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THURSDAY, 6 APRIL 2023

TO: ALL MEMBERS OF THE HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

I HEREBY SUMMON YOU TO ATTEND A MEETING OF THE **HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE** WHICH WILL BE HELD IN THE **CHAMBER - COUNTY HALL, CARMARTHEN. SA31 1JP AND REMOTELY AT 10.00 AM ON MONDAY, 17TH APRIL, 2023** FOR THE TRANSACTION OF THE BUSINESS OUTLINED ON THE ATTACHED AGENDA

Wendy Walters

CHIEF EXECUTIVE

Democratic Officer:	**Julie Owens**
Telephone (direct line):	**01267 224088**
E-Mail:	**JuOwens@carmarthenshire.gov.uk**
This is a multi-location meeting. Committee members can attend in person at the venue detailed above or remotely via the Zoom link which is provided separately.	
The meeting can be viewed on the Authority's website via the following link:- https://carmarthenshire.public-i.tv/core/portal/home	

Wendy Walters Prif Weithredwr, *Chief Executive,*
Neuadd y Sir, Caerfyrddin. SA31 1JP
County Hall, Carmarthen. SA31 1JP

HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

PLAID CYMRU GROUP - 7 Members

Cllr. Hazel Evans (Chair)
Cllr. Bryan Davies
Cllr. Karen Davies
Cllr. Alex Evans
Cllr. Meinir James
Cllr. Hefin Jones
Cllr. Denise Owen

LABOUR GROUP - 4 Members

Cllr. Michelle Donoghue
Cllr. Jacqueline Seward
Cllr. Philip Warlow
Cllr. Janet Williams

INDEPENDENT GROUP - 2 Members

Cllr. Louvain Roberts (Vice-Chair)
Cllr. Fiona Walters

UNAFFILIATED

Cllr. John Jenkins

A G E N D A

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LLWYNHENDY TUBERCULOSIS OUTBREAK EXTERNAL REVIEW REPORT 2nd DECEMBER 2022

Jointly commissioned by Public Health Wales and Hywel Dda University Health Board

Lead Reviewer – Professor Mike Morgan

Contents

Executive Summary

An outbreak of tuberculosis (TB) related to a public house in Llwynhendy was identified in September 2010. Cases linked to this outbreak continue to occur more than a decade later. We estimate that there have been at least 31 cases of active pulmonary TB and perhaps more than 300 cases of latent TB infection associated with the outbreak. We have also observed that there is a higher-than-normal rate of latent TB infection in the local population that has not necessarily occurred because of this particular outbreak but may become the source of future outbreaks. The population at risk is UK-Born people who develop highly infectious pulmonary TB that may, due to their untypical demography go undiagnosed for longer than usual. This implies that, even in this area of low incidence for TB, there is a potential for further outbreaks which requires continuing vigilance.

The original source of the outbreak was traced to an individual worker at a public house in Llwynhendy who, due to a delay in the diagnosis of their pulmonary TB, was highly infectious for a prolonged period. The causative strain of TB was not unique to this outbreak having been identified before in England and in Wales. It is not known how this index case acquired the infection but subsequent genetic analysis points to an affected pub user in 2007. Following the diagnosis of the first case, the public health response included the initiation of an outbreak control team (OCT) and the deployment of contact tracing staff to identify onward transmission of infection. It appears that this initial response was inadequate mainly because it failed to recognise the highly infectious nature of the source and therefore did not extend the contact tracing sufficiently. As a result, infected people were unrecognised and developed active disease, passing the infection on to others. The outbreak control team was closed down prematurely and had to be re-opened on three further occasions as more cases presented including one fatal case which was highlighted in the media. The subsequent public health management improved considerably

and culminated in a large-scale community screening event that disclosed a high level of latent TB infection in the population.

The clinical management of individual patients with TB at the beginning of the outbreak, though satisfactory, was uncoordinated because of the lack of a dedicated TB service and a lead clinician. Also, at the outset, the local respiratory healthcare provision was inadequate due to service re-organisation and recruitment difficulties. This has largely been addressed with the appointment of a lead consultant and a dedicated TB nurse. However, changes are still needed to improve the TB service.

The relationship between the Health Board (HDUHB) and Public Health Wales (PHW) also attracted scrutiny. Although, the Health Board had the statutory responsibility for outbreak control, it should have been subject to greater oversight from PHW at the beginning. The initial response was deemed inadequate and the outbreak did not feature in the minutes of the boards of either organisation until 2019, though it is quite possible that discussions were occurring below this level. By this time there had been at least one death, widespread community screening and considerable public anxiety. The in-house review by PHW in 2019 recommended the introduction of a more structured approach to TB outbreaks but so far this has not materialised.

England has had a collaborative strategy for tuberculosis which has been in place since 2015 with a focus on disease control and migrant testing. TB rates in Wales are lower than England but the mortality rate is twice as high. Wales does not have a national strategy for tuberculosis although one has been proposed by the Welsh Respiratory Delivery Group. So far this has not been formally supported by the Welsh Government. There is an informal TB Cohort Review run by the Respiratory Delivery Group which should be also given a formal footing as part of a National TB Strategy.

1. Introduction

Tuberculosis (TB) is an infection which remains a problem in both the developed and the developing world. Despite the availability of effective treatment, it accounted for 1.5 million deaths globally in 2020 and remains a priority for the World Health Organisation (WHO). In the United Kingdom there are approximately 350 preventable deaths per year related to tuberculosis. The incidence of TB has gradually fallen in the United Kingdom primarily because of public health measures, improved affluence and effective treatment. However, TB has not been totally eradicated and, over the years, repeated relaxation of public health surveillance has led to a resurgence of cases. At this time in the UK, cases of tuberculosis are mostly, but not exclusively, in the urban population and 76% of these are born abroad (UK HSA 2021). Once diagnosed, TB remains largely treatable though drug resistance is a growing concern. This is the context in which the TB outbreak in Llwynhendy in 2010 will be reviewed.

2. Tuberculosis in the United Kingdom

In England, where the figures are available, the incidence of TB has fallen dramatically from the beginning of the 20th century and fell further with the introduction of anti-tuberculosis therapy. By the beginning of the 21st century the numbers had stabilised but then started to rise again and in 2011 there were 8280 cases (Fig 1). The Collaborative (Public Health England and NHSE) Tuberculosis Strategy for England was launched in 2015. This required focus on diagnostics, drug resistant TB, underserved populations, LTBI migrant screening, workforce and BCG. The incidence of TB almost halved in the subsequent decade, but this progress appears to have stalled and cases have risen slightly following the Covid pandemic. The UK is considered by the WHO to be a low-incidence country. However, in England in 2020 there were 1091 UK-born individuals with TB, the majority (68%) of whom had pulmonary disease. It follows that UK-born

people are likely to be more infectious because they have a higher incidence of pulmonary TB.

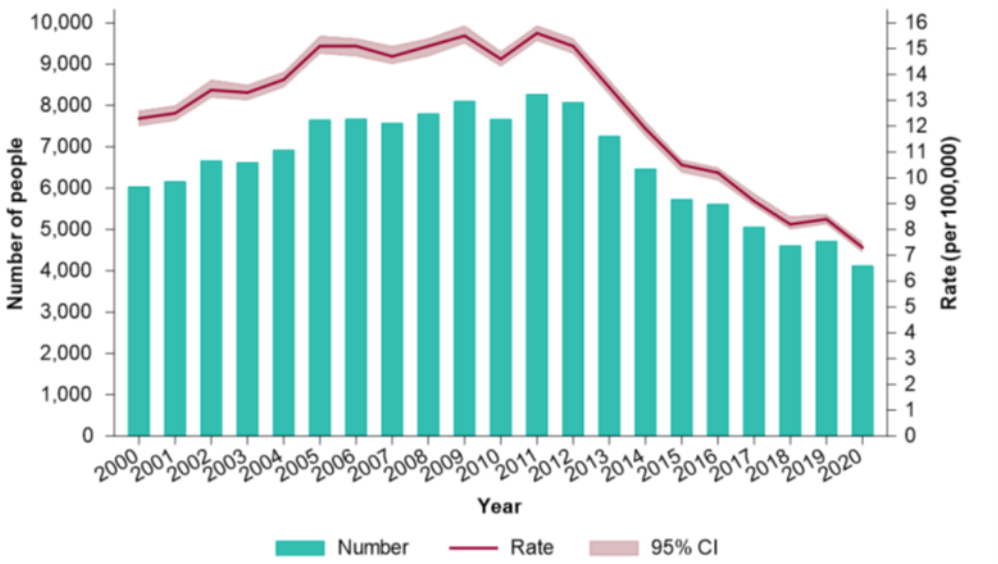


Figure 1. TB cases and rates in England (2000-2020)

Like the rest of the UK, the pattern of disease in Wales is predominantly seen in non-UK born people in conurbations and is a mixture of pulmonary and non-pulmonary disease. The latest report on tuberculosis in Wales published in 2019 documents a steady decline in incidence with case numbers for the whole of Wales now around 100 per annum (Fig 2). Like the rest of the UK, the pattern of disease in Wales is predominantly seen in non-UK born people in conurbations and is a mixture of pulmonary and non-pulmonary.

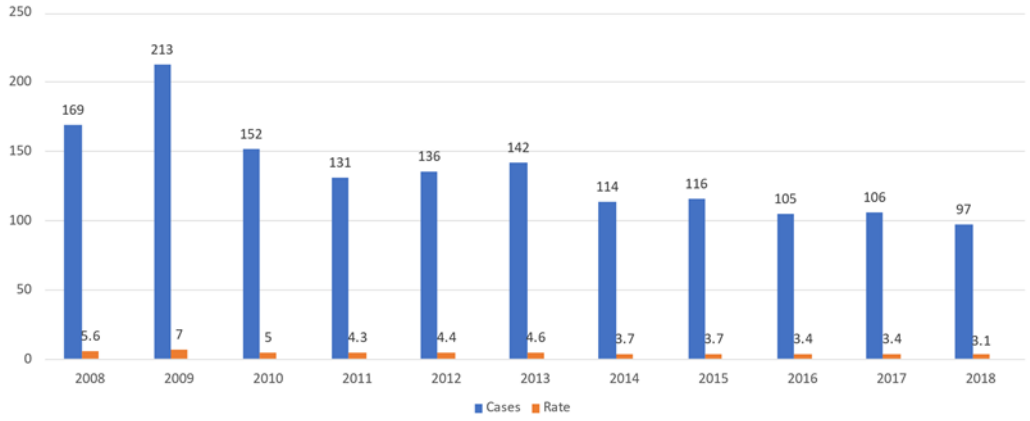


Figure 2. TB cases and rates in Wales 2008-2018

TB case rates are very low in Hywel Dda compared with other parts of England and Wales but they are not negligible (Fig 3). Peaks occurred in 2004, 2006, 2012 and 2014.

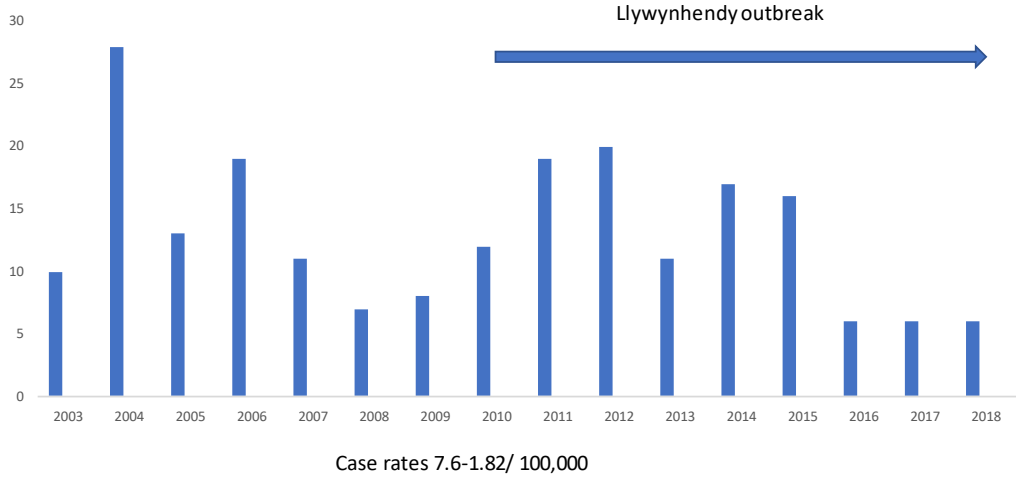


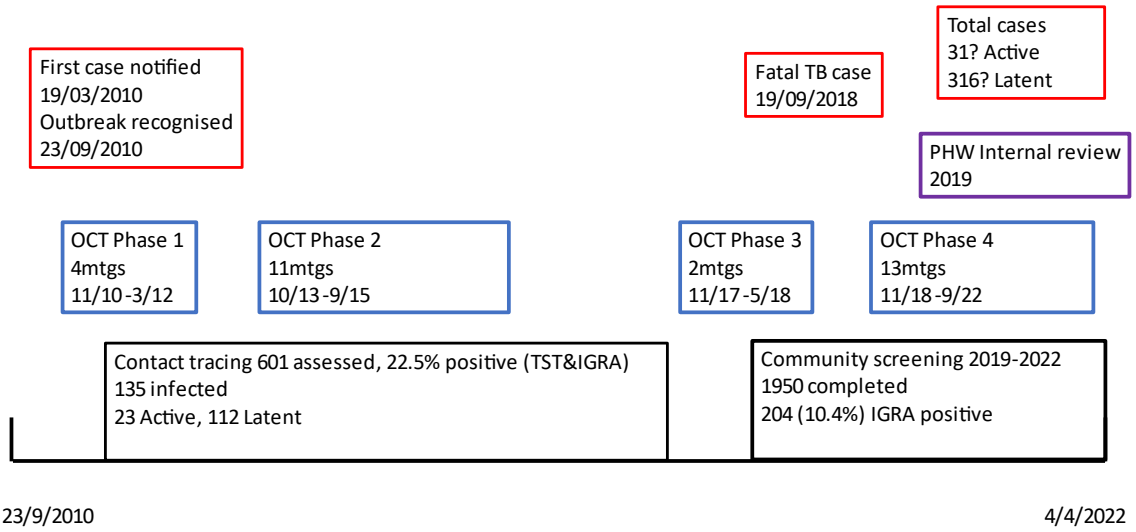
Fig 3. Hywel Dda (Pop 384,000. TB case nos 2003-2018)

