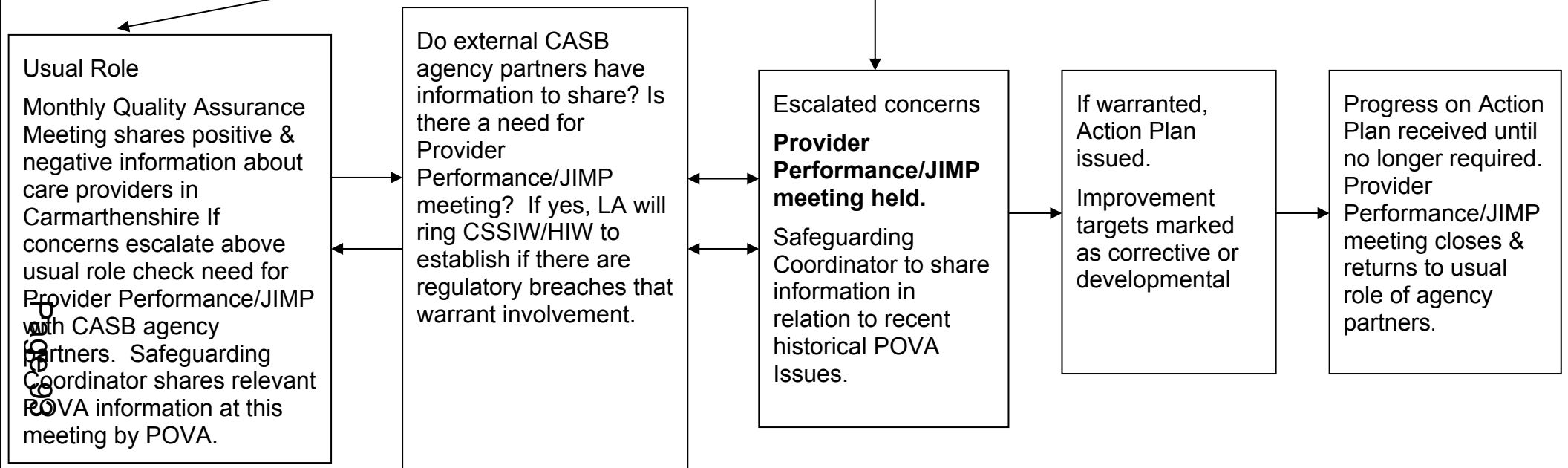


Appendix C – Managing Escalating Concerns: the links between Adult Protection and Provider Performance in regulated care settings

Adult Protection



Provider Performance



Appendix D -Monthly Quality Assurance Meeting Agenda

Date:

Time:

Venue:

Present:

Apologies:

AGENDA ITEM	DECISIONS/ACTIONS	ACTION BY/ DATE
1	Introductions & Apologies	
2	Minutes of the previous meeting	
3	Review of all providers who are already subject to the Provider Performance monitoring protocol meeting process	
4	New concerns regarding contracted services Update from: Commissioning Team, Assessment/Care Management, Safeguarding Team, Supporting People Team.	
5	Positive feedback regarding contracted services Update from teams as above	
6	Any other business	
7	Summary of actions	
8	Date and time of next meeting	

Appendix E – Provider performance meeting attendance record

Carmarthenshire County Council Social care, health and Housing

Provider Performance Meeting Attendance list

Name of provider:

Service provision e.g. Care Home:

Date/time:

Venue:

Confidentiality Statement

To be confirmed at the start, and on the attendance list and minutes, of each meeting held under these procedures. This meeting is held under the Carmarthenshire Adult Safeguarding Board Provider Performance Monitoring protocol. The issues discussed are confidential to the members of the meeting and the agencies they represent. Minutes of the meeting are circulated on the strict understanding that they will be kept confidential and stored securely.

In certain circumstances it may be necessary to make the minutes of the meeting available to the civil and criminal courts, solicitors, psychiatrists, or other professionals involved in the care of the vulnerable adults.

N.B. When you sign the attendance sheet please note that you are signing up to the above confidentiality statement.

Name Signature	Department	Department/ Organisation	Job title	Contact details

Appendix F -Provider Performance meeting agenda

Carmarthenshire County Council Social Care, Health and Housing Department Provider Performance Meeting

Agenda

Name of provider:

Service provision e.g. Care Home:

Date/time:

Venue:

No	Agenda Item
1.	Introductions & Apologies
2.	Confidentiality Statement & Attendance Sheet
3.	Purpose of the Meeting To consider the significance of concerns raised in relation to the quality of care and the protection of vulnerable adults
4.	Minutes of the previous meeting Note if this is the first meeting and review the completion of actions set at any previous meeting.
5.	Outline of Concerns – Consider new concerns by each agency not included on the action plan.
6.	Safeguarding Referrals received For subsequent meetings – referrals received since date of last PP meeting
7.	Information Sharing and Provider Action Plan Review evidence of progress and challenge lack of progress against any previous action plan.
8.	Identification of the current overall level of risk Group to note whether level of risk has increased/remained the same or decreased. Consider actions/ sanctions/ monitoring to reduce risk.
9	Concerns & Disagreements
10	Summary of actions to be taken to manage the risk and assist in the process Consideration of staff resource across organisations to assist process. Actions to record 'who', 'by whom and by when' and monitoring arrangements
11	Date and time of next meeting or formal closure of the process Agree participants to attend the next meeting

Appendix G -Provider Performance meeting record

Carmarthenshire County Council Social Care, Health and Housing Provider Performance Meeting record

Name of provider:

Service provision e.g. Care Home:

Date/time:

Venue:

Confidentiality Statement

To be confirmed at the start, and on the attendance list and minutes, of each meeting held under these procedures. This meeting is held under the Carmarthenshire Adult Safeguarding Board Provider Performance Monitoring protocol. The issues discussed are confidential to the members of the meeting and the agencies they represent. Minutes of the meeting are circulated on the strict understanding that they will be kept confidential and stored securely.

In certain circumstances it may be necessary to make the minutes of the meeting available to the civil and criminal courts, solicitors, psychiatrists, or other professionals involved in the care of the vulnerable adults.

N.B. When you sign the attendance sheet please note that you are signing up to the above confidentiality statement.

Present:

Apologies:

AGENDA ITEM	DECISIONS/ACTIONS
1	Introductions & Apologies
2	Confidentiality Statement & Attendance Sheet
3	Purpose of the Meeting
4	Minutes of the previous meeting
5	Outline of Concerns
6	Safeguarding referrals received
7	Information Sharing and Provider Action Plan
8	Identification of the current overall level of risk
9	Concerns & Disagreements
10	Summary of actions to be taken to manage the risk and assist in process.
11	Date and time of next meeting or formal closure of the process

Appendix H -Guidance for using action plans

This guidance should be used where an action plan is required as part of the provider performance monitoring process. The action plan should be developed using the standard template (see appendix F).

The provider (where in attendance) and other agencies will contribute to the development of the action plan and the risks will be rated and managed through a multi agency process owned by the agencies involved. Stakeholders must attend or ensure continuity of attendance is provided for through nomination of a representative thus ensuring that previously requested actions and results are made available to the meeting.

When identifying improvements required the meeting should determine whether the required improvement actions are either development actions (DA) where they are good practice requirements to assist overall improvement or corrective actions (CA) where the improvements are related to a contractual or regulatory breach in line with the Escalating Concerns with, and closures of, Care Homes providing services for Adults (WAG May 2009).

The action plan should be reviewed by during the provider performance meeting. Monitoring must be evidenced and contingencies required for repeated lack of adequate progress or further deterioration with robust challenge and rationale recorded. Contingencies may include mandatory suspension of placements i.e. embargo.

The action plan is given an overall start date and target dates for improvements to be made are recorded alongside the person responsible. Dates and sources of evidence of improvement are recorded on the action plan. The date the action was completed should be recorded.

Failure to progress the improvement actions must be considered at the Provider performance meeting alongside an assessment of the level of risk i.e. is it increasing decreasing or remaining the same in relation to the specific actions not completed and the overall concerns. Agreement should be reached as to whether target dates will be extended or sanctions applied. Where target dates are extended the rationale will be recorded in the minutes and the date upon which the target date was extended and the new target date will be recorded in the 'by when' box of the action plan.

Immediate focus must be given to protective issues for individual and others within care setting who may also be at risk, thus the issues for improvement should be prioritised around risks to service users.

The concerns will be scored by their likelihood and impact. The colours red, amber and green will be used to signify the level of risk rather than the outcomes.

The provider performance process may be closed where the action plan has not been completed however the likelihood of the risk occurring must have significantly reduced and the partners agree that the issues are suitable for single agency monitoring. The impact of the risk will not change. Therefore if the issue remains a high score and is coloured red the action plan cannot be closed. Feedback must be provided at the monthly quality assurance meeting.

CCC will take responsibility for storing information relating to Provider Performance. Individuals chairing the provider performance meetings are responsible for advising

Commissioning Team administrative staff of information to be recorded on the monitoring spreadsheet and providing copies of minutes/agenda/action plans used.

Risk assessment process

Risks will be assessed and reviewed during the provider performance Meeting.

For all cases a risk rating system will apply in line with a rating of red, amber, yellow and green based on key evidential factors

Where there are cases of complexity and significance, a risk tool matrix as noted below is suggested. In such cases an overall risk rating will be determined by multiplying the likelihood of the risk (scale of 1 to 4) by the consequence of the risk (scale of 1 to 4).

The colour coding represents the current level of risk rather than the progress made against the required improvements.

Likelihood	Impact			
	1. Insignificant	2. Minor	3. Moderate	4. Major
4. Almost certain	4	8	12	16
3. Likely	3	6	9	12
2. Possible	2	4	6	8
1. Unlikely	1	2	3	4

PROVIDER PERFORMANCE DECISION FORM

RED	
PC	
AMBER	
PC	
YELLOW	
CH	
GREEN - All Clear and to be Removed from the List	
PC	

Appendix I -Action plan template

Name of provider/organisation:

Name of setting or service:

Date action plan started on:

Version number:

Last updated on:

If business is suspended during the PP process please list date of start and finish of embargo

Issue of concern	Improvement required (development or correction action)	By when (Note when dates extended)	Person Responsible	Likelihood (1 – 4)	Impact (1-4)	Overall Risk Rating	Evidence of improvement or failure to improve (date to be noted)	Progress: Completed/On-going/Not started

Likelihood	Impact			
	1. Insignificant	2. Minor	3. Moderate	4. Major
4. Almost certain	4	8	12	16
3. Likely	3	6	9	12
2. Possible	2	4	6	8
1. Unlikely	1	2	3	4

Appendix J

Procedure for Suspending Business with Care Providers

Name of care provider:.....

Name of care home/service:.....

Date Provider Performance Monitoring Process commenced:.....

Date of Provider Performance meeting where the recommendation originated to suspend business

Reason why business is to be suspended.....

.....

Protection measures

Action	Please tick if required	Please tick if completed
Review all existing service users care		
Monitoring existing placements/care packages		
Offer review to self funding service users		
Inform other commissioning agencies		
Inform staff and other APC partners		
Send letter to service user/representative		
Send letter to care provider		
Priority Improvements to be made before the embargo is lifted		

(Consider completion of all CAP actions, concerns rated as high risk, CSSIW compliance notices etc.)		
Inform regulator		

Authorisation of.....for Carmarthenshire

Signature..... Date:

Print name

Document to be completed by PPM Chair and stored on the Care Provider Commissioning file

Page 10

Appendix K

Procedure for Restarting Business with Care Providers

Name of care provider:.....

Name of care home/service:.....

Date Provider Performance Monitoring Process commenced:.....

Date of Provider Performance meeting where the recommendation originated to restart business

Reason why business is to be restarted

.....

.....

Protection measures

Action	Please tick if required	Please tick if completed
Conditions on number of new admissions (please specify below)		
Conditions on hours or number of new packages of care (please specify below)		
Conditions on using respite care (please specify below)		

Inform other Commissioning agency		
Inform staff and other AAPC partners		
Send letter to service user/representative		
Inform regulator		

Authorisation offor Carmarthenshire

Signature..... Date:

Print name

Document to be completed by PPM Chair and stored on the Care Provider Commissioning file

Appendix L

Provider Performance Checklist

Name of Service:	(✓)	Date Completed	Signature
Name of Provider:			
Inform other Local Authorities & other commissioners that the Provider Performance Process has commenced			
Write letter to the Provider explaining that the service has been placed under the Provider Performance Monitoring Protocol.			
Inform other Local Authorities & other commissioners that the Provider Performance Process has ended.			
Write letter to the Provider explaining that the service is no longer being considered under the Provider Performance Monitoring Protocol.			
Inform other Local Authorities & other commissioners that an embargo has been placed on the service.			
Write letter to the Provider explaining that an embargo has been placed on the service.			
Write letter to service user/representative explaining that due to lengthy concerns an embargo has been placed.			
Inform other Local Authorities & other commissioners that an embargo has been lifted at the home.			
Write letter to the Provider explaining that an embargo has been lifted.			
Write letter to service user/representative explaining that the embargo has been lifted and monitoring continues.			

Document to be completed by PPM Chair and stored on the Care Provider Commissioning file

Stage 3 – Service Closure
Home Closure/Home Operation Support Group (HOSG)

- Provider Agency closure

- ← NHS
- ← CCSIW
- ← LA
- ← Advocacy

Stage 2 – Provider Performance Meeting/JIMP

- All partner agencies – senior representation Identified Escalating Concerns
- DAP/CAP monitoring
- One action plan to include DAP/CAP actions & regulation breaches
- Risk management and planning

- ← CCSIW
- ← NHS
- ← Provider
- ← LA

Stage 1 – Provider Quality Assurance Meeting

- Discuss positive feedback and bubbling concerns
- Use Development/Corrective Action Plan (DAP/CAP)
- Contract compliance notice/formal reports (not in attendance)
- Care coordination/Management feedback, Complaint Feedback

- ← NHS
- ← LA

Appendix N

Dear

Re: (insert name of provider)

Thank you for attending the provider performance monitoring meeting held at (insert venue) on (insert date) in relation to the concerns about the standards of care at (insert name of provider).

As discussed I am writing to confirm the discussions held during a meeting between officers of the local authority and Care and Social Services Inspectorate for Wales on (insert date) and during the provider performance monitoring meeting held on (insert date).

We confirmed that a provider performance action plan would be formulated to reflect the current concerns identified by the local authority and the CSSIW. The action plan will also include the outstanding compliance notices and registration conditions applied by Care and Social Services Inspectorate Wales (CSSIW).

This process will remain in place until all the improvements required have been completed and seen to be sustained to the satisfaction of all partners.

Staff from the local authority and CSSIW will continue with the programme of regular monitoring in order to review the level of risk and progress against the action plan. Discussions and presentation of evidence will take place in the provider performance monitoring meetings that you attend.

This will be discussed in our next provider performance meeting which is due to be held on (insert date).

Yours sincerely

Appendix O

Dear,

Re: (insert name of provider)

I wish to inform you that concerns have been raised regarding standards of care at (insert name of provider). Meetings has been held and there will be joint, coordinated action taken by Carmarthenshire Social Services, Hywel Dda Health Board, Care and Social Services Inspectorate Wales along with the owners of (insert name of provider) in order to improve standards of care and meet the requirements of an agreed plan of action.

Should any concerns be identified directly relating to your relative then you will be informed and involved where appropriate. There will be ongoing monitoring of the home by Social Services staff along with health colleagues to ensure that the required improvements are achieved and maintained.

I am sure that the owners and manager would welcome any queries you may have about the issues and the process that will be followed. In the first instance please direct any queries to the Provider, however further information can be sought from (Insert name/Contact details of Contracts Manager). Please be assured that the welfare of the residents at (insert name of provider) is everyone's priority.

Yours sincerely,



QUALITY PERFORMANCE MONITORING

DOMICILIARY CARE & SUPPORTED LIVING

CARMARTHENSHIRE COUNTY COUNCIL

CONTRACTING & PROCUREMENT

January 2013

Authored by: A J Watkins



QUALITY PERFORMANCE MONITORING PROTOCOL

DOMICILIARY CARE & SUPPORTED LIVING

INTRODUCTION

Carmarthenshire County Council has a duty to respond to concerns about standards of care within all its contracted services. Previously, concerns about the quality of care provided to service users who were in receipt of a Domiciliary Care service were responded to by the Carmarthenshire Commissioning and Contracting team, often working closely with the Care and Social Services Inspectorate, Wales. Whilst information was sought and shared with partner agencies, it was felt that the response could be more proactive and at an earlier point.

This protocol sets out how the Commissioning and Contracting team will monitor service provision and respond to initial, on-going and/or serious concerns regarding standards of care. It sets out how information is communicated effectively, how a response is coordinated within a timely manner and how agreed actions are monitored.

Carmarthenshire County Council's Domiciliary Care Contract Terms and Conditions are a reflection of the requirement within the national minimum standards for domiciliary care. Each Provider will be subject to continuous quality and performance monitoring in accordance with the Council's Provider Performance monitoring Protocol. This is central to the continuous improvement of services delivered to Service Users. The Council will conduct quarterly quality and performance contract review meetings and conduct a risk assessment of each Provider's performance.

This protocol ensures practice in Carmarthenshire is compliant with the Standard Terms and Conditions within the Domiciliary Care contract and specification. It should be noted that this protocol is used for all commissioned services (In house and external) and all service user groups.

Each agency has a clear role to ensure that satisfactory care is delivered to vulnerable adults and, where care is inadequate, to communicate concerns both internally and where appropriate externally. This ensures that actions of advice, support and monitoring can be considered and selected to assist service improvement.

The Commissioning and Contracting team use a range of methods to engage with providers to reinforce their expectations of quality service being provided to service users in Carmarthenshire. Methods used include: visits; meetings; reports, correspondence and action plans.

VALUES

CCC are committed to ensuring that the values and rights below underpin the way in which their service users should be supported and cared for in whatever settings or places they live in or use:

Independence: to think, act and make decisions, even when this involves a level of risk.

Dignity: recognition that everyone is unique, with intrinsic value as a person.

Respect: for a person's needs wishes, preferences, language, race, religion and culture.

Equality: the right of people to be treated no less favourably than others because of their age, gender, disability, sexual orientation, religion, class, culture, language, race, ethnic origin or other relevant distinctions.

Privacy: the right of the individual to be left alone or undisturbed and free from intrusion or public attention in their affairs.

Choice: the right to make choices, and to have the alternatives and information that enable choices to be made.

KEY PERFORMANCE INDICATORS

6 key performance indicators (KPI's) have been devised in order to monitor the quality of service provision for providers. Each of the 6 KPI's are linked to key quality outcomes identified within the quality monitoring section.

6 Key Performance Indicators:

- Timeliness and Reliability of Services
- Committed Workforce
- Service User Safety (Safeguarding)
- Service User Empowerment (Complaints)
- Meeting Assessed Needs
- CCC contract compliance

Providers will be required to provide an update on performance on a quarterly basis, in a format provided by CCC. (Please see Appendix 5). Dates will be agreed in accordance with Contract Review Meetings.

KEY QUALITY STANDARD

1. Timeliness and Reliability of services - Service users and carers should expect their domiciliary care provider to arrive in a timely fashion as identified within their care plan and as agreed with the provider. This KPI will identify and monitor missed calls and late calls.

Outcomes Improved Health and Wellbeing, Improved Quality of Life, Maintaining Independence, Personal Dignity and Respect.

2. Committed Workforce - A happy and steady workforce will impact positively on the consistency of the carers and therefore quality of care provided. Monitoring staff retention within the company will evidence if domiciliary care providers are working to improve this. Monitoring staff sickness within the company will evidence if domiciliary care providers are providing continuity and are working to reduce levels of staff sickness.

Outcomes - Improved Quality of Life, Maintaining personal dignity and respect

3. Service User Safety –Ensure that the provider complies with the All Wales procedure for the safeguarding of vulnerable adults. The domiciliary care national minimum standard (21) states that Staff supervisions should occur every 3 months. CCC believes that regular supervisions work towards strong safety measures for service users and also improve the quality of services provided. The domiciliary care national minimum standard (20) states that at least 50% of front line staff should have a Level 2 NVQ in Health and Social Care. CCC believes that a well trained workforce will work towards strong safety measures for service users and also improve the quality of services provided.

Outcomes - Improved Health and Wellbeing, Improved Quality of Life, Freedom from Discrimination and Harassment, Maintaining Personal Dignity and Respect

4. Service User Empowerment. Ensure the provider demonstrates Human Rights and Equal Opportunities by actively undertaking Service User Reviews / Quality Assurance. Monitoring the provider's performance in completing service user reviews will ensure that providers are working to

improve in the area of Service User Empowerment. Monitoring the provider's performance in dealing with complaints in a timely manner will evidence that a provider ensures that service users viewpoints are taken seriously.

Outcomes - Freedom from Discrimination and Harassment, Maintaining Personal Dignity and Respect, Making a Positive Contribution, Increased Choice and Control

5. Meeting Assessed Needs. Ensure that the provider delivers services which achieve the maximum rehabilitative effect and which support, sustain and where appropriate enhance the service users independence. This will require the agency to provide a detailed service delivery plan for each service user - which complements the UAP care plan assessment. Agencies will also need to consider on going changes to service provision in the form of developing service outcomes, staff skills and new ways of working across the sector.

Outcome – Promoting and maintaining independence and enhancing the quality of life of each service user

6. Contract compliance. CCC rate domiciliary care services based on how they perform against the national minimum care standards. This is therefore a quality measurement. Working to the Contract specification and following the Authorities mandatory policies will ensure that the provider is working in line with the expectation of the Authority.

Outcome – High standard / Quality service. Sustainability.

AUDITING

CCC may conduct audits on any KPI submissions they receive in order to ensure that providers are submitting their information and are following the KPI guidance correctly.

Identified concerns will be recorded on the Council's Events Log and measured against the Key Performance Indicators (KPIs) as set out in this document. The risk assessment may result in a change to the Provider's quality rating (in line with the provider performance monitoring protocol). If so, the Council may issue the Provider with an Action Plan to improve their quality rating.

CONCERNS RAISED

CCC is committed to partnership working with all provider agencies. This protocol aims to provide early intervention guidance to agencies with an outcome that the agency will have an opportunity to respond and take appropriate action regarding the concerns raised.

Any concern reported in to the contracting team will be risk assessed in the first instance. This is to ensure that any issues which may give cause to alert the Safeguarding team are reported immediately. (All safeguarding concerns will follow the safeguarding process) The contracting officer will also establish whether the complainant wishes to make a formal complaint via the complaints process. (All formal complaints will follow the complaints process). If the concern has no requirement to follow either of the processes as described, the contracting officer will then forward the concern on to the registered manager of the agency to request a response to the concern raised and to confirm what actions have been taken to manage the concern. This will enable the provider to give their account and work in collaboration. (Please see Appendix 1A)

RESPONSE TO CONCERNS

CCC will expect the agency manager to investigate the concern as a matter of importance. The agency manager must ensure to provide a clear response that includes the reason why, what actions have been taken to resolve and what preventative measures have been introduced. The contracting officer will risk assess the response and consult with the case manager to agree that the concern can be closed as satisfied. However, should the response not provide the required information, the

contracting officer will inform the agency manager and request that specific areas be looked further into.

MULTIPLE CONCERNS

Where there are a number of concerns reported, either together or intermittently, the contracting officer will commence recording the concerns on the events log. The events log will be shared with the agency manager with the expectation that agency manager will provide a response to the concerns in the response column. The contracting officer will risk evaluate the events log and make an informed decision with regard to the risk rating of the agency.

THE EVENTS LOG

The events log is a Quality and Performance Monitoring tool which enables sharing of information about adult social care service provision. Information is obtained on complaints, safeguarding and about minor service provision concerns that were not significant enough on their own to warrant formal escalation within the complaints or safeguarding environments and which otherwise might be lost.

The events log will be used as a tool for continuous monitoring, because it will be able to identify patterns. This will assist in CCC being confident that providers are still providing a service that complies with the contract. Information gathered will be used in the risk assessment. If there are concerns highlighted as a result of the analysis of the events log and if it is appropriate, details will be given to the agency manager in order to provide a response. (Please see Appendix 4)

RISK ASSESSMENT

CCC will conduct regular risk Assessments on the provider. The risk assessment will involve looking at the performance of the KPI's, events log and action plans.

What determines a risk?

- A drop in performance on KPI's or failure to improve over a number of months.
- Evidence of poor quality service provision extracted from the Events log
- Providers failing to meet deadlines agreed in action plans.

If a provider is determined to be of high risk by CCC Provider performance group, this could initiate a number of scenarios:

- Review of the overall PP rating – A decision may be made to escalate the provider through the traffic light system (Please see Appendix 1)
- No further placing of packages – interim / indefinite

AGENCY PROVIDER PERFORMANCE MEETING

In the event of an agency being within the provider performance risk category, the contracting officer will arrange a provider performance meeting to discuss the events log. The meeting will explore the concerns identified with the provider who must be given the opportunity to give their account. The chair of the provider performance meeting will consider whether the agency is taking reasonable action to address the current concerns and whether they are being proactive in preventing re-occurrences. Meetings held under this protocol will focus on the care provider and are separate to POVA meetings which are held about individual service users who are alleged victims of abuse or neglect.

Attendees at the Provider Performance meeting may include relevant internal representatives from the Commissioning and Contracting Team, the Safeguarding Team and the Assessment/ Care Management Team. Other key stakeholders might include Care and Social Services Inspectorate

Wales and in some instances, Hywel Dda Health Board representatives may attend. The contracting officer will provide an agenda for the meeting and will arrange for the minutes of the meeting to be circulated to all in attendance.

The Provider Performance Meeting replaces both contract review meetings and overarching meetings; bringing one system for early identification of concerns, sharing of information and multiagency action planning.

PROVIDER'S ACTION PLAN

CCC will issue providers with an action plan if the quality of service provision is rated as high risk of escalating concerns. This may have been populated with information provided from a variety of sources: the quality assurance meeting; POVA investigation findings; complaint outcomes; concerns from reviews of service user care or CSSIW and contract monitoring episodes. The provider's progress on actions 'identified within action plan' will be used in the risk assessment. (Please see Appendix 3)

The chair of the provider performance meeting has a key role in appropriately but robustly challenging the agency where they are not committed to the improvements required – for example consistent failure to attend meetings and enter into discussion about concerns and risks, not making progress or slow progress on the improvements required, not fully engaging in the process. A letter will be sent by the chair of the meeting setting out the concerns re lack of engagement and expectations for improvement. The provider will be reminded of the contract with the local authority and the need to work in partnership for the benefit of the service users we support.

