

# Document Pack



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

**WEDNESDAY, 11 NOVEMBER 2015**

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

I HEREBY SUMMON YOU TO ATTEND A MEETING OF THE **SOCIAL CARE & HEALTH SCRUTINY COMMITTEE** WHICH WILL BE HELD IN THE CHAMBER, COUNTY HALL, CARMARTHEN AT **10:00AM ON THURSDAY 19<sup>TH</sup> NOVEMBER 2015**, FOR THE TRANSACTION OF THE BUSINESS OUTLINED ON THE ATTACHED AGENDA.

*Mark James*

**CHIEF EXECUTIVE**



PLEASE RECYCLE

<b>Democratic Officer:</b>	<b>Matthew Hughes</b>
<b>Telephone (Direct Line):</b>	<b>01267 224029</b>
<b>Fax:</b>	<b>01267 224911</b>
<b>E-Mail:</b>	<a href="mailto:mahughes@carmarthenshire.gov.uk">mahughes@carmarthenshire.gov.uk</a>
<b>Ref:</b>	<b>AD016-001</b>

# **SOCIAL CARE & HEALTH SCRUTINY COMMITTEE**

## **14 MEMBERS**

### **PLAID CYMRU GROUP – 5 MEMBERS**

- |    |            |                   |
|----|------------|-------------------|
| 1. | Councillor | T.T. Defis        |
| 2. | Councillor | W.T. Evans        |
| 3. | Councillor | D.J.R. Llewellyn  |
| 4. | Councillor | G. Thomas (Chair) |
| 5. | Councillor | J.S. Williams     |

### **INDEPENDENT GROUP – 4 MEMBERS**

- |    |            |                         |
|----|------------|-------------------------|
| 1. | Councillor | S.M. Allen (Vice-Chair) |
| 2. | Councillor | I.W. Davies             |
| 3. | Councillor | E.G. Thomas             |
| 4. | Councillor | H.I. Jones              |

### **LABOUR GROUP – 4 MEMBERS**

- |    |            |              |
|----|------------|--------------|
| 1. | Councillor | K. Madge     |
| 2. | Councillor | E. Morgan    |
| 3. | Councillor | P.M. Edwards |
| 4. | Councillor | J. Williams  |

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

- |    |            |             |
|----|------------|-------------|
| 1. | Councillor | S.M. Caiach |
|----|------------|-------------|

# AGENDA

1. APOLOGIES FOR ABSENCE
2. DECLARATIONS OF PERSONAL INTERESTS
3. DECLARATION OF PROHIBITED PARTY WHIPS
4. PUBLIC QUESTIONS
5. FORTHCOMING ITEMS 5 - 6
6. CARMARTHENSHIRE FOUNDATIONS 4 CHANGE 7 - 50
7. ANNUAL REPORT ON ADULT SAFEGUARDING 2014/15 51 - 100
8. AGEING WELL IN WALES – LOCAL AGEING WELL PLANS 101 - 132
9. REVENUE & CAPITAL BUDGET MONITORING REPORT 133 - 142
10. HALF-YEARLY PERFORMANCE MANAGEMENT REPORT – 1<sup>ST</sup> APRIL TO 30<sup>TH</sup> SEPTEMBER 2015 143 - 194
11. REFERRAL TO SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 195 - 198
12. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORT 199 - 200
13. SOCIAL CARE & HEALTH SCRUTINY COMMITTEE ACTIONS AND REFERRALS UPDATE 201 - 208
14. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETING HELD ON THE 16<sup>TH</sup> SEPTEMBER 2015 209 - 220

**Members are kindly asked to note that due to the number of reports on the agenda, it is possible that this meeting may continue into the afternoon and are therefore requested to set aside the whole day**

*NB: Reports are only printed in black and white to reduce costs. All reports however are available on-line so that members of the Committee / County Council and the public can view tables, graphs and photographs in colour.*

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**SOCIAL CARE & HEALTH SCRUTINY  
COMMITTEE  
19<sup>th</sup> NOVEMBER 2015**

**Forthcoming items for next meeting –  
Monday 14th December 2015**

<b>Discussion Topic</b>	<b>Background</b>
Revenue Budget Setting 2016/17 – 2018/19	This report will provide members with an opportunity to consider and comment on the budget settlement, departmental service budgets and efficiency savings proposals.
Capital Programme Budget Setting 2016/17 – 2020/21	This report will provide members with an opportunity to consider and comment on the draft 5-year capital programme.

*The latest version of the SC&H Scrutiny Committee's forward work programme is included on the next page.*

# SC&H Scrutiny Committee – Forward Work Programme 2015/16 (as at 11th November 2015)

09 18 May 15 (JOINT)	22 May 15	03 July 15	23 July 15 (JOINT)	16 Sept 15	19 Nov 15	14 Dec 15	20 January 16	29 Feb 16	18 April 16
Annual Report of Director of Social Services 2014/15 (Jointly with E&C)	M&W Wales H&SC Collaborative – Update	Carers Measure Annual Report (Peter Llewelyn)	Affordable Housing Plan (Jointly with Community Committee)	Community Nutritional Strategy for Carms Integrated Services	Safeguarding Adults from Abuse - Annual Report 2014/15	3-year Revenue Budget Consultation 2016/17 to 2018/19	Welsh language in Social Care Services for Older People	Reablement Service – Review report (including Telecare)	M&W Wales H&SC Collaborative – Update
	Draft CCC Improvement Plan 14/15 and Annual Report 13/14	EOY Performance Monitoring 2014/15	Older Persons 10 Year Plan (Jointly with Community Committee)	Corporate Safeguarding Policy	Foundations 4 Change (Presentation by HDdHB)	5-year Capital Programme Consultation 2016/17 to 2020/21	ICF Projects Evaluation (including H&SC Worker)	Learning Disabilities Services	Mental Health Services
	SC&H Forward Work Programme 2015/16	EOY Budget Monitoring 2014/15		Budget Monitoring 2015/16	Half-Yearly Performance Monitoring 2015/16		Charging for Non-Residential Services	Budget Monitoring 2015/16	Nutritional Standards for Older People
	SC&H Scrutiny Annual Report 2014/15	Actions & Referrals Update		Social Care Performance Reports	Budget Monitoring 2015/16		Carmarthen-shire Carers Action Plan	Actions & Referrals Update	
				Coleshill CfEI	Carmarthen-shire Ageing Well Plan		Dementia Support		
				Charges for Flexi-Bed Placements	Referral from P&R Committee				
					Actions & Referrals Update				

**SOCIAL CARE & HEALTH SCRUTINY  
COMMITTEE  
19<sup>th</sup> NOVEMBER 2015**

**Carmarthenshire Foundations 4 Change**

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

- That the Committee considers and receives the attached presentation on the Carmarthenshire Foundations 4 Change programme.

**Reasons:**

- To provide Committee members with an update on the programme.

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

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

<p><b>Directorate:</b> Communities</p> <p><b>Name of Head of Service:</b> Rhian Dawson</p> <p><b>Report Author:</b> Dr. Michael Thomas</p>	<p><b>Designations:</b></p> <p>Interim Head of Integrated Services</p> <p>Consultant in Public Health (Public Health Wales)</p>	<p><b>Tel Nos. / E-Mail Addresses:</b></p> <p>01267 228900 <a href="mailto:rhian.dawson@wales.nhs.uk">rhian.dawson@wales.nhs.uk</a></p> <p>01267 225036 <a href="mailto:michael.thomas2@wales.nhs.uk">michael.thomas2@wales.nhs.uk</a></p>
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## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 19<sup>th</sup> NOVEMBER 2015

## Carmarthenshire Foundations 4 Change

The attached presentation provides the Committee with an overview of the Carmarthenshire Foundations 4 Change Programme.

The aim of the programme is:

- To ensure that Hywel Dda University Health Board and the County of Carmarthenshire delivers world class health and the highest quality healthcare for its population by operating as a world class health system
- Deliver better health and well-being for the population of Hywel Dda University Health Board, improving outcomes and reducing health inequalities
- Deliver “The right care, in the right place, at the right time....every time”

**DETAILED REPORT ATTACHED?**

**YES – Presentation**



## IMPLICATIONS

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

**Signed: Rhian Dawson Interim Head of Integrated Services**

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

## CONSULTATIONS

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

**Signed: Rhian Dawson Interim Head of Integrated Services**

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

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

**THERE ARE NONE**

Title of Document	File Ref No. / Locations that the papers are available for public inspection

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# Carmarthenshire Foundations 4 Change Panel Day

**Mrs Linda Williams, County Director and Commissioner &  
Commissioner**

**Dr Michael Thomas, Consultant in Public Health**

**Dr Duncan Williams, GP Locality Lead**

**Mrs Sarah Cameron, Community & Primary Care Nurse  
Manager**

**Ms Rhian Dawson, Interim Head of Integrated Services**





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# Foundations 4 Change

## Aim

- To ensure that Hywel Dda University Health Board and the County of Carmarthenshire delivers world class health and the highest quality healthcare for its population by operating as a **world class health system**
- Delivering better health and well-being for the population of Hywel Dda University Health Board, **improving outcomes and reducing health inequalities**
- Delivering “**The right care, in the right place, at the right time....every time**”





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# Foundations 4 Change

- Foundations 4 Change Board
- Outcome Measures
- Plans on a Page
- Mapped to IMTP
- Mapped to Welsh Government Performance Measures
- Carmarthenshire Single Integrated Plan





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# Carmarthenshire Outcome Measures

- Health Inequalities
- Life Expectancy
- Immunisations
- Obesity
- Dependent Behaviours
- Frailty
- End of Life Care





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# Health Inequalities

- Health inequalities defined as ‘systematic differences in health status between different socio-economic groups’
- Indicators – Rate difference between most and least deprived
- Age-standardised mortality (all causes), Males 1.5; Females 1.2





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# Health Inequalities

## Most deprived areas in Carmarthenshire:

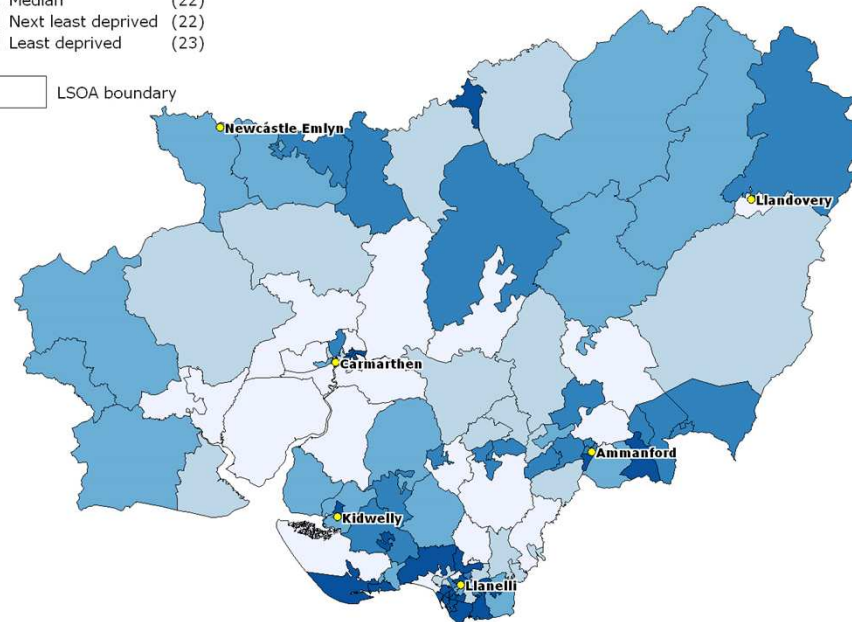
- Pantyffynnon
- Pembrey
- Burry Port
- Glanymor
- Morfa
- Pemberton
- Cwmbach

### Local authority fifths of deprivation, Carmarthenshire

Lower Super Output Area

- Most deprived (23)
- Next most deprived (22)
- Median (22)
- Next least deprived (22)
- Least deprived (23)

□ LSOA boundary



Produced by Public Health Wales Observatory, using WIMD 2008.  
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# Health Inequalities

- Overall health is improving
- Pattern of improvement varies across communities
- Poor health follows distinct social gradients
- Disparities in terms of education, employment and income





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# Health Inequalities

## Targets:

- Smoking (respiratory disease and circulatory disease)
- Link to 10 pledges – Help 5,000 people to stop smoking or not to start smoking
- Community first clusters - focus
- Carmarthenshire Home Standard Impact Assessment
- Smoking Cessation within Primary and Secondary Care





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# Carmarthenshire Actions

- Communities First have Targeted Action Plan covering physical activity, smoking cessation (early years) and healthy eating
- Make Every Contact Count
- 'Walk and Talk Carmarthenshire'
- Promote Breast Feeding
- Promote Immunisation and Vaccination Programme
- Smoking cessation
- Reduction in alcohol consumption
- GP practices to gain Bronze level Investors in Carers by April 2015
- GP practices to gain Silver level Investors in Carers Award by April 2016
- Education Programme for Patients
- Review patterns of referrals to rapid access TIA clinic
- Carmarthenshire Homes Standard Impact Assessment
- Enhance Care and Repair resource





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# Life Expectancy

- Life Expectancy is the number of years a person can expect to live in a given population
- Important summary measure of population health as can be used to compare death rates within and between countries over time
- Indicators – Life Expectancy, Healthy Life Expectancy





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# Life Expectancy

## Life Expectancy

- Males = 76.7 yrs
- Females = 81.3 yrs

## Healthy Life Expectancy

- Males = 62.1 yrs
- Females = 63.2 yrs



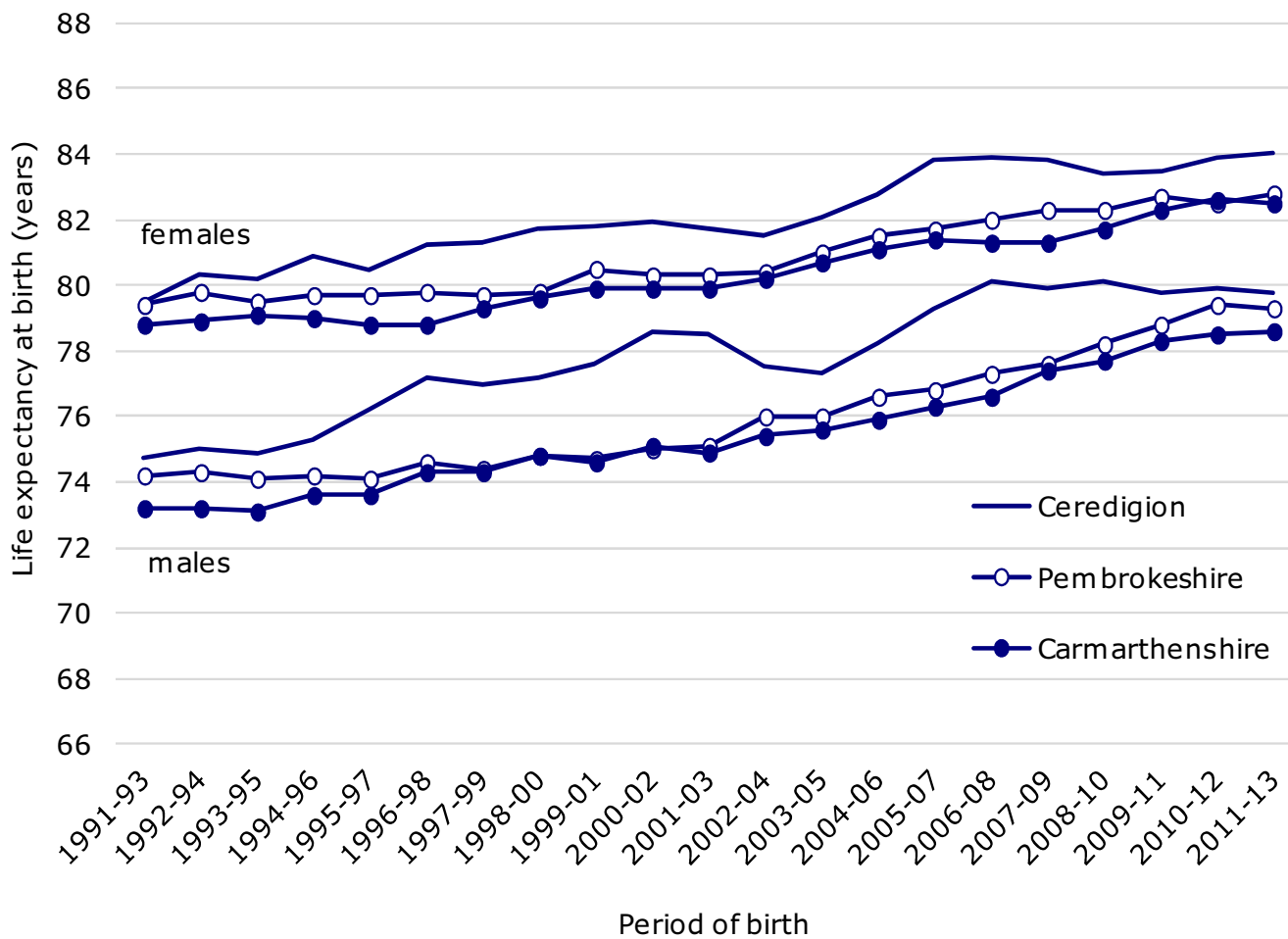


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### Life expectancy at birth, local authorities within Hywel Dda University Health Board, 1991-2013

Produced by Public Health Wales Observatory, using StatsWales (WG) & ONS





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# Life Expectancy

- Life expectancy at birth has reached highest level on record for both males and females
- Newborn baby boy can expect to live 77.7 years and a newborn baby girl 81.9 years
- Increase in life expectancy attributed to better survival in infancy and early childhood
- Females continue to live longer than males but gap has been closing





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# Life Expectancy

## Targets:

- Increase healthy life expectancy and reduce the gap between the most and least deprived
- Link to 10 Pledges - In 10 years time we will increase life expectancy by 3 years in all the areas with the lowest life expectancy
- Working with GP Practice Data to target our population



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Iechyd Lleol  
The Heart of  
Local Health



Stonewall  
Logo



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Healthier  
Wales





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# Carmarthenshire Actions

While overall health is improving, the pattern of improvement varies across communities due to the wider socio economic determinants of health.

Reducing the gap between the most and least deprived in relation to increasing health and disability life expectancy will therefore be reliant on focused work outlined in the following Outcome Measure submissions:

- Health Inequalities Plan on a Page
- Obesity and Overweight Plan on a Page
- Dependent Behaviour / Smoking Plan on a Page
- Dependent Behaviour / Alcohol Plans on a Page
- Frailty Plan on a Page





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# Immunisations

## Indicators:

- % of children aged 2 who complete immunisation for Measles, Mumps and Rubella (MMR) 92.3%
- % of children aged 5 who complete immunisation for MMR (first and second doses) 92.6%
- % of children aged 1 who complete 5 in 1 immunisation 96.7%
- % of children aged 5 who complete 4 in 1 immunisation 91.1%
- % of girls aged 12 to 13 years who complete HPV vaccine 89.1%

**Target: 95%**





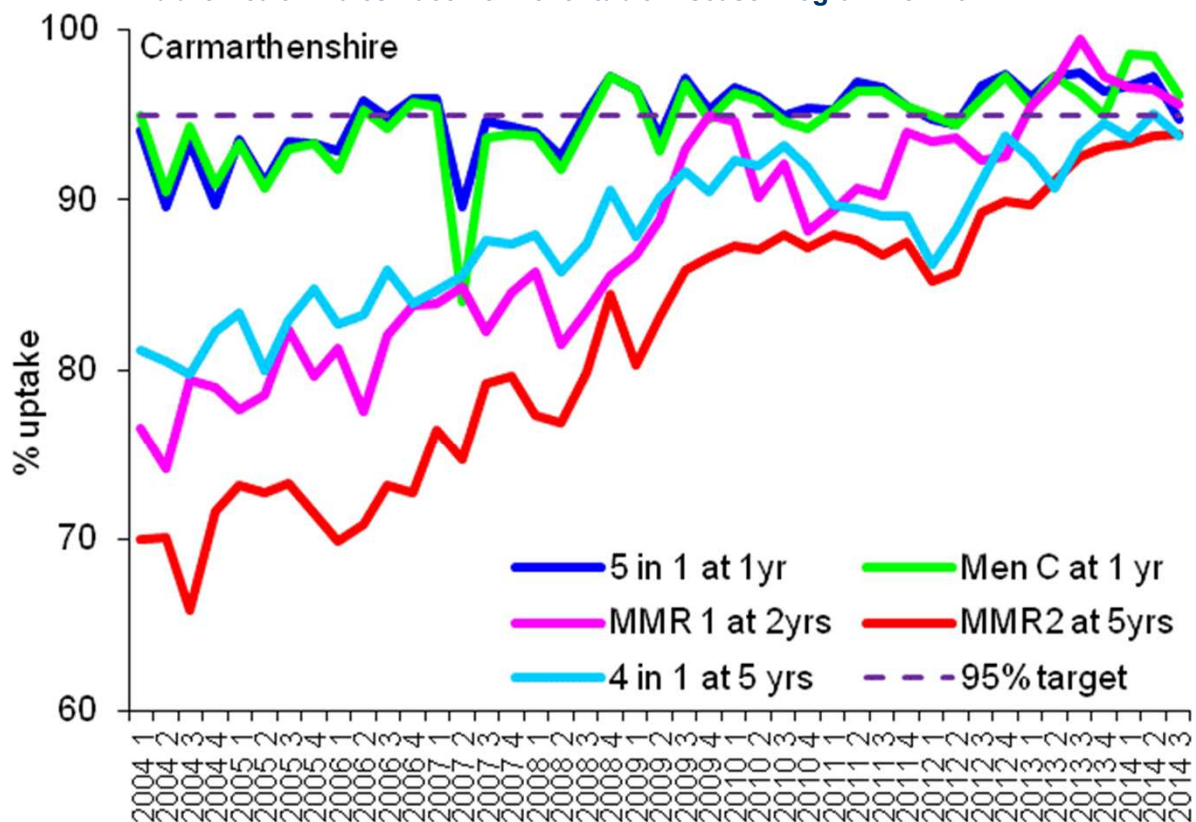
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## Carmarthenshire LA trends in routine childhood immunisations 2004 - 2014 Quarter 3

Source: Public Health Wales quarterly COVER reports, correct as at December 2014

Public Health Wales Vaccine Preventable Disease Programme - 2014



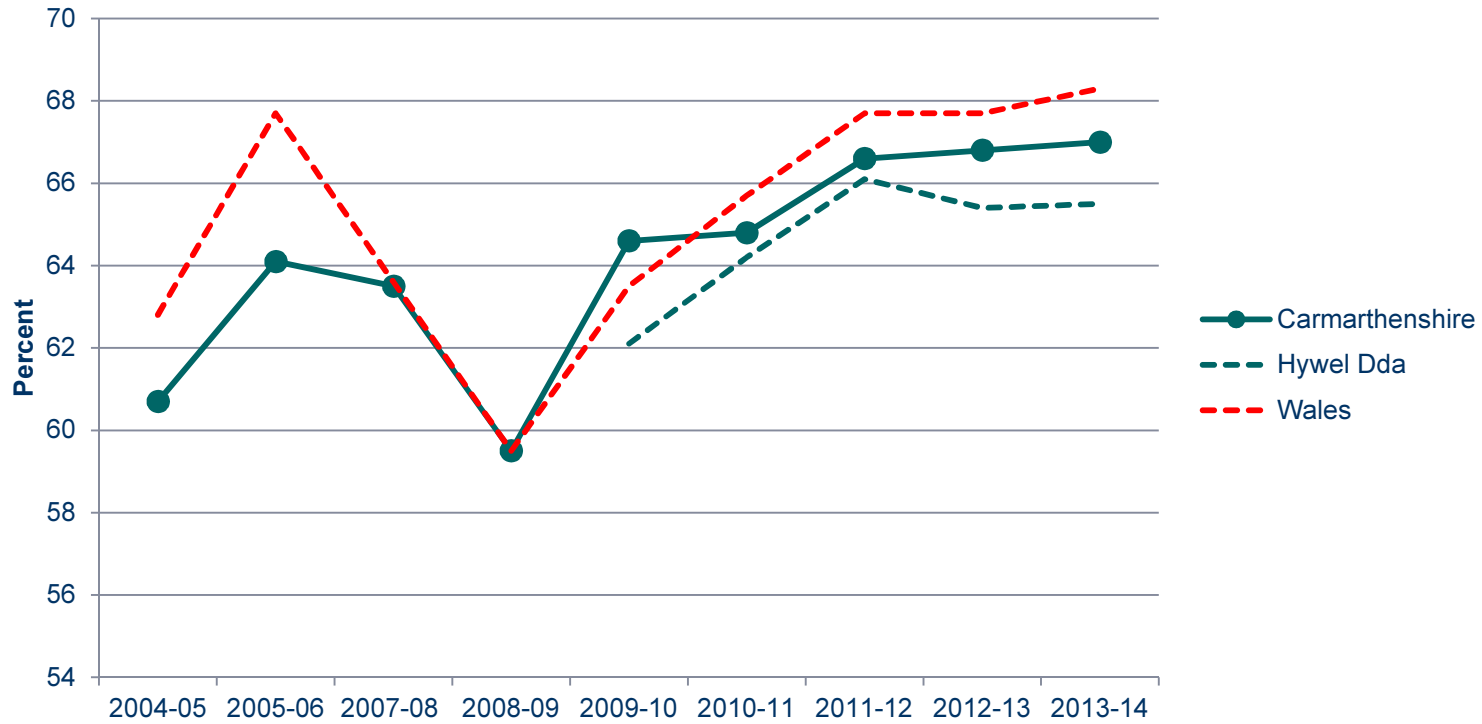


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## Trends in uptake of influenza immunisation in patients aged 65 years and over

Source: PHW Vaccine Preventable Disease Programme



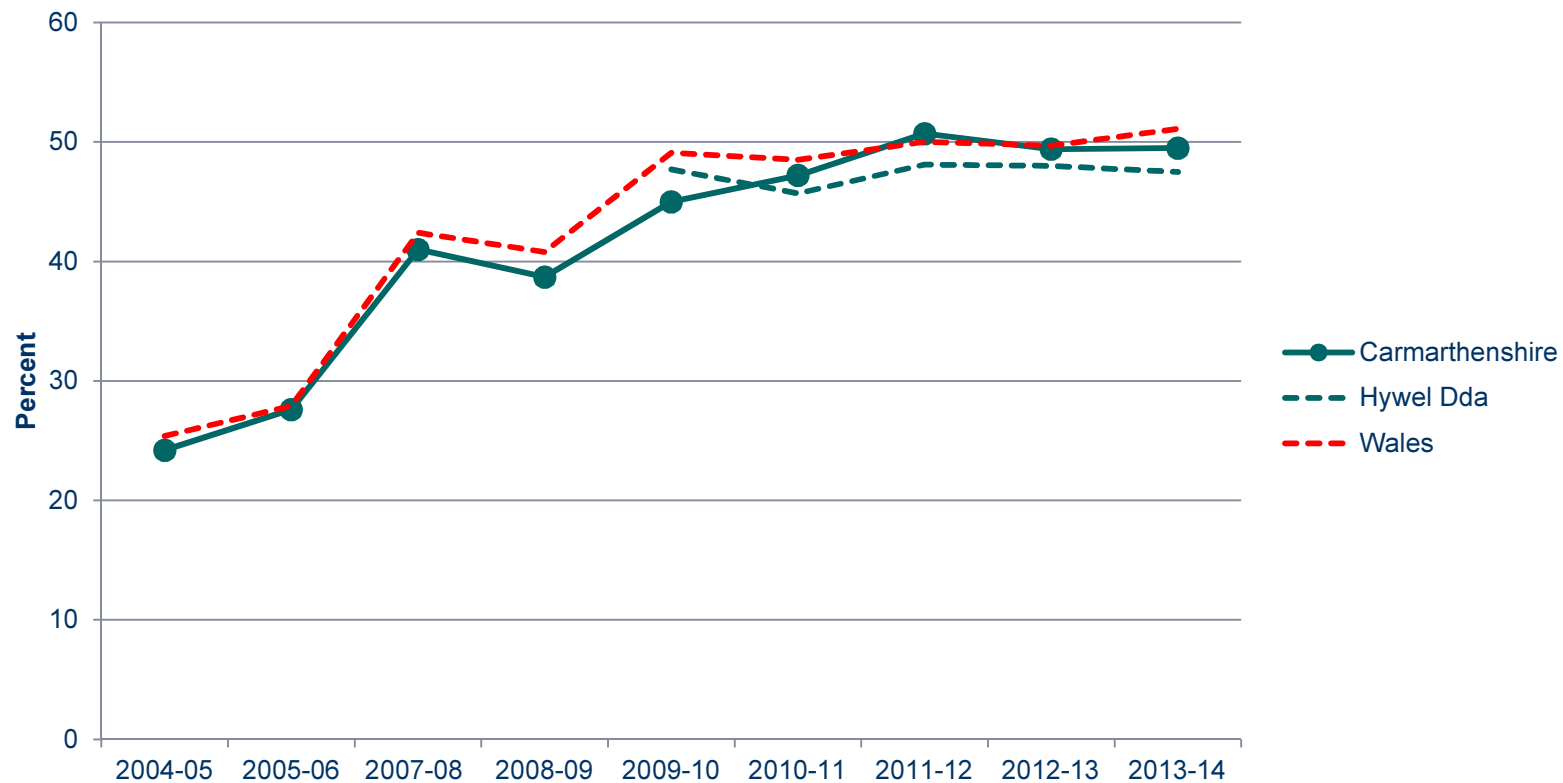


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## Trends in uptake of influenza immunisation in patients under the age of 65 years in an 'at risk' group

Source: PHW Vaccine Preventable Disease Programme





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# Carmarthenshire Actions

- Flu champions identified across all community services
- Health and social care organisations to work collaboratively in promoting uptake of flu vaccination
- Continue to promote flu vaccinations and uptake in pharmacies through Targeted Action Plan
- Encourage and support GP practices to hold additional sessions to increase uptake
- Promote uptake through Women and Children's Services
- Negotiate with community based Chronic Conditions Nurses to undertake training and immunise patients on their caseloads during Winter 2015
- Promote staff uptake





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# Overweight and Obesity

- Percentage of adults overweight or obese increased from 54% to 61%
- Overweight and obesity can add to the burden of chronic conditions and shorten life and healthy life expectancy
- Overweight and obese children likely to become overweight and obese adults, adding to burden of chronic conditions and shortening life and healthy life expectancy
- Increase proportion of adults/children at a healthy body weight (10 pledges)
- Increase proportion of adults/children meeting national guidelines for healthy eating
- Increase in the proportion of adults and children meeting national guidelines for physical activity
- Increase access to healthier choices/options are available
- Develop a motivated and well-trained workforce to support weight management
- Service monitoring and evaluation



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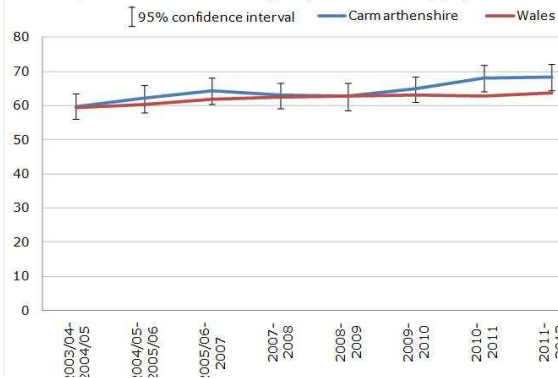
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## Overweight / obesity by sex: Carmarthenshire, BMI 25+

Overweight or obese (BMI 25+): males

Age-standardised percentage of adults reporting to be overweight or obese, males, Carmarthenshire and Wales

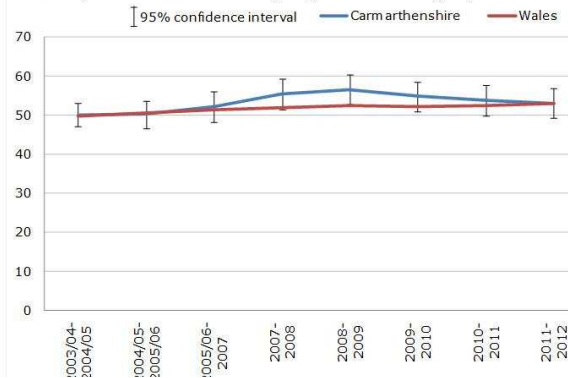
Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)



Overweight or obese (BMI 25+): females

Age-standardised percentage of adults reporting to be overweight or obese, females, Carmarthenshire and Wales

Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)

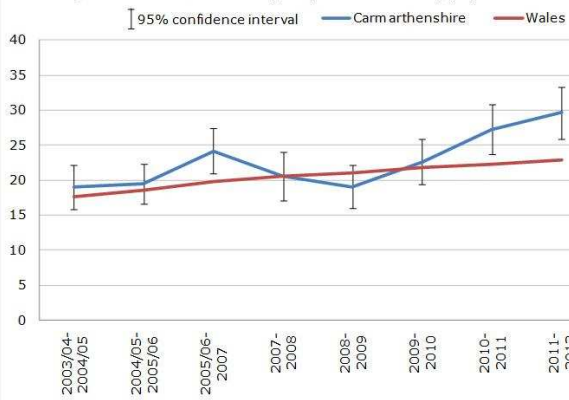


## Obesity by sex: Carmarthenshire, BMI 30+

Obese (BMI 30+): males

Age-standardised percentage of adults reporting to be obese, males, Carmarthenshire and Wales

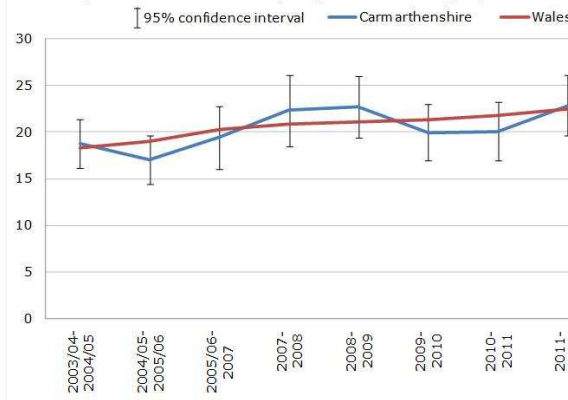
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Obese (BMI 30+): females

Age-standardised percentage of adults reporting to be obese, females, Carmarthenshire and Wales

Produced by Public Health Wales Observatory, using Welsh Health Survey (WG)







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# Carmarthenshire Actions

- Implementation of the All Wales Obesity Pathway
- Carmarthenshire Communities First Plan
- National Exercise Referral Scheme
- iLocal database
- Health Challenge Carmarthenshire
- Iechyd Hywel Health
- Third Sector Broker support
- 'Walk and Talk Carmarthenshire'
- 'Nordic Walking'
- 'Walking our Way to Health'
- Healthy Schools Scheme and 5x60 programme





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# Dependent Behaviour - Alcohol

- Alcohol is a major preventable cause of death and illness with approximately 1,000 deaths being attributable to alcohol per year in Wales.
- Problem use of alcohol can cause serious social, psychological and health problems, affecting work, social and personal relationships.
- Health risks associated with heavy drinking include liver disease, alcohol-related anaemia and nutritional disease, chronic calcifying pancreatitis, heart muscle damage, alcoholic dementia and psychiatric disorders.
- LHB 10 Pledges: Help prevent or stop 7,500 people drinking to excess.