3. The Llwynhendy Outbreak

The first case in the outbreak was notified in March 2010. Two further cases were subsequently identified and an outbreak was suspected in September 2010 and confirmed at an outbreak control team meeting on 11th October 2010. The source of the outbreak (the index case) was considered to be an individual worker of a public house in Llwynhendy though it remains uncertain how they acquired the infection. A case with a similar type of TB organism had occurred elsewhere in Carmarthenshire in 2005 but had no known links to the index case. A further case in 2007 later identified by whole genome sequencing (WGS) may have had links to the public house. The exact numbers affected by the Llwynhendy outbreak are not clear but could be at least 31 cases of active disease. Confusion about exact number has arisen because in some cases culture was not available to confirm the strain and because the case numbering throughout the outbreak was inconsistent, sometimes including the 2005 case that was later deemed to be unrelated to the Llwynhendy outbreak. Cases of TB with known connections to a local public house in Llwynhendy continued to be identified up until July 2020 for the active cases and April 2022 for the last latent case. The review has not considered any cases which may have come to light since March 2022 when the review was initiated. The geographical spread of cases related to the outbreak was predominantly local but some cases extended to Swansea Bay and beyond.

The response to the outbreak was overseen by an outbreak control team (OCT) containing clinical and public health personnel. The outbreak investigation was opened and closed three times resulting in four phases of team meetings between 2010 and 2022 (Fig 4 below).

Outbreak events



4. Case definitions and microbiological typing

There is no precise definition of an "outbreak" but it is taken to be more than two cases with epidemiological and microbiological links to a discrete source. In this case, the worker was considered to be the index case and their contacts would account for the subsequent spread of infection and further escalation of the outbreak. To trace the course of an outbreak the epidemiological evidence is linked to the microbiological strain of the infecting organism to ascertain that it is the same organism that is passed on. At the beginning of the outbreak the microbiological identification used was called MIRU-VNTR which is a PCR based technique for genotyping the organism. In this case the genotype is described by number as 32333 2432515324 which is a strain that had previously been isolated in the West Midlands in 2006 but not necessarily linked to the outbreak in Wales.

During the course of the Llwynhendy outbreak MIRU-VNTR typing has been superseded by whole genome sequencing (WGS) which is a higher resolution technique to confirm identity or near-identity between two strains of the causative organism, Mycobacterium tuberculosis (MTB). WGS would now be considered the gold standard for identification of the bacterial

strain related to an outbreak and is now routine in Wales. We now know that 18 of the outbreak cases with positive cultures have been further characterised by WGS though some of the earlier samples were not suitable for further analysis.

5. Rationale for an external review

The outbreak of TB in Llwynhendy has continued for over a decade and cases are still presenting. Furthermore, the necessity for population screening has resulted in local and national publicity. A fatal case of TB has also drawn attention to the outbreak. In 2019, a formal complaint about the conduct of the outbreak management was received by Hywel Dda UHB and PHW. This resulted in an internal inquiry and de-brief. Consequently, a decision was made to obtain an independent review of the outbreak management from its initial recognition to the present day. The purpose of the review is set out in the terms of reference (appendix 1). The review should identify lessons learned and make recommendations.

6. Conduct of the review

Members of the review panel are listed in the appendix and include clinical experts on tuberculosis, contact tracing, microbiology and public health. Virtual meetings took place over six months between March and September 2022. All relevant and available documents (see appendix) were reviewed over this period. In addition, a number of individuals, connected to the outbreak, were interviewed (see appendix) though we did not attempt to contact those involved at the beginning who had retired or left employment. A site visit to Prince Philip Hospital, Llanelli, took place on the 3rd August 2022 to examine the available clinical records of all cases diagnosed with active TB and their contacts. The panel was provided with administrative and organisational support by Hywel Dda University Health Board (HDUHB) and by Public Health Wales (PHW.) The review was jointly commissioned

by PHW and HDUHB but no members of either organisation were involved in the discussions of the panel.

7. Findings

The outbreak was first recognised in September 2010 when a cluster of similar cases of TB were identified with a connection to a public house in Llwynhendy. Formal designation as an outbreak followed with the formation of the first outbreak control team meeting on the 9th November 2010. Over the subsequent 12 years, the outbreak management was opened and closed on three occasions leading to four phases of the outbreak to be considered. To date there have been a total of 30 outbreak control meetings. For each phase, the aspects to be considered are:

- The case definition and microbiological context
- The public health response
- The organisational response
- Contact tracing
- Clinical management
- Resource constraints

The first case that appears to be genuinely related to the public house in Llwynhendy source was a 71 yr old female who presented in February 2010 with a three-month history characteristic of pulmonary TB. The diagnosis was confirmed on 19th March 2010. Two further cases with links to the public house in Llwynhendy were diagnosed later in July and in August 2010. These two cases reported symptoms dating from the beginning of the year. Over the years, the local incidence of TB in the area has fluctuated but cases with historical contact with the public house in Llwynhendy continued to appear. The total number of cases related to the outbreak is not clear because not all the cases had microbiological cultures that could

confirm linkage to the index strain of MTB. It is possible that as many as 35 active cases were related to the outbreak in addition to the many others, known and unknown, who are harbouring latent disease.

Phase 1 (November 2010-March 2012)

The first phase lasted from November 2010 to March 2012 and included four OCT meetings. It finished on 28th March 2012 when the outbreak was closed. There were four meetings during that period and attendees at OCTs were noted. Each OCT was chaired appropriately by the local consultant in communicable disease control (CCDC) who was a PHW employee and contained some additional representation from PHW and HDUHB.

Case definition

The initial case definition was agreed as a case of TB within the Llwynhendy area with links to the public house in Llwynhendy or any of the current cases. The cases were also characterised by the MIRU-VNTR typing (32333 2432515324). It is important to note that this strain of organism had, at the time, also been identified in 15 cases of TB in the previous 5 years in Wales. Four of these cases had been in Carmarthenshire. Although the MIRU-VNTR typings are known to suggest an outbreak they would now be considered to be less reliable than WGS and SNP distance. It is possible that some of the early cases where only MIRU typing was available may not in fact have been related. This strain, or a closely related strain therefore had been identified sporadically in England and Wales prior to the Llwynhendy outbreak and was not unique.

Contact tracing

A number of individuals considered to be at high risk of infection were invited for screening. This included family members, bar staff and members of the peripatetic darts team associated with pubs in the area.

A follow up OCT meeting took place three months later and described the results of 16 people who had attended screening, noting that 5 invitees had not attended. On this occasion, 3 of the screened subjects had positive

evidence of TB infection but no active cases were found at this stage. Meanwhile, a number of other cases of TB in the wider area were recorded but not felt to be related to the public house in Llwynhendy. It was agreed that GPs should be alerted and a statement was prepared for the media.

It was more than six months before the next OCT was held at which it was recorded that further family members of the index case had TB, some latent and some active TB. It was noted that at that stage the communication with GPs had not taken place and the statement to the media had not been taken up by the press. Further extended paediatric family screening was recommended but it was not thought necessary to screen adult contacts outside the family.

The final OCT meeting in this phase took place six months later in March 2012. In the absence of any new cases, the outbreak was considered closed at this point.

The Panel's view

The outbreak was identified promptly by microbiological surveillance once the initial patients were diagnosed. In this case, as in other outbreaks, individual patients had prolonged symptoms prior to diagnosis. This is a consequence of poor awareness of symptoms by the public and by health care professionals. We did not have access to primary care records to judge at what level this lack of awareness occurred.

The OCT was set up directly, was appropriately constituted and was chaired by a senior public health consultant. Three further OCT meetings were held but the frequency (six months between meetings) suggested that the team did not feel that the outbreak was likely to become as serious as it did. The later meetings had fewer attendees and the additional senior physical presence from PHW appears to have drifted away.

Outbreak Control Team record

The minutes of the four meetings of the first phase were available for review. There is also a draft outbreak report available, but the panel was

unable to identify a final report from the first phase. Compared to subsequent phase documentation, the minutes did not clearly identify proposed actions and when they were suggested, they were not followed through. The total number of active cases in the outbreak at this stage is also difficult to ascertain because patients infected with organisms of similar genetic typing or with lack of culture are sometimes included in the figures.

Contact tracing record

We were able to review the contact tracing paperwork for adult but not paediatric cases. In the initial phases documentation was considered poor and inconsistent. The contact tracing itself also lacked a systematic approach. Some contacts were screened either too early or after too much delay. The immune response to MTB may take up to 6 weeks to develop. The contacts who were screened early and had a negative test were not always recalled for repeat screening after 6-8 weeks. In addition, people who were identified as high-risk contacts who did not attend screening, including the darts team, were not physically pursued.

Overview of Phase 1

The Panel's view was that the initial public health management of the outbreak could have been better. The approach lacked a comprehensive strategic overview and was too casual but may in other circumstances have been adequate had the index case not been so infectious. It was obvious in retrospect that the index case was highly infectious as evident from the initial high rate of transmission (18.6% overall). The contact tracing focussed primarily on the family rather than the public house customers. There may also have been relevant environmental factors around the ventilation and extraction in the public house in Llwynhendy, but they were, apparently, unexplored. The extent of the contact screening was obviously too limited and there may have been a failure to appreciate the social interactions of pub customers who would regularly visit several other pubs. Lack of follow up of the darts team may also have reduced the effectiveness

of screening. The local services at the time were also under strain associated with the service reorganisation. The medical services were stretched because of staff shortages with locums in place and no defined TB service or lead clinician. The contact tracing will have been performed either by local respiratory nurses or by PHW nurses working in unfamiliar territory. It is possible that there was a lot more contact tracing activity going on in the background, but this is not recorded in the minutes. It is also clear that there was a lack of awareness in the local population of the illness and the need for contact tracing. It may be the case that there was a reluctance for people to come forward because of the stigma associated with TB or perhaps for other unexplored reasons. Whatever the factors involved, the initial management failed to contain the outbreak and cases with connections to the public house were still presenting with active disease over a decade later.

Phase 2 (October 2013-September 2015)

The outbreak control team was reconvened in October 2013 in response to five further cases of TB with links to the public house in Llwynhendy bringing the total at that stage to 14 cases. One of the new cases was a teaching assistant at a local comprehensive school. Eleven meetings were held in this phase until they appeared to peter out without a formal declaration of an end to the outbreak. As before, the team included environmental and public health, microbiology, and specialist nursing and medical support. On this occasion the meetings were chaired by an acting consultant in Health Protection.

Case definition

The case definition was widened to include any case of TB from the Carmarthenshire area with onset since 2009 and a VNTR profile of 32333. This definition may have been too broad given that microbiological intelligence relayed in the minutes suggested that there had been 115 cases, apparently unrelated, with a similar typing identified in England and Wales.

Contact tracing

At this point, it was realised that the contact screening from the outset had been inadequate, so plans were put in place to revisit and repeat the screening of the original contacts. The darts team were finally tracked down and agreed to co-operate. It was recognised that much of the social interaction between cases and the darts team may have extended to a second public house.

The OCT subsequently became aware of a case of TB in the local secondary school (Ysgol y Strade). Initially it was reasonably assumed that the school case must be related to the Llwynhendy outbreak, but the subsequent typing showed that the organism was unrelated. In retrospect, it may have been better at that point to hold a separate OCT for the school cluster because the school screening process continued to cause confusion when it was discussed alongside the Llwynhendy cases. There was also some concern that local resources may have been inadequate particularly regarding specialist nurses. At this juncture, Dr Carol Llewellyn-Jones agreed to take the lead role for the TB clinical service in Hywel Dda. There was now recognition that there was sustained transmission of TB in the community and further clinical cases with the Llwynhendy characteristic would continue to surface. It is of note that at this juncture, the services were dealing with six other cases/clusters of TB in Carmarthenshire.

