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HEAD OF SERVICE OVERVIEW – END OF YEAR 2015/16

RHIAN DAWSON – HEAD OF INTEGRATED SERVICES

More than a third of the population of Carmarthenshire is aged over 65. There are 18,500 people who are over the age of 75 and this number is predicted to grow by 18% by 2020. This is significant because people in this age group are more likely to require Health and Social Care services. Managing this increase in demand at a time of significant reductions in funding will continue to be challenging for the foreseeable future.

In recent years our practice and services have increased their focus on preventative approaches in order to support people to maintain their health and independence for as long as possible. This focus will need to be further strengthened, not only to ensure we are able to continue to provide for the health and social care needs of our population but also to ensure compliance with the Social Services and Wellbeing (Wales) Act (SSWBA)

In line with this, during 2015 / 2016 we developed and published 'Carmarthenshire's Vision for Sustainable Services for Older People for the Next Decade: Promoting Independence, Keeping Safe and Improving Health and Wellbeing'. This 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. Specifically it highlights our approach to care provision over three offer areas.

1. 'Help to Help Yourself' – Encompassing universal services for the whole community that promotes and / or improves health and wellbeing, preventative services to prevent or delay the need for formal services and support for communities to build their capacity to meet population need. Crucial to this will be the need to ensure a robust 'Information, Advice and Assistance' service
2. 'Help When you Need It' – Short targeted intervention to promote or regain independence
3. 'Ongoing Support if you Need it' – Self directed, highly individualised support to meet assessed needs which are complex and likely to be long term in nature

Our Business Objectives for 2015 / 2016 reflected areas within the division which would benefit from enhanced efficiency in terms of service delivery while ensuring we embraced modernisation and compliance in line with the SSWBA.

This report provides an end of year summary relating to realisation of these objectives and its impact on our performance. The three 'offers' outlined within the 'Carmarthenshire's Vision for Sustainable Services for Older People for the Next Decade' provides an ideal framework on which to present this summary.

Help to Help Yourself

'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. Over the last year, 'Careline +' has been the focus of review in order to ensure that it is fit for purpose, safe and is compliant in relation to providing 'Information, Advice and Assistance'.

This included ensuring that we are providing safe and timely response to all contacts and to ensure that staff have the necessary skills and competencies to providing consistent approach to enquiries.

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Following successful contract negotiations with corporate partners across the region the service is now looking to the future.

We are exploring innovative service models to ensure we remain in a pioneering position to deliver an exemplar service in this service area across Wales where the use of cost effective technology is integrated into traditional models of care to ensure improved outcomes for both individual and organisation.

In line with the Welsh Government's Primary Care Plan for Wales (WG, 2014), each Locality (Cluster) in Carmarthenshire has utilised available funding to support service development in the specified areas of:

- Prevention early intervention and improving health, not just treatment
- Active involvement of the public, patients and their carers in decisions about their care and well being
- Prudent Healthcare
- Planning services at a community level of 25, 000 to 100, 000 people

Examples of development in this area include, a therapeutic exercise programme supported by our leisure team, GPs and the 'Education for Patients Programme (EPP)' to support individuals with respiratory disease. Based in Llanelli, this programme has been positively evaluated with demonstrable improvements in health outcomes for participants. Learning from this programme will be shared across the County in order to implement in other areas. Last year, Public Health Wales trained social care staff in health promotion techniques which would better equip them to have conversations with people who smoke, drink excessively or are obese to motivate them to seek help to address these problems. Evaluation from this initiative has allowed us to develop this further through informing practice. Lifestyle advocates are now identified to support health promotion and associated behaviour change in each GP practice across Carmarthenshire and these have been supported through the Cluster plans and associated funding.

Hywel Dda University Health Board's Foundations 4 Change programme provides an assurance framework for partners to demonstrate the impact of services and initiatives on the wellbeing of the population. Over the last couple of years, social care has been represented by the integrated managers from the Older Persons division. This has been strengthened this year through representation from the Local Authority's Housing, Public Protection and Leisure teams. Foundations 4 Change will be focusing on improved outcomes for our population in the following areas:

- Reducing Health Inequalities
- Reducing Misuse of Substances
- Obesity
- Dementia
- Frailty (including reduction in falls in older adults)

Help to Help Yourself

Enabling older people and adults with physical disability / sensory impairment to live independently depends on Health and Local Authority services, third sector organisations and, for many, their families, friends and neighbours.