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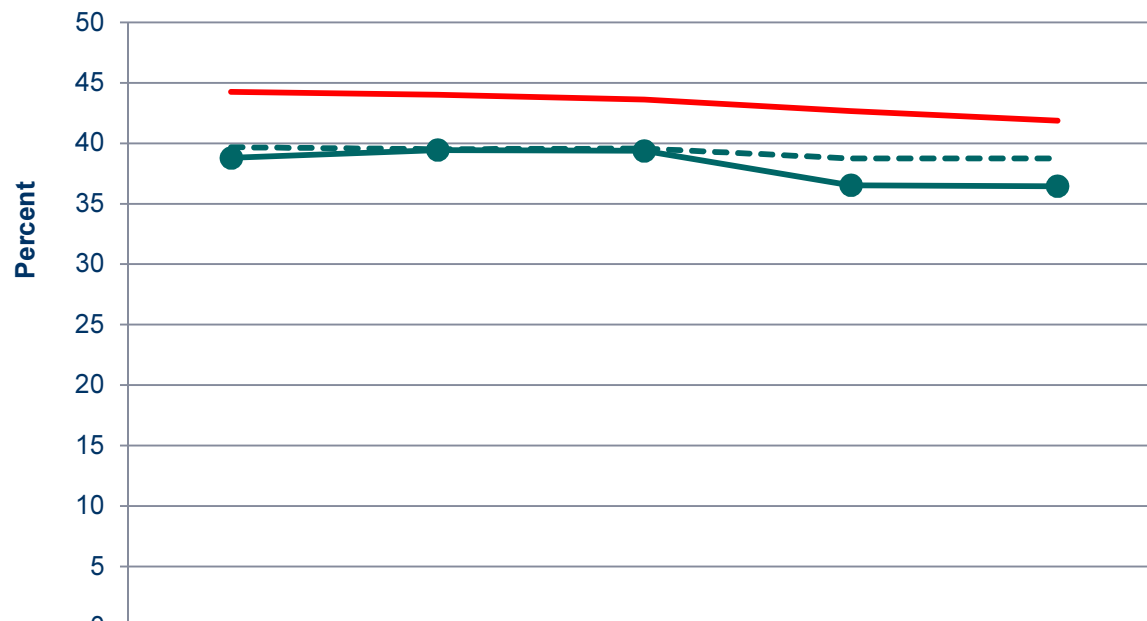


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### Percent of adults who report drinking above guidelines on at least one day in the past week (Age-standardised)

Source: Welsh Health Survey (2014)



	2008&09	2009&10	2010&11	2011&12	2012&13
—●— Carmarthenshire	39	39	39	37	36
- - - Hywel Dda	40	40	40	39	39
— Wales	44	44	44	43	42



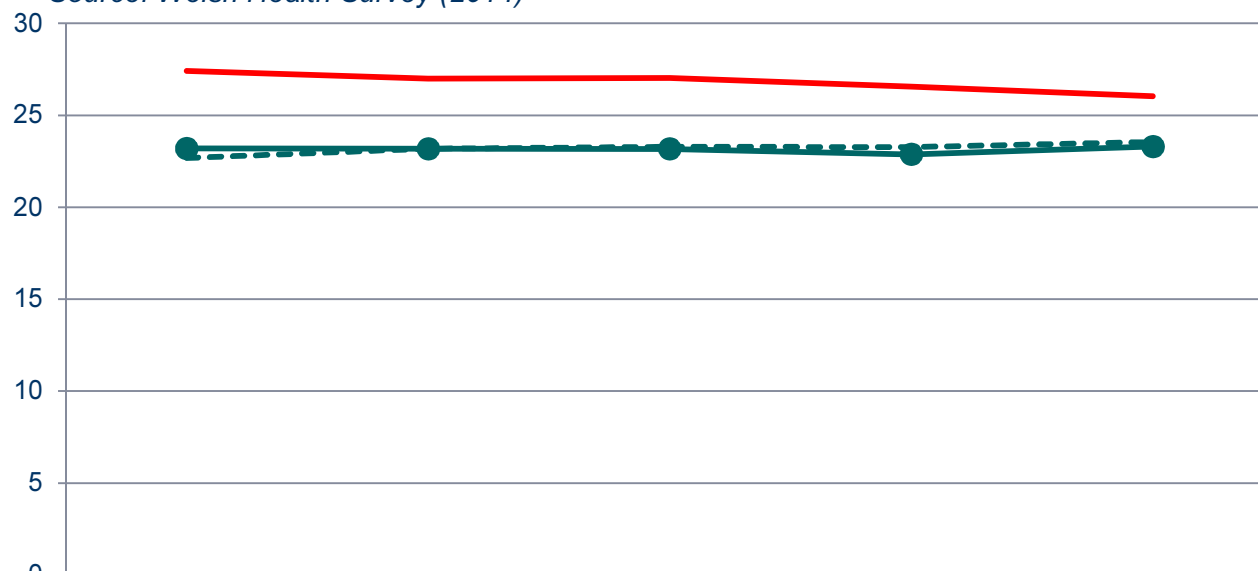


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### Percent of adults who report binge drinking on at least one day in the past week (Age-standardised)

Source: Welsh Health Survey (2014)



	2008&09	2009&10	2010&11	2011&12	2012&13
—●— Carmarthenshire	23	23	23	23	23
- - - Hywel Dda	23	23	23	23	24
— Wales	27	27	27	27	26





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# Carmarthenshire Actions

- Carmarthenshire Healthy Schools Scheme
- Iechyd Da Youth Programme
- Enhance collaborative working between community health and social care services, Welsh Ambulance Services NHS Trust and the 'Front Door' of Hospital (Emergency Department)
- Enhance opportunities for signposting, diagnosis and treatment through appointment of alcohol liaison nurse
- Pathway for alcohol and drug abuse
- Make Every Contact Count
- Further develop the Street Pastor role



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Ysgolys Iechyd  
Health Schools Scheme



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# Dependent Behaviour - Smoking

- Tobacco use imposes a significant financial and emotional burden on individuals and society as nearly 50% of all long-term smokers die in their middle age and many smokers will suffer poor health and associated loss of quality of life.
- Significant burden of illness due to smoking has a major cost for the NHS with 20% of all admissions and bed days in Wales attributable to smoking related diseases.
- Smoking has considerable cost to economy through working days lost as a result of ill-health and increases in benefit payment.
- Prevalence current smokers (%) 19%



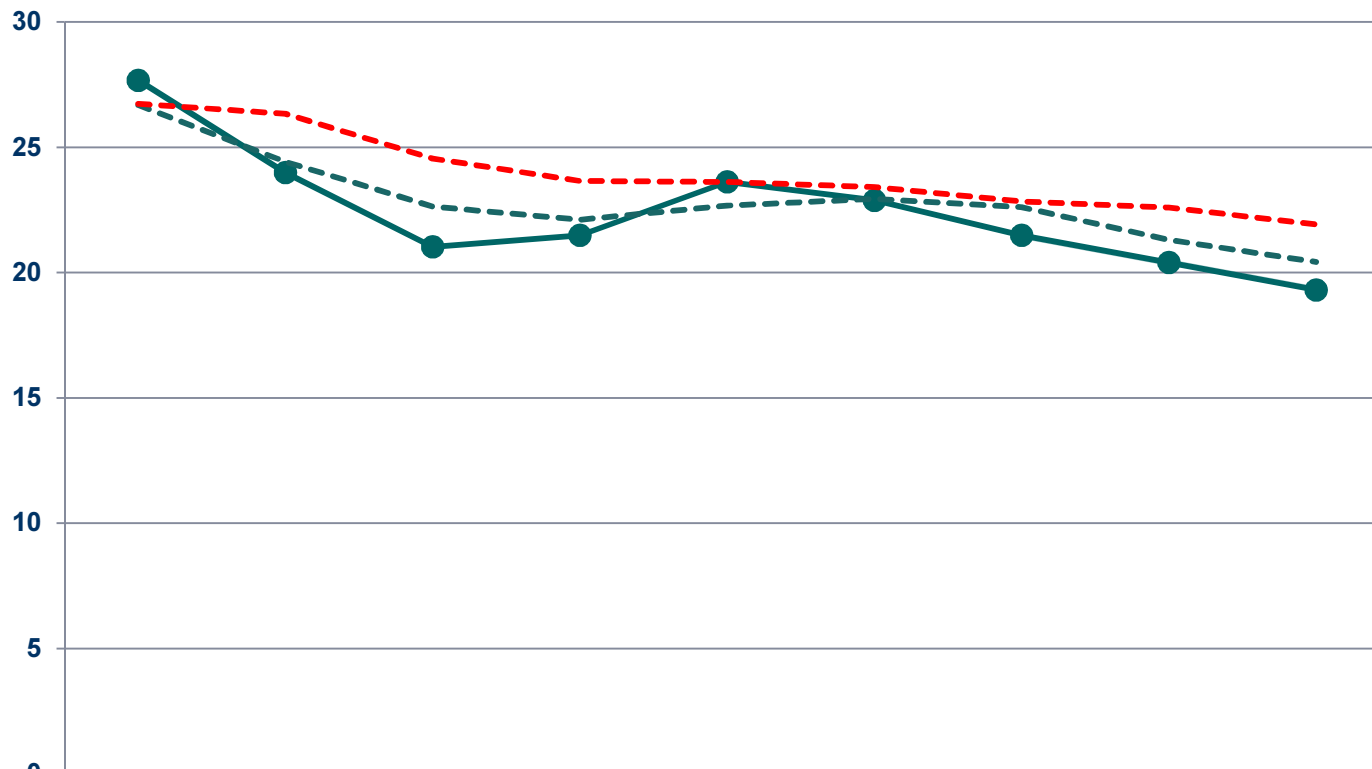


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## Adults who report being a current smoker, age-standardised (2003-13)

Source: Welsh Health Survey (2014)



	2003/04 & 2004/05	2004/05 & 2005/06	2005/06-2007	2007&08	2008&09	2009&10	2010&11	2011&12	2012&13
—●— Carmarthenshire	28	24	21	21	24	23	21	20	19
- - - Hywel Dda	27	24	23	22	23	23	23	21	20
- - - Wales	27	26	25	24	24	23	23	23	22





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# Carmarthenshire Actions

- Continue to promote smoking cessation services and referral pathways across primary care and community services and Make Every Contact Count
- Presentations at GP Cluster Meetings
- Stoptober
- No Smoking Day
- No Smoking Signs for all Carmarthenshire Local Authority playgrounds







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## SMOKING CESSATION PATHWAY FOR CARMARTHENSHIRE

### VERY BRIEF ADVICE

**“30 SECONDS TO SAVE A LIFE”**

#### ASK

- Ask and record smoking status at every opportunity.
- Are you a smoker?
- Do you still smoke?

#### ADVISE

- Advise the best way to quit is through a combination of specialist behavioural support and medication.
- Are they motivated to quit?
- If the patient is an ex-smoker provide encouragement.

#### ACT

- Act on patients responses by referring to a smoking cessation service / offering pharmacotherapy (see Pathway).
- The smoking status of those who are not ready to quit should be recorded and reviewed with the patient at least once per year.

### KEY MESSAGES:

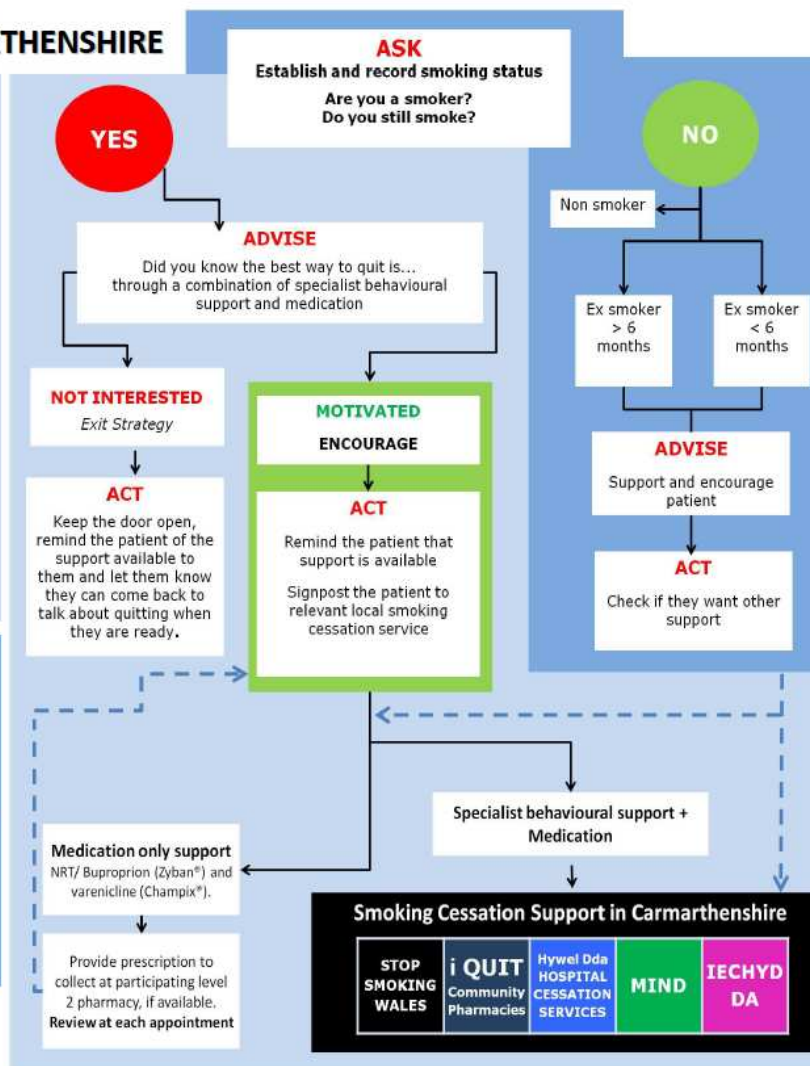
- Stopping smoking is the single most important thing you can do to benefit your health.
- Smokers expect to be asked about smoking and it shows clinicians concern about their overall health.
- If clinicians do not mention smoking at every consultation patients are given the impression that their smoking behaviour is not affecting their health and so are less likely to make a quit attempt.
- Smokers are four times more likely to succeed using a smoking cessation service (such as *STOP SMOKING WALES*, the *Community Pharmacy iQUIT* scheme or the *Hospital Smoking Cessation Service*) than if they try to quit alone.
- The benefits of quitting start straight away and it is never too late to stop.



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# Frailty

Frailty is an accumulation of deficit over time that results in reduced physiological and functional reserve which predisposes an individual to decreased independence and which could result in a long term loss of independence

- Major challenge to Health and Social Care provision
- 65% of all hospital admissions





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# Carmarthenshire Actions

- Collaborative working between primary care and community services to sustain and develop care pathways in falls prevention, dementia and end of life according to evidence base
- Enhance current WAST faller pathway
- County wide access to geriatrician led CGA in hospital setting (e.g. SCRAMS) or community
- Atrial Fibrillation clinic/TIA clinic/GPwSI/TOCALs
- Development of education programmes
- Dementia Friendly Communities/Review Clinics





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# Palliative and End of Life Care

- Ensure appropriate care provided in terms of support to individuals in their place of choice. Provide palliative/end of life care that follows national agreed guidelines (National Council for Palliative Care, the Strategic Palliative Care Board Wales and NICE Guidelines).
- Health Board committed to improving the quality of care provided by all service providers for patients who are approaching the end of their life. A key policy commitment of the Health Board is to bring care closer to home.
- Well planned palliative and end of life care will reduce inappropriate admissions to hospital.





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# Carmarthenshire Actions

- Implement Together for Health – End of Life Care Delivery Plan
- Embed MDT working with GP practices/WAST
- Design and Pilot Palliative and End of Life Care Core Curriculum Training
- Produce Palliative and End of Life Resource File for each GP Practice
- Establish Anticipatory Grief Service.
- Evaluate use of Just in Case Boxes
- Increase percentage of patients on Palliative Care Register
- Increase of prognostic indicator usage
- Workshop to produce Palliative and End of Life Care Strategy for Hywel Dda and Partners





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# Key Achievements and Challenges 2014/2015

## Achievements

- Contribute to IMTP 'Closer to Home' Chapter
- County and Locality Integrated Operational Plans
- Cluster Plans
- Stakeholder Engagement Events in Each Locality
- Introduced New Service Models
- Partnership Engagement in Strategy Development
- Iechyd Hywel Health – NHS Wales Award Finalist
- Best of Health Awards – Winners



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1000 LIVES  
O FFWYDAU



Calon  
Iechyd Lleol  
The Heart of  
Local Health



Stonewall  
Logo



INVESTING IN  
HEALTH



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# Key Achievements and Challenges 2014/2015

## Challenges

- Unscheduled Care Activity
- Financial Challenges
- Organisational Change





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# Key Aspirations

- Service Redesign
- Workforce Redesign
- Enhanced Integration
- Investment in Care Closer to Home
- Community Information System
- Improve Population Health and Well-Being
- Improve Staff Morale
- Delivery of F4C Plans on a Page







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# Diolch yn fawr

# Thank you



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## **SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 19<sup>th</sup> NOVEMBER 2015**

### **Annual Report on Adult Safeguarding 2014/15**

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

The Committee is asked to consider and comment on the Authority's safeguarding arrangements.

Carmarthenshire Adult Safeguarding Board, led by the Director of Community Services with senior representation from Dyfed Powys Police, Hywel Dda University Health Board and the Crown Prosecution Service, is the lead body responsible for setting the strategic direction and governance arrangements for adult safeguarding in the county. The Board benefits from good strategic leadership and strong partnership arrangements.

The Board has a zero tolerance approach to abuse. Every person has the right to live a life free from abuse and neglect, and it is everyone's business to ensure that we work together as a community to support and safeguard the most vulnerable in society.

Both as a consequence of national scandals (Winterbourne, Mid Staffordshire Hospital, domiciliary care commissioning) and the increased attention and focus given to safeguarding by regulation, evaluation and audit (e.g. CSSIW, Wales Audit Office, Older Person's Commissioner), it has been of paramount importance for the Board to review the multi-agency Business Plan 2013-16 and its seven strategic objectives that provides effective strategic direction.

The Report explains the national policy context of adult safeguarding including the likely implications of the Social Services and Well Being Act 2014 and provides a variety of information including:

- Progress of the multi agency Business Plan 2013-16
- Regional position
- Operational arrangements
- Key achievements and significant events
- Key challenges and issues
- Quality assurance
- Partnership reports
- Performance and Activity Information

The Report concludes with a summary and its judgment that while there are areas for improvement such as timely investigations, fundamentally it safeguards adults at risk effectively particularly those adults at most significant risk in having excellent relationships with Dyfed-Powys police and its assessment and care management teams.

**Reasons:**

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

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

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

<p><b>Directorate:</b> Communities</p> <p><b>Name of Director:</b> Jake Morgan</p> <p><b>Report Author:</b> Neil Edwards</p>	<p><b>Designations:</b></p> <p>Director of Community Services</p> <p>Senior Manager: Adult Safeguarding &amp; Commissioning</p>	<p><b>Tel Nos. / E-Mail Addresses:</b></p> <p>01267 224698 <a href="mailto:jakemorgan@carmarthenshire.gov.uk">jakemorgan@carmarthenshire.gov.uk</a></p> <p>01267 228952 <a href="mailto:nedwards@carmarthenshire.gov.uk">nedwards@carmarthenshire.gov.uk</a></p>
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## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 19<sup>th</sup> NOVEMBER 2015

## Annual Report on Adult Safeguarding 2014/15

The purpose of this report is to provide information on the statutory roles and functions undertaken by the Authority in regard to Adult Safeguarding.

The Report explains the changing policy context of adult safeguarding and how the Authority has consolidated and improved its operational and strategic arrangements to improve its effectiveness. As the lead organisation responsible for adult safeguarding, the Authority is required to have effective arrangements to ensure vulnerable adults are protected from harm. The Authority undertakes its role in close partnership primarily with Dyfed Powys Police but also with Hywel Dda University Health Board and the Crown Prosecution Service. The section provides considerable performance data on adult protection.

With the implementation of the Social Services and Well Being Act 2014, safeguarding adults will for the first time be based on a legal framework effective from 1 April 2016. With well established governance and scrutiny arrangements, Carmarthenshire is well placed to implement the duties and principles of the Act 2014 in relation to safeguarding adults. The Board will be working hard to make sure that the principles of the Act are central to how it works.

The Authority has also been engaged at a regional level in helping to develop the regional documentation and infrastructure to enable the establishment of the Regional Adult safeguarding Board in 2016.

<b>DETAILED REPORT ATTACHED?</b>	<b>YES</b> <ul style="list-style-type: none"><li>• <b>Carmarthenshire Adult Safeguarding Board Annual Report 2014-15</b></li><li>• <b>Appendix 1 – Carmarthenshire Adult Safeguarding Board Business Plan 2013-16</b></li></ul>
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## IMPLICATIONS

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

Signed: **Jake Morgan** Director of Community Services

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

## CONSULTATIONS

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

Signed: **Jake Morgan** Director of Community Services

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

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

**THERE ARE NONE**

Title of Document	File Ref No. / Locations that the papers are available for public inspection

# Carmarthenshire Adult Safeguarding Board

## Annual Report

2014-15



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## Foreword: Introduction from Chair

I am very pleased to introduce Carmarthenshire Adult Safeguarding Board's Annual Report. This is my first Annual Report having taken up the role of Chair in November 2014 and it is my responsibility to support continual improvement in the work of all organisations responsible for safeguarding "adults at risk" in Carmarthenshire.

The past year has been a real challenge to the Board members who have had to make significant budget savings. Despite this, commitment to safeguarding adults remains high and I am grateful to colleagues for the work they put into the Board. With the implementation of the Social Services and Well Being Act 2014, safeguarding adults will for the first time be based on a legal framework effective from 1 April 2016. With well established governance and scrutiny arrangements I believe Carmarthenshire is well placed to implement the duties and principles of the Act 2014 in relation to safeguarding adults. The Board will be working hard to make sure that the principles of the Act are central to how we work.

As outlined in this report, we have seen improvements which have made a significant contribution to safeguarding and the wider public protection agenda in particular, the excellent work at a regional level between adult safeguarding and domestic abuse organisations and the innovative work on service users, social media and internet safety. The Board, nevertheless, faces a number of challenges as we move forward including the continuing austerity, potential increases in demand, maintaining quality at the same time as putting the person at the centre of the process.

Carmarthenshire Adult Safeguarding Board is not complacent about the work ahead and is committed to seeking continuous improvement and learning. We will work in a collaborative and supportive way, challenging ourselves in order to assess our effectiveness in safeguarding adults at risk in Carmarthenshire. With increasing emphasis on citizen empowerment, individual human rights and justice for all, it is fundamental that the Board, however constructed as we move forward with regional safeguarding arrangements, retains its role as a key, if not the primary, body responsible for the safety and well being of the people of Carmarthenshire.



J Morgan  
Director of Community Services  
Chair of Carmarthenshire Adult Safeguarding Board

## **Introduction**

Carmarthenshire Adult Safeguarding Board oversees and leads adult safeguarding throughout the county in order that individuals and organisations contribute effectively to the prevention of abuse and neglect. It is a multi-agency board whose role is to plan strategically and ensure the safety of adults at risk within the boundaries of Carmarthenshire County Council. The Board has a strong focus on partnership working.

This Annual Report will give account of the work that has been carried out to support the Safeguarding of Adults. The report will highlight national policy guidance and how this guidance has been transferred into practice. The report will demonstrate the progress made against its' Business Plan 2013 – 2016 (Appendix 1) and note its work priorities for 2015 – 2016.

Carmarthenshire Adult Safeguarding Board (CASB) has a zero tolerance approach to abuse. Every person has the right to live a life free from abuse and neglect, and it is everyone's business to ensure that we work together as a community to support and safeguard the most vulnerable in society.

Both as a consequence of national scandals (Winterbourne, Mid Staffordshire Hospital, domiciliary care commissioning) and the increased attention and focus given to safeguarding by regulation, evaluation and audit (e.g. CSSIW, Wales Audit Office, Older Person's Commissioner), it has been of paramount importance for the Board to review the Business Plan 2013-16 and its seven strategic objectives that provides effective strategic direction.

The Board through regular and consistent attendance of senior managers and lead officers has achieved this and has provided a consistent approach to safeguarding adults by an open culture of challenge and scrutiny of its local adult safeguarding arrangements. At the same time, Board members have fulfilled their strategic responsibility by keeping abreast of significant policy and practice developments, notably the safeguarding requirements of the Act.

## **Adult Safeguarding National Policy Context**

During the past year the Board has carried out significant developments to ensure it enshrines the principles of safeguarding and encompasses the provisions laid out in the 2014 Act across all of its areas of responsibility. The Board is confident it is fully prepared for April 2016 when the requirements of the Act come into force.

### **The Social Services and Well Being Act 2014**

The Social Services and Well Being Act 2014 will be the most significant piece of legislation for adult safeguarding since the introduction of *In Safe Hands 2000*.

The Act makes a number of important provisions including:

- to strengthen safeguarding arrangements for adults and children

- to establish separate Regional Safeguarding Boards for adults and children
- to establish a National Independent Safeguarding Board
- to introduce a new legal framework to protect adults
- to create a definition of an “adult at risk”
- to introduce duties to report to local authority, to make enquiries or cause others to enquire
- to co-operate and to share information
- to introduce an Adult Support and Protection Order
- to add adult protection information in to care and support plans
- to change the threshold from significant harm to harm

During 2014-15, considerable work has been undertaken to provide more detail on the above provisions, most notably a definition of an adult at risk.

An **Adult at risk** has been defined under s126 (1) as an adult who:

- (a) is experiencing or is at risk of abuse or neglect
- (b) has needs for care and support (whether or not the authority is meeting any of those needs) and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

As a general rule, local authorities have always been expected to lead adult safeguarding and this legislation will formalise that as a duty. However, safeguarding has to be everybody's business, therefore, the Authority plays a pivotal role in building strong relationships with other organisations such as the NHS, the police, third sector and service providers. They form the trust and bedrock on which a multi agency approach thrives and they lead the formation of sound local policies, procedures and lines of accountability.

Significant among its duties, the Act proposes a duty for local authorities to make enquiries. It encompasses the concept of an adult needing care and support and not being able to protect themselves from actual or potential harm. How local authorities go about making such enquiries is variable but what matters is that clear evidence is established about the allegations made so that people can be supported to manage the risks they face and to achieve their desired outcomes. A quick response is always necessary but where complexity indicates a lengthier timescale, every effort must be made to keep the victim involved in all aspects of the decision making. This is a cornerstone of the Act and the rights of the individuals to be fully engaged in how they choose to live.

It is expected that by introducing a legal framework for adult protection in Wales, the multi agency response to adult abuse will be as consistent, co-ordinated and robust as the response to child abuse.

## **Regional Position**

Carmarthenshire is one of the four local authorities that form the Dyfed Powys Adult Protection Forum. It is a multi agency forum that meets quarterly at Dyfed Powys Police Headquarters in Carmarthen. It is the main forum for policy and development and shares best practice across the region. It has also been the main working group

that has led the regional agenda, in particular addressing the requirements of the 2014 Act, specific policy developments (such as domestic abuse and older people) and training requirements.

For the second successive year, the Forum convened a highly successful regional conference to build on its Good Practice Action Plan for adult safeguarding and domestic abuse. The Action Plan stemmed from the Association of Directors of Social Services (ADSS) Guidance document on *Improving Links between Adult Safeguarding and Domestic Abuse* that made a series of recommendations for local authorities.

Held on 3 October 2014 in Pembrokeshire, the Conference highlighted the links between safeguarding (adults and children) with domestic abuse. Speakers included D Barran, Chief Executive of Co-ordinated Action Against Domestic Abuse (CAADA, now Safer Lives) and by a family member, N Salaman, of a murdered victim of domestic abuse. The Conference was aimed at raising awareness among Managers of health and social care services and the overlaps that exist across the public protection agenda. This was subsequently followed with a similar conference aimed at practitioners in February 2015. The impact of the Conference resulted in reviewing practice and led to a variety of training not only aimed at social work practitioners but also domiciliary care and support workers across the adult social care sector.

To assist the regional developments of adult safeguarding, an officer from the adult safeguarding team has worked with the Mid and South West Wales Collaborative and Social Services Improvement Agency (SSIA). Several meetings and workshops of all relevant stakeholders have been held where it was agreed to prepare the following documents for the inaugural meeting of the Shadow Board:

- Terms of Reference for the Regional Adult Safeguarding Board
- Strategic Performance Management and Quality Assurance Framework
- Annual Report (to provide a comparative overview of the work of the four counties)

This preparatory work will continue during 2015-16.

## **Carmarthenshire Adult Safeguarding Board.**

Carmarthenshire Adult Safeguarding Board is a standing committee of committed and experienced senior/lead officers with adult social care, Hywel Dda Health Board, Dyfed Powys Police and Wales Probation Services. It is chaired by the Director of Community Services (formerly the Director of Social Care, Health and Housing) and has proven to be a consistently well attended and effective Board. The Board's role is to promote the well being and protect adults at risk in its area as noted in its Business Plan 2013-16.

The Board's Business Plan 2013-16 has outlined seven strategic objectives which were intended to reflect local priorities and needs. This has been kept under regular review and progress reported quarterly for the Board.

The objectives are:

- Effective Strategic Leadership, Accountability and Governance

- Making Adult Safeguarding everyone's business
- Develop and Implement joint policies, procedures and processes for safeguarding
- Engagement with service users, carers and partner organisations
- Develop best practice, experience, skills in safeguarding and adult protection for those who work with adults at risk
- Ensure that learning is undertaken through Serious Case Reviews, Management Reviews or appropriate learning experiences
- To develop a regional collaborative approach

The Board aims to achieve its objectives whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion. In 2014 – 2015 the Board met quarterly and was supported by sub-groups and, for specific one off issues, management reviews. The work sub-groups undertook for the Board varied e.g. development of a proposed Regional multi agency Action Plan on adult safeguarding and domestic abuse, consideration of training on the risks of social media, improving practice on threshold decision-making.

During 2014 – 2015, the priorities identified by the Board consolidated those from the previous year:

- Continuing to improve links between adult safeguarding and domestic abuse. This led to the development of a regional Action Plan and one that has evolved into meeting the Older Person Commissioner's requirements in highlighting elder abuse and domestic violence
- Service user engagement. This led to meeting with various member led organisations representing disabled adults and to an engagement event in May 2014. Since this event, the Board has overseen the development of a number of Keeping Safe initiatives including commissioning Carmarthenshire People First to run a series of courses on social media and internet safety as well as preliminary talks with Age Cymru on raising awareness among older people. This latter area requires further discussion but is one the Board is keen to pursue ,
- Responding promptly to investigations and effective timely decision making on thresholds. (This was also in response to the CSSIW Performance Evaluation of 2013/14 which identified it as an area for improvement.)
- Regional collaboration – officers helped to organise regional workshops and develop the necessary documentation in preparation of the inaugural Board.

## **Operational Safeguarding Arrangements**

The Safeguarding team consists of a Safeguarding and Complaints Manager, 4.5 Full Time Equivalent (FTE) Safeguarding Co-ordinators, a Development Officer, two specialist minute takers and an administrative officer. As in previous years, there has been an increased volume of work referred to the adult safeguarding team. The growth in activity in adult safeguarding has meant added pressure on the department's adult safeguarding service, exacerbated by staffing difficulties which has, as a consequence, affected the capacity of the service to deal effectively and timely with its investigation work in particular. Nevertheless, the team has worked extremely diligently to ensure that high priority work is addressed effectively, often in tandem with Dyfed Powys Police.

The capability to deal effectively and timely with investigation can be qualified to some extent by the fact that several investigations have consumed substantial amounts of officer time. One investigation has involved interviewing over 25 staff jointly with the police. This investigation involved several learning disabled adults, none of which was funded by the Authority, all being placed by local authorities across England, Scotland and Wales. Another investigation required a dozen staff interviews and again involved a number of service users from external authorities. This has implications for the Authority and its adult safeguarding service in that such investigations, if likely to recur, will need to be weighed up as part of the department's review of its safeguarding arrangements.

As stated, the Authority considers that cases of clear priority i.e. where adults have suffered significant harm or at risk of significant harm, are dealt with effectively and timely, in particular criminal cases where the relationship between the team and the police remains excellent. It noted the CSSIW recommendations on the value, where appropriate, of convening multi agency strategy meetings and to review its threshold evaluation cum decision-making process. With regard to the latter CSSIW recommendation, the department has reviewed its process to ensure there is less uncertainty or delay in the progress of the case. In response to the former, the department considered this an important recommendation to implement and has aimed to do so.

As a model of adult safeguarding, the department's co-ordinating centralised team has been in operation for over four and a half years. With the introduction of the Act in 2016, with significant implications for adult safeguarding, not least the lowering of the threshold, it is considered an opportune time to review the department's adult safeguarding arrangements to ensure proper alignment with the provisions of the Act and to ensure safeguarding is everyone's business. While there have been benefits in the current structure, there is an argument that the expertise held in the assessment and care management teams on risk management and the wider safeguarding agenda needs to be maintained and developed and not be compromised via a specialist safeguarding team alone. In moving forward, the department will be committed to audit and quality assurance of its safeguarding arrangements.

Integral to its quality assurance, the safeguarding team have reviewed its objectives for 2014/15 and agreed the following for 2015/16:

- To develop criteria for allocating investigations to Service Providers and Care Management teams
- To develop and implement an allocation system on principles of caseload management
- To undertake a review of existing processes to ensure they are streamlined effectively
- To organise a series of support group meetings with Assessment and Care Management teams
- To work in conjunction with the department's Learning and Development team in order to prepare the social care workforce for the implementation of the Act
- To convene a one day workshop on Investigations for Investigating officers and Adult Services Manager to learn lessons and share best practice

## **Case studies:**

The following cases provide an illustration of the type of referral and the work undertaken.

### **Care Home A**

Four referrals were received in relation to Care Home A which all related to the same alleged perpetrator – a registered nurse. The allegations related to poor practice by the nurse including:

- Not seeking appropriate medical attention for a patient complaining of chest pains and not monitoring the situation
- Giving a patient medication, prescribed for a specific time, 40 minutes late and not monitoring patient for adverse effect as a result.
- Preparing to administer pain relief to a patient which had been discontinued in favour of stronger pain relief.
- Leaving a peg feed running without monitoring resulting in the patient being saturated in feed and distressed.

A joint non-criminal investigation by Social Care and Health was hampered by the very poor records in the Home with no evidence of incident forms, no entries in the daily accountability records, no MAR sheets being completed in relation to the allegations. Previous concerns had been raised about the nurse but the improvement plan of further training and supervision had not been carried out.

Outcome: Improved patient records; nurse dismissed and referred to the NMC

### **Mr B**

Mr B a resident in extra care facility, but not in receipt of a care package. Mr B spent his mornings in communal lounge. Staff had noted he was not there as usual, rang Mr B's flat at 1.30 pm, got no response but did not check to see if stable and well. His family had been trying to contact him all afternoon and had eventually contacted staff at around 7pm to express concerns. Mr B was found on floor in his flat having had a stroke. It is thought that he had been lying there since early morning as he was partially dressed.

Outcome: Allegation of neglect upheld and an action plan developed in the housing complex to prevent this happening again.

### **Mrs C**

Mrs C lives in the community with her son and daughter-in law who is a nurse and carried out all caring tasks for Mrs C, having refused support via a package of care. Mrs C was admitted to hospital and concerns raised about pressure sores discovered on admission. Mrs C had dementia and was becoming increasingly frail. Her daughter in law was contacted and advised to speak to her employer about the allegations which she did and admitted that she was struggling to manage care effectively as well as maintaining full time shift working

Outcome: The allegation of neglect was upheld and a referral made to the Nursing Midwifery Council. However Mrs C's daughter in law accepted the need for assessment and a care package to support her as a carer. Additionally adjustments were made to her working pattern to further support her in providing care for Mrs C.

## **Key achievements and/or significant events**

- Regional Dyfed Powys conference held on 3 October 2014 to improve links between safeguarding (adults and children ) and domestic abuse
- A comprehensive training programme which has enabled over 1100 staff to have accessed a variety of safeguarding training including, for example: Essential Awareness (637 staff); Safeguarding Awareness for Provider Managers (69 staff); Safeguarding and Young Adults in Transition (12 staff); Safeguarding and Domestic Abuse training (55 staff). Attention has also been given to whistle blowing training via an e-learning module among all staff within the Authority.
- A continued culture of learning through reviews. For example, a Practitioner Review was held in January 2015 following a very serious incident involving a learning disabled adult.
- Substantial elements of safeguarding training included in a variety of training courses commissioned by the Authority e.g. Managing Violence and Aggression; Mental Capacity Act 2006 training, Moving and Handling, Values based training
- Further consolidation of links between adult safeguarding and the Deprivation of Liberty Safeguards (DoLS) included the Adult Safeguarding Team liaising closely with the Senior Manager for DoLS (It was satisfying that the Authority was able to demonstrate strong links between safeguarding and DoLS during the 2014 CSSIW inspection of the Authority's arrangements with DoLS. In addition, the Senior Manager responsible for DoLS continues to attend the Board to provide a six monthly update, viewed as best practice by the CSSIW evaluation process.)
- Well maintained links between adult safeguarding and contracting highlighted through the bi-monthly provider performance meetings and regular adult protection strategy and provider performance / escalating concerns meetings.
- Consistent attendance and effective working of the Adult Safeguarding sub-groups. Each of the sub groups – Operational sub group, Police and Coordinator sub group, Departmental training sub group – has been well attended and each has progressed their work areas. The practice evaluation group consisting of the Investigation Officers and those who are closely connected to the Safeguarding work was reviewed. It remained comparatively poorly attended in 2014/15 although on a positive note over 20 officers attended in July 2015. Further work needs to be undertaken to ensure practitioners are sufficiently engaged in adult safeguarding. The Serious Case sub group is convened as and when required.
- Well maintained professional relationships between the Adult Safeguarding Team and the Dyfed Powys Police PVPU, CSSIW and the Inspectors and Hywel Dda Health Board Senior Nurse for POVA and Hywel Dda Health Board Senior Nurses.

## **Key Challenges and Issues**

The Board's main challenges in the coming years ahead will be to meet the increasing demand and to continue to ensure high quality of practice. Practice needs to focus on improving the safety and wellbeing of people and the realisation of outcomes they want. This is particularly challenging with finite resources across all partner agencies. It includes the concept best encapsulated as below and will be important in the future departmental model for adult safeguarding:



"Helping service users to manage risk sensibly is the role of social workers and is known as risk enablement". Risk enablement, placed at the centre of a safeguarding policy overseen by social workers, is critical if service users are to be active citizens in flourishing communities. The role of social workers is to work with service users to understand what risks can happen and how they can be minimised... This kind of positive safeguarding is at the heart of community capacity building, whereas "negative safeguarding which denies vulnerable adults their right to take sensible risks can be an expensive investment. Skilled social workers should be able to unravel the complexities of an individual's predicament so that perhaps after an investigation they are able to support them to take risks and manage their own lives. (The Business Case for Social Work with Adults, College of Social work 2012)

The following key challenges will remain:

- Managing the increased volume of work both at the enquiry and referral stage. There continue to be major challenges for agencies responsible for public protection.
- Undertaking investigations promptly, particularly large scale ones, where there is multiple referrals and issues after complicated by a health element to the referral. This has led to rethinking the department's safeguarding model, subjecting the performance of investigation timescales to increased scrutiny and the agreement with the Health Board for a Health professional to join the Safeguarding team for a trial period.
- To ensure that the local arrangements remain effective and properly focus on local issues, and that local arrangements or resources do not become diluted as the regional structures become embedded.

## **Quality Assurance**

People who use care services have an expectation that they will be safe that the service which is delivered has quality embedded in all aspects and that these care services will be delivered with dignity and respect. Carmarthenshire is committed to ensuring that those who receive a service are kept safe and have a number of processes in place to achieve this.

Carmarthenshire has developed an effective and sophisticated system for managing and monitoring the quality and performance of service provider. The Adult Safeguarding team is an essential cog in this machinery and liaises closely with the commissioning and contracting team, the Health Board and CSSIW to ensure any emerging concerns are addressed as quickly as possible.

The quality assurance system involves a systematic and and proportionate approach to contract management with each and every service provider. With domiciliary care, contract management meetings take place bi monthly or quarterly depending on volume of business committed by the Authority.

This applies equally with those providers who provide care and support to adults living in supported accommodation (tenancy based support found with disabled adults often living in a shared house). With third sector organisations that provide direct care in the form of day provision, meetings take place quarterly or six monthly.

For the care home sector, the Authority undertakes both pro active and reactive monitoring. The former will be in response to a themed audit program for example we have been undertaking a large health and safety audit of all care homes for older people ( this audit programme will also cover learning disability and mental health care homes). The latter will typically be in response to concerns that have been shared with the contracting team by the Safeguarding service.

As part of its quality assurance arrangements, the Authority also convenes a bi monthly provider performance for the older people's care sector and the learning disability/mental health care sector. The purpose of the groups is to share information on the performance of its care providers against its Provider Performance Monitoring protocol. Information is considered from safeguarding, care management (including Deprivation of Liberty Safeguards data) contract monitoring, CSSIW, complaints, from health professionals, learning and development and is analysed to form judgements on risk and priority for action. These have worked extremely well.

An external review considered "Carmarthenshire has a comprehensive quality control infrastructure with regular audits on domiciliary and care home provision" CSSIW have commented equally on the effective and robust contract management arrangements with service providers.

## **Partnership Reports**

### **Hywel Dda University Health Board Area Adult Protection Committee (AAPC) / Adult Safeguarding Board (ASB) Report 2014/15**

Hywel Dda University Health Board continues to demonstrate their commitment to the protection of vulnerable adults. The Health Board Safeguarding Committee continues to meet quarterly and provides strategic leadership to the Health Board and ensures that systems and processes are in place to safeguard the people in its care. The Health Board are represented at each of the three county Adult Protection Committees (APC) or Adult Safeguarding Board (ASB) that operate within the Health Board boundaries and which provides a forum to ensure effective multi- agency working and challenge.

In response to the review commission by Welsh Government and publication of the Trusted to Care Report (Andrews and Butler, 2014) a series of observational "spot checks" in the four Acute General Hospitals in the Health Board took place in June / July 2014. Further inspection visits were undertaken on the Older Adult Mental Health Inpatient Units (OAMH) in December 2014. Internally, the action plans from these reviews are monitored by the Health Board Quality & Safety Committee and the Director of Nursing monitors Care Metrics which includes indicators of care quality on a monthly basis.

Specific challenges in adult safeguarding and Health Board achievements are identified as follows.

- The Health Board continues to monitor compliance with adult protection policy and its adult protection systems and governance. There is still progress to be made to ensure

consistency in compliance across the 3 Local Authority areas and all Health Board services.