At the time of the last OCT meeting in September 2015, a further two cases (one latent) with links to the public house had been identified but extensive contact tracing was deemed unnecessary because of the lack of close contacts. Although the Llwynhendy outbreak was not formally closed at this point, no further meetings occurred.

An interim, but not final, outbreak report for the first two phases was available to the panel. At that point, the outbreak included 19 cases of active disease though this number may have included some cases with

different typing that were not therefore related to the original index source case.

The Panel's view

In the second phase, public health management seemed to have improved with clearer actions, leadership and a recognition that the original contact tracing in phase 1 may well have been inadequate. It also became clear that there was continuing multi-source transmission of TB in Carmarthenshire with an organism that had allegedly spread into the area from England along the M4 corridor. Other cases and clusters with different strains were also occurring simultaneously in West Wales. The possibility that a community screening response would be required in future was considered at that point because the contemporary school outbreak in Llanelli may have been linked. This should, in retrospect, have been dealt with as a separate outbreak team. However, until the organism's strain was identified as different, the team were correct to assume that a link to Llwynhendy was highly likely. Cases with links to the pub were still presenting so it is not clear why the OCT meetings were discontinued in September 2015.

Phase 3 (November 2017- April 18)

The outbreak team was recalled for a further two meetings due to the occurrence of a new case with links to the public house via their parents both of whom had previously had TB. The case was further complicated because they had worked in a care home whilst symptomatic. The case had screened negative by tuberculin skin test three years earlier. TB screening was completed for the family and care home staff and residents. Wider screening was also considered but not pursued at this stage. No evidence of ongoing transmission was discovered so this was not pursued but GPs in the area were alerted and reminded to be vigilant.

The Panel's view

The response to the new case was handled correctly and documentation was clear. The ongoing risk of future cases was recognised and surveillance continued.

Phase 4 (November 2018- present)

The outbreak team was recalled in November 2018 because of three deaths associated with infection by the outbreak strain. One case, with no obvious direct link to the public house in Llwynhendy was a person with no significant prior illness but who died suddenly with sepsis without having started treatment for known pulmonary TB. The two other deaths in the area were people on treatment for TB but both had serious underlying disease (cardiac failure and lung cancer). In those two cases, TB was not listed on the death certificate as the primary cause of death. At this juncture 24 active cases were considered to be part of the outbreak centred on the public house. Three further cases with the same MIRU-VNTR typing but with no epidemiological link were not considered to be part of the outbreak. Five of the 24 cases were thought be responsible for onward transmission. A review of the outbreak resulted in the conclusion that the high level of onward transmission and prevalence of latent TB now justified widespread community screening which was subsequently commissioned. It was also agreed that the age cut off for treatment for latent TB be extended from 35yrs to 65yrs in line with the recently amended NICE guidelines. The last OCT meeting minutes to which we had access was in February 2022 at which the outbreak was summarised but not formally declared over. We understand that a further OCT meeting took place in September 2022.

The Panel's view

Outbreak control meetings in phases three and four were chaired by an experienced public health consultant. The documentation was now clear, with proposed actions defined and followed up in subsequent meetings. The contact tracing of active cases was thorough. The decision making and policy changes are all appropriate and the move towards community

screening was timely and correct both to assess the extent of the community risk and in order to allay public anxiety.

Community Screening

The OCT correctly took the view that to settle the concerns and to identify the extent of infection in the community, a population screening programme was necessary. This work was outsourced to an organisation called Find and Trace supported by Oxford Immunotec who were responsible for the phlebotomy and IGRA testing. The screened population included those who had not attended for previous contact tracing or had done so prior to the 2016 NICE guidance change. In addition, anyone with a link to a local public house in Llwynhendy between 2005 and 2018 was invited along together with anyone, not previously identified, who believed that they had had contact with someone with TB prior to their treatment.

Two community screening sessions were held, one in June and one in September 2019 in convenient settings. In the first session 1188 people had IGRA testing with 76 positive results (6.4%). At the second session 772 people were tested and 128 (16.6 %) were positive for latent TB. The majority (94%) of those screened were born in the UK. The prevalence of latent TB in both cohorts was substantially higher than the UK average. The strongest factor associated with a positive IGRA was frequenting a local public house in Llwynhendy in the period 2009-10. The difference between the positivity rates in the two screening sessions can be explained by the fact that more targeted invitations to come forward were issued in the second phase.

Approximately 300 identified contacts who did not come forward for the community sessions continue to be invited to the TB service clinics. It is not known how many of these remain to be assessed but we are assured that the catch up is on-going.

Clinical TB Service in Hywel Dda

At the beginning of the outbreak there was no formal or co-ordinated clinical TB service in Hywel Dda. Cases will have been dealt with as they presented by members of the respiratory team of consultants. At the time there was a lot of instability in the medical manpower due to organisational change and to the inability to recruit to permanent consultant posts. Contact tracing was undertaken by a general respiratory nurse though at the onset of the outbreak in Llwynhendy, nurses from Public Health Wales were drafted in to assist.

As a consequence of the outbreak, a funded session was established in 2014 with the appointment of Dr Llewellyn Jones as the lead physician for TB, assisted by her general respiratory nurse and based in Carmarthen. Clinics were held approximately every two weeks according to demand but less frequently if the consultant was on leave. In case of urgency, patients may also have been referred though the lung cancer pathway or via A&E and then referred on to the clinic after diagnosis. In 2019, further funding was found to appoint Kelly Goddard as the first dedicated TB nurse. At all times, contact tracing and home visiting has also been supported by PHW nurses. Dr Llewellyn Jones has now retired and her duties have been taken over by Dr Gareth Collier who continues with the same model of service.

Panel's view

There has been a significant improvement in the care of patients with TB and their contacts since the appointment of Dr Llewellyn Jones as lead clinician. She has developed the service and dealt with several outbreaks as well as Llwynhendy and continued to mop up the residual contacts from the community screening programme. There remain some resource issues which continue to hamper the team. One problem is the lack of annual leave cover which leaves the TB service exposed when the consultant or nurse is on leave. This can lead to a delay in starting treatment. Other shortfalls include the lack of formal administrative assistance, sufficient pharmacy support to allow DOT/VOT supervision and phlebotomy. We

understand that the latter has now been addressed by the appointment of a phlebotomist. Adequate and dedicated administrative support will also help to ensure an efficient service and take some pressure off the team.

Although the incidence of active TB in Hywel Dda is low, the workload is still significant by virtue of the ongoing contact tracing and supervision of treatment for latent TB. There are in addition, developing issues over refugee and immigrant populations as well as the emergence of drug resistance and non-tuberculous mycobacterial disease (NTM).

Review of the clinical cases

The panel were able to review the clinical records of 26 from a total 37 patients. Some notes were not available because patients were deceased with records destroyed or were resident outside Hywel Dda. All the cases we reviewed had pulmonary tuberculosis, eleven of whom had a positive smear and were therefore contagious. The duration of symptoms ranged from one week to seven months with a median of 133 days (the median delay in presentation in England is 79 days). In this instance, the highly infectious index case had symptoms for seven months prior to diagnosis. Once diagnosed, we found that appropriate treatment was generally prompt and completed. Eight of the outbreak cases had TB listed as a cause or association with death. Of the records the Panel were able to examine, the majority had TB as an incidental feature and had primarily died from other serious illness including cancer, cardiac disease, alcoholic cirrhosis and co-morbidity associated with immunosuppression. Only in one case was it clear that TB was the primary cause of death but in this instance, although diagnosis was relatively prompt, treatment was delayed by a short period. During this time, there was a temporary suspension of the TB service due to lack of annual leave cover. The subsequent clinical course for this patient, deteriorated surprisingly rapidly and may have been complicated by additional sepsis.

Clinical guidelines

There are no specific Welsh TB clinical guidelines for TB and recent NICE guidelines are not formally endorsed in Wales. In the absence of country-specific documents, the common practice has been to follow the BTS and subsequent NICE guidelines. There are repeated references in the minutes of the OCT meetings to the need for adherence to the contemporary versions of these guidelines. This is particularly relevant to management of latent TB where advice changed in 2016 to offer preventative treatment not only to those under 35 years but also to the 35-65 age group. The panel was persuaded that clinicians in Wales adopted the same guidelines as the rest of the United Kingdom.

Health Board and Public Health Wales interaction

The responsibility for the management of an outbreak of infectious disease lies initially with the Health Board and the local Director of Public Health. Public Health Wales provides oversight and practical support where necessary. These obligations are set out in the statutory establishment orders for both organisations from 2009. The first outbreak control policy from PHW was published in 2011 and the latest update in 2022. These policies are largely generic but do cover food and water-borne outbreaks in more detail. There is a PHW standard operating policy for TB case management published in 2017 but this does not cover OCT conduct. In early part of the outbreak, expert representatives from PHW were members of the initial outbreak control team but it appears as though their presence was not sustained through the later meetings of phase 1 and may not have contributed to all the decisions made. It appears that no senior representative from PHW or the local director of public health at the time were present for the final two meetings of Phase 1. Obviously, it is possible that communication was going on in the background by email or by other means. PHW nurses were helpfully deployed on the ground to help with contact tracing. In the later phases, the outbreak team was chaired by an

experienced PHW consultant (Dr Brendon Mason) and this was reflected in a substantial improvement in the management of the outbreak.

The Panel was puzzled by the absence of any reference to the outbreak in minutes of the meetings of either HDUHB or PHW Board until 2019. It appears that it was not until press interest in the fatality in 2018 and the community screening programme and a written complaint to PHW the following year that the outbreak was formally discussed at board level. It is possible that some discussion did take place within the executive team. The subsequent board discussion included the offer of some resource to HDUHB for the community screening. PHW were dealing with at least two other TB outbreaks and the beginning of the COVID pandemic at the time. The HDUHB Board minutes in January 2020 outlined the steps to be taken to contain the Llwynhendy outbreak. This included continuation of the screening offer, especially to children, the treatment of latent TB cases and an offer of BCG immunisation to those who tested negative if under 35 years of age.

PHW Internal reviews

Stimulated by a formal complaint to PHW about the failure to control the outbreak, an internal review was undertaken. This took the form of a brief examination of the relevant documents by the medical director and by an experienced non-executive director. This internal review was followed by two de-briefing sessions to audit the performance of PHW in the outbreak. The internal review identified failings in the initial public health response and raised questions about the interaction between PHW and the Health Board. In addition, there was some uncertainty about the involvement, or otherwise of Welsh Government in the process and the lack of a structured system to specifically manage outbreaks of TB disease and infection.

The de-brief sessions resulted in a number of practical recommendations to be taken forward, though the Panel wondered if any of these have been implemented. Many of these recommendations are endorsed by this Panel.

This internal review did not address the wider national issues about control of TB, for example by National Cohort Review or a National Plan for Wales.

Other reviews

The panel were grateful to Dr Brendon Mason who not only chaired the later phases of the OCT but also compiled several analyses of the outbreak. These included the epidemiology, the transmission risk and an investigation of the associated deaths. The analysis was particularly helpful in identifying the initial high risk of transmission from the index case (70% of close contacts and 20% of social contacts that were screened). This confirms the associated environment and the sputum smear status of the index case as a "super spreader" risk. This conclusion might have been reached much earlier in the outbreak.

The National Picture

Historically, respiratory disease has always been prominent in the experience of the people of Wales. The legacy of tuberculosis, miners lung disease and the association of respiratory disease with poverty has left a lasting impression. The Welsh Government has supported a Respiratory Health Delivery Plan since 2018. This includes a section on the better management of TB because although the rates of infection are lower in Wales, it appears as if the mortality rate is higher than elsewhere in the UK. The Delivery Plan has expanded the National Cohort Review Programme which has been running on an unofficial basis since 2012. The cohort review offers consensus on all cases derived from the UK enhanced surveillance system (ETS) and meets quarterly. It can also offer advice on dealing with drug resistance, new immigrant screening and management of difficult cases. The scheme now has representation from medical and nursing staff in all health boards, though not all have funded formal sessions for TB. HDUHB has been contributing to the cohort review since Dr Llewellyn Jones assumed her role in 2015.

One other product of the Delivery Plan has been a proposal for a Welsh National Plan for Tuberculosis, including a new policy for migrants. The

proposal, "Tuberculosis Strategy and Service Specification for Wales 2021-2026" was written by Dr Gwen Lowe (a PHW employee) on behalf of the Delivery Group. This document was submitted to the Welsh Government for consideration more than 12 months ago, but so far, no formal response has been received. In contrast, the NHS in England has had a formal collaborative (NHSE and UKHSA) strategy for the control of tuberculosis in place since 2015.