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Older people assist each other and it should not be underestimated how much mutual support people of advanced age give each other. The majority of older people do not have any contact with Social Care services. Strengthening communities, improving the physical environment to be 'age friendly' and encouraging people to access the range of community opportunities available within their local area will support older people to remain independent and active members of their community. The Welsh Government collects performance information on how many older people are supported to live in the community. Carmarthenshire's performance continues to decline on this measure over the past few years. This is a success, not a failure, as it shows that older people are now being assisted in different ways. Building community resilience is a crucial component to achieving this and a strategic paper has been produced in collaboration with our colleagues in Public Health Wales and with involvement from service users, third sector partners and our local Councillors. This strategy will shortly be circulated for consultation. Within recent years, each Locality's Community Resource Team has also benefitted from a 'Third Sector Broker'. These roles were funded by a fixed term European grant and were responsible for working with individuals and communities to identify their 'felt' and 'expressed' needs, the Brokers would also liaise with Carmarthenshire Association of Voluntary Services, Community Groups and other Third Sector provision to broker provision and meet identified gaps in existing service provision to support the identified needs. Following positive evaluation and through the Welsh Government Intermediate Care Fund, it has been possible to ensure that these roles are continued substantively within each CRT and will be an asset to ensuring implementation of the Social Services and Wellbeing (Wales) Act specifically in relation to building community resilience and development of social enterprises. The Community Resource Teams in each locality continue to focus on delivering person centred assessment and care provision to support the promotion and maintenance of individuals' independence. This is enhanced through alignment of the multidisciplinary teams with GP practices and these close working relationships continue to ensure we deliver an optimal service avoiding hospital admissions where appropriate.

Supporting 'care closer to home' is a key objective for health and social care providers and we continue to identify opportunities to grow and sustain service provision within local communities. Examples of this include:

- **The GP led Dementia Review clinic in Llandybie.** Prior to the establishment of this clinic, patients were reviewed in a hospital environment. This service is complimented by a 'one stop shop' which provides support and advice to patients' carers and families. It is anticipated that this model will be replicated in other areas of the County.
- **Strength and balance exercise programmes** are delivered in community venues across Carmarthenshire. These programmes provide an opportunity to sustain improved outcomes following physiotherapy led rehabilitation as well as reducing the risk of falls in older adults. Strength and balance programmes are also delivered in the individual's home as an integral part of our reablement service.

The outcomes of our reablement service are generally positive in terms of supporting people to regain their independence, with around 45% of people being discharged with no long-term service. We are currently reviewing our reablement service and it is anticipated through realignment of all short term assessment and intervention provision that we will be able to improve our performance in this area. The realignment will specifically review and enhance how our reablement service works in partnership with the Health Board's Acute Response Team and Continuing Care Team; it will also ensure that we are maximising use of our Rapid Response and 'Through the Night' service.

Where individuals have required a hospital admission, our Transfer of Care and Advice and Liaison Service (TOCALS) has been instrumental in reducing length of stay by up to two days.

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Our Delayed Transfer of Care (DToC) rate continues to improve and TOCALS provides an opportunity to further progress performance in this area. This year saw TOCALS winning the 'Best of Health' award for its category and was also awarded the 'Chief Executive's Overall Winner' trophy.

Ongoing Support if you Need it

Most people want to stay in their own homes where they can exercise choice and control. Our continued focus on ensuring that care is provided at home where appropriate and for as long as possible appears to have had the desired effect with a reduction over the past few years in the number of people the Council supports in residential care. The availability of domiciliary care both now and in the longer term is therefore critical for us to be able to continue to provide care in this way. Historically, however, due to our rural geography and associated challenges with recruitment and retention, we have found it difficult to consistently meet demand particularly in our most rural areas where services have not been available. Moreover, a review of our commissioning practice in the area identified that Carmarthenshire appeared to be commissioning a higher level of care when compared to neighbouring authorities with similar demographic profile. Specifically this practice related to a higher number of care packages supporting 'four calls a day' when compared to other Local Authority areas. Similarly, our number of care packages requiring two carers per call was also higher. Introducing a single carer strategy and the provision of care that is proportionate to their needs is evidenced to have a positive impact on the individual receiving the care.

In July of last year, we introduced our 'Releasing Time to Care' programme which aimed to ensure that domiciliary care in Carmarthenshire was available for our most vulnerable when they needed it and that this care provision was sustainable in the longer term. The programme focused on two main areas of improvement:

- Processes were established within the Community Resource Teams that would ensure **consistency in the commissioning of care provision by care management teams**. These processes included the requirement for assessment and care planning to be multidisciplinary in nature to ensure that care was proportionate while maximising the individual's independence. Professional supervisory practices were also introduced to ensure reduction of variation in commissioning care practice both within the teams and across all three Localities.
- **To provide safe, responsive and reliable care provision to our population that embraces flexibility while ensuring the sustainability of the domiciliary care sector**. To do this we introduced a new Domiciliary Care Framework to Carmarthenshire. The selection process for Framework providers ensured that the terms and conditions offered to employees enabled recruitment and retention of quality staff. Processes were put in place that enabled effective and efficient monitoring of the provider and its commissioned service. This allowed early identification of variances and packages that needed reviewing; thus ensuring care provided was proportionate to the individual's needs maximising their independence and releasing capacity from packages that were reduced and this resource reallocated to other service users.

The 'Releasing Time to Care' programme won a National Award in Westminster

The last year has seen the successful completion of two Extra Care facilities in Carmarthenshire, 'Cartref Cynnes' in Carmarthen and 'Ty Dyffryn' in Ammanford. For those individuals whose needs are such that they would best be supported in a residential facility, these Extra Care facilities provide a care model which continues to ensure that care provision is provided in a person centred flexible manner that focuses on promoting independence.