- The Adult Safeguarding Dashboard reports performance quarterly to Safeguarding Committee on training uptake and other performance indicators, such as screening of incidents and concerns, numbers of adult safeguarding referrals as a result of those concerns and professional abuse allegations.
- The Senior Nurse Safeguarding Adults contributed to developments across the Dyfed Powys region and Wales. For example, supporting the All Wales work with the Health Board Tissue Viability Nurse and Tissue Viability Nurse Forum to develop consistent guidance for screening and investigating pressure ulcers for adult protection concern and has been instrumental in collaboration with the Tissue Viability Lead Nurse to implement this guidance into the Health Board. This guidance was launched in the Health Board in April 2014 and awareness sessions for Health Board staff delivered in all 3 counties to support the implementation. A workshop was delivered to Designated Lead Managers / Adult Protection Co-ordinators across the region and to providers where requested.
- The Senior Nurse Safeguarding Adults is actively involved in developing adult safeguarding e- learning programmes for NHS Wales.
- The Health Board participated in an Adult Safeguarding Workshop facilitated by Public Health Wales to identify the challenges and strategic priorities for NHS Wales in adult safeguarding.
- A safeguarding structure is in place which aligns adult and children's safeguarding teams.
- The interface for reporting between County Adult Protection Committees / Adult Safeguarding Boards is evident with regular reporting to Strategic Safeguarding Committee.
- The reporting arrangements to Safeguarding Committee on the number of concerns as well as the themes arising from adult protection referrals, about our services continues to provide assurance that equitable scrutiny is being given to complaints, incidents and professional abuse allegations across services we provide and services we commission.
- A presentation to Public Board on Adult Safeguarding took place on 30<sup>th</sup> September 2014 and a Board Organizational Development session took place on 26<sup>th</sup> February 2015.
- Establishment of Service / Directorate Safeguarding Group for Heads of Service and Service Managers as a subgroup to Strategic Safeguarding Committee.
- The ability to ensure consistency in practice across the three local authority areas particularly in relation to thresholds and information gathering versus proceeding to a strategy meeting remains challenging.

The Health Board looks forward to continuing to work with our partners towards establishing a regional Adult Safeguarding Board and preparing for the implementation of the Social Services and Wellbeing (Wales) Act (2014).

Mandy Nichols-Davies  
Senior Nurse Safeguarding Adults  
March 2015

## **Dyfed Powys Police**

Dyfed Powys Police continues to be committed to the Carmarthenshire Adult Safeguarding Board, and the strategic priorities met by the Board. A key priority for the Police and Crime Commissioner for Dyfed Powys Police is to protect vulnerable people, and we recognise that it is through partnership such as the Board that we can work together to ensure a combined and effective response to vulnerability and safeguarding.

Over the past 12 months, we have made great effort, to ensure we work across Dyfed Powys Police in a unified manner, and that the relationships between specialist PVP Officers and neighbourhood officers is able to respond to Adult Safeguarding.

During 2014 / 2015, the PVP was involved in a significant and increasing number of Safeguarding Investigations. The PVP Officers take the lead on investigations where a criminal offence is suspected of being committed and the suspect is an individual in a partner of care and control of the victim.

In early 2013, we restructured our PVP service to enable more effective use of reserves, throughout this period we have continued to maintain capacity in the PVP service and hope to increase resilience in the near future. Dyfed Powys Police has continued to invest in the PVP service recognising the needs and expectations of the people of Carmarthenshire for a safe and effective police force.

We have also developed supporting IT systems to allow officers to more effectively manage vulnerability and support multi-agency working. Dyfed Powys Police remain strongly committed to tackling domestic abuse and hate crime, and has in the period 2014 / 2015 been heavily involved in events to increase awareness and understanding of the level of support there is available to victims, and de-mystifying the court process.

Refresher training in Domestic Abuse for all frontline staff has continued with emphasis on recognising (non-criminal) domestic abuse in older and vulnerable people.

Dyfed Powys Police remain strongly committed to the Board's work, and believes with the introduction of the Social Services and Well Being Act 2014 and the consequent statutory footing of the Adult Safeguarding Board this will represent an opportunity to further strengthen partnerships working in Adult Safeguarding.

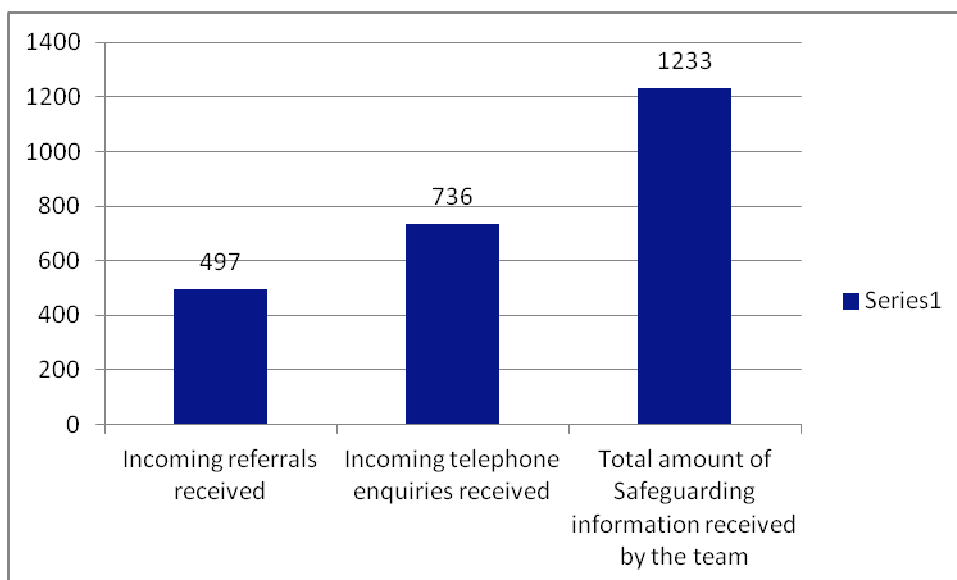
## **Performance and Activity Information**

The Authority is required to provide to the Welsh Government an annual data report on adult safeguarding activity.

Many of the data categories will be of significant interest to Safeguarding Boards as part of the role for evaluating the effectiveness and consistency of prevention and protection activity within Safeguarding Boards area.

## Carmarthenshire - Overview

### Incoming information received for period 1 April 2014 – 31 March 2015



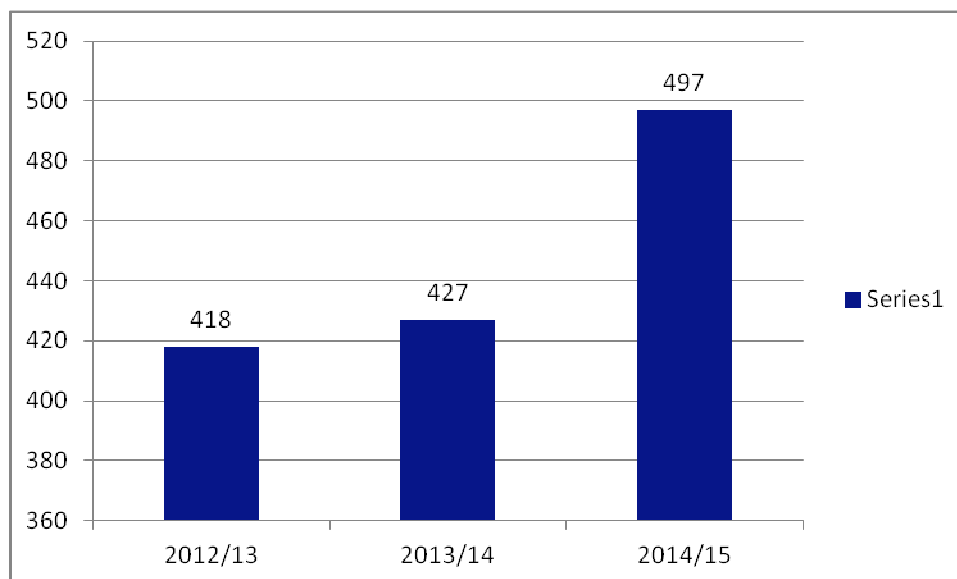
### Key results for completed referrals for period 1 April 2014 to 31 March 2015

Closed referrals	197
Of which - Risk Managed	98.98%

- The reported number of completed referrals for adult protection increased by 65.5% between 2013-14 and 2014-15
- Neglect and physical abuse were the most common types of abuse reported in referrals, occurring in 43% and 29% respectively
- 60% of completed referrals were for women and 63% were aged 65 and over
- 56% of victims who alleged abuse lived in a care setting

## Welsh Government – Statistical Returns

### Total number of referrals received



### Closed Cases 2014/15

#### Number of completed referrals year ending 31<sup>st</sup> March

2012/13	2013/14	2014/15
102	129	197

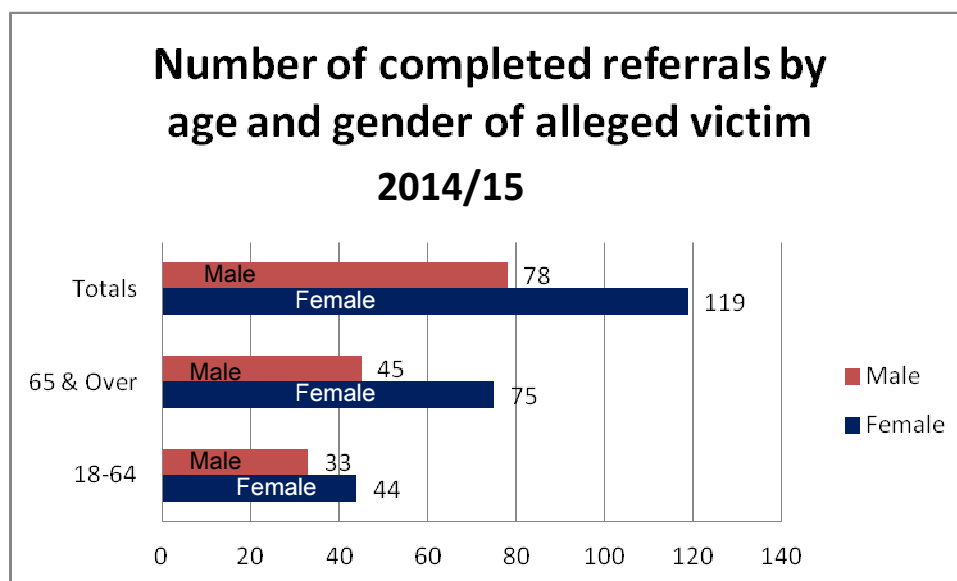
Although many referrals will take less than a year to complete, they are spread throughout the year and as a result completed referrals in the year will not necessarily equate to the number of reported referrals as some will be received or completed outside the reporting period

For validation and variation purpose it must be noted that due to a large increase in closed referrals this year, there will be a large increase in outcomes for all categories for collectable data

This is due primarily to two factors:

- 1) 25 cases did not proceed to strategy meeting. Agreed at strategy discussion to go straight to police investigation
- 2) A number of large scale investigations were closed in the care home setting for this period

**Number of completed referrals by age and gender of alleged victim year ending 31<sup>st</sup> March**



There were a total of 119 closed referrals for women of which 75 were in the 65 and over category. This high number of allegations of abuse of women, especially in the over 65 age category falls in line with figures from the national statistical report.

**Sources of completed referrals by source of first referral year ending 31<sup>st</sup> March**

	2012/13	2013/14	2014/15
Alleged victim	1	2	1
Relative/friend	5	12	7
SSD care manager	30	27	28
SSD provider	5	9	12
Health/hospital	13	15	25
Health/primary/ community	11	16	25
Police	1	9	3
Housing	1	0	0
Care regulator (CSSIW or HIW)	0	1	7
Provider agency (non SSD)	24	37	61
Dept.works/pensions	0	0	0
Welsh Ambulance Service Trust	0	0	0
Education -schools & FE (new)	0	0	0
Other (solicitors eg)	7	0	8
Advocate/IMCA	1	1	3
Safeguarding Team			17
<b>Total</b>	<b>102</b>	<b>129</b>	<b>197</b>

Provider agency made the highest number of referrals (31%), followed by health (25%) and care managers (14%).

A new category of referrer this year for Carmarthenshire is the Adult Safeguarding Team. This is an outcome of information received via the advice and enquiry service that has resulted in a protection of vulnerable adult referral being made by the team.

## Main category of vulnerability

### Number of completed referrals by main category of vulnerability year ending 31<sup>st</sup> March

	2012/13	2013/14	2014/15
Functional mental health problems	16	8	11
Organic mental health problems	22	61	72
Learning disability	34	27	65
Physical disability	27	31	46
Visually impairment/blind/partially sighted	1	1	1
Substance misuse problems	1	1	0
Hearing impairment/deaf	1	0	2
<b>Total</b>	<b>102</b>	<b>129</b>	<b>197</b>

Organic mental health problems (dementia) remains the highest category of vulnerability - this year (37%) followed by learning disability (33%) and physical disability (23%)

The table also illustrates a large increase on completed referrals against 13/14 for the learning disability category. A contributing factor to this is a number of large scale investigations (5 or over) in this setting were completed this year. It should be noted also that Carmarthenshire has a large number of out of county placements (over 200) for learning disabled and mental health adults.

## Place alleged abuse occurred

### Number of completed referrals by place of alleged abuse

	2012/13	2013/14	2014/15
Own home in community	24	29	48
Relative's home	6	0	1
Sheltered accommodation – warden	1	0	1
Supported tenancy	3	5	2
Care home residential	30	34	66
Care home respite	8	2	1
Care home nursing	15	33	44
Hospital	9	20	25
Day care	1	3	7
Public place	3	4	5
Adult Placement	0	0	1
Home of alleged perpetrator	1	2	1
Education establishment	1	0	1



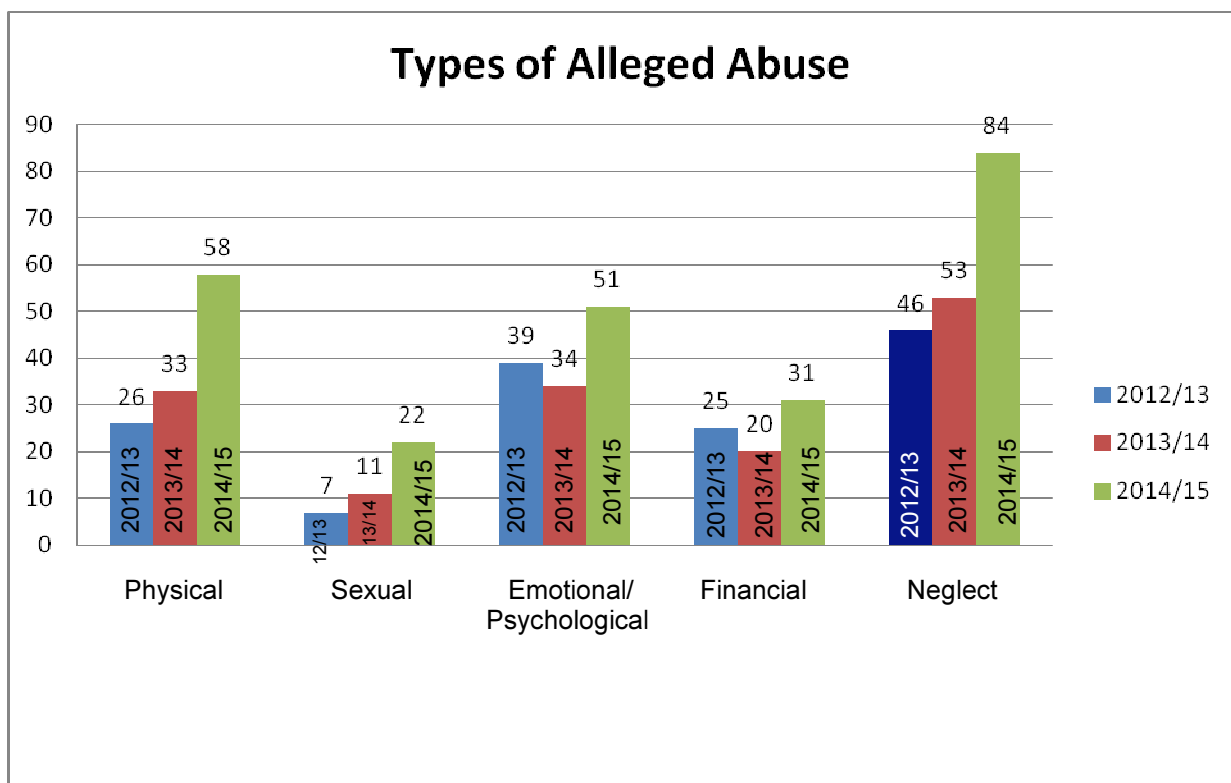
“Care home nursing” and “care home residential” have seen a significant rise in this category of setting where alleged abuse occurred (34% and 22% respectively). This is due to a number of large scale investigations closed in the care home setting this year and reflects the large number of care homes we have in the county.

“Own home in the community” has also seen a significant increase in closed referrals this year. This could present an area for further analysis to detect any preventative measures by care managers for this setting.

National statistics show ‘own home’ in the community’ as the highest number of completed referrals in this category

## Types of alleged abuse

### Number of completed referrals by type of alleged abuse



Figures reported show that neglect is the most commonly referred concern for 2014/15, occurring in 43% of completed referrals. This is followed by physical abuse 29% and emotional/psychological abuse 26%

These three categories of alleged abuse fall in line with the national statistical report as the highest categories of abuse

## Persons Alleged Responsible

### Completed adult protection referrals by person alleged responsible for abuse

	2012/13	2013/14	2014/15
NHS staff	12	25	29
Social Care staff	9	7	10
Independent Sector Care staff	88	68	130
Volunteer/unpaid staff	0	2	1
Other service user	2	12	20
Relative – husband or wife or partner	2	7	2
Relative – son/daughter/in-law	7	9	10
Relative – parent	4	3	1
Relative – other	6	3	5
Friend or acquaintance	4	2	6
Person unknown	0	4	1
Direct Payment/ILF employee	0	6	6
<b>Total</b>	<b>142</b>	<b>138</b>	<b>221</b>

130 staff members were alleged to be abusers in the independent sector. This correlates to the fact that 90% of health and social care provision is commissioned with the independent sector. It must be noted that in this category that referrals can have multiple alleged perpetrators. This would especially be in the care home and also hospital setting.

As reported earlier in this report the comparisons show a large increase in outcomes on completed referrals (65% increase on 13/14) due to a number of large scale investigations that were closed in the care home setting during this period.

Additionally, to put this into context, if you equate the outcomes of investigations against alleged perpetrators (and that in some instances there would be more than one alleged perpetrator recorded in a closed referral) there were 116 outcomes from investigations that were either disproved, inconclusive or unlikely on balance of probability.

## Types of Investigation

### Number of completed referrals by type of investigation year ending 31<sup>st</sup> March Single agency investigations

	2012/13	2013/14	2014/15
Local authority only	14	13	15
Police only	30	33	49
Regulator/Inspector only	0	0	0
NHS (including WAST)	3	12	13
Provider only	5	13	19
DWP	1	0	4
Court of Protection	0	0	0

“Local authority only” investigations remain constant along with “NHS only” investigations. “Police only” investigations has seen a significant rise in the number of investigations undertaken by them. Police has reported on the high volume of work in their protecting vulnerable people (PVP) unit, and an inspection by Her Majesty Inspection of Police (HMIP) highlighted this increase in work. The inspection outcome resulted in an increase of staff for the unit.

Where there is no evidence of a safeguarding concern with a provider’s capability to objectively investigate, there has been nineteen occasions during this period where they were commissioned via strategy discussion/meeting agreement to investigate an internal issue regarding a staff member.

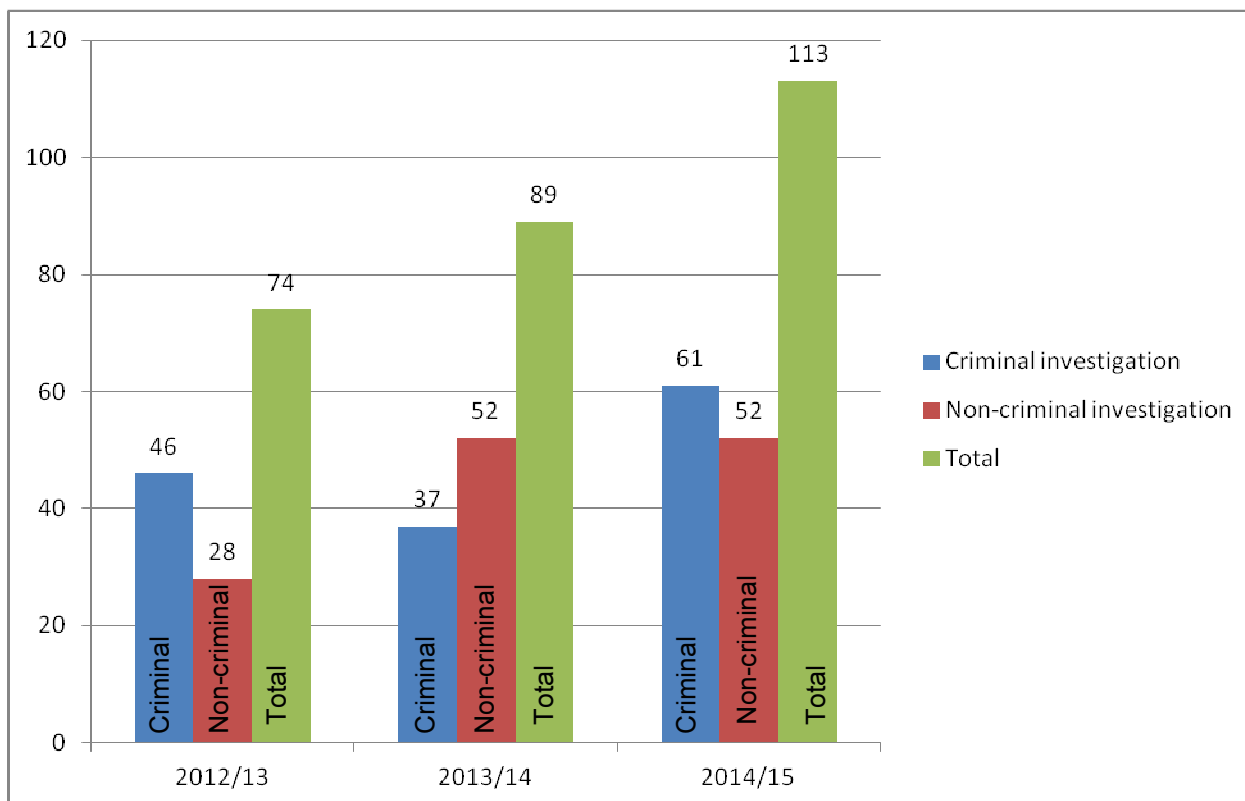
“Provider only” investigation has also increased this year and it will be interesting to evaluate the coming year’s investigations where training is planned for provider agency managers on the duties within the 2014 Act on the legal duty to report.

### Joint agency investigations

	2012/13	2013/14	2014/15
Local authority and Police	16	4	12
Local authority and Regulator/Inspection	4	0	0
Local authority, Police & Regulator/Inspection	0	0	0
NHS and Police	0	0	0
Provider and other	0	1	1
Police and Regulator/Inspection	0	0	0
NHS and Local authority	1	13	2
Joint other	0	0	0

This year has seen an increase in joint investigations work with the police. Depending on the severity of the allegation, the police will take the lead and pursue the investigation as a sole agency. There continues to be established and excellent partnership working between the Safeguarding team and the Police.

## Summary of completed POVA investigations



	2012/13	2013/14	2014/15
Criminal investigation	46	37	61
Non-criminal investigation	28	52	52
Total	74	89	113
Percentage of completed referrals that had a formal investigation	<b>73%</b>	<b>70%</b>	<b>58.2%</b>

84 completed referrals were not formally investigated this year. The decision to investigate any allegation is normally made at the initial strategy meeting. It is a multi agency professional decision whether an allegation can be dealt with by other means at the meeting. It may be agreed that the allegation can be dealt with by an internal disciplinary investigation by the provider which accounted for 19 such actions this year, or further input by the care manager or it could be issues for the contract monitoring team

The Adult Safeguarding Board will continue to monitor the extent to which multi agency investigations continue to be a feature of adult safeguarding work.

## Status of Allegations

Number of completed referrals by status of allegation year ending 31<sup>st</sup> March

	2012/13	2013/14	2014/15
Allegation withdrawn	1	4	3
Admitted	9	12	5
Proved/upheld	21	38	51
Disproved/not upheld	36	51	42
Likely on balance of probability	7	9	22
Unlikely on balance of probability	3	7	35
Inconclusive	25	8	39
<b>Total</b>	<b>102</b>	<b>129</b>	<b>197</b>

It should be noted that inconclusive outcomes for alleged victims does not necessarily mean that no action has been taken. It is likely that in some cases a risk assessment was made and immediate protection measures were taken arising from strategy discussion and/or strategy meeting, as part of care management / commissioning & contracting arrangements rather than proceeding to formal investigation

## Investigation Outcomes for Alleged Victims

Number of completed referrals by outcomes for alleged victim

Outcomes	2012/13	2013/14	2014/15
NA (no abuse found)	8	2	2
Risk Removed	30	43	80
Risk reduced/improved	66	79	121
Adult Protection Plan / Care Plan	4	15	4
Increased monitoring by Care Manager	28	36	91
Provider Support	16	25	48
Referred for victim support	0	0	0
Preparation for court	0	2	1
Application for criminal injuries compensation	0	0	0
Alleged victim changed accommodation	0	5	3
Other additional Care Services	0	0	1
Action refused by alleged victim	0	0	0
Referred to multi agency risk assessment conference (MARAC)	1	2	0
No new actions	0	0	0
Referred for counselling	0	0	0
Other	3	0	9
Referral for IMCA	1	2	0

Multiple outcomes are allowed in this section which ensures best possible protection/preventative measures are in place for the alleged victim.

The most common outcome for the alleged victim for this period was risk reduced/improved safeguards (61%) followed by risk removed (41%) and increased monitoring by care manager (46%). Provider support has increased this year due to the large scale investigations that occurred in the care home setting. An area for monitoring will be how we capture the number of adult protection plan/care plans as current data reflects a lower number than the national average.

### Outcomes/recommendations for person(s) alleged to be responsible for abuse

	2012/13	2013/14	2014/15
NA (no abuse found)	29	15	9
Exonerated	0	3	3
Resigned/left	4	4	5
Police caution	2	3	4
Extra training	36	35	111
Extra supervision	33	38	104
Dismissed	2	8	19
Disciplinary/warning	17	13	14
Redeployed	1	1	1
Prosecution	1	6	2
Extra help (if carer or family)	3	3	3
Case conference (if service user)	2	0	2
No action	13	29	21
Complaint to professional body		13	8
Referred to DBS	5	7	21

More than one choice can be selected for this category and it should be noted that at the time the case is closed to POVA, some of the above outcomes are recommendations only such as disciplinary (where we do not capture the actual number of persons dismissed) and for prosecution - this process can be very lengthy before decisions are made.

Extra training and extra supervision is a high feature in the table for outcomes for alleged perpetrator (111 counts and 104 respectively) purely in connection with care homes. This falls in line with closed investigations in the care home setting. These outcomes support staff who have been alleged abusers under the investigative procedures

## Outcomes for service provider

	2012/13	2013/14	2014/15
Not applicable as no provider involved	10	6	10
Increased monitoring	48	80	129
Notice under care standards act 2000	3	0	0
Prosecution under care standards act 2000	0	0	0
Variation of registration under care standards act 2000	0	0	0
No further action	29	31	42
Revised policies	6	15	35
Other	2	0	0
Subject to escalating concerns/joint interagency monitoring panel (JIMP)/provider performance meetings	17	21	23

The increased monitoring outcome for service provider continues to increase in this category. This is a result of homes that are subject to the escalating concerns and provider performance procedures where there have been on-going issues/investigations in these settings.

Safeguarding and escalating concerns are closely linked with robust measures in place. Communication and relationships with our contracting colleagues continue to be very robust.

## Outcomes for service purchaser/service commissioner

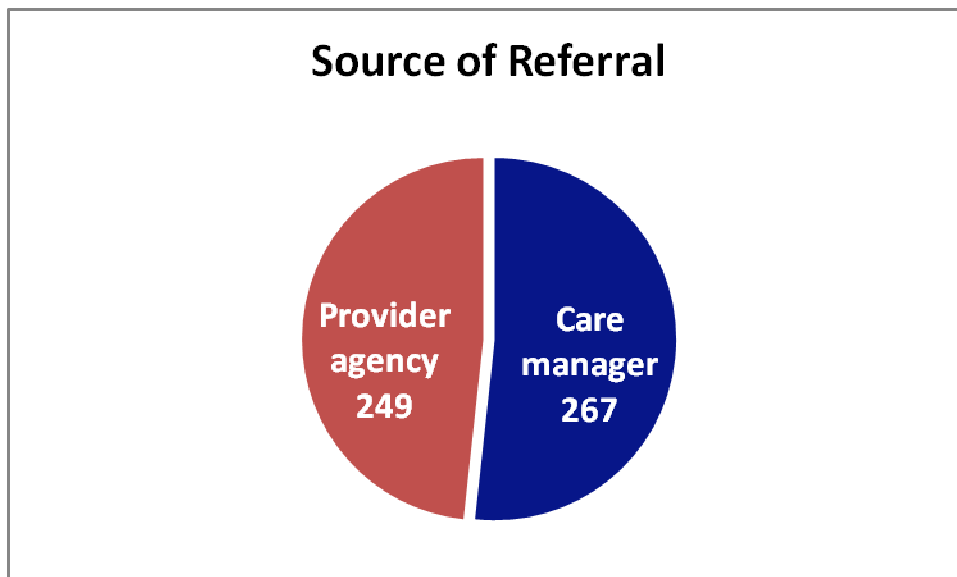
	2012/13	2013/14	2014/15
Not applicable as no service purchaser/commissioner involved	14	5	12
Improved monitoring	44	60	89
Improved safeguards	25	37	47
Suspended placements	3	0	0
Revised contract specification	2	3	8
Change provider	10	1	7
Informed other purchasers	8	0	0
Serious case review	0	0	0
Issued a contract compliance notice	3	0	0
No further action	23	47	79
Other	0	0	0

Improved monitoring and improved safeguards has increased again this year. This is due to the stringent work of our commissioning and contracting team members.

Advice & Enquiry Service (not a requirement of WG statistical returns)

Total for year	736
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Source of referral



This equates to 70% of all advice & enquires calls

Summary

Carmarthenshire Adult Safeguarding Board is confident of its role in fulfilling the duties enshrined in the Social Services and Well Being Act 2014. The Board has remained well attended by senior officers of partner agencies enabling clear strategic direction in carrying out its seven Business Plan objectives. Members understand fully the adult safeguarding and wider corporate safeguarding agenda, are committed to the business of safeguarding adults at risk and believe in the culture of learning and sharing best practice.

The safeguarding of adults continues to be one of the department's priorities with the focus on protecting adults that are at risk of significant harm. The adult safeguarding team work effectively with the police in dealing with cases of imminent importance and both assess and manage risk, instituting protective measures promptly. However, there are clear delays in carrying out timely investigations that has prompted an internal case review to highlight lessons that can be learned as well as a wider review of departmental structure, including current safeguarding arrangements, in preparation of the Act. These areas will be taken forward along with the requirements of regional working as part of the Board's new business plan arrangements. Throughout this period of change, it will be fundamental that the safeguarding focus remains paramount and that the safety and well being of service users in Carmarthenshire are assured.





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# CARMARTHENSHIRE ADULT SAFEGUARDING BOARD BUSINESS PLAN 2013-16



## **INTRODUCTION**

The multi agency Carmarthenshire Adult Safeguarding Board is accountable for safeguarding and promoting the safety and well being of adults at risk.

The Business Plan for 2010-13 has been completed with all actions signed off officially in February 2013. Considerable progress was made in adult safeguarding in Carmarthenshire which was the result of strong collaboration among partner organisations. It was also significant that during this period, partner organisations invested in adult safeguarding.

This Business Plan 2013-16 reflects the philosophical and policy direction of Welsh Government and seeks to achieve the required outcomes of the citizens of Carmarthenshire. With the introduction of the Welsh Government's Social Services and Well Being Bill 2012, the Board is confident that this Plan will meet any proposed regional developments, the changing agenda of adults at risk and the wider health and social care sector in order that the citizens of Carmarthenshire are safeguarded. The Bill will introduce a legal framework for adult protection in Wales that aims to ensure that the multi agency response to adult abuse will be as consistent, co-ordinated and robust as the response to child abuse. The framework will contain a definition of an "adult at risk" and place duties on a range of agencies to report, co-operate, investigate and share information.

At the same time, with increasing emphasis on citizen empowerment, individual human rights and justice for all, it is important that the Plan reflects people's values and outcomes, and that the Board retains its role as the primary body responsible for the safety and well being of the people of Carmarthenshire.

## **CARMARTHENSHIRE ADULT SAFEGUARDING BOARD MISSION AND VALUES STATEMENT**

Carmarthenshire Adult Safeguarding Board believes that for adults at risk or in vulnerable situations, the agencies which support them and the wider community together can:

- Develop a culture that does not tolerate abuse
- Raise awareness about abuse
- Prevent abuse from happening wherever possible
- Where abuse does happen, support and safeguard the rights of people who are harmed to:

< Stop abuse continuing

< Access services they need, including advocacy and post-abuse support

< Have improved access to justice

## **OUTCOMES ARE AT THE HEART OF WHAT WE DO**

Improving safeguarding outcomes encompasses:

- 1 Effective preventative work (for example awareness in the public, staff and people using services);
- 2 Good quality local services that include older, disabled, mentally unwell and other people at risk of harm and abuse, which prevent abuse and afford people dignity and respect. We mean here services such as trading standards and community safety as well as health and social care, housing and policing;
- 3 Personalised social care responses that enable people to weigh up the risks and benefits of their options and which include robust recruitment systems and options for people arranging their own services and supports to engage people who have some form of accreditation;
4. Effective response systems and services that have the person concerned at their heart and enable them to define the outcomes they want and address the cause of harm or abuse and the damage it has done; and
- 5 Effective access to criminal and/or restorative justice so that some people get extra support to challenge and change harmful or abusive situations, and arrange services and supports that meet the outcomes they want.

## **CARMARTHENSHIRE ADULT SAFEGUARDING BOARD'S STRATEGIC OBJECTIVES ARE:**

- 1 Effective Strategic Leadership, Accountability and Governance
- 2 Making Adult Safeguarding everyone's business
- 3 Develop and Implement joint policies, procedures and processes for safeguarding
- 4 Engagement with service users, carers and partner organisations
- 5 Develop best practice, experience, skills in safeguarding and adult protection for those who work with adults at risk
- 6 Ensure that learning is undertaken through Serious Case Reviews, Management Reviews or appropriate learning experiences
- 7 To develop a regional collaborative approach

Carmarthenshire Adult Safeguarding Board has aimed to incorporate the views of all its stakeholders in the development of its Business Plan. It will be subject to continual evaluation and review and will be revised accordingly.