8. Conclusions

The outbreak of human tuberculosis, which was first identified in Llwynhendy in 2010, continues to cause concern now, more than a decade later. The relevant strain of MTB is not unique to the outbreak which was centred on a public house but has also been recorded elsewhere in the UK. The index case in the outbreak had suffered prolonged symptoms before diagnosis and was highly infectious in a social environment that would predictably have led to high levels of transmission. As a result, there have been at least 31(30 individuals) cases of active pulmonary TB and at least 300 cases of latent TB infection. Retrospective review of the available samples with culture and WGS typing identified 18 proven cases over the duration of the outbreak. Over the years, the outbreak response has resulted in the tracing of 663 individual contacts and a community screening programme, which tested 1950 people. The latter exercise demonstrated a surprisingly high level of TB infection in the local population (average 11%) which was highest in people who had historical contact with the public house in Llwynhendy or the index case. Although we cannot be certain that the high level of TB infection in the community is all related to the outbreak, it does suggest that there is a high risk of community outbreak in the future.

The pattern of TB in West Wales is different from the usual pattern seen in the UK. The cases that the panel have examined are predominantly UK born

people all of whom had pulmonary disease. This differs from the common presentation in urban Britain where most cases occur in the non-UK-born and about half of whom have TB outside the lungs. This difference in demography in West Wales may result in delays in diagnosis and therefore in increased transmission of disease until there is a higher level of medical and public awareness.

TB Background

Wales has low rates of TB that are generally confined to urban areas but despite the low incidence, the death rates are twice as high as England. The national rate of TB is falling but no figures are available beyond 2018. The incidence of active TB in Hywel Dda is very low but has continued to fluctuate. As explained above, the cases do not fit the same pattern as seen elsewhere in the UK. Continued vigilance is therefore required by health professionals and the public to guard against future outbreaks. We noted a reluctance amongst some contacts in the population caught up in the outbreak to co-operate with the contact tracing process.

Medical services environment at the onset of the outbreak

At the time of the outbreak the medical services were in flux during a period of service mergers and hospital re-arrangements. The respiratory service was struggling with consultant vacancies requiring locums to plug the gaps. In addition, there was no designated TB lead consultant or dedicated TB nurse to run a disease specific service.

Initial outbreak management

The initial outbreak management was inadequate. The cluster of cases was picked up promptly by microbiology and the first OTC meeting was timely but later meetings were held infrequently and seemed to lack a sense of urgency. The record keeping was poor and unstructured. The membership of the OCT was inconsistent and it appears as if the additional representation from PHW and the local DPH drifted away leaving the OCT short of experienced advice. It was clear quite early on that the index case was highly infectious yet contact tracing was limited to family and close

social contacts. The physical environment of the pub was highly conducive to respiratory transmission, but this appears to have been unexplored. There was a failure to understand the role of social interactions between customers in the public house in Llwynhendy and other public houses as well as a possible role of the travelling darts team in wider dissemination of TB disease and infection. The outbreak control team was terminated prematurely perhaps failing to appreciate the super spreader nature of the outbreak. There was also a failure to appreciate that a much wider contact tracing net was required amongst non-household contacts. It is possible that a contact tracing team more familiar with local behaviour patterns may have acted differently.

The appearance of further cases initiated a second phase of outbreak control meetings and the performance and record keeping improved. However, the OCT was complicated by the simultaneous and ultimately unrelated school outbreak. This may have resulted in a loss of focus on the original problem. There was recognition that further cases were likely to arise but, inexplicably, the meetings petered out without any arrangement either to continue or to close the outbreak.

The outbreak team was recalled when a further case led to a fatality. From that point on, the OCT meetings of phases 3 and 4 had adequate senior leadership and representation. It was realised eventually that a community screening exercise was required to explore the extent of the outbreak and to bring it under control.

Clinical case management

As previously mentioned, in Hywel Dda there was no formal TB service until 2014 and no dedicated TB nurse until 2019. The situation has now improved significantly with the leadership of Dr Llewellyn Jones and her successor, Dr Gareth Collier. Prior to her appointment, the cases were treated by a variety of respiratory consultants though as far as we can tell, the treatment was adequate and timely, once the diagnosis had been made.

There is concern that cases do still go unrecognised in the community because of the underlying lack of awareness amongst primary care staff and the public.

It was clear from our inspection of the records that there was a high level of co-morbid illness amongst people who developed TB. This may reflect the underlying health inequalities in the community. The people who died with a current or prior diagnosis of TB with one exception, had serious underlying illnesses that were the primary cause of death. In the one fatal case where TB was the primary cause of death, there were factors leading to a short delay of treatment.

Systemic factors

It was clear that HDUHB was responsible via the Director of Public Health for the initial management of the outbreak and delegated to the CCDC. The role of PHW was to provide oversight, expertise and additional resource when required. The first response to the outbreak was flawed and the responsibilities did not seem clearly defined. From the third phase, PHW seemed to have a stronger influence on events. Neither Board appeared to have knowledge of the outbreak until 2019. The internal reviews commissioned by PHW came to similar conclusions to this panel but could have done so earlier with heightened awareness from the beginning. In addition, we would have expected PHW to take a lead role in determining protocols and national policy for TB along the lines of the Health Security Agency in England. Instead, this seems to have been left to the specialty-led Delivery Group who have run the cohort review and proposed a national plan. PHW has had some involvement in the latter.

9. Recommendations

(1) The outbreak has not yet concluded and the high level of latent TB infection in the population implies further risk. This risk is heightened because the active disease in this population is

predominantly pulmonary and therefore more infectious. Although the level of active TB infection is low in West Wales, delayed presentation in unrecognised cases may lead to further outbreaks and deaths. The level of awareness amongst the public and their health care professionals must be therefore increased and maintained. This also applies to trainee health professionals.

(2) Any future outbreaks should be overseen by PHW from the outset with a TB -specific standard operating procedure for the conduct and recording of outbreak management. The current SOP and OCT policy needs to be updated in this respect. The latter needs to be developed alongside modern data analysis and WGS typing so that outbreaks are identified and contained. Comprehensive contact networks of all cases should be recorded electronically and plotted with social network analyses undertaken to ensure links between cases are uncovered quickly and easily.

(3) Funding should be identifiable ahead of time for outbreaks of infectious diseases so that such outbreaks can be managed in a timely and effective manner without the need for time-wasting discussion.

(4) The local TB service has improved but still has inadequacies. In particular, cross-cover arrangements need to be in place for annual, sick and study leave in order to prevent delays in treatment. Pharmacy and administrative support needs improvement. Succession planning for the TB Specialist Nurse also needs to be clear.

(5) At a national level, the Cohort Review Programme needs to be supported with adequate funding for each contributing health board.

(6) Welsh Government should support both the Cohort Review Programme and the proposal for a National Service Specification that includes the development of a TB pathway to tackle delayed diagnosis (e.g. investigating cough lasting longer than three weeks).

(7) Wales does not seem to be properly prepared for the challenges of new migrants, refugees, and the occurrence of future drug resistance. These factors should be included in a future TB plan supported and funded by Welsh Government.

Panel membership

Professor Michael Morgan (Chair)

Consultant respiratory physician, University Hospitals of Leicester NHS Trust. Honorary Professor, University of Leicester.

Alison Blake

Lead Nurse for Community TB service, Cornwall Partnership NHS Foundation Trust

Professor Graham Bothamley

Honorary Professor and Consultant Physician, Homerton University Hospital, Queen Mary University and London School of Hygiene and Tropical Medicine

Professor Onn Min Kon

Chair of the Joint Tuberculosis Committee, Consultant Physician, St Mary's Hospital, London

Tracey Langham

TB Health Protection Nurse, National TB Unit, UK Health Security Agency.

Dr Sophia Makki

Public Health Consultant, Programmed Delivery Unit (PDU), UK Health Security Agency

Professor Heather Milburn

Professor of Respiratory Medicine, Honorary consultant Guys and St Thomas's NHS Trust

Dr Sally Millership

Previously Consultant in Communicable Disease Control at Public Health England, Chelmsford, England,

Dr Esther Robinson

Head of TB Unit & Clinical Lead, National Mycobacterial Reference Service, UK Health Security Agency

Document list

OCT minutes November 2009- September 2022

HDUHB Board minutes

PHW Board minutes

HDUHB TB Operational Group minutes

Dr Brendon Mason's reports and analysis

PHW Internal Reports and De-briefs

Welsh Respiratory Delivery Group National Cohort Review reports

Proposal for a Tuberculosis Strategy and Service Specification for Wales 2021-2026

All Wales TB annual report 2019

Draft Outbreak reports 2011 & 2015

PHW Situation Summary 2022

Outbreak meeting attendance record

Community screening report

Statutory establishment orders for PHW and HDUHB 2009

Public Health Wales Microbiology Division. Bioinformatics Report. WGS Analysis of Llwynhendy-related isolates.

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England Collaborative TB Strategy 2015-2020. https://www.gov.uk/government/publications/collaborative-tuberculosis-strategy-for-england

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Tuberculosis in Wales Annual Report 2019
https://phw.nhs.wales/news/tuberculosis-in-wales-annual-report-2019/#:~:text=A%20new%20report%20published%20by,generally%20been%20declining%20since%202009.

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Whole-genome sequencing to delineate Mycobacterium tuberculosis outbreaks: a retrospective observational study. www.thelancet.com/infection Vol 13 February 2013

Phylogenetic Analysis of Mycobacterium tuberculosis Strains in Wales by Use of Core Genome Multilocus Sequence Typing To Analyze Whole-Genome Sequencing Data. Journal of Clinical Microbiology June 2019 Volume 57 Issue 6

Acknowledgements

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The Panel are also grateful to have had an opportunity to talk to many people who were involved in the management of the outbreak and other experts who have given us valuable information. Some of these are listed below:

Professor Phil Kloer

Dr Brendon Mason

Dr Carol Llewellyn Jones

Dr Gareth Collier

Professor Kier Lewis

Kelly Goddard

Dr Ian Campbell

Brendon Scott & Prof Al Story

Dr Simon Barry

Dr Quentin Sandifer

Dr Mark Temple

An External Review of the Llwynhendy Tuberculosis Outbreak
Terms of Reference

1. Scope

1.1 An outbreak of *M. tuberculosis* (TB) centred on the Llwynhendy electoral ward in Carmarthenshire, West Wales was first declared in November 2010. Since then an outbreak control team (OCT) has been convened and stood down three times. In November 2018 an OCT was reconvened for the fourth time. This is now delivering a staged approach to community screening, which is ongoing.

1.2 The Boards of Public Health Wales and Hywel Dda University Health Board wish to examine whether the outbreak has been managed optimally including whether contact tracing should have been extended at an earlier stage, and whether the clinical care provided to cases was optimal, and if these affected the extent and impact of the outbreak.

1.3 Public Health Wales and Hywel Dda University Health Board have agreed to jointly commission an independent external review to examine these questions as well as to identify the lessons learned from the response to this outbreak and to provide assurance of the current arrangements.

1.4 The review will cover the management of the outbreak from November 2010, when first declared, until the present time (August 2021), to identify the actions that have been taken in response to lessons identified.

2. Purpose

2.1 The purpose of the Review is to examine:

- Whether the management of the outbreak since 2010 overall, and at each stage, was conducted in accordance with best practice guidance in place at the time of each phase of the outbreak (with reference to national strategies, strategies in other parts of the UK, WHO guidance, plans, guidelines and organisational protocols and procedures);

- The effectiveness of the respective involvement of Public Health Wales and Hywel Dda University Health Board in the control of the outbreak and treatment of latent or active TB cases at each stage (including the current phase) including the people and financial resources provided by both organisations in response to the outbreak to prevent disease transmission and treat identified TB disease;

- The governance arrangements (including reporting and escalation) for informing Teams and Boards of the outbreak and providing assurance to the Boards of each organisation;

- A review of any reported cases of: 1. People identified over the course of the outbreak who have died where the death certificate identified that TB contributed to or caused the death, and 2. People that have developed active TB;

- The effectiveness of any policy(ies) relevant to TB disease prevention, treatment and control including the management of outbreaks applicable in Wales in each phase of the outbreak and the reporting arrangements within Wales since the outbreak was first declared in 2010;

- The effectiveness of external expert advice sought and obtained including liaison with other organisations, for example, Public Health England (and UK Health Security Agency from October 2021) or the British Thoracic Society.

2.2 The review should identify lessons learned and make recommendations to Public Health Wales and Hywel Dda University Health Board for improvement. There may also be recommendations for other key stakeholders.

3. Reporting and Accountability

3.1 The Executive Medical Director at Public Health Wales and the Executive Medical Director at Hywel Dda University Health Board will be the joint Executive sponsors of the review and are accountable to their Boards for the delivery of the Reviewers' report(s).

3.2 The priority of both organisations at the present time is to continue to manage the outbreak and not distract attention or divert resources from that objective.

3.3 The sponsors would like the review to proceed at pace and are therefore looking to receive an interim Reviewers' report(s) by the end of February 2022 (indicative) with the view to have a preliminary discussion with the Chairs of the Boards and Chief Executives of both organisations prior to a final report being submitted to and presented at the respective Boards no later than May 2022, with an expectation of a report to QSIAC by the end of March.

3.4 The Executive sponsors will prepare a joint SBAR for the respective Boards to support the review panel's final report.