Following a judgement by the Supreme Court, the requirement to assess people who live in care homes and lack Mental Capacity under the Deprivation of Liberty Safeguards has widened, this has presented a challenge to our Social Worker workforce due to increased workload of staff but it has also highlighted the need to protect the Human Rights of people in care homes. Over the last year we have increased the number of Social Workers who are trained Best Interest Assessors in order to meet the demand to assess clients deprived of their liberty in a timely and efficient manner.

The Integrated Services division contributed to positive feedback from CSSIW in its annual report. Moreover, participation in the National Review of Domiciliary Care also yielded an encouraging view of current practice within care management by the Inspectorate.

Conclusion

Our financial position has necessitated the critical review of multidisciplinary practice and all services that are provided for older people and younger physically disabled people while continuing to ensure delivery of a safe and effective service. Modernisation and associated improvements have commenced in some areas and which are demonstrating improved outcomes at individual and organisational levels.

The cumulative impact of this work across preventative ('Help to Help Yourself') and long term managed ('Ongoing Support if you Need It') areas of service can be seen across the following areas:

Delayed Transfers of Care

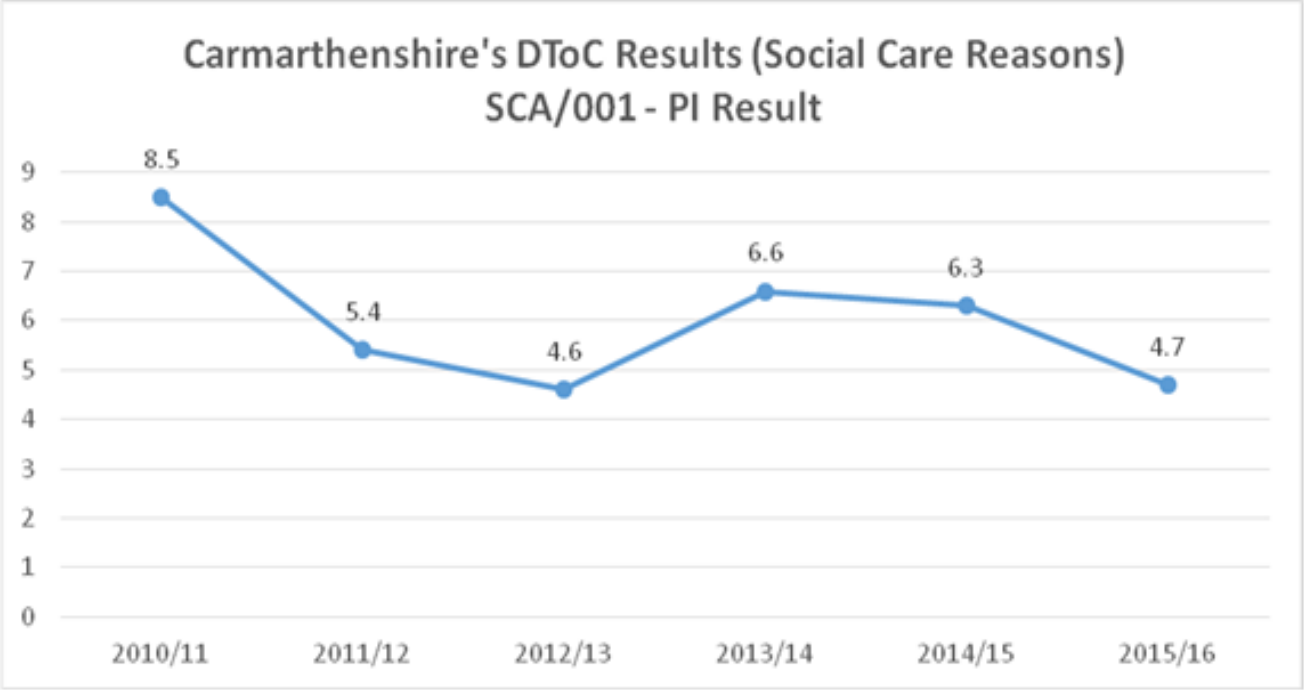

Figure 1.

Our performance in this area continues to demonstrate a downward trend over recent years. 2015 / 2016 saw a reduced average DToC of 7.25 per month compared to 9.58 per month in 2014 / 2015.

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The Number of Clients in Receipt of Domiciliary Care at Month End (Two Carers only)