**Carmarthenshire Adult Safeguarding Board**  
**Business Plan 2013-16**

## Strategic Objective 1 – Effective Strategic Leadership, Accountability and Governance

Standard proposed	Action	Progress Report	Responsible Officer(s)	Completion Date	RAG Rating
The Adult Safeguarding Board will be a multi agency partnership that will provide effective leadership and direction of adult safeguarding policy and practice in accordance with national legislation and requirements	<p>The terms of reference will be reviewed to ensure the Board's strategic leadership and governance arrangements are properly constituted</p> <p>National strategic issues will be considered at the Board and recommendations implemented locally as required</p>	<p>The Terms of Reference was reviewed and approved</p> <p>The Board has continued to be well represented throughout 2013/14 and 2014/15 by its partner organisations and discussed key strategic policy and practice issues at its Board meetings</p>	Chair of Carmarthenshire Adult Safeguarding Board	Annual Review	Green
Board Members will be of sufficient seniority and will act as champions of adult safeguarding within their own organisations and establish close links and relevant partnerships	<p>Board members will present safeguarding reports and updates within their own organisations, and challenge and scrutinise existing practices as necessary</p> <p>Board members will identify officers from their organisations to lead on safeguarding projects</p>	The Board has continued to be well attended by officers of sufficient seniority within their organisations evidenced by minutes of the Board	<p>Partner organisations represented on the Board</p> <p>Board Members</p>	Annual Review	Green
Board Members will demonstrate the efficacy of the Board by calling to account partner organisations' operational and strategic safeguarding arrangements	Board members will ensure that operational and/or strategic reviews of their services, where pertinent adult safeguarding policy issues arise, will be presented at the Board	Board members have attended and challenge each other as appropriate evidenced by minutes of the Board	Board Members	Annual Review	Green

<p>Accountability for, and ownership of, Safeguarding Adults work is recognised by each partner organisation's Executive body.</p>	<p>The Board will establish clear lines of reporting to their various Executive Boards</p>	<p>Annual Safeguarding Reports have been submitted to the County Council and Health Board's Governance committees during 2013/14 and 2014/15.</p>	<p>Board Members</p>	<p>Annual Review</p>	<p><b>Green</b></p>
<p>Partner organisations will be accountable to the Board for their safeguarding work and will share relevant safeguarding reports that impact on the effectiveness of their safeguarding arrangements</p>	<p>Agendas will include standard item on partnership information and updates</p> <p>Each partner organisation will contribute and shape the Board agenda</p>	<p>This is well demonstrated with reference to the Board's agenda and minutes</p>	<p>Adult Safeguarding and Improvement Manager</p>	<p>Annual Review</p>	<p><b>Green</b></p>
<p>The Board will demonstrate the effectiveness of interagency processes around: Adult Safeguarding Police Health Crown Prosecution Service</p>	<p>To undertake a multi agency project engaging with provider organisations in order to audit, evaluate and review the effectiveness and performance of the adult safeguarding service</p> <p>To obtain the views of adults at risk through independent</p>	<p>This has been deferred owing to other commitments and national projects e.g. domestic abuse and adult safeguarding; Older Person's Commissioner requirements.</p> <p>A Service User Engagement Forum was held on 8/5/14 including a</p>	<p>Adult Safeguarding and Improvement Manager</p>	<p>October 2014</p> <p>January 2015</p>	<p><b>Amber</b></p>



<p>Regulation Domestic Abuse Care Providers</p>	<p>surveys, evaluation forms and other relevant means</p> <p>To identify and undertake specific pieces of work to improve adult safeguarding practice</p>	<p>presentation on social media.</p> <p>The main focus has been on improving links with domestic abuse services and supporting the Keeping Safe agenda</p>		<p>Annual Review</p>	<p><b>Amber</b></p>
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## Strategic Objective 2 – Making Adult Safeguarding everyone’s business

Standard proposed	Action	Progress Report	Responsible Officer (s)	Completion Date	RAG Rating
<p>Page 9</p> <p>All citizens can access information about how to gain safety from harm, neglect and violence including information about the local Safeguarding Adults procedures</p>	<p>To develop an accessible website with links to all partner organisations and relevant sites e.g. SSIA</p> <p>To organise and attend local and regional events/fayres to promote safeguarding</p>	<p>A new website has been produced to provide better access and information for the public with reference to safeguarding. It continues to be reviewed.</p>	<p>Adult Safeguarding and Improvement Manager</p>	<p>Annual Review</p>	<p style="text-align: center;"><b>Amber</b></p>
<p>The Adult Safeguarding Board will agree and implement a media strategy to promote effectively the meaning and messages of adult safeguarding</p>	<p>To agree and adopt various safeguarding literature for the community</p> <p>To conduct and evaluate stakeholder surveys on adult safeguarding with various groups in the community</p>	<p><i>A leaflet: Information for Staff: If an Adult Safeguarding concern has been raised against you has been produced.</i></p> <p>A range of publicity events/fayres have been attended</p>	<p>Adult Safeguarding and Improvement Manager</p>	<p>October 2013</p> <p>Annual Review</p>	<p style="text-align: center;"><b>Green</b></p>
<p>Adult safeguarding will feature on relevant strategic fora</p>	<p>Adult safeguarding policy and practice will be placed on the agendas of relevant strategic fora e.g. Health and Well Being Forum, Local Service Board</p>	<p>The Annual Report has been considered and approved at the County Council Health and Social Care Scrutiny Committee (November 2013 and September 2014)</p>	<p>Adult Safeguarding and Improvement Manager</p>	<p>Annual Review</p>	<p style="text-align: center;"><b>Green</b></p>

**Strategic Objective 3 – Develop and Implement joint policies, procedures and processes for safeguarding**

Standard proposed	Action	Progress Report	Responsible Officer (s)	Completion Date	RAG Rating
<p>To maintain knowledge of the national, regional and local safeguarding agenda and where necessary to implement changes to safeguarding policy and practice</p>	<p>Members will attend relevant local and national forums/conferences to keep up to date with changes to safeguarding practice and review proposals for implementation</p> <p>Members are responsible for communicating and implementing changes to safeguarding policy and practice within their respective organisations</p>	<p>Members have attended relevant events during the course of the year.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• the CSSIW event on the Social Services and Well Being Bill (May 2013)</li> <li>• the CSSIW Deprivation of Liberty Safeguards consultation event (4/10/13).</li> <li>• the Welsh Government Safeguarding Advisory Panel consultations</li> <li>• the Welsh Government workshop on Serious Care Reviews</li> <li>• ADSS Cymru workshop on Safeguarding (10/4/14)</li> <li>• The Board has provided a response to the Welsh Government consultation on Multi Agency Practice Reviews</li> </ul> <p>Board member have actively communicated developments in safeguarding policy and practice to their own organisations e.g. HB Safeguarding Lead re tissue viability guidance; Dyfed Powys Police DI sitting on All Wales Co-ordinators Group and has actively contributed to consultations and best</p>	<p>Board Members</p> <p>Board Members</p>	<p>Annual Review</p>	<p align="center"><b>Green</b></p>

Standard proposed	Action	Progress Report	Responsible Officer (s)	Completion Date	RAG Rating
Page 92		practice ideas (management reviews)			
Each partner agency has a set of internal guidelines, which are consistent with the local multi agency safeguarding adults' policy and procedures and which set out the responsibilities of all workers to operate within it	Partner agencies will regularly review and revise internal guidelines to ensure they remain consistent with current national policy and practice		Lead officers within each partner organisation	Annual Review	Red
Clear protocols and/or processes will be agreed and implemented between adult safeguarding and other related services e.g. advocacy, children's services, domestic abuse, disability related harassment, substance misuse, victim support, trading standards	Existing practice will be reviewed to identify areas for improvement  Task and Finish groups will be established to promote joint working and improve practice	The domestic abuse work has taken precedence with significant improvement in practice among all staff.  Significant work has been undertaken to improve links between the Safeguarding service and the advocacy organisations.	Adult Safeguarding and Improvement Manager	Annual Review	Amber
Each partner organisation will support the	Officers will ensure the importance of safe and	This has been implemented and is reviewed regularly.	Lead officer for commissioning	Annual Review	Green

Standard proposed	Action	Progress Report	Responsible Officer (s)	Completion Date	RAG Rating
development, and implementation, of robust recruitment, vetting and commissioning guidance (including a common statement for inclusion within contracts)	<p>robust recruitment and retention and their links to effective safeguarding are implemented via their human resource and contractual arrangements</p> <p>Partner organisations will evidence that their contractual arrangements safeguard service users and carers through regular contract monitoring</p> <p>Commissioners and care providers will be regularly informed of safeguarding developments</p>	There are effective working relationships among all partner organisations	<p>and contracting within the relevant partner organisation</p> <p>Lead officer for commissioning and contracting within the relevant partner organisation</p> <p>Adult Safeguarding and Improvement Manager</p>	<p>Annual Review</p> <p>Annual Review</p>	

### Strategic Objective 4 - Engagement with service users, carers and partner organisations

Standard proposed	Action	Progress Report	Responsible Officer	Completion Date	RAG Rating
<p>The Adult Safeguarding Board explicitly includes service users as they are partners in all aspects of the work</p>	<p>To develop a service user engagement forum</p> <p>To engage actively with service user groups and advocacy organisations</p>	<p>A service user engagement event was held on 8/5/14 with Board member representation from Health, Police and the Authority. The event covered social media/internet safety as well as an opportunity for members to meet adults at risk.</p> <p>No further progress has been maintained owing to other commitments</p> <p>There are well established and regular links between the safeguarding team and advocacy organisations. This has continued with formal representation by user led organisations on the Operational sub group.</p>	<p>Adult Safeguarding and Improvement Manager</p> <p>Adult Safeguarding and Improvement Manager</p>	<p>January 2014</p> <p>Annual Review</p>	<p><b>Amber</b></p>
<p>The Board will ensure service users are involved in the planning and implementation of their individual safeguarding assessment and plans</p>	<p>To ensure service users increasingly participate in the adult protection process with appropriate support services</p> <p>To audit and evaluate adult protection practice to ensure that the adult at risk is engaged in the process</p>	<p>Priority is being given to convene case conferences with family and advocates by the Safeguarding Team but it remains an area for further attention and development</p>	<p>Adult Safeguarding and Improvement Manager</p> <p>Adult Safeguarding and Improvement Manager</p>	<p>Annual Review</p> <p>Annual Review</p>	<p><b>Amber</b></p>

<p>To develop and maintain close links with key public protection fora of partner organisations</p>	<p>Adult Safeguarding officers will attend and contribute to the Disability Related Harassment Multi Agency Risk Assessment Conference (DRH MARAC), the Domestic Abuse MARAC, the Multi Agency Public Protection Arrangements (MAPPA) and the CPS Hate Crime Scrutiny Panel</p>	<p>Conflicting work commitments has impeded this area of work. However, representation has continued as far as practicable at the MARAC meetings, the MARAC Steering group, the MAPPS sub group and the CPS Hate Crime Scrutiny Panel</p>	<p>Adult Safeguarding and Improvement Manager</p>	<p>Annual Review</p>	<p><b>Amber</b></p>
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**Strategic Objective 5 – Develop best practice, experience, skills in safeguarding and adult protection for those who work with adults at risk**

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Standard proposed	Action	Progress Report	Responsible Officer (s)	Completion Date	RAG Rating
<p>The Adult Safeguarding Board will develop and implement a workforce development plan against the Four Counties Dyfed Powys Training Strategy and identify the resources for implementation</p>	<p>To increase collaborative learning &amp; training, utilising in house and where appropriate external expertise</p>	<p>Both through the Dyfed Powys Training group and the departmental training sub group, preparation of the workforce for the new provisions of the Act are being implemented.</p> <p>A substantial training programme has been delivered to the sector against the Training Strategy and is linked to the needs of the workforce in preparation of the 2014 Act's implementation and changing practice.</p>	<p>Chair of Dyfed Powys Training Sub group</p>	<p>Annual Review</p>	<p><b>Amber</b></p>
<p>Those working with adults at risk will be equipped with the necessary skills and knowledge to undertake their roles effectively</p>	<p>To identify develop best practice through case studies/workshops working where appropriate with SSIA</p> <p>To evaluate and review investigating officers skills and practice</p> <p>To ensure staff obtain supervision and professional</p>	<p>This has been met during the year as below:</p> <ul style="list-style-type: none"> <li>• An e-learning module on adult safeguarding has been developed for all staff across the region.</li> <li>• A workshop took place with the new cohort of trained Investigating Officers to consider their training needs and how best the Adult Safeguarding Team can support them</li> <li>• A multi agency regional workshop on the new All Wales procedures on tissue viability was provided to safeguarding professionals in</li> </ul>	<p>Chair of Dyfed Powys Training Sub group</p> <p>Chair of Dyfed Powys Training Sub group</p> <p>Chair of Dyfed Powys Training</p>	<p>Annual Review</p>	<p><b>Green</b></p>



	development planning	October 2014 • Practitioner workshop held January 2015	Sub group		
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**Strategic Objective 6 – Ensure that learning is undertaken through Serious Case Reviews, Management Reviews or Serious Incidents**

Standard proposed	Action	Progress Report	Responsible Officer (s)	Completion Date	RAG Rating
The Board will commission Serious Case Reviews in line with Welsh Government Guidance and Management Reviews as appropriate	The established Standard Serious Case Review Sub Group will meet to commission reviews and/or incidents and examine best practice	<p>In line with proposed Adult Practice Review guidance, a practitioners workshop was successfully held in January 2015 focusing on the outcomes for the service user. This workshop was presented to the Board in January 2015.</p> <p>The SCR sub group met on 19/10/15 to consider two cases for potential learning, review previous good practice and consider the Welsh Government commissioned Operation Jasmine report.</p>	Board Members	Annual Review	<b>Amber</b>
The Board will be assured that lessons learned from Serious Case Reviews, Management Reviews and Serious Incidents are identified and cascaded across partner organisations as appropriate	Organisations will demonstrate by bringing to the Board relevant reports and subsequent updates for individual learning and scrutiny	This has been completed as noted above.	Board Members	Annual Review	<b>Amber</b>
The Board will be confident that effective learning has been identified and appropriate learning exercises are	Organisation will demonstrate by bringing to the Board relevant reports and subsequent updates for individual learning and	This has been completed as the example noted above demonstrated	Board Members	Annual Review	<b>Amber</b>

fully and properly disseminated	scrutiny				
The Serious Case review sub group will monitor and report progress to the Board	<p>Reports will be submitted on a six monthly basis to advise the Board of progress made against the <i>Consolidated Serious Case Review Action Plan</i></p> <p>Good practice from Serious Case Reviews will be tabled at the Board to improve knowledge and practice</p>	This was completed and signed off	<p>Chair of Serious Case Review sub group</p> <p>Chair of Serious Case Review sub group</p>	Annual Review	<b>Amber</b>

**Strategic Objective 7 – To develop a regional collaborative approach**

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Standard proposed	Action	Progress Report	Responsible Officer (s)	Completion Date	RAG Rating
The Board will actively promote and work with regional partners to agree a regional structure to adult safeguarding	Board members will attend collaborative meetings, workshops and conferences to promote the regionalisation of adult safeguarding arrangements	This has been progressed actively and reported on to the Board and the Mid and West Collaborative. Board members have made significant contributions to regional developments	Adult Safeguarding and Improvement Manager	Annual review	<b>Amber</b>
Partner organisations will continue to be represented and contribute to the Dyfed Powys Forum to improve policy and practice	<p>Officers will engage in specific projects and/or task and finish groups to promote a regional identity</p> <p>Officers will continue to work collectively to increase collaborative learning &amp; training, utilising in house and, where appropriate, external expertise</p>	Officers of the Board have continued to attend the Dyfed Powys Adult Protection Forum	<p>Chair of Dyfed Powys Adult Protection Forum</p> <p>Chair of Dyfed Powys Adult Protection Forum</p>	Annual Review	<b>Amber</b>

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 19<sup>th</sup> NOVEMBER 2015

## Ageing Well in Wales – Local Ageing Well Plans

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

- That the scrutiny committee considers and comments on the draft Ageing Well plan for Carmarthenshire County Council.

### Reasons:

- To fulfil obligations arising from signing the Dublin Declaration on Age Friendly Cities and Communities.
- To outline a local response to the Ageing Well in Wales programme and Welsh Government's Strategy for Older People.
- To formulate views for submission to the Executive Board for consideration.

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

### Executive Board Member Portfolio Holders:

- Cllr. Linda Evans (Housing and Older People)
- Cllr. Jane Tremlett (Social Care & Health and 50+ Champion)

<p><b>Directorate:</b> Chief Executive's</p> <p><b>Name of Head of Service:</b> Wendy Walters</p> <p><b>Report Author:</b> Kevin Pett</p>	<p><b>Designations:</b></p> <p>Assistant Chief Executive (Regeneration &amp; Policy)</p> <p>Policy, Consultation &amp; Engagement Officer</p>	<p><b>Tel Nos. / E-Mail Addresses:</b></p> <p>01267 224112 <a href="mailto:wswalters@carmarthenshire.gov.uk">wswalters@carmarthenshire.gov.uk</a></p> <p>01267 224676 <a href="mailto:kpett@carmarthenshire.gov.uk">kpett@carmarthenshire.gov.uk</a></p>
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## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 19<sup>th</sup> NOVEMBER 2015

## Ageing Well in Wales – Local Ageing Well Plans

A local ageing well plan meets two key strategic drivers – the Ageing Well in Wales programme and The Strategy for Older People in Wales. It is complementary to, and supportive of, the 'Vision for Sustainable Services for Older People', under development within Social Care. It supports the 2015 Wellbeing of Future Generations Act, through contributing towards sustainable communities that enable people to age 'in-place'.

### Ageing Well in Wales

Officially launched in October 2014, this programme has five key outcomes:

- Age Friendly Communities;
- Falls Prevention;
- Dementia Supportive Communities;
- Opportunities for Learning and Employment; and
- Loneliness and Isolation.

The focus locally is on Council functions that support the independence of older people who are not users of social services.

Carmarthenshire-specific research has been undertaken on Ageing Well, through the 50+ Forum. At the request of the Older People's Commissioner, this information has been shared with the Ageing Well in Wales Programme Board.

### Strategy for Older People in Wales

Originally launched in 2003, the Strategy was updated in 2013 to cover the period until 2023. The Strategy is fundamentally concerned with promoting 'wellbeing' in a broadly conceived sense and is organised through consideration of the social, environmental and financial resources necessary to the achievement of wellbeing.

## A Local Plan for Carmarthenshire County Council

The Plan considers each of the five Ageing Well themes in turn, detailing:

- Its relevance to the ageing society
- Available evidence
- What older people have told us
- The action the Council will take

A number of case studies are included to reflect current good practice.

This Plan was also considered by the Policy & Resources Scrutiny Committee at its meeting on the 5th October 2015.

**DETAILED REPORT ATTACHED?**

**YES**

## IMPLICATIONS

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

**Signed: Wendy Walters Assistant Chief Executive (Regeneration & Policy)**

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

### 1. Policy, Crime & Disorder and Equalities

The ageing society is a reality and from a policy perspective it is imperative that the discharge of Council functions is considered 'in the round' in relation to the objective of supporting older people to lead fulfilling and independent lives.

In future years the Ageing Well Plan should be combined with the Sustainable Services for Older People.

### 3. Finance

The Plan is cost neutral. Maximising the contribution other services make to supporting the independence of older people will lead to cost savings for older people's services.

### 5. Risk Management Issues

None in short term. Services must plan on the basis of population projections to achieve best allocation of resources.

### 6. Staffing Implications

Maintaining an age-diverse workforce; encouraging retirees to contribute through volunteering.



## CONSULTATIONS

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

Signed: Wendy Walters Assistant Chief Executive (Regeneration & Policy)

1. **Local Member(s)** – Via the scrutiny committees.
2. **Community / Town Council** – N/A
3. **Relevant Partners** – Carmarthenshire 50+ Forum (476 responses).
4. **Staff Side Representatives and other Organisations** – N/A

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

**THESE ARE DETAILED BELOW:**

Title of Document	File Ref No. / Locations that the papers are available for public inspection
Ageing Well in Wales Programme	<p><b>Cymraeg:</b>  <a href="http://www.ageingwellinwales.com/Libraries/Documents/AWFinaWelsh.pdf">http://www.ageingwellinwales.com/Libraries/Documents/AWFinaWelsh.pdf</a></p> <p><b>English:</b>  <a href="http://www.ageingwellinwales.com/Libraries/Documents/AWFinaEnglish.pdf">http://www.ageingwellinwales.com/Libraries/Documents/AWFinaEnglish.pdf</a></p>
The Strategy for Older People in Wales 2013-23	<p><b>Cymraeg:</b>  <a href="http://gov.wales/docs/dhss/publications/130521olderpeoplestrategycy.pdf">http://gov.wales/docs/dhss/publications/130521olderpeoplestrategycy.pdf</a></p> <p><b>English:</b>  <a href="http://gov.wales/docs/dhss/publications/130521olderpeoplestrategyen.pdf">http://gov.wales/docs/dhss/publications/130521olderpeoplestrategyen.pdf</a></p>

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# Ageing Well Plan

(Incorporating Strategy for Older People)

2015-2018



**EICH CYNGOR arleinamdani**  
[www.sirgar.llyw.cymru](http://www.sirgar.llyw.cymru)

**YOUR COUNCIL doitonline**  
[www.carmarthenshire.gov.wales](http://www.carmarthenshire.gov.wales)

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# Foreword

It gives us great pleasure to introduce Carmarthenshire County Council's first ever Ageing Well plan. This plan is complementary to 'Carmarthenshire's Vision for Sustainable Services for Older People for the Next Decade',<sup>1</sup> but focuses instead on the wider functions of the Council in supporting independent living.

At least two dramatic influences are shaping public services in Carmarthenshire. The first of these is budget restraint – a result of UK Government decisions aimed at tackling the budget deficit - which is having a significant impact upon what the Council is able to deliver. As a result of year on year reductions, the Council is reducing expenditure and constantly seeking new cheaper and more imaginative ways of helping meet the needs of people in Carmarthenshire – including older residents.

The second is a shift in the County's demographic makeup. In common with Wales, the UK and the wider developed world, older people now make up a greater proportion of the population. Media attention has tended to focus on the negative – the 'demographic time bomb', and the 'grey tsunami' – the focus firmly on the dependency of older people. This is something of a partial presentation of the issue. For example, while some older people will require support, 61% of unpaid carers are aged 50 or over.

These influences give us an opportunity to reconsider our approach to the issue of demographic change. A different emphasis is needed. We need to help communities harness the assets that help older people live in their communities. We need to work with older people as partners, to help and support them in maintaining their independence and quality of life - reducing their need for expensive health and social care interventions. This empowerment is at the heart of Welsh Government intentions behind the Social Services and Well-being Act (2014).

This Ageing Well Plan explains how the activities of the Council – including those beyond mainstream 'social care' – can make important contributions to the overarching aim of making Carmarthenshire a good place to age.

Councillor Linda Davies:  
50+ Champion, Executive Board Member for Housing

Councillor Jane Tremlett:  
50+ Champion, Dementia Champion, Executive Board Member for Communities

<sup>1</sup> The Vision for Sustainable Services concentrates on the future delivery of direct social care services for older people.

# Introducing the Plan

People, Living Longer, Ageing Well: namely, to ensure that all older people in Wales have the financial, environmental and social resources to Age Well.

It is structured according to the five priority areas of the Ageing Well in Wales programme:

**Age Friendly Communities:** taking action to make sure communities meet the needs of all sections of the community. Making sure facilities – such as transport, and opportunities for interaction, recreation and leisure - are open to older people, generally makes them more accessible to all.

**Dementia Supportive Communities:** considering the ways in which people with dementia can continue to be independent within communities. Dementia comes with a stigma of 'decline', 'burden' and 'deficit'; but communities can do much to help independence and self-esteem. Communities can value the contribution of people with dementia.

**Falls prevention:** recognising the negative, and in some cases, irreversible effect fall events can have on older people, and doing what is possible to prevent fall events.

**Opportunities for employment and new skills:** maximising the benefits of work, volunteering and learning for older people, and the wider economy. Older people should be able to develop their employability, skills and interests; and free to continue contributing to communities.

**Loneliness and isolation:** doing what can be done to help people who are lonely develop beneficial relationships that support their self-worth, and addressing isolation. Some older people, especially those living in rural areas, are isolated from access to services. Isolation can contribute to loneliness, or can deprive people of access to essential basic services.

**The plan considers each theme in turn. For each theme, the plan explains:**

- The importance of the theme to the 'ageing society'
- The key evidence we have available
- What older people have told us
- The things the Council will do about the theme

Taken as a whole, this plan demonstrates the contribution the Council can make to Ageing Well in Carmarthenshire – through its activities as an employer, service provider and community leader.

### About Ageing Well in Wales (AWW):

Led by the Commissioner for Older People, the initiative aims to make Wales a good place for everyone to grow older. The initiative acknowledges that achieving this depends on people, communities and organisations taking action to improve the experience of older age, by focusing on the importance of ‘wellbeing’.

Most Welsh councils have signed the ‘Dublin Declaration’, which commits signatories to the development of local ageing well plans. Carmarthenshire County Council has taken this opportunity to also reflect the requirements of the Welsh Government Strategy for Older People.

Before considering the five themes in turn, evidence relating to the general theme of the ageing society will be described, followed by what the Carmarthenshire 50+ Forum has said about the Ageing Well programme. This is to provide an overall context for understanding the Plan.

### Evidence:

People 50 and over now make up a larger proportion of the population. This proportion is likely to continue growing, as standards of living and health interventions continue to improve. This fact is reflected across the western world. Using 2013 data from Stats Wales, the table below<sup>2</sup> shows that Wales has a higher percentage of people 50 and over than the UK. In turn, Carmarthenshire has a higher percentage than Wales. The table shows that the same trend is in evidence for the 75 and over age group:

	Total Population	Population Aged 50+	% Population Aged 50+	Population Aged 75+	% Population Aged 75+
UK	64,105,654	22,292,821	34.8	5,101,203	8
Wales	3,082,412	1,191,741	38.6	271,137	8.8
Carms	184,681	78,513	42.5	18,272	9.9

Based on actual figures for 2011, population projections for Carmarthenshire<sup>3</sup> suggest substantial future growth in the numbers of people in both the 50 and over, and 75 and over categories. The 50+ population is expected to grow from 76,552 (2011) to 93,469 by 2036 – a rise of nearly 17,000, or 22%. An even greater proportionate increase is expected for those 75+: from 17,899 (2011) to 32,191 by 2036 – a rise of just over 14,000 people, or more starkly, 80%.



<sup>2</sup> 2013 mid-year estimates, Stats Wales

<sup>3</sup> Stats Wales

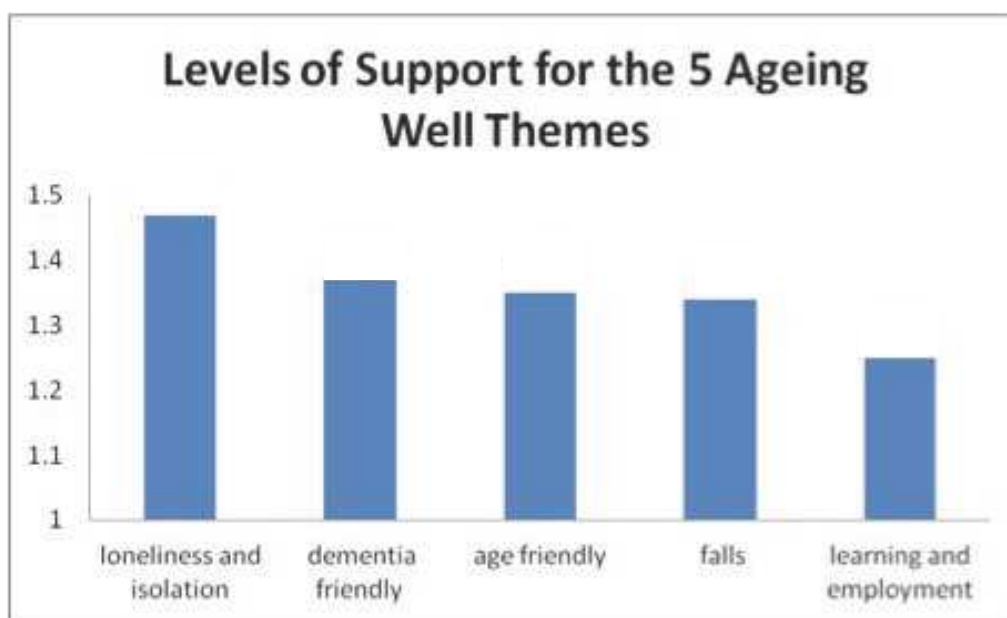


The changing demography means the needs of people must be delivered in new ways and with a much greater emphasis on prevention of ill health. The Council's older people's services default aim is to support the independence of older people in their communities, rather than to 'institutionalise' people in homes. The implementation of this Ageing Well Plan will help people keep healthy and at a lower level of need, maximising the assets a community has to support older people.

## What older people have told us:

The views of older people are essential to the development of this plan.

A consultation exercise on the Ageing Well programme took place with the Carmarthenshire 50+ Forum in September 2014. The exercise resulted in 476 responses. More recently, the Council received 478 responses to its consultation on older people's services, which sought to identify the support people need as they age. The views of over 950 people are taken into consideration in the formulation of this plan, with key findings detailed throughout.



The Ageing Well consultation asked for people to indicate how far they agreed with each of the five themes. A technique known as the Average Index Score was used to generate values between 2 (strongly support) and -2 (strongly against). Though there was strong support for all, the chart shows 'loneliness and isolation' has the greatest overall support.

The research shows that this ranking is consistent for women and men, as well as across age groups. It is striking that addressing loneliness and isolation had the highest support, with recent research suggesting that loneliness can have a health impact equivalent to smoking 15 cigarettes a day.<sup>4</sup>

The consultation results relating to each theme will be described later in the relevant section of the Plan. In closing this section of the Plan, it is important to report the suggestions and comments made by 50+ Forum members about the Ageing Well in general.

<sup>4</sup> Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review.

The following suggestions and comments were made by 50+ Forum members about the Ageing Well in general.

- Raise the public profile of the Ageing Well programme to capitalise on the ideas and enthusiasm of people and communities
- A need to improve the availability of community and public transport, particularly in rural areas
- The essential role of public toilets in helping people get 'out and about'
- The availability of purposeful things to do (e.g., clubs and activities), together with adequate publicity / information
- Around six in ten felt they would in future need support. 'maintaining one's home' and 'getting out and about'



#### **About Carmarthenshire 50+ Forum:**

With support from Carmarthenshire County Council, the 2400-member Forum is one of the largest of its kind in Wales. Members benefit from regular opportunities to have their say on important issues and receive an informative magazine twice a year. Functioning as the voice of older people

in the County, the Forum is led by a steering group and chairman, elected from the wider Forum membership.

The Forum was a partner in the development of the Carmarthenshire Healthy Ageing Action Plan and takes an active role in responding to consultations from Carmarthenshire County Council and other public sector organisations. It also contributes to all-Wales discussions concerning older people and has an identified research lead officer who ensures input into the work of universities.

The Forum involves itself as part of the solution to issues it identifies through consulting with members. Recent successes include sponsorship of 'get on-line' initiatives, information events and joint work with the Council's Road Safety section to promote driver awareness amongst older people. The Forum also hosts the successful Walking Well Carmarthenshire project.

## Age Friendly Communities:

“To make Carmarthenshire a county of age-friendly communities”

The concept of ‘age friendly’ places (initially applying to cities) began in 2007 and had its origins as an initiative of the World Health Organisation (WHO). Eight domains are defined as relevant to the wellbeing of older people:

- Outdoor space and buildings
- Transport
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services

## Importance to the Ageing Society:

- Communities need to be ready to meet the needs and opportunities of having more older people
- The Council needs to consider how its activities can support the capacity of communities to be ‘age friendly’
- The Council needs to ensure its own policy and practices support the needs of all age groups

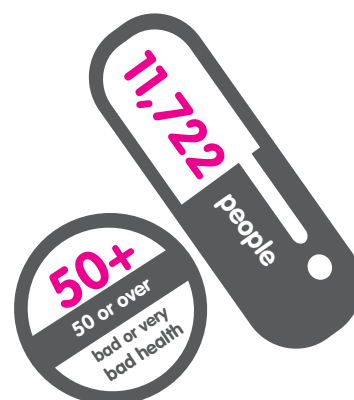
### Evidence:

It is recognised that health will have an impact on all five themes of the Ageing Well Programme, though health status greatly affects the ability of people to successfully age where they live.

Carmarthenshire has 11,722 people 50 or over reporting ‘bad’ or ‘very bad’ health (2011 Census). This represents 16% of those in this age group.

Personal mobility is an important consideration for Age Friendly Communities. Data from Daffodil<sup>5</sup> is used to measure people aged 65 and over who are unable to manage at least one mobility activity on their own. 7375 Carmarthenshire residents fit this category and the County is ranked 4th in Wales. This is set to rise to 10,865 by 2030, an increase of 47%.

As expected, amongst those 65 and over, the numbers with poor mobility increase with age. Those 65-69 make up the smallest proportion at 15%, whereas in contrast the 85 and over group make up 33% of the total. A very similar picture emerges when data for the population 65 and over unable to manage at least one self care activity is considered, with 27% being 85 or over.<sup>6</sup>



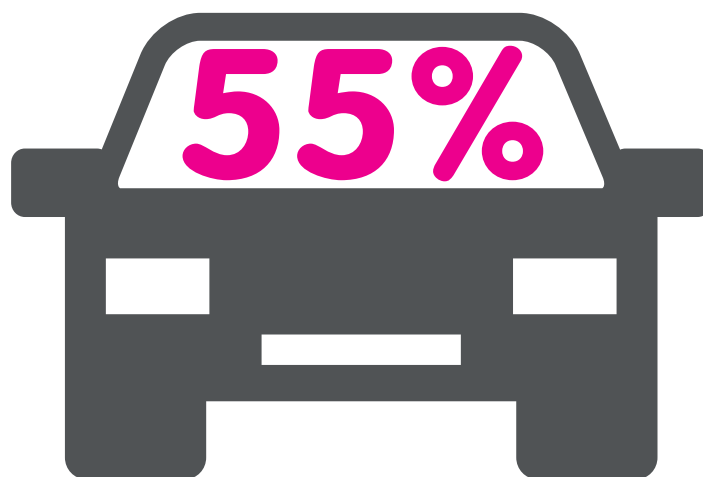
<sup>5</sup> Daffodil is a web-based system developed by the Institute of Public Care (IPC) for the Welsh Assembly Government.

See: <http://www.daffodilcymru.org.uk/>

<sup>6</sup> 2013 data from Daffodil

In a rural county like Carmarthenshire, the ability to live a fulfilled life depends on accessing services and activities, many of which will be unavailable in close proximity. This is evidenced by data from the 2014 Welsh Index of Multiple Deprivation (WIMD), which shows that over half - 58 - of Carmarthenshire's 112 Lower Super Output Areas (LSOAs) are within the 30% most deprived in Wales for 'Access to Services'.<sup>7</sup>

Private transport fulfils an often essential function, particularly in rural areas. It is notable that of 23,274 Carmarthenshire residents who do not have access to a car or van 11,632, or 50%, are 50 or over (2011 Census). Only 55% of those 80 or over have access to a car or van, showing increased association into older age.



of those **80** or over  
have access to a  
car or van



#### **About Driver Awareness courses:**

As a result of ageing, older drivers may lose confidence in their driving ability; need to get back behind the wheel following the loss of a partner who was the main driver and/or wish to seek reassurance that they are a safe and competent driver.

In partnership with the 50+ Forum, the Road Safety Unit offered free driver refresher courses to 110 older drivers during 2014/15. The course consisted of a theory and practical session with a qualified driving instructor, and was found to improve confidence in negotiating roundabouts, executing a parking manoeuvre, identifying hazards and suchlike. 99% of participants said they felt more confident in their ability following the course. These courses can therefore help reduce the demands on public transport, and, more critically, maintain personal mobility and independence in old age.

<sup>7</sup> The Access to Services domain considers the average public and private travel times to a number of key destinations such as food shops, GP Surgeries, schools etc.

Community based services are important supports for people to continue to age well within their communities. Such services can mean the difference between a person staying independent at home or alternatively, entering residential care. In Carmarthenshire, 2,589 people 65 and over are supported in this way (ranked 5th in Wales).<sup>8</sup>

1424 people 50 or over live in Communal establishments (including care homes and hospitals), the 5th highest local authority in Wales. While this type of provision is most appropriate for some, the further development of age friendly communities will help support as many people in their own homes for as long as possible.

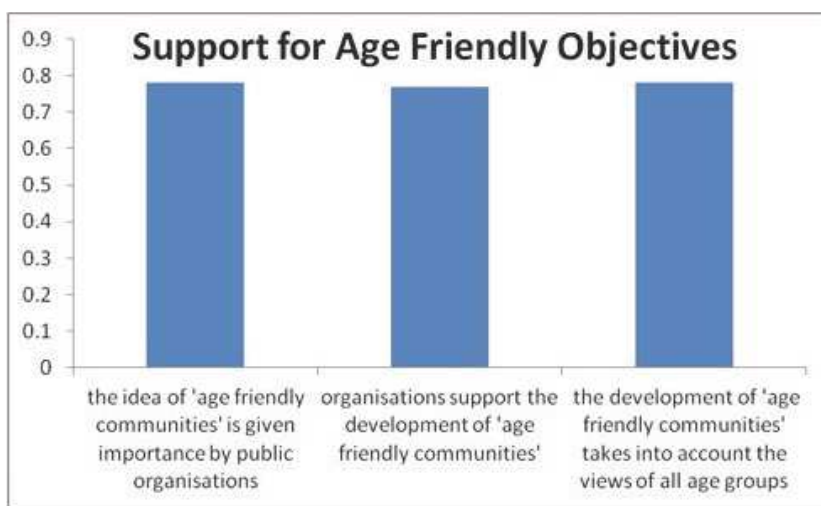
## What older people have told us:

Consultation with the Carmarthenshire 50+ Forum undertaken in September 2014 revealed strong support for each of the three objectives.<sup>9</sup>

In addition, 190 comments were made about 'age friendly communities'

**Access to services emerged as a key theme. Services need to be made available 'in-place', or where this is not possible, transport provision (public, private or community-based) is needed. Some suggestions included:**

- Mobile provision, including shops and libraries
- Fitting appointments (hospital, GP, etc.) with bus timetables



**A wide range of suggestions were made about things under the Council's control, including:**

- Covered bus shelters and adequate public seating
- Public toilets are important to encouraging older people to go out and about
- Good street lighting and even pavements can reduce hazard
- Providing truly accessible information

**A number of comments were made about things the Council could influence:**

- Encourage local business to be 'age friendly' (e.g., seats in shops)
- The publicising of existing clubs and activities taking place in localities
- The development of local 'good neighbour' schemes

A key message was the need to publicise the 'age friendly communities' theme, so that people can take the initiative forward in their communities.

<sup>8</sup> Ranked 1st is Caerphilly, with 4,524 receiving community based services

<sup>9</sup> Values range from 2 (strongly positive) to -2 (strongly negative)

Independent living was a common thread in the Council's recent consultation on older people's services. Over three quarters of respondents said that maintaining independence was important to them. To allow this to take place, it was felt that support at home, support to recover (i.e., upon discharge) and the provision of advice and information would be required.

### **Action – we will:**

- Develop and implement a publicity campaign to promote public awareness of the Ageing Well programme
- Continue to deliver the Bwcabus service in the rural area around Newcastle Emlyn (subject to securing funding)
- Continue to support and fund the Country Cars project for providing essential journeys
- Continue to support and promote the County's public transport network
- Deliver and promote concessionary travel in line with Welsh Government requirements
- Implement the Carmarthenshire Home Standard across the Council's housing stock
- Provide inclusive leisure and learning opportunities, including the National Exercise Referral Scheme
- Take steps to help alleviate poverty and promote inclusion through raising awareness of available benefits and voluntary services
- Deliver age-friendly awareness training to staff directly serving customers
- Deliver pre-retirement sessions, outlining options for participation in learning, activities and volunteering
- Engage a wide range of people, including older people, in customer feedback on the Council's website
- Help older people contribute to recycling through: 'assisted lift' for people unable to take waste to the kerbside; a glass collection service (with Age Cymru Sir Gar); special arrangements to help people in sheltered housing; and provide advice and guidance to older people and their groups
- Continue to integrate community-based health and social services so that customers can move smoothly between the systems.



### **About Bwcabus:**

Bwcabus is a bus service operating alongside normal scheduled services in an area of northern Carmarthenshire. Users ring the day before to book a journey.

Users include Mary Jennings of Rhyd Lewis, who said "healthcare is an issue to me right now and access to appointments is very important...If Bwcabus didn't exist, I would have to move. Now, I have the freedom to go where I want, when I want. Without the service, my independence would be severely cut".

As the Commissioner for Older People, Sarah Rochira, comments, "Bwcabus is so clearly more than transport: it's a place where people meet, catch up with each other and the local news...Bwcabus keeps so many older people healthy, safe and well because that's what this service does".

## Dementia Friendly Communities:

“To make Carmarthenshire a county where communities are dementia-friendly”

Making sure communities support people with dementia is essential for preserving independent living. While specific services for older people are critical, people with dementia can face everyday difficulties due to attitudes and discrimination, as well as difficulties in accessing services and maintaining hobbies, interests and relationships. Dementia friendly communities and organisations have high levels of awareness and understanding of dementia.

### Importance to the Ageing Society:

- People can continue to live well with dementia, particularly with early diagnosis<sup>10</sup>
- People with dementia should be able to continue living in their communities. This can be helped by ‘low level’ support
- Changing attitudes towards the condition can help communities and organisations offer greater support to people with dementia
- Dementia can have an impact on loneliness and isolation

### Evidence:

Dementia is set to increase in line with the growing numbers of the oldest old. In 2013, the number of Carmarthenshire residents 65 and over diagnosed with dementia was 2783. By 2030, it is predicted that this number will reach 4371, a rise of 1588, or 57% (in line with the figure for Wales overall).<sup>11</sup>

In 2013, the number of Carmarthenshire residents 65 and over diagnosed with dementia was

2785

By 2030, it is predicted that this number will reach

4371



It is estimated that the number of people who actually have dementia is far higher than the number diagnosed. For Wales, the formal diagnosis is 17661, compared against an estimated total 45529, meaning only 39% have been diagnosed.<sup>12</sup>

<sup>10</sup> According to the Welsh Government, this is particularly so where there is early diagnosis and appropriate support is given. See: <http://gov.wales/docs/dhss/publications/110302dementiaen.pdf>

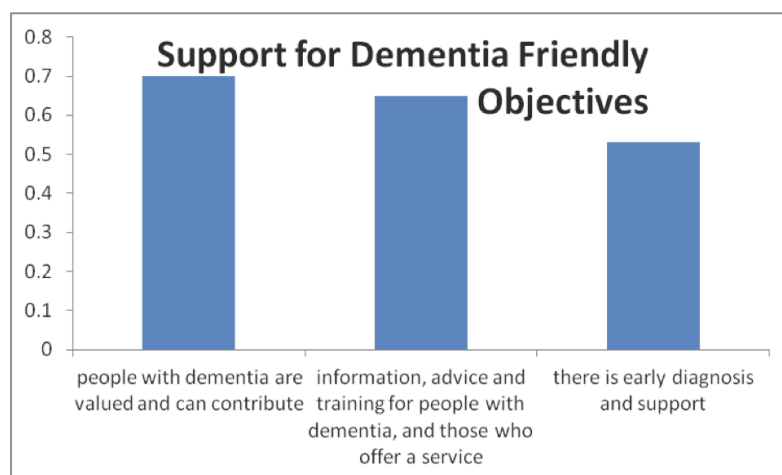
<sup>11</sup> Data produced on 22/05/15 11:35 from [www.daffodilcymru.org.uk](http://www.daffodilcymru.org.uk) version 5.0

<sup>12</sup> see: [www.Alzheimers.org.uk](http://www.Alzheimers.org.uk)

## What older people have told us:

Consultation with the Carmarthenshire 50+ Forum undertaken in September 2014 revealed strong support for each of the three objectives.<sup>13</sup> The importance of people with dementia being able to contribute and feel valued is reflected by this being the most strongly supported objective.