3.5 The Reviewer(s) may wish to establish short duration task and finish groups on specific matters of enquiry as and when necessary, for example, a mortality review group and both organisations will give reasonable consideration to requests for any associated necessary resources.

3.6 The Review Project team will report regularly (monthly) on progress of the review to the Executive Sponsor and Executive Team in each organisation.

3.7 If, in the course of the Review, matters are identified that require immediate and urgent action on grounds of public health or quality and safety of clinical care, then these will be raised, in the first instance, with the Executive Sponsors of the Review to determine whether urgent actions are required.

4. Membership of the review team

4.1 The Reviewers are expected to include:

- A senior public health specialist with expertise in health protection including outbreak control and ideally with demonstrable knowledge of tuberculosis as a public health issue.
- A senior respiratory medicine specialist with expertise in tuberculosis disease.
- A respiratory nurse specialist with expertise in tuberculosis disease.
- A senior microbiologist with expertise in TB diagnosis and expertise in public health microbiology.
- Lay Member: An independent lay representative from a national organisation that has an interest in the treatment and control of tuberculosis and patient outcomes.

The review panel will be chaired by Professor Mike Morgan, previously NHS England's National Clinical Director for Respiratory Disease.

5. Resources to support the review

The commissioning organisations will agree a reasonable request from the reviewers for the resources, human and otherwise, needed to deliver the review. It is expected that this will include access to relevant premises and facilities to conduct necessary activities (meetings etc.); administrative support to assist document retrieval and management, arranging interviews, and the preparation of (a) report(s); retrieval and preparation of case records to support a mortality review; and project management to deliver the review.

A Project team will be established to support the review panel. The Project team will be led by a Project manager and will include administrative support, Communications and Information and Communications Technology. The Chair of the Review Panel will work closely with the Project Team to ensure adequate support to the review and review panel members.

6. Communications and publication of review findings

6.1 The review is undertaken as part of the legal duty of candour for Public Health Wales and Hywel Dda University Health Board and accordingly, the communication and dissemination of the findings will adopt an open and transparent approach.

6.2 A joint Communications Strategy will be agreed by both Public Health Wales and Hywel Dda University Health Board, that will define the end-to-end process from the initiation of the review to the publication of the findings.

6.3 The Communication Strategy will include consideration of the needs of key stakeholders, including members of the public, individuals and families directly affected, Welsh Government, Health Boards, Community Health Councils and Local Authorities.

6.4 A joint Communications Plan will include details on plans for publication, including indicative timelines for public meetings and meetings with those directly affected. Where required, earlier contact will be made with individuals and families affected.

Appendix B

Outbreak of TB in Llwynhendy: External Review Recommendations

PHW ACTION PLAN

V0f 18 Jan 2023

General response

Public Health Wales (PHW) welcomes the findings of the independent review into the response to the outbreak of Tuberculosis (TB) centred around Llwynhendy, Carmarthenshire. PHW accepts the recommendations of the review in full and we have developed this action plan (jointly with Hywel Dda University Health Board) to address these.

We recognise the challenges outlined by the review of working across systems to effectively manage outbreaks of TB. Such outbreaks are complex because of the elaborate social networks and often extended timescales involved, resulting in cases presenting many months or indeed years later. Reflecting back over a decade, it is encouraging that the review has identified the progress and organisational learning over recent years in our approach to managing the outbreak, whilst also recognising there is scope for further development.

The findings of the review are a fair reflection of the ongoing need to ensure safe clinical services, public health leadership, and strategic direction through government policy for the management of TB in Wales. As such, the recommendations highlight where PHW, working with other organisations need to focus on internal processes as well as where we should be improving on our collaborative working.

PHW takes its responsibility to protect the health of people in Wales very seriously. Applying and sharing learning from the external review, we will continue to provide systems leadership in response to TB in Wales and ensure our processes reflect the latest practices and evidence. We will work with our partners to maintain and strengthen our commitment to raising awareness of the risks from TB on a population level as well as amongst health professionals, particularly with Primary Care Services.

Whilst PHW does not provide direct clinical services for TB in Wales, we will continue to support Health Boards through the TB cohort review process, recognising that this is a vital focal point to share learning and influence strategy. We have a designated TB Lead in our Health Protection Team who will have an important role to take this forward for PHW.

Through our regular health protection situation report, we will continue to inform our Executive Team and Board of significant incidents and outbreaks and outline the actions we are taking to control transmission. We will also review the findings of the internal review undertaken in 2019 to ensure that any actions not covered by the

Appendix B

Recommendation		Response	Action	Lead	By When
1	The outbreak has not yet concluded and the high level of latent TB infection in the population implies further risk. This risk is heightened because the active disease in this population is predominantly pulmonary and therefore more infectious. Although the level of active TB infection is low in West Wales, delayed presentation in unrecognised cases may lead to further outbreaks and deaths. The level of awareness amongst the public and their health care professionals must be therefore increased and maintained. This also applies to trainee health professionals.	PHW already contributes to training of healthcare professionals through input into medical and nursing student training, postgraduate training (including for junior doctors), taught courses (e.g. MPH), as well as supporting training for other professionals including Environmental Health Officers through the Lead Officer training programme. All of these provide opportunity to raise the profile of TB.	PHW will continue to work with other partners to improve awareness of TB amongst the public and healthcare professionals, particularly with Primary Care Services in affected areas, including trainees, drawing on input from clinicians, public health specialists, communications specialists and behavioural scientists, amongst others.	Director of Health Protection, PHW	June 2023
2	Any future outbreaks should be overseen by PHW from the outset with a TB -specific standard operating procedure for the conduct and recording of outbreak management. The current SOP and OCT policy needs to be updated in this respect. The latter needs to be	The current PHW SOP outlines the general approach to TB cases and indicates when escalation to an OCT is required. This will be strengthened to ensure the TB-specific considerations and expectations of an OCT are explicit. These are already	PHW will work with HD UHB and other key partners to create a Standard Operating Procedure and updated OCT policy for the management of TB outbreaks and incidents. PHW will work with HDUHB and other partners to develop an SOP that is TB-specific and	Director of Health Protection, PHW	July 2023

	developed alongside modern data analysis and WGS typing so that outbreaks are identified and contained. Comprehensive contact networks of all cases should be recorded electronically and plotted with social network analyses undertaken to ensure links between cases are uncovered quickly and easily.	outlined in general terms in the Communicable Disease Outbreak Control Plan for Wales and include the communication and sharing of information with local health care services when an outbreak is identified, to ensure that affected communities are well informed of the symptoms of TB and what to do if they are experiencing symptoms.	makes references to the generic outbreak control plan and procedures on data management, network analysis and diagnostics (including whole genome sequencing). It will also include the development of a revised methodology for managing contact networks and analyses to ensure links between cases are uncovered quickly and easily.		
3	Funding should be identifiable ahead of time for outbreaks of infectious diseases so that such outbreaks can be managed in a timely and effective manner without the need for time-wasting discussion.	Responsibility for assessing and screening contacts sits with Health Boards as a matter of routine. As such, PHW role is in providing leadership to the outbreak response, health protection expertise, and coordination of any communication. Additionally, PHW has a CCDC with a lead role for TB, providing public health leadership across Wales. Other resources include those required for undertaking specific and mass community screening and helplines and	PHW will advocate for future revisions to the All Wales Communicable Disease Outbreak Plan to consider how financial resourcing is agreed amongst partners.	Deputy Director of Health Protection and Screening Services, PHW	July 2023

		communications. This is not specific to TB and includes response to other communicable diseases.			
4	The local TB service has improved but still has inadequacies. In particular, cross-cover arrangements need to be in place for annual, sick and study leave in order to prevent delays in treatment. Pharmacy and administrative support needs improvement. Succession planning for the TB Specialist Nurse also needs to be clear		HD UHB to lead		
5	At a national level, the Cohort Review Programme needs to be supported with adequate funding for each contributing health board.		PHW and HDUHB in collaboration with other key partners will work with Welsh Government and other health boards to agree the framework for ensuring the Cohort Review Programme is a central part of a TB strategy to reduce the incidence of tuberculosis in Wales. PHW will continue to support the cohort review through provision of epidemiological data and health protection input.	Director of Health Protection, PHW	To be confirmed

6	Welsh Government should support both the Cohort Review Programme and the proposal for a National Service Specification that includes the development of a TB pathway to tackle delayed diagnosis (e.g. investigating cough lasting longer than three weeks).	PHW's TB Lead submitted a proposal to Welsh Government for a TB strategy and Service Specification in 2021. This will form a firm foundation for developing a strategic approach to tackling TB in Wales in the future.	PHW and HDUHB in collaboration with other key partners will work with Welsh Government to agree the framework for ensuring that a national service specification for TB is a central part of a TB strategy to reduce the incidence of tuberculosis in Wales.	Director of Health Protection, PHW	To be confirmed
7	Wales does not seem to be properly prepared for the challenges of new migrants, refugees, and the occurrence of future drug resistance. These factors should be included in a future TB plan supported and funded by Welsh Government.	PHW's TB Lead submitted a proposal to Welsh Government for a TB strategy and Service Specification in 2021. This will form a firm foundation for developing a strategic approach to tackling TB in Wales in the future. PHW has been supporting the Wales response to the crisis in Ukraine. We have established a TB screening and laboratory diagnostic service to offer testing for active and latent TB amongst refugees from Ukraine. The outcomes are reported regularly through a dedicated surveillance programme.	PHW and HDUHB in collaboration with other key partners will work with Welsh Government and other health boards to agree the framework for a TB strategy and action plan to reduce the incidence of tuberculosis in Wales, including addressing the needs of under-served populations. Owing to the migratory nature of some underserved groups and recognising that TB does not respect administrative borders, we will work across the four nations in the UK to ensure any strategy complements those in other nations.	Director of Health Protection, PHW	To be confirmed

HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE 17th APRIL 2023

Revenue & Capital Budget Monitoring Report 2022/23

THE SCRUTINY COMMITTEE IS ASKED TO:

- receive the budget monitoring reports for the Health and Social Services and considers the budgetary position.

Reasons:

- to provide Scrutiny with an update on the latest budgetary position as at 31st December 2022, in respect of 2022/23.

CABINET MEMBER PORTFOLIO HOLDERS:

- Cllr. Jane Tremlett (Health & Social Services)
- Cllr. Alun Lenny (Resources)

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

EXECUTIVE SUMMARY

HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE 17th APRIL 2023

Revenue & Capital Budget Monitoring Report 2022/23

The Financial Monitoring Report is presented as follows:

Revenue Budgets

Appendix A
Summary position for the Health and Social Services Scrutiny Committee. Services are forecasting a £6,329k overspend.

Appendix B
Report on Main Variances on agreed budgets.

Appendix C
Detailed variances for information purposes only.

Capital Budgets

Appendix D
Details the main variances on capital schemes, which shows a forecasted variance of (£38k) against a net budget of £1,416k on social care projects, and a (£465k) variance against the Children Services projects net budget of £975k.

Appendix E
Details all Social Care and Children's Residential capital projects.

Savings Monitoring

Appendix F
The savings monitoring report.

DETAILED REPORT ATTACHED?	**YES –** ***A list of the main variances is attached to this report***

IMPLICATIONS

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

Signed: Chris Moore Director of Corporate Services

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

3. Finance

Revenue – Health & Social Services is projecting that it will be over its approved budget by £6,329k.

Capital – The capital programme shows a variance of (£503k) against the 2022/23 approved budget.

Savings Report

The expectation is that at year end £1,338k of Managerial savings against a target of £1,603k are forecast to be delivered. There are no Policy savings put forward for 2022/23.

7. Physical Assets

The expenditure on the capital programme will result in the addition of new assets or enhancement to existing assets on the authority's asset register.