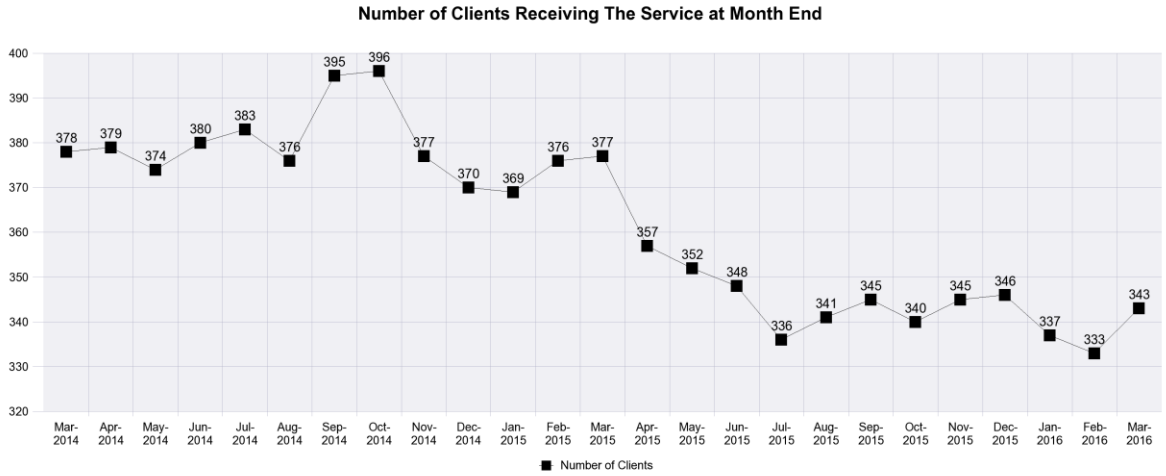

Figure 2.

Our 'Releasing Time to Care' programme has demonstrated significant impact on reducing the number of care packages requiring two carers (figure 2). Similarly, the processes implemented as part of the programme are having a positive effect on the requirement for care provision with a downward trend in the number of clients receiving care (figure 3).

Number of Clients Receiving Domiciliary Care at Month End

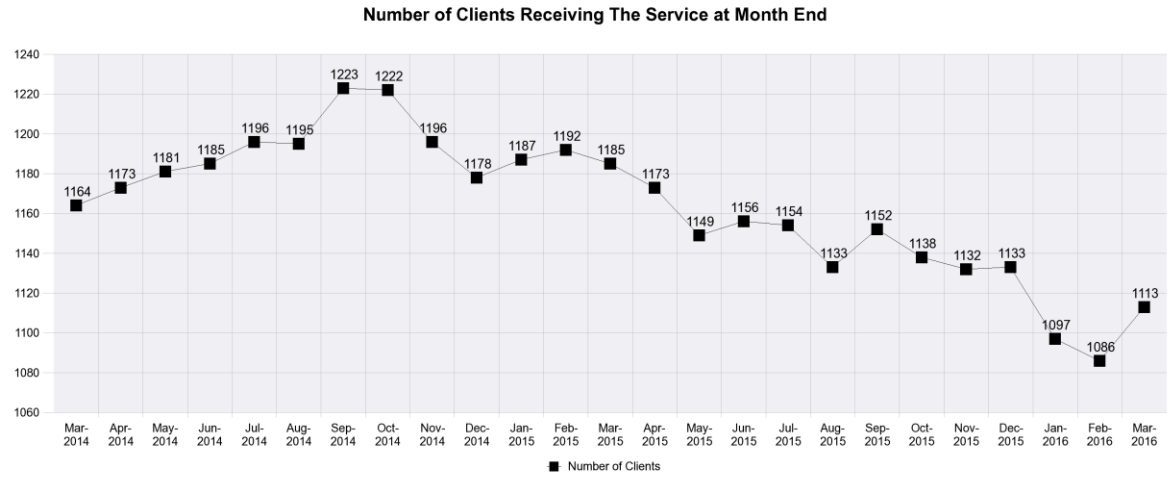

Figure 3.

Our focus on supporting older adults at home where appropriate and for as long as possible is also demonstrating impact with a continued downward trend in the number of residential placements commissioned with a 13.4% reduction over the last 20 months (Figure 4)

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The number of clients receiving long term residential or nursing care at month end

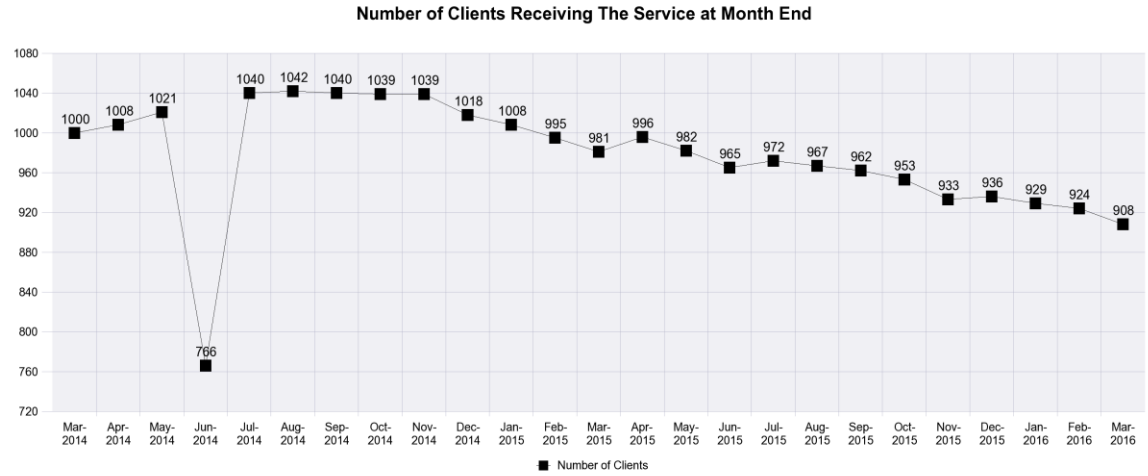

Figure 4

Alongside this decreasing care home population, there has also been a reduction in length of stay. The average length of stay has dropped from 2.69 years in 2014/15 to 1.99 years in 2015/16, a reduction in **0.7 years** (or 8 months and 12 days). This evidence demonstrating that we are ensuring that placement is considered for our most frail population.