In addition, 166 comments were made about 'dementia friendly communities'.



A key issue was information and awareness of the condition and the need for a public awareness campaign. This should tackle the stigma of the condition, improve the readiness of services and stress the value and contribution of those with dementia.

Further issues included the importance of early diagnosis, the development of 'good neighbour' schemes and the provision of stimulating activities for people with dementia.

When asked about the future role of the Council, a common view expressed in its older people's services consultation was a need to foster closer links with the Health Service, provide better advice and information and offer greater support to carers.

### Action – we will:

- Develop and implement a publicity campaign to promote public awareness of dementia friendly communities, as a component of the Ageing Well programme
- Roll out 'dementia friends' awareness training to county councillors, in partnership with the Alzheimer's Society
- Deliver dementia awareness training to 'front line' staff, giving priority to staff with customer service responsibilities
- Provide dementia friendly information, including information packs for people diagnosed with dementia
- Ensuring Welsh language care provision is available to first language Welsh speakers with dementia
- Encourage the implementation of the lessons learnt from the Pontyberem Dementia Supportive Community initiative in communities across Carmarthenshire
- Support the work of the Alzheimer's Society's Dementia Friendly Communities Co-ordinator

<sup>13</sup> Values range from 2 (strongly positive) to -2 (strongly negative)





### **About dementia-friendly Pontyberem**

In 2012, Carmarthenshire was selected by the Social Services Improvement Agency as a site to take forward service transformation for older people. Led by the multi-agency Carmarthenshire Dementia Action Board, a pilot project was set up to develop a dementia friendly and supportive community in Pontyberem.

Working closely with the Alzheimer's Society, the project involved developing a high level of public awareness and understanding of dementia, so that the community can help and support people with the condition. Because of this community awareness and support, people with dementia are better able to remain independent and to exercise choice and control over their lives. In recognition of the benefits of early diagnosis, the project has been successful in improving the diagnosis rate. It has also delivered awareness training to local businesses. An environmental audit has been undertaken and improvements made to help improve access to the various amenities.

## **Falls Prevention:**

“To make Carmarthenshire a county where the risk of falling is reduced”

Falls can lead to a downward spiral for people: from a position of relative independence towards higher dependency and an increased risk of becoming institutionalised. Falls can result in a loss of confidence, fracture, head injury, and the costs to individuals and care organisations are high. Evidence does suggest that as many as 15-30% of falls can be prevented through use of well organised services.<sup>14</sup>



### **Importance to the Ageing Society:**

- Falls can trigger loss of independence together with significant personal and social costs
- Many different things can make someone more likely to fall, some of which are preventable
- Falls are not an inevitable part of ageing

<sup>14</sup> See [www.1000livesplus.wales.nhs.uk/falls](http://www.1000livesplus.wales.nhs.uk/falls)

## Evidence:

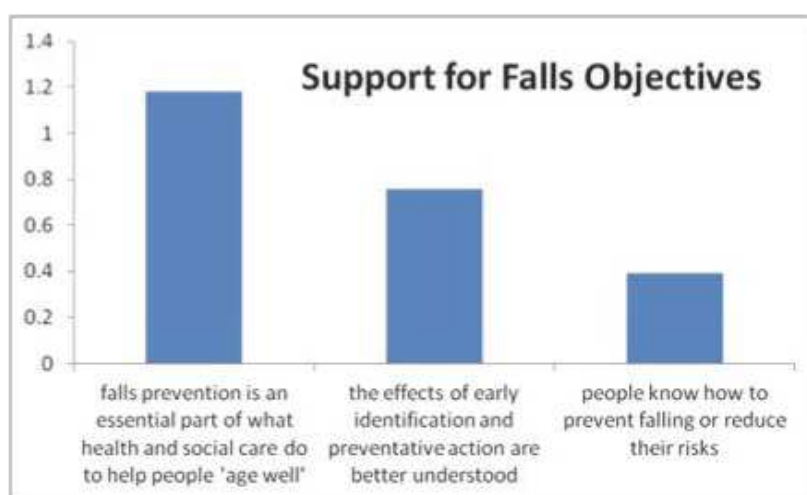
Though falling isn't inevitable, there is an association between increasing age and likelihood of serious falls. In 2013, 1,065 people 65 or over were admitted to hospital because of a fall, (of whom 44% were aged 85 or over). The number is set to rise to 1,645 by 2030; an increase of 54%.<sup>15</sup>

Binge drinking affects fall likelihood and general health. Of the 38,329 Carmarthenshire residents aged 16 or over predicted to binge drink in 2013, 10,355 or 27% were 55 or over. By 2030 the total for those 75 or over is expected to rise from 758 in 2013 to 1238 in 2030 – an increase of 63%.<sup>16</sup>

## What older people have told us:

Consultation with the Carmarthenshire 50+ Forum undertaken in September 2014 revealed support for each of the three objectives.<sup>17</sup>

It is significant to note the very strong support for the first objective: ensuring falls prevention is an essential part of what health and social care do to help people 'age well'. This shows a clear expectation of the role of care services in preventing falls.



In addition, 218 comments were made (the most made about any of the five themes). Uneven pavements, roads, loose paving slabs, poor lighting and the role of street furniture were all noted as hazards. Improving public awareness may help ensure shops and other premises remove potential hazards. The role of strengthening exercise was noted as a way of making people less prone to falling.

Consultation on alcohol and substance misuse was undertaken with the 50+ Forum in March 2015. A key result involved the most preferred sources of information or advice, should people develop a substance misuse problem. 'GPs' were most preferred, followed by 'specialist drug and alcohol services' and 'a friend'. The least preferred was 'carer', followed by 'pharmacist' then 'older people's organisation'. Women were more likely to seek support from friends, while men were more likely to approach family members.

The consultation also asked how important a number of considerations were in encouraging older people to drink excessively. 'Stress' was the highest ranked consideration, followed by 'loneliness' and loss of a partner or loved one'.<sup>18</sup> This suggests that harm due to substance misuse can be linked to the loneliness and isolation theme of the Ageing Well plan.

<sup>15</sup> Source: [www.daffodilcymru.org.uk](http://www.daffodilcymru.org.uk)

<sup>16</sup> Source: [www.daffodilcymru.org.uk](http://www.daffodilcymru.org.uk)

<sup>17</sup> Values range from 2 (strongly positive) to -2 (strongly negative)

<sup>18</sup> Other factors were illness or ill health, caring responsibilities, boredom and retirement. All were considered important in encouraging people to drink excessively.

### **About the National Exercise referral Scheme (NERS)**

NERS is Funded by Public Health Wales and run in partnership with the Council. It aims to reduce those at risk of developing heart problems, increase physical activity, and improve mental health & wellbeing.

NERS also focuses on increasing the health and physical activity levels for referrals with a wide range of medical conditions, including: asthma, muscular skeletal, diabetes, obesity, cancer, and those at risk of falling. In 2012 Carmarthenshire was voted best scheme in Wales

NERS Scheme exit survey data (2014) shows:

- 70% of referrals reported they had improved their health & wellbeing and felt happier
- 60% of referrals reported they had more energy/walking better/enjoy meeting new people
- 80% of referrals reported they had achieved one or more of their goals

Between 65 and 75 sessions a week are run (depending on the time of year). The sessions give the opportunity to exercise in a structured, safe, appropriate and enjoyable environment. The sessions take place in both leisure centres and community venues, which allows all residents, (provided that are medically safe to exercise), to access the scheme. Up to 15 sessions each week are delivered in community venues, such as church and village halls.

Sessions are delivered by highly qualified exercise professionals. NERS is initially a 16 week programme but referrals are encouraged to remain active long term and a 12 month follow up appointment is carried out.

### **Action – we will:**

- Continue to offer between 65 and 75 NERS sessions per week (depending on the time of year)
- Inspect Highways, footways and lighting infrastructure on a regular basis to identify any defects posing a danger or hazard to the public. Safety defects are rectified as soon as practicable and less serious defects are programmed for maintenance work within the scope of available budgets.
- Support the all-Wales 'Steady on' falls prevention campaign by distributing leaflets and posters to the 50+ Forum and other networks.
- Continue to implement our protocol for dealing with falls in care homes
- Give information about how falls can be prevented to members of the 50+ Forum and other networks of older people
- Take action on alcohol misuse by working with Public Health Wales to deliver Make Every Contact Count (MECC) and Alcohol Brief Intervention (ABI) training to domiciliary staff across the sector
- Provide specialist training to identified Community Resource Team (CRT) staff, with other CRT staff receiving general awareness training and briefings



**About the Transfer of Care Advice and Liaison Service (TOCALs):**

The service helps avoid unnecessary hospital admissions and delayed discharges of older people, particularly the frail elderly.

TOCALs aims to provide an advice and liaison service to support decision making at the 'front door' of the hospital and discharge planning on the ward to help timely and efficient 'transfer of care' of frail older adults back to their community. It also aims to introduce a frailty pathway within the hospital which focuses on functional gain and maintenance of independence.

The service is now operational in Prince Phillip and Glangwili Hospitals. The TOCALs team comprises multi-disciplinary professionals including Social Workers, Physiotherapist, PT-OT Technician and District Nurse all of whom have experience working within the community.

# Opportunities for Employment and New Skills:

“To make Carmarthenshire a county where older people can contribute fully”

Older people have much to contribute, yet are often cast in the media as a burden. In an employment sense, older people need new opportunities to learn new skills, whereas learning can have wider benefits for wellbeing and sense of worth. Learning can help overcome loneliness and isolation as well as helping with challenges such as the move to ‘digital by default’.

## Importance to the Ageing Society:

- Older workers have a wealth of skills and experience to contribute to the workplace
- An age diverse workplace is a productive workplace
- Older people need opportunities to learn new things
- The contribution of older people as volunteers and carers should be supported and celebrated

## Evidence:

A total of 2,150 people claimed Job Seekers Allowance, of whom 505 people were aged 50-64 (July 2015). Of long term claimants (over a year), 165 or 29% were 50 or over.



1,430 people in Carmarthenshire receive Incapacity Benefit or Severe Disablement Allowance, of whom 870 or 61% are aged between 50 and State Pension age (November 2014 data).<sup>19</sup>

15,320 people in Carmarthenshire receive Disability Living Allowance, of whom 10,670 or 70% are 50 or over (November 2014 data).<sup>20</sup>

40,334 people in Carmarthenshire have no qualifications, 30,645, or 76% are 50 or over (2011 Census).

<sup>19</sup> Source: Nomis

<sup>20</sup> Source: Nomis

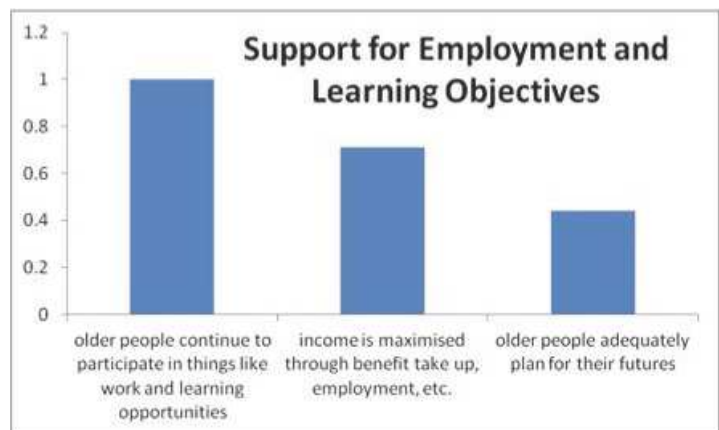
## What older people have told us:

Consultation with the Carmarthenshire 50+ Forum undertaken in September 2014 revealed support for each of the three objectives.<sup>21</sup>

Strongest support was given to the objective: 'older people continue to participate in things like work and learning opportunities'. The second most supported objective involves income maximisation whereby older people can maintain their standard of living. Third, though still having support, is the need for older people to plan for their futures.

Themes in relation to employment included: perceived employer discrimination; the need for skills and knowledge transfer; older employee requirements in terms of health and caring responsibilities; and the need for specific support for older job seekers.

The availability of learning opportunities was stressed, with a greater range beyond computing and Welsh. Many supported the value of volunteering and the need to promote the benefits to a greater extent.



### Action – we will:

- Pre-retirement planning sessions – highlight the benefits of continued employment, volunteering and learning
- Recognising that the majority of learners are 50 or over, continue to deliver the Adult Continuing Learning programme for 2015-16
- Deliver computer classes at libraries throughout the County
- Develop comprehensive information about providers in order to 'signpost' older people to suitable digital inclusion training sessions
- Support volunteer-led digital inclusion sessions in sheltered housing schemes
- Consider the feasibility of using mobile libraries to run digital inclusion sessions
- Consider the feasibility of installing superfast broadband in community venues throughout the County
- Encourage commissioned services to recruit and value volunteers
- Develop a county-wide time banking scheme to support voluntary participation in beneficial activities

<sup>21</sup> Values range from 2 (strongly positive) to -2 (strongly negative)



**About Time banking:**

The Council’s Housing Section works with an organisation called Spice, which delivers a time credit project. This gives people a credit for contributing time to their community or service. They then ‘spend’ Time Credits to access events, training and leisure services. The system is sustainable as spending opportunities often make use of spare capacity of facilities such as theatres and swimming pools.

Lis Duffy, a resident of Yr Aelwyd Sheltered Scheme, is part of the Taf/Myrddin Tenant network. She has earned Time Credits by putting on a monthly film night for other residents in the sheltered scheme, and sharing her views and experiences in meetings with the Tenant Network and Council Housing department. Last year, with the help of the Carmarthenshire Time Credits Facilitator, she also hosted a Big Lunch.

“Holding a Big Lunch seemed the ideal vehicle to engage the community, break the ice and for people to volunteer and earn credits in the process. It was great to meet so many new people and encourage the tenants to get involved in more events.”

Time Credits can work to encourage volunteering, but can also encourage people to become more involved – potentially making them less likely to become lonely or isolated.

# Loneliness and Isolation:

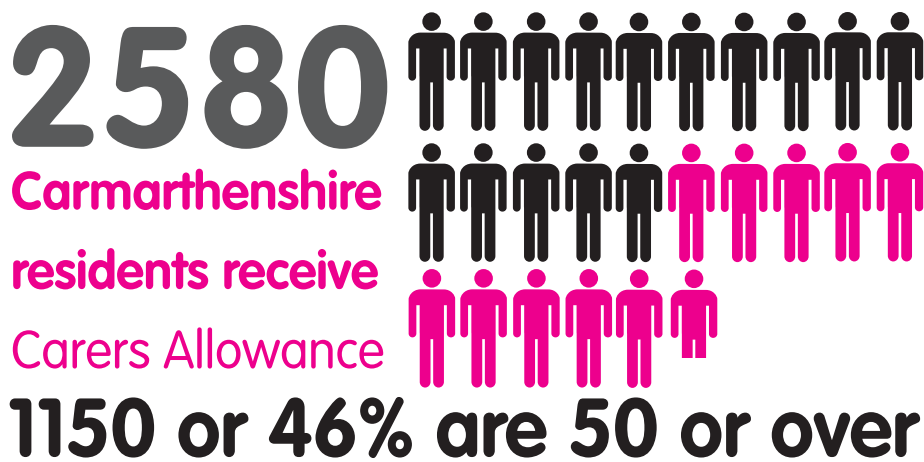
“To reduce levels of loneliness and isolation in Carmarthenshire”

Loneliness and isolation seriously impact upon personal health and wellbeing. While the issue can be complex, attention needs to be given to identifying and tackling root causes. Loneliness is associated with mortality, morbidity, depression, suicide and health service use.<sup>22</sup>

## Importance to the Ageing Society:

- Loneliness is a public health issue - as well as being a personal tragedy
- Poor health can be a trigger that is associated with further loneliness and isolation
- Isolation (and loneliness) can be made worse by rurality
- The lack of community facilities, including shops, public toilets and benches can encourage people to ‘cut themselves off’
- Changes in family organisation (location and generational relationships) may make the issue more common in future

## Evidence:



2580 Carmarthenshire residents receive Carers Allowance, of whom 1150 or 46% are 50 or over (November 2014 data).<sup>23</sup>

23989 people provide unpaid care in Carmarthenshire, of whom 14,573, or 61%, are 50 or over (2011 Census). Of those Carers who are 50 or over, 35% provide at least 50 hours of care a week.

36,064 Carmarthenshire residents 50 or over have a limiting long term illness (2011 Census). Of those, 67% are 65 and over.

Overall, 10,928 people 50 and over are widowed, while 24,578 are married (2011 Census). For the 75-84 and 85+ age categories, there are more people widowed than married.

17,534 people 50 and over live in single occupancy households.

<sup>22</sup> See: [www.campaigntoendloneliness.org/threat-to-health/](http://www.campaigntoendloneliness.org/threat-to-health/)

<sup>23</sup> Source: Nomis



### **About support for community assets:**

Community assets are essential for helping older people continue to live well where they live, giving opportunities to socialise and undertake beneficial activity. Where the Council can no longer afford to run facilities, it successfully works with community organisations to help ensure the asset can continue to meet the needs of older people.

Ysdradowen Day Centre is a good example of where the Council has worked collaboratively to ensure the continuation of the service. Through the opportunities this has opened, the community group have expanded their services to include keep fit classes. Members have developed new skills, have produced a business plan and are contributing directly to the development of their local community.

Men's Sheds – an organisation giving purposeful opportunities for men to work together on projects of interest – has been accommodated in Ferryside at the site of former community education facilities.

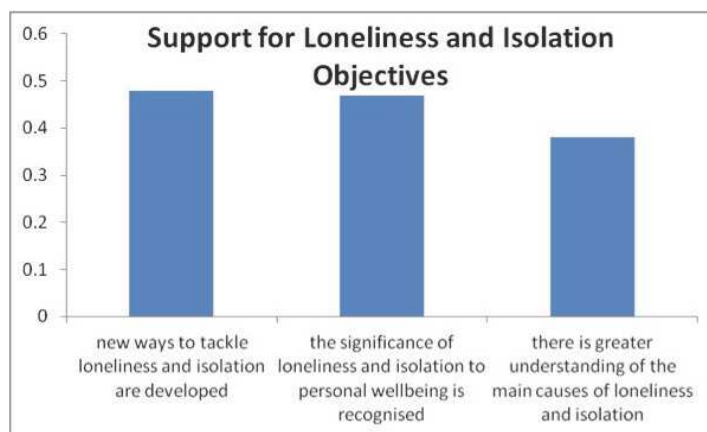
Further work has included an agreement with the Bowling Association to continue the provision of bowling green's in the County.



## What older people have told us:

Consultation with the Carmarthenshire 50+ Forum undertaken in September 2014 revealed strong support for each of the three objectives.<sup>24</sup>

The response shows that people think new ways must be found to tackle loneliness and isolation (objective 1) and that the significance of loneliness and isolation to personal wellbeing should be recognised (objective 2). There is also support for the third objective to develop greater understanding of the main causes of loneliness and isolation.



194 comments were made on the topic. Local opportunities for socialising, together with available transport were important themes, as was the need for befriending opportunities. Suggestions included good neighbour schemes, encouraging pet ownership, using the Internet, and supporting churches to expand their role in the community.

The need to provide social activities for older age cohorts was strongly emphasised in the Council's recent older people's services consultation, with respondents noting 'opportunities to socialise', 'trips and outings' and 'clubs' would be of value in old age. All have in common spending some time away from the everyday surroundings of the home and interacting with others, and can be taken as preventative measures to combat loneliness and isolation.



### About Carmarthenshire Therapy Dogs:

With support from the Carmarthenshire Third Sector Broker project, the Therapy Dogs initiative involves volunteer dog owners undertaking visits to older people's care homes. The visits involve suitable dogs interacting with residents and can act as a catalyst for people to re-engage. As Sue Smith, third sector broker, comments:

"There was evidence to show the therapeutic value of cuddling and petting a receptive dog had amazing benefits for those unable to own a dog themselves. There are opportunities to visit residential homes or even people in their own homes for those prepared to share the love of their pet dogs. Dogs big and small have this calming and

<sup>24</sup> Values range from 2 (strongly positive) to -2 (strongly negative)

## Action – we will:

- Continue to offer theatre concessions to people 60 or over and further develop our loyalty and concessionary offers
- Further develop activity of interest to older people at Council theatres, including: matinee performances; tea dance sessions; and a programme of classic and vintage films
- Based at leisure centres, develop the Actif Sir Gar programme to support healthy lifestyles and provide opportunities to make friends and socialise.
- Continue to support community transport, Bwcabus and Country Cars
- Support inclusion by ensuring all sheltered housing residents continue to benefit from wifi internet provision and IT training
- Continue to provide extra care accommodation, including 61 self-contained flats in Carmarthen and 50 in Ammanford
- Further develop the Third Sector Broker project to support the social and activity needs of people who do not require formal social or health services
- Continue to raise awareness of adult safeguarding and take action when rights are violated



### About the Financial Exploitation Safeguarding scheme (FESS):

Though there are many other factors, scammers may focus financial abuse upon those people who are lonely or isolated. FESS is a partnership between the Council's Trading Standards section and Dyfed Powys Police and has a key role in supporting independent community living.

FESS works with susceptible people to protect them from financial abuse, which may take the form of telephone filtering, intelligence-led home visits, and no cold calling zones. The issue of 'rogue traders' is tackled through the Registered Handyperson and Gardeners Scheme, where the details of vetted companies are made available.

Further initiatives include the Don't Get Caught scams awareness campaign and Vulnerable Consumer Advice Interventions, where specialist consumer advice and advocacy is made available to vulnerable people.

FESS and other Trading Standards services help maintain personal resilience and the ability of older people to remain independent – a 'helping hand', where personal support networks may be lacking. In protecting people from financial abuse, the Scheme plays an important safeguarding role.

# Monitoring and review

Monitoring will be achieved through annual progress reports to the 50+ Forum and relevant Council scrutiny committees.

This Ageing Well plan will be reviewed in 2018, in line with the revision of the overarching Ageing Well in Wales programme.

**SOCIAL CARE & HEALTH SCRUTINY  
COMMITTEE  
19<sup>th</sup> NOVEMBER 2015**

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

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

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

**Reasons:**

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

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

**Executive Board Member Portfolio Holders:**

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

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

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 19<sup>th</sup> NOVEMBER 2015

## Revenue & Capital Budget Monitoring Report 2015/16

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

### Revenue Budgets (Appendix A)

The Social Care & Health Service is forecasting an over spend of £ 685k for the year.

The Older People / Physical Disabilities Division has over spends of £393k due to the non achievement of efficiency savings re Older People Day Centres and an overspend on Private Residential Care of £273k offset by an underspend of £470k in Residential Homes due to reduction of in house provision, £66k Physical Disability Group Homes / Supported Living and £227k Home Care.

The Learning Disability / Mental Health Division has an overspend on residential and supported living placements of £515k due to a slower than anticipated reduction required to meet efficiency savings which is currently being addressed. There is an overspend on additional packages for Direct Payments £385k and a Day Services overspend of £267k due to additional packages.

The Departmental overspend is reduced by £274k due to staff vacancies and £110k of miscellaneous supplies and services.

### Capital Budgets (Appendix B)

**Learning Disabilities £-228k** Options are being considered for the location of future learning disability provision as part of a review of council buildings.

**DETAILED REPORT ATTACHED?**

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

## IMPLICATIONS

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

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

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

**3. Finance**

Revenue – The Social Care & Health Service is projecting that it will be over its approved budget by £685k.

Capital – The capital programme shows a net variance of -£228k against the 2015/16 approved budget.

## CONSULTATIONS

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

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

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

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

**THESE ARE DETAILED BELOW:**

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

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

Appendix A

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

Forecasted for year to 31 March 2016

Service	Working Budget				Forecasted				Variance For Year	Note
	Controllable Expenditure	Controllable Income	Net Non-Controllable	Total Net	Controllable Expenditure	Controllable Income	Net Non-Controllable	Total Net		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
<b>Adult Services</b>										
<b>Older People</b>										
Older People - Commissioning	2,709	-47	419	3,080	2,691	-47	419	3,062	-18	1
Older People - LA Homes	8,771	-4,340	1,123	5,554	8,237	-4,276	1,123	5,084	-470	2
Older People - Private/ Vol Homes	16,708	-9,341	76	7,444	17,053	-9,371	76	7,757	314	3
Older People - Private Day Care	24	0	0	24	24	0	0	24	0	
Older People - Extra Care	1,137	0	1,019	2,156	1,087	0	1,019	2,106	-50	4
Older People - LA Home Care	5,789	-291	579	6,077	5,739	-291	579	6,027	-50	5
Older People - MOW's	326	-211	12	127	326	-211	12	127	0	
Older People - Direct Payments	678	0	1	679	756	-0	1	757	79	6
Older People - Grants	641	0	2	643	641	0	2	643	-0	
Older People - Private Home Care	10,860	-1,991	158	9,027	10,682	-1,991	158	8,849	-178	7
Older People - Ssmss	888	-212	310	986	1,409	-733	310	986	0	
Older People - Enablement	2,002	-800	101	1,303	1,878	-800	101	1,179	-125	8
Older People - Day Services	652	-93	123	681	1,040	-88	123	1,075	393	9
<b>Older People Total</b>	<b>51,184</b>	<b>-17,326</b>	<b>3,923</b>	<b>37,781</b>	<b>51,562</b>	<b>-17,809</b>	<b>3,923</b>	<b>37,677</b>	<b>-105</b>	
<b>Physical Disabilities</b>										
Phys Dis - Commissioning & OT Services	879	-95	48	832	825	-95	48	778	-54	10
Phys Dis - Private/Vol Homes	440	-61	1	381	386	-47	1	340	-40	11
Phys Dis - Group Homes/Supported Living	1,280	-228	6	1,057	1,272	-257	6	1,020	-37	12
Phys Dis - Community Support	101	0	0	101	72	0	0	72	-29	13
Phys Dis - Private Home Care	651	0	0	651	651	0	0	651	0	
Phys Dis - Aids & Equipment	723	-397	37	362	723	-397	37	362	-0	
Phys Dis - Grants	138	0	0	138	130	0	0	130	-8	
Phys Dis - Direct Payments	1,820	0	3	1,823	1,701	0	3	1,704	-119	14
Phys Dis - Manual Handling	8	0	0	8	8	0	0	8	-0	
<b>Physical Disabilities Total</b>	<b>6,039</b>	<b>-781</b>	<b>94</b>	<b>5,353</b>	<b>5,767</b>	<b>-796</b>	<b>94</b>	<b>5,065</b>	<b>-287</b>	

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

Forecasted for year to 31 March 2016

Service	Working Budget				Forecasted				Variance For Year	Note
	Controllable Expenditure	Controllable Income	Net Non-Controllable	Total Net	Controllable Expenditure	Controllable Income	Net Non-Controllable	Total Net		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
<b>Learning Disabilities</b>										
Learn Dis - Employment & Training	2,074	-858	336	1,551	2,064	-855	336	1,545	-6	
Learn Dis - Commissioning	850	0	74	923	854	0	74	928	5	
Learn Dis - Private/Vol Homes	9,381	-2,708	16	6,689	10,138	-2,938	16	7,216	527	15
Learn Dis - Direct Payments	1,085	0	0	1,085	1,438	-0	0	1,438	354	16
Learn Dis - Group Homes/Supported Living	6,458	-1,013	10	5,455	6,423	-1,225	10	5,208	-247	17
Learn Dis - Adult Respite Care	902	-812	108	198	877	-812	108	172	-26	18
Learn Dis - Home Care Service	265	0	0	265	265	0	0	265	-0	
Learn Dis - Day Services	2,978	-196	300	3,082	3,251	-202	300	3,349	267	19
Learn Dis - Transition Service	491	0	65	556	440	0	65	505	-51	20
Learn Dis - Community Support	1,515	-164	5	1,356	1,527	-164	5	1,368	11	
Learn Dis - Grants	245	0	6	252	263	-17	6	252	0	
Learn Dis - Adult Placement Service	2,718	-2,130	77	665	2,740	-2,151	77	666	1	
Learn Dis/M Health - Ssmss	790	0	347	1,137	790	0	347	1,137	0	
<b>Learning Disabilities Total</b>	<b>29,752</b>	<b>-7,881</b>	<b>1,344</b>	<b>23,214</b>	<b>31,071</b>	<b>-8,364</b>	<b>1,344</b>	<b>24,050</b>	<b>836</b>	
<b>Mental Health</b>										
M Health - Commissioning	804	-69	73	808	831	-69	73	834	27	21
M Health - Private/Vol Homes	5,748	-2,534	9	3,223	6,145	-2,697	9	3,457	234	22
M Health - Group Homes/Supported Living	301	-83	0	219	290	-83	0	208	-11	
M Health - Direct Payments	136	0	0	136	167	0	0	167	31	23
M Health - Community Support	457	-27	2	432	486	-27	2	461	29	24
M Health - Day Services	204	-10	15	209	199	-10	15	205	-5	
M Health - Private Home Care	65	0	0	65	65	0	0	65	0	
M Health - Substance Misuse Team	326	-142	30	214	298	-142	30	186	-28	25
<b>Mental Health Total</b>	<b>8,041</b>	<b>-2,865</b>	<b>129</b>	<b>5,306</b>	<b>8,482</b>	<b>-3,027</b>	<b>129</b>	<b>5,584</b>	<b>278</b>	

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

Forecasted for year to 31 March 2016

Service	Working Budget				Forecasted				Variance For Year	Note
	Controllable Expenditure	Controllable Income	Net Non-Controllable	Total Net	Controllable Expenditure	Controllable Income	Net Non-Controllable	Total Net		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
<b>Director's Office</b>										
Smsms - Adult Safeguarding & Improvement Team	1,049	-36	53	1,066	1,016	0	53	1,069	3	
<b>Director's Office Total</b>	<b>1,049</b>	<b>-36</b>	<b>53</b>	<b>1,066</b>	<b>1,016</b>	<b>0</b>	<b>53</b>	<b>1,069</b>	<b>3</b>	
<b>Support</b>										
Departmental Support	2,031	-8	708	2,731	2,006	-9	708	2,704	-27	26
Regional Collaborative	0	0	0	0	0	0	0	0	0	
Holding Acc-Transport	1,489	-1,529	58	19	1,475	-1,529	58	5	-14	
<b>Support Total</b>	<b>3,521</b>	<b>-1,537</b>	<b>766</b>	<b>2,750</b>	<b>3,481</b>	<b>-1,538</b>	<b>766</b>	<b>2,709</b>	<b>-41</b>	
<b>SERVICE TOTAL</b>	<b>99,586</b>	<b>-30,425</b>	<b>6,309</b>	<b>75,470</b>	<b>101,380</b>	<b>-31,534</b>	<b>6,309</b>	<b>76,155</b>	<b>685</b>	
<b>Contribution to/from Departmental Reserves</b>									<b>0</b>	
<b>Forecasted End of Year Variance</b>									<b>685</b>	

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

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<b>Main Variance Summary</b>		<b>£'000</b>
1	Older People - Commissioning - Staff vacancies	-18
2	Older People - LA Homes - Reduction in in house residential provision	-470
3	Older People - Private/Vol Homes - Number of placements exceeding set budget despite small recent reduction these are part year savings only	314
4	Older People - Extra Care - Contract renegotiation 'projected saving'	-50
5	Older People - LA Home Care - Reduction in care packages	-50
6	Older People - Direct Payments - Additional packages	79
7	Older People - Private Home Care - Reduction in care packages	-178
8	Older People - Enablement - Staff vacancies	-125
9	Older People - Day Services - Efficiency saving slippage from 14/15 and 15/16. Proposal paper to CMT to reduce spend with significant reshape of service	393
10	Physical Disabilities - Commissioning & OT Services - Staff vacancies	-54
11	Physical Disabilities - Private/Vol Homes - Reduction in Packages	-40
12	Physical Disabilities - Group Homes/Supported Living - Additional income	-37
13	Physical Disabilities - Community Support - Reduction in Packages	-29
14	Physical Disabilities - Direct Payments - Reduction in Packages	-119
15	Learning Disabilities - Private/Vol Homes - Slower than anticipated reduction in placements required to meet efficiency savings, work underway to address	527
16	Learning Disabilities - Direct Payments - Number of packages exceed set budget despite there being no net increase this year	354
17	Learning Disabilities - Group Homes/Supported Living - Additional funding from Health (joint funding) and ILF grant	-247
18	Learning Disabilities - Adult Respite Care - Staff Vacancies	-26
19	Learning Disabilities - Day Services - Additional placements	267
20	Learning Disabilities - Transition Service - Staff Vacancies	-51
21	Mental Health - Commissioning - Additional staffing costs regarding out of hours service	27
22	Mental Health - Private/Vol Homes - Additional packages resulting in an over commitment on a very volatile budget	234
23	Mental Health - Direct Payments - Additional Packages	31
24	Mental Health - Community Support - Additional Placements	29
25	Mental Health - Substance Misuse Team - Underspend on salaries	-28
26	Departmental Support - Underspend on supplies & services	-27
	Other	-21
<b>Forecasted end of year variance:</b>		<b>685</b>
<b>Contribution to/from Departmental Reserves</b>		<b>0</b>
<b>Health &amp; Social Care Net Variance</b>		<b>685</b>

# Social Care

## Appendix B

### Capital Budget Monitoring - Scrutiny Report for August 2015

			Working Budget			Forecasted		
Net Exp to August 2015 £'000	Scheme	Target Date for Completion	Expenditure £'000	Income £'000	Net £'000	Expenditure £'000	Income £'000	Net £'000
0	<b>Learning Disabilities Accomodation Developments</b>		228	0	228	0	0	0
0	Learning Disabilities Developments	Mar-16	228	0	228	0	0	0
1,701	<b>Extra Care Schemes</b>		3,139	0	3,139	3,139	0	3,139
1	Carmarthen Area Extra Care	Ongoing	640	0	640	640	0	640
1,700	Ammanford / Llandybie Extra Care	Ongoing	2,499	0	2,499	2,499	0	2,499
0	<b>Intermediate Care Fund (ICF) Projects</b>	Completed	0	0	0	1,316	-1,316	0
1,701	<b>NET BUDGET</b>		3,367	0	3,367	4,455	-1,316	3,139

Variance for Year £'000	Comment
-228	
-228	Due to options being considered on council buildings
0	
0	
0	
0	
0	
-228	

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**SOCIAL CARE & HEALTH SCRUTINY  
COMMITTEE  
19<sup>th</sup> NOVEMBER 2015**

**Half-Yearly Performance Management Report –  
1st April to 30th September 2015**

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

That the Committee scrutinises the half-year position in relation to performance monitoring, or latest available information, for the 2015/16 financial year and in particular, issues where members and officers may seek improvement. The report includes:

- Heads of Service Overview of Performance
- The Approach to Measuring Performance – Older Persons and Physically Disabled Services and Learning Disabilities and Mental Health Services
- Improvement Plan Monitoring – Actions and Performance Measures

**Reasons:**

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

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

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

<b>Directorate:</b> Communities	<b>Designations:</b>	<b>Tel Nos. / E-Mail Addresses:</b>
<b>Names of Heads of Service:</b> Rhian Dawson	Interim Head of Integrated Services	01267 228900 <a href="mailto:rhian.dawson@wales.nhs.uk">rhian.dawson@wales.nhs.uk</a>
Anthony Maynard	Interim Head of Mental Health and Learning Disability Services	01267 228849 <a href="mailto:amaynard@sirgar.gov.uk">amaynard@sirgar.gov.uk</a>
<b>Report Author:</b> Lyn Walters	Business Support Manager (Services for Older People)	01267 228768 <a href="mailto:dlwalters@sirgar.gov.uk">dlwalters@sirgar.gov.uk</a>



## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 19<sup>th</sup> NOVEMBER 2015

## Half-Yearly Performance Management Report – 1st April to 30th September 2015

The attached report sets out the Social Care & Health Services performance for the first half of the 2015/16 financial year. Members will be aware that the Communities Department has developed a new performance framework and the attached report sets out the Department's position and progress in managing and improving performance.

In order to evaluate performance, the Department has developed a number of local measures. It is proposed to only report on areas which are challenging the Department's resources and/or areas where the Department is planning to focus resources to effect change in the future.

The content of the report may therefore change from meeting to meeting and may include items and service areas which are not part of this first report. This will enable members to scrutinise the department's priority areas whilst at the same time, make the volume of data which is considered at the meeting more manageable and timely.

The attached report is structured in the following way:

1. Heads of Service Overview of Performance (Report A)
2. The Approach to Measuring Performance (Report B)
  - 2.1 Older Persons and Physically Disabled (OPPD)
    - Supporting Independence
  - 2.2 Learning Disabilities and Mental Health (MHL D)
    - Supporting Independence
    - Keeping Safe
3. Improvement Plan Monitoring – Actions & Performance Measures (Report C)

**DETAILED REPORT ATTACHED?**

**YES**

## IMPLICATIONS

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

**Signed: Rhian Dawson Interim Head of Integrated Services**

**Anthony Maynard Interim Head of Mental Health and Learning Disability Services**

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

**1. Policy, Crime & Disorder and Equalities** – Performance Indicators are set to monitor the performance of services and targets set. If the Authority is to deliver its promises to citizens and stakeholders, then indicators underachieving need to be addressed.

**2. Legal** – Performance Indicators are set to monitor the performance of services and targets set. If the Authority is to deliver its promises to citizens and stakeholders, then indicators underachieving need to be addressed.

**3. Finance** – A significant sum of money is linked to the Outcome Agreement Grant. Receiving this funding in full is dependent on meeting the agreed Actions and Targets included in the Agreement.

**5. Risk Management Issues** – This report refers to actions and measures in the 2014/15 Annual Report and 2015/16 Improvement Plan relevant to Community Scrutiny, potential risks addressed are:

- obtaining the £1.9m linked to the Outcome Agreement Grant
- addressing any regulatory report recommendations
- comments on not meeting our own goals – actions and measures
- improvement and comparative data for national measures

# CONSULTATIONS

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

Signed: Rhian Dawson                      Interim Head of Integrated Services  
                  Anthony Maynard              Interim Head of Mental Health and Learning Disability Services

1. Local Member(s) – N/A
2. Community / Town Councils – N/A
3. Relevant Partners – N/A
4. Staff Side Representatives and other Organisations – All departments have been consulted and have had the opportunity to provide comments on their performance and progress.