CABINET MEMBER PORTFOLIO HOLDERS AWARE/~~CONSULTED~~? YES	(Include any observations here)

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**
2022/23 Budget	Corporate Services Department, County Hall, Carmarthen
2022-27 Capital Programme	Online via corporate website – Minutes of County Council Meeting 2nd March 2022

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Health & Social Services Scrutiny Report
Budget Monitoring as at 31st December 2022 - Summary

Division	Working Budget				Forecasted				Dec 2022 Forecasted Variance for Year £'000	Oct 2022 Forecasted Variance for Year £'000
	Expenditure £'000	Income £'000	Net non-controllable £'000	Net £'000	Expenditure £'000	Income £'000	Net non-controllable £'000	Net £'000		
Adult Services										
Older People	71,111	-25,954	3,557	48,715	71,441	-25,974	3,557	49,024	309	-482
Physical Disabilities	8,478	-1,909	286	6,856	8,263	-2,069	286	6,480	-376	-404
Learning Disabilities	43,972	-11,718	1,439	33,693	45,799	-11,374	1,439	35,864	2,171	2,309
Mental Health	11,511	-4,324	233	7,420	11,719	-4,289	233	7,663	242	160
Support	11,251	-7,370	1,167	5,048	11,366	-7,444	1,167	5,089	42	-51
Children's Services										
Children's Services	26,530	-8,150	2,600	20,980	33,438	-11,118	2,600	24,919	3,939	3,824
GRAND TOTAL	**172,853**	**-59,425**	**9,282**	**122,710**	**182,026**	**-62,269**	**9,282**	**129,039**	**6,329**	**5,358**

Health & Social Services Scrutiny Report

Budget Monitoring as at 31st December 2022 - Main Variances

Division	Working Budget		Forecasted		Dec 2022	Notes	Oct 2022
	Expenditure £'000	Income £'000	Expenditure £'000	Income £'000	Forecasted Variance for Year £'000		Forecasted Variance for Year £'000
Adult Services							
Older People							
Older People - Commissioning	4,520	-912	4,302	-823	-129	Recruitment issues re Social Workers. Additional budget has been allocated in 2022/23 and a wide range of initiatives are being launched to increase recruitment.	-110
Older People - LA Homes	9,265	-4,286	9,899	-4,460	460	Recruitment issues in respect of care workers has increased the reliance on Agency staff. Impact of 2022/23 pay award significantly higher than budgeted (approx. £390k).	120
Older People - LA Home Care	7,836	0	8,110	0	274	Impact of 2022/23 pay award significantly higher than budgeted (approx. £350k).	-98
Older People - Direct Payments	1,285	-313	1,451	-313	166	Demand for Direct Payments remains high as an alternative to other service provision	149
Older People - Private Home Care	9,515	-2,638	9,784	-2,638	270	Additional costs in the Home Care Framework due to supporting rural provision	358
Older People - Enablement	2,060	-485	1,668	-485	-392	Demand for reablement services remains high but capacity to deliver is constrained by staff recruitment issues. A wide range of initiatives have been launched to address this.	-541
Older People - Day Services	895	-84	515	-4	-299	Provision of day services is reduced compared to pre-pandemic levels.	-335
Older People - Other variances					-40		-25
Physical Disabilities							
Phys Dis - Private/Vol Homes	1,574	-313	1,324	-313	-250	Demand for residential placements is lower than pre-pandemic. Demand levels are increasing slowly.	-260
Phys Dis - Group Homes/Supported Living	1,447	-174	1,000	-174	-448	Demand for Supported Living placements is lower than pre-pandemic.	-488
Phys Dis - Direct Payments	3,024	-603	3,530	-603	507	Demand for Direct Payments remains high as an alternative to other service provision	481
Phys Dis - Other variances					-185		-138
Learning Disabilities							
Learn Dis - Employment & Training	1,921	-279	1,515	-61	-188	Provision of LD day services is reduced compared to pre-pandemic levels.	-124
Learn Dis - Private/Vol Homes	12,296	-4,482	13,430	-4,482	1,133	Whilst demand for LD Residential Placements has not increased significantly, the budget has been reduced to reflect efficiency proposals. The delivery of this has been delayed.	1,037
Learn Dis - Direct Payments	4,490	-572	4,936	-559	459	Demand for Direct Payments remains high as an alternative to other service provision	462
Learn Dis - Group Homes/Supported Living	10,967	-2,295	12,861	-2,295	1,894	Whilst demand for LD Supported Accommodation has not increased significantly, the budget has been reduced to reflect efficiency proposals. The delivery of this has been delayed.	1,894
Learn Dis - Adult Respite Care	1,086	-812	1,205	-812	118	Recruitment issues in respect of care workers has increased the reliance on Agency staff	98
Learn Dis - Day Services	2,672	-464	2,349	-361	-220	Provision of LD day services is reduced compared to pre-pandemic levels.	-157
Learn Dis - Private Day Services	1,179	-84	647	74	-374	Provision of LD day services is reduced compared to pre-pandemic levels.	-313

Health & Social Services Scrutiny Report

Budget Monitoring as at 31st December 2022 - Main Variances

Division	Working Budget		Forecasted		Dec 2022	Notes	Oct 2022
	Expenditure £'000	Income £'000	Expenditure £'000	Income £'000	Forecasted Variance for Year £'000		Forecasted Variance for Year £'000
Learn Dis - Adult Placement/Shared Lives	2,940	-1,992	2,434	-2,056	-570	Provision of LD day services which forms part of the Shared Lives Services, is reduced compared to pre-pandemic levels.	-554
Learn Dis - Other variances					-82		-34
Mental Health							
M Health - Commissioning	1,539	-154	1,177	-120	-328	Recruitment issues re Social Workers. Additional budget has been allocated in 2022/23 and a wide range of initiatives are being launched to increase recruitment.	-335
M Health - Private/Vol Homes	6,653	-3,377	7,229	-3,377	576	Whilst demand for MH Residential Placements has not increased significantly, the budget has been reduced to reflect efficiency proposals. The delivery of this has been delayed.	527
M Health - Group Homes/Supported Living	1,648	-466	1,840	-466	192	Accommodation and Efficiency project plans for strategic longer term future accommodation options as well as current client group has experienced delays due to COVID19. The Progression & Review Team will prioritise Rightsizing in Supported Living in 2022.	192
M Health - Community Support	777	-78	610	-78	-167	Community Support Provision is reduced compared to pre-pandemic levels.	-206
M Health - Other variances					-30		-18
Support							
Support - Other variances					42		-51
Children's Services							
Commissioning and Social Work	7,854	-109	8,914	-284	885	Increased agency staff costs forecast £578k re additional demand & difficulty recruiting permanent staff, legal costs £299k with additional external provision due to increased complexity of cases and increased demand for assistance to clients and their families £157k. This is partly offset by other net savings - £149k - staffing budget due to vacancies as not able to recruit and additional grant income	1,016
Corporate Parenting & Leaving Care	1,067	-124	1,036	-209	-116	Maximisation of grant income supporting priorities the service had already identified and have staff working on	-101
Fostering & Other Children Looked After Services	4,276	0	5,064	-62	726	Specialist support (mainly agency) for 2 young people with highly complex needs £406k. Boarded out costs re demand, allowance increases and additional payments due to connected carers £181k. Enhancement costs re more complex children in placements £52k, transport to school costs £48k re demand & increased fuel costs, one off IT equipment purchases for Carers £24k, an extension for 1 family £32k, panel costs £15k, promotion & marketing costs £11k. Increase in Special Guardianship Orders (SGO's) £19k. This is offset by additional WG grant £62k	753
Adoption Services	564	0	1,198	-532	102	Increased staffing costs, including agency staff re ongoing service demands and maternity leave cover required for 3 members of the team	90

Health & Social Services Scrutiny Report

Budget Monitoring as at 31st December 2022 - Main Variances

Division	Working Budget		Forecasted		Dec 2022	Notes	Oct 2022
	Expenditure	Income	Expenditure	Income	Forecasted Variance for Year		Forecasted Variance for Year
	£'000	£'000	£'000	£'000	£'000		£'000
Out of County Placements (CS)	446	0	1,619	-31	1,142	3 new highly complex placements in 2022/23	990
Residential Units	849	-365	2,486	-1,162	839	£672k Garreglwyd - significant agency staff costs forecast due to difficulty recruiting to vacant posts & sickness cover. This projected outturn position assumes £394k income from Hywel Dda University Health Board. £167k forecast overspend at the new Ty Magu Residential Unit - increased staffing costs re complex placements £336k (including £54k agency staff costs) and other estimated running costs £51k, with no budget currently available for non-staffing costs. This is offset by £220k WG grant	725
Supporting Childcare	1,321	-710	1,639	-1,088	-60	Maximisation of grant income supporting priorities the service had already identified and have staff working on	-29
Short Breaks and Direct Payments	689	-59	1,386	-255	501	Increased demand for Direct Payments since change in legislation, further pressures linked to covid-19 & lack of commissioned services available £377k. Also increased demand for 1-2-1 support under Short Breaks due to lack of available location based services £296k, partly offset by recently awarded WG grant - £172k	328
Other Family Services incl Young Carers and ASD	946	-577	1,043	-752	-78	Maximisation of grant income, partially offsetting overspends elsewhere within the division	-61
Children's Services Mgt & Support (inc Eclipse)	1,165	-164	1,635	-669	-36	Increased funding from Home Office in relation to Unaccompanied Asylum Seeker Children - only communicated recently and therefore not committed in October return	64
Children's Services - Other Variances					34		48
Grand Total					**6,329**		**5,358**

Health & Social Services Scrutiny Report
Budget Monitoring as at 31st December 2022 - Detail Monitoring

Division	Working Budget				Forecasted				Dec 2022	Notes	Oct 2022
	Expenditure £'000	Income £'000	Net non-controllable £'000	Net £'000	Expenditure £'000	Income £'000	Net non-controllable £'000	Net £'000	Forecasted Variance for Year £'000		Forecasted Variance for Year £'000
Adult Services											
Older People											
Older People - Commissioning	4,520	-912	675	**4,283**	4,302	-823	675	**4,154**	**-129**	Recruitment issues re Social Workers. Additional budget has been allocated in 2022/23 and a wide range of initiatives are being launched to increase recruitment.	**-110**
Older People - LA Homes	9,265	-4,286	1,263	**6,242**	9,899	-4,460	1,263	**6,702**	**460**	Recruitment issues in respect of care workers has increased the reliance on Agency staff. Impact of 2022/23 pay award significantly higher than budgeted (approx. £390k).	**120**
Older People - Supported Living	103	0	0	**103**	103	0	0	**103**	**0**		**0**
Older People - Private/ Vol Homes	28,188	-13,241	328	**15,275**	28,194	-13,241	328	**15,280**	**5**		**5**
Older People - Private Day Care	33	0	0	**33**	56	0	0	**56**	**23**		**16**
Older People - Extra Care	847	0	10	**857**	891	0	10	**901**	**44**		**25**
Older People - LA Home Care	7,836	0	750	**8,586**	8,110	0	750	**8,860**	**274**	Impact of 2022/23 pay award significantly higher than budgeted (approx. £350k).	**-98**
Older People - MOW's	6	-6	0	**-0**	0	0	0	**0**	**0**		**0**
Older People - Direct Payments	1,285	-313	6	**979**	1,451	-313	6	**1,144**	**166**	Demand for Direct Payments remains high as an alternative to other service provision	**149**
Older People - Grants	2,973	-2,603	16	**385**	2,979	-2,625	16	**370**	**-15**		**-22**
Older People - Private Home Care	9,515	-2,638	116	**6,992**	9,784	-2,638	116	**7,262**	**270**	Additional costs in the Home Care Framework due to supporting rural provision	**358**
Older People - Ssmmss	1,238	-309	99	**1,028**	1,140	-309	99	**930**	**-98**		**-50**
Older People - Careline	2,114	-1,077	4	**1,040**	2,114	-1,077	4	**1,040**	**-0**		**0**
Older People - Enablement	2,060	-485	174	**1,748**	1,668	-485	174	**1,357**	**-392**	Demand for reablement services remains high but capacity to deliver is constrained by staff recruitment issues. A wide range of initiatives have been launched to address this.	**-541**
Older People - Day Services	895	-84	117	**928**	515	-4	117	**628**	**-299**	Provision of day services is reduced compared to pre-pandemic levels.	**-335**
Older People - Private Day Services	236	0	0	**236**	236	0	0	**236**	**-0**		**0**
Older People Total	**71,111**	**-25,954**	**3,557**	**48,715**	**71,441**	**-25,974**	**3,557**	**49,024**	**309**		**-482**
Physical Disabilities											
Phys Dis - Commissioning & OT Services	861	-301	42	**602**	631	-153	42	**521**	**-81**		**-48**
Phys Dis - Private/Vol Homes	1,574	-313	13	**1,274**	1,324	-313	13	**1,024**	**-250**	Demand for residential placements is lower than pre-pandemic. Demand levels are increasing slowly.	**-260**
Phys Dis - Group Homes/Supported Living	1,447	-174	12	**1,285**	1,000	-174	12	**837**	**-448**	Demand for Supported Living placements is lower than pre-pandemic.	**-488**
Phys Dis - Community Support	186	0	1	**188**	143	0	1	**145**	**-43**		**-45**
Phys Dis - Private Home Care	340	-92	3	**251**	340	-92	3	**251**	**0**		**0**
Phys Dis - Aids & Equipment	828	-424	200	**603**	1,130	-733	200	**596**	**-7**		**-7**
Phys Dis - Grants	161	0	0	**161**	150	0	0	**150**	**-11**		**-11**
Phys Dis - Direct Payments	3,024	-603	14	**2,435**	3,530	-603	14	**2,941**	**507**	Demand for Direct Payments remains high as an alternative to other service provision	**481**
Phys Dis - Manual Handling	4	0	0	**4**	0	0	0	**0**	**-4**		**0**
Phys Dis - Independent Living Fund	53	0	0	**53**	14	0	0	**14**	**-39**		**-26**
Physical Disabilities Total	**8,478**	**-1,909**	**286**	**6,856**	**8,263**	**-2,069**	**286**	**6,480**	**-376**		**-404**

Health & Social Services Scrutiny Report
Budget Monitoring as at 31st December 2022 - Detail Monitoring