Overall, in striving to modernise integrated services for older adults and adults with physical disabilities we have improved outcomes at individual level. This agenda over the last year has also paid dividend in relation to organisational outcomes with demonstrable efficiencies delivered on the social care budget and improved performance against national indicators. It is important, however, not to underestimate the scale of the challenge associated with providing safe and effective services for this vulnerable client group. This requires ongoing large scale and whole system review of service provision and which necessitates difficult decision making and consideration of the new duties placed upon us by the Social Services and Wellbeing (Wales) Act and the Wellbeing and Future Generations (Wales) Act. Continued collaborative working with our departmental colleagues in the Local Authority and integration opportunities with our partners in health will allow us to identify and embrace opportunities that improve the wellbeing of individuals while maximising the use of our resources.

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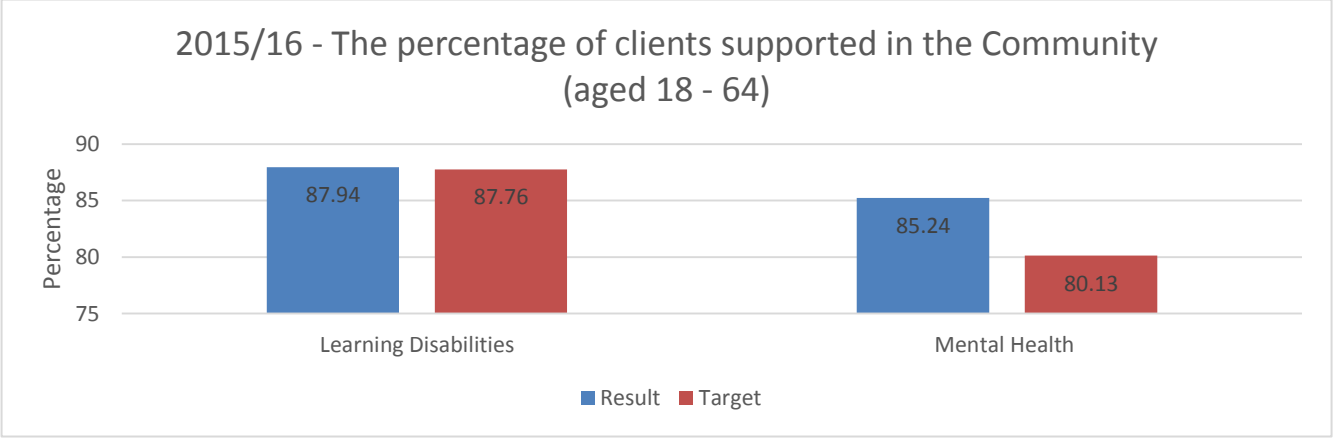
AVRIL BRACEY – HEAD OF MENTAL HEALTH & LEARNING DISABILITY SERVICES

The mental health and learning disability needs of our population have changed over the last twenty years. People who would have been placed in institutional care historically are being enabled to live in their communities and health and social care services along with the third sector collaborate to maximise the independence and potential of those who use our services. This culture change is at the heart of the Social Services and Wellbeing Act (2014) which further 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.

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 and at a time 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. We have also introduced a new Performance Management Framework to ensure we balance the relationship between service demands, the allocation of resources and service user satisfaction. The framework has a suite of measures which are monitored at a monthly meeting chaired by the Director of Community Services. This approach is driving improvement and will ultimately result in improved outcomes for service users. Overall performance in relation to performance Indicators over the last year is positive.



As the recently appointed Head of Service for Mental Health and Learning Disability, I am pleased to provide an overview of our progress over the last year. In doing so, I must acknowledge Anthony Maynard who as Interim Head has played a significant role in leading the service during 2015/16.My intention is to sustain and build on these improvements in the coming year.

Service Structure

The **Transition** team is a well-established pan disability service working with children and young people aged 16-25. The team is jointly managed with Children's services with the aim of planning effectively for disabled children and young people to support them through the transition to adulthood and towards independence. It has been recognised by CSSIW as an area of good practice. During the year a working group has been collaborating with Coleg Sir Gâr and Careers Wales to consider the recommendations of the "Unlocking the Potential" report.

The intention is that, wherever possible, disabled young children will stay in Carmarthenshire to receive their further education. Work is also progressing to improve pathways to ensure that young people have a seamless transition into adult services.