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

THESE ARE DETAILED BELOW:

Title of Document	File Ref No. / Locations that the papers are available for public inspection
Carmarthenshire Integrated Community Strategy 2011-16	<a href="http://www.thecarmarthenshirepartnership.org.uk">www.thecarmarthenshirepartnership.org.uk</a>
Corporate Strategy 2015-20	<a href="http://www.carmarthenshire.gov.wales/media/998105/corporate-strategy.pdf">http://www.carmarthenshire.gov.wales/media/998105/corporate-strategy.pdf</a>
CCC Annual Report 2014/15 & Improvement Plan 2015/16	<a href="http://www.carmarthenshire.gov.wales/media/846036/Full_ARIP_Report_15-16.pdf">http://www.carmarthenshire.gov.wales/media/846036/Full_ARIP_Report_15-16.pdf</a>
Performance Measurement Records	Performance Management Unit, Regeneration & Policy Division, County Hall
Compliments & Complaints Records	Personal information not available for public inspection
Budget Monitoring Reports	Corporate Services Department, County Hall
Performance Management Framework (Social Care & Health Scrutiny Committee – 16th September 2015)	<p><b>Cymraeg</b>  <a href="http://democratiaeth.sirgar.llyw.cymru/ieListDocuments.aspx?CId=169&amp;MId=189&amp;Ver=4">http://democratiaeth.sirgar.llyw.cymru/ieListDocuments.aspx?CId=169&amp;MId=189&amp;Ver=4</a></p> <p><b>English</b>  <a href="http://democracy.carmarthenshire.gov.wales/ieListDocuments.aspx?CId=169&amp;MId=189&amp;Ver=4">http://democracy.carmarthenshire.gov.wales/ieListDocuments.aspx?CId=169&amp;MId=189&amp;Ver=4</a></p>

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## REPORT A

### HEAD OF SERVICE OVERVIEW – HALF YEAR 2015/16

#### RHIAN DAWSON – INTERIM 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 is going to be challenging. The policy and practice change in the last 5 years to supporting to people to maintain their health and independence will need to be strengthened in order for the needs of the population to be met and to ensure compliance with the Social Services and Wellbeing (Wales) Act and the Future Generations (Wales) Act. In line with this we have developed 'Carmarthenshire's Vision for Sustainable Services for Older People for the Next Decade: Promoting Independence, Keeping Safe and Improving Health and Wellbeing'. 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. Specifically, it highlights our approach to care provision over three offer areas

- '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 Assessment service
- 'Help When you Need It' – Short targeted intervention to promote or regain independence
- '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

This half year summary report will reflect on recent service developments using these three areas as a framework for presentation

#### Help to Help Yourself

In line with the Welsh Government's Primary Care Plan for Wales (WG, 2014), each Cluster (Locality) in Carmarthenshire have 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.

## REPORT A

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 year this will be strengthened through the inclusion of officers 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)

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.

### **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. 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 will support older people. 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 outlining our approach to supporting this is currently being progressed. 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.

## REPORT A

The Community Resource Teams (CRTs) strive to enable people to make informed decisions and to empower and support them to do what matters to them. The CRTs based in each locality of the County continue to focus on delivering person centred assessment and care provision to support the promotion and maintenance of individuals' independence. Their work has been 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. One example of this includes 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 domiciliary care team.

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. Our Delayed Transfer of Care (DToC) rate continues to improve and TOCALs provides an opportunity to further progress performance in this area.

### **Ongoing Support if you Need it**

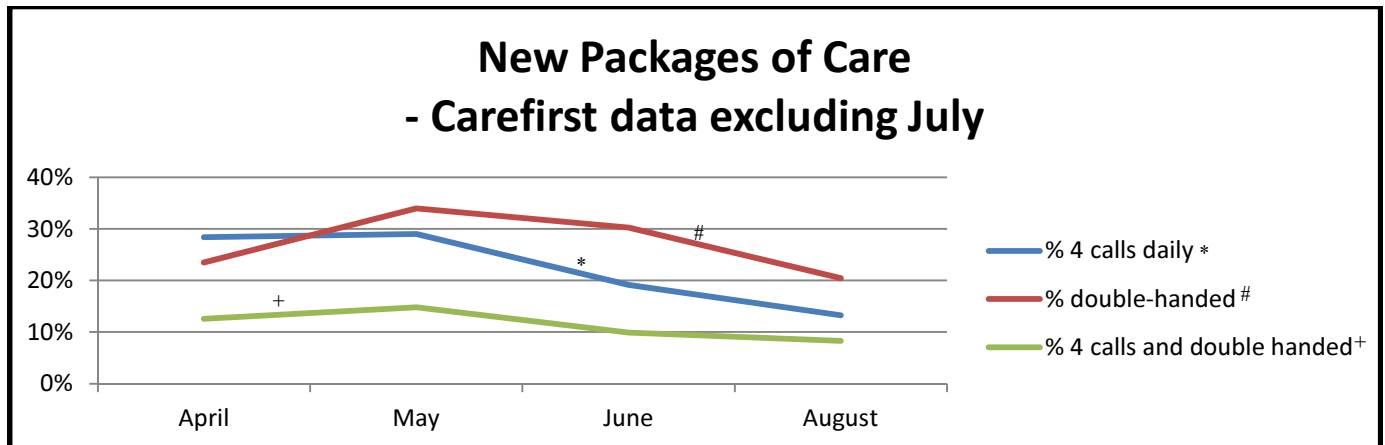
Most people want to stay in their own homes where they can exercise choice and control. The increase in the use of domiciliary care has been positive. Historically, however, due to our rural geography and associated challenges with recruitment and retention, we have found it difficult to consistently meet demand particularly in our most rural areas where services have not been available. In July this year we introduced our new Domiciliary Care Framework. Early indications have suggested that this is having a positive impact on care availability even in areas of the County where we have previously struggled to provide care. It is hoped that this improvement will continue and will serve to enhance performance in other areas including DToC and reablement.

A review of our domiciliary care commissioning identified a high number of care packages providing four calls a day and an increased number of care packages requiring care being delivered by two carers. On review, cases were identified where the care provision could be reduced to three calls a day without compromising the welfare of the individual. Indeed evidence suggests that providing the minimum amount of care provision to meet an individual's needs can have a significant positive impact on the wellbeing of an individual. A commitment has since been made to improve outcomes for individuals by introducing a single carer strategy and limiting the number of carer visits to only what is necessary at the time of assessment. Clinical reasoning by the multi disciplinary team will ensure that individuals receive the appropriate level of care provision.

## REPORT A

A senior occupational therapist has been appointed to support this care model in order to ensure that welfare and wellbeing of individuals is not compromised.

The division has embraced this change and staff are committed to improve the client outcomes and care experience. Early indications suggest that the trend for commissioned care packages providing four care visits per day is decreasing.



There has been a significant reduction over the past few years in the numbers of people the Council supports in residential care. This decline is slowing because of the higher levels of need in the older population. Recently there has been a sudden decrease in the number of individuals being supported in residential care. This has been due to a high number of decommissions relating to a number of deaths over the winter period. Much of the residential care that is commissioned is provided by the independent sector. The team of contract monitoring officers works with care providers, CSSIW and care management staff to ensure that processes are in place to deliver good care and also to identify and rectify problems if there are any. The construction of extra care housing in Carmarthen on the site of the Argel Care Home is due to be completed in October with the first tenants moving in at the end of the month. Building has also progressed at pace on the extra care housing in Ammanford - 'Ty Dyffryn'. Collaborative working with health has funded two 'assessment beds' and it is hoped that these facilities will be able to support health promoting 'clinics' that are traditionally delivered in hospital or GP practices.

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.

### 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. A performance management framework developed by the department through a series of consultation events and workshops allows us to critically evaluate and monitor progress against key national and local performance indicators. Measuring performance in this way enables us to identify good practice and identify areas which require focused attention. Whilst the most important focus is to improve outcomes for service users, performance management enables budget holders to capture activity and forecast its impact on the current and projected budget enabling us to plan and modernise the services accordingly.



## REPORT A

Modernisation and associated improvements have commenced in some areas and which are demonstrating early indications of improved outcomes at individual and organisational levels. Performance management also allows us to provide feedback to individuals and teams, which, in turn, creates a positive culture and work environment that thrives on achievements throughout the department. A robust appraisal and supervision has been introduced to the division.

It is important not to underestimate the scale of the challenge ahead. This will require large scale and whole system review of service provision and which will require difficult decisions to be made. We will also need to consider the implications of the Social Services and Wellbeing (Wales) Act and the 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 resources during this time of austerity.

### **ANTHONY MAYNARD – INTERIM HEAD OF MENTAL HEALTH & LEARNING DISABILITY SERVICES**

Reflecting on my first 12 months as Interim Head of Service, I am encouraged by the progress made across the Division in key areas which will better enable us to meet the challenges ahead. The expectation placed on us by the Social Services and Wellbeing Act to increase the involvement of individuals in how support is commissioned and delivered, in the current climate of fiscal austerity is certainly a challenge, but at the same time gives us the opportunity to review and improve on the way that we work.

The following gives a brief update across the various areas of work within the Division, progress to date and our plans for the next 6 months:

**Community Services** - the restructure of the services carried last year has bedded in and is now delivering opportunities to enable us implement the progression model encapsulating our objectives of promoting independence and providing *just enough* support. These new initiatives and the changing shape of the service were subject to a full consultation with all stakeholders, and we are now seeing a steady growth in the use of our day opportunity services. This person-centred approach continues to drive service delivery, recognising that everyone regardless of their skills and ability should have the opportunity to reach their full potential. Below are some examples of progress made in this service area.

- We have successfully managed a seamless transition from the ILF to the WILF with 2 payments made and no service disruption reported. All financial systems are in place with a robust audit process to be implemented in line with WG requirements early 2016.
- The new Opportunities team have received over 60 referrals all of which have been allocated.
- Coastal file closure will be completed end Oct with the financial closure completion set for end Dec. An EFAT audit has been completed with no recommendations so we expected the final payment without delay.
- We have implemented a new supervision and appraisal structure effectively.
- Students have begun to access the catering projects again with a steady stream of placement uptake commencing Nov.

## REPORT A

- There were no planned closures of services this summer for the first time, with a new flexible summer timetable implemented ensuring continuity of service for all those who needed it.
- We welcomed some new arrivals at Maes Lliedi, at last the chickens have landed.
- Our new hair salon, 'Tangles' opened in Coleshill providing an environment for enterprise, training and an accessible service

**24hour adult Mental Health practitioner (AMHP) cover** - Our pilot standby project, utilising a dedicated practitioner, is nearing completion and has proved very successful. We have supplemented this by expanding our pool of independent assessors. This is a model that we would want to further develop and integrate into office hours, in order to provide an effective 24hour service.

**Deprivation Of Liberty (DoL's)** - All Authorities throughout the UK are experiencing a challenge in response to the high levels of referral activity which within the current financial climate and available resource levels are simply beyond our capacity to address. However, one pleasing factor to note from the number of completed assessments at the half year point, is we are on target to exceed the number we achieved last year which will be a threefold increase on the numbers completed in 2013/14.

Carmarthenshire will be hosting an event in October which will provide feedback from the Law Commission, who have undertaken a comprehensive review of DoL's following extensive public consultation. The consultation highlights the difficulties and challenges, posed by the existing Dols scheme and reflects the experience of all Local Authorities. The consultation proposes an alternative model known as the "Protective Care Scheme", which not only has more positive connotations but also aims to provide a more streamlined and proportionate approach. It will be necessary to consider the proposals and ensure that these are drawn upon when establishing the new arrangements as part of the realignment of the teams referred to in this overview.

**Statutory protection work under the Mental Health Act 1983** - we continue to perform impressively in terms of our response times to requests for assessment, with more than 90% of assessments completed within 48hours and the majority of those on the same day. Performance data confirms that our practice reflects our desire to work in the in the least restrictive manner with people either not admitted to hospital formally, or where they are admitted via Orders that are for the shortest duration.

We continue to monitor activity around this important area of work as there are some early indications that level of demand is increasing and there is definitely a trend around people from other areas (notably Ceredigion) being brought to Carmarthenshire for assessment because of lack of provision in the neighbouring authority.

**Transition** - The Team have undergone a restructure this year, aligning the management structure, roles and responsibilities. The team continues to work with a range of partners to increase opportunities for disabled young people and ensure our transition planning is effective. Many of the young people managed by the team aged 24 and 25 should now be transferred into long term managed care teams. This is not happening and is having an impact on those young people who need the support the most: those transferring from children's to adult services and those leaving home or Education.

**Shared Lives (Adult Placement)** - As part of our realignment proposals we are looking to relocate the Shared Lives service within our Provider Division under one Senior Manager.

## REPORT A

We are particularly keen to see *Shared Lives* as a growth area, not just in terms of people stepping down from Residential Care, but also in terms of those individuals we know who are currently staying with parents/ family, who may need alternative provision in the future.

**Substance Misuse** - The team continue 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 apposite impact upon service delivery and we have ensured that we now have representation on the Area Planning Board. Both teams are well positioned to meet the requirements of the Social Care & Wellbeing act.

**Performance management** - through a series of consultation events and workshops involving senior managers and staff, we have developed a robust performance management framework which we are now implementing. The process will allow us to monitor progress against key national and local performance indicators and is supported by a business data system, developed in-house, which allows us to analyse key data. Measuring performance in this way enables us to identify good practice and provide feedback to both teams and individual practitioners. This, in turn, will help us to create a positive culture and a work environment that thrives on achievement. Whilst the most important focus is on improving outcomes for service users, it also enables budget holders to have timely information and an accurate account of both the current and projected budget, enabling us to plan and modernise the services accordingly.

**Safeguarding** - Following an independent review of the Safeguarding service in April 2015, the department was reassured that it provides an effective and safe service for protecting adults at risk. It was also noted that the safeguarding infrastructure provided further reassurance i.e. the department has comprehensive and robust quality control systems, undertaken by the commissioning and contracting team, and there are equally good systems in place within care management to support adults at risk.

However, the department concluded that a series of measures required attention including more effective and timely decision making. This has been implemented with significant progress made in the second quarter. Based on total referrals received, the threshold decision making of the decision made within seven working days (as provided by the 2014 Act's Code of Practice) has been 95%, 100% and 85% during the months of July, August and September respectively. Likewise, the department has given increasing attention to managing investigations and ensuring clear timescales are agreed and monitored. Referrals continue to run at over 40 plus per month which is consistent with activity from 2014/15. Over 50% meet the threshold for adult protection, those below the threshold or deemed inappropriate are signposted to more appropriate sources e.g. care management, contracting, service provider.

At the regional level, continued work has been progressed with developing the documentation in preparation for the inaugural meeting of the Regional Safeguarding Board. Carmarthenshire has been heavily involved in the development of these documents e.g. Executive Board Terms of Reference, Quality assurance framework, a regional Annual report.

**Commissioning and Contracting** - Extensive work has been undertaken to develop closer working relationships between commissioning and care management to assist the effective and efficient use of resources for learning disabled adults and adults with mental health needs.

## REPORT A

This work has involved rigorous scrutiny of people in high cost residential placements, the management of supported accommodation and the performance of third sector organisations in the variety of services they perform. Work has also commenced to obtain reliable data on future need among both the Transition service (16-25 year olds) and the Community Team for Learning Disabilities (CTLTD).

A good example of this work involves a learning disabled gentleman who had been living in supported accommodation in a neighbouring authority being provided services by a provider not familiar with Carmarthenshire. Work by the commissioning and care management team enabled the gentleman to return to Carmarthenshire to a tenancy in a shared house with a care provider who the department has confidence and trust to deliver good quality services. This gentleman has not only settled well, his health and well being has improved and his family are visiting more frequently. In addition, the department has saved in excess of 40K per annum from this move.

Contract review meetings with care providers providing domiciliary care in supported accommodation continue on a regular basis as part of the department's quality assurance and partnership working. Concerns with care providers are collated and risk assessed in terms of departmental response. The bi-monthly provider performance for this sector also continues. Partner organisations attend including CSSIW and Health Board colleagues. In addition, a monitoring exercise has been undertaken involving service users and families who access respite care (short breaks). A report has been prepared for the Management team and a paper prepared for discussion on the review and subsequent development of a respite policy. Further contract monitoring work will continue throughout the remainder of the year.

**Conclusion** - Through a number of consultation events over the last year a new performance management framework has been developed. It has also highlighted the need to review the operational team management structure and realignment of the teams. Whilst the focus will always be to ensure that services are provided in a safe and person centred way, at all times staff have to consider the financial pressures that the Authority are faced with. Ensuring that performance management is linked not only to outcomes but also budget constraints is a culture that has to be developed and maintained.

The authority has been changing and implementing practice in response the challenges and opportunities brought about by the Social Services and Wellbeing (Wales) Act. Whilst there is still work to be undertaken much has been achieved to progress the vision that has been outlined in the Regional Statement of Intent for LD. The Safeguarding Annual Report and the Annual Report of the Local Mental Health Partnership Board.

## **Report B - 2.1**

### **OLDER PEOPLE & PHYSICAL DISABILITIES**

#### **The Approach to Measuring Performance**

Our approach to measuring performance has been produced with the involvement of people from across the department, to give a clear and concise guide to:

- Our key objectives and priorities
- What we believe a good service looks like to us
- Our priorities for delivering a good service
- How we will use performance measures to continually improve

We have developed our approach to managing performance to ensure we balance the relationship between service demands, the allocation of resources and service user satisfaction. We will use measures to ensure we do the right thing and drive continuous improvement. The performance framework includes 5 themes – Supporting Independence, Keeping Safe, Improving Health & Wellbeing, Information Advice & Signposting, Valuing the Workforce.

- **Supporting Independence**

#### **Our Statement of Intent**

- We recognise individuals are different and responses will be tailored to meet these differing needs, demands and aspirations
- Service limitations will be known to ensure expectations of all are realistic and achievable
- Our work with partners, the independent sector and other organisations will deliver quality services in the most appropriate way

#### **Principles of Supporting Independence - services which are:**

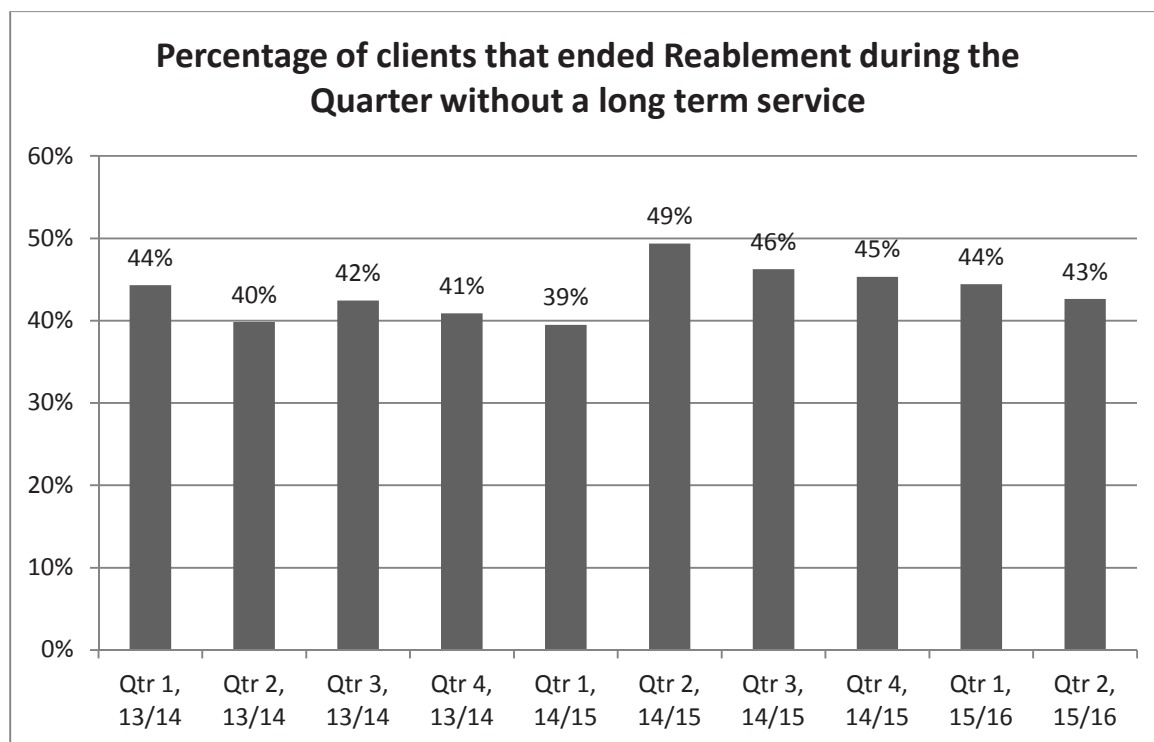
- Built around the need of the individual and are committed to putting the user at the centre of decision making
- Easily accessible and available when needed, and delivered in a timely and responsive way
- Provided by teams and individuals working together to find a workable, deliverable solution that makes a positive difference
- Flexible and responsive to meet changing needs
- Open and transparent which thrive on robust and constructive challenge

# 1 - Reablement

## Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)



### Comments:

The Reablement service provides support for people to set their own goals to improve their independence and to meet those goals. Data collection is being refined to allow reporting on the percentage of people who leave reablement with a reduced requirement for care and the length of time before people require assistance again.

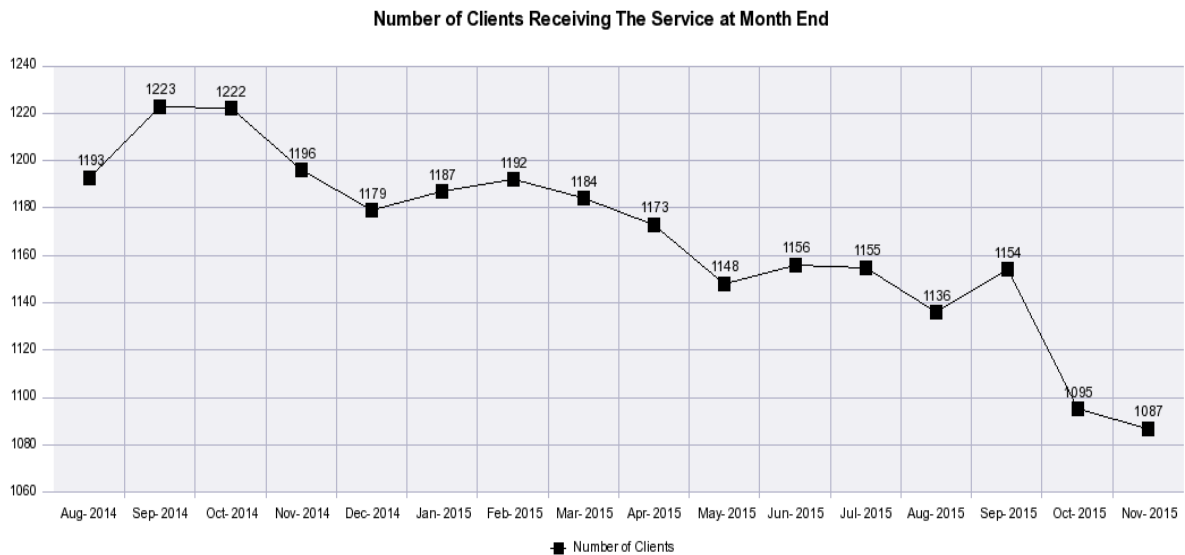
## 2 - Domiciliary Care

### Improvement plan reference:

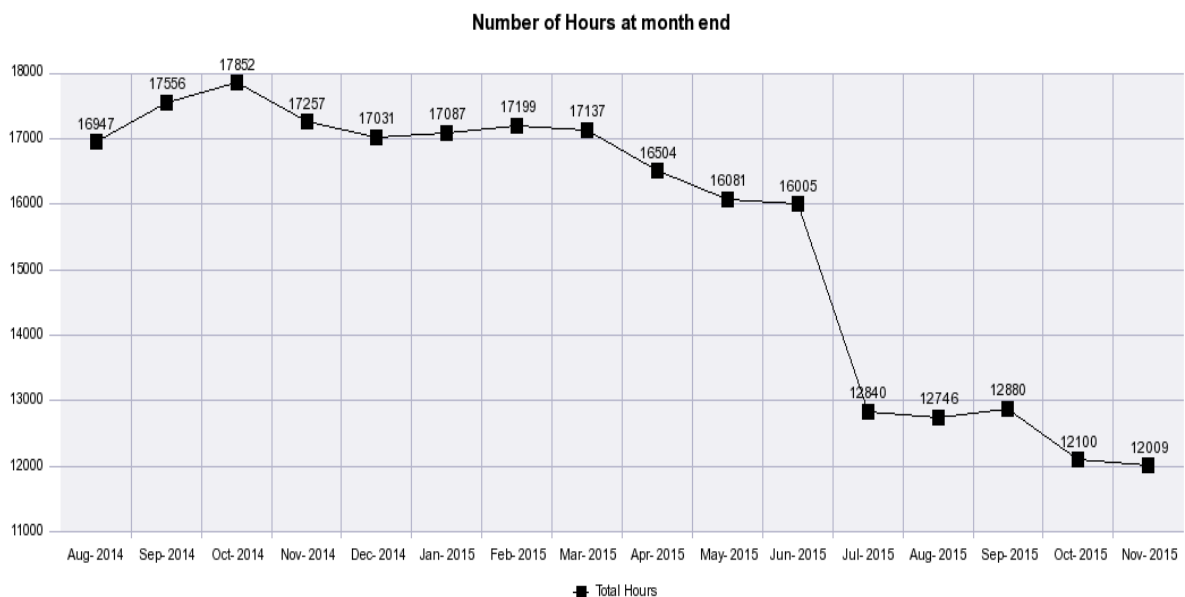
National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)

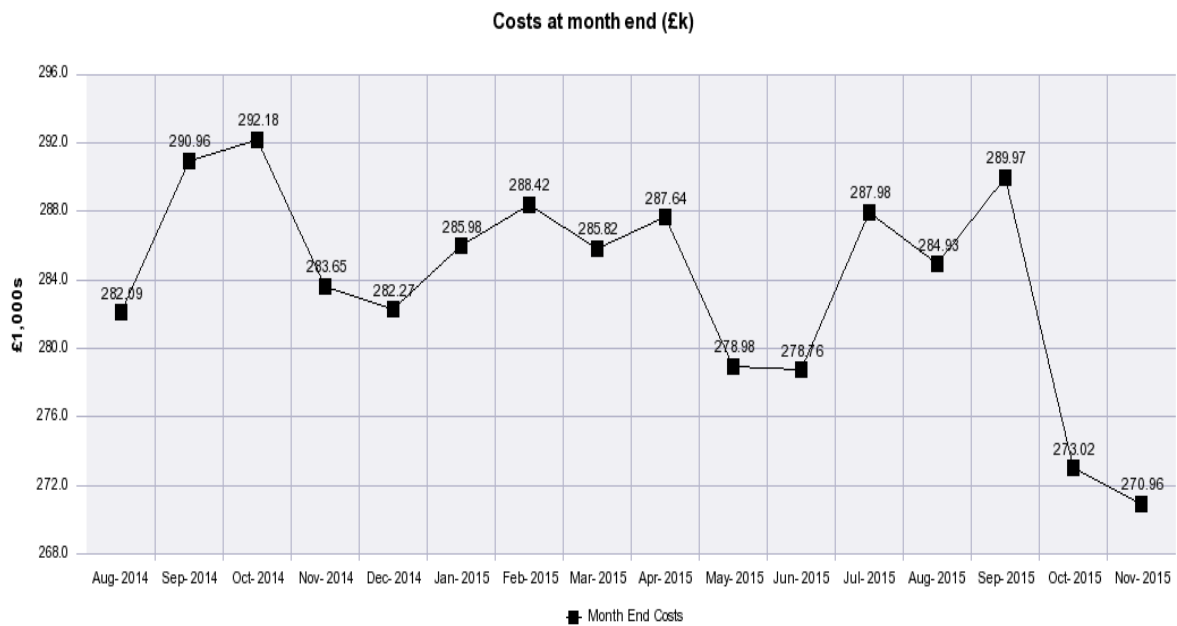
### Number of older people and people with a physical disability receiving a domiciliary care service at the end of the month



### Number of hours provided to older people and people with a physical disability receiving a domiciliary care service at the end of the month



## Weekly cost for the number of older people and people with a physical disability receiving a domiciliary care service at the end of the month



### Comments:

The number of people receiving a domiciliary care service has shown a decline over the past year. The main reasons for this are the impact of reablement and more generally ensuring that domiciliary care isn't a replacement for a more appropriate service such as a health service. Despite the reduction in numbers of people using these services, it has sometimes been difficult to arrange care in a timely manner because of the gap between supply and demand. The implementation of the new Domiciliary Care Framework has created more supply by bringing new providers into the local market. An additional benefit has been separating out time for carers to arrive and leave the property from the actual time spent delivering the care. Carers log in and out, allowing a true record of how much time they spend providing care. Where there is a difference between the time on the care plan and the actual time taken over a period of four weeks, the care plan is adjusted to reflect actual need. This could mean the time is increased but in practice, times have generally reduced. This allows the care agencies to reschedule their rotas and create space for additional people who need a service.



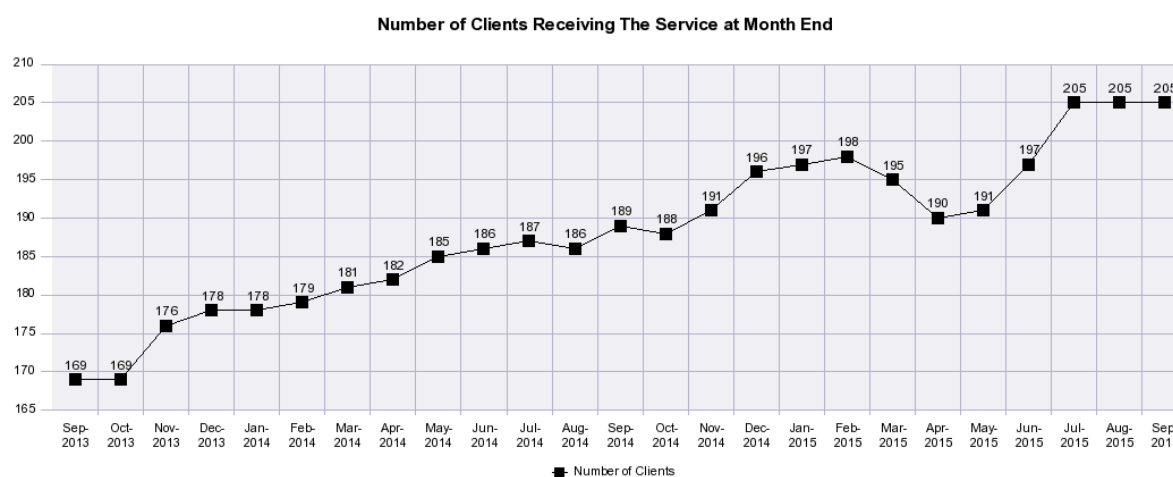
### 3 - Direct Payments

#### Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)

#### Number of older people and people with a physical disability receiving a Direct Payment at the end of the month



The number of people who use Direct Payments to meet their care needs has risen from 169 in September 2013 to 205 in September 2015. Direct Payments is an alternative way of delivering services, and the growth in this area will need to be funded by disinvesting in the services that have been traditionally commissioned. Direct Payments give people choice and control in meeting their needs. Following a tender exercise, the organisation providing support for people receiving Direct Payments will change on November 30<sup>th</sup> from the Rowan Organisation to Diverse Cymru. Arrangements are currently being made to transfer staff from one organisation to the other.

### 4 - Residential Placements

#### Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)

Between August 2014 and September 2015 the number of people under the age of 65 with a physical disability declined from 7 to 5. In the same period the number of people over the age of 65 in long term care declined from 865 to 786. The reasons for this are multiple. The main positive reason is that people are being supported for longer at home. The opening of Cartref Cynnes, the extra care development in Johnstown in November is tangible evidence of Carmarthenshire County Council's investment in non-institutional supportive care for people over the age of 50. Ty Dyfryn, a similar development in Ammanford, will open in January.

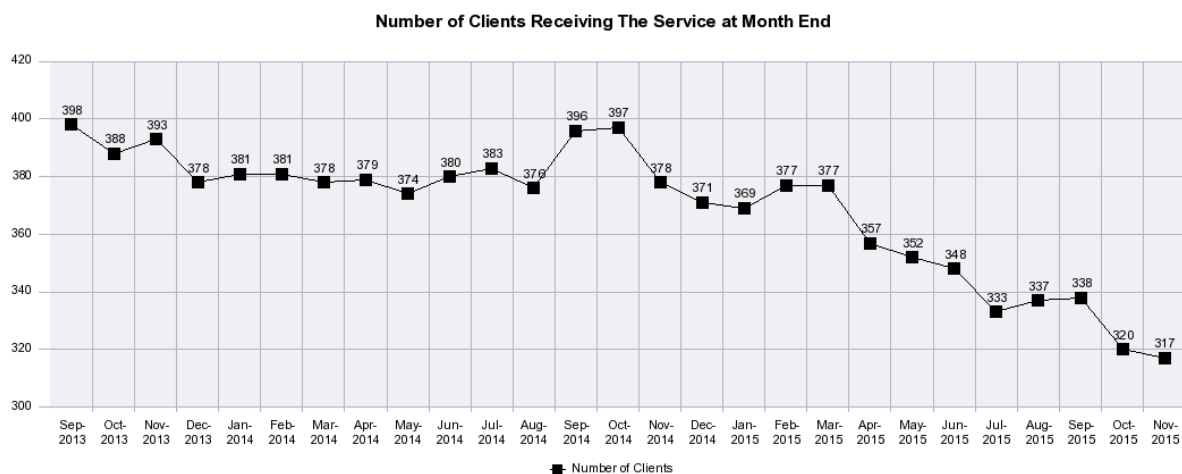
## 5 - Double Handed Calls (the number of clients receiving domiciliary care that receive care from two carers)

### Number of older people and people with a physical disability receiving double handed calls at the end of the month

#### Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)



Where individuals have difficulty moving, it may be necessary for two carers to assist them. The number of people requiring two carers has risen over recent years. This has been attributed to the increasing complexity and frailty of older people.

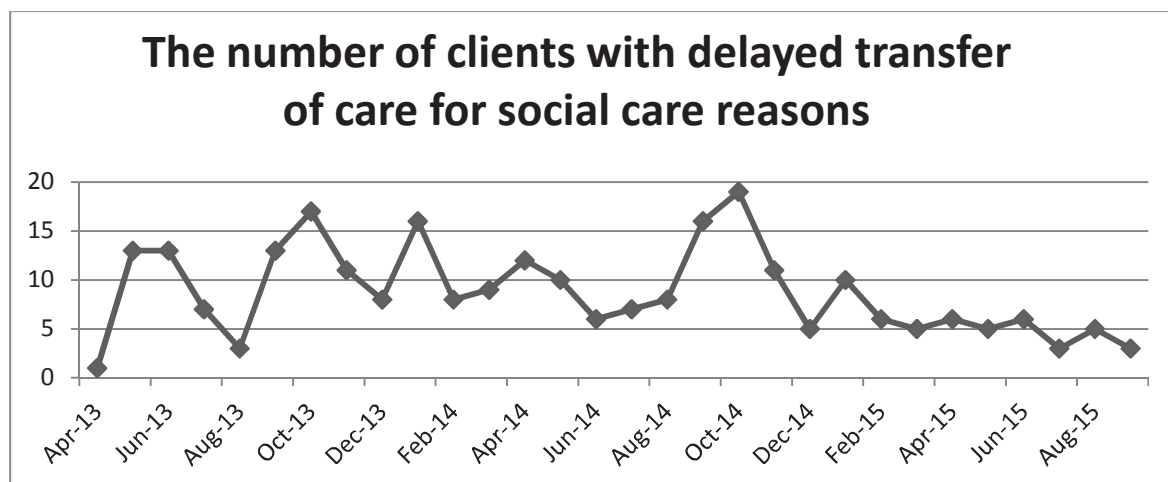
Carmarthenshire, however, was noted to have a higher than average use of two carers compared to other Authorities suggesting that there may be local factors affecting our performance in this area. In response to this, we introduced an initiative known as 'Releasing Time to Care'. This initiative ensured that the care provision is appropriate to the needs of the individual and where possible provided by one carer through multidisciplinary assessment by social workers, nurses and occupational therapists. This focused work has demonstrated significant reduction in the number of double handling calls as outlined in the graph.

## 6 - Delayed Transfers of Care

### Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)



Performance on DTOC has shown a consistent improvement over the past year. A significant reason for delays has been because people were waiting for domiciliary care to be arranged. However, since the implementation of the new Domiciliary Care framework in August, there has only been one person (with particularly complex needs) delayed because of this. A focus continues to be maintained on ensuring that people are not admitted to hospital if this can appropriately be avoided and discharging people without delay.

## Appendix A

National Measures in the framework	Reference
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	National Measure 1
The rate of older people (aged 65 or over) Helped to live at home per 1,000 population aged 65 or over	National Measure 2
The rate of older people (aged 65 or over) Whom the authority supports in care homes per 1,000 population aged 65 or over.	National Measure 3
The percentage of clients who are supported in the community during the year, who are: a) Aged 18-64	National Measure 4
The percentage of clients who are supported in the community during the year, who are: b) Aged 65+	National Measure 5
Percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year.	National Measure 6
Percentage of carers of adults who had an assessment or review of their needs in their own right during the year.	National Measure 7
Percentage of carers of adults who were assessed or re-assessed in their own right during the year who were provided with a service.	National Measure 8
The percentage of adults who are supported in the community during the year	National Measure 9
% of adult protection referrals where the risk has been managed	National Measure 10
The % of client with a care plan at the 31st March who's care plans should have been reviewed that where reviewed during the year	National Measure 11
% of food establishments which are broadly compliant with food hygiene standards	National Measure 12
% of high risk businesses that were liable to a programmed inspection for Trading Standards	National Measure 13
% of high risk businesses that were liable to a programmed inspection for food hygiene	National Measure 14
% of high risk businesses that were liable to a programmed inspection for Animal Health	National Measure 15
% of high risk businesses that were liable to a programmed inspection for Health and Safety	National Measure 16
The average number of calendar days taken to deliver a Disabled Facilities Grant	National Measure 17
The percentage of private sector dwellings that had been vacant for more than 6 months at 1 April that were returned to occupation during the year through direct action by the local authority	National Measure 18
The number of visits to Public Libraries during the year, per 1,000 population	National Measure 19
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	National Measure 20

## Appendix B

Measure in the Social Care Improvement Plan	Reference
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	Social Care IP 1
The rate of older people (aged 65 or over) Helped to live at home per 1,000 population aged 65 or over	Social Care IP 2
The rate of older people (aged 65 or over) Whom the authority supports in care homes per 1,000 population aged 65 or over.	Social Care IP 3
The percentage of clients with a care plan at 31st March whose care plans should have been reviewed that were reviewed during the year	Social Care IP 4
Percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year.	Social Care IP 5
Percentage of adult protection referrals completed where the risk has been managed	Social Care IP 6
The percentage of adults who are supported in the community during the year	Social Care IP 7
Percentage of physical disability clients who are supported in the community during the year aged - 18-64	Social Care IP 8
Percentage of learning disability clients who are supported in the community during the year aged - 18-64	Social Care IP 9
Percentage of mental health needs clients who are supported in the community during the year aged - 18-64	Social Care IP 10
The number of clients aged eighteen and over where the Social Care Department provides a direct payment of money to enable their clients to source their own care.	Social Care IP 11

## **Report B – 2.2**

### **MENTAL HEALTH & LEARNING DISABILITIES**

#### **The Approach to Measuring Performance**

Our approach to measuring performance has been produced with the involvement of people from across the department, to give a clear and concise guide to:

- Our key objectives and priorities
- What we believe a good service looks like to us
- Our priorities for delivering a good service
- How we will use performance measures to continually improve

We have developed our approach to managing performance to ensure we balance the relationship between service demands, the allocation of resources and service user satisfaction. We will use measures to ensure we do the right thing and drive continuous improvement. The performance framework includes 5 themes – Supporting Independence, Keeping Safe, Improving Health & Wellbeing, Information Advice & Signposting, Valuing the Workforce.