Division	Working Budget				Forecasted				Dec 2022	Notes	Oct 2022
	Expenditure	Income	Net non-controllable	Net	Expenditure	Income	Net non-controllable	Net	Forecasted Variance for Year		Forecasted Variance for Year
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000
Learning Disabilities											
Learn Dis - Employment & Training	1,921	-279	347	**1,989**	1,515	-61	347	**1,801**	**-188**	Provision of LD day services is reduced compared to pre-pandemic levels.	**-124**
Learn Dis - Commissioning	1,041	-35	144	**1,149**	981	-55	144	**1,069**	**-80**		**-38**
Learn Dis - Private/Vol Homes	12,296	-4,482	81	**7,895**	13,430	-4,482	81	**9,028**	**1,133**	Whilst demand for LD Residential Placements has not increased significantly, the budget has been reduced to reflect efficiency proposals. The delivery of this has been delayed.	**1,037**
Learn Dis - Direct Payments	4,490	-572	23	**3,941**	4,936	-559	23	**4,400**	**459**	Demand for Direct Payments remains high as an alternative to other service provision	**462**
Learn Dis - Group Homes/Supported Living	10,967	-2,295	82	**8,754**	12,861	-2,295	82	**10,648**	**1,894**	Whilst demand for LD Supported Accommodation has not increased significantly, the budget has been reduced to reflect efficiency proposals. The delivery of this has been delayed.	**1,894**
Learn Dis - Adult Respite Care	1,086	-812	116	**390**	1,205	-812	116	**508**	**118**	Recruitment issues in respect of care workers has increased the reliance on Agency staff	**98**
Learn Dis - Home Care Service	347	-161	4	**190**	347	-161	4	**190**	**0**		**-0**
Learn Dis - Day Services	2,672	-464	382	**2,590**	2,349	-361	382	**2,370**	**-220**	Provision of LD day services is reduced compared to pre-pandemic levels.	**-157**
Learn Dis - Private Day Services	1,179	-84	11	**1,107**	647	74	11	**733**	**-374**	Provision of LD day services is reduced compared to pre-pandemic levels.	**-313**
Learn Dis - Transition Service	545	0	98	**643**	603	0	98	**701**	**58**		**65**
Learn Dis - Community Support	3,406	-162	24	**3,267**	3,406	-162	24	**3,267**	**-0**		**-0**
Learn Dis - Grants	530	-241	5	**294**	534	-305	5	**233**	**-61**		**-62**
Learn Dis - Adult Placement/Shared Lives	2,940	-1,992	84	**1,032**	2,434	-2,056	84	**462**	**-570**	Provision of LD day services which forms part of the Shared Lives Services, is reduced compared to pre-pandemic levels.	**-554**
Learn Dis/M Health - Ssmss	552	-138	38	**452**	552	-138	38	**452**	**0**		**1**
Learn Dis - Independent Living Fund	0	0	0	**0**	0	0	0	**0**	**0**		**0**
Learning Disabilities Total	**43,972**	**-11,718**	**1,439**	**33,693**	**45,799**	**-11,374**	**1,439**	**35,864**	**2,171**		**2,309**
Mental Health											
M Health - Commissioning	1,539	-154	83	**1,468**	1,177	-120	83	**1,140**	**-328**	Recruitment issues re Social Workers. Additional budget has been allocated in 2022/23 and a wide range of initiatives are being launched to increase recruitment.	**-335**
M Health - Private/Vol Homes	6,653	-3,377	41	**3,317**	7,229	-3,377	41	**3,893**	**576**	Whilst demand for MH Residential Placements has not increased significantly, the budget has been reduced to reflect efficiency proposals. The delivery of this has been delayed.	**527**
M Health - Private/Vol Homes (Substance Misuse)	151	-34	0	**116**	151	-34	0	**116**	**0**		**0**

Health & Social Services Scrutiny Report
Budget Monitoring as at 31st December 2022 - Detail Monitoring

Division	Working Budget				Forecasted				Dec 2022	Notes	Oct 2022
	Expenditure £'000	Income £'000	Net non-controllable £'000	Net £'000	Expenditure £'000	Income £'000	Net non-controllable £'000	Net £'000	Forecasted Variance for Year £'000		Forecasted Variance for Year £'000
M Health - Group Homes/Supported Living	1,648	-466	7	**1,188**	1,840	-466	7	**1,381**	**192**	Accommodation and Efficiency project plans for strategic longer term future accommodation options as well as current client group has experienced delays due to COVID19. The Progression & Review Team will prioritise Rightsizing in Supported Living in 2022.	**192**
M Health - Direct Payments	273	-45	1	**229**	305	-45	1	**260**	**32**		**36**
M Health - Community Support	777	-78	12	**711**	610	-78	12	**544**	**-167**	Community Support Provision is reduced compared to pre-pandemic levels.	**-206**
M Health - Day Services	1	0	0	**1**	1	0	0	**1**	**-0**		**0**
M Health - Private Day Services	0	0	0	**0**	0	0	0	**0**	**0**		**0**
M Health - Private Home Care	88	-29	1	**60**	88	-29	1	**60**	**0**		**-0**
M Health - Substance Misuse Team	382	-141	88	**329**	320	-141	88	**267**	**-62**		**-54**
Mental Health Total	**11,511**	**-4,324**	**233**	**7,420**	**11,719**	**-4,289**	**233**	**7,663**	**242**		**160**
Support											
Departmental Support	4,476	-3,000	799	**2,275**	4,515	-3,014	799	**2,300**	**25**		**13**
Performance, Analysis & Systems	556	-85	44	**515**	562	-89	44	**517**	**2**		**1**
VAWDASV	980	-980	8	**8**	980	-980	8	**8**	**-0**		**0**
Adult Safeguarding & Commissioning Team	1,763	-62	100	**1,801**	1,916	-200	100	**1,817**	**15**		**-65**
Regional Collaborative	1,919	-1,357	118	**679**	1,919	-1,357	118	**679**	**0**		**0**
Holding Acc-Transport	1,556	-1,886	98	**-232**	1,475	-1,804	98	**-231**	**0**		**0**
Support Total	**11,251**	**-7,370**	**1,167**	**5,048**	**11,366**	**-7,444**	**1,167**	**5,089**	**42**		**-51**
Children's Services											
Commissioning and Social Work	7,854	-109	1,682	**9,427**	8,914	-284	1,682	**10,312**	**885**	Increased agency staff costs forecast £578k re additional demand & difficulty recruiting permanent staff, legal costs £299k with additional external provision due to increased complexity of cases and increased demand for assistance to clients and their families £157k. This is partly offset by other net savings - £149k - staffing budget due to vacancies as not able to recruit and additional grant income	**1,016**
Corporate Parenting & Leaving Care	1,067	-124	71	**1,014**	1,036	-209	71	**899**	**-116**	Maximisation of grant income supporting priorities the service had already identified and have staff working on	**-101**
Fostering & Other Children Looked After Services	4,276	0	44	**4,321**	5,064	-62	44	**5,047**	**726**	Specialist support (mainly agency) for 2 young people with highly complex needs £406k. Boarded out costs re demand, allowance increases and additional payments due to connected carers £181k. Enhancement costs re more complex children in placements £52k, transport to school costs £48k re demand & increased fuel costs, one off IT equipment purchases for Carers £24k, an extension for 1 family £32k, panel costs £15k, promotion & marketing costs £11k. Increase in Special Guardianship Orders (SGO's) £19k. This is offset by additional WG grant £62k	**753**

Health & Social Services Scrutiny Report
Budget Monitoring as at 31st December 2022 - Detail Monitoring

Division	Working Budget				Forecasted				Dec 2022	Notes	Oct 2022
	Expenditure	Income	Net non-controllable	Net	Expenditure	Income	Net non-controllable	Net	Forecasted Variance for Year		Forecasted Variance for Year
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000
Adoption Services	564	0	37	**602**	1,198	-532	37	**704**	**102**	Increased staffing costs, including agency staff re ongoing service demands and maternity leave cover required for 3 members of the team	**90**
Out of County Placements (CS)	446	0	4	**450**	1,619	-31	4	**1,592**	**1,142**	3 new highly complex placements in 22/23	**990**
Residential Units	849	-365	109	**594**	2,486	-1,162	109	**1,432**	**839**	£672k Garreglwyd - significant agency staff costs forecast due to difficulty recruiting to vacant posts & sickness cover. This projected outturn position assumes £394k income from Hywel Dda University Health Board. £167k forecast overspend at the new Ty Magu Residential Unit - increased staffing costs re complex placements £336k (including £54k agency staff costs) and other estimated running costs £51k, with no budget currently available for non-staffing costs. This is offset by £220k WG grant	**725**
Respite Units	1,025	-12	116	**1,129**	1,041	-9	116	**1,148**	**19**		**36**
Supporting Childcare	1,321	-710	342	**953**	1,639	-1,088	342	**893**	**-60**	Maximisation of grant income supporting priorities the service had already identified and have staff working on	**-29**
Short Breaks and Direct Payments	689	-59	16	**646**	1,386	-255	16	**1,147**	**501**	Increased demand for Direct Payments since change in legislation, further pressures linked to covid-19 & lack of commissioned services available £377k. Also increased demand for 1-2-1 support under Short Breaks due to lack of available location based services £296k, partly offset by recently awarded WG grant - £172k	**328**
Children's/Family Centres and Playgroups	956	-667	109	**397**	976	-672	109	**413**	**16**		**12**
CCG - Flying Start & Families First Grant	5,371	-5,364	14	**22**	5,401	-5,394	14	**21**	**-0**		**-0**
Other Family Services incl Young Carers and ASD	946	-577	24	**393**	1,043	-752	24	**315**	**-78**	Maximisation of grant income, partially offsetting overspends elsewhere within the division	**-61**
Children's Services Mgt & Support (inc Eclipse)	1,165	-164	31	**1,032**	1,635	-669	31	**996**	**-36**	Increased funding from Home Office in relation to Unaccompanied Asylum Seeker Children - only communicated recently and therefore not committed in October return	**64**
Children's Services Total	**26,530**	**-8,150**	**2,600**	**20,980**	**33,438**	**-11,118**	**2,600**	**24,919**	**3,939**		**3,824**
TOTAL FOR HEALTH & SOCIAL SERVICES	**172,853**	**-59,425**	**9,282**	**122,710**	**182,026**	**-62,269**	**9,282**	**129,039**	**6,329**		**5,358**

Capital Programme 2022/23

Capital Budget Monitoring - Report for December 2022 - Main Variances

DEPARTMENT/SCHEMES	Working Budget			Forecasted			Variance for Year £'000	Comment
	Expenditure £'000	Income £'000	Net £'000	Expenditure £'000	Income £'000	Net £'000		
- SOCIAL CARE	**1,754**	**-338**	**1,416**	**1,716**	**-338**	**1,378**	**-38**	Slippage on the Learning Disability Accommodation.
- CHILDREN	**1,228**	**-253**	**975**	**625**	**-115**	**510**	**-465**	
Rhydygors Intermediate Care Project	965	0	**965**	500	0	**500**	**-465**	Slip to 2023/24.
Play Opportunities Grant Projects	10	0	**10**	10	0	**10**	**0**	
Flying Start Capital Expansion Programme	253	-253	**0**	115	-115	**0**	**0**	
TOTAL	**2,982**	**-591**	**2,391**	**2,341**	**-453**	**1,888**	**-503**	

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Social Care

Capital Budget Monitoring - Scrutiny Report For December 2022

		Working Budget			Forecasted				
Scheme	**Target Date for Completion**	**Expenditure £'000**	**Income £'000**	**Net £'000**	**Expenditure £'000**	**Income £'000**	**Net £'000**	**Variance for Year £'000**	**Comment**
Learning Disabilities Accomodation Developments	**Mar'23**	**157**	**0**	**157**	**90**	**0**	**90**	**-67**	Slippage on the Learning Disability Accommodation. Projects to be delivered in future years.
Learning Disabilities Developments		157	0	157	90	0	90	-67	Slip to 2023/24. Options currently under consideration to enhance service delivery. £90k works at Johnston Centre in current year.
Extra Care Schemes	**Ongoing**	**240**	**0**	**240**	**242**	**0**	**242**	**2**	
Cartref Cynnes Development Carmarthen		240	0	240	242	0	242	2	
Intermediate Care Fund (ICF) - Discretionery Capital Programme	**Mar'22**	**23**	**0**	**23**	**50**	**0**	**50**	**27**	
ICF - CA CAP2 - Independent Living		0	0	0	0	0	0	0	
ICF - Digitial Transformation & Record Management		9	0	9	41	0	41	32	
ICF - CA CAP - Complex Needs Development		14	0	14	0	0	0	-14	
ICF - Learning Disabilities Equipment		0	0	0	9	0	9	9	
ICF Main Capital Programme		**996**	**0**	**996**	**996**	**0**	**996**	**0**	
ICF - WWAL-45 - Care Homes Grant Fund		11	0	11	11		11	0	
ICF-WWAL-49 - (Cered) Cardigan LD Scheme		421	0	421	421		421	0	
ICF-WWAL-50 - (Cered) Hafan Deg Dementia Wing & Sensory Garden, Lampeter		241	0	241	241		241	0	
ICF-WWAL-15 - (Pembs) Reablement Centre and Accommodation, Haverfordwest		323	0	323	323		323	0	
Housing with Care Fund (HCF)		**338**	**-338**	**0**	**338**	**-338**	**0**	**0**	
HCF - Dementia Equipment (2022/23)		13	-13	0	13	-13	0	0	
HCF - Additional care capacity within Domicilary Care and Residential Care Services		80	-80	0	80	-80	0	0	
HCF - Assistive Technology for Children and Young People (2022/23)		50	-50	0	50	-50	0	0	
HCF - Step up/down Equipment (2022/23)		57	-57	0	57	-57	0	0	
HCF - Equipment for Disabled Children (2022/23)		57	-57	0	57	-57	0	0	
HCF - Sensory Bus		81	-81	0	81	-81	0	0	
NET BUDGET		**1,754**	**-338**	**1,416**	**1,716**	**-338**	**1,378**	**-38**	