The **Substance Misuse** team are a team of Social Workers trained and experienced in working with people with complex drug and alcohol problems. The team responds to all enquiries from children's services and adult social care. There has been improved arrangements for integrated care for children and young people, during the last year a successful pilot was undertaken with the Integrated Family Support Team. A Senior Practitioner is working across both teams. This approach has seen many benefits; including reducing duplication and ensuring cases are managed by the appropriate service. The team has undertaken focussed work with Pupil Referral Units following an increase in substance misuse, by pupils who attend these units. Both initiatives are excellent examples of a preventative ethos and the team is well placed to respond to the Social Services and Wellbeing Act in relation to prevention and information, advice and assistance. There has also been a notable increase in referrals to this service over the last year from 130 in 2014/15 to 177 in 2015/16.

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.

With the advent of the Social Services and Wellbeing Act (2014) a requirement to establish Regional Safeguarding Boards (guided by a National Board) was legislated for. Carmarthenshire is represented at Head of Service level on our Regional Safeguarding Board which held its inaugural meeting in April and has established terms of reference. The board will monitor safeguarding arrangements and practices with partners across the region.

The Deprivation of Liberty Safeguards (DOLS) team is located within Headquarters in Carmarthen and oversees the protection of people in care homes and other settings who lack mental capacity. All authorities in Wales are experiencing challenges in responding to the high levels of referrals in relation to DOLS following a Supreme Court judgement in March 2014. During the last year, we have adopted a pragmatic risk based approach to managing these referrals prioritising those who are most vulnerable. The DOLS manager has worked closely with managers across the sector to raise awareness, ensure compliance and develop a strategy to manage the high number of referrals.

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Assessment capacity is also being increased to reduce the waiting list. Whilst this remains a concern, the position in Carmarthenshire does reflect the all Wales position and indeed most of the UK. During 2015/16 we received 629 referrals, we dealt with 553 and as at the end of March 2016 we have 627 referrals outstanding.

The provision of **mental health social work** is currently delivered in conjunction with Hywel Dda University Health Boards via our local **Community Mental Health Teams.** We have implemented an interim management structure this year, whilst arrangements for a permanent structure will be concluded by September. The service undertakes assessments and develops care and treatment plans under the Mental Health (Wales) Measure (2010) and also undertakes significant statutory functions in relation to the Mental Health Act 1983. The ethos of the Mental Health Measure is a move away from a model of mental illness to one which promotes recovery, wellbeing and enabling people to live full and meaningful lives. This places the mental health teams in a good position to respond to the requirements of the Social Services and Wellbeing Act. Positive evidence of our progress in this area includes a number of individuals stepping down from residential care to more independent living.

The last year has proved to be a challenging one for the Mental Health teams and we have seen a significant increase in our Mental Health Act Assessments. Despite this, the teams have enabled positive outcomes for service users. Examples of this include, quick turnaround in the response to assessment with more than 90% taking place within 24 hours of referral, and the least restrictive outcomes applied. Our out of hours response under the Mental Health Act has also improved over the last 12 months with some dedicated resource ensuring that we meet our responsibilities' to provide a 24/7 service.

During the last year we have established an **Accommodation and Efficiency Programme** continues to respond to the increasing challenging financial climate. Work has focussed on reviewing residential placements to ensure the correct level of support is being delivered in the most effective manner. Although there is a financial incentive to this programme of work, the aim is to also achieve improved outcomes for individuals as seen in the following examples:

The reviewing and right sizing of high cost residential and supported living packages has ensured that individuals have the opportunity to maximise their opportunity and independence. For example, one individual was relocated back to Carmarthenshire achieving multiple benefits including being closer to family in a supported living setting, being supported by a well-known and regularly monitored provider, which also realised £40k in financial savings.

Intelligent commissioning of services that are appropriate to the individual. For example, scrutiny of the hours delivered against the needs and outcomes of 4 service users in a supported living setting has produced a more appropriate rota with the aim of promoting progression to independence, and with savings per annum of approximately £25k.

Improved management of supported living voids has provided a number of individuals to move from residential placements to their own tenancies.