- **Supporting Independence**

#### **Our Statement of Intent**

- We recognise individuals are different and responses will be tailored to meet these differing needs, demands and aspirations
- Service limitations will be known to ensure expectations of all are realistic and achievable
- Our work with partners, the independent sector and other organisations will deliver quality services in the most appropriate way

#### **Principles of Supporting Independence - services which are:**

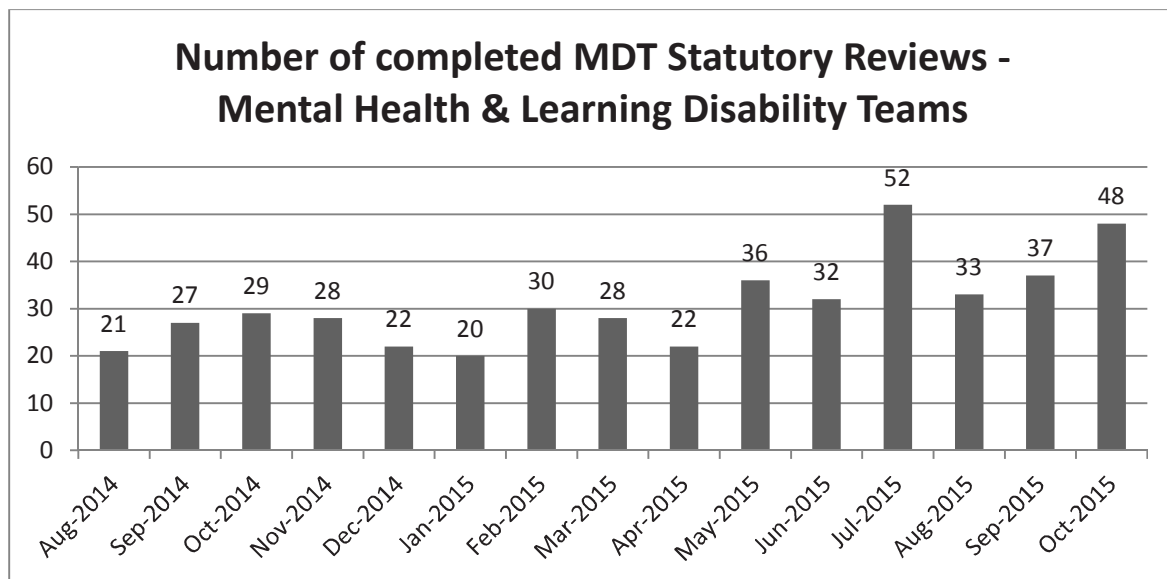
- Built around the need of the individual and are committed to putting the user at the centre of decision making
- Easily accessible and available when needed, and delivered in a timely and responsive way
- Provided by teams and individuals working together to find a workable, deliverable solution that makes a positive difference
- Flexible and responsive to meet changing needs
- Open and transparent which thrive on robust and constructive challenge

# 1 - Statutory Reviews

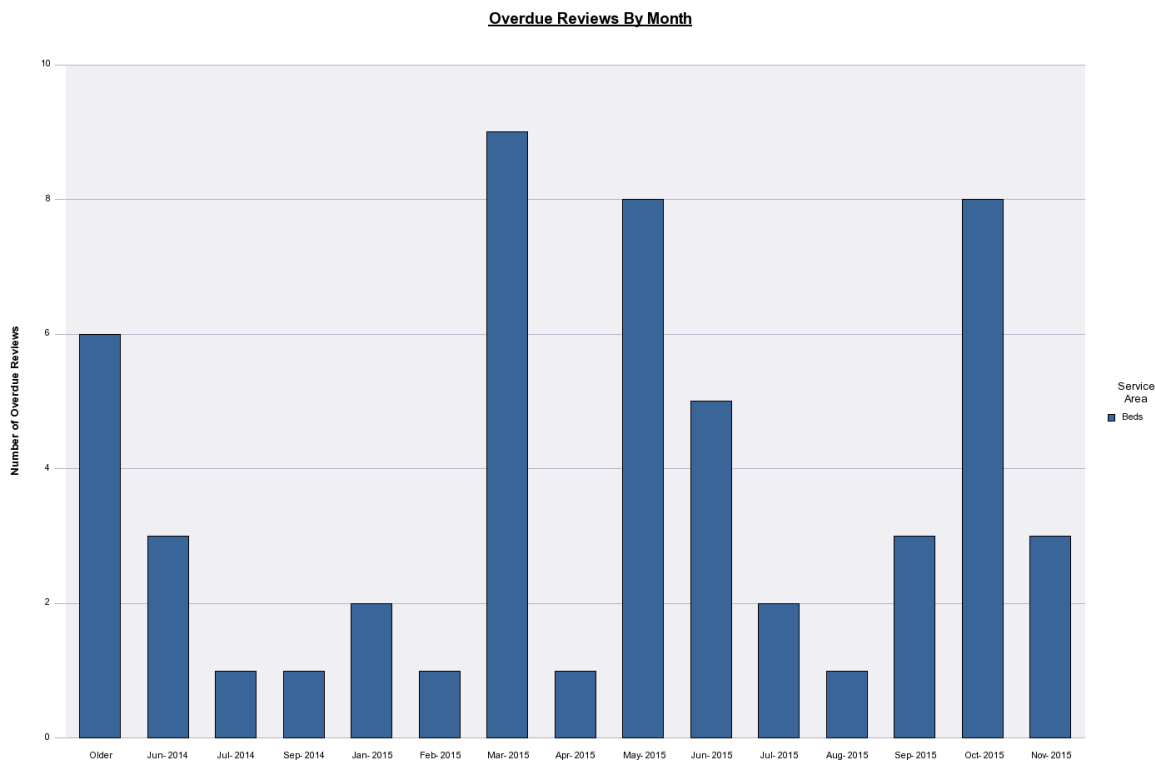
## Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)



## Number of Learning Disability clients in residential accommodation where their review is overdue.



### Comments:

Based on comparison to last year month by month there is a significant improvement in performance with an upward trend in the number of reviews completed for the year to date. Reviews for Learning Disability residential accommodation p

are a major area of work and the numbers of outstanding reviews are currently higher than planned. There needs to be a particular focus on residential placements over the coming months as part of the continued improvement in this area of work.

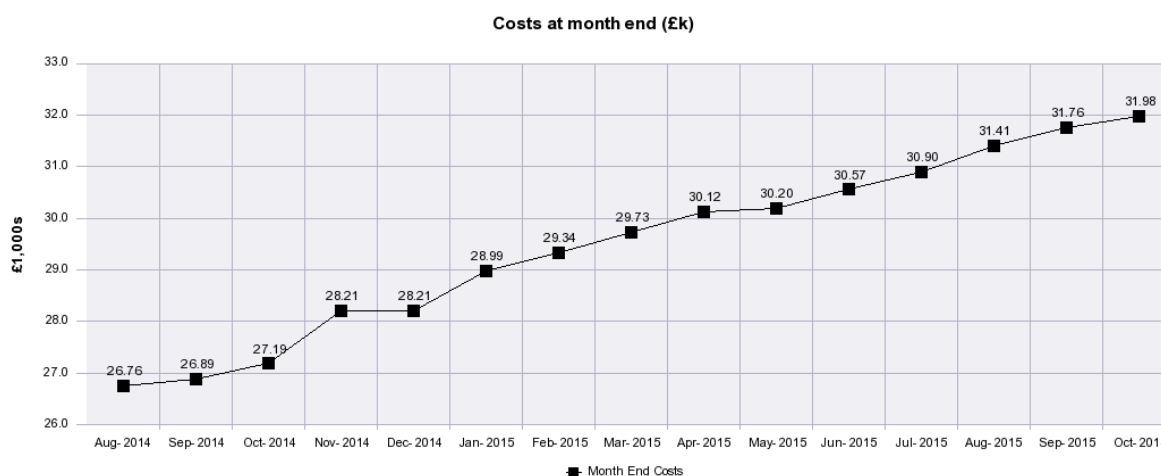
## 2 - Direct Payments

### Improvement plan reference:

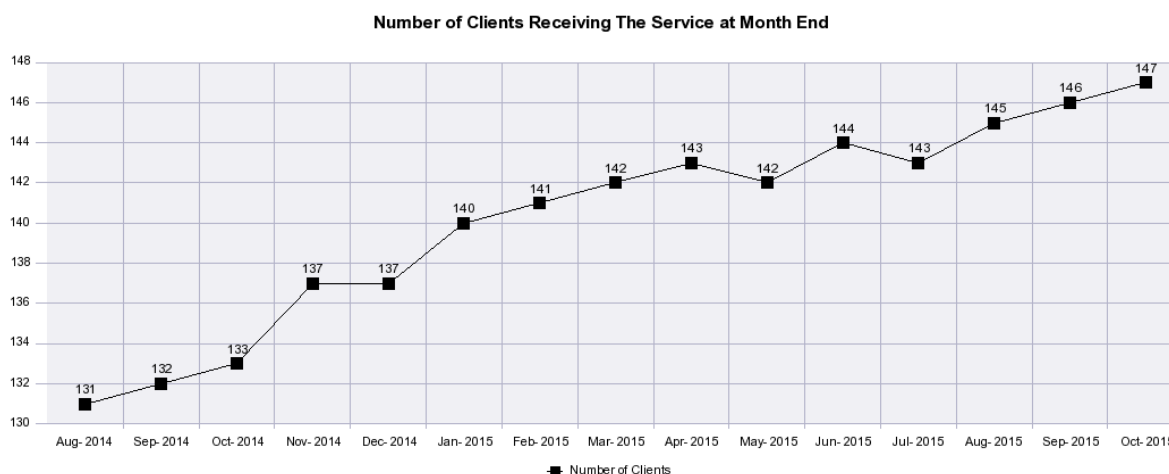
National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)

### The weekly costs of clients receiving Direct Payments at the month end.



### Number of clients receiving Direct Payments at the month end.



### Comments:

As can be seen from the above graphs there is a steady growth in both the number of clients receiving Direct Payments and the weekly cost to the service. 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.



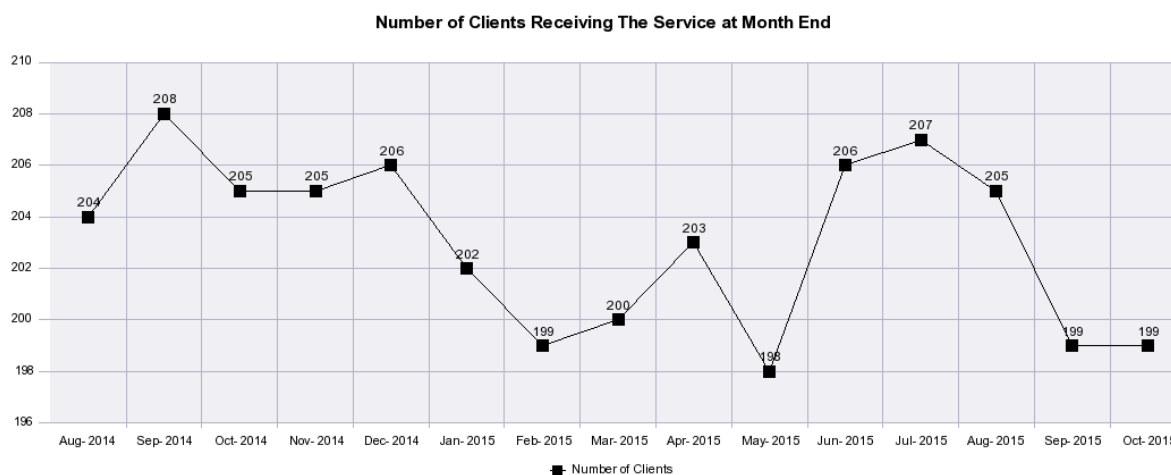
### 3 - Residential Placements

#### Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)

#### Number of Learning Disability and Mental Health clients in care homes



#### Comments:

This number should decrease steadily over the next 12 months as alternatives to residential placements are developed in community settings. Although the graph indicates a downward trend the numbers are small as a percentage but have high costs. Investment in Shared Lives (Adult Placement) and a review of Supporting Living will enable greater choice. The progression model recognises the need to increase independence and strengthen opportunities for vulnerable people to remain living in their communities, close to families and friends. It is essential that care plans are updated and reflect the needs and choice of individuals in a person centred way. Nobody should remain in a residential setting because an appropriate community setting is not available. Reviews should be undertaken within appropriate set timescales to ensure that care plans are being acted upon.

- **Keeping Safe**

This covers the way in which our services are provided to ensure that people feel safe and secure.

**Our Statement of Intent**

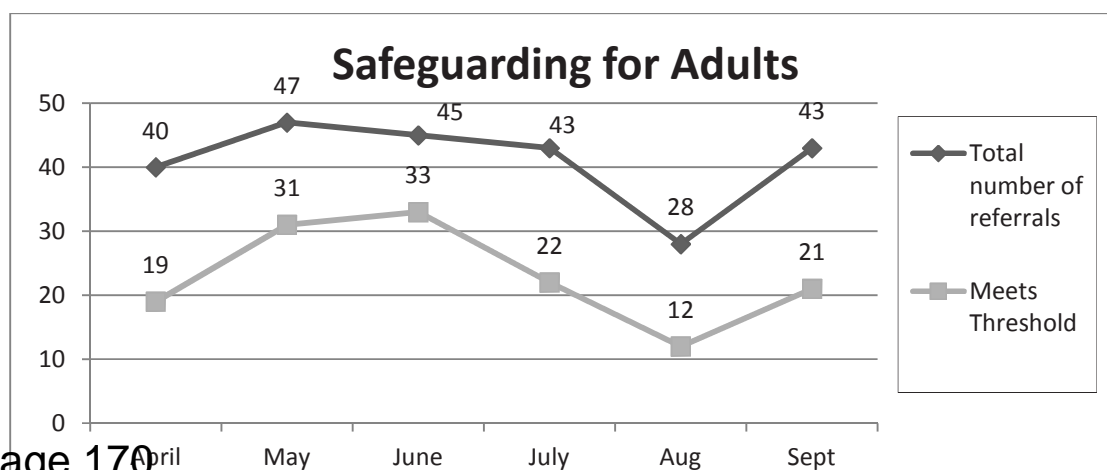
- We complete and share timely and informed risk assessments
- We adopt safe working practices, balanced against risk, implemented by trained and professional people
- Robust safeguarding arrangements are in place to protect the frail, vulnerable and elderly
- Commissioning arrangements are designed to give us good quality, value for money, providers and services
- Contract management arrangements deliver quality and safety
- Everyone that we work with is encouraged to contribute to improving safe working arrangements
- Preventative services are designed to deliver safe and sustainable communities

**We believe that safe arrangements:**

- provide quality services in a timely and appropriate manner to ensure that customers are safe
- have effective systems and processes in place to ensure safe working practices
- support understanding of the relationship between decision making and impact
- commission, manage and monitor services to ensure that they operate safe working practices
- ensure services fulfil statutory obligations and complies with local/national policies and approved guidance in order to keep people safe
- have effective risk assessments which balances risk and supports safe working
- have clear and transparent safeguarding arrangements which supports the welfare of the individual
- support and monitor staff to work safely

**1 - Safeguarding for Adults**

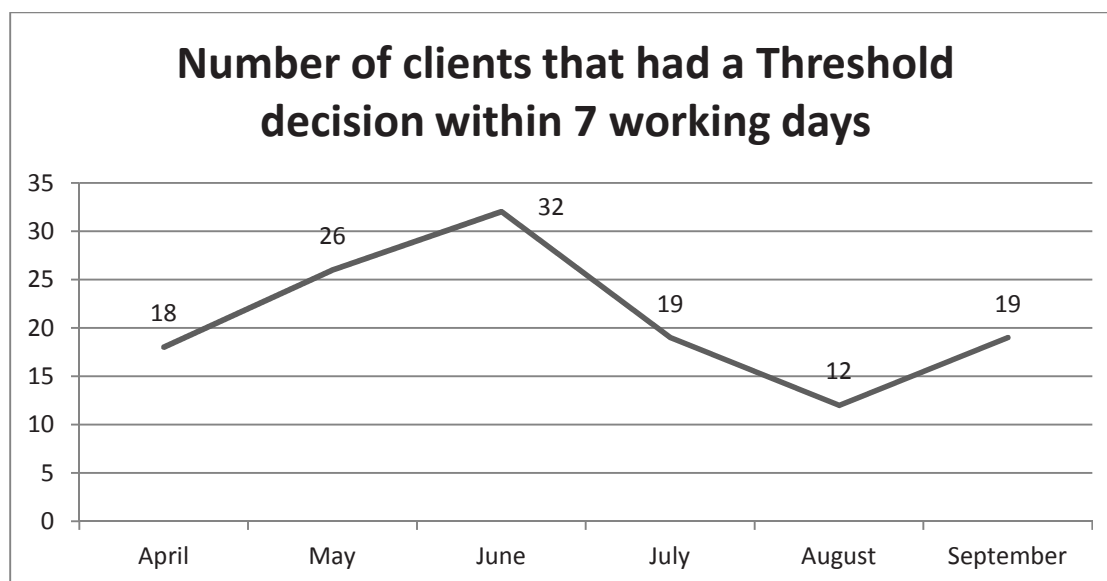
Improvement plan reference:  
National Measure 10 (Appendix A)



Comments:

Referrals activity has been consistent during the past four months with the exception of August where there was a significant decrease. Monthly referral activity indicates similar levels to 2014/15 suggesting referrals for the 2015/16 year will be approximately 500 (497 in 2014/15).

Typically, over 40% of referrals met the threshold per month. In June, this reached 73%. Consistently, a significant number of referrals judged to have been below threshold or inappropriate were received from the assessment and care management source. In September 2015, this was as high as 25% of all referrals. Provider agencies are the second main referring source where referrals are judged to be below threshold and inappropriate. This is consistent with previous findings.

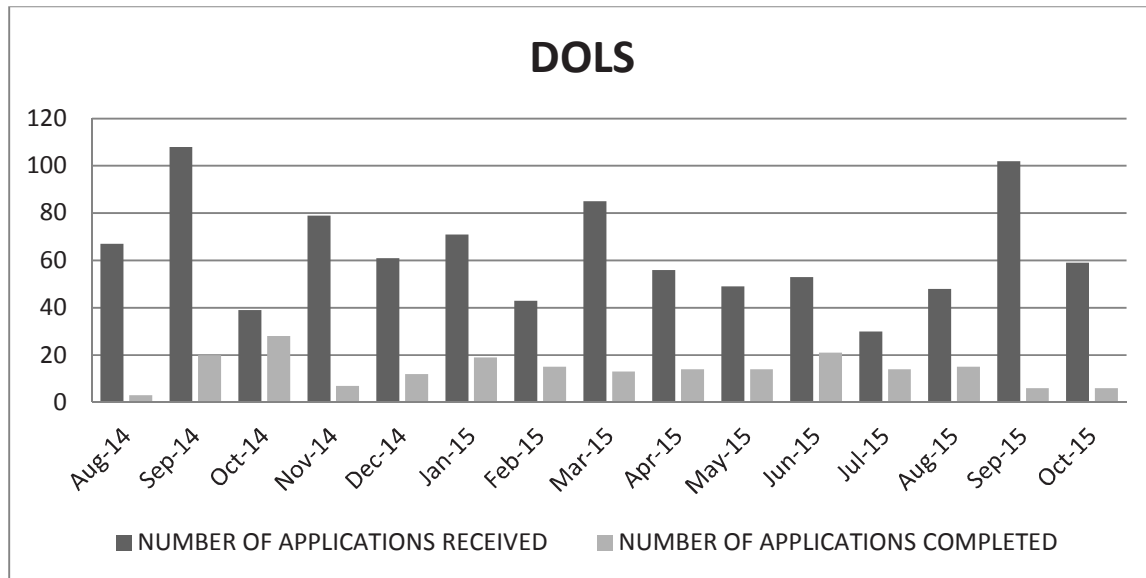


Decision making on referrals has been given greater scrutiny with the result that decisions are being made against a seven working day standard (in line with the draft statutory guidance re the Act 2014). Performance overall was good with 90% of cases that met the threshold in July and September 2015 being made within seven working days ; 97% and 100% was achieved in June and August respectively.

Further work is required on how long after the seven working days are decisions made in those cases outside of the standard.

## 2 – Deprivation of Liberty Safeguard (DOLS)

Improvement plan reference:  
National Measure 10 (Appendix A)



Comments:

Between 1st April and 30 September 2015 the Authority has received a total of 338 requests for authorisations to deprive to be granted. Of the 338, 95 have been allocated for assessment and of those, 84 have been completed. This is an increase of 17 on the previous financial year. This has been helped by a small amount of dedicated resource but is primarily down to staff processing these assessments on top of existing workloads. As a result the huge increase in referrals from 2014/15 (a more than tenfold increase) our assessment activity has quadrupled since DOLS was first implemented in 2009/10. To help with risk management the department continues to utilise a prioritisation tool.

## Appendix A

National Measures in the framework	Reference
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	National Measure 1
The rate of older people (aged 65 or over) Helped to live at home per 1,000 population aged 65 or over	National Measure 2
The rate of older people (aged 65 or over) Whom the authority supports in care homes per 1,000 population aged 65 or over.	National Measure 3
The percentage of clients who are supported in the community during the year, who are: a) Aged 18-64	National Measure 4
The percentage of clients who are supported in the community during the year, who are: b) Aged 65+	National Measure 5
Percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year.	National Measure 6
Percentage of carers of adults who had an assessment or review of their needs in their own right during the year.	National Measure 7
Percentage of carers of adults who were assessed or re-assessed in their own right during the year who were provided with a service.	National Measure 8
The percentage of adults who are supported in the community during the year	National Measure 9
% of adult protection referrals where the risk has been managed	National Measure 10
The % of client with a care plan at the 31st March who's care plans should have been reviewed that where reviewed during the year	National Measure 11
% of food establishments which are broadly compliant with food hygiene standards	National Measure 12
% of high risk businesses that were liable to a programmed inspection for Trading Standards	National Measure 13
% of high risk businesses that were liable to a programmed inspection for food hygiene	National Measure 14
% of high risk businesses that were liable to a programmed inspection for Animal Health	National Measure 15
% of high risk businesses that were liable to a programmed inspection for Health and Safety	National Measure 16
The average number of calendar days taken to deliver a Disabled Facilities Grant	National Measure 17
The percentage of private sector dwellings that had been vacant for more than 6 months at 1 April that were returned to occupation during the year through direct action by the local authority	National Measure 18
The number of visits to Public Libraries during the year, per 1,000 population	National Measure 19
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	National Measure 20

## Appendix B

Measure in the Social Care Improvement Plan	Reference
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The rate of older people (aged 65 or over) Whom the authority supports in care homes per 1,000 population aged 65 or over.	Social Care IP 3
The percentage of clients with a care plan at 31st March whose care plans should have been reviewed that were reviewed during the year	Social Care IP 4
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Percentage of physical disability clients who are supported in the community during the year aged - 18-64	Social Care IP 8
Percentage of learning disability clients who are supported in the community during the year aged - 18-64	Social Care IP 9
Percentage of mental health needs clients who are supported in the community during the year aged - 18-64	Social Care IP 10
The number of clients aged eighteen and over where the Social Care Department provides a direct payment of money to enable their clients to source their own care.	Social Care IP 11



# Report C

## Scrutiny measures & actions full monitoring report

### Social Care and Health scrutiny - at Half Year

#### 2015/16

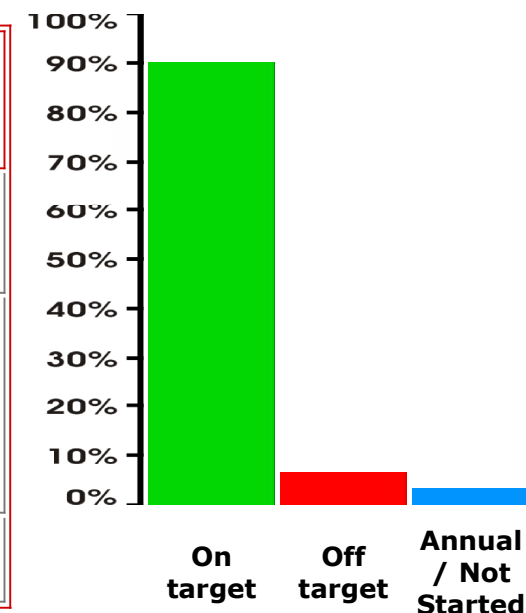


Filtered by:  
 Organisation - Carmarthenshire County Council  
 Source document - Improvement Plan 2015/16

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

		Total	On target	Off target	Not reported	Not available	Annual / Not started	% on target	Overall % on target
C. People in Carmarthenshire are healthier	Actions	15	15	0	0	N/A	0	100%	<b>88%</b>
	Measures	11	8	2	0	0	1	73%	
E. People who live, work and visit Carmarthenshire are safe and feel safer	Actions	3	3	0	0	N/A	0	100%	<b>100%</b>
	Measures	1	1	0	0	0	0	100%	
<b>Overall Performance</b>	<b>Actions and Measures</b>	<b>30</b>	<b>27</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>90%</b>	

**Performance against Target**





# Report C

## Scrutiny measures & actions full monitoring report

### Social Care and Health scrutiny - at Half Year

### 2015/16



#### Outcome Agreement Grant Monitoring

Total Deliverables	On Target	Off Target or Not Available	Not Yet Due or Annual	Not Reported
3	3	0	0	0





## Report C

# Scrutiny measures & actions full monitoring report

## Social Care and Health scrutiny - at Half Year

### 2015/16



Theme: C. People in Carmarthenshire are healthier							
Sub-theme: C2 Preventing ill health and encourage healthy living							
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The number of people referred to the "Vitality Scheme" (NERS – National Exercise Referral Scheme)  3.4.2.5	Not applicable		Q2: <b>655</b>  End Of Year: <b>1245</b>	Target: <b>320</b>  Result: <b>257</b>	Target: <b>650</b>  Result: <b>552</b>	Target: <b>950</b>	Target: <b>1245</b>
<b>Comment</b>	Due to the Activity Coordinator (NERS lead) being on long term sick (April-June) we failed to achieve our target in quarter 1, which has had a knock on affect on the cumulating result for quarter 2. However, we have set ourselves a very challenging target of 1,245 for 2015/16 compared to a target of 1,008 for the year set by our funding body target (Public Health Wales). Despite not meeting our own target, we are currently exceeding the Public Health Wales target at the end of quarter 2.						
<b>Remedial Action</b>	We will continue to work hard to meet our own challenging target. While also complying with targets set by our funding body Public Health Wales.						
<b>Service Head:</b> Ian Jones			<b>Performance status:</b> Off target				



## Report C

### Scrutiny measures & actions full monitoring report

### Social Care and Health scrutiny - at Half Year

### 2015/16



<b>ACTIONS - Theme: C. People in Carmarthenshire are healthier</b>			
<b>Sub-theme: C3 Improving the Emotional, Mental Health and Well-being of all people in the County</b>			
<b>Action</b>	11711	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will improve transition between Children's Services and Adult Services to include Education, Careers and Health, ensuring that young people and their families are at the centre of plans for the future		
<b>Comment</b>	We will be holding development sessions for all services for disabled children and young people in November. This will assist in promoting a greater understanding between services and developing clear care pathways. In particular, this will focus on the relationship between statutory and preventative services.		
<b>Service Head:</b> Stefan Smith		<b>Performance status:</b> On target	
<b>Action</b>	11713	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will undertake a scoping exercise for a strategic commissioning plan for the Mental Health and Learning Disability Service		
<b>Comment</b>	A draft document was prepared and is to be considered at the LD and MH senior management team during quarter 3		
<b>Service Head:</b> Anthony Maynard		<b>Performance status:</b> On target	



# Report C

## Scrutiny measures & actions full monitoring report


### Social Care and Health scrutiny - at Half Year

### 2015/16



Theme: C. People in Carmarthenshire are healthier							
Sub-theme: C4 Reducing inequities in health							
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
Percentage of physical disability clients who are supported in the community during the year aged 18-64  9.2.5.0	Not applicable		Q2: <b>96.21</b>  End Of Year: <b>97.25</b>	Target: <b>97.23</b>  Result: <b>96.79</b>	Target: <b>97.22</b>  Result: <b>97.43</b>  Calculation: <b>(455÷467) × 100</b>	Target: <b>97.21</b>	Target: <b>97.20</b>
<b>Comment</b>	This service improvement measure is set-up in-line with the statutory measure SCA/020 - The percentage of adults who are supported in the community, which expects as many people as possible to be helped to live at home and the Q2 result reflects this. 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.						
<b>Remedial Action</b>	Assistance is now focussed on the people who have more significant disabilities to help them live well at home.						
<b>Service Head:</b> Rhian Dawson			<b>Performance status:</b> On target				
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			

	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
Percentage of learning disability clients who are supported in the community during the year aged 18-64 9.2.5.1	Not applicable		Q2: <b>86.69</b>  End Of Year: <b>87.64</b>	Target: <b>86.68</b>  Result: <b>86.68</b>	Target: <b>86.75</b>  Result: <b>86.83</b>  Calculation: <b>(534÷615) × 100</b>	Target: <b>87.50</b>	Target: <b>87.76</b>
<b>Service Head:</b> Anthony Maynard			<b>Performance status:</b> On target				
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
Percentage of mental health needs clients who are supported in the community during the year aged 18-64 9.2.5.4	Not applicable		Q2: <b>78.97</b>  End Of Year: <b>79.53</b>	Target: <b>80.38</b>  Result: <b>83.18</b>	Target: <b>79.20</b>  Result: <b>84.34</b>  Calculation: <b>(280÷332) × 100</b>	Target: <b>79.64</b>	Target: <b>80.13</b>
<b>Service Head:</b> Anthony Maynard			<b>Performance status:</b> On target				
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The number of adult clients provided with a direct payment by the Social Care Department to enable them to independently source their own care.	Not applicable		Q2: <b>320</b>  End Of Year: <b>331</b>	Target: <b>333</b>  Result: <b>337</b>	Target: <b>337</b>  Result: <b>355</b>	Target: <b>341</b>	Target: <b>347</b>

9.2.5.7 							
<b>Service Head:</b> Rhian Dawson				<b>Performance status:</b> On target			
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over  SCA/001	1.43	3.39	Q2: <b>3.23</b>  End Of Year: <b>6.18</b>	Target: <b>1.42</b>  Result: <b>0.92</b>	Target: <b>2.83</b>  Result: <b>1.51</b>  Calculation: <b>(28 ÷ 18560) × 1000</b>	Target: <b>4.25</b>	Target: <b>5.77</b>
<b>Comment</b>	In the past year, the predominant reason for delays in discharge has been people waiting for domiciliary care. Since the implementation of the new Domiciliary Care Framework, there have been no delays for this reason.						
<b>Service Head:</b> Rhian Dawson				<b>Performance status:</b> On target			
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The rate of older people Supported in the community per 1,000 population aged 65 or over at 31 March  SCA/002a	75.13	61.96	Q2: <b>58.71</b>  End Of Year: <b>61.87</b>	Target: <b>61.82</b>  Result: <b>61.32</b>	Target: <b>59.05</b>  Result: <b>60.42</b>  Calculation: <b>(2509 ÷ 41523) × 1000</b>	Target: <b>59.01</b>	Target: <b>58.93</b>

<b>Comment</b>	<p>This statutory measure expects as many older people as possible to be helped to live at home and the Q2 result reflects this when compared to the rate at Q2 2014/15 of 58.71. 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.</p>						
<b>Remedial Action</b>	<p>Assistance is now focussed on the people who have more significant disabilities to help them live well at home.</p>						
<b>Service Head:</b> Rhian Dawson				<b>Performance status:</b> On target			
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
<p>The rate of older people whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March</p> <p>SCA/002b</p>	16.25	19.32	<p>Q2: <b>21.54</b></p> <p>End Of Year: <b>20.48</b></p>	<p>Target: <b>20.48</b></p> <p>Result: <b>19.46</b></p>	<p>Target: <b>19.59</b></p> <p>Result: <b>19.77</b></p> <p>Calculation: <b>(821 ÷ 41523) × 1000</b></p>	<p>Target: <b>19.59</b></p>	<p>Target: <b>19.59</b></p>
<b>Comment</b>	<p>Residential placements have remained at a fairly consistent level over the past year. This reflects the practice of regarding residential placement as a last resort. This year there has been a larger than expected number of people leaving care homes for a number of reasons. The increase between Q1 and Q2 reflects a stabilisation of the population.</p> <p>Despite a reduction in residential placements compared to the same period last year, the measure remains off target. This is because the population figure of 42,420 (65+) used to set the 2015/16 target (the best available population estimate at the time) was far higher than the 2014 population estimates published in August 2015 of 41,523 resulting in a lower target set. Based on the actual population figures of 41,523 the target would calculate as 20 and would be on target.</p> <p>The positive is that the result has improved on quarter 2 last year and is currently better than the 2014/15 end of year result of 20.48.</p>						

<b>Remedial Action</b>	See above comment	
<b>Service Head:</b> Rhian Dawson	<b>Performance status:</b> Off target	





## Report C

# Scrutiny measures & actions full monitoring report

## Social Care and Health scrutiny - at Half Year

### 2015/16



<b>ACTIONS - Theme: C. People in Carmarthenshire are healthier</b>			
<b>Sub-theme: C4 Reducing inequities in health</b>			
<b>Action</b>	10842 	<b>Target date</b>	31/12/2015 (original target 31/03/2016)
<b>Action promised</b>	In partnership with Family Housing Association, we will progress the new Argel extra care housing development and develop the next phase of our Extra Care/Residential Care Investment Programme (designed to help older people to maintain their independence by providing self-contained 1 & 2 bedroom apartments catering for people with different needs)		
<b>Comment</b>	<p>Completion date has slipped, site agent stated end of September, fit out to commence 5th October, with phased occupation to commence from w/c 19th or 26th October. Considerable labour has been transferred from other project Ty Dyffryn . Costs remain £226k over budget main reason pumping station, asbestos removal from Argel, lift specifications and garden. Contractors report External Balconies construction deficient (bolts and members)is being resolved. Ceiling Edge Detail adjacent windows common areas did not provide sufficient void for the services installation. The subsequent edge detail did not take cognisance of both the curtain and blind fixing details. Arrangements to be made for the curtain / blind contractor to visit site, to view and determine requirements. Sound Testing partition between Flats 206 &amp; 207 had failed the sound test. Investigation has shown screws that are too long were the problem and the partition is being remediated.</p> <p>The original intention for letterboxes in flats 1-11 was for a dummy letter plate these have to be fire rated (Instruction to follow) Floors 1, 2 &amp; 3 , generally - floor stops / toilet roll holders / shower curtains and snagging. Electrical installation all work closed Final decorations outstanding and Mechanical / Electrical 80% complete                      Ground floor Decorations 90% Handrail Letterbox Ironmongery                      Carpet will be dependent on external works                      External Area entering final stages</p>		
<b>Service Head:</b> Rhian Dawson		<b>Performance status:</b> On target	
<b>Action</b>	11159 	<b>Target date</b>	31/03/2016



<b>Action promised</b>	We shall increase the number of unique visitors to the new improved adult social care website (Yr1 2013/14 baseline 33,800; Yr2 2014/15 target 35,500 - Actual 37,447. Yr3 2015/16 target 35,700)		
<b>Comment</b>	There have been 20,036 unique page views (UPVs) from 1 April to 30 September, which represents 56.1% of the annual target of 35,700 for 2015/16.		
<b>Service Head:</b> Jake Morgan		<b>Performance status:</b> On target	
<b>Action</b>	11618	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will maintain an Annual External Accreditation in the Careline Service to ensure an industry standard quality service to customers		
<b>Comment</b>	Accreditation remains, with 97.6% of calls answered within a minute. However, special measures are in place and the high level response rate hides the inability at times to respond to calls in a consistent and timely manner.		
<b>Service Head:</b> Rhian Dawson		<b>Performance status:</b> On target	
<b>Action</b>	11657	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We shall develop Older Person 10 Year Vision for Carmarthenshire supported by an action plan for its implementation		
<b>Comment</b>	Strategy approved by Executive Board 28/9 and due to be considered by full Council on 14/10/15.		
<b>Service Head:</b> Rhian Dawson		<b>Performance status:</b> On target	
<b>Action</b>	11658	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We shall review models of care and support within Domiciliary Services i.e. Rapid Response and Reablement		
	<p>A review of Reablement and other short term services is underway. An initial workshop was held with multidisciplinary stakeholders from social work and care management, In house provider services (domiciliary care), Occupational Therapy, Physiotherapy and Acute Hospital Nursing. The workshops facilitated included: Definition of reablement and its assessment Resources / Processes Required for efficient reablement service Reviews – Definition, Current Practice and Proposed Practice Participants acknowledged that some improvement was needed in order to ensure that our reablement is as effective as possible to improve outcomes at both service user and organisational level.</p> <p>Work is being progressed for four key areas of improvement- Referral Detail, Referral Process, Assessment &amp; Support, Performance Measures. It is proposed that community services in Carmarthenshire are reframed and divided into two distinct service areas: Reablement and Long Term Care. The proposed realignment presents a Short Term Assessment and Support service as the first point of contact for an individual presenting with increased need or functional decline. The Short Term Assessment and Support Service response will combine current Reablement, Rapid Response and Through The Night domiciliary care services as well as the Acute</p>		

<b>Comment</b>	Response nursing Team (ART), the service user's GP, physiotherapy and occupational therapy. 'Step Up' beds such as convalescence and community hospital beds may also be considered during this service intervention.		
	The Long Term Care service will continue to provide care management for those with complex and ongoing needs requiring commissioned social care.		
	It is anticipated that redesigning community services in this way will improve outcomes. Implementing this model and the recommended process improvements will take some time and will include realignment of current resources and process changes.		
	Currently the work is being taken forward in 4 workstreams, the next updating reports will be shared with the Project Board on the 5th October. On agreement of the proposed way forward a Project Initiation Document will be developed jointly with Health outlining the agreed purpose of the service with robust performance measures. This will then be used to inform the development of an implementation plan, risk assessment and timescales.		
<b>Service Head:</b> Robin Staines		<b>Performance status:</b> On target	
<b>Action</b>	11659	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will develop, in accordance with the Welsh Government requirement, an Ageing Well Plan for Carmarthenshire based on five core themes:- Loneliness and isolation, Employment for opportunities and new skills, Falls prevention, Dementia supportive communities, Age friendly communities		
<b>Comment</b>	An Ageing Well plan (which incorporates the Strategy for Older People) includes the five ageing well themes and has been developed incorporating available evidence and building on relevant actions identified within business plans. The Plan is proceeding through the political process, with sign off by Council anticipated in December 2015.		
<b>Service Head:</b> Wendy S Walters		<b>Performance status:</b> On target	
<b>Action</b>	11660	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We shall continue to increase the numbers of clients having reviews in Adult Service (2014/15 - 71.9% (SCA/007))		
<b>Comment</b>	Invest to Save application made for review team to increase numbers of reviews conducted. Application approved and recruitment progressing in order to increase the number of clients having reviews.		
<b>Service Head:</b> Rhian Dawson		<b>Performance status:</b> On target	



