

Outcome C: People in Carmarthenshire are healthier ...

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



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

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

Our Key Improvement Objective Priorities (KIOPs) are

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

Progress at a glance

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

For each Goal –

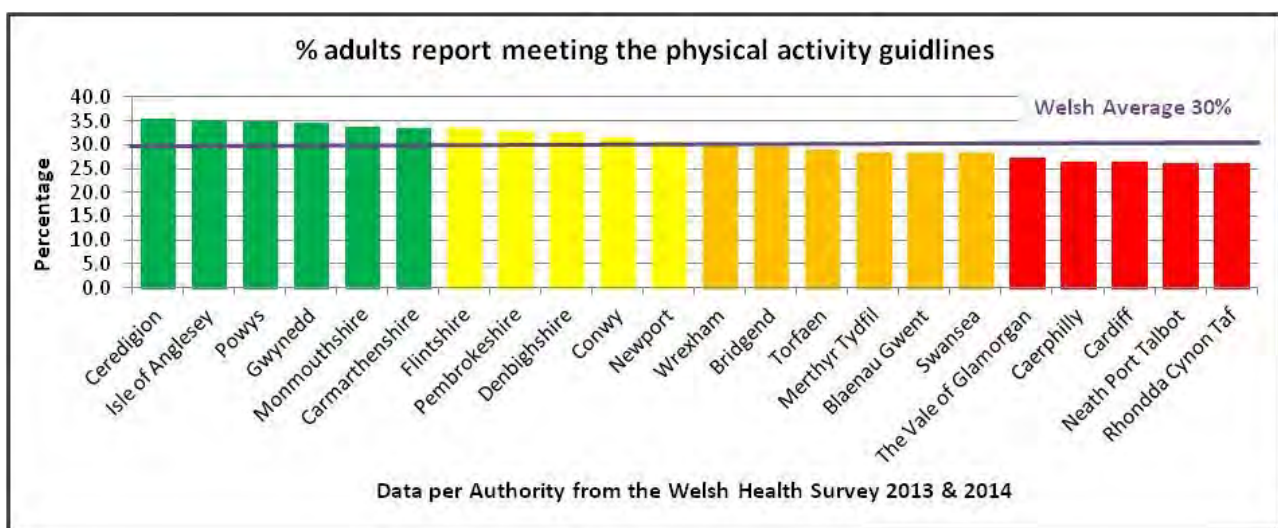
Our Performance & Results for 15/16 / Improvement Planned for 16/17:

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

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

How did we perform during 2015/16?

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



This is a Well-being National Indicator

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

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

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

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



Improvements for 2016/17

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

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

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

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

(CSSIW Performance Evaluation Report 2014-15)

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

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

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

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

How did we perform during 2015/16?

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

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

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

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

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



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

Improvements for 2016/17

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

Goal: C4 Reducing inequities in health

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

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

How did we perform during 2015/16?

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

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



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

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



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

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

These broadly fall into three tiers:

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

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

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

Key Measures of Success

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

Why these key measures are important

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

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

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

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

Ageing Well in Wales

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

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

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

What works

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

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

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

"Wonderful Support Provided Reablement Team"

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

Last Year

We delivered 14 out of our 15 KIOP commitments last year

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

This is reflected in the performance outlined below.

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

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

Is anyone better off?

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

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

Doing things differently in Adult Social Care

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

Case Study

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

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



Promoting Independence and Well Being for Older People

How we plan to achieve the KIOP this year

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

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

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

Mrs A Enhanced Hospital Discharge

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

Rapid Response Intervention

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

Outcome

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


Improvements for 2016/17

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

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

Our Review and Evaluation for 2015/16

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

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

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

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

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

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

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

How did we perform during 2015/16?

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

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

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

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

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

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

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

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

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

Improvements for 2016/17

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

Goal: C7 Reducing drug and alcohol misuse

Our Review and Evaluation for 2015/16

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

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

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

How did we perform during 2015/16?

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

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

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

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

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

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

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

Improvements for 2016/17

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

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

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



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

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

Progress at a glance

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

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

Corporate Safeguarding

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

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

Safeguarding Adults

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



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

Moreover, at the event:

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

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

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

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

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

Improvements for 2016/17 – Safeguarding Adults

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

Appendix A

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

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

There are two main ways of measuring improvement:-

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

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

Appendix B

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

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

How did we perform during 2014/15?

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

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

Our final result for 2015/16

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

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

Our Key Measures of success – 2015/16 results and targets for 2016/17										
Definition / Measure Reference	How well have we done? 2014/15	How well are we doing?							Improvement	
		See explanation of performance				All Wales Comparative Info.				
	2015/16	2015/16		2015/16		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 ****	Target Set	Target Set to improve against Actual Result ✓ or ✗
Key measure(s)	6.18	5.77	4.69	☺	▲	TBC	TBC	TBC	4.51	✓
SCA/001 The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	An explanation of performance is provided here when off target, poor comparative performance and/or future target has not been set to improve.									

Our target set for 2015/16

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

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

Our 2016/17 performance target

APPENDIX B

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

2015/16 results and targets for 2016/17

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

APPENDIX B

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