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

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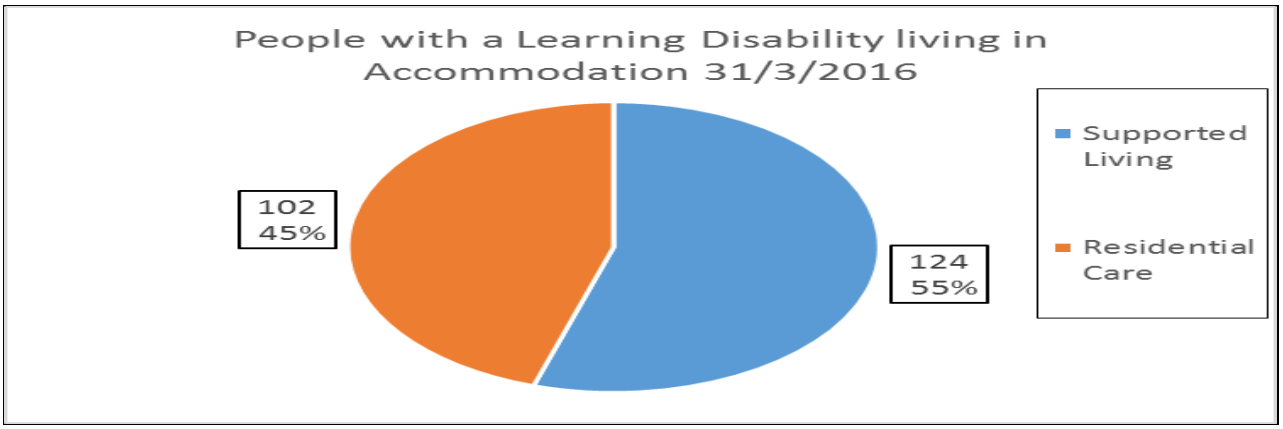
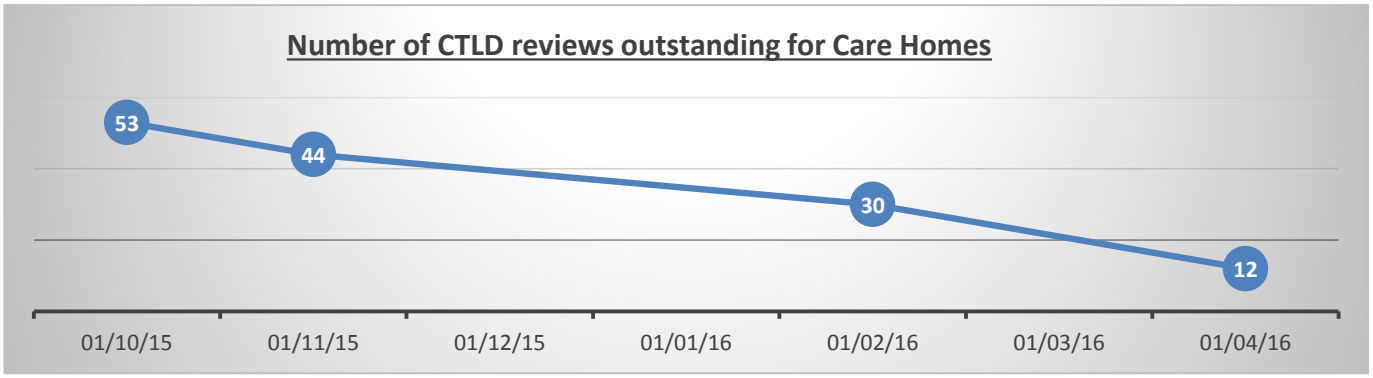


Our **Community Learning Disability Teams** are responsible for the assessment, care planning and review of adults aged 25 and over. The teams are co-located with staff from Hywel Dda University Health Board. Collaborating with our health colleagues is critical in our attempts to continuously improve our services. There have been significant developments within our CTLD's this year. We implemented an interim management structure and we have focused on, performance, particularly in relation to reviews of those in residential care. I am pleased to confirm that performance in this area has improved.



We have also taken measures to ensure that our practice is consistent across the two geographical areas e.g. a simpler review process.

We have relocated the Llanelli CTLD to Ty Elwyn, which is an improved environment. Coleshill centre, which is situated nearby, has been used for planned and drop in appointments, which has improved communication between care management and service provision.
Enabling people with a learning disability to live independently depends on the authority working closely with partners in health, third sector, families and carers. Our vision is that those who require services have the opportunity to access meaningful activities which promote independence, are person centred and outcome focussed.

During the last year there have been a number of significant developments within our **Community Inclusion** service. Examples of this are:

- Enhancing **Opportunities Street** - a joint venture with our regeneration colleagues, an outlet for selling crafts which are made by individuals accessing our services.
- **Llyn Llech Owain** - a joint venture with our parks department offering activities such as maintaining the park and building bird boxes
- **The Opportunities Team** - this team is the gateway to access training and employment services within our own services and the community.
- **Short breaks and respite** provision has been a key component of our support to carers.