Where the required improvements have been made by the care provider and the provider performance meeting participants are in agreement, a decision will be made to close the process if all concerns have been addressed and actions are evidenced, this could also result in the agency reverting back to their usual contract review meetings. In some circumstances, it may be recognised that the agency is making improvements but may require further support or guidance, the decision could therefore be to close individual concerns that have been addressed which will then reduce the risk rating. The agency will be informed of any decision made.

SUSPENSION OF PLACEMENTS

Interim arrangement - If an agency has not responded to the initial concerns raised, a risk evaluation will be undertaken to establish whether new packages are to be placed with the provider – pending the outcome of the agencies response. This decision will be communicated to the agency manager in writing.

Indefinite - In the event that the agencies' performance is not improving and they are not following advice from the provider performance partners, a decision will be made by the Director of Carmarthenshire County Council as to whether or not it is appropriate to suspend any new business with the organisation, whilst maintaining existing contracts until the issue has been resolved or whether or not the contract must be terminated and services be delivered by an alternative provider. If the decision is taken to suspend new placements/packages of care then CSSIW along with the other agency partners will be informed and a letter is sent to the Provider setting out the rationale.

APPENDIX 1

KEY PERFORMANCE INDICATORS – GUIDANCE

1. Timeliness and Reliability of Services

Definitions:

- **Visit** – a domiciliary care call, which has taken place. For visits in which more than one carer attends, this should be counted as 1 visit only and not 2.
- **Late Call** – is when the carer arrives more than 30 minutes after the agreed time
- **Early Call** – is when the carer arrives more than 30 minutes before the agreed time
- **Missed Call** – is when a carer doesn't arrive for the visit at all.

Visit times are banded as follows:

AM – Call must be delivered before 11:30am

Lunch – Call must be delivered between 11:45am – 2:45pm

Tea – Call must be delivered between 3:00pm – 5:30pm

Evening – Call must be delivered between 5:45pm – 7:00pm

Night - Call must be delivered between 7:15pm – 11:00pm

Stated time on the Service Delivery Plan – This can be an agreed time or a time slot.

CCC expects the provider to take into consideration travelling time for care visits before agreeing time slots.

How to measure timeliness of visits when time slots are stated on a Service Delivery Plan:

Example - if a service user has a morning call identified as being between 8 and 8:30am.

- The call would be early if the carer arrived at or before 7:30am
- The call would be late if the carer arrived at or after 9:00am
- The call would be missed if the carer arrived at or after 11:30am

Measuring late, early and missed calls - what should be taken into consideration:

- When a client has been informed prior to the visit.
- When the issue is down to emergency staff absence or emergency with previous visit
- Genuine travel delay

Measuring late, early and missed calls – what requires action by the provider:

- Staff lateness, mistakes in rota planning, staff not following rota correctly and any other reason that is not attributable to the service users request.

CCC will regard these as a concern.

Measuring late, early and missed calls what shouldn't be included

- When a client is not in.
- When a client has informed the provider that the call is no longer required or is needed at a different time that will not be a permanent change.

Collecting the data

CCC will require information on the total number of visits carried out in a sample week for each quarter. The estimated or total number of visits that took place during the reporting period should be counted.

For example if the reporting period was one week and 7 clients receive 21 visits in that week, the total number of visits counted in the KPI submission template would be 147 ($21 \times 7 = 147$).

It is expected that for those agencies that have an electronic monitoring system that the information required will be obtained upon request. For those who do not use an electronic monitoring system or their system is not capable of providing the required information, data can be provided from the daily record book. Further guidance on sampling is found in the next section.

Collecting a sample

The objective of collecting this information is to drive improvement in service.

The sample size will be 5% of the total number of service users the agency delivers care to.

- Service users will be selected at random.
- The size of the sample will need to be statistically credible.
- The sampling period needs to be representative

Key requirements when collecting a sample

Service delivery sheets can be used as evidence but visits shouldn't be counted for those that have not been signed by the client due to lack of capacity or unable to sign. For any other unsigned visits these will be counted as missed calls.

Providers must state on the KPI submission template if there were any issues or any incidents that took place in the sample week and provide details on how that week was affected - in the free text fields.

2. Committed Workforce

A. Staff Retention - No of permanent staff leaving the company during the reporting period.

Definition:

- **Permanent Staff**– Staff who have a contract with the company, which has no termination date.
- **Temporary Staff** – Agency staff or staff who have a contract with a termination date.
- **Number of posts (vacant/ filled)** - the number of post determined within the company's structure.

Staff Retention A happy and steady workforce will impact positively on the consistency of the carers and therefore quality of care provided. Monitoring staff retention within the company will evidence if domiciliary care providers are working to improve this.

Worked Example Suppose the number of permanent staff that left the company was 5 and the average number of posts (vacant or filled) in the company was 75 . The percentage of staff leaving post in the reporting period = $(5 \div 75) \times 100 = 6.67\%$

Good Performance

Good performance is typified by a lower percentage

What this indicator does: Measures staff retention, by capturing the number of permanent staff that have left the company during the reporting period, compared with the number of staff in the companies structure.

B. Staff Sickness - Average number of sick days per member of staff

Definitions:

- **Per member of staff** - All staff employed by the company, including temporary and agency staff.
- **Average Number of filled posts** - the average number of filled posts over the reporting period, this can be with permanent or temporary staff.
- **Sick Days** – Days lost because members of staff cannot attend work due to illness.

Staff Sickness: Monitoring staff sickness within the company will evidence if domiciliary care providers are working to reduce levels of staff sickness.

Worked Example Suppose the total number of sick days taken in the company during the reporting period was 29. Suppose the number of filled posts in the company during the period was 75. The Average number of sick days per member of staff $29 \div 75 = 0.39$ days

Good Performance

Good performance is typified by a lower figure.

What this indicator does: Measures staff sickness, by capturing the average number of sick days per member of staff during the reporting period. Staff on long term sick leave Will be counted

Collecting Data – CCC will require this information quarterly at the contract review meeting. However it is advised that providers inform the contracting team of any difficulties that may affect service delivery.

3. Service User Safety

A. Staff Supervision - % of staff that have had formal supervision with their line manager within the 3 months prior to reporting.

Definitions:

- **Formal Supervision** – should occur every 3 months at pre-arranged times in a quiet environment free from the distractions of service delivery. Supervision sessions should last about one hour and form an essential feature of the placement and supervisory process
- **Number of staff eligible for 3 monthly supervision-** the number permanent and temporary (including agency) staff within the company who will be due a supervision within the reporting period.

Staff Supervision – CCC believes that regular supervisions work towards strong safety measures for our service users and also improve the quality of services provided.

Worked Example Suppose the number of staff who have had a 3 monthly supervision was 15 and the number of staff eligible for supervision in the company was 27. The percentage of staff who have had supervision $(15 \div 27) \times 100 = 55.56\%$

Good Performance

Good performance is typified by a higher percentage.

What this indicator does: Measures the level of staff supervisions, by capturing the percentage of completed supervisions within the reporting period for all staff members within the company.

What to exclude: Staff that have been in post for less than 3 months.

B. Staff Training - % of staff that have achieved a NVQ / QCF level 2 qualification in Health and Social Care.

Definitions:

- **NVQ / QCF** – is a 'competence-based' qualification: this means staff learn practical, work-related tasks designed to help staff develop the skills and knowledge to do a job effectively.
- **Number of Staff** – Is the total number of staff employed by the company during the reporting period. For example if at the beginning of the period the company employed 30 staff and at the end of the reporting period the company employed 35 staff but 10 members of staff left the company, the total number of staff would be 45.

Staff Training - CCC believes that a well-trained workforce will work towards strong safety measures for our service users and also improve the quality of services provided.

Worked Example Suppose the number of staff that have a NVQ level 2 qualification in Health and Social Care is 25. Number of staff within the company is 35. The percentage of staff who have achieved a level 2 qualification in Health and Social Care $25 \div 35 \times 100 = 71.43\%$

Good Performance

Good performance is typified by a higher percentage

What this indicator does: Measures the level of staff who have achieved a level 2 qualification in Health and Social Care. It also evidences staff skills and competency.

What to Include: Front line staff and Managers who line manage front line staff.

What to Exclude: Staff within the company who do not provide domiciliary care services directly and/or do not line manages staff that do.

C. Safeguarding Procedures - Number of Safeguarding referrals that have been made indicating poor practice.

Definitions:

- **Safeguarding Referral** – is an allegation of abuse which may have occurred as a result of poor service provision that has resulted in significant harm to the service user.
- **Abuse is defined as:** a violation of an individual's human and civil rights by another person or persons which results in significant harm. Abuse may be: a single or repeated act, or multiple acts; a lack of appropriate action; perpetrated as a result of deliberate intent, negligence or ignorance; and/or an act of omission (failing to act) or neglect.
- **Significant harm' refers to:** ill-treatment (including sexual abuse and forms of ill-treatment that are not physical); impairment of, or an avoidable deterioration in, physical or mental health; and/or impairment of physical, emotional, social or behavioural development.

Safeguarding – CCC believe that all staff have a duty to report any concerns that they have about the safety and wellbeing of a vulnerable adult.

Good Performance

Good performance is typified by Managers being proactive in ensuring that information is being reported and appropriate action is being taken to eliminate any risks..

What this indicator does: Identifies Measures the actions taken by all staff regarding reporting information.

5. Service User Empowerment.

A. Service User Reviews - % service users that have received a review of their services within the reporting period.

Definitions:

- **Service User Reviews** – is an examination of the service users needs and must include a formal reassessment. It is an exercise that obtains the service user's view.

Service User Reviews – CCC believes that monitoring the provider's performance in completing service user reviews will ensure that providers are working to improve in this area.

Worked Example Suppose the number of service users that have had a review of their services within the reporting period 127. Suppose the number of service users in receipt of services during the reporting period is 175. The percentage of service users that have received a review of their services within the reporting period is $127 \div 175 \times 100 = 72.57\%$

Good Performance

Good performance is typified by a higher percentage

What this indicator does: Measures the % of service users in receipt of services from the provider that has had a review within the reporting period.

What to include: All service users who the provider is providing domiciliary care services to on behalf of CCC, during the reporting period.

B. Service User Complaints - % of complaints that have been completed within the time scale stated in CCC complaints policy.

Definitions:

- Complaint – is an expression of displeasure or dissatisfaction, such as poor service provision.

Complaints – CCC believes that monitoring the provider's performance in dealing with complaints in a timely manner will evidence that a provider ensures that service users viewpoints are taken seriously.

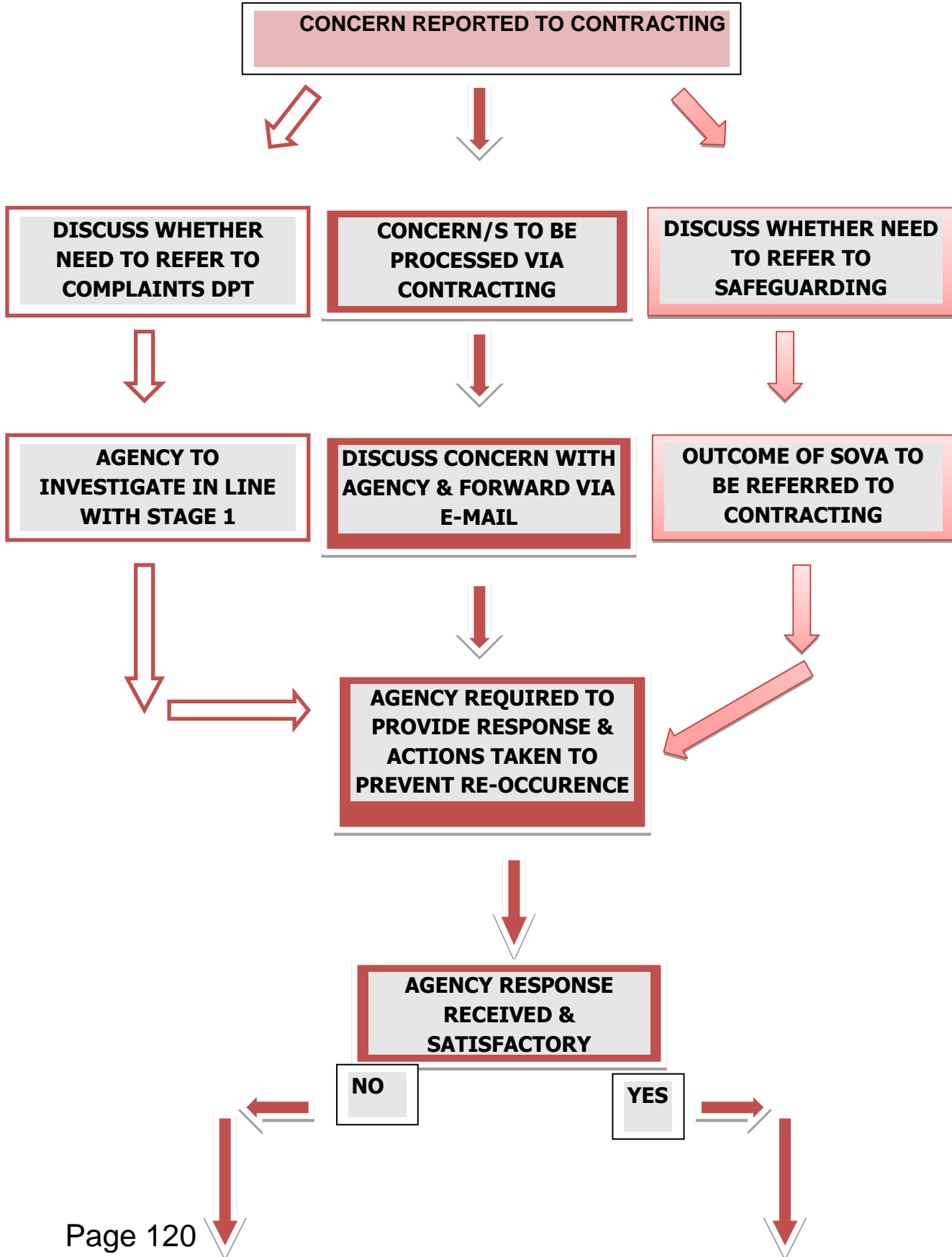
Worked Example Suppose the number of complaints that were resolved/completed within the timescale set in the complaints policy during the reporting period was 4. Suppose the total number of complaints that were resolved /completed in the reporting period was 8. The percentage of complaints that were dealt with on time within the period $(4 \div 8) \times 100 = 50\%$

Good Performance

Good performance is typified by a higher rating.

What this indicator does: Measures the timeliness of dealing with complaints and ensuring to address the concerns raised.

MAPPING PROCESS - CONCERNS



**CO TO ARRANGE
PROVIDER
PERFORMANCE
MEETING WITH
AGENCY**

**CMO TO UNDERTAKE
SAMPLE MONITORING OF
AGENCY**

**CMO TO UNDERTAKE
MONITORING VISITS TO
RISK ASSESS AGENCY
PERFORMANCE**

**HAVE CONCERNS BEEN
ADDRESSED UNDER
PROVIDER
PERFORMANCE**

NO **YES**

**CO TO ARRANGE 2ND
PROVIDER
PERFORMANCE MEETING
WITH AGENCY**

**CONSIDER SUSPENSION
OF PLACEMENT**

**INFORM
COMMISSIONING
NETWORK**

**CMO TO UNDERTAKE
SAMPLE MONITORING OF
AGENCY**

APPENDIX 2

RISK ASSESSMENT

Risks will be assessed and reviewed during the provider performance Meeting.

For all cases a risk rating system will apply in line with a rating of red, amber, yellow and green based on key evidential factors

Where there are cases of complexity and significance, a risk tool matrix as noted below is suggested. In such cases an overall risk rating will be determined by multiplying the likelihood of the risk (scale of 1 to 4) by the consequence of the risk (scale of 1 to 4).

The colour coding represents the current level of risk rather than the progress made against the required improvements.

Likelihood	Impact			
	1. Insignificant	2. Minor	3. Moderate	4. Major
4. Almost certain	4	8	12	16
3. Likely	3	6	9	12
2. Possible	2	4	6	8
1. Unlikely	1	2	3	4

PROVIDER PERFORMANCE DECISION FORM

RED		
14 - 16	SUSPENSION ACTION PLAN	
AMBER		
8 - 12	TEMP SUSPENSION EVENTS LOG	
YELLOW		
1 - 6	MONITORING	
GREEN - All Clear and to be Removed from the List		
0		



APPENDIX 3

COMMISSIONING AND CONTRACTING TEAM – ACTION PLAN GUIDANCE

The Authority will require evidence that all areas as listed below have been achieved or are being met. The evidence required will be discussed with the agency and incorporated into the action plan

Name of provider/organisation:

Name of setting or service:

Date action plan started on:

Version number:

Last updated on:

.Business Planning

1. The business operates with a staff structure in place, including clear lines of accountability, which enables the agency to deliver services effectively on a day to day basis, in accordance with the agency's business plan and the service user's care plan. All missed calls and late calls are captured via alerts and dealt with in an efficient manner. The service user is informed of the reasons to the calls not being delivered to time.

2. There is adequate and appropriately skilled staff to cover the operation and management of the agency office, the call monitoring system is reviewed and the process for all operational tasks are reflected in a mapping process.

3. The agency is able to demonstrate its capacity to meet the needs of individuals accepted by the agency. The agency is reliable and dependable and is able to respond flexibly to the needs and preferences of service users which arise on a day to day basis, and services are provided in a way that meets the outcomes identified from the needs assessment.

Weekly returns must reflect the activity within service provision and must be submitted in a timely manner – in accordance with LA requirements

4. There is an effective system for Quality Assurance (QA) based on the outcomes for service users, in which standards and indicators to be achieved are clearly defined and monitored on a continuous basis by care workers and their line managers.

Each service user has a home file at their property which contains the relevant documentation i.e. LA care plan, Risk Assessment, Service Delivery Plan, Environmental Risk Assessment and Manual Handling Plan. There is a service user's guide for current and prospective service users, their carers and their relatives. The guide contains up to date information on the agency setting out the aims, objectives, philosophy of care and parameters of the service provided, including terms and conditions.

6. There is an easily understood, well publicised and accessible procedure to enable service users and their relatives or representatives to make a complaint or compliment and for complaints to be investigated.

7. Each service user is issued with a statement of terms and conditions under which the care is provided by the agency before the service begins.

Service provision

8. The agency implements a clear set of policies and procedures, formally approved by the registered provider, to support practice and meet the requirements of legislation, which are dated and monitored as part of the quality assurance process. The policies and procedures are reviewed and amended annually or more frequently if necessary.

9. A needs assessment regarding new service users is undertaken, prior to the provision of a domiciliary care service (or within 2 working days in exceptional circumstances), by people who are trained to do so, using appropriate methods of communication so that the service users, their carers and their representatives, are fully involved. Reasonable steps are taken to acquire adequate information to inform the process

10. An assessment is undertaken, by an appropriately trained and qualified person, of the potential risks to service users and staff associated with delivering the service user's package of care - before the care worker commences work and is updated 6 monthly or more frequently if necessary.

11. Personal care is provided in a way which maintains and respects the privacy, dignity and lifestyle of the person receiving care at all times with particular regard to assisting with:

- Dressing and undressing
- Bathing, washing, shaving, oral hygiene
- Toilet and continence requirements
- Medication requirements and other health related activities
- Moving, handling and positioning
- Eating and meals
- Handling personal possessions and documents
- Entering and exiting the home

12. A service delivery plan for the provision of the care is developed and agreed with each service user, which provides the basis for the care to be delivered. Managers and care workers enable service users to make decisions in relation to their own lives, providing information, assistance, and support where needed in accordance with their service delivery plan.

13. There is a clear, written policy and procedure which is adhered to by staff and which identifies parameters and circumstances for assisting with the delivery of care. Policies should provide guidance on reporting and recording of information and where appropriate, information is shared with other professionals involved with the care of the service user (Social worker / Nurse). Medication and health related tasks should be undertaken in line with the Authorities Medication policy.

14. The agency has systems and procedures in place to comply with the requirements of the Health and Safety legislation. All staff should be trained to the manual handling passport and updated regularly.

15. Service users are safeguarded, in accordance with written policies and procedures (which take into account “In Safe Hands, Implementing Adult Protection Procedures in Wales” (National Assembly for Wales, 2000)), from any form of abuse or exploitation including physical, financial, psychological, sexual abuse, neglect, discriminatory abuse or self-harm or inhuman or degrading treatment through deliberate intent, negligence or ignorance. All staff should be trained to have an awareness of adult protection procedures which will allow them to alert the manager to any potential SOVA situations.

16. The agency provides staff with clear guidelines to Care workers ensure the security and safety of the home and the service user at all times.

Staffing

17. There is a rigorous recruitment and selection procedure which meets the requirements of legislation and ensures the protection of the service user and their relatives or representatives.

18. An Induction programme for new starters which demonstrates the fundamentals of care. Evidence of SCIFW.

19. All managers and staff are provided with a written job description and work specification, identifying their responsibilities and accountabilities. Staff are required to adhere to the Care Council for Wales Code of Practice.

20. All staff have an annual appraisal of their overall standard of performance and are set objectives in line with the requirements of their role.

21. All staff meet formally on a one to one basis with their line manager at least once every three months to discuss their work and written records shall be kept on the content and outcome of each meeting.

22. With the consent of the service user, supervision should also incorporate direct observation of the care worker providing care to a service user with whom they regularly work. (Quality Monitoring)

23. With the service user's consent, care workers record on records kept in the services user's home, the time and date of every visit to the home, activities taken in line with the service delivery plan and any variations from it.

24. The agency has a staff development and training programme which ensures staff are able to fulfil the aims of the agency and meets the assessed and changing needs of service users, their carers, their relatives and representatives.

25. The agency maintains all the records required for the protection of service users and the efficient running of the agency for the length of time required by the Regulations. The agency must upon request provide daily log / required documentation to authorised personal of the Authority i.e. Care Management, Contracting



ACTION PLAN TEMPLATE EXAMPLE

ACTION PLAN MUST BE COMPLETED BY THE AGENCY'S RESPONSIBLE OFFICER

ACTION *BUSINESS PLANNING	EVIDENCE REQUIRED	DATE	RESPONSIBLE OFFICER (Agency)	ACHIEVED / COMPLETE
Point 1 & 2	Mapping process for call monitoring Call Monitoring logs for missed calls / late calls relevant to the service user identified on the list of concerns Copy of communication record – service users re: late / missed calls. Copy of Staff structure with responsibilities mapped out			
Point 3	Up to date activity hours to include no of care staff, senior care staff, coordinators etc. Hours of care delivered Weekly returns are completed to time Copy of recording information document re: referral / communication to the care management team			
Point 4	Copy of 2011 / 2012 Quality Assurance report and Action Plan. Contract Monitoring			
Point 5, 6 & 7	Spread sheet / list of service users to confirm requirements (Please see example 1) Copies of complaint responses – relevant to S/U identified on the list of concerns			

ACTION *SERVICE PROVISION	EVIDENCE REQUIRED	DATE	RESPONSIBLE OFFICER (Agency)	ACHIEVED / COMPLETE
Point 8	List of up to date agency policies Copies to be selected by Contract Monitoring			
9 & 10	Spread sheet / list of service users as points 5,6, & 7 to include requirements 9& 10 Contract Monitoring visits			
11 & 12	Contract Monitoring to request Sample Service Delivery Plan selected from list of S/U Contract Monitoring visits			
13, 14 15 & 16	List of up to date agency policies - p 8 Copies to be selected by Contract Monitoring Induction Process / Pack to be provided			
ACTION *STAFFING	EVIDENCE REQUIRED	DATE	RESPONSIBLE OFFICER	ACHIEVED / COMPLETE
15, 17, 18, 19, 20 & 21 24	Spread sheet /List of staff to include information as per requirements (Please see example 2) Staff Training programme 2011 /12			
23 & 25	Contract Monitoring Visits Information Sharing Protocol			

Example 1 - Spread Sheet /List of Service Users – Monitoring Check Grid

AREA	Total No of S/U	Home File in situ	LA Care Plan	Service Delivery Plan	Risk Assessment	Handling Plan	Environmental Risk Assess	S/U Q A Questionnaire	S/U Guide	Agency Review
Amman & Gwendraeth		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Llanelli		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
T.T.T(Carmarthen)		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Example 2 - Spread Sheet / List of Staff – Monitoring Check Grid

No of care staff	All Pre - employment checks complete	Induction complete	SIFW Complete	Policies received	Codes of Practice received	Appraisals 2011 / 2012	1 – 1 Supervision 2011 /2012	Community Supervisions 2011 / 2012	All Training Up to date	SOVA Training
	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

APPENDIX 4

COMMISSIONING AND CONTRACTING TEAM
PROVIDER PERFORMANCE EVENTS LOG - EXAMPLE

AGENCY NAME:

DATE:

INFORMATION REGARDING CONCERNS RAISED

NO	SERVICE USER	CONCERNS RAISED	ACTION / RESPONSE
1		<p>Safeguarding Referral – Below Threshold.</p> <p>Formal complaint submitted - Practice issues:</p> <ul style="list-style-type: none"> • Medication was not administered on the night of the 5th. • Five wet towels on armchair which a carer sat on! • Toiletries not returned to their appropriate place. • "shortage of staff and continuously running late" • 2 missed calls in the past 2 weeks <p>Previous concerns:</p> <ul style="list-style-type: none"> • Call time slots are an issue, lunch time and tea time calls needs to be re-addressed. 	
2		Safeguarding Referral – Currently within SOVA process	Awaiting Outcome of threshold decision.
3		E-mail S/W 1/8/12 - Care Plan hours not being delivered. Assessment states ¾ hrs. care staff allocated 1/2hr on the rota. No record of visits within the care plan. S/U confirmed not receiving full personal care.	CO has requested call monitoring logs



APPENDIX 5

COMMISSIONING AND CONTRACTING TEAM

PROVIDER INFORMATION - QUATERLY RETURN TEMPLATE

AGENCY NAME:		DATE:		MANAGER'S NAME:				
TOTAL S/U	TOTAL HRS CONTRACTED	TOTAL HRS DELIVERED	TOTAL STAFF	REGS 26	SAFEGUARDING REFERRALS	NO OF COMPLAINTS	NO OF COMPLIMENTS	NO OF S/U REVIEWS
ADDITIONAL INFORMATION:								
NO OF LATE CALLS	NO OF MISSED CALLS	TERMINATED PACKAGES	NEW PACKAGES	STAFF SUPERVISIONS	STAFF SICKNESS	EMPLOYED STAFF	TERMINATED STAFF	
ADDITIONAL INFORMATION:								
TRAINING	MANDATORY			SKILLS RELATED TRAINING				
INDUCTION	MANUAL HANDLING	MEDICATION	SHADOWING	DEMENTIA	ENABLEMENT	NVQ 2 /QCF 2	NVQ 3 / QCF 3	
PLEASE LIST ALL OTHER TRAINING COURSES STAFF HAVE ATTENDED		COURSE	COURSE	COURSE	COURSE	COURSE	COURSE	

This form must be completed in preparation of the Contract Review Meeting and sent electronically to the Contracting Officer.