Children

Capital Budget Monitoring - Scrutiny Report For December 2022

Scheme	Target Date for Completion	Working Budget			Forecasted			Variance for Year £'000	Comment
		Expenditure £'000	Income £'000	Net £'000	Expenditure £'000	Income £'000	Net £'000		
Rhydygors Intermediate Care Projects - ICF	**Mar'22**	**965**	**0**	**965**	**500**	**0**	**500**	**-465**	Slip to 2023/24.
Rhydygors Intermediate Care Project		965	0	965	500	0	500	-465	
All Wales Play Opportunities Grant	**Complete**	**10**	**0**	**10**	**10**	**0**	**10**	**0**	
Purchase of van	Complete	10	0	10	10	0	10	0	
Flying Start Capital Expansion Programme	**Mar '23**	**253**	**-253**	**0**	**115**	**-115**	**0**	**0**	
Slying Start 2020/21		0	0	0	29	-29	0	0	
Flying Start 2021/22		0	0	0	11	-11	0	0	
Flying Start 2022/23		253	-253	0	75	-75	0	0	Project Slipped. Request to WG to continue the scheme in 2023/24.
NET BUDGET		**1,228**	**-253**	**975**	**625**	**-115**	**510**	**-465**	
Grand Total		**2,982**	**-591**	**2,391**	**2,341**	**-453**	**1,888**	**-503**	

2022/23 Savings Monitoring Report
Health & Social Services Scrutiny Committee
17th April 2023

1 Summary position as at : 31st December 2022 £265 k variance from delivery target

	2022/23 Savings monitoring		
	2022/23 Target	2022/23 Delivered	2022/23 Variance
	£'000	£'000	£'000
Education & Children	150	0	150
Communities	1,453	1,338	115
	1,603	**1,338**	**265**

2 Analysis of delivery against target for managerial and policy decisions:

Managerial	£265 k	Off delivery target
Policy	£0 k	ahead of target

	MANAGERIAL			POLICY		
	2022/23 Target	2022/23 Delivered	2022/23 Variance	2022/23 Target	2022/23 Delivered	2022/23 Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Education & Children	150	0	150	0	0	0
Communities	1,453	1,338	115	0	0	0
	1,603	**1,338**	**265**	**0**	**0**	**0**

3 **Appendix F (i)** : Savings proposals not on target

Appendix F (ii) : Savings proposals on target (for information)

DEPARTMENT	2021/22 Budget £'000	FACT FILE	2022/23 Proposed £'000	2022/23 Delivered £'000	2022/23 Variance £'000	EFFICIENCY DESCRIPTION	REASON FOR VARIANCE
Managerial - Off Target							
Education & Children							
Children's Services							
Garreglwyd ASD Residential Setting	444	Provision of residential care for children aged 11-19 who are autistic and have very complex needs at Garreglwyd Special Residential Unit.	150	0	150	The intention is to generate income at Garreglwyd from the sale of beds / residential places to neighbouring Authorities. There will be 2 spare places / beds from April 2022, which should generate sufficient income to meet the identified efficiency saving if sold at market rate.	Provision required for CCC pupils, therefore income not achievable
Total Children's Services			**150**	**0**	**150**		
Education & Children Total			**150**	**0**	**150**		
Communities							
Adult Social Care							
Residential and Supported Living		Supported Living is provided for those individuals with Learning Disabilities or Mental Health issues who need support with daily living tasks to remain in the community. Support is provided from staff in the setting which can range from a few hours to 24/7 in some circumstances. Promoting independence is a key aspect of supported living.	165	50	115	Rightsizing of placements to maximise independence and mitigate against over provision, deregistration of residential care to Supported Living. Collaborative opportunities for income including grants	Accommodation projects have been on hold and we have been unable to undertake reviews for rightsizing or progress the deregistration with providers. This work is being picked up at pace but there will not be a full effect of the year's savings due to the months where essential business and safeguarding was prioritised over strategic work.
Total Adult Social Care			**165**	**50**	**115**		
Communities Total			**165**	**50**	**115**		
Policy - Off Target							
NOTHING TO REPORT							

DEPARTMENT	2021/22 Budget	FACT FILE	2022/23 Proposed	2022/23 Delivered	2022/23 Variance	EFFICIENCY DESCRIPTION
	£'000		£'000	£'000	£'000	
Managerial - On Target						
Communities						
Integrated Services						
Domiciliary Care	13,980	Domiciliary Care is provided to approx. 1,000 individuals in the county in. On average over 11,000 hours per week are delivered by in-house and independent domiciliary care agencies. - Around 250 individuals receive care from two carers (known as "double handed" care). - Approx. 170 individuals receive a large package of care involving 4 calls per day. - Fulfilled Lives is a model of domiciliary care which has been developed for individuals living with dementia which has demonstrated that the service can maintain people living at home for longer than traditional domiciliary care. The plan is to expand the service to cover the entire county. - The Reablement Service provides short term domiciliary care. The number of clients who receive Reablement is over 500 and 55% leave the service with no long term care package. - Information, Advice and Assistance (IAA) and the Carmarthenshire United Support Project (CUSP) are both preventative services which support individuals to maintain their independence without the need for statutory social services. By increasing the proportion of referrals that go through IAA or CUSP, it reduces the demand on statutory services. - The specialist Continence service has been established within Community Nursing. By providing the right continence products to meet the individual's continence needs, it is possible to reduce the number of visits per day of domiciliary care.	510	510	0	-To reduce the number of clients receiving small packages by 125 people (50%), in line with recommendations of Prof Bolton '-Reduce the number of people receiving 4 calls per day or more by 1%. This equates to 11 people per year. '-Increase number of people with dementia receiving Fulfilled Lives service from 85 (July 2021) to 105 in Year 1, 125 in Year 2, 140 in Year 3. (The figure in March 2019 was 39) '-To increase the number of people not requiring a long term service - To reduce double handed care by a further 20 cases in Year 1; 20 in Year 2; Maintain in Year 3.
Extra Care		Extra Care facilities provide supported accommodation as an alternative to a residential care home placement. There are 4 extra care facilities (Cartref Cynnes, Ty Dyffryn, Plas y Môr and Cwm Aur) for older people. A domiciliary care service is provided to those tenants living in the Extra Care facilities who require care and support. The aim of Extra Care is to avoid or delay the need for a residential care placement. Residential care is provided in local authority and private sector care homes for individuals who can no longer live independently in the community. Depending on the nature of their needs, their placement may be made by the local authority or jointly with the health board, or entirely by the health board if they qualify for free continuing health care (CHC).	50	50	0	**EXTRA CARE** Increase in number of Extra Care Category A residents with complex care needs. Extra Care is a strategy to reduce residential placements. **TARGET**: Increase number of people in Cat A flats from 68 (average 2020/21) to 77 by 2024/25, thereby preventing 9 placements.
Residential Homes		Residential care homes provide accommodation as well as 24-hour personal care and support for older people and adults who struggle to live independently, but do not need nursing care. Residential care homes help people manage daily life, such as assisting with getting dressed, washing and eating.	50	50	0	Residential Care Manage Demand from hospital including CHC + Out of County placement
Cross Departmental - Print		Reduction in print budgets following better ways of working	2	2	0	Reduction in print budgets following better ways of working
Cross Departmental - Travel		Reduction in travel budgets following better ways of working	25	25	0	Reduction in travel budgets following better ways of working
Total Integrated Services			**637**	**637**	**0**	
Adult Social Care						
Shared Lives		Shared Lives provides placements for individuals with Learning Disabilities or Mental Health issues with families that have been approved as Shared Lives Carers.	110	110	0	Shared Lives – Stepping down two individuals from residential care
Day Services		Day services are provided for individuals with a Learning Disability by a number of external providers, particularly those with the most complex needs. The vision for the in house day service is that our building based service will cater for those with the most complex needs, thus reducing the reliance on external provision.	330	330	0	Accommodating individuals with complex needs in house provision in line with transformation plans to accommodate those with the most complex needs in building based services, and maximise use of community and local authority provision to promote independence.
Print		Reduction in print budgets following better ways of working	3	3	0	Based on 50% reduction of 2021/22 budgets
Travel		Reduction in travel budgets following better ways of working	32	32	0	Based on 50% reduction of 2021/22 budgets
Total Adult Social Care			**475**	**475**	**0**	
Support Services						
Print		Reduction in print budgets following better ways of working	18	18	0	Based on 50% reduction of 2021/22 budgets
Travel		Reduction in travel budgets following better ways of working	7	7	0	Based on 50% reduction of 2021/22 budgets
Postages		Reduction in postage budgets	4	4	0	Reduction in postage budgets
Departmental Managerial Restructure		The service provides business support for Social Care. The functions include payment of creditors, management of transport and premises; the assessment and collection of income for residential and non residential services; and general business support	75	75	0	Review of Managerial posts across Communities Department
Transport		The service provides transport support for Social Care.	70	70	0	Review of Transport for service users, making better use of the buses available, and increasing contracted in work
Print		Reduction in print budgets following better ways of working	1	1	0	Based on 50% reduction of 2021/22 budgets
Travel		Reduction in travel budgets following better ways of working	1	1	0	Based on 50% reduction of 2021/22 budgets
Total Support Services			**176**	**176**	**0**	
Communities Total			**1,288**	**1,288**	**0**	
Policy - On Target						
NOTHING TO REPORT						

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HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

17TH APRIL 2023

SUBJECT:

DOMICILIARY CARE PERFORMANCE UPDATE

Purpose:

To provide an update on the current position in relation to domiciliary care in the county.

THE SCRUTINY COMMITTEE IS ASKED TO:

Review the current position on the basis of the data provided.

Reasons:

To seek assurance that Carmarthenshire residents are being appropriately supported within the current domiciliary care capacity that is available.

CABINET MEMBER PORTFOLIO HOLDER:-

Cllr Jane Tremlett, Cabinet Member for Health and Social Services

Directorate **Communities** **Name of Head of Service:** **Alex Williams & Chris Harrison** **Report Author:** **Alex Williams** **Chris Harrison**	**Designations:** **Head of Integrated Services & Head of Strategic Joint Commissioning**	**Tel Nos.** **01267 228900** **E Mail Addresses:** **alexwilliams@carmarthenshire.gov.uk** **chris.harrison@pembrokeshire.gov.uk**

EXECUTIVE SUMMARY

DOMICILIARY CARE STRATEGY UPDATE

1. BRIEF SUMMARY OF PURPOSE OF REPORT:

At its meeting on 24th January 2023, the Committee considered the current position in relation to domiciliary care in the county and the ongoing challenges that the Council (similarly to all Local Authorities across both Wales and the UK) is facing with having sufficient capacity to meet demand. This is linked to the significant workforce challenges that the sector as a whole is facing, and the consequent difficulties in recruiting and retaining sufficient numbers of care workers. The Committee asked for a regular update on performance to provide assurance going forward.

It was consequently agreed that the key metrics would be reported into the Committee on a regular basis.

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: **Alex Williams** **Head of Integrated Services**
Chris Harrison **Head of Strategic Joint Commissioning**

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

2. Legal

Carmarthenshire County Council has a legal duty under the Social Services and Wellbeing (Wales) Act to assess a person's need and provide appropriate care and support to meet an eligible need.

5. Risk Management Issues

Due to the significant workforce challenges in the domiciliary care sector, Carmarthenshire currently has more people assessed as needing care than care hours available. Therefore, Carmarthenshire is currently risk assessing all those waiting for care and prioritising the care that becomes available based on those with greatest need. If no care is available, all options are being explored to see whether needs can be safely met at home through other means, such as family support funded via a direct payment until a package of care becomes available, a step-down bed in a residential care setting and Delta Connect as a way to provide reassurance that help is at hand for families. Through this approach, nobody is discharged from hospital or left unsupported in the community unless arrangements are put in place to allow this to safely happen.

CABINET MEMBER PORTFOLIO HOLDER(S) AWARE/CONSULTED	
YES	

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

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Domiciliary Care Strategy Update		Report.pdf (gov.wales)

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