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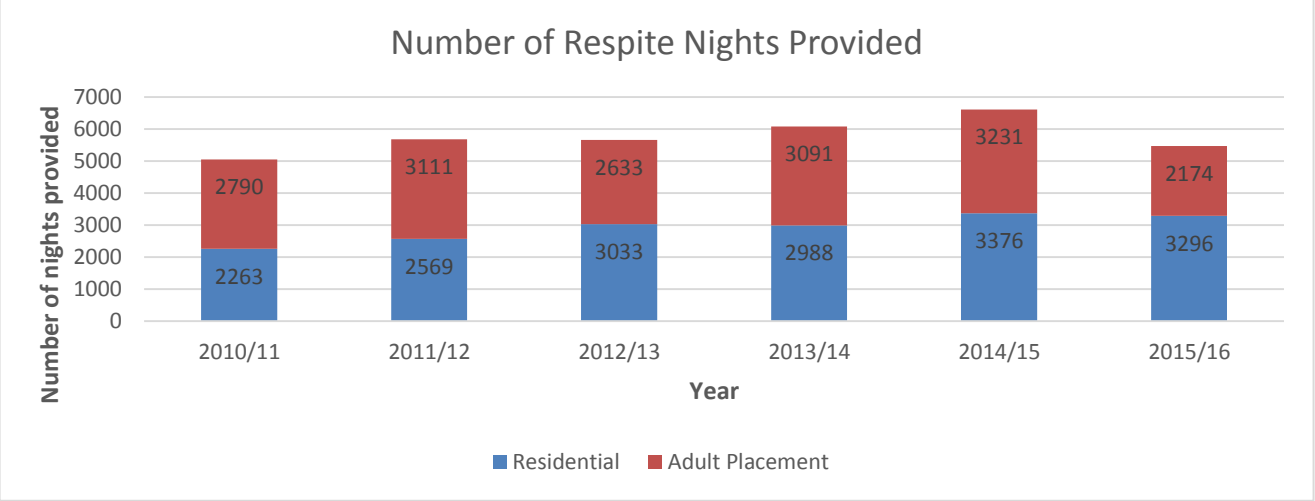
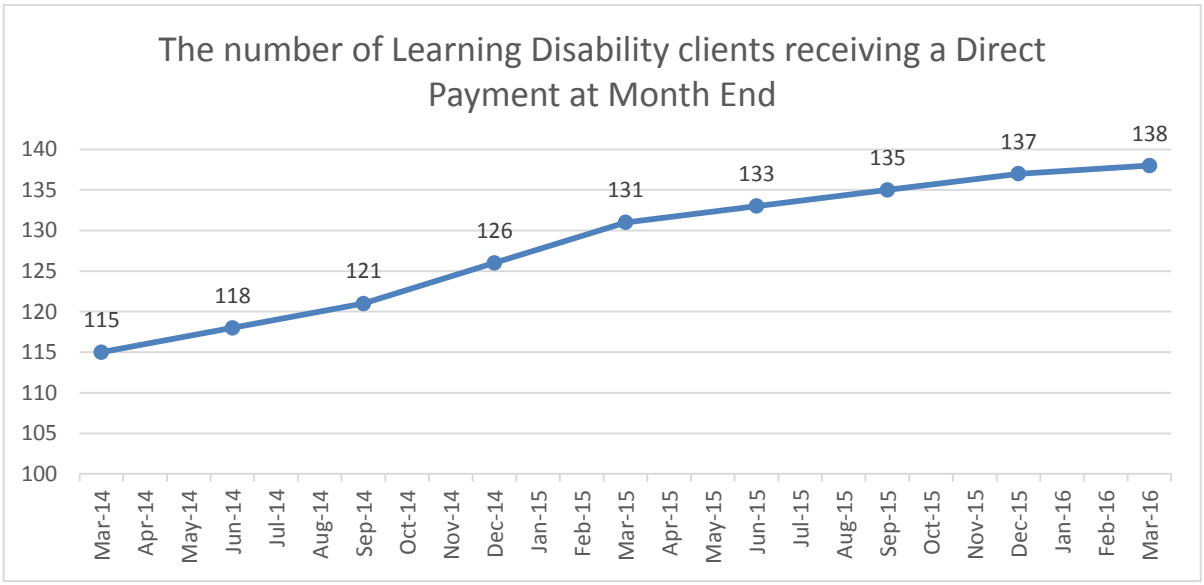


The regulated **Shared Lives** (formally Adult Placement) is managed by the authority on behalf of Ceredigion and Pembrokeshire. Our commitment to this model of provision as an alternative to traditional models of provision is evidenced by the growth of the scheme over the last year. The scheme has 100 approved households of which 56 are in Carmarthenshire and 12 were approved during the last year. CSSIW have recently commented that the service provides a safe secure service, where people can experience inclusion and be treated with respect.



As can be seen from the above graphs there is a steady growth in the number of clients receiving Direct Payments. It is necessary for people to have a choice on how they have their needs met after determining their assessed needs. There is a move towards Direct Payments as an alternative to services directly delivered or commissioned by the Authority, therefore the growth of Direct Payments will need to be funded through the disinvestment of services that have traditionally been purchased.

Service User and carer engagement is a well-established element of the scheme and feedback from those who provide and receive this service informs service development and improvement. Engagement is at the heart of the Social services and Wellbeing Act, over the last year we have listened to service users and carer's views via a number of forums.

Examples are:

- Interviews with service users to establish their experience of community based support
- Consultation in collaboration with health colleagues to inform plans to remodel mental health services.
- Individuals who use services sit on a remodelling group, a service development group and attended scrutiny in February 2016 to feedback to Members directly.

Whilst we have made much progress during 2015/16, there remains much to do and key priorities for 2016/17 include:

- Implement the Social Services and Wellbeing Act
- Complete the management restructure
- Raise the profile of and strengthen the adult safeguarding function
- Improve transitional arrangements to ensure there is a seamless pathway as young people, move from children's to adult services.
- Collaborate with partners to jointly develop and improve mental health services
- Maximise opportunities to provide meaningful opportunities and progression pathways for individuals access our services.

Over the next year it is essential that we lay the foundations for delivering and developing services that places those who use our services and their families and carers at the heart of the planning process. Difficult decisions will need to be made during a period of financial austerity, but the Social Services and Wellbeing Act also provides us with opportunities to be more collaborative, innovative and creative in finding solutions with those who use our services and within the wider community.

Our vision for the coming year is to ensure that individuals receiving support are valued, treated with dignity and respect and participate fully in their communities. We will work collaboratively with partners to provide holistic person centred care that promotes choice, control and independence.