RECOMMENDATION	BASILINE	FURTHER ACTIONS	WHEN	BY WHO	CURRENT POSITION	POWYS RAG Status
1 The Residential and Nursing care home sector:						
1.1 The Residential and Nursing care home sector: becomes a sector of primary national strategic importance, recognising that low investment in the social care means higher costs for the National Health Service and affects economic potential by failing to support a modern and trained labour force	Well established fee setting costing model across Health and Social Care	(2) Powys LA & PTHB approach to review costing models and making consistent existing fee structures		Lee Anderson Commissioning Manager (Powys) & Katrina Rowlands (PTHB)		Yellow
	Review of Care Home Contracts and Escalating concerns process being undertaken	(3) Preparation of market stability reports to inform Regional Partnership Board		Rhian Price-Evans / Katrina Rowlands (PTHB) & Nomination from Powys CC		Green
	Regional Market Position Statement (Older people) reflecting importance of care home sector completed	(4) Market Position Statement (MPS) identified support to care homes as a key priority. Further consideration be given to enhancing the care home support team on a multi-agency basis consolidating further the support provided through Dietetics, Speech and Language Therapy, Oral Hygiene etc.		Rhian Price-Evans / Katrina Rowlands (PTHB) & Nomination from Powys CC		Green
	Workforce data collection capturing training provided and future needs	(5) Continue to pursue developments with Swansea University to raise the profile of nursing homes by placing student nurses in homes as part of their pre-registration education	Ongoing	Rhian Price-Evans / Katrina Rowlands (PTHB)		Grey
		(6) Explore regional opportunities to work with the regional workforce board to address the challenges of recruitment of nursing staff in the independent sector		Pauline Galluccio (PTHB)		White
		(7) Develop stronger links between regional partnerships & workforce development on a regional basis.		Lee Anderson (Powys)		Green
	Strong partnership & working relationships with care home sector	(8) Regional workshop planned to inform preparation of a workforce development strategy.		Lee Anderson (Powys)		Yellow
		(9) To consolidate further regional connection to provider representation through Regional Collaborative Programme Manager		Lee Anderson (Powys)		White
		(10) Continue to share and celebrate good practice to promote improving standards e.g. Magic Moments workshops, Exploring the development of Value Based care in care homes planned on 20/3/17		Powys Cc and Powys THB		Green
	Care home staff have good access to training from health & social care organisations	(11) Sustain current practice pending national developments		SCWDP & Area Learning and Development Managers		Green
1.2 The Residential and Nursing care home sector: is shaped by explicit policies to regulate and allow intervention in the social care market to improve the quality	Escalating Concerns policy & process in place Regional Collaborative	(12) Report into Regional Commissioning Board issues related to poor performance and provider intelligence.	Ongoing	Lee Anderson (Powys)		Green

	social care market to improve the quality of care by directly addressing issues such as pay and working conditions, staffing levels and the knowledge and expertise of commissioners of publicly funded services	regional collaborative Commissioning Standards document developed and approved by the Mid and West Regional Collaborative	(13) This issue is a standard item on each county's Local Operational Group (LOG). Each LOG reports to the CWMPAS Exec Board.		?? (PTHB)		
		Regional Commissioning Board in place to oversee commissioning arrangements	(14) Three counties/HDUHB currently developing Quality Assurance document for the care sector, which will be considered regionally for a consistent approach. This will include a review of existing care home closure policies.	Sep-17			
		Commissioning skills pilot being undertaken	(15) Sustain current practice pending national developments.				
		Risk based quality assurance process in place.	(16) Ensure strategic alignment with ADSS and National Commissioning Board				
1.3	The Residential and Nursing care home sector: Care home managers are registered and are members of a professional body which sets professional standards, has disciplinary powers and provides them with a voice on national policy	Each LA monitors whether care home management fulfil their responsibilities regarding professional bodies & care home managers. This is done through the QA process & contract monitoring including regular dialogue with CSSIW	(17) Put in place processes to ensure the monitoring of these duties and accountability in each area is explicit and discussed with CSSIW as part of formal regular meetings	Ongoing	Lee Anderson (Powys)		
			(18) Develop a consistent regional approach to links between Escalating Concerns, Quality Assurance and CSSIW (as will be referenced within the Three Counties/HDUHB QA document)	Ongoing	Lee Anderson (Powys)		
1.4	The Residential and Nursing care home sector: Develops credible quality indicators to inform strategic planning for health and social care	Well established monitoring arrangements in place between LA and HB with further expansion of nurse assessor role in more actively monitoring quality of care provision.	(19) To consolidate current practice further by sharing best practice developments in quality standards and to look at opportunities to use these as part of contract review in partnership with the care homes e.g. A Place to Call Home, More than Just Memory	Dec-17	Lee Anderson (Powys)		
		Well established good practice initiatives cascaded to care home sector	(20) Consideration of a regional approach to contract monitoring and review within HB region as noted under the Three Counties/HDUHB QA document	Dec-17	??? (PTHB)		
		Provider fora that foster good communication between commissioners and providers and	(21) Showcase and share best practice on a regional basis (workshops referenced above)	Dec-17			
2 The Welsh Government, in association with Public Health Wales:							
2.0	The Welsh Government, in association with Public Health Wales, ensures that: The significance of deep pressure ulcers	All pressure damage known to NHS staff is Datix incident reported thereby enabling monitoring,	(22) Care home support team to consider intelligence and provide programme of work to support the sector	Ongoing		Health to complete	



	<p>is elevated to that of a notifiable condition; Senior clinicians, including Registrars, General Practitioners and Tissue Viability Nurses, assume a lead role in preventing avoidable pressure ulcers and in developing a National Wound Registry, assisted by the Welsh Wound Innovation Centre; Senior clinicians are made responsible for notifying Public Health Wales of deep pressure ulcers; and Where Public Health Wales has been informed of the existence of deep pressure ulcers, a process is identified whereby that information is communicated to the CSSIW or the HIW and appropriate commissioning authorities as well as to people's families</p>	<p>investigation and escalation</p>	<p>(23) Maintain level of sharing of intelligence between CSSIW, HDUHB and LA in line with QA procedures</p>	<p>ongoing</p>	<p>Rhian Price-Evans (PTHB)</p>	<p>Health to complete</p>	
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3 The Regional Adult Safeguarding Boards:

<p>3.1</p>	<p>The Regional Adult Safeguarding Boards ensures that the 'adults at risk' process: defines more narrowly and specifically its functions</p>	<p>The Regional Board has been established in accordance with the legislation and is exercising its duties with regard to the POVA process. The Regional Board has agreed that there will be interim working arrangements pending the appointment of the Regional Manager for safeguarding. The Operational teams are currently complying with the Act 2014</p>	<p>(24) To review working arrangements following publication of the new working together guidance policy & procedure (25) Draft guidance in consultation phase</p>	<p>Sep-17</p>	<p>Chairs of Local Operational Group (LOG)</p>	<p>Safeguarding Team to complete</p>	
<p>3.2</p>	<p>The Regional Adult Safeguarding Boards ensures that the 'adults at risk' process: Strengthens protective outcomes for individuals where there is an allegation of evidence that harm has occurred, by ensuring that either a care assessment or a review of the individual's care plan is undertaken. The outcome of the process should be specific action rather than simply a determination of, for example, institutional abuse</p>	<p>Systems & processes are in place to protect individuals when referred in with appropriate measures taken to safeguard the individual Individuals who reside in care homes are considered individually with decisions made regarding institutional factors through the Provider Performance arrangements</p>	<p>(26) Continue to take a person centred approach to ensure that individuals are safeguarded (27) Review processes to ensure consistency across the regions and examine data in relation to trends on safeguarding via the CWMPAS Board Quality Assurance & Audit Framework process (28) Regional Adult Safeguarding Board to receive position statement regarding advocacy (adults) In principle, support for regional commissioning approach to advocacy</p>	<p>Ongoing</p>	<p>Chairs of LOG</p>	<p>Safeguarding Team to complete</p>	
<p>3.3</p>	<p>The Regional Adult Safeguarding Boards ensures that the 'adults at risk' process: Ensures that the NHS is accountable for fulfilling its lead responsibility for investigating such major and potentially lethal conditions as deep pressure ulcers</p>		<p>(29) Reporting of all Grade 3 and 4 pressure damage to safeguarding will be maintained (30) Reporting of all Grade 1 and 2 avoidable and unavoidable pressure damage to Commissioning will be embedded in practice</p>			<p>Safeguarding Team to complete</p>	
						<p>Safeguarding Team to complete</p>	

in the residential and nursing care sector	(31) Nurse Assessors will provide support when pressure damage is reported. The Care Home Support Team will provide training sessions on prevention and will focus in particular on care homes with increased incidents or trends.	Mar-17 & Ongoing	Chair of LOG - reporting by PTHB	Safeguarding Team to complete	
	(32) Proactive contract monitoring will be undertaken by LAs to assure commissioners of quality of service provision as well as to offer advice and guidance to care homes			Safeguarding Team to complete	
	(33) Sustain current practice pending national development of a wound registry			Safeguarding Team to complete	
	(34) Regional Adult Safeguarding Board to determine what assurance reports it requires in connection with deep pressure ulcers.		CWMPAS Board	Safeguarding Team to complete	

RAG RATINGS	
	Complete
	On track, in progress, no issues
	Not complete, in progress, a risk but not an issue yet
	A problem needs serious attention and action now

RECOMMENDATION	BASELINE	FURTHER ACTIONS	WHEN	BY WHO	CURRENT POSITION	CARMS RAG Status	CERED RAG Status	PEMBS RAG Status
1 The Residential and Nursing care home sector:								
1.1 The Residential and Nursing care home sector: becomes a sector of primary national strategic importance, recognising that low investment in the social care means higher costs for the National Health Service and affects economic potential by failing to support a modern and trained labour force	Well established fee setting costing model across Health and Social Care	(1) Three Counties/HDUHB approach to converging current bespoke costing models and making consistent existing fee structures	Mar-18	Neil Edwards Senior Commissioning Manager (Carms)	Regional working group meeting to identify opportunities for convergence and commonality of approach - feeding into Care Homes Pooled Fund			0
	Workforce data collection capturing training provided and future needs	Develop a new model and pathway for supporting student nurses within the independent care sector.	Ongoing	Megan Rosser & Vicki Broad (HDUHB)	Work is underway to develop a new model and pathway for supporting student nurses within the independent care sector. Nurse Assessors within			
		(6) Explore regional opportunities to work with the regional workforce board to address the challenges of recruitment of nursing staff in the independent sector	Mar-18 and ongoing	Martyn Palfreman	Regional Workforce Strategy Group (which replaced Regional Workforce Board) to commission regional workforce strategy which will address this issue			
		(7) Develop stronger links between regional partnerships & workforce development on a regional basis.	Jun-17	Martyn Palfreman	Regional Workforce Strategy Group in place with governance links to the Regional Partnership Board. Lead Strategic Director for Workforce identified (Sue Darnbrook) and Regional Workforce Programme Manager appointed			
		(8) Regional workshop planned to inform preparation of a workforce development strategy.	Dec-17	Martyn Palfreman	Workshop planned October 2018			
	Strong partnership & working relationships with care home sector	(9) To consolidate further regional connection to provider representation through Regional Collaborative Programme Manager	Mar-18	Martyn Palfreman	Regional Strategic Provider Forum to be established as part of regional Integrated Commissioning Programme			
		(10) Continue to share and celebrate good practice to promote improving standards e.g. Magic Moments workshops, Exploring the development of Value Based care in care homes planned on 20/3/17	Jun-17 and ongoing	Local Authorities & HDUHB	Values-based care workshope held. Opportunities for future sessions to be taken			
	Care home staff have good access to training from health & social care organisations	(11) Sustain current practice pending national developments		SCWDP & Area Learning and Development Managers	Training provided as part of SCWDP			
1.2 The Residential and Nursing care home sector: is shaped by explicit policies to regulate and allow intervention in the social care market to improve the quality of care by directly addressing issues such as pay and working conditions, staffing levels and the knowledge and expertise	Escalating Concerns policy & process in place	(12) Report into Regional Commissioning Board issues related to poor performance and provider intelligence.	Ongoing	Neil Edwards Senior Manager: Commissioning (Carms) & Martyn Palfreman	issues reported to LOGs and by exception to CWMPAS Board. Possible reporting to new Regional Integrated Commissioning and Preventions Board to be considered			
	Regional Collaborative Commissioning Standards document developed and approved by the Mid and West Regional							

	levels and the knowledge and expertise of commissioners of publicly funded services	by the mid and west regional Collaborative Regional Commissioning Board in place to oversee commissioning arrangements Commissioning skills pilot being undertaken Risk based quality assurance process in place. Fee setting models across the region take account of Welsh Government Fulfilled Lives Supportive Communities commissioning framework guidance and good practice (2010)	(13) This issue is a standard item on each county's Local Operational Group (LOG). Each LOG reports to the CWMPAS Exec Board. (14) Three counties/HDUHB currently developing Quality Assurance document for the care sector, which will be considered regionally for a consistent approach. This will include a review of existing care home closure policies. (15) Sustain current practice pending national developments. (16) Ensure strategic alignment with ADSS and National Commissioning Board	Sep-17 Ongoing Ongoing	VICKI BROAD & NICOLA EDWARDS (H DUHB)	See above Regional Quality Assurance procedures being developed and will feed into Care Homes Pooled Fund Continue to monitor in light of legislation and national policy Alignment with ADSS through Lead Director for West Wales Partnership (Sue Darnbrook) and with National Commissioning Board through Martyn Palfreman			
1.3	The Residential and Nursing care home sector: Care home managers are registered and are members of a professional body which sets professional standards, has disciplinary powers and provides them with a voice on national policy	Each LA monitors whether care home management fulfil their responsibilities regarding professional bodies & care home managers. This is done through the QA process & contract monitoring including regular dialogue with CSSIW	(17) Put in place processes to ensure the monitoring of these duties and accountability in each area is explicit and discussed with CSSIW as part of formal regular meetings	Ongoing	Neil Edwards Senior Manager: Commissioning (Carms)	Mechanisms in place in each County for exchange of information and concerns with CSSIW on a regular basis			
			(18) Develop a consistent regional approach to links between Escalating Concerns, Quality Assurance and CSSIW (as will be referenced within the Three Counties/HDUHB QA document)	Ongoing	Neil Edwards Senior Manager: Commissioning (Carms)	Escalating Concerns being addressed as part of regional work on Quality Assurance (see above)			
1.4	The Residential and Nursing care home sector: Develops credible quality indicators to inform strategic planning for health and social care	Well established monitoring arrangements in place between LA and HB with further expansion of nurse assessor role in more actively monitoring quality of care provision. Well established good practice initiatives cascaded to care home sector Provider fora that foster good communication between commissioners and providers and	(19) To consolidate current practice further by sharing best practice developments in quality standards and to look at opportunities to use these as part of contract review in partnership with the care homes e.g. A Place to Call Home, More than Just Memory Loss	Dec-17	Neil Edwards Senior Manager: Commissioning (Carms), Vicki Broad (H DUHB)	Regional contract to include relevant quality indicators and outcomes			
			(20) Consideration of a regional approach to contract monitoring and review within HB region as noted under the Three Counties/HDUHB QA document	Dec-17	Vicki Broad / Nicola Edwards (H DUHB)	Regional contract monitoring being explored as part of work on regional contract, in support of Care Homes Pooled Fund			
			(21) Showcase and share best practice on a regional basis (workshops referenced above)	Dec-17		Values-based care workshope held. Opportunities for future sessions to be taken			
2 The Welsh Government, in association with Public Health Wales:									
2.0	The Welsh Government, in association with Public Health Wales, ensures that: The significance of deep pressure ulcers	All pressure damage known to NHS staff is Datix incident reported thereby enabling monitoring,	(22) Care home support team to consider intelligence and provide programme of work to support the sector	Ongoing					

	<p>is elevated to that of a notifiable condition; Senior clinicians, including Registrars, General Practitioners and Tissue Viability Nurses, assume a lead role in preventing avoidable pressure ulcers and in developing a National Wound Registry, assisted by the Welsh Wound Innovation Centre; Senior clinicians are made responsible for notifying Public Health Wales of deep pressure ulcers; and Where Public Health Wales has been informed of the existence of deep pressure ulcers, a process is identified whereby that information is communicated to the CSSIW or the HIW and appropriate commissioning authorities as well as to people's families</p>	<p>investigation and escalation</p>	<p>(23) Maintain level of sharing of intelligence between CSSIW, HDUHB and LA in line with QA procedures</p>	<p>ongoing</p>	<p>Nicola Edwards (HDUHB)</p>	<p>Health to complete</p>			
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3 The Regional Adult Safeguarding Boards:

<p>3.1</p>	<p>The Regional Adult Safeguarding Boards ensures that the 'adults at risk' process: defines more narrowly and specifically its functions</p>	<p>The Regional Board has been established in accordance with the legislation and is exercising its duties with regard to the POVA process. The Regional Board has agreed that there will be interim working arrangements pending the appointment of the Regional Manager for safeguarding. The Operational teams are currently complying with the Act</p>	<p>(24) To review working arrangements following publication of the new working together guidance policy & procedure</p>	<p>Sep-17</p>	<p>Chairs of Local Operational Group (LOG)</p>	<p>Safeguarding Team to complete</p>			
<p>(25) Draft guidance in consultation phase</p>	<p>Safeguarding Team to complete</p>								
<p>3.2</p>	<p>The Regional Adult Safeguarding Boards ensures that the 'adults at risk' process: Strengthens protective outcomes for individuals where there is an allegation of evidence that harm has occurred, by ensuring that either a care assessment or a review of the individual's care plan is undertaken. Te outcome of the process should be specific action rather than simply a determination of , for example, institutional abuse</p>	<p>Systems & processes are in place to protect individuals when referred in with appropriate measures taken to safeguard the individual Individuals who reside in care homes are considered individually with decisions made regarding institutional factors through the Provider Performance arrangements</p>	<p>(26) Continue to take a person centred approach to ensure that individuals are safeguarded</p>	<p>Ongoing</p>	<p>Chairs of LOG</p>	<p>Safeguarding Team to complete</p>			
<p>(27) Review processes to ensure consistency across the regions and examine data in relation to trends on safeguarding via the CWMPAS Board Quality Assurance & Audit Framework process</p>	<p>Safeguarding Team to complete</p>								
<p>(28) Regional Adult Safeguarding Board to receive position statement regarding advocacy (adults) In principle, support for regional commissioning approach to advocacy</p>	<p>Safeguarding Team to complete</p>								
<p>3.3</p>	<p>The Regional Adult Safeguarding Boards ensures that the 'adults at risk' process:</p>		<p>(29) Reporting of all Grade 3 and 4 pressure damage to safeguarding will be maintained</p>			<p>Safeguarding Team to complete</p>			

Ensures that the NHS is accountable for fulfilling its lead responsibility for investigating such major and potentially lethal conditions as deep pressure ulcers in the residential and nursing care sector

- (30) Reporting of all Grade 1 and 2 avoidable and unavoidable pressure damage to Commissioning will be embedded in practice
- (31) Nurse Assessors will provide support when pressure damage is reported. The Care Home Support Team will provide training sessions on prevention and will focus in particular on care homes with increased incidents or trends.
- (32) Proactive contract monitoring will be undertaken by LAs to assure commissioners of quality of service provision as well as to offer advice and guidance to care homes
- (33) Sustain current practice pending national development of a wound registry
- (34) Regional Adult Safeguarding Board to determine what assurance reports it requires in connection with deep pressure ulcers.

Mar-17 & Ongoing

Chair of LOG - reporting by HDUHB

CWMPAS Board

Safeguarding Team to complete			
Safeguarding Team to complete			
Safeguarding Team to complete			
Safeguarding Team to complete			
Safeguarding Team to complete			

RAG RATINGS	
	Complete
	On track, in progress, no issues
	Not complete, in progress, a risk but not an issue yet
	A problem needs serious attention and action now

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 26th SEPTEMBER 2017

Draft - Carmarthenshire County Council's Annual Report for 2016/17

- 2nd Year's progress report on the Corporate Strategy 2015-20
(Including our Summary Annual Report 2016/17)
- Full Annual Report 2016/17

To consider and comment on the following issues:

To approve the contents of the draft reports :-

- 2nd Year's progress report on the Corporate Strategy 2015-20
(Including our Summary Annual Report 2016/17)
- **Extracts of the Full Annual Report 2016/17 relevant to Social Care & Health Scrutiny:-**
 - Introduction
 - Outcome – People in Carmarthenshire are Healthier (excluding Goal C5 -Improving Housing conditions and reducing homelessness)
 - Goal E5 Safeguarding Adults
 - Appendices

Reasons:

- Under the Local Government (Wales) Measure we must:
"Publish an Annual Report on past performance by the end of October each year."

Exec Board Decision Required: **YES - 23rd October, 2017**
Council Decision Required: **NO**

Executive Board Member Portfolio Holder:

Cllr. Jane Tremlett (Social Care & Health)
Cllr. Peter Hughes-Griffiths (Culture, Sport & Tourism)

Directorate:	Designations:	Tel Nos./ E-Mail Addresses:
Communities		
Names of Heads of Service:		
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Rhian Dawson	Head of Integrated Services	01267 228900 rhian.dawson@wales.nhs.uk
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Report Author:		
Silvana Sauro	Performance Analysis & Systems Manager	01267 231955 SSauro@carmarthenshire.gov.uk

EXECUTIVE SUMMARY

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 26th SEPTEMBER 2017

Draft - Carmarthenshire County Council's Annual Report for 2016/17

- 2nd Year's progress report on the Corporate Strategy 2015-20 (Including our Summary Annual Report 2016/17)
- Full Annual Report 2016/17

BRIEF SUMMARY OF PURPOSE OF REPORT

2nd Year's progress report on the Corporate Strategy 2015-20 (Including our Summary Annual Report 2016/17)

- When we published the Corporate Strategy 2015-20 we promised to conduct an annual progress report and we set out a set 24 Outcome measures to judge our progress against

(The Corporate Strategy will be reviewed for 2018/19 as the Well-being of Future Generations (Wales) Act 2015 states that we must incorporate our Well-being Objectives within the Corporate Strategy)
- By law we also have to publish a summary and full Annual Report
- It makes sense to combine the Corporate Strategy progress and summary report into one document to avoid duplication and align plans and reports
- In the recent WAO Annual Improvement Report they found that our combination of a short summary and a full version – gave all the information needed.

Full Annual Report 2016/17

- In previous years we combined Annual Reporting and Improvement Planning (ARIP) into a single document. This year we separated them because the new Well-being of Future Generations Act required the publication of our Well-being Objectives by the 31st March, and it made sense to incorporate our Improvement Plan within that. We could not have produced an Annual Report before the years end.
- By law we have to publish a full Annual Report
- 2016/17 end of year progress on our Key Improvement Objective Priorities are incorporated into this document
- Progress on the WAO Corporate Assessment Proposals for Improvement are incorporated into the document.

DETAILED REPORT ATTACHED?

YES

IMPLICATIONS

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

Signed:	Rhian Dawson Avril Bracey Ian Jones	Head of Integrated Services Head of Mental Health & Learning Disabilities Head of Leisure
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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 Annual Report is aligned to our Integrated Community Strategy Outcomes & Goals.

2. Legal

- We had to publish our Well-being Objectives by the 31st March and we incorporated our Improvement Plan for the year ahead in that publication.
- In previous years we combined Annual Reporting and Improvement Planning into a single document to meet the Local Government Measure requirements. This year we have had to separate them.

3 Finance

See the Making Better use of Resources theme

CONSULTATIONS

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

Signed:	Rhian Dawson Avril Bracey Ian Jones	Head of Integrated Services Head of Mental Health & Learning Disabilities Head of Leisure
----------------	---	---

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- All Departments have been consulted and have had the opportunity to provide comments on their performance and progress.

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

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

THESE ARE DETAILED BELOW:

Title of Document	Locations that the papers are available for public inspection
The Local Government Measure (Wales) 2009	Welsh Government/Final part 1 guidance
Corporate Strategy 2015 -2020	Corporate Strategy 2015-2020

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Carmarthenshire County Council

Second year progress report

on the Corporate Strategy

for 2015-2020

Including our Summary Annual Report 2016/17

OCTOBER 2017



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**If you require this document in large print, audio tape or Braille,
please contact 01267 224486**

Introduction

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

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

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




















Carmarthenshire County Council's Corporate Strategy 2015 - 2020
More Information - Annual Report 2016/17

Page 145

YOUR COUNCIL do it online
www.carmarthenshire.gov.wales

Progress at a Glance

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

Outcome	Outcome Measures	Progress
<p>Making Better Use of Resources</p> 	<ul style="list-style-type: none"> £ Improved public satisfaction levels with the services provided by the Council £ Reduction in organisational 'running costs' £ Increased on line activity to address public queries and transactions 	<ul style="list-style-type: none">   
<p>Building a Better Council</p> 	<ul style="list-style-type: none"> ☺ Increasing public communication, consultation and engagement ☺ Improved staff satisfaction levels (IIP March '17 Survey) ☺ Reduced staff sickness absence levels 	<ul style="list-style-type: none">  Baseline 85% 
<p>Healthier</p> 	<ul style="list-style-type: none"> ♥ Reduction in referrals to adult and children's social services ♥ Increased availability of rented and affordable homes ♥ Increased use of leisure facilities 	<ul style="list-style-type: none">   
<p>Learning</p> 	<ul style="list-style-type: none"> 📖 Improved educational attainment 📖 Improved school attendance rates (primary schools) 📖 Improved school attendance rates (secondary schools) 📖 Reduced number of young people Not in Education, Employment or Training 📖 Improved condition of schools 	<ul style="list-style-type: none">     





Outcome

Outcome Measures

Progress

Safe







-  Appropriate support provided to children, young people and families as required
-  Reduction in road casualties
-  Reduction in total recorded crime
-  Reduction in anti-social behaviour



Environment






-  Increased rates of recycling
-  Improved digital access
-  Improved transport links
-  Increased use of renewable energy



Economy



-  Increased employment
-  Reduction in working age population in receipt of out of work benefits
-  Increased economic activity and productivity



To let the public know how well we are performing this report also includes the National Survey for Wales results that are available by local authority area breakdown and the Councils results compared to the national set of measures used by all Councils in Wales. See Appendix A+B

The results, explanations and comparisons are dealt with in detail in the full version of this plan.

Outcome A: Making Better Use of Resources...

The Council is facing a period of significant and continued budget cuts and it is more important than ever to ensure that we are making the best use of resources. We will ensure that the organisation is working as efficiently as possible in order to protect and maintain front line services where possible.

However, it may not be possible for us to continue doing some of the things we have done in the past and we will work with our communities and stakeholders to find new ways of addressing need where appropriate.

Our aim is to 'Deliver Transformational Technology to Improve Council Service Delivery' and we have ensured an online transactional service was implemented as part of the Green Garden Waste Service launched in March 2017.



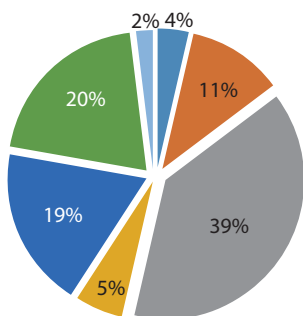
With more of our services being accessed online we have launched a new garden waste collection service and this can be easily applied for directly on line at www.carmarthenshire.gov.wales/Garden-waste. Those who sign up to the scheme will be provided with a 240 litre wheeled bin which will be emptied fortnightly between April and November.

If you pay in full when you sign up you will receive a 15% discount and pay £40.80 or you can pay in instalments by Direct Debit, this will cost a total of £48. Compost bins are also available to buy for only £12, including delivery and can be ordered **directly online**.



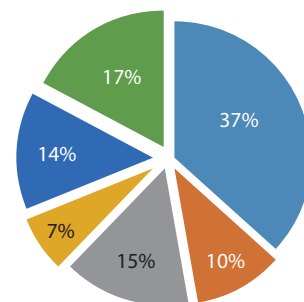
Services Provided

- Adult Social - £109m / 20%
- Levies - £9m / 2%
- Central - £20m / 4%
- Cultural, Environmental & Planning - £62m / 11%
- Education & Children - £208m / 39%
- Highways, Roads & Transport - £32m / 6%
- Housing - £101m / 19%



Sources of Funding

- Specific Grants - £94m / 17%
- Revenue Support Grant - £192m / 36%
- Non-Domestic Rates - £60m / 11%
- Council Tax - £82m / 15%
- Housing Rents - £38m / 7%
- Fees, Charges and Other Income - £75m / 14%



Progress During 2016/17

We made **£12.9 Million savings** in 2016/17 whilst directing more resources to front line services, despite the pressures on Council Budgets as a whole. In the Annual Audit Letter dated 19th December 2016, the Wales Audit office stated that:

'The Council, in collaboration with partners and despite increasing pressure on budgets, is continuing to improve performance across its priority areas and has complied with the Local Government Measure 2009'



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU



We have established a 'Transform, Innovate and Change' programme which was established in response to the severest of financial challenges, set against a backdrop of rising public expectations, increasing Service demands and 'getting better at what we do for less'. The TIC team helped support 17 projects and reviews over the course of the last year, some of which were new projects while others were on-going projects from previous years. The programme aims to support the delivery of the Council's Corporate Strategy by 'Improving its use and management of resources to deliver more efficient and effective Services.'

Expected Outcomes (as identified in Corporate Strategy)

16%
increase of
on-line
payments



1.3 million
Visitors to our Website



We have continued to reduce the organisational 'running costs'

16/17 £12.9M savings

And

65% of our national measures improved

Public satisfaction
51% of residents feel that the Council provides high quality services



8th highest in Wales

Outcome B: Building a Better Council...

The Council has always worked towards building a better Carmarthenshire and has a proven track record of delivery. The introduction of the Well-being of Future Generations Act (Wales) 2015 will build on this. The Act seeks to ensure that we take the needs of future generations into account in everything we do and is designed to improve the economic, social and environmental well-being of Wales.

Twenty Carmarthenshire County Councillors have stepped down after almost 300 years of service between them

Twenty former county councillors retired at the election in June 2017 and they were recognised for their work at an event held in Ffwrnes Theatre the week before polling day.



Between them they have notched up close to 300 years of serving their communities as county councillors. One was a leader, two were deputy leaders, five were former executive board members and five were the chairs of council.

Progress during 2016/17

- 😊 Wales Audit in their Annual Improvement Report for 2016/17 found that we are 'meeting our statutory requirements in relation to continuous improvement'
- 😊 During 16/17 we adapted to the requirements of the Well-being of Future Generations Act
 - We published the Council's Well-being Objectives by the 31st March 2017
 - We established a Public Service Board (PSB) that brings together public service's Carmarthenshire
 - On behalf of the PSB we conducted a Well-being Assessment which consulted with 2,500+ residents
- 😊 As part of our Key Improvement Objective Priority for 2016/17 the Council's Constitutional Review Working Group (CRWG) reviewed the content on the Council's website in respect of public questions, to improve the information provided to the public. The CRWG felt it was clear, that when a matter of public interest was included on a Scrutiny agenda, the public were fully aware of how to participate and submit questions for inclusion on the agenda
- 😊 The Council's Welsh Language Strategy was approved
- 😊 Electoral Services conducted a General Election and the Brexit referendum
- 😊 The Department of Communities surveyed their staff, 622 responded (37% of total staff) and 88% indicated overall job satisfaction

Expected Outcomes (as identified in Corporate Strategy)

Increased public communication, consultation and engagement

Consultation has doubled

Over 26,000 completed survey returns received by the Council on various consultations undertaken



Staff sickness has increased from 10.1 days to 10.8 days per year

Main cause of sickness is stress, mental health and fatigue



Improved Staff Satisfaction Levels

85% staff said their job was interesting and uses my skills and capabilities

- March 17- liP survey 403 responses



Outcome C: People in Carmarthenshire are healthier

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



Ms X and her family have recently moved in to one of the first homes bought by Carmarthenshire County Council under the Affordable Homes Commitment.

She, her partner and her three children, moved to a three-bedroom mid-terraced family home in Carmarthen Town, a home that she describes as 'perfect' for her family's needs.

"We came from a two-bedroom home in West Carmarthen which wasn't ideal as our daughter had to share our bedroom. Now, she has a room of her own next door to her brothers."

"We were shown this home and we loved it – it was perfect for us. We had the keys a week later, we couldn't believe how quick it happened."

"We're settling in well. The house is lovely, and we haven't had to decorate anything. We're really pleased."

Increasing the availability of rented and affordable homes to support the needs of local people by implementing our affordable homes delivery plan was a Key Improvement Objective Priority of the Council in 2016/17

Over the last year we have been preparing for the implementation of the Social Services and Well-being Act, raising awareness amongst staff and partners and realigning our services to respond to the new requirements. The Act has provided us with the opportunity to develop services which promote wellbeing and independence and build on people's strengths and abilities which can significantly improve outcomes for those who use our services.

Progress during 2016/17

Our service transformation over the last year has demonstrated improved performance in key local and national target areas.

- ♥ Improved unscheduled care performance in relation to Delayed Transfer of Care
- ♥ Reduced commissioning of domiciliary care and support from 1110 to 1020
- ♥ Reduced admissions to long term residential care from 1000 to 992
- ♥ Number of adult Assessments completed = 3906 Number of carers Assessments completed = 384
- ♥ We have developed a new Information Advice & Assistance service
- ♥ There is also a strong relationship between the quality of housing and ill health. We have invested over £200m in improving and modernising our tenants homes through the Carmarthenshire Homes Standard
- ♥ We have also focused on improving the numbers of affordable homes for rent and to buy across the county as well as increasing the number of empty properties that have been brought back into use. We have developed an Affordable Housing Delivery Plan 2016-21 after extensive consultation with the public
- ♥ CBA Associates were commissioned in October 2016 to carry out the rural housing needs surveys over the next few years. The commission was the result of a formal tendering process

Outcomes (as identified in Corporate Strategy)



*But both Adult and Children's Social Services have seen an increase in referrals this year, this is due to an increase in awareness raising across agencies including training in schools, together with the publicity following implementation of Social Services and Well-being (Wales) Act

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

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







PUPILS CELEBRATE THE COUNTY'S BEST EVER GCSE RESULTS

The overall performance of students achieving the headline Level 2 Inclusive indicator, which requires at least five GCSE passes at grade A* to C, including mathematics and either English or Welsh First Language, passed the 65% mark for the very first time (65.1%). When we consider that performance against this indicator in 2012 was 51% it is obvious that outcomes for learners have been transformed. This is Carmarthenshire's best ever result and the fifth year in succession that results have improved whilst it is also the third consecutive year in which Carmarthenshire's learners have achieved their best ever results at GCSE. We also closed the gap in attainment for pupils entitled to free school meals from 31.6% to 41.5%.

At 'A' Level our traditionally strong performance has been sustained. It has been particularly pleasing to see the number and proportion of students gaining the highest grades of A* and A increase significantly this year to 99.5% from 98.1% the previous year, which is the **best result in Wales**.

Progress During 2016/17

-  During 2015/16 academic year **89%** of **Key Stage 2** pupils and **86.3%** of **Key Stage 3** pupils achieved the Core subject indicator which represents the Local Authority's best result to date and continues our ongoing upward trend
-  Our **Modernising Education Programme** continued apace, with major school development projects completed at Ysgol Bro Dinefwr, Ysgol Maes y Gwendraeth, Ysgol Carreg Hirfaen, and Bryngwyn School, with thousands of children benefiting
-  A **Vulnerability Assessment Profile**, which ensures early identification of all young people who may become NEET, is now being used in all secondary school settings to identify young people who can benefit from targeted support via the Cynnydd European Social Fund project and approximately 100 young people have received support.
-  The Regional Learning & Skills Partnership (RLSP) have launched the **Regional Employment & Skills Plan** where we aim to transform future economic success through the delivery of key transformational projects, including the City Deal - through improving educational attainment and increasing skills in line with the projects

Expected Outcomes (as identified in Corporate Strategy)



65.1%

of pupils

achieved 5 GCSE at grade A* to C
including Welsh first language or English and
Mathematics

Improved from 61.1% previous year



94.8%

Attendance at **Primary Schools**
(declined from 95.2% previously)

94.5%

Attendance at **Secondary Schools**
(improved from 94.2% previously)

2.1% year 11 pupils &

2.0% year 13 pupils

**Not in Education, Employment
or Training (NEET)**

(Previous year Yr 11 – 3.5% Yr 13 – 2.8%)



57%

of schools building condition is
graded **'good'** or
'satisfactory'

Improved from 56% previous
year

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

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

Llanelli Scarlets backing the Council-led campaign to tackle drink driving over Christmas!


Hooker Ken Owens and outside half Rhys Patchell joined Council Leader Cllr Emlyn Dole to launch the seasonal campaign at Parc y Scarlets





The road safety unit is focusing on raising awareness of the consequences of drink-driving using sporting analogies such as 'Give Drink-Driving the Red Card', 'Kick Drink-Driving into Touch', 'Blow the Whistle on Drink-Driving.'


Partnership working continues to be one of the most effective ways of addressing key areas of community safety, including substance misuse, counter-terrorism, anti-social behaviour and crime.


Progress during 2016/17

- 

"We found a local authority committed to supporting children and **families to stay together whenever it was safe to do so**. Their approach to delivering family support services underpinned this commitment"
- 

Anti-social behaviour (ASB) **has increased slightly over the year**. Because of the complexities and large number of variables in society that contribute to ASB, it is difficult to give a reason as to why this might be. However, anti-social behaviour in Carmarthenshire, as the rest of Dyfed-Powys, very much follows a seasonal pattern. The Council, Police and other partners work very closely in dealing with reported ASB in order to tackle concerns effectively
- 

The number **killed and seriously injured on roads** in Carmarthenshire during 2016/17 was 102, this is the same number as in 2015/16. We along with the Welsh Government are committed to improving road safety and reducing the number of people killed and seriously injured on our roads. We are working to improve road safety to deliver the targets set out in the Wales Government Road Safety Framework
- 

The 'Signs of Safety' practice has been implemented since June 2016, and **we have seen a significant decline in the number of children on the child protection register** (still living with their family with a safeguarding plan in place). The approach has simplified and enhanced the direct work undertaken, so that families are clearer on what is happening. Feedback has been positive as families find it more engaging and participative and focus is on the family plans and involvement of the child at the centre of the concern
- 

There were **629 alcohol related violence incidents in Carmarthenshire last year** (just one less incident than the previous year). Partnership working continues to tackle the problem

Expected Outcomes (as identified in Corporate Strategy)



Mid and West Wales Safeguarding Board's new website was launched 14th November 2016

Road casualties per annum

 **102**

killed and seriously injured during 2016/17

The same number as in 2015/16

5.7%
increase in
recorded crime



2015/16	2016/17
=8,160	= 8,624



Incidents
up
15.2%

Outcome: Carmarthenshire's communities and environment are sustainable

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

Cycle Path Network

Ambitious plans to provide a cycle path between Carmarthen and Llandeilo have stepped up a gear thanks to a £581k grant.











The grant will go towards the early design stages of the scheme, which will help to make Carmarthenshire the cycling capital of Wales.

The project – which will cost in the region of £5 to £7million - is predicted to generate between £860,000 and £2million in the local economy every year.

It will also give people a sustainable and healthy travel option, linking with villages between the two main towns.

Progress during 2016/17

-  The Capital investment in highways has delivered **38 highway schemes**
-  In 2016/17 all planned cycleway schemes have been successfully completed, seeing the completion of the Llangennech to Dafen cycle paths, with additional funding allocated by the Welsh Government allowing an extension along Llethri Road towards Swiss Valley. Towy Valley Path has seen completion of a 1km section in Abergwili in 2016/17
-  We have continued to surpass our target of 79% for concessionary travel pass to achieve 81.4%
-  The percentage of principal (A) roads, non-principal (B) roads and non-principal (C) roads that are in overall poor condition have improved from 10.7% in 2015/16 to 9.2% in 2016/17
-  Minor C class roads in poor condition have improved from 13.7% the previous year to 11.6% this year
-  We have supported 213 residents by giving them digital inclusion skills which is allowing them to return to, or enter into employment or training and as recently published in the National Survey for Wales, in the last 2 years household Internet access in Carmarthenshire has improved from 76% to 83% - (placed 15th in Wales)
-  The Council continues to invest in solar photovoltaic (PV) systems on its non-domestic buildings, and has more than **doubled capacity** through adding a further 633 Kilowatt Peak (kWp) in 2016/17
-  Built **5.5Km of cycle ways** in 2016/17

Expected Outcomes (as identified in Corporate Strategy)



Increased rates of recycling

66.26%

(63.52% the previous year)

Improved digital access

supported residents with digital skills

+ 213



Improved transport links

Resurfaced
11 kilometres
of highway

Use of renewable energy has more than doubled

from 280,700 kWh to 670,400 kWh



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

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

Swansea Bay City Deal

One of the most significant events in the modern history of our Council occurred in March for the signing of a City Deal for the Swansea Bay City Region.



It is a deal that gives our citizens a reason to believe in a brighter, more prosperous future, our youngsters a reason to come home from their studies knowing there will be opportunities and quality jobs and our businesses the confidence to invest in a region that is regenerating inwardly and looking out to a global market with new ideas and innovation across so many sectors.

There are three specific projects for Carmarthenshire – a Wellness and Life Science Village in Llanelli; a creative industry project at Yr Egin in Carmarthen; and a skills and talent initiative which will support skills development for all 11 projects.



Prime Minister Theresa May, Wales' First Minister Carwyn Jones, the Secretary of State for Wales Alan Cairns and the Leaders of Carmarthenshire, Swansea, Neath Port Talbot and Pembrokeshire County Councils met at the Liberty Stadium for the signing of the City Deal

WHAT THE CITY DEAL MEANS...



£1.3bn
over 15 years
Total value

£241m
Welsh and UK
Government

£360m
Local authority
borrowings



£673m
Private Sector
Support

**Nearly
10,000**
New jobs created

£1.8bn
Gross Value Added
boost

Progress during 2016/17

- Through support from our Business Account Management function together with funding options, we were able to create 253.5 jobs, safeguard 192.5 jobs, accommodate 28 jobs, place 1,598 into volunteering, 344 into jobs and 3,127 into training
- Supported the creation of **33 new enterprises** and secured **over £23.5M** in investment/funding
- We launched two development fund schemes during the summer –
 - 1) the £2M Carmarthenshire Rural Enterprise Fund Scheme had several formal offers of grant totalling over £475k and construction commenced on a number of those projects, with full commitment on a further 23.
 - 2) the £3M Transformation Commercial Property Development Fund Scheme had six applicants invited to proceed to detailed application stage
- We have developed a Tackling Poverty Policy statement and Advisory Panel to oversee the Tackling Poverty Action Plan, which outlines our overarching approach to tackling poverty through key tackling poverty programmes and initiatives
- We have been working with rural communities through our LEADER programme to identify innovative ways to address rural poverty and a number of projects have been approved

Expected Outcomes (as identified in Corporate Strategy)

Employment Up by nearly 5%

(increased from 69.1% to 74%)



Out of work benefits have reduced to 11.4%

of working age population (down from 11.8% in 2015)

Gross weekly pay up by 6.2% (from £464.8 to £495.5)

9% increase on people achieving NVQ level 4+

(increased from 34,200 to 37,600 people)



You Said, We Did...

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



You said...

We did...

Building a Better Council



You wanted us to provide more Welsh speaking registered childminders within the County.

We have increased the number of Welsh speaking registered childminders from 29 to 55 and increased the number of Welsh medium childcare places available within the county from 160 places to 295 places. We will continue to recruit, support and train new Welsh speaking childminders in targeted areas of current unmet need.

Learning



You wanted us to raise the performance of more disadvantaged learners (e-FSM) (FSM – Free School Meals)

We have worked in close partnership with our schools to achieve the highest outcomes for eFSM learners at the Level 2+ (41.5%)

Economy



You wanted more employment support, relevant training and jobs.

We have successfully attracted funding from the Welsh European Funding Office to re-establish the Workways+ Project. The project will engage with 766 participants up until November 2018, with the aim of supporting 22% into employment.

Appendices

APPENDIX A

The following are results of the 2016/17 National Survey for Wales available at local authority level, but not all of these are attributable to the Councils performance.

Where the same question was asked in the previous survey (2014/15), the table below shows whether we have improved our performance and our rank position.

Rank	Questions asked in the 2016/17 National Survey for Wales and available at Local Authority level	Has our result improved from 2014/15 to 2016/17			22 nd	21 st	20 th	19 th	18 th	17 th	16 th	15 th	14 th	13 th	12 th	11 th	10 th	9 th	8 th	7 th	6 th	5 th	4 th	3 rd	2 nd	1 st		
		2014/15 survey result	2016/17 survey result	Improved ↑ Standstill ↔ Declined ↓	Worst results												Best Results											
					Arrows start from our 2014/15 position												to our 2016/17 position											
1	Whether agree council provides high quality services	58	51	↓	21																					61		
2	Whether agree council lets people know how it is performing	42	35	↓	16																Same						48	
3	Whether agree council does all it can to improve the area	37	36	↓	19																					53		
4	Whether feel can influence decisions affecting the area	21	17	↓	9																					24		
5	Whether contacted councillor in the last year	15	16	↑	10																					24		
6	Of those that had contacted their councillor - Whether understand what councillor does	63	48	↓	40																					77		
7	Of those that had contacted their councillor - Whether councillor works closely with local community	59	44	↓	37																					72		
8	Satisfaction with child's primary school	not available	93	Not applicable	81																					99		
9	Satisfaction with education system (All aspects of the education system) (Score 1-10 worst - best)	6.6	6.0	↓	5.7																					6.5		
10	People feeling safe (at home, walking in the local area, and travelling)	not available	79	Not applicable	57																					91		
11	Have a sense of community	not available	48	Not applicable	37																					67		
12	Belonging to local area	84	70	↓	63																					82		
13	People in area from different backgrounds get on	87	68	↓	62																					87		

APPENDIX A

Questions asked in the 2016/17 National Survey for Wales and available at Local Authority level	Has our result improved from 2014/15 to 2016/17			22 nd	21 st	20 th	19 th	18 th	17 th	16 th	15 th	14 th	13 th	12 th	11 th	10 th	9 th	8 th	7 th	6 th	5 th	4 th	3 rd	2 nd	1 st		
	2014/15 survey result	2016/17 survey result	Improved ↑ Standstill ↔ Declined ↓	Worst results												Best Results											
				Arrows start from our 2014/15 position												to our 2016/17 position											
14	People in area treat each other with respect	83	72	↓	56																					87	
15	Household in material deprivation	17	15	↑	21																					11	
16	Keeping up with all bills and commitments without any difficulties (non pensioner)	not available	51	Not applicable	47																					76	
17	Keeping up with all bills and commitments without any difficulties (pensioner)	not available	75	Not applicable	75																					91	
18	Whether household has internet access	76	83	↑	77																					89	
19	Participating in any activity excluding walking	not available	55	Not applicable	39																					60	
20	Participating in any indoor game or activity	not available	38	Not applicable	25																					47	
21	Participating in any outdoor game or activity	not available	30	Not applicable	19																					33	
22	Participating in any outdoor pursuit	not available	54	Not applicable	25																					54	
23	Participating in any sport	not available	66	Not applicable	45																					70	
24	Agree there's a good Social Care Service available in the area (elderly, children, disabled and carers)	53	56	↑	44																					68	
25	Yes can speak Welsh	not available	40	Not applicable	9																					75	

APPENDIX B

The measures published by all councils in Wales	Has our result improved from 2015/16 to 2016/17		How good is our 2016/17 result?	22 nd	21 st	20 th	19 th	18 th	17 th	16 th	15 th	14 th	13 th	12 th	11 th	10 th	9 th	8 th	7 th	6 th	5 th	4 th	3 rd	2 nd	1 st		
	Our 2016/17 result	Improved ↑ Standstill ↔ Declined ↓	★ = Bottom (Worst) ★★ = Bottom to Middle ★★★ = Middle to top ★★★★ = Top (Best)	Worst results										Best Results													
	Arrows start from our 2015/16 position to our 2016/17 position																										
13	% Pupils leaving with no qualification (EDU/002i)	0.2	↓	★★																							
14	% Pupils in care leaving with no qualification (EDU/002ii)	0.0	↔	★★★★																						same joint	
15	% Pupil attendance in primary schools (EDU/016a)	94.8	↓	★★																							
16	% Pupil attendance in secondary schools (EDU/016b)	94.5	↑	★★★																							
17	% Of statements submitted < 26 weeks incl exceptions (EDU/015a)	43.9	↑	★																							
18	% Of statements submitted < 26 weeks excl exceptions (EDU/015b)	71.4	↓	★																							
19	% achieving Welsh (first language) Key Stage 3 (EDU/006ii)	42.2	↓	★★★★																						same	
People who live, work and visit Carmarthenshire are safe and feel safer																											
20	% Looked-after children changing school (SCC/002)	3.4	↑	To follow																							
21	% Children in care with 3 or more placements in the year (SCC/004)	11.17	not comparable with previous year	To follow																							
Carmarthenshire's communities and environment are sustainable																											
22	% Change in average Display Energy Certificate score (CAM/037)	-0.3	↓	★★																							
23	% Highways inspected for high/acceptable standard (STS/005b)	98.6	↓	★★★																							
24	% Municipal wastes sent to landfill (WMT/004b)	4.73	↑	★★																							
25	% Municipal waste reused, recycled or composted (WMT/009b)	66.23	↑	★★★★																							
26	% Reported fly tipping cleared in 5 working days (STS/006)	85.92	↓	★																							
27	% Adults aged 60+ with a concessionary travel pass (THS/007)	81.4	↑	★★																							
28	% (A) (B) & (C) roads that are in poor condition (THS/012)	9.2	↑	★																							

Measures 10 & 11 - Our results are the same as the Welsh Government publication which is based on school Year 11 cohort and includes children educated other than at school (EOTAS) which is not truly comparable with the previous year. This differs to the Local Government Data Unit publication of data on 13th September 2017 based on the 'pupils aged 15 at the start of the school year' cohort and excludes children educated other than at school (EOTAS) or Independent schools which can be compared with the previous year but still shows an improved results for Carmarthenshire with 590.6 and 64.5% respectively.

APPENDIX C

Performance measures that are measured by all Councils in Wales for 2016/17

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	How well have we done?	How well are we doing?							
		See explanation of performance				All Wales Comparative Info.			
Definition / Measure Reference	2015/16	2016/17							Improvement Plan Theme
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	
<p>CHR/002 The number of working days/ shifts per full time equivalent (FTE) local authority employee lost due to sickness absence.</p>	10.1 days	9.6 days	10.8 days	☹	▼	9.7 days	10.4 days	**	Building a Better Council
<p>The number of sickness days lost during 2016/17 of 10.8 days is off target and has increase by 0.7 days on last year. There continues to be an increase in sickness due to stress, mental health and fatigue which equates to over a quarter of the total sick days (26%). The second highest cause of sickness is Musculo-skeletal problems which has also increased from 15% to 18%. Human Resources are working with the Heads of Service to develop plans for improvement, this includes on-going attendance management briefing sessions at Departmental Management Team meetings. We also attend the Primary and Secondary Head Teacher meetings to discuss sickness performance and the support available. The in-house support for stress is being highlighted and managers are encouraged to undertake individual assessments if there's a cause for concern, this covers bereavement, anxiety depressions and other mental health conditions and includes home and work related stress absence. A new framework for attendance management has been developed with a the new Attendance Forum chaired by the People Management Executive Board Member, using the data to select the Head of Service to attend. It is also hoped that departmental targets will be introduced. Due to various departmental structural changes it is difficult to compare these year on year but the three highest average number of sickness days within service areas during 2016/17 are Environment Department - Waste & Environment services at 20.6 days, Communities Department - Regional Complex Needs and Transition Service at 18.8 days and Chief Executives – Information Technology at 17.5 days. Some of these figures include long term sickness cases of which are being managed through the process.</p>									
<p>LCS/002 The number of visits to local authority sport and leisure centres during the year where the visitor will be participating in physical activity, per 1,000 population</p>	6,905	7,251	8,289	☺	▲	9,056	8,374	**	People in Carmarthenshire are Healthier
<p>A significant and pleasing improvement on previous year and target have occurred this year. This is attributable to a net increase of circa 55,000 attendances we directly 'manage', plus an additional 220,000 attendances now collected due to enhanced data collection methods. Given the disruption periods at Llanelli, Carmarthen and Ammanford (due to gym refurbishments) this is an excellent result.</p>									
<p>PPN/009 The percentage of food establishments which are 'broadly compliant' with food hygiene standards</p>	94.98%	93.00%	97.50%	☺	▲	96.52%	95.04%	****	People in Carmarthenshire are Healthier

APPENDIX C

Definition / Measure Reference	2015/16	2016/17							Improvement Plan Theme
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	
4 PSR/002 The average number of calendar days taken to deliver a Disabled Facilities Grant	232 days	220 days	167 days	☺	▲	190 days	235 days	****	People in Carmarthenshire are Healthier
5 SCA/001 The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	New measure	2.40	2.30	☺	New measure	to follow	to follow		People in Carmarthenshire are Healthier
	This result is different to the old Delayed Transfer of Care measure for 2015/16 (SCA/001) as the new Social Care Act guidance states that the numerator should only include adults aged 75+ (now mirrors the Denominator - population aged 75+). The rate of 2.30 equates to 45 patients (aged 75+) were kept in hospital while waiting for social care during 2016/17.								
6 PLA/006b The number of additional affordable housing units provided during the year as a percentage of all additional housing units provided during the year.	8%	30%	34%	☺	▲	50%	38%	**	People in Carmarthenshire are Healthier
	The numerator is data from the affordable Housing data collection return for the year ending 31 March 2016. The denominator is data from the Newbuild data collection return for the year ending 31 March 2016 which does not only cover data from Local Authority Building Control (LABC) but also National House-Building Council (NHBC) and other Authorised Inspectors. There has been a large increase in the number of affordable housing units provided during 15/16 and a reduction in the total number of units provided during that year and therefore shows a substantial percentage increase on the previous year. This result does differ from the Councils other Affordable Housing return as this result does not include the affordable homes provided through social lettings.								
7 PSR/004 % of private sector dwellings that had been vacant for more than 6 months at 1 April that were returned to occupation during the year through direct action by the local authority.	5.73%	6.00%	6.53%	☺	▲	11.77%	6.41%	***	People in Carmarthenshire are Healthier
8 EDU/003 % of pupils assessed at the end of Key Stage 2, in schools maintained by the local authority, achieving the Core Subject Indicator, as determined by Teacher Assessment	88.2%	88.7%	89.0%	☺	▲	89.9%	88.9%	***	People in Carmarthenshire fulfil their learning potential
	The result continues to improve year on year and it the Authority's best result to date. The School Improvement Team will continue to support and challenge all schools with regard to increased outcomes at the end of the Key Stage 2. National arrangements to support accuracy of Teacher Assessment have been implemented and will continue to support work in our schools.								
9 EDU/004 % of pupils assessed at the end of Key Stage 3, in schools maintained by the local authority, achieving the Core Subject Indicator, as determined by Teacher Assessment	85.1%	85.6%	86.3%	☺	▲	88.2%	86.5%	**	People in Carmarthenshire fulfil their learning potential
	The result continues to improve year on year and it the Authority's best result to date. The School Improvement Team will continue to support and challenge all schools with regard to increased outcomes at the end of the Key Stage 3. National arrangements to support accuracy of Teacher Assessment have been implemented and will continue to support work in our schools.								

APPENDIX C

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Definition / Measure Reference	2015/16	2016/17							Improvement Plan Theme
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	
EDU/011 The average point score for pupils aged 15 at the preceding 31 August, in schools maintained by the local authority	580.3	581.0	596.0	☺	▲	555.6	534.5	****	People in Carmarthenshire fulfil their learning potential
This result continues to improve and it the best ever result for the Authority and the best in Wales. This is due to an increase in rigour of tracking and challenge from the Local Authority and ERW Consortium (Education through Regional Working). The School Improvement team will continue to challenge and support schools' and monitor performance throughout the academic year in order to meet pupil, school and Local Authority targets.									
EDU/017 % of pupils aged 15 achieving 5 GCSEs at grades A*-C, or equivalent, including English or Welsh first language and Maths	61.1%	61.6%	65.1%	☺	▲	65.0%	60.1%	****	People in Carmarthenshire fulfil their learning potential
This result continues to improved year on year with strong improvement during 2015/16 academic year. Challenge, support and intervention strategies implemented by the School Improvement Team working in partnership with senior leaders in schools (including targeting specific departmental performance) have contributed greatly to this success. The School Improvement team will continue to challenge and support schools' and monitor performance throughout the academic year in order to meet pupil, school and Local Authority targets.									
LCL/001b The number of people using Public Library Services during the year per 1,000 population	7,203	7,274	7,646	☺	▲	5,828	4,835	****	People in Carmarthenshire fulfil their learning potential
Due to increased school and young person engagement steady improvements have been made in the use of online digital resources provided by the library service. Constant promotion and marketing of the corporate website and a continued investment in digital online services aims to improve these figures further in future years.									
EDU/002i % of All pupils (including those in local authority care) in any local authority maintained school, aged 15 as at the preceding 31 August who leave compulsory education, training or work based learning without an approved external qualification.	0.0%	0.0%	0.2%	☹	▼	0.0%	0.1%	**	People in Carmarthenshire fulfil their learning potential
This measure is off target and has declined compared to the previous year. Three Carmarthenshire pupils left compulsory education without a qualification. All pupils were targeted for additional interventions via the Vulnerability Assessment Profile and received additional support from their School, Educational Welfare and Childcare teams. However, due to case sensitive situations, the three pupils did not achieve a pass in an externally recognised qualification. All three young people are currently being supported by the Youth Support Service. The aim is to always ensure that pupils leave full time education with appropriate qualifications. This is achieved by targeting those pupils at risk and providing targeted appropriate intervention.									
EDU/002ii % of pupils in local authority care, in any local authority maintained school, aged 15 as at the preceding 31 August who leave compulsory education, training or work based learning without an approved external qualification.	0.0%	0.0%	0.0%	☺	At maximum result	0.0%	0.0%	****	People in Carmarthenshire fulfil their learning potential

APPENDIX C

Definition / Measure Reference	2015/16	2016/17							Improvement Plan Theme
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	
15 EDU/016a % of pupil attendance in primary schools	95.2%	95.4%	94.8%	☹	▼	95.3%	94.9%	**	People in Carmarthenshire fulfil their learning potential
Despite continued improvement in previous years there has been a slight decline in pupil attendance in primary schools during 2015/16 academic year. The All Wales comparative data shows that we have moved down from 5th place to 13th place. Analysis shows that we had a 0.1% increase in absence was due to pupil illness and a 0.3% increase in agreed family holiday. Continued improvements will be sought through increased support and challenge of schools. We will particularly consult with Headteachers to consider how to improve the two highlighted area's.									
16 EDU/016b % of pupil attendance in secondary schools	94.2%	94.4%	94.5%	☺	▲	94.5%	94.3%	***	People in Carmarthenshire fulfil their learning potential
The pupil attendance at secondary schools continued to improve during 2015/16 academic year and the comparative ranking shows us in 8th place which is an improvement on last year (9th) and above the Welsh average of 94.2%. Our expected ranking, based on the % of Eligible Free School Meal pupils per Local Authority is 11th, which we have exceed by 3 places with this result. Restructuring of the Education Welfare Service has improved engagement from Headteachers coupled with more accurate and regular data monitoring and sharing which has assisted in improving attendance. We aim to maintain this high level of attendance through continued challenge and support for schools.									
17 EDU/015a % of final statements of special educational need issued within 26 weeks including exceptions	34.8%	40.0%	43.9%	☺	▲	99.1%	84.5%	*	People in Carmarthenshire fulfil their learning potential
Results again reflect the difficulties experienced by Health. The Hywel Dda Health Board have had continuing problems with retaining paediatricians and administrative staff, leading to delays in receiving medical assessments and further delays in typing of reports after medicals are completed. Health report having other priorities on their resources. Following a restructuring within the Local Health Board it is our intention to meet with the new managers in order to address our concerns. Internally we will continue with a range of measures to address this matter.									
18 EDU/015b % of final statements of special education need issued within 26 weeks excluding exceptions	80.0%	90.0%	71.4%	☹	▼	100.0%	100.0%	*	People in Carmarthenshire fulfil their learning potential
All cases that missed the target were cases that presented with complex social and economic dynamics/issues. They were also predominantly cases where there were challenges in resolving the appropriate provision for the child. The Education and Child Psychologist Service kept the Additional Learning Needs Service informed of the challenges of some of these cases and it was agreed that the quality of the process was more important than reaching the target so that the best outcome for the child was achieved. We are also receiving an influx of requests for statutory assessments from parents, which is resulting in increased work in terms of statutory and dispute resolution processes.									

APPENDIX C

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Definition / Measure Reference	2015/16	2016/17							Improvement Plan Theme
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	
EDU/006ii % of pupils assessed, in schools maintained by the local authority, receiving a Teacher Assessment in Welsh (first language) at the end of Key Stage 3	43.2%	43.7%	42.2%	☹	▼	19.4%	12.9%	****	People in Carmarthenshire fulfil their learning potential
Despite a continued improvement over the last few years there has been a slight decline during 2015/16 academic year. The Local Authority and School Improvement Team continue to work proactively with schools, governors and parents to enhance progression along the Welsh continuum. Our ongoing Modernising Education Programme (MEP) activity supports this measure effectively.									
SCC/002 % of children looked after at 31 March who have experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March	3.9%	5.0%	3.4%	☺	▲	to follow	to follow		People who live, work and visit Carmarthenshire are safe and feel safer
SCC/004 % of children looked after on 31 March who have had three or more placements during the year.	New measure	13.5%	0.11	☺	New measure	to follow	to follow		People who live, work and visit Carmarthenshire are safe and feel safer
The definition for this measure has changed from 2016/17 to include any episodes of respite care for a continuous period of more than 24 hours and therefore cannot be compared to previous years.									
CAM/037 The percentage change in the average Display Energy Certificate (DEC) score within local authority public buildings over 1,000 square metres.	7.2%	1.1%	-0.3%	☹	▼	4.1%	3.1%	**	Carmarthenshire's communities and environment are sustainable
This result is reported retrospectively by all authorities in Wales due to delay in availability of energy consumption data from utility companies. Therefore this is the % change in the DEC score between 2014/15 and 2015/16. Whilst there is a small negative % change (increase) in the DEC scoring between 14/15 and 15/16, the 2014/15 % change result was classified as 'outstanding' at 7.2%; consequently, a difference in the year on year result was inevitable. The result is attributable to individual buildings not performing as well as in the preceding year – principally 3 Spilman Street, Carmarthen and the Municipal Offices, Llandeilo.									
STS/005b The percentage of highways and relevant land inspected of a high or acceptable standard of cleanliness	98.9%	92.0%	98.6%	☺	▼	98.6%	96.0%	***	Carmarthenshire's communities and environment are sustainable

APPENDIX C

Definition / Measure Reference	2015/16	2016/17							Improvement Plan Theme
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	
24 WMT/004b % of municipal wastes sent to landfill	5.25%	10.00%	4.73%	☺	▲	2.37%	4.54%	**	Carmarthenshire's communities and environment are sustainable
25 WMT/009b % of municipal waste collected by local authorities and prepared for reuse and/or recycled, including source segregated biowastes that are composted or treated biologically in another way	63.52%	62.00%	66.23%	☺	▲	65.72%	64.89%	****	Carmarthenshire's communities and environment are sustainable
26 STS/006 The percentage of reported fly tipping incidents cleared within 5 working days	87.24%	98.63%	85.92%	☹	▼	98.22%	96.85%	*	Carmarthenshire's communities and environment are sustainable
Difficulties have been experienced with this particular aspect of our cleansing service due to the temporary need to reallocate staff across to cover vacant posts in the refuse and grass collection services. The reallocation allows refuse collection to continue effectively, to meet prioritised demands. However, the impact of this situation has been a delay in responding to some fly-tipping incidents within the specified timescale during this period. The service is currently undertaking a cleansing review to improve operational efficiency and service provision. This measure therefore continues to be in the bottom quartile for 2016/17.									
27 THS/007 The percentage of adults aged 60+ who hold a concessionary travel pass	80.6%	79.0%	81.4%	☺	▲	92.4%	85.5%	**	Carmarthenshire's communities and environment are sustainable
28 THS/012 The percentage of principal (A) roads, non-principal (B) roads and non-principal (C) roads that are in overall poor condition	10.7%	9.5%	9.2%	☺	▲	5.3%	6.7%	*	Carmarthenshire's communities and environment are sustainable
The Local Government Borrowing Initiative (LGBI) funding (2012-2015) and the targeted investment of Capital funding in recent years can be seen to make a direct impact on improving the combined overall condition of our A, B, and C classes of road network. The figure of 9.2% shows an improvement from 10.7% last year and is significantly below the peak in 2012/13 at 17.2%, showing a reversal of the general trend i.e. a decrease in the overall proportion of the network that is classed as being in poor condition. Following the cessation of LGBI, reductions in revenue and low levels of Capital highway infrastructure investment, Carmarthenshire is likely to remain in the bottom quartile without significant additional financial investment in the highway Asset.									

For further information contact:



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Visit the Council's website

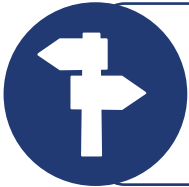
<http://www.carmarthenshire.gov.wales/home/council-democracy/consultation-performance/performance-management/>



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



Carmarthenshire County Council's Corporate Strategy 2015 - 2020
[Our Annual Report 2016/17](#)

October 2017

Annual Report 2016/17



For a 'Quick start' short summary to this document see our [Summary](#)

To monitor the delivery of this plan -
www.carmarthenshire.gov.uk

Welcome from the Leader of the Council

In May of this year, Carmarthenshire's voters went to the polls and elected a new council to serve for the next five years. The outcome of the election gave my own group, Plaid Cymru a stronger representation on the council and, in turn, a greater number of places on the Executive Board. However, we continue to work in coalition with the Independent Group. The two groups have similar values and aspirations and collectively we recognise how important it is to self-assess and evaluate our performance and governance as a Council.

The Annual Report is directly aligned to the *Integrated Community Strategy* that we have agreed with our partners. It's very important, therefore that we deliver our side of the agreement for the five *outcomes* and 30 *goals* that we signed up to. This report outlines the Council's progress over the last 12 months.

The Wales Audit Office has consistently recognised that we are "*fair and balanced*" in the way that we report on our performance. The good news is reported side by side with the inconvenient news, although I'd like to think that there is not much of it. *We remain committed to making this Council the most open and transparent Council in Wales thus enabling us to make continuous improvement.* The Constitutional Review Working Group's action plan to develop and improve the Council's governance and accountability arrangements will continue to be delivered.

From the outset my priority as a Leader has been the regenerating the local economy. I want us to create jobs that will keep young people in the county so that they can fulfil their potential. We have strengthened the *Outcome - Carmarthenshire has a stronger and more prosperous economy.*

Despite severe budget reductions we have achieved much and plan to achieve more. We will continue to consult widely on budget reduction proposals and make sure we listen to the people of Carmarthenshire, the people that we serve. We will strive to make better use of resources, build a better council and make sure that the Council's core values are firmly embedded in everything we do.

The financial challenge of living in uncertain times seems never ending, but with that uncertainty, opportunities present themselves and we will face the challenges and deliver the best outcomes for social, economic, environmental and cultural well-being of the people of Carmarthenshire.

We welcome constructive comments on our strategies and services. Feedback from customers and service users is essential in identifying opportunities for improvement and we hope that if you have any comments or suggestions that you believe would help that you will share them with us. Please contact us at:

Listening to You, Carmarthenshire County Council, County Hall,
Carmarthen SA31 1JP or email at ListeningToYou@carmarthenshire.gov.uk

Cllr Emlyn Dole
Leader



Mark James CBE
Chief Executive



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This report will look at all the promises made above, in turn, and, try to judge where we are, look at the available evidence in customer satisfaction, regulatory findings or performance data, outline progress made in the past year and identify if anyone is better off.

Introduction

Purpose:

This Annual Report is produced by the Council because we believe we should provide comprehensive and balanced information to the public about our services, so that they can see how we are performing and the challenges we are facing. The Council has set an ambition to be recognised as the most open and transparent Council in Wales.

In addition, by law under the [Local Government \(Wales\) Measure 2009](#) we must publish an Annual Report on past performance by the end of October each year and we have a legal duty to improve where we can. 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'.

Working with Partners:

As a Council we are not alone in working to improve the lives of Carmarthenshire's citizens. We agreed a single [Integrated Community Strategy \(ICS\)](#) with our partners in Carmarthenshire in July 2011. This annual report shows our progress as an individual public body against the partnership plan we agreed. It shows how we are delivering our side of the bargain. It uses the same structure of Outcomes and Goals set out in the partnership plan.

Corporate Strategy

Our [Corporate Strategy 2015 - 2020](#) sets out the Council's strategic priorities and aspirations and how we will support the delivery of the Integrated Community Strategy outcomes and goals for the next five years.

Equality and Diversity

[Strategic Equality Plans](#) (SEPs) are important documents that set out how public bodies will consider the needs of groups with protected characteristics, as outlined in the Equality Act 2010. This is intended to ensure that all individuals receive just and equitable treatment in respect of service delivery and strategy/policy formulation. Carmarthenshire County Council's SEP includes three key themes which look at role as an employer, a service provider and a community leader. Under those three themes are six strategic objectives. A detailed [Action Plan](#) has been prepared to demonstrate how we will meet those Objectives.

During the year, our work with external protected groups has continued to grow and our partnership with other public sector bodies and community groups has strengthened through Equality Carmarthenshire. Our Regional Community Cohesion Coordinator has continued to support key areas of work such as the Syria Sir Gâr resettlement programme and has promoted training opportunities in partnership with Victim Support National Hate Crime Service.

Welsh Language

During 2016/17 the focus of the work has been on introducing the [Welsh Language Standards](#) within the Council. A detailed action plan has been prepared in order to ensure implementation and this will form the basis of our Annual Report for 2016/17, to be submitted to the Welsh Language Commissioner.

Communication and promotion has been a key element in raising awareness of the Standards amongst staff. A suite of guidance notes have been prepared for staff and we have taken part in a series of roadshows for staff. The implementation of the Standards has provided a good opportunity for us to look at our current situation with regard to compliance and in setting priorities for the future.

During the year, we have published a Policy on the Internal Use of the Welsh Language, which details the opportunities for staff to use the Welsh language in the workplace alongside the Welsh learning and improvement provision. We have also prepared and published a [Strategy to promote the Welsh language](#) in partnership with the County's Strategic Welsh Language Forum.

Self-Assessment and Prioritising Improvement

To assess performance and to identify improvement priorities, we draw on evidence from a reasonable, balanced and rounded range of sources.

Through bringing together this broad range of information and viewpoints, we are able to examine evidence to decide what matters most and where our effort needs to be concentrated.

We identified the following Key Improvement Objective Priorities (KIOP) for 2016/17:-



Outcome	KIOP for 2016/17
Making Better Use of Resources	<i>Deliver value for money in providing council services and directing our resources to the top priority front-line services on which many local people depend - taking account of central government budget cuts and their impact</i>
Building a Better Council	<i>Continue to improve Governance, decision making, openness and transparency and keep under review by the Constitutional Review Working Group</i>
Health	<i>Promoting Independence and Well Being for Older People</i> <i>Increase the availability of rented and affordable homes to support the needs of local people by implementing our affordable homes delivery plan</i>
Learning	<i>Improve Learner Attainment</i> <i>To further reduce young people Not in Education, Employment or Training</i>
Environment	<i>Improving the highway infrastructure network to support further economic development and connectivity</i>
Economy	<i>Tackle Poverty</i> <i>Creating jobs and growth throughout the County</i>

Key overall performance news

Citizens' Verdict

National Survey for Wales

Carmarthenshire was the first Council in Wales to include the results of this survey when it first started and has continued to do so ever since. The Council has been identified for having notable practice in its willingness to publish a wide range of evidence when assessing its performance.

From 2016/17 onwards, the National Survey replaced the 2012-15 National Survey, the Welsh Health Survey, Active Adults Survey, Arts in Wales Survey and the Welsh Outdoor Recreation Survey. The results published are based on over 10,000 interviews carried out across Wales between April 2016 and March 2017. Over 600 were interviewed in Carmarthenshire.

The first release of results was on the 29th June and more results will become available throughout the year. As at 30th June, there were 27 results that are broken down by local authority area (see Appendix A) and some of these are reported where relevant to a goal. There are two question topic areas that are directly attributable to the Council. The Local Authority Question Segment and the Local Democracy Questions. See table below.

There are 22 Councils in Wales and the ranking table below shows:-

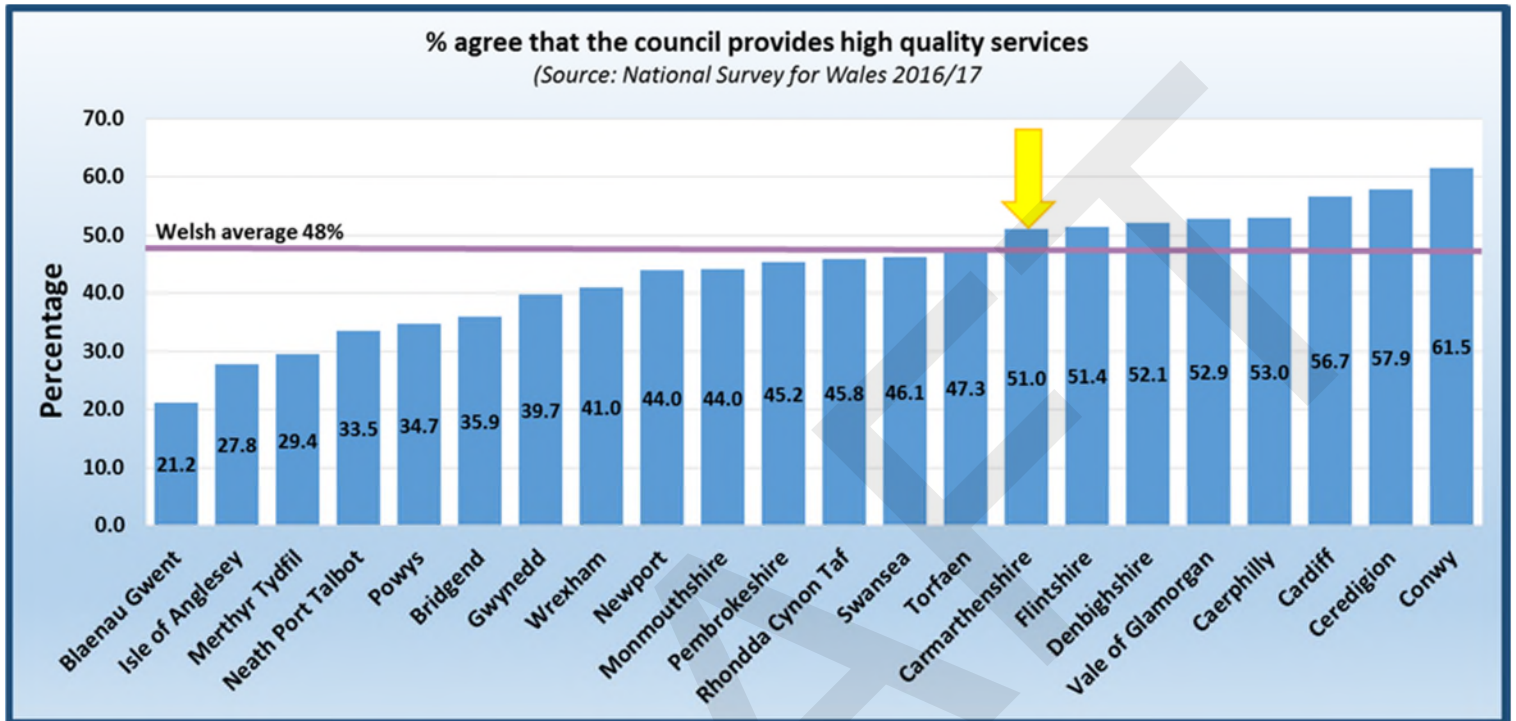
- Carmarthenshire's results relative to other Councils results and if available our previous position and result.
- it also shows the best and worse results in the range

Table to show how Carmarthenshire's National Survey for Wales results compare:-

Questions asked in the 2016/17 National Survey for Wales and available at Local Authority level	Has our result improved from 2014/15 to 2016/17			22 nd	21 st	20 th	19 th	18 th	17 th	16 th	15 th	14 th	13 th	12 th	11 th	10 th	9 th	8 th	7 th	6 th	5 th	4 th	3 rd	2 nd	1 st	
	2014/15 survey result	2016/17 survey result	Improved ↑ Standstill ↔ Declined ↓	Worst results											Best Results											
				←→ Arrows start from our 2014/15 position											● ● to our 2016/17 position ■											
Whether agree council provides high quality services	58	51	↓	21																						61
Whether agree council lets people know how it is performing	42	35	↓	16																Same						48
Whether agree council does all it can to improve the area	37	36	↓	19																						53
Whether feel can influence decisions affecting the area	21	17	↓	9																						24
Whether contacted councillor in the last year	15	16	↑	10																						24
Of those that had contacted their councillor - Whether understand what councillor does	63	48	↓	40																						77
Of those that had contacted their councillor - Whether councillor works closely with local community	59	44	↓	37																						72

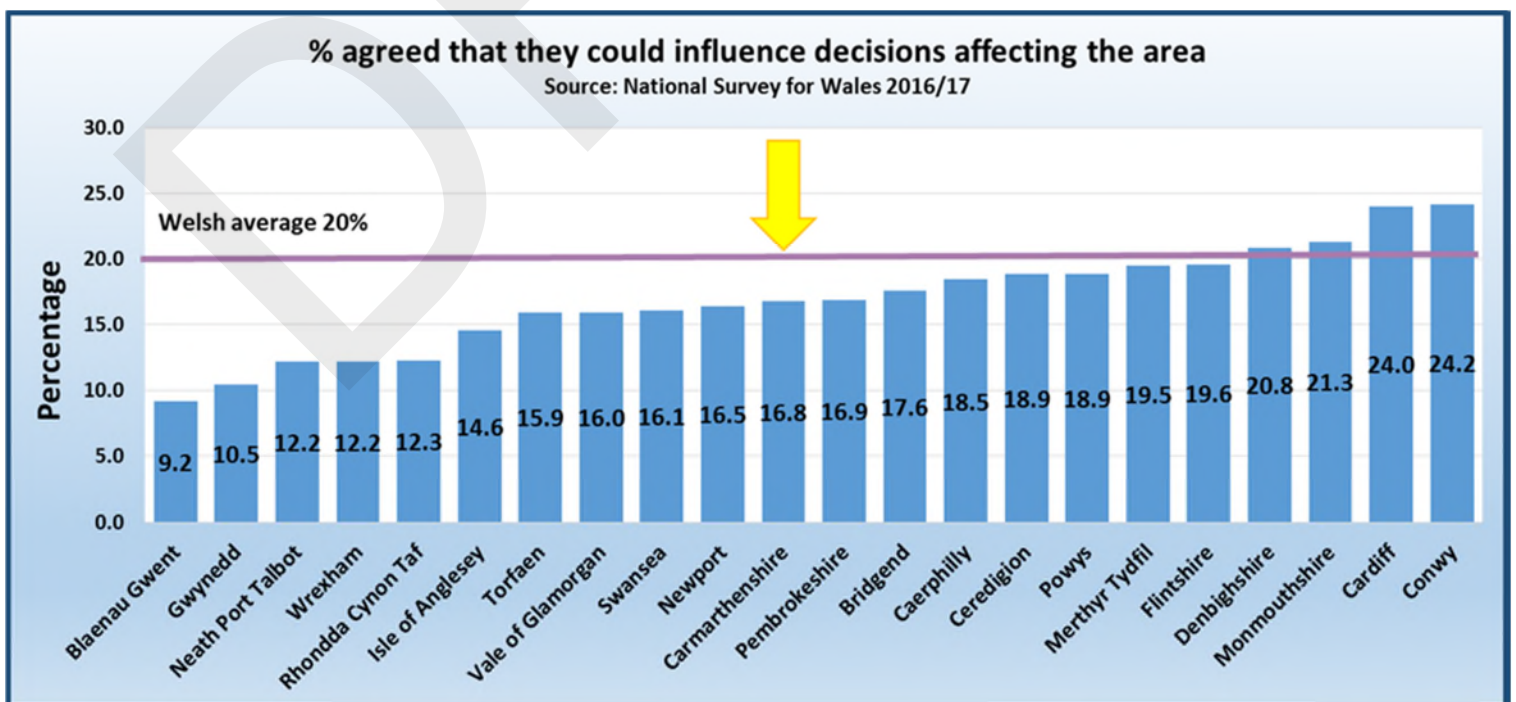
Does the authority provide high quality services?

When this question was last asked in 2014/15 the result was 58% (better than the Welsh Average of 53%) and for 2016/17 it has fallen to 51% (still better than the Welsh Average of 48%). In an era of cutbacks on public spending the Welsh average result over the last two years has fallen by 5% and Carmarthenshire's by 7%. This question is one of the new measures in the all Wales Public Accountability Measures set for local government in 2017/18. The Council improved 63% of these National Measures two years ago and 67% last year.



Can you influence local decisions affecting the area?

This is identified in the Welsh Government as a Wellbeing of Future Generations indicator. It also featured in the WLGA Peer report on Governance. The best result in Wales was 24.2% and the Welsh Average 20%, Carmarthenshire's result was 17%. Two years ago the result was 21%.



Regulators Verdict

Regulators provide an important independent assessment of Councils and their stewardship of public funds



The Wales Audit Office report on the Council for 2016/17 concluded that :-

‘the Council is meeting its statutory requirements in relation to continuous improvement ‘

[Wales Audit Office - Annual Improvement Report: 2016-17 – Published June 2017](#)

Positive conclusions found:-

- ✓ *A generally effective approach for determining and delivering significant service changes...*
- ✓ *Sound savings planning arrangements, which support financial resilience*
- ✓ *We have taken steps to address the proposals for improvement on corporate governance matters*
- ✓ *Made progress on all the improvement proposals for People Management*
- ✓ *Improved links between Corporate and Service Asset Management*
- ✓ *Significant progress in the ICT service*
- ✓ *Positive changes to improvement planning*

Most of these ✓ conclusions had some ‘but’s’ however these were minor matters.

How we Measure up

When we published the [Corporate Strategy 2015 - 2020](#) we set out the following outcome measures to judge our progress. For year two (2016/17) we have achieved the following:-

Theme	Outcome Measures	Progress
Making Better Use of Resources	Improved public satisfaction levels with the services provided by the Council	✘
	Reduction in organisational 'running costs'	✓
	Increased on line activity to address public queries and transactions	✓
Building a Better Council	Increasing public communication, consultation and engagement	✓
	Improved staff satisfaction levels (liP March '17 Survey)	Baseline 85%
	Reduced staff sickness absence levels	✘
Healthier	Reduction in adult and children's social services referrals	✘
	Increased availability of rented and affordable homes	✓
	Increased use of leisure facilities	✓
Learning	Improved educational attainment	✓
	Improved school attendance rates (primary schools)	✘
	Improved school attendance rates (secondary schools)	✓
	Reduced number of young people Not in Education, Employment or Training	✓
	Improved condition of schools	✓
Safe	Appropriate support provided to children, young people and families	✓
	Reduction in road casualties	✘
	Reduction in total recorded crime	✘
	Reduction in anti-social behaviour	✘
Environment	Increased rates of recycling	✓
	Improved digital access	✓
	Improved transport links	✓
	Increased use of renewable energy	✓
Economy	Increased employment	✓
	Reduction in working age population in receipt of out of work benefits	✓
	Increased economic activity and productivity	✓

There is also a **National suite of measures** that all councils in Wales have to collect.

There are two main ways of measuring improvement:-

- Year on year improvement
- How we compare with other Authorities in Wales

Year on year improvement

During 2016/17, **65%** of our measures improved while **31%** have declined and **4%** remained the same; this builds on the improvement achieved in 2015/16 and still remains encouraging in the current climate of reduced budgets. The table below shows year on year results:

Year	Improved	Constant	Declined	Net Improvement (Improved - Declined)
2016/17	65% (17 measures) [#]	4% (1 measure) [#]	31% (8 measures) [#]	34% [#]
2015/16	57.5% (23 measures)	17.5% (7 measures)	25% (10 measures)	32.5%
2014/15	56% (24 measures)	14% (6 measures)	30% (13 measures)	26%
2013/14	59% (26 measures)	11% (5 measures)	30% (13 measures)	29%

[#] The % Improvement for Carmarthenshire in the above table differs slightly to the figures in the [Local Government Data Unit](#) bulletin published on 13th September 2017. This is due to the inclusion of social care results in the above table, which have not been included by the Data Unit as they will be officially published by Welsh Government during October.

How we compare with other Authorities in Wales

An established way of comparing results is to look at the proportion of indicators that an authority has in the upper quarter of results, the lower quarter and above and below the median result.

The table below shows how our results compare with other Councils in Wales in 2016/17 but this is currently without the three social services measures and therefore does not add to 100%, this will be updated when the results and quartiles are officially published by Welsh Government during October, 2017

****	Upper quartile results	7 Results 25%			43%
***	Upper middle results	5 Results 18%			
**	Lower middle results	9 Results 32%			
*	Lower quartile results	4 Results 14%			
			25%	50%	

Currently for 2016/17, **43%** of our measures are in the upper two quartiles, this is down on the 62.5% in the upper two quartiles for 2015/16.

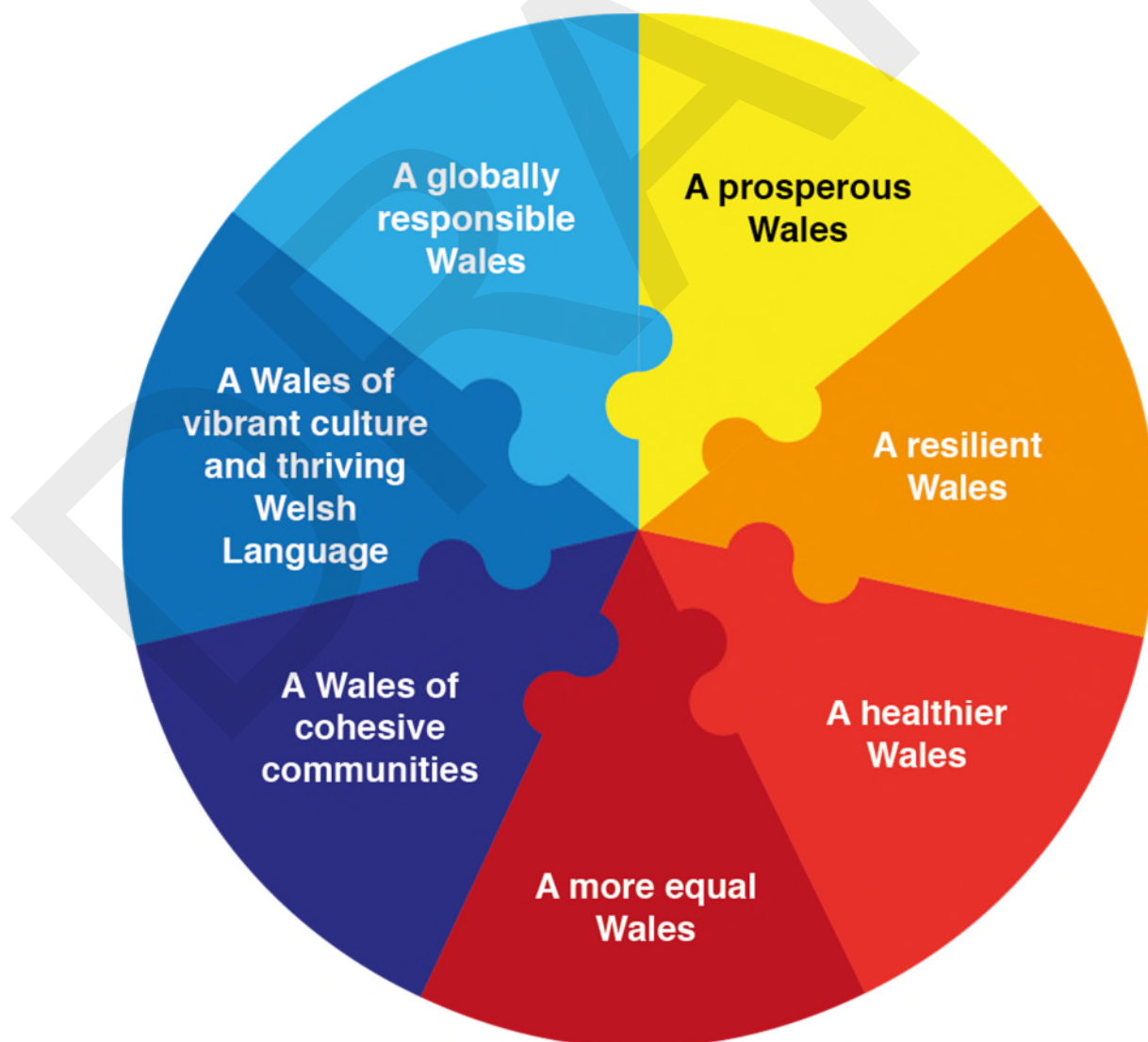
A **list of all the measures** in the above tables showing the results and how they have improved, declined or whether they have remained the same is included in **Appendix B**. This also shows how we compare with other Authorities in Wales.

Appendix C gives detailed information on each measure with an explanation of performance.

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:**
1. Long term,
 2. integrated,
 3. involving,
 4. collaborative
 5. preventative
- 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.



Progress made during 2016/17:-

As a public body under the Act we must :-	Progress during 2016/17 :-
<p>1 Set and publish well-being objectives by 31st March 2017</p>	<p>We identified after consultation, involvement, analysis and review a set of 13 Well-being objectives by 31st March 2017. This also involved a Joint Scrutiny meeting of all 5 Scrutiny's on the 15th February to scrutinise the objectives.</p> <p>Post May 2017 elections, another Well-being objective (Promoting the Welsh Language and Culture) was added and the Councils Well-being objectives were reconfirmed.</p>
<p>2 Take all reasonable steps to achieve those objectives</p>	<p>A detailed action plans and targets were set to meet these objectives and will be monitored throughout 2017/18</p>
<p>3 Publish a statement about well-being objectives</p>	<p>We included a statement about well-being objectives in the well-being objectives document we published.</p>
<p>4 Publish an annual report on progress</p>	<p>We will publish a full Annual Report on the progress on our Well-being Objectives for 2017/18 after the year end</p>
<p>5 Publish our response to any recommendation made by the Future Generations Commissioner for Wales.</p>	<p>We will comply with this when it occurs.</p>

Outcome C: People in Carmarthenshire are healthier ...

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



Goals: (as agreed in the Integrated Community Strategy with partners)

C1 - Ensuring each child has the best start in life

C2 - Preventing ill health and encourage healthy and active living

C3 - Improving the Emotional, Mental Health and Well-being of all people in the County

C4 - Reducing inequities in health

~~**C5 - Improving housing conditions and reduce homelessness**~~

Any text crossed out is not relevant to this Scrutiny.

C6 - Increasing access to health and social care for all people including vulnerable groups

C7 - Reducing drug and alcohol misuse

Our 2016/17 Key Improvement Objective Priorities (KIOPs):

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

We will promote Information Advice and Assistance service to the provide information to those who need it.

Progress at a glance:

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

Social Service and Well-being (Wales) Act

In a nutshell the Act:-

- Puts people at the centre of their care and empowers them to maximise their own well-being
- Shifts the focus to prevention by encouraging people to use their own, family and community resources
- Encourages partnership working and collaboration between organisations that provide care and support

The Act identifies six standards for promoting and improving the well-being:

Standards 1 - Helping people achieve the well-being outcomes they want.

Standards 2 - Working with people and partners to protect and promote physical, mental and emotional wellbeing.

Standards 3 - Safeguarding people from abuse, neglect or harm.

Standards 4 - Helping people to learn, develop and participate in society.

Standards 5 - Helping people maintain healthy domestic, family and personal relationships.

Standards 6 - Helping people achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

Over the last year we have been preparing for the implementation of the Social Services and Wellbeing Act, raising awareness amongst staff and partners and realigning our services to respond to the new requirements. This has been challenging for us with a demand for services increasing in some areas against a climate of financial austerity. However the Act has provided us with the opportunity to develop services which promote wellbeing and independence and build on people's strengths and abilities which can significantly improve outcomes for those who use our services. In our evaluation by the CSSIW for the last year they note that we have made.

“ *Good progress on the implementation of the Social Services and Well-Being (Wales) Act (SSWBA), and has placed significant importance and investment on ensuring new ways of working are understood by staff and partner agencies and embedded into practice. A project board is in place with a clear action plan aligned to the SSWBA, and key milestones have been and continue to be achieved.* **”**

A Population Assessment was undertaken to provide 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.

Our Performance & Results for 2016/17:

Goal: C1 Ensuring each child has the best start in life:

Our Review and Evaluation for 2016/17

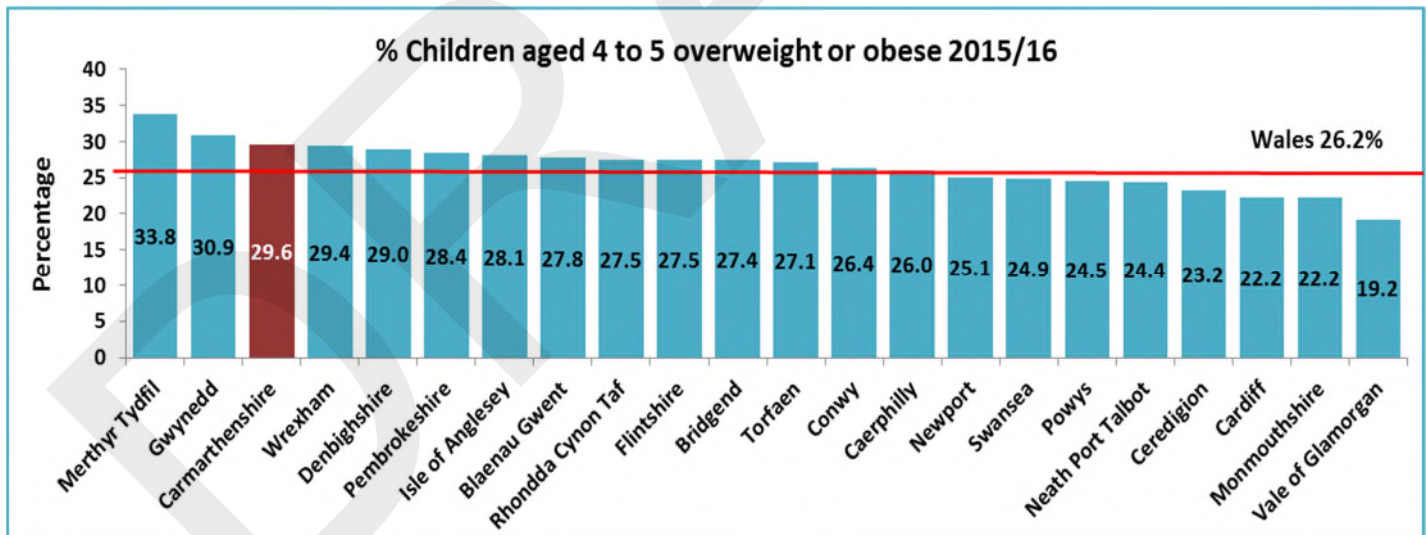
Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being– from obesity, heart disease and mental health, to educational achievement and economic status. To have an impact on health inequalities we need to address the social gradient in children’s access to positive early experiences. Later interventions, although important, are considerably less effective where good early foundations are lacking.

[Public Health Wales](#) (PHW) NHS Trust published its data on the 2015/16 Child Measurement Programme (CMP) for Wales which contains findings of the programme of child measurements carried out with children attending reception class in schools in Wales.

- 92.9% of eligible children participated in the programme in Carmarthenshire with 93.3% in Wales.
- The % **overweight or obese** in Carmarthenshire has reduced slight from **30.7%** in 2014/15 to **29.6%** in 2015/16 and continue to be the **3rd highest in Wales** and well above the Welsh average of 26.2%.
- The proportion of children who are **obese** has also reduced slightly from **13.6%** in 2014/15 to **12.9%** in 2015/16
- Obesity in childhood often persists into adult life, leading to related health problems like type 2 diabetes, liver disease, higher rates of heart disease, and some cancers



The Child Measurement Programme for Wales 2015/16



The **Flying Start** early years programme is a key component of the Welsh Government’s *Tackling Poverty* agenda which aims to support families with children aged 0-3 who live in some of the most disadvantaged areas in the county, providing a range of intensive prevention services to improve children’s language, cognitive, social, emotional, and physical health and development which we are able to provide through:

- An enhanced health visiting service
- Free part-time high quality childcare for 2-3 year olds
- Parenting support (including parenting programmes and basic skills)
- Support for Speech, Language and communication

In Carmarthenshire there are 24 Flying Start Settings in 17 areas (Betws, Richmond Park, Lakefield, Bigyn, Llwynhendy, Felinfoel, Carway, Morfa, Trimsaran, Pwll, Pembrey, Carmarthen Town North, Glanamman, Garnant, Bury Port, Pantyffynnon and Dafen).

Childcare provision in Carmarthenshire is delivered in partnership with private, voluntary and statutory sectors, and has continued to develop. During 2016/17 we have continued to support and maintain a total of **242** registered providers of child care provision (with a total of **4,165** registered places). This is slightly lower than in 2015/16 of 246 registered providers and 4,365 places and is largely due to a decrease in registered sessional care settings operating under 4 hours.

The new Child and Family Unit (CFU) **systemic model** of practice within Pod's has been introduced progressively, with all four childcare teams now using the model but at different stages of development which has enabled a gradual shift in practice rather than sudden change. Two educational psychologists provide clinical consultation to the childcare teams as part of the model, and Family Support workers and Unit Co-ordinators are now in post in all teams. A programme of developmental sessions has been put in place to support implementation of the approach. Staff across the four teams have attended training (March 2017) about the principles of systemic practice provided by morning Lane Associates from whom the model originates.

How did we perform during 2016/17?

❗ Also see goal **G5 Tackling poverty and its impact on the local economy**

Flying Start Key Measures		2015/16 Result	2016/17 Target	2016/17 Result	Comment
✓	% attendance at the free Flying Start Child Care placement (9.1.8.1)	78.9%	77%	78.9%	On Target
✗	number of children living outside of the Flying Start area who are able to access the Flying Start service through referral for outreach (9.1.8.2)	17	23	15	Off Target & Declined
The target of 23 for Outreach services is set by Welsh Government and is a wider part of the service and not statutory. Priorities were set by reviewing the risks within the service and as a result were only able to take in a limited amount of new referrals for outreach					
✓	% of high need families living in a Flying Start area receiving at least a monthly contact from the Flying Start Health Visiting Service (9.1.8.3)	96%	93%	96%	On Target
✗	% of families with additional social welfare needs linked to poverty, living in a Flying Start area receiving time specified interventions from the wider Flying Start Team (9.1.8.6)	96%	95%	90%	Off Target & Declined
Disappointed not to have reached the target but it does reflect the staffing issues we have had across the programme, due to sickness, losing a post and maternity.					
✓	% of unauthorised absence at the free Flying Start Child Care settings (9.1.8.8)	New for 16/17	6.00%	4.07%	On Target
✗	% of children in Flying Start areas reaching, exceeding or within one age band of their development milestone at age 2 years, (assessed within 23-25 month) (9.1.8.9)	New for 16/17	85.00%	84.90%	Off Target
This is slightly off target, and would have required one additional child to have reached their development milestone to have reached the required target. Assessments of children to date have received support from Flying Start together with children within the new Flying Start areas during 2016/17. Further analysis of these assessments needs to be done to ascertain if there is a difference between the children					
✗	% of children in Flying Start areas reaching, exceeding or within one age band of their development milestone at age 3 years, (assessed within 35-37 month) (9.1.9.0)	New for 16/17	90.00	87.13%	Off Target
A disappointing result and would have required an additional 9 children to have reached their development milestone to have met the required target. Further analysis of these assessments needs to be done to ascertain if there is a difference between the children receiving support from Flying Start in the long term and the children who are newly eligible					

- ✓ We have provided [free swimming](#) for almost 19,000 children (u16) at our swimming pools during weekends and in school holidays during 2016/17, this is an increase on the 16,000 in the previous year. This programme is linked to the Welsh Learn to swim pathway, [Aqua passport](#). (3.4.2.2)
- ✓ We have increased the % of children who can swim 25m aged 11 from 63.6% to 66.4% Provision of school swim lessons has grown by 4% engaging over 3,700 children with non-school lessons increasing by 10% engaging over 2,200 people. (3.4.2.1)
- ✓ Delivering sector-leading initiatives for the early years, such as the 'Actif Storytime' programme which is delivered across more than 100 settings in the community including Meithrins', libraries and family centres. This has resulted in 1,642 sessions being run, engaging 21,460 attendances!
- ✓ Distributed over £83k of Sport Wales' Community Chest fund to over 71 community clubs in the county to help [develop grass roots sport](#).
- ✓ Provision of school swim lessons grown by 4% engaging over 3700 children and by 10% for non-school lessons engaging over 2,200 people.
- ✓ Junior Parkrun set up in Carmarthen by our Active Young People Officers, sustained by community volunteers and attended by an average of 40 people per week.
- ✓ '[Young Ambassadors](#)' for sport are in place in all secondary schools (a total of 36 Silver YA's) and 79% of primary schools (a total of 233 Bronze YA's), becoming leaders of the future by inspiring their fellow pupils to get active. Carmarthenshire has engaged in a sector-leading development of this by introducing 'Bronze Plus' Ambassadors at Yr 7 (a total of 40 B+ YA's) to retain Bronze YA's and develop their leadership skills as they move from primary to secondary schools. There is also a team of 1 Platinum and 6 Gold YA's to co-ordinate the county network.
- ✓ The Moneywise Educational Scheme is an incentive aiming at improving financial literacy skills in young people.

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



You wanted us to provide more welsh speaking registered childminders within the County.

We have increased the number of welsh speaking registered childminders from 29 to 55 and increased the number of welsh medium childcare places available within the county from 160 places to 295 places. We will continue to recruit, support and train new welsh speaking childminders in targeted areas of current unmet need.

- ❖ **1832** children are able to benefit from Flying Start early intervention programme across 17 geographical areas in the county, delivering an integrated multi-agency approach.
- ❖ Splash Programme introduced to the Aquatics pathway engaging children from 4 months as a pre-requisite to the Learn to Swim scheme. Over 240 children are now attending the scheme.

- ❖ The roll out and approach of initiatives for the early years is seen as sector leading across Wales, including the recent expansion of the approach to meithrins, libraries, etc. (111 facilities) which is currently unprecedented elsewhere in Wales.



The Young Ambassador programme aims to empower and inspire young people to become leaders through sport. The programme builds young people's confidence and leadership skills as they develop into young leaders becoming role models to their fellow pupils by promoting the values of sport and healthy lifestyles within the school and community setting. They do this by organising lunchtime or afterschool sport sessions and they also

help run sport sessions within the community.

The young ambassador pathway starts with Bronze Young ambassadors who are primary school age through to Platinum young ambassadors who are years 11 and 12 in Secondary school. Emily Janas, who is year 6 pupil at Ysgol Pum Heol has been a Bronze Young Ambassador for 1 years. When she became a bronze ambassador her mentor Hayley Lewis, Actif Young People officer said, *'she was quite quiet when I met her during the initial Bronze Young Ambassador training, but since becoming a YA I have seen such a difference especially in her confidence and she is now very vocal when delivering sessions and has become an outstanding young leader and role mode in Ysgol Pum Heoll'*

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

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

How did we perform during 2016/17?

- ✓ The number of GP referrals for the exercise programme during 2016/17 has increased from 1,129 referrals to 1,235 (3.4.2.5)
- ✓ We increased the number of % of people referred to the National Exercise Referral scheme that attend the 1st session of the programme from 49.7% to 58.1% (3.4.2.6) with 50.2% completing the 16 week programme (3.4.2.7)
- ✓ The number of visits to local authority sport and leisure centres during the year where the visitor will be participating in physical activity, per 1,000 population has increased from 6,905 to 8,289 = 1,384 increase of 20%, this equates to 1.5 million visitors (a 17.5% increase). This is just under the Welsh average of 8,387 and have moved from 20th to 12th position for 2016/17 when compared to all Authorities in Wales. (LCS/002b)
- ✓ We have further developed plans for a new Llanelli Leisure Centre linked to wellness village and life sciences hub (12045)
- ✓ Senior Parkrun set up in Llanelli by Sport & Leisure, sustained by community volunteers and attended by an average of 120 people per week
- ✓ We have inspected **100%** of high risk premises for food hygiene, animal health and trading standards inspections. (PPN/001i)

- ✓ We have maintained the high percentage of food establishments which are broadly compliant with food hygiene standards at 97.5% which is above the Welsh average of 95.16% and we have the 5th best result in Wales. (PPN/009)
- ✓ Preventing ill health, by means of market surveillance and sampling of food / feed supplied within the authority to ensure legal compliance in terms of claims, additives, colouring and composition.

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

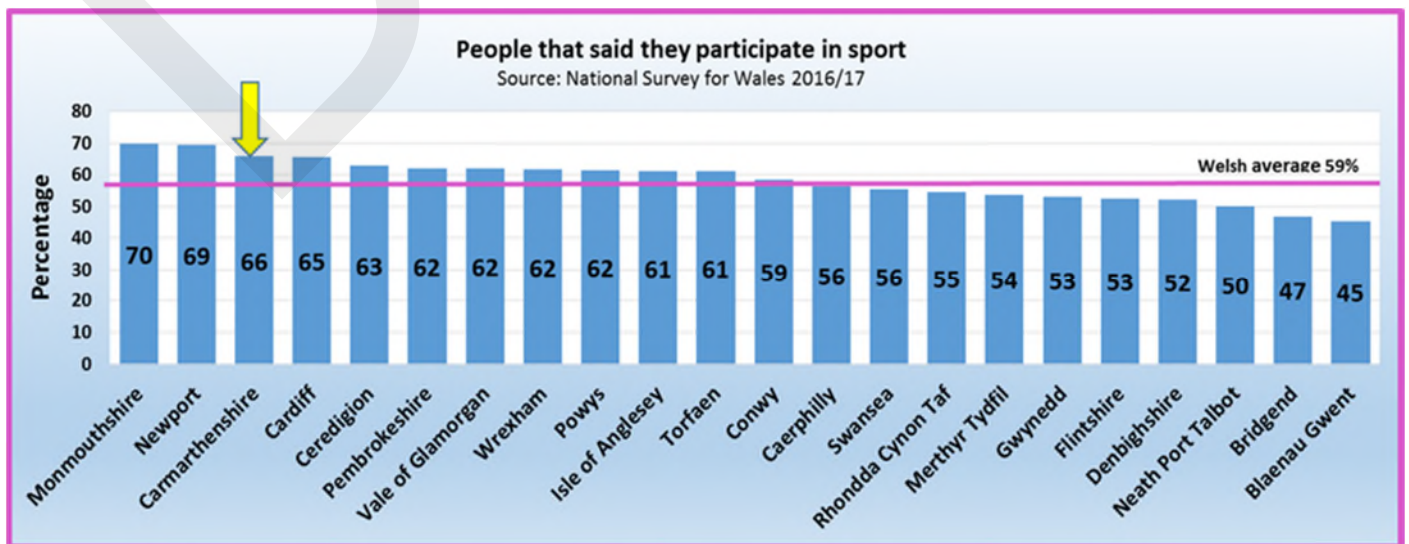


The National Exercise Referral scheme is a scheme which allows health professionals to refer patients aged 16 and over, who have a wide range of health conditions. Active Sport and Leisure team receive around 1,200 referrals a year for all sorts of reasons from heart disease, respiratory disease, falls prevention, weight management, cancer rehabilitation and mental health who are then supported through a 16 week activity programme to bring about life changing health improvements.

Mr X was referred to us by the Practice Nurse in Penygroes Surgery back in July 2016. He had suffered a stroke which affected his lower limbs. Balance was a concern for him as he was unsteady on his feet. His goals were to improve leg strength, balance and be able to walk further without using his sticks. He came in to our outreach session in Llandybie with 2 sticks and had to have chair support throughout the session, with plenty of seated alternatives.

One year later, he has come on better than what even he expected. He is still attending the session in Llandybie but doesn't need the support as much. He now only uses 1 stick and even leaves it by the door and walks in without using it throughout the session. He is now using the gym as well where the focus is leg strength and he has noticed a difference in his balance. His balance is much better than what it was and he seems to be improve day by day.

Recently published results from the [2016/17 National Survey for Wales](#) shows that **66%** of people in Carmarthenshire said they participate in sport. This is the **3rd highest** in Wales and above the Welsh average of 59%.



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

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

The Mental Health, Learning Disability and Safeguarding Service is striving to deliver an approach that supports and enables people to remain in control of their lives, and where possible in control of the solutions that best meet their aspirations and what matters to them. The aim is to focus on people's strengths and abilities, and support them by using family, friendship and community networks alongside services. This culture change is at the heart of the Social Services and Wellbeing Act (2014) which emphasises community models of care and support. The Act requires us to focus on accessible services, information, advice and support, prevention and maximising the potential of the community as a resource. Person centred planning is at the heart of this legislation and real engagement with those who use our services is paramount.



Family Information Services (FIS) enables families, professionals and other agencies access to a broad range of information about what services and support is available within the county. FIS have been meeting with personnel from 'Dewis' to work towards migrating to the Dewis database. FIS website has been updated and is now easier to navigate. 'FIS Champions' have been introduced who will take responsibility for ensuring information is accurate and up-to-date, regularly reviewing the content of their pages and to support improvement of information both for families

and professionals.

How did we perform during 2016/17?

As part of the Mid & West Wales Collaborative Children's Services Programme Board we have been reviewing how we provide **Information, Advice & Assistance (IAA)** and access to our services for children and families. Following a review by Institute of Public Care (IPC) we have a regional action plan for implementation. We have met with the new Information, Advice & Assistance Manager to 'map out' all our 'front door' access and the IAA Transformation Board meetings have commenced.

- ✓ The number of users to the **Family Information Services** website has increased by 35% and the number of page views has increased by 37% during 2016/17.

Year	Number of sessions	Number of Users	Page views	New visitors
2016-17	20,137	13,897	57,714	67.7%

- Between April 2016 – March 2017 there have been 1,870 online Childcare searches
- We have 945 twitter followers
- ✓ The Central Referral Team (**CRT**) works well in providing a single point of contact for anyone who has concerns over a child's welfare, ensuring a consistent approach to decision-making. The team works closely with FIS, signposting families (where appropriate) to preventive services to ensure they get the level of intervention they need thus avoiding unnecessary statutory involvement.

- ✓ In 2016 we established a Practice and Policy Board which is overseeing implementation of the SSWBA. Senior officers from mental health, learning disability and safeguarding are represented on this group. We have agreed a common assessment for adult social care and piloted this within learning disability.
- ✓ We are implementing the preventive agenda within the mental health and learning disability teams, since April 2016 e.g. the Community Mental Health Team has responded to 30 “wellbeing” referrals.
- ✓ European Social Fund has been secured to support posts and progress the **Cynydd** projects for those who are at risk of becoming NEET and **Cam Nesa** or those who are NEET. Out of the seven referrals received since November six of these now have an established educational pathway.
- ✓ LLyn llech Owain is a joint venture with our parks department offering activities such as maintaining the parks. During 2016 they also had the opportunity to work with the council's leisure department.
- ✓ Opportunities Street which is joint venture with our regeneration colleagues has been enhanced over the last year. It is an outlet for selling crafts made by individuals accessing our services. The shop had several successful Christmas fayres selling a variety of goods at these events.
- ✓ Raising awareness of safeguarding has been a priority during 2016. We have continued to offer training to partner organisations as part of the Social Care Workforce Development Programme (SCDWP) as well as planning and delivering joint training on Adult Protection Support Orders in conjunction with Dyfed Powys Police. Significant numbers of Staff in the division have also attended Domestic Violence and Prevent training.
- ✓ Carmarthenshire Young Carers summer programme 2016 – The Arts development Department has enabled Arts Care Gofal Celf (ACGC) to continue supporting young carers in another successful year of activities.

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

In June 2016 the Ffwrnes worked in partnership with, Arts Council Wales and Canoe Theatre Company on a production specifically created and based on the challenges which accompany people with dementia and their families and support networks. Working with Alzheimer's Wales and Sir Gar the Ffwrnes hosted a Dementia Awareness Day which provided people with dementia, their families and voluntary support workers an opportunity to see the performance and take part in a Singing for the Brain workshop plus many more related activities. A similar event is currently being planned for 2017/18.

“I am very happy with the support Mum now receives. She is communicating better, her mental health has improved as well as her social life. The staff are relaxed and the home environment is fun. Brilliant!”

A family member in relation to a supported living project

Goal: C4 Reducing inequities in health**Our Review and Evaluation for 2016/17**

Overall we have worked hard to reduce inequities in health by delivering services which help maintain and support people's independence. We are aware we need to provide services to support people and have developed "Carmarthenshire's Vision for Sustainable Services for Older People for the next Decade." This sets out how we will meet the challenges of a growing older population with a shrinking budget. We know that although there is much work still to be done, we are making progress.

"The Council has shown in their plans and strategies, a clear understanding of the issues they will face in the future if they are to support older people to live independently. These are based on an ageing population, people living longer and an increase in conditions prevalent in older people."

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

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



KEY IMPROVEMENT OBJECTIVE PRIORITY (KIOP) Promoting Independence and Well Being for Older People

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



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

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

These broadly fall into three tiers:

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

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

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

Key Measure of Success

Key Measures of Success	2015/16		2016/17	
	Actual	Welsh Average	Actual	Progress
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 years and over (SCA/001)	4.69 (87 clients aged 18+)	4.87	2.30 (43 Clients aged 75+)	Please note: The result is different to 2015/16 as the new Social Care Act guidance states that the numerator should only include adults aged 75+

Why these key measures are important

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

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

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

During 2016/17 we delivered 11 out of our 11 KIOP commitments

Last Year's Commitments	✓ x	Progress Comment
The % percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later (SCA/20a) New measure – baseline to be established during 16/17	✓	38.89% This is a new performance measure implemented by the Welsh Government in relation to the Health & Social Care Wellbeing Act (6th April 2016). As this is a new reporting measure we are currently in the process of amending our systems and designing reports that will enable us to report and capture the data.
The % percentage of adults who completed a period of reablement and have a no package of care and support 6 months later (SCA/20b) New measure – baseline to be established during 16/17	✓	59.34% This is a new performance measure implemented by the Welsh Government in relation to the Health & Social Care Wellbeing Act (6th April 2016). As this is a new reporting measure we are currently in the process of amending our systems and designing reports that will enable us to report and capture the data.
Average length of time older people (aged 65 or over) are supported in residential care homes reduce (SCA/21) New measure – baseline to be established during 16/17	✓	989 This is a new performance measure implemented by the Welsh Government in relation to the Health & Social Care Wellbeing Act (6th April 2016). As this is a new reporting measure we are currently in the process of amending our systems and designing reports that will

		enable us to report and capture the data.
The rate per 1,000 population 75+ who are affected by delayed transfers of care for social care reasons (SCA/001 2016/17 Target Rate 2.40 – result 2.30 (43 clients)	✓	2.30 We have introduced a new process which concentrates on identifying medically fit and functionally stable patients at an earlier stage by working in conjunction with the Discharge Liaison Nurses to ensure accurate information is received on each individual. Which has shown an improvement and maintained our target. Please note: The result is different to 2015/16 as the new Social Care Act guidance states that the numerator should only include adults aged 75+
The average number of calendar days taken to deliver a Disabled Facilities Grant (PSR/002) 2015/16 Result - 232 days) 2016/17 Target 220 days.	✓	167 days during 2016/17 which is better than the Welsh average of 225 days and is the 4 th best result in Wales
The average number of calendar days between initial contact for an adaptation and receipt of Occupational Therapist assessment across all forms of Tenure (7.3.1.10) 2015/16 – 98 days. 2016/17 Target 91 days	✓	68 days during 2016/17
We will develop a robust and efficient Information Advice & Assistance service. (12050)	✓	Over the last year significant work has taken place to develop a robust IAA service. This has included moving the Careline team from Llandeilo to Eastgate to be co-located within the CRT team, up-skilling all Careline agents to deliver an IAA service, developing a multi-disciplinary team for the first point of access which includes social work, therapists, nursing and community resilience officers. The service is now fully operational and forming the single point of access for all adult social care enquiries.
We will manage the risks associated with outstanding reviews and Deprivation of Liberty Safeguards applications. (12051)	✓	A plan has been developed and agreed with Senior Managers to ensure a collaborative approach to managing the risks associated with DoLS.
We will conduct a population assessment at locality level to inform population needs assessment and service planning in line with the new Social Care Act. (12052)	✓	A regional group was established to progress the population assessment defined in themes. This report has now been completed with Carmarthenshire contributing at all levels and leading on the regional older adults report.
We will modernise our workforce to support implementation of the duties under the Social Services Well-Being Act and the objectives outlined in 'Carmarthenshire's Vision for Sustainable Services for Older People for the Next Decade' and the Health Board's Integrated Medium Term Plan. (12053)	✓	Service realignment and a full training programme has been delivered across the service to ensure that we are in line with legislative and policy directive.
We will take forward the Delivery Plan for Ageing Well in Wales and ensure we link to other Council plans and with other relevant partners. (12054)	✓	An annual report has been produced to show Council performance for the period 2015-16. Work to ensure business plans continue to reflect Ageing Well Plan priorities is at an advanced stage, and Ageing Well has been mainstreamed as one of the Council's Wellbeing Objectives.

Is anyone better off?

Following implementation of the Social Services and Well-being Wales Act, Local Authorities are required to collect qualitative information about people who use their Social Care Services via an annual questionnaire. The number of responses to the survey for adult services was 626.

This is a 43% response rate. We consider this to be a really high, example of the responses are,

- ❖ 81% feel that they live in a home that best supports their well-being.
- ❖ Only 3% felt that their home did not support their well-being.
- ❖ 49% felt that they were part of a community.
- ❖ 18% stated that they did not feel part of the community.
- ❖ 73% stated they felt safe from any kind of abuse, physical harm or from falling both inside and outside their home.
- ❖ 72% of people stated they thought they had the right information or advice when needing it.
- ❖ 85% were able to communicate in their preferred language

Carers receiving a care and support plan, in total 30 questionnaires were dispatched. The number of responses to the survey is 28. This is a 93% response rate.

- ❖ 43% of respondents felt that they were part of a community.
- ❖ 75% of people felt happy with the support from friends and family.
- ❖ 82% of respondents stated they felt safe from any kind of abuse, physical harm or from falling both inside and outside their home.
- ❖ 71% of people felt that they have been actively involved in decisions about how my care and support was provided.
- ❖ 89% of respondents were able to communicate in their preferred language.
- ❖ 86% of people felt they were treated with dignity and respect.
- ❖ 70% were happy with the support they had received

"I am happy with the carers, they take me for coffee, for meals and to church"

A Service user describing what matters to them

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

We support people to stay independent, and to maintain choice and control over their lives. To do this, it is important that everyone has access to the information and advice they need to make the right choices for them.

Some people need extra care or support to lead an active life and do the everyday things that many of us take for granted. Our aim is to support you to maintain a good quality of life, or help you find other people who might be able to help

We are encouraging individuals to play a greater part in their communities by encouraging the use of spice time credits, whereby a person who helps out in their community is rewarded for their time. We have also developed our Information, Advice and Assistance Service which provides support for individuals with care and support needs, or carers who require information or advice about the services available to them both within the local authority and in the community. To support this service we are also developing the DEWIS web service, which will enable individuals to access details of all the community based services available to them within their area. We also have dedicated Community Resilience Officers who work for the local authority whose sole role is to help people identify services in a person's community that can meet their needs. We also working closely with our health colleagues, for example with initiatives such as a Foodwise programme to help people to understand about healthy eating, and an expert patient programme to train people who are diabetic about how to monitor their symptoms

The Moneywise financial literacy project is taught in local schools, teaching the basics of financial literacy and money management. The programme has so far been taken up by 69 schools.

Time Credits are a time base currency that supports the building of communities. Hours donated by the community since the beginning of the Spice partnership with Carmarthenshire Housing Services have finally tipped over the 45,000 mark to an incredible 45,895 hours of skills and experiences given by Carmarthenshire tenants and residents through the time based currency of Time Credits.

Our Review and Evaluation for 2016/17

The Institute of Public Care (IPC) undertook a review of our children's disability services. As a result of the findings standard tools were developed designed to support the trial of a Resource Allocation System (RAS) which will provide a fair and transparent means of allocating services to families with a personalised approach. This approach will be piloted with a view of rolling it out across services later in 2017/18.

We submitted a proposal to the Regional collaborative Board for the extension of specialist provision on the Garreglwyd site for children and young people with autistic spectrum disorder (ASD) which will be considered as part of the ASD specific funding next year. We have been extending provision this year with the additional space we have available since the education provision moved out to Ysgol Bro Dinefwr. A Service Level Agreement has been developed and key stakeholders from Education, children's services and the Health Board are meeting in May/June to agree future priorities for the service. Positive feedback was received by CSSIW who inspected the service during August 2016:

"The service was very flexible in responding to the staffing needs of the Young People. Staff were able to communicate in a variety of ways, which helped them to understand the Young people's needs and choices'.

Supporting young people into education, training and employment

The Cynnydd (European Social Fund) project is up and running, working with Education supporting vulnerable young people into employment, education and training, and identifying disabled children who may be a risk of becoming NEET. Work is also underway to review our direct service provision within the Community Inclusion division. This will be an opportunity to ensure services are modernised and focused on the needs of vulnerable young people.

The Transition Team is an established team who work with disabled children and young people aged between 16 & 25 and jointly managed by children and adult services. Using person centred planning processes the team aims to ensure that the transition from children to adults is as seamless as possible. The team aims to ensure that wherever possible disabled young people have the same opportunities as all young people within the community.

- ✘ Scoping of the Transition and Disability strategy along with IPC review of disability services is well underway. Taking into account the requirements of the Social Services and Well-being Act and forthcoming Additional learning needs reforms. A project plan is being developed to take this forward.
- ✔ We have developed a new Information Advice & Assistance service during 2017/18. Our new information advice and assessment team gives a single number 24 hours a day for social care advice and assistance and coupled with the decision to create a dedicated out of hours social work service working across children's and adults will give us the best possible chance to get people the right help at the right time. This will be an extension of the social work day services covering the County, including hospitals at weekends. I am confident that we are at the forefront of developments in this area in Wales
- ✔ A number of joint projects are also underway following successful bids to the Intermediate Care Fund.
- ✔ A review of day service and respite provision has been undertaken this year which is driving a future model of service. This has been led by those who use services and front line staff whose energy, commitment and appetite for change has been impressive.
- ✘ Overall our performance during 2016/17 demonstrates improvement, but we acknowledge that remedial action is required in relation to DoLs and reviews in particular.
- ✘ Overall we are making good progress and whilst there are areas which need attention the building blocks are in place to enable us to continuously improve and achieve the business objectives set for 2017-2020.

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



Wales' only integrated all-ability netball team is going from strength to strength.

Ser y Byd Netball Team started training in 2010 during PE sessions or lunch breaks at Ysgol Heol Goffa, Llanelli, with only seven players.

Head coach said over the years pupils' interest had grown and they had moved on to allocated sessions at Llanelli Leisure Centre every Friday with the group growing to 21 members.

They have joined with clients and staff at Coleshill adult training centre to form a joint club of unisex members.

Carmarthenshire County Council's executive board member for education and children's services, Cllr Gareth Jones, said: *"The netball club is a tremendous success with their members looking forward to attending sessions, meeting old and new friends, and working together as part of a team."*

"The integration with Coleshill Centre users is inspirational and the next step must be for mainstream schools to have an involvement."

Goal: C7 Reducing drug and alcohol misuse

Our Review and Evaluation for 2016/17

A review of Substance Misuse Services identified a risk that young people can fall through the net between children and adult services. The review recommended specialist adult services 'reach in' to become involved prior to a young person's 18th birthday. We will continue to work together regularly to plan for those children with the most complex needs. The **Substance Misuse team and Integrated Family Support Team (IFST)** continue to work closely together, meeting regularly to allocate case work. A restructure proposal has been developed to realign the team which will add greater capacity and maintain links between other children's services teams.

How did we perform during 2016/17?

- ✓ This year we have evaluated the services delivered by the Integrated Family Support and Substance Misuse Teams. The two teams continue to work closely together having regular meetings to allocate case work. It has been determined that there is no value in currently integrating the two services.
- ✓ A restructure proposal has been developed to realign the Substance Misuse Team which will add greater capacity for case work and will maintain the links between the teams and other children's services teams.
- ✓ Training relating to Alcohol Related Brain Damage (ARBD) was commissioned and delivered across the department for staff to meet this growing challenge. ARBD recently supporting an individual back into the community following an intensive community based programme.
- ✓ Substance Misuse Team work closely with the Derwen Newydd project that provides a supported environment for people wanting assistance to remain abstinent. We sit on the allocation panel and attend steering groups and have recently identified the need to expand the project through provision of a downstairs bedroom to accommodate complex cases.
- ✓ Substance Misuse Team continue to be managing weekly partnership meetings looking at swift allocation of cases between Social Work, Hywel Dda, and Tier 2 providers.
- ✓ Continue to assess people for specialist Tier 4 placements, whilst looking at least restrictive community options in the first instance.
- ✓ Attend MARAC on behalf of Substance Misuse Services and respond to vulnerable individuals who require support due to Domestic Abuse and Substance Misuse.
- ✓ The service has been recognised as a model of best practice being finalists in the Social Care Accolades and BASW Cymru team awards.

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

Carmarthenshire Substance Misuse Team and Tywi, Teifi, Taf (3Ts) social work team were both given certificates for exceptional practice and achievement for their service users/carers in the Social Work Team category.

Executive board member for health and social care, Cllr Jane Tremlett said:

“These awards promote the positive aspects of our profession, great social work practice and supportive organisations. What an achievement for Carmarthenshire County Council’s social care team, we had commendations in every category and it just goes to show their dedication and commitment. We are extremely proud of the team we have in Carmarthenshire.”

Someone who has received a service from the substance misuse team said:

“thank you very much for all you have done for me, especially getting me into rehab and giving me the chance to be a better person and parent, I could not do it without you”

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

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



To help improve road safety the Llanelli Scarlets backed the Carmarthenshire County Council-led campaign to tackle drink driving at Christmas.

Hooker Ken Owens and outside half Rhys Patchell joined Carmarthenshire County Council Leader Cllr Emlyn Dole to launch the seasonal campaign at Parc y Scarlets.

Goals: (as agreed in the Integrated Community Strategy with partners)

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

Progress at a glance:

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

Safeguarding Adults

The Council continues to prioritise Adult Safeguarding and helps to support adults with learning disabilities, mental health and people with drug and alcohol problems. It also safeguards vulnerable adults and people who lack mental capacity in care homes and hospitals. During the year we have invested in a new structure for this service to improve response times and ensure that we have the capacity to prevent the abuse of vulnerable people. This has been a successful programme of change, with improved response times which enables us to be confident that the most vulnerable people in the community are safer than ever.

Mid and West Wales Safeguarding Board's new website has launched its new website, developed by the regional safeguarding boards for children and adults. In order to discharge The Mid and West Wales Safeguarding Board's objectives effectively, one Board has been developed for Children and one for Adults. The new Adult website is called [CWMPAS: Collaborative Working & Maintaining Partnership for Adult Safeguarding](#).

The Boards Objectives are:

- ❖ To **PROTECT** adults within Mid & West Wales who:
 - have a need for care and support, and are experiencing or are at risk of abuse or neglect and
- ❖ To **PREVENT** those adults within Mid & West Wales from becoming at risk of abuse or neglect

The purpose of the Website is:

- ❖ To provide an information-sharing hub accessible to members of the public and professional agencies across the whole region – encompassing Pembrokeshire, Carmarthenshire, Ceredigion and Powys.
- ❖ To support the safeguarding boards' vision of professional agencies working together to promote safety and wellbeing.

The launch coincided with National Safeguarding Week which was promoting and raising awareness with the message that 'safeguarding is everyone's business'.

Rebecca Evans, Minister for Social Services and Public Health, said: "We want to make sure that children and adults in Wales are protected from abuse or neglect and that those around them know how to recognise the signs and dangers. Through the Social Services and Well-being (Wales) Act 2014 we have introduced an effective partnership approach to safeguarding.

"The website, which has been developed by the regional board, will help share information and expertise on safeguarding issues and ensure the safety of vulnerable children and adults in Mid and West Wales."

Our evaluation by the CSSIW for last year said:

“ *Carmarthenshire has strong carer representations on the Carers Partnership board and the Regional Strategic carer's board, they have a strong voice and hold the local authority to account in ensuring that carer's needs are effectively met. These groups have been instrumental in raising issues about shortfalls in carers' assessments and the authority has developed a new post to complete this task more effectively.* **”**

How did we perform during 2016/17?

The number of responses to a survey for adult services was 626. This is a 43% response rate. We consider this to be a really high, examples of the responses are:-

- ❖ 81% feel that they live in a home that best supports their well-being.
- ❖ Only 3% felt that their home did not support their well-being.
- ❖ 49% felt that they were part of a community.
- ❖ 18% stated that they did not feel part of the community.
- ❖ 73% stated they felt safe from any kind of abuse, physical harm or from falling both inside and outside their home.
- ❖ 72% of people stated they thought they had the right information or advice when needing it.
- ❖ 85% were able to communicate in their preferred language.

ALSO

- ✓ We have ensured that 75% of adult protection enquiries are completed within 7 days. (SCA/18)
- ✓ The Local Operational group is now established and a culture of trust and transparency is developing well. This group will test and challenge safeguarding practice and will potentially be the conduit for Adult Practice Reviews.
- ✓ At present Safeguarding investigations are only undertaken by the Safeguarding team with assistance from nurse assessors. This means that best practice and lessons learned are shared regularly. A regional Adult Practice Review group has been established where serious cases are considered and often reviewed. Lessons learned are shared via the Regional Safeguarding Board and the Local Operational Group.
- ✓ Significant work has been undertaken to review the existing safeguarding and DoLS processes.

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

Taking steps to protect and safeguard people from abuse, neglect or harm

For the first time in Wales, the safeguarding of an adult who is at risk of abuse or neglect has been addressed in a piece of legislation. As a result, our dedicated safeguarding team has been working with other organisations such as Pembrokeshire County Council, Ceredigion County Council, Powys County Council, Hywel Dda University Health Board, Powys Teaching Health Board, and Dyfed Powys Police, to look at ways of not only how to protect adults who have been abused or neglected or are at risk, but also at ways of preventing individuals from suffering such abuse or neglect.

Our Corporate *Safeguarding Policy* promotes greater understanding among staff, councillors and people working on our behalf about guidelines in place for safeguarding children and adults. We have action plans for the Safeguarding People Team, Adult Protection and Corporate Safeguarding, and these are given high priority.

APPENDIX A

The following are results of the 2016/17 National Survey for Wales available at local authority level, but not all of these are attributable to the Councils performance.

Where the same question was asked in the previous survey (2014/15), the table below shows whether we have improved our performance and our rank position.

Questions asked in the 2016/17 National Survey for Wales and available at Local Authority level	Has our result improved from 2014/15 to 2016/17			22 nd	21 st	20 th	19 th	18 th	17 th	16 th	15 th	14 th	13 th	12 th	11 th	10 th	9 th	8 th	7 th	6 th	5 th	4 th	3 rd	2 nd	1 st
	2014/15 survey result	2016/17 survey result	Improved ↑ Standstill ↔ Declined ↓	Worst results											Best Results										
				Arrows start from our 2014/15 position											to our 2016/17 position										
1 Whether agree council provides high quality services	58	51	↓	21																					61
2 Whether agree council lets people know how it is performing	42	35	↓	16																					48
3 Whether agree council does all it can to improve the area	37	36	↓	19																					53
4 Whether feel can influence decisions affecting the area	21	17	↓	9																					24
5 Whether contacted councillor in the last year	15	16	↑	10																					24
6 Of those that had contacted their councillor - Whether understand what councillor does	63	48	↓	40																					77
7 Of those that had contacted their councillor - Whether councillor works closely with local community	59	44	↓	37																					72
8 Satisfaction with child's primary school	not available	93	Not applicable	81																					99
9 Satisfaction with education system (All aspects of the education system) (Score 1-10 worst - best)	6.6	6.0	↓	5.7																					6.5
10 People feeling safe (at home, walking in the local area, and travelling)	not available	79	Not applicable	57																					91
11 Have a sense of community	not available	48	Not applicable	37																					67
12 Belonging to local area	84	70	↓	63																					82
13 People in area from different backgrounds get on	87	68	↓	62																					87

APPENDIX A

Questions asked in the 2016/17 National Survey for Wales and available at Local Authority level	Has our result improved from 2014/15 to 2016/17			22 nd	21 st	20 th	19 th	18 th	17 th	16 th	15 th	14 th	13 th	12 th	11 th	10 th	9 th	8 th	7 th	6 th	5 th	4 th	3 rd	2 nd	1 st		
	2014/15 survey result	2016/17 survey result	Improved ↑ Standstill ↔ Declined ↓	Worst results												Best Results											
				Arrows start from our 2014/15 position												to our 2016/17 position											
14	People in area treat each other with respect	83	72	↓	56																					87	
15	Household in material deprivation	17	15	↑	21																					11	
16	Keeping up with all bills and commitments without any difficulties (non pensioner)	not available	51	Not applicable	47																					76	
17	Keeping up with all bills and commitments without any difficulties (pensioner)	not available	75	Not applicable	75																					91	
18	Whether household has internet access	76	83	↑	77																					89	
19	Participating in any activity excluding walking	not available	55	Not applicable	39																					60	
20	Participating in any indoor game or activity	not available	38	Not applicable	25																					47	
21	Participating in any outdoor game or activity	not available	30	Not applicable	19																					33	
22	Participating in any outdoor pursuit	not available	54	Not applicable	25																					54	
23	Participating in any sport	not available	66	Not applicable	45																					70	
24	Agree there's a good Social Care Service available in the area (elderly, children, disabled and carers)	53	56	↑	44																					68	
25	Yes can speak Welsh	not available	40	Not applicable	9																					75	

APPENDIX B

The measures published by all councils in Wales	Has our result improved from 2015/16 to 2016/17		How good is our 2016/17 result?	22 nd	21 st	20 th	19 th	18 th	17 th	16 th	15 th	14 th	13 th	12 th	11 th	10 th	9 th	8 th	7 th	6 th	5 th	4 th	3 rd	2 nd	1 st		
	Our 2016/17 result	Improved ↑ Standstill ↔ Declined ↓	★ = Bottom (Worst) ★★ = Bottom to Middle ★★★ = Middle to top ★★★★ = Top (Best)	Worst results										Best Results													
	Arrows start from our 2015/16 position to our 2016/17 position																										
13	% Pupils leaving with no qualification (EDU/002i)	0.2	↓	★★																							
14	% Pupils in care leaving with no qualification (EDU/002ii)	0.0	↔	★★★★																						same joint	
15	% Pupil attendance in primary schools (EDU/016a)	94.8	↓	★★																							
16	% Pupil attendance in secondary schools (EDU/016b)	94.5	↑	★★★																							
17	% Of statements submitted < 26 weeks incl exceptions (EDU/015a)	43.9	↑	★																							
18	% Of statements submitted < 26 weeks excl exceptions (EDU/015b)	71.4	↓	★																							
19	% achieving Welsh (first language) Key Stage 3 (EDU/006ii)	42.2	↓	★★★★																						same	
People who live, work and visit Carmarthenshire are safe and feel safer																											
20	% Looked-after children changing school (SCC/002)	3.4	↑	To follow																							
21	% Children in care with 3 or more placements in the year (SCC/004)	11.17	not comparable with previous year	To follow																							
Carmarthenshire's communities and environment are sustainable																											
22	% Change in average Display Energy Certificate score (CAM/037)	-0.3	↓	★★																							
23	% Highways inspected for high/acceptable standard (STS/005b)	98.6	↓	★★★																							
24	% Municipal wastes sent to landfill (WMT/004b)	4.73	↑	★★																							
25	% Municipal waste reused, recycled or composted (WMT/009b)	66.23	↑	★★★★																							
26	% Reported fly tipping cleared in 5 working days (STS/006)	85.92	↓	★																							
27	% Adults aged 60+ with a concessionary travel pass (THS/007)	81.4	↑	★★																							
28	% (A) (B) & (C) roads that are in poor condition (THS/012)	9.2	↑	★																							

Measures 10 & 11 - Our results are the same as the Welsh Government publication which is based on school Year 11 cohort and includes children educated other than at school (EOTAS) which is not truly comparable with the previous year. This differs to the Local Government Data Unit publication of data on 13th September 2017 based on the 'pupils aged 15 at the start of the school year' cohort and excludes children educated other than at school (EOTAS) or Independent schools which can be compared with the previous year but still shows an improved results for Carmarthenshire with 590.6 and 64.5% respectively.

APPENDIX C

Performance measures that are measured by all Councils in Wales for 2016/17

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	How well have we done?	How well are we doing?							Improvement Plan Theme
		See explanation of performance				All Wales Comparative Info.			
Definition / Measure Reference	2015/16	2016/17							
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	
CHR/002 The number of working days/ shifts per full time equivalent (FTE) local authority employee lost due to sickness absence.	10.1 days	9.6 days	10.8 days	☹	▼	9.7 days	10.4 days	**	Building a Better Council
	The number of sickness days lost during 2016/17 of 10.8 days is off target and has increase by 0.7 days on last year. There continues to be an increase in sickness due to stress, mental health and fatigue which equates to over a quarter of the total sick days (26%). The second highest cause of sickness is Musculo-skeletal problems which has also increased from 15% to 18%. Human Resources are working with the Heads of Service to develop plans for improvement, this includes on-going attendance management briefing sessions at Departmental Management Team meetings. We also attend the Primary and Secondary Head Teacher meetings to discuss sickness performance and the support available. The in-house support for stress is being highlighted and managers are encouraged to undertake individual assessments if there's a cause for concern, this covers bereavement, anxiety depressions and other mental health conditions and includes home and work related stress absence. A new framework for attendance management has been developed with a the new Attendance Forum chaired by the People Management Executive Board Member, using the data to select the Head of Service to attend. It is also hoped that departmental targets will be introduced. Due to various departmental structural changes it is difficult to compare these year on year but the three highest average number of sickness days within service areas during 2016/17 are Environment Department - Waste & Environment services at 20.6 days, Communities Department - Regional Complex Needs and Transition Service at 18.8 days and Chief Executives – Information Technology at 17.5 days. Some of these figures include long term sickness cases of which are being managed through the process.								
LCS/002 The number of visits to local authority sport and leisure centres during the year where the visitor will be participating in physical activity, per 1,000 population	6,905	7,251	8,289	☺	▲	9,056	8,374	**	People in Carmarthenshire are Healthier
	A significant and pleasing improvement on previous year and target have occurred this year. This is attributable to a net increase of circa 55,000 attendances we directly 'manage', plus an additional 220,000 attendances now collected due to enhanced data collection methods. Given the disruption periods at Llanelli, Carmarthen and Ammanford (due to gym refurbishments) this is an excellent result.								
PPN/009 The percentage of food establishments which are 'broadly compliant' with food hygiene standards	94.98%	93.00%	97.50%	☺	▲	96.52%	95.04%	****	People in Carmarthenshire are Healthier

APPENDIX C

Definition / Measure Reference	2015/16	2016/17							Improvement Plan Theme
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	
4 PSR/002 The average number of calendar days taken to deliver a Disabled Facilities Grant	232 days	220 days	167 days	☺	▲	190 days	235 days	****	People in Carmarthenshire are Healthier
5 SCA/001 The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	New measure	2.40	2.30	☺	New measure	to follow	to follow		People in Carmarthenshire are Healthier
	This result is different to the old Delayed Transfer of Care measure for 2015/16 (SCA/001) as the new Social Care Act guidance states that the numerator should only include adults aged 75+ (now mirrors the Denominator - population aged 75+). The rate of 2.30 equates to 45 patients (aged 75+) were kept in hospital while waiting for social care during 2016/17.								
6 PLA/006b The number of additional affordable housing units provided during the year as a percentage of all additional housing units provided during the year.	8%	30%	34%	☺	▲	50%	38%	**	People in Carmarthenshire are Healthier
	The numerator is data from the affordable Housing data collection return for the year ending 31 March 2016. The denominator is data from the Newbuild data collection return for the year ending 31 March 2016 which does not only cover data from Local Authority Building Control (LABC) but also National House-Building Council (NHBC) and other Authorised Inspectors. There has been a large increase in the number of affordable housing units provided during 15/16 and a reduction in the total number of units provided during that year and therefore shows a substantial percentage increase on the previous year. This result does differ from the Councils other Affordable Housing return as this result does not include the affordable homes provided through social lettings.								
7 PSR/004 % of private sector dwellings that had been vacant for more than 6 months at 1 April that were returned to occupation during the year through direct action by the local authority.	5.73%	6.00%	6.53%	☺	▲	11.77%	6.41%	***	People in Carmarthenshire are Healthier
8 EDU/003 % of pupils assessed at the end of Key Stage 2, in schools maintained by the local authority, achieving the Core Subject Indicator, as determined by Teacher Assessment	88.2%	88.7%	89.0%	☺	▲	89.9%	88.9%	***	People in Carmarthenshire fulfil their learning potential
	The result continues to improve year on year and it the Authority's best result to date.The School Improvement Team will continue to support and challenge all schools with regard to increased outcomes at the end of the Key Stage 2. National arrangements to support accuracy of Teacher Assessment have been implemented and will continue to support work in our schools.								
9 EDU/004 % of pupils assessed at the end of Key Stage 3, in schools maintained by the local authority, achieving the Core Subject Indicator, as determined by Teacher Assessment	85.1%	85.6%	86.3%	☺	▲	88.2%	86.5%	**	People in Carmarthenshire fulfil their learning potential
	The result continues to improve year on year and it the Authority's best result to date.The School Improvement Team will continue to support and challenge all schools with regard to increased outcomes at the end of the Key Stage 3. National arrangements to support accuracy of Teacher Assessment have been implemented and will continue to support work in our schools.								

APPENDIX C

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Definition / Measure Reference	2015/16	2016/17							Improvement Plan Theme
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	
<p>EDU/011 The average point score for pupils aged 15 at the preceding 31 August, in schools maintained by the local authority</p>	580.3	581.0	596.0	☺	▲	555.6	534.5	****	People in Carmarthenshire fulfil their learning potential
<p>This result continues to improve and it the best ever result for the Authority and the best in Wales. This is due to an increase in rigour of tracking and challenge from the Local Authority and ERW Consortium (Education through Regional Working). The School Improvement team will continue to challenge and support schools' and monitor performance throughout the academic year in order to meet pupil, school and Local Authority targets.</p>									
<p>EDU/017 % of pupils aged 15 achieving 5 GCSEs at grades A*-C, or equivalent, including English or Welsh first language and Maths</p>	61.1%	61.6%	65.1%	☺	▲	65.0%	60.1%	****	People in Carmarthenshire fulfil their learning potential
<p>This result continues to improved year on year with strong improvement during 2015/16 academic year. Challenge, support and intervention strategies implemented by the School Improvement Team working in partnership with senior leaders in schools (including targeting specific departmental performance) have contributed greatly to this success. The School Improvement team will continue to challenge and support schools' and monitor performance throughout the academic year in order to meet pupil, school and Local Authority targets.</p>									
<p>LCL/001b The number of people using Public Library Services during the year per 1,000 population</p>	7,203	7,274	7,646	☺	▲	5,828	4,835	****	People in Carmarthenshire fulfil their learning potential
<p>Due to increased school and young person engagement steady improvements have been made in the use of online digital resources provided by the library service. Constant promotion and marketing of the corporate website and a continued investment in digital online services aims to improve these figures further in future years.</p>									
<p>EDU/002i % of All pupils (including those in local authority care) in any local authority maintained school, aged 15 as at the preceding 31 August who leave compulsory education, training or work based learning without an approved external qualification.</p>	0.0%	0.0%	0.2%	☹	▼	0.0%	0.1%	**	People in Carmarthenshire fulfil their learning potential
<p>This measure is off target and has declined compared to the previous year. Three Carmarthenshire pupils left compulsory education without a qualification. All pupils were targeted for additional interventions via the Vulnerability Assessment Profile and received additional support from their School, Educational Welfare and Childcare teams. However, due to case sensitive situations, the three pupils did not achieve a pass in an externally recognised qualification. All three young people are currently being supported by the Youth Support Service. The aim is to always ensure that pupils leave full time education with appropriate qualifications. This is achieved by targeting those pupils at risk and providing targeted appropriate intervention.</p>									
<p>EDU/002ii % of pupils in local authority care, in any local authority maintained school, aged 15 as at the preceding 31 August who leave compulsory education, training or work based learning without an approved external qualification.</p>	0.0%	0.0%	0.0%	☺	At maximum result	0.0%	0.0%	****	People in Carmarthenshire fulfil their learning potential

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Definition / Measure Reference	2015/16	2016/17							Improvement Plan Theme
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	
15 EDU/016a % of pupil attendance in primary schools	95.2%	95.4%	94.8%	☹	▼	95.3%	94.9%	**	People in Carmarthenshire fulfil their learning potential
Despite continued improvement in previous years there has been a slight decline in pupil attendance in primary schools during 2015/16 academic year. The All Wales comparative data shows that we have moved down from 5th place to 13th place. Analysis shows that we had a 0.1% increase in absence was due to pupil illness and a 0.3% increase in agreed family holiday. Continued improvements will be sought through increased support and challenge of schools. We will particularly consult with Headteachers to consider how to improve the two highlighted area's.									
16 EDU/016b % of pupil attendance in secondary schools	94.2%	94.4%	94.5%	☺	▲	94.5%	94.3%	***	People in Carmarthenshire fulfil their learning potential
The pupil attendance at secondary schools continued to improve during 2015/16 academic year and the comparative ranking shows us in 8th place which is an improvement on last year (9th) and above the Welsh average of 94.2%. Our expected ranking, based on the % of Eligible Free School Meal pupils per Local Authority is 11th, which we have exceed by 3 places with this result. Restructuring of the Education Welfare Service has improved engagement from Headteachers coupled with more accurate and regular data monitoring and sharing which has assisted in improving attendance. We aim to maintain this high level of attendance through continued challenge and support for schools.									
17 EDU/015a % of final statements of special educational need issued within 26 weeks including exceptions	34.8%	40.0%	43.9%	☺	▲	99.1%	84.5%	*	People in Carmarthenshire fulfil their learning potential
Results again reflect the difficulties experienced by Health. The Hywel Dda Health Board have had continuing problems with retaining paediatricians and administrative staff, leading to delays in receiving medical assessments and further delays in typing of reports after medicals are completed. Health report having other priorities on their resources. Following a restructuring within the Local Health Board it is our intention to meet with the new managers in order to address our concerns. Internally we will continue with a range of measures to address this matter.									
18 EDU/015b % of final statements of special education need issued within 26 weeks excluding exceptions	80.0%	90.0%	71.4%	☹	▼	100.0%	100.0%	*	People in Carmarthenshire fulfil their learning potential
All cases that missed the target were cases that presented with complex social and economic dynamics/issues. They were also predominantly cases where there were challenges in resolving the appropriate provision for the child. The Education and Child Psychologist Service kept the Additional Learning Needs Service informed of the challenges of some of these cases and it was agreed that the quality of the process was more important than reaching the target so that the best outcome for the child was achieved. We are also receiving an influx of requests for statutory assessments from parents, which is resulting in increased work in terms of statutory and dispute resolution processes.									

APPENDIX C

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Definition / Measure Reference	2015/16	2016/17							Improvement Plan Theme
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	
EDU/006ii % of pupils assessed, in schools maintained by the local authority, receiving a Teacher Assessment in Welsh (first language) at the end of Key Stage 3	43.2%	43.7%	42.2%	☹	▼	19.4%	12.9%	****	People in Carmarthenshire fulfil their learning potential
Despite a continued improvement over the last few years there has been a slight decline during 2015/16 academic year. The Local Authority and School Improvement Team continue to work proactively with schools, governors and parents to enhance progression along the Welsh continuum. Our ongoing Modernising Education Programme (MEP) activity supports this measure effectively.									
SCC/002 % of children looked after at 31 March who have experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March	3.9%	5.0%	3.4%	☺	▲	to follow	to follow		People who live, work and visit Carmarthenshire are safe and feel safer
SCC/004 % of children looked after on 31 March who have had three or more placements during the year.	New measure	13.5%	0.11	☺	New measure	to follow	to follow		People who live, work and visit Carmarthenshire are safe and feel safer
The definition for this measure has changed from 2016/17 to include any episodes of respite care for a continuous period of more than 24 hours and therefore cannot be compared to previous years.									
CAM/037 The percentage change in the average Display Energy Certificate (DEC) score within local authority public buildings over 1,000 square metres.	7.2%	1.1%	-0.3%	☹	▼	4.1%	3.1%	**	Carmarthenshire's communities and environment are sustainable
This result is reported retrospectively by all authorities in Wales due to delay in availability of energy consumption data from utility companies. Therefore this is the % change in the DEC score between 2014/15 and 2015/16. Whilst there is a small negative % change (increase) in the DEC scoring between 14/15 and 15/16, the 2014/15 % change result was classified as 'outstanding' at 7.2%; consequently, a difference in the year on year result was inevitable. The result is attributable to individual buildings not performing as well as in the preceding year – principally 3 Spilman Street, Carmarthen and the Municipal Offices, Llandeilo.									
STS/005b The percentage of highways and relevant land inspected of a high or acceptable standard of cleanliness	98.9%	92.0%	98.6%	☺	▼	98.6%	96.0%	***	Carmarthenshire's communities and environment are sustainable

APPENDIX C

Definition / Measure Reference	2015/16	2016/17							Improvement Plan Theme
	Our Result	Target	Final Result	Target Met ☺ or ☹	Did we improve ▲ or ▼	Welsh Best Quartile	Welsh Median	How we compare in Wales * to ****	
24 WMT/004b % of municipal wastes sent to landfill	5.25%	10.00%	4.73%	☺	▲	2.37%	4.54%	**	Carmarthenshire's communities and environment are sustainable
25 WMT/009b % of municipal waste collected by local authorities and prepared for reuse and/or recycled, including source segregated biowastes that are composted or treated biologically in another way	63.52%	62.00%	66.23%	☺	▲	65.72%	64.89%	****	Carmarthenshire's communities and environment are sustainable
26 STS/006 The percentage of reported fly tipping incidents cleared within 5 working days	87.24%	98.63%	85.92%	☹	▼	98.22%	96.85%	*	Carmarthenshire's communities and environment are sustainable
Difficulties have been experienced with this particular aspect of our cleansing service due to the temporary need to reallocate staff across to cover vacant posts in the refuse and grass collection services. The reallocation allows refuse collection to continue effectively, to meet prioritised demands. However, the impact of this situation has been a delay in responding to some fly-tipping incidents within the specified timescale during this period. The service is currently undertaking a cleansing review to improve operational efficiency and service provision. This measure therefore continues to be in the bottom quartile for 2016/17.									
27 THS/007 The percentage of adults aged 60+ who hold a concessionary travel pass	80.6%	79.0%	81.4%	☺	▲	92.4%	85.5%	**	Carmarthenshire's communities and environment are sustainable
28 THS/012 The percentage of principal (A) roads, non-principal (B) roads and non-principal (C) roads that are in overall poor condition	10.7%	9.5%	9.2%	☺	▲	5.3%	6.7%	*	Carmarthenshire's communities and environment are sustainable
The Local Government Borrowing Initiative (LGBI) funding (2012-2015) and the targeted investment of Capital funding in recent years can be seen to make a direct impact on improving the combined overall condition of our A, B, and C classes of road network. The figure of 9.2% shows an improvement from 10.7% last year and is significantly below the peak in 2012/13 at 17.2%, showing a reversal of the general trend i.e. a decrease in the overall proportion of the network that is classed as being in poor condition. Following the cessation of LGBI, reductions in revenue and low levels of Capital highway infrastructure investment, Carmarthenshire is likely to remain in the bottom quartile without significant additional financial investment in the highway Asset.									



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

[Our Annual Report 2016/17](#)

**SOCIAL CARE & HEALTH SCRUTINY
COMMITTEE
23RD NOVEMBER 2017**

**Forthcoming items for next meeting –
Thursday 23rd November 2017**

1. Review of Careline
2. Prevention & Information, Advice & Assistance

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THURSDAY, 20TH APRIL, 2017

PRESENT: Councillor G. Thomas [Chair]

Councillors:

S.M. Allen, S.M. Caiach, I.W. Davies, T.T. Defis, D.J.R. Llewellyn, K. Madge, E. Morgan, J. Owen, E.G. Thomas, J.S. Williams and M.J.A. Lewis (In place of W.T. Evans).

Also in attendance:

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

The following Officers were in attendance:

Mr R. Staines - Head of Housing & Public Protection
 Ms S. Sauro - Performance, Analysis and Systems Manager
 Mrs M. Evans Thomas - Principal Democratic Services Officer

Chamber, County Hall, Carmarthen : 10.00 a.m. - 10.55 a.m.

1. APOLOGIES AND OTHER MATTERS

Apologies for absence were received from Councillors W.T. Evans, B.A.L. Roberts and J. Williams.

The Chair referred to the fact that Councillors T.T. Defis, D.J.R. Llewellyn, J. Williams and J.S. Williams would not be returning after the elections. She thanked them for their valued contribution to the work of the Committee and wished them well for the future.

2. DECLARATIONS OF PERSONAL INTERESTS

Councillor	Minute No(s)	Nature of Interest
Councillor K. Madge	Minute No 5 – Communities Departmental Business Plan 2017-20.	His daughter works in Social Services and his wife works in Amman Valley Hospital.

3. DECLARATION OF PROHIBITED PARTY WHIPS

There were no declarations of prohibited party whips.

4. PUBLIC QUESTIONS.

The Chair advised that no public questions had been received.

5. COMMUNITIES DEPARTMENTAL BUSINESS PLAN 2017-20

[NOTE: Councillor K. Madge had earlier declared an interest in this item.]

The Committee considered a report providing an update on progress made against departmental priorities in respect of the social care and health elements contained within the Communities Departmental Business Plan 2017-20.

The following issues/observations were raised on the report:-

- Reference was made to the difficulties faced by staff as the budget continues to decrease while demand continues to increase and officers were thanked and congratulated for all the work they do for the people of Carmarthenshire;
- Asked what are the biggest challenges faced by the department in relation to social care and health. The Head of Housing & Public Protection stated that one of the challenges is the demand and the changes in demand, however, one of the greatest challenges is the workforce. He referred to the fact that in England 900 paid carers leave the care sector every day and it was therefore essential to ensure that we have a trained and experienced workforce in place in order to be able to redeploy. He stressed the importance of making sure that caring is regarded as a valued and worthwhile profession;
- Reference was made to the number of awards won by the Authority's social care staff at the British Association of Social Work Cymru Awards in October and the staff were congratulated on their achievements and thanked for their dedication and commitment.

RESOLVED that that the Communities Departmental Business Plan 2017-20 be received.

6. SOCIAL CARE & HEALTH SCRUTINY COMMITTEE ACTIONS AND REFERRALS UPDATE

The Committee considered a report detailing progress made in relation to actions, requests or referrals which emerged from previous meetings of the Committee

RESOLVED that the update report be received.

7. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORT

The Committee received a report detailing the reasons for the non-submission of the following scrutiny reports:-

- Local Action Plan in response to Jasmine Report (including WG Escalating Concerns Procedures)
- Welsh Language in Social Care Services for Older People

RESOLVED that the explanations for the non-submissions be noted.

8. MINUTES - 6TH MARCH 2017

RESOLVED that the minutes of the meeting of the Committee held on 6th March, 2017 be signed as a correct record.

CHAIR

DATE

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