# Report C

## Scrutiny measures & actions full monitoring report

### Social Care and Health scrutiny - at Half Year

### 2015/16



<b>Theme: C. People in Carmarthenshire are healthier</b>							
<b>Sub-theme: C6 Improve access to health and social care for all people including vulnerable groups</b>							
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The percentage of clients with a care plan at 31st March whose care plans should have been reviewed that were reviewed during the year  SCA/007	87.2	79.5	Q2: <b>47.4</b>  End Of Year: <b>71.9</b>	Target: <b>20.0</b>  Result: <b>43.9</b>	Target: <b>40.0</b>  Result: <b>55.5</b>  Calculation: <b>(1502÷2706) × 100</b>	Target: <b>60.0</b>	Target: <b>80.0</b>
<b>Service Head:</b> Rhian Dawson				<b>Performance status:</b> On target			
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The percentage of adult clients who are supported in the community during the year  SCA/020	87.19	85.51	Q2: <b>80.16</b>  End Of Year: <b>83.08</b>	Target: <b>79.06</b>  Result: <b>81.01</b>	Target: <b>80.14</b>  Result: <b>82.08</b>	Target: <b>80.94</b>	Target: <b>83.05</b>

		<p>Calculation:  <b>(4389 ÷ 5347) × 100</b></p>	
<p><b>Comment</b></p>	<p>This statutory measure expects as many older people as possible to be helped to live at home and the Q2 result reflects this when compared to the percentage at Q2 2014/15 of 80.16. 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.</p>		
<p><b>Remedial Action</b></p>	<p>Assistance is now focussed on the people who have more significant disabilities to help them live well at home.</p>		
<p><b>Service Head:</b> Rhian Dawson</p>		<p><b>Performance status:</b> On target</p>	



## Report C

# Scrutiny measures & actions full monitoring report

## Social Care and Health scrutiny - at Half Year

### 2015/16



<b>ACTIONS - Theme: C. People in Carmarthenshire are healthier</b>			
<b>Sub-theme: C6 Improve access to health and social care for all people including vulnerable groups</b>			
<b>Action</b>	11714	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We shall continue to implement the regional carers strategy		
<b>Comment</b>	The strategy remains on target and delivering its action plan. Since the last report there has been no further news from WG about the ongonig funding situation. This means that staff will be, if not already, looking for new employment. This will put the delivery of the plan at risk.		
<b>Service Head:</b> Rhian Dawson		<b>Performance status:</b> On target	
<b>Action</b>	11716	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will review the way we allocate services to disabled children and their families to ensure that our processes are aligned with adult social care for continuity of provision and we are making the best use of our available resources by providing a service based upon need		
<b>Comment</b>	We have established weekly Triage meetings for our preventative disability services to ensure referrals are being screened and acted upon accordingly.  The Children`s Disability team have re-drafted eligibility critieria which will be discussed in the Children`s services managers function group in November.		
<b>Service Head:</b> Stefan Smith		<b>Performance status:</b> On target	
<b>Action</b>	11718	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will develop a multi agency action plan to implement the recommendations of the Autistic Spectrum Disorder (ASD) Position Statement developed by the People and Work Unit		

<b>Comment</b>	ASD (Autistic Spectrum Disorder) Steering group held on 23rd September. Key priority is to develop our `local offer` for ASD across organisations.		
<b>Service Head:</b> Stefan Smith	<b>Performance status:</b> On target		
<b>Action</b>	11719	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will develop and publish information for disabled young people and their families about our services		
<b>Comment</b>	Work ongoing to consult on draft criteria.		
<b>Service Head:</b> Stefan Smith	<b>Performance status:</b> On target		



## Report C

# Scrutiny measures & actions full monitoring report

## Social Care and Health scrutiny - at Half Year

### 2015/16



<b>ACTIONS - Theme: C. People in Carmarthenshire are healthier</b>			
<b>Sub-theme: C7 Reducing drug and alcohol misuse</b>			
<b>Action</b>	11308	<b>Target date</b>	31/03/2016 (original target 31/03/2015)
<b>Action promised</b>	We will review our Substance Misuse Service alongside Integrated Family Support Team (IFST) to ensure they are effective		
<b>Comment</b>	Formal review undertaken. Proposal to be developed for Heads of Service to outline options for closer working between teams. To include: co-location, joint screening and working protocols.		
<b>Service Head:</b>	Stefan Smith	<b>Performance status:</b>	On target
<b>Action</b>	11721	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We shall review the transition arrangements for young people with substance misuse problems to ensure they do not get lost between children and adult services.		
<b>Comment</b>	Review to be scheduled with adult services/children`s services for substance misuse in Q3.		
<b>Service Head:</b>	Anthony Maynard	<b>Performance status:</b>	On target



# Report C

## Scrutiny measures & actions full monitoring report

### Social Care and Health scrutiny - at Half Year

## 2015/16



<b>Theme: E. People who live, work and visit Carmarthenshire are safe and feel safer</b>							
<b>Sub-theme: E5 Safeguarding all people from abuse, victimisation, neglect and exploitation</b>							
Measure Description	2014/15 Comparative Data			2015/16 Target and Results			
	Best Quartile	Welsh Median	Our Actual	Quarter 1	Quarter 2	Quarter 3	End of Year
The percentage of adult protection referrals completed where the risk has been managed  SCA/019	100.00	98.78	Q2: <b>98.13</b>  End Of Year: <b>98.98</b>	Target: <b>98.00</b>  Result: <b>100.00</b>	Target: <b>98.00</b>  Result: <b>100.00</b>  Calculation: <b>(35÷35) × 100</b>	Target: <b>98.00</b>	Target: <b>98.00</b>
<b>Service Head:</b> Neil Edwards				<b>Performance status:</b> On target			





## Report C

### Scrutiny measures & actions full monitoring report

### Social Care and Health scrutiny - at Half Year

### 2015/16



<b>ACTIONS - Theme: E. People who live, work and visit Carmarthenshire are safe and feel safer</b>			
<b>Sub-theme: E5 Safeguarding all people from abuse, victimisation, neglect and exploitation</b>			
<b>Action</b>	11746	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will consolidate and develop effective and robust provider performance systems in association with the safeguarding service		
<b>Comment</b>	There is continued evaluation of the department`s provider performance systems to ensure effective communication is taking place. Presently, the Provider Performance Monitoring Protocol is being reviewed. The provider performance monitoring groups for both the Older Person`s Division and the LD/MH divisions are running in order. We have also introduced greater information gathering of the LD/MH services by engaging more actively with Health professionals e.g SALT, PIBS		
<b>Service Head:</b> Neil Edwards		<b>Performance status:</b> On target	
<b>Action</b>	11747	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will develop criteria for allocating investigations to service providers and care management teams		
<b>Comment</b>	A document was developed and has been circulated to CSSIW for information and approval. The adult safeguarding team is implementing the criteria.		
<b>Service Head:</b> Neil Edwards		<b>Performance status:</b> On target	
<b>Action</b>	11748	<b>Target date</b>	31/03/2016
<b>Action promised</b>	We will convene a workshop on "Investigations for Investigating officers and Adult Services Managers" to learn lessons and share best practice		
<b>Comment</b>	The departmental restructuring has stalled this development. The intention is to convene a workshop in Quarter 4 based on lessons learned internally and best practice		

**Service Head:** Neil Edwards

**Performance status:** On target

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 19<sup>th</sup> NOVEMBER 2015

## Referral to the Social Care & Health Scrutiny Committee

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

- To consider and note the referral from the Policy & Resources Scrutiny Committee in relation to the format of performance monitoring reports to scrutiny committees.

### Reasons:

- To enable Committee members to exercise their scrutiny role.

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

### Executive Board Member Portfolio Holder:

Cllr. Pam Palmer (Customer Focus & Policy / Council Business Manager)

<p><b>Directorate:</b> Chief Executive's</p> <p><b>Name of Head of Service:</b> Linda Rees-Jones</p> <p><b>Report Author:</b> Bernadette Dolan</p>	<p><b>Designations:</b></p> <p>Head of Administration &amp; Law</p> <p>Senior Consultant</p>	<p><b>Tel Nos. / E-Mail Addresses:</b></p> <p>01267 224010 <a href="mailto:lrjones@carmarthenshire.gov.uk">lrjones@carmarthenshire.gov.uk</a></p> <p>01267 224030 <a href="mailto:badolan@carmarthenshire.gov.uk">badolan@carmarthenshire.gov.uk</a></p>
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## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 19<sup>th</sup> NOVEMBER 2015

## Referral to the Social Care & Health Scrutiny Committee

### Background

The Community Scrutiny Committee is requested to consider the following referral from the Policy & Resources Scrutiny Committee:

**Agenda Item:** End of Year Departmental Performance Management Report – 1st April 2014 to 31st March 2015

**Date:** 24th July 2015

**Issue:** The format of performance monitoring reports to scrutiny committees

At its meeting on the 24th July 2015, the Policy & Resources Scrutiny Committee considered its End of Year Departmental Performance Management Report for the period 1st April 2014 to 31st March 2015.

During consideration of the report, concerns were expressed about the format and length of Report B. It was also felt that the information was out of date by the time the Committee considered it. The Performance & Information Manager advised that members had requested a move from exception based reporting to a balanced and comprehensive format several years ago. He would however accept changing the format back to exception based although this would need to be agreed by the Chairs & Vice-Chairs of Scrutiny Forum following consultation with other committees. He reminded members that they had full access to the PIMS system at any time and could generate reports within it. The roll-out of tablets to members would also improve matters and he could review PIMS with IT services to see how the format of the report could be improved in the longer term.

The Policy & Resources Scrutiny Committee therefore unanimously resolved that “other Scrutiny Committees are offered the opportunity to receive Performance Management Report B on an exception basis”.

Following the meeting, the Performance & Information Manager met with the Chairs & Vice-Chairs of Scrutiny Forum on the 27th July. The Forum asked him to look at alternative formats for the Performance Management reports.

On the 21st September, the Performance & Information Manager demonstrated a prototype “dashboard” report format to the Forum which facilitates drilling down into the PIMS system so that off- target Improvement Plan deliverables are easily identified as well as those that are on-target. Further development on this is required to enable access via Councillors’ i-Pads.

An all-member seminar has therefore been organised for 2:00pm on 14th January 2016 in 'Y Ffwrnes to demonstrate to and consult with members on the revised format. Further details about the seminar will be circulated in due course.

It is hoped to introduce a new format later in the New Year.

**DETAILED REPORT ATTACHED?**

**NO**

## IMPLICATIONS

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

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

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

## CONSULTATIONS

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

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

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

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

**THESE ARE DETAILED BELOW:**

Title of Document	File Ref No. / Locations that the papers are available for public inspection
End of Year Departmental Performance Management Report – 1st April 2014 to 31st March 2015 (Policy & Resources Scrutiny Committee – 24th July 2015)	<p><b>Cymraeg</b>  <a href="http://online.carmarthenshire.gov.uk/agendas/cym/POAD20150724/MINUTES.HTM">http://online.carmarthenshire.gov.uk/agendas/cym/POAD20150724/MINUTES.HTM</a></p> <p><b>English</b>  <a href="http://online.carmarthenshire.gov.uk/agendas/eng/POLI20150724/MINUTES.HTM">http://online.carmarthenshire.gov.uk/agendas/eng/POLI20150724/MINUTES.HTM</a></p>

**SOCIAL CARE & HEALTH SCRUTINY  
COMMITTEE  
19<sup>th</sup> NOVEMBER 2015**

**Explanation for non-submission  
of scrutiny report**

ITEM	RESPONSIBLE OFFICER(S)	EXPLANATION	REVISED SUBMISSION DATE
<p>Care &amp; Social Services Inspectorate Wales' (CSSIW) Inspection, Valuation and Review of Local Authority Social Services 2014/15</p>	<p>Jake Morgan / Lesley Roberts (CSSIW)</p>	<p>Lesley Roberts of CSSIW is unable to attend the Social Care &amp; Health Scrutiny Committee's meeting on the 19th November.</p> <p>As a result, this item will now be presented at a joint-meeting of the Education &amp; Children and Social Care &amp; Health Scrutiny Committees on Monday 23rd November 2015.</p>	<p>23rd November 2015</p>

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# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 19<sup>th</sup> NOVEMBER 2015

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

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

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

### Reasons:

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

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

### Executive Board Member Portfolio Holder:

Cllr. Pam Palmer (Communities and Council Business Manager)

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

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 19<sup>th</sup> NOVEMBER 2015

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

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

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

DETAILED REPORT ATTACHED?

YES

## IMPLICATIONS

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

Signed: Linda Rees-Jones                      Head of Administration & Law

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

## CONSULTATIONS

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

Signed: Linda Rees-Jones                      Head of Administration & Law

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

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

**THESE ARE DETAILED BELOW:**

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

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

Meeting Date	Minuted Action / Referral / Request	Progress Update	Officer	Target / Completion Date	Completed / On-going
18th May 2015 (Joint meeting with E&C Scrutiny Committee)	<b>Draft Annual Report of the Statutory Director of Social Services on the effectiveness of Social Care Services in Carmarthenshire 2014/15</b> - Unanimously resolved to endorse the report to the Executive Board.	At its meeting on the 8th July 2015, County Council resolved to endorse the Executive Board's recommendation that the Annual Report be approved.	Jake Morgan	8th July 2015	Completed
22nd May 2015	<b>Social Care &amp; Health Scrutiny Committee Forward Work Programme for 2015/16</b> - Unanimously resolved that arrangements be made for the Committee to visit the Extra Care Schemes in Llanybydder and Carmarthen.	A site visit to Cwm Aur in Llanybydder was held on 15th July 2015. A visit to the Carmarthen Extra Care Scheme will be arranged at a later date.	Neil Edwards / Julia Wilkinson / Matthew Hughes	15th July 2015	Completed
	Unanimously resolved that dates for the following development sessions be provided to the Committee: (i) Deprivation of Liberty (DoLS), (ii) Charges for Non-Residential Social Services for Adults, (iii) Support for People who have dementia and (iv) Supporting people with mental health needs.	The Committee's requests have been noted and development sessions will be arranged in due course.	Matthew Hughes	To be confirmed	On-going
	<b>Carmarthenshire County Council's Annual Report 2014/15 and Improvement Plan 2015/16: Relevant extracts for the Social Care &amp; Health Scrutiny Committee</b> - Unanimously resolved that the report be received subject to the above amendments being made.	The Annual Report and Improvement Plan will be presented to the Executive Board and County Council in July 2015. At its meeting on the 8th July 2015, County Council resolved to endorse the Executive Board's proposal that the Annual Report for 2014/15 and Improvement Plan 2015/16 be approved.	Wendy Walters / Noelwyn Daniel / Robert James	8th July 2015	Completed
	<b>Forthcoming Items</b> - Unanimously resolved that a development session be held with the Committee to discuss and agree the format and content of future Activity Data reports and that this include an overview of the electronic system being used to capture and monitor performance.	The Committee was presented with alternative options for the Activity Data reports at its meeting in September 2015.	Matthew Hughes / Silvana Sauro	16th September 2015	Completed

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

3rd July 2015	<b>Hywel Dda Information &amp; Consultation Strategy for Carers Annual Report 2014-15</b> - Unanimously resolved that the Executive Board be requested to lobby the Welsh Government to stress the importance of the Carers Measure funding and to request that it not be cut from April 2016 onwards.	The Committee's request was considered by the Executive Board at its meeting on the 28th September 2015. The Executive Board Member for Social Care & Health informed the Board that she had met with the Minister for Social Care & Health earlier in the month (September) and raised the concerns expressed by the Scrutiny Committee and Carers Forum. The Carers Measure will be repealed when the next Act comes in on 6th April, 2016 and for the first time, carers will have the same rights as the cared for. The Board then unanimously resolved that the referral be noted and the Social Care & Health Scrutiny Committee be advised that appropriate representations had been made.	Matthew Hughes / Gaynor Morgan / Cllr. Jane Tremlett	28th September 2015	Completed
13th July 2015 (Joint Meeting with Community Scrutiny Committee)	<b>Promoting Independence for Older People in Carmarthenshire</b> - Resolved to recommend to the Executive Board that the Communities Department investigates developing a business case for using not for profit or social enterprise models for delivering aspects of services for older people.	The report was considered by the Executive Board at its meeting on the 28th September 2015. The Board unanimously resolved to recommend to County Council that the draft Vision and Strategy be approved.	Gaynor Morgan / Jake Morgan	28th September 2015	Completed
	Resolved to recommend to the Executive Board that the Communities Department investigates which aspects of Primary, Community and Social Care provision would be able to and benefit from pooling the budgets of NHS and Social Care to deliver a more cohesive, cost effective and sustainable service.	<i>As above.</i>	Gaynor Morgan / Jake Morgan	28th September 2015	Completed
	<b>Our Commitment to Affordable Homes</b> - Unanimously resolved to recommend to the Executive Board to endorse the report.	This report was considered by the Executive Board at its meeting on the 1st September 2015. The Board unanimously resolved to recommend to County Council that the strategic directions paper be approved.	Jake Morgan / Robin Staines / Gaynor Morgan	1st September 2015	Completed

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

	Unanimously resolved to recommend to the Executive Board that new models be investigated and that a business case be developed for creating a wholly owned arms-length trading company for the expansion of affordable housing.	<i>As above</i>	Jake Morgan / Robin Staines / Gaynor Morgan	1st September 2015	Completed
	Unanimously resolved to recommend to the Executive Board that Cardiff University be contacted regarding its recent research into and building of zero carbon affordable homes.	<i>As above</i>	Jake Morgan / Robin Staines / Gaynor Morgan	1st September 2015	Completed
16th September 2015	<b>Introduction of a Corporate Safeguarding Policy that covers all the Council's service areas</b> - Unanimously resolved to endorse the Corporate Safeguarding Policy for consideration by the Executive Board.	The draft strategy was considered by the Executive Board at its meeting on the 28th September 2015 and unanimously resolved to recommend to Council that the Corporate Safeguarding Policy be endorsed.	Stefan Smith / Gaynor Morgan	28th September 2015	Completed
	<b>Introduction of a new charge for a placement into a Flexi-Bed in a care home</b> - Unanimously resolved that the Executive Board be requested to reverse the decision of County Council and recommend that the shortfall in this year's budget be met by utilising the Council's financial reserves.	The Committee's recommendations will be considered by the Executive Board at a future meeting.	Jake Morgan / Lyn Walters / Gaynor Morgan	To be confirmed	On-going
	Unanimously resolved that the Committee supports the undertaking of a review of the Flexi-Care Scheme to ascertain its suitability for the future.	<i>As above</i>			
	Unanimously resolved that as part of a review of the Scheme, officers consider different charging rates depending on the length of time spent in a flexi-bed.	<i>As above</i>			
	Unanimously resolved that the Committee wishes the Chair and Vice-Chair of the Social Care & Health Scrutiny Committee to attend the relevant meeting of the Executive Board to express the strength of the Committee's feelings in relation to this matter.	<i>As above</i>			

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

	<p><b>Community Nutritional Strategy for Carmarthenshire Integrated Services -</b>          Unanimously resolved to endorse the Community Nutritional Strategy for consideration by the Executive Board.</p>	<p>The Executive Board considered the draft strategy at its meeting on the 28th September 2015 and unanimously resolved to recommend to Council that (i) the decline in the uptake of meals on wheels by 33% since 2012 be noted; (ii) it agree and implement a Community Nutritional Strategy for Older People in Carmarthenshire to replace the limited impact of the meals on wheels service; (iii) that the current meals on wheels service continue as long as it is practicable to do so and people wish to receive the service; (iv) the Integrated Services develop an action plan and operationally roll out recommendations based on the 5 priority areas identified.</p>	<p>Rhian Dawson /          Julia Wilkinson /          Gaynor Morgan</p>	<p>28th September 2015</p>	<p>Completed</p>
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## SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 16<sup>th</sup> SEPTEMBER 2015

*NOTE: THESE MINUTES ARE SUBJECT TO CONFIRMATION BY THE COMMITTEE AT ITS NEXT MEETING)*

**Present:** Councillor G. Thomas (Chair)

**Councillors:** S.M. Allen (Vice-Chair), S.M. Caiach, I.W. Davies, K. Madge, T.T. Defis, W.T. Evans, E. Morgan, P. Edwards, H.I. Jones, E.G. Thomas, J. Williams

**Councillor:** P. Hughes-Griffiths – Substitute for Councillor D.J.R. Llewellyn

**Councillor:** S.E. Thomas – Substitute for Councillor J.S. Williams

**Also in attendance:**

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

In attendance as an observer: **Councillor B.A.L. Roberts**

**The following officers were in attendance:**

Mr. J. Morgan – Director of Community Services

Mr. A. Maynard – Interim Head of Mental Health & Learning Disabilities

Mr. S. Smith – Head of Children's Services (*for Item 5*)

Mr. D. Eldred – Group Accountant

Ms. S. Frewin – Senior Manager (Community Inclusion)

Ms. S. Sauro – Performance Review Officer

Mr. L. Walters – Senior Business Support Manager (Social Care)

Ms. J. Wilkinson – Assistant Locality Manager (Taf, Teifi & Tywi)

Mr. M. Hughes – Assistant Consultant

**Venue:** Spilman Street Chamber, Carmarthen (10:05am – 1:20pm)

### 1. APOLOGIES FOR ABSENCE

Apologies were received from Councillors D.J.R. Llewellyn and J.S. Williams.

### 2. DECLARATIONS OF PERSONAL INTEREST

Councillor	Minute Item(s)	Nature of Interest
Councillor H.I. Jones	Items 5-10	Daughter-in-law works in Social Care Services.

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Councillor	Minute Item(s)	Nature of Interest
Councillor K. Madge	Items 5-10	Wife is a sister at Amman Valley Hospital and daughter works in Social Care Services.
Councillor E. Morgan	Item 7	Daughter is employed as a psychiatric nurse.
Councillor J. Williams	Items 7-10	Is an un-paid carer.

### 3. DECLARATION OF PROHIBITED PARTY WHIPS

There were no declarations of prohibited party whips.

### 4. FORTHCOMING ITEMS

The Chair informed the Committee that the Scrutiny Chairs & Vice-Chairs Forum had requested that forthcoming items be moved to the start of scrutiny committee agendas in order that due consideration be given to the reports scheduled to be presented at the next meeting.

**The Committee RESOLVED that the list of forthcoming items to be considered at its next meeting scheduled for the 19th November 2015, be endorsed.**

### 5. INTRODUCTION OF A CORPORATE SAFEGUARDING POLICY THAT COVERS ALL THE COUNCIL'S SERVICE AREAS

*Councillor H.I. Jones declared a personal interest in that his daughter-in-law works for Social Care Services.*

*Councillor K. Madge declared a personal interest in that his daughter works in Social Care Services.*

The Committee considered the draft Corporate Safeguarding Policy that had been developed to cover all the Council's service areas and ensure that there were robust arrangements and procedures in place to safeguard children and adults. The draft document included details of the:

- Objectives and principles of the Policy and Guidelines
- Legal framework
- Responsibilities and duties of staff and elected members
- The Governance framework for Safeguarding
- Process for reporting, monitoring, and reviewing

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- The referral process

The following issues were discussed during consideration of the draft strategy:

The Chair welcomed the strategy and in referring to the training that would be provided to support elected members in undertaking their safeguarding responsibilities and duties, urged all members to make every effort to attend such training sessions. A further suggestion that a choice of training session dates be offered to elected members was made, in order to accommodate those individuals who worked. The Director of Community Services noted that the expectation from regulators was that all elected members be given training to assist them in their role within their respective communities and the training sessions would be an ideal opportunity for members to receive the basic information they required. The Head of Children's Services acknowledged the comments and noted that whilst no dates had been arranged as yet, different sessions could be arranged. He also noted that elected members would be welcome to meet with case managers in addition to the proposed training sessions, in order to see the work being undertaken by the relevant services and view real life case studies.

It was suggested that when considering items such as this, all members of the Corporate Parenting Panel be invited to attend as not all members of the Panel were members of the relevant scrutiny committees. The Director of Community Services agreed that this could be arranged when Corporate Parenting Panel activity reports were presented to scrutiny committees in the future.

**UNANIMOUSLY RESOLVED to endorse Corporate Safeguarding Policy for consideration by the Executive Board.**

### 6. PERFORMANCE MANAGEMENT FRAMEWORK

*Councillor H.I. Jones declared a personal interest in that his daughter-in-law works for Social Care Services.*

*Councillor K. Madge declared a personal interest in that his daughter works in Social Care Services.*

The Director of Community Services introduced a new Performance Framework developed by the Communities Department and sought the Committee's comments on how it might be used to inform members of the relevant services' performance. The new framework had been developed in-house to focus on the most important areas within the department as a way of monitoring the success or otherwise in meeting objectives.

A live presentation of the new system was given which enabled the Committee to view the live data now been captured and the type of information that could be presented in future performance monitoring reports. The Director reminded the

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Committee that the framework is still in its infancy and was being further refined during regular meetings to monitor performance.

The following issues were discussed during consideration of the new framework:

Reference was made to preventative work and it was asked whether the new system could provide officers with an early warning of where there might be difficulties for certain services. The Director of Community Services stated that the data would be very useful in addressing problems or blockages in the system and was a key aspect of the monthly departmental performance management meetings. The electronic reports available allowed performance to be questioned and challenged and as it was live data, services could be managed more effectively rather than through retrospective reports which in the past, had been 2/3 months out of date. The Assistant Locality Manager added that the system allowed the locality managers to use resources more efficiently on a day to day basis, enabling a swifter response to difficulties across the different locality areas.

It was asked whether such a detailed system might cause some staff to withhold or manipulate information so that their team or service area did not appear to be failing or overspending. The Director of Community Services acknowledged that there was always a risk of 'target cultures' giving rise to poor outcomes but that officers were seeking to generate a culture of understanding amongst staff in relation to the new measures and how they were designed to assist in understanding the business and ensure that resources were allocated appropriately. It was hoped that this would prevent teams from manipulating figures to make their work appear better. It was about balancing responsibility of care with fiscal prudence.

It was asked as to whether the system was able to provide detailed information according to ward area, such as the number of individuals suffering or at risk from certain conditions. The Director of Community Services stated that postcode searches were possible to investigate demand according to area but the challenge of using this method was that many individuals received treatment outside their home area (e.g. in a major town). He noted that further work was being undertaken to map the types of services and support that was available in each area (e.g. from voluntary groups) and the Assistant Locality Manager also informed the Committee that an in-depth population assessment of health conditions was already underway based on each locality area.

**The Committee welcomed the new framework and UNANIMOUSLY RESOLVED to accept the report.**

### **7. COLESHILL CENTRE FOR ECONOMIC INCLUSION – PROGRESS REPORT**

*Councillor H.I. Jones declared a personal interest in that his daughter-in-law works for Social Care Services.*

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*Councillor K. Madge declared a personal interest in that his daughter works in Social Care Services.*

*Councillor E. Morgan declared a personal interest in that his daughter is employed as a psychiatric nurse.*

*Councillor J. Williams declared a personal interest in that she is an un-paid carer.*

The Committee received for its consideration a progress report on the Coleshill Centre for Economic Inclusion. The comprehensive report was presented following the Committee's request at its meeting in March 2015 and included a series of recommendations in relation to future models of service delivery at the Centre.

The following issues were discussed during consideration of the report:

Appreciation for the work of the Centre was expressed, especially for the opportunities being provided for a wide variety of individuals and it was suggested that more marketing work be undertaken to promote its activities. Reference was also made to the significant amount of European funding that had now come to an end and more detail was sought on the staffing/building costs in relation to the income generated. The Senior Manager (Community Inclusion) stated that there were a number of projects under the Coleshill umbrella and all the rooms were currently rented out. An administration framework was also in place which supported other projects and brought in additional income. The Director of Community Services reminded the Committee that the 'hidden costs' associated with a service of this nature needed to be quantified rather than simply considering the basic income and costs. It was important to remember that those individuals employed by the Local Authority would find it difficult to secure employment elsewhere due to the additional support they required.

It was asked whether the Grounds Maintenance service offered by the Centre could be sourcing work from town and community councils, especially as many facilities were now being transferred to these councils from the Local Authority. The Senior Manager (Community Inclusion) stated that a meeting was planned with potential service users and discussions had already been held with a Town Council in the county. The Service was already maintaining the grounds in and around the Parc-y-Scarlets stadium. The previous European Social Funding had actually prevented this Service from competing in the open market but since this had now ceased, the Service was able to bid for work.

Reference was made to the drop in numbers of employees at the SA31 Café in County Hall and it was also suggested that this café was not fulfilling its potential when compared with the two cafeterias that used to exist within the two main administrative buildings in Carmarthen. The Senior Manager (Community Inclusion) informed the Committee that reduction in the numbers of staff at the SA31 Café had coincided with the ending of the COASTAL project and European funding. However, numbers were now increasing and it was expected that 10 students from Heol Goffa and Q.E. High School would access the catering opportunities during the year. With

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regards to the services provided at the SA31 Café itself, she noted that a focus group had been established to consider the future direction and questionnaires had also been circulated in County Hall to ascertain what types of refreshments employees wished to see provided there. The Director of Community Services reminded the Committee that the town centre had changed dramatically in the last few years with a wide range of food outlets now available to staff. It was therefore important that the SA31 Café marketed itself and highlighted how its services were different in light of the competition it faced from the town centre establishments.

In response to a question on the impact of future austerity cuts on the Coleshill Centre, the Interim Head of Mental Health & Learning Disabilities suggested that this might actually increase the number of users at the Centre rather than cause a decrease.

In light of the Committee's request at its meeting in March 2015 for an accurate business plan, clarification was sought as to the next steps in the process and when the Committee would have sight of the final proposals for the Centre. The Director of Community Services and the Executive Board Member for Social Care & Health advised that as this was not a change in policy, this matter would not be required to pass through the political process, however, it would be useful for the Committee to scrutinise the action plan on an on-going basis. The Director envisaged that a further report would be ready for the Spring 2016.

It was asked whether the micro and social enterprises operating from Coleshill were taking advantage of any tax benefits to which they were entitled. The Senior Manager (Community Inclusion) noted that staff had received training that week in relation to the latest changes to such benefits. Officers were also working alongside the Education & Children Department's NEET Strategy Group and Transition Service to ensure a seamless transition for youngsters into projects or initiatives at Coleshill by utilising these services' existing administrative processes.

Reference was made to previous discussion on supportive employment opportunities and it was suggested that the Local Authority could do more to ensure that as many individuals as possible were assisted and offered opportunities to work for the Authority and that this be included alongside one of the recommendations within the report. The Director of Community Services and the Senior Manager (Community Inclusion) welcomed the suggestion and agreed that a clearer statement could be included in the action plan outlining the Authority's commitment to increase employment opportunities for individuals with specific needs, in a similar way in which care leavers had also been provided with employment opportunities in recent years.

It was asked whether facilities similar to those at Coleshill were also available to residents in the north of the county, particularly in the Carmarthen area. The Interim Head of Mental Health & Learning Disabilities informed the Committee that similar opportunities were available in Carmarthen (e.g. Social Activity Centre in Johnstown) but that many services were being provided in different ways by the

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voluntary sector. He agreed that the services available could be included in future reports.

**RESOLVED that the report be received.**

### **8. INTRODUCTION OF A NEW CHARGE FOR A PLACEMENT INTO A FLEXI-BED IN A CARE HOME**

*Councillor H.I. Jones declared a personal interest in that his daughter-in-law works for Social Care Services.*

*Councillor K. Madge declared personal interests in that his wife is employed as a sister at Amman Valley Hospital and his daughter works in Social Care Services.*

*Councillor J. Williams declared a personal interest in that she is an un-paid carer.*

The Committee received for its consideration, the proposal to introduce a new charge for a placement into a flexi-bed in a care home. Members noted that the matter had been referred to the Social Care & Health Scrutiny Committee by County Council, following its meeting on the 8th July 2015.

The Chair and members of the Committee expressed disappointment that this matter had not been presented to the Scrutiny Committee, prior to its submission to the Executive Board in June 2015. The Director of Community Services acknowledged the Committee's comments but reminded members that the proposal had been endorsed by County Council at its meeting on the 24th February 2015 as part of the Revenue Budget Strategy 2015/16 to 2017/18. As the decision had been taken by County Council, officers had progressed with the proposal.

The following issues were discussed during consideration of the report:

The difference between Convalescence and Flexi-Beds was queried as it appeared that there was little to differentiate between the two. The Director of Community Services and the Senior Business Support Manager (Social Care) informed the Committee that Convalescence Beds were provided to enable older people to maintain their independence, to gain confidence and progress with their recovery in preparation for their return home or other long term care arrangements. Flexi-Beds on the other hand were to assist in facilitating a hospital discharge and prevent hospital admission, especially when awaiting the start or restart of home-based care packages or when awaiting minor adaptations to the home such as handrails. The Director acknowledged that from a public perspective, there would appear to be an overlap in these two services and that it might be an appropriate time to review the scheme's long-term sustainability, particularly in light of the Convalescence beds available across the county. However, this was a separate task to the decision as to whether or not to charge. The Committee agreed to this suggestion.

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It was suggested that it was unfair to penalise individuals financially when it was the Local Authority's fault that they might have to utilise a flexi-bed in the first instance (e.g. an individual waiting for a hand rail or other supports to be installed in their home). It was also felt by members this reflected a breakdown in communications between the Authority's services and that Social Care and Housing Services needed to work much more closely to ensure that individuals could return home immediately.

It was suggested that the Health Board was taking advantage of the Local Authority as it could simply discharge patients from hospital to meet its targets, even though individuals were unable to return home for genuine reasons. It was asked whether the first three weeks could be free of charge, subsidised by the Health Board. The Director of Community Services informed the Committee that there had recently been some constructive dialogue with the Health Board regarding convalescent beds and the Authority had just received funding from the Health Board purchasing such beds to relieve pressure on hospital wards. He noted the Committee's proposals and agreed that officers could undertake a review of the flexi-bed scheme in the future as well as consider the impact of different charging rates. However, this would not necessarily address the budget pressure.

In response to a query about the next steps, the Director of Community Services reminded the Committee that this decision would need to be reversed by the Executive Board and that consideration would also need to be given to the fact that £73,000 had already been removed from the Department's budget and this funding gap would need to be addressed. It was then proposed that the Committee request the Executive Board to reverse its decision and that the Council's financial reserves be used to meet the shortfall for this financial year. It was also requested that due to the strength of feeling amongst Committee members about this matter, the Chair and Vice-Chair attend the meeting of the Executive Board at which this matter would be discussed, to voice the Committee's concerns.

### **UNANIMOUSLY RESOLVED that:**

- 8.1 The report be received.**
- 8.2 The Executive Board be requested to reverse the decision of County Council and recommend that the shortfall in this year's budget be met by utilising the Council's financial reserves.**
- 8.3 The Committee supports the undertaking of a review of the Flexi-Care Scheme to ascertain its suitability for the future.**
- 8.4 As part of a review of the Scheme, officers consider different charging rates depending on the length of time spent in a flexi-bed.**
- 8.5 The Committee wishes the Chair and Vice-Chair of the Social Care & Health Scrutiny Committee to attend the relevant meeting of the**



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**Executive Board to express the strength of the Committee's feelings in relation to this matter.**

### 9. COMMUNITY NUTRITIONAL STRATEGY FOR CARMARTHENSHIRE INTEGRATED SERVICES

*Councillor H.I. Jones declared a personal interest in that his daughter-in-law works for Social Care Services.*

*Councillor K. Madge declared a personal interest in that his daughter works in Social Care Services.*

*Councillor J. Williams declared a personal interest in that she is an un-paid carer.*

**The Committee UNANIMOUSLY RESOLVED to suspend standing orders during consideration of this item so that the remaining agenda items could be considered.**

The Committee considered the draft Community Nutritional Strategy for Carmarthenshire and noted that it had been developed in response to recommendations made by Welsh Government in its 'Health Promotion Action Plan for Older People'. The report outlined the main barriers to good nutrition for this group in the community and proposed that the Council implement a holistic community nutritional strategy with a focus on five priority areas and consider available options to support good nutrition for older people.

The following issues were discussed during consideration of the report:

It was acknowledged that there had been a decline in the numbers receiving meals on wheels and that there was a need for a new approach, especially as individuals' lifestyles and tastes were different now to what they had been and that changes to assessment criteria meant that many were no longer eligible. The Assistant Locality Manager suggested that whilst meals on wheels might have appeared to be meeting individuals' needs, they had never been monitored or the appropriateness for certain individuals questioned. It wasn't clear whether individuals would actually eat the meal and in turn, this was not meeting their nutritional needs. The Executive Board Member also noted that the proposals outlined within the strategy had come about through concerns about social isolation and that very often, individuals needed more than just a delivery of a meal but also social interaction and assistance with other matters such as dealing with their mail.

It was asked whether the meals on wheels service was statutory or non-statutory. The Assistant Locality Manager clarified that if it was an assessed need, then providing a meal would be a statutory responsibility, however, with new and emerging legislation, it was unclear as to what the requirements would be in the future.

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**UNANIMOUSLY RESOLVED** to endorse the Community Nutritional Strategy for consideration by the Executive Board.

### **10. REVENUE & CAPITAL BUDGET MONITORING REPORT 2015/16**

*Councillor H.I. Jones declared a personal interest in that his daughter-in-law works for Social Care Services.*

*Councillor K. Madge declared a personal interest in that his daughter works in Social Care Services.*

*Councillor J. Williams declared a personal interest in that she is an un-paid carer.*

The Committee considered the Revenue & Capital Budget Monitoring Reports relating to the Social Care & Health Service for the period up to 30th June 2015. The Service was projecting an over spend of £679,000 on the Revenue Budget at the year end and a net variance of -£228,000 against the 2015/16 approved Capital Budget.

**UNANIMOUSLY RESOLVED** to receive the report.

### **11. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORTS**

**RESOLVED** that the explanations for the non-submission of the Safeguarding Adults from Abuse Annual Report 2014/15 and the Intermediate Care Fund Projects Evaluation, be noted.

### **12. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETING HELD ON THE 3<sup>RD</sup> JULY 2015**

**RESOLVED** that the minutes of the meeting held on Friday 3rd July 2015, be signed as a correct record.

### **13. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE JOINT MEETING OF THE COMMUNITY AND SOCIAL CARE & HEALTH SCRUTINY COMMITTEES, HELD ON THE 23<sup>RD</sup> JULY 2015**

**RESOLVED** that the minutes of the joint-meeting with the Community Scrutiny Committee held on Thursday 23rd July 2015, be signed as a correct record.

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**SIGNED:** \_\_\_\_\_ (Chair)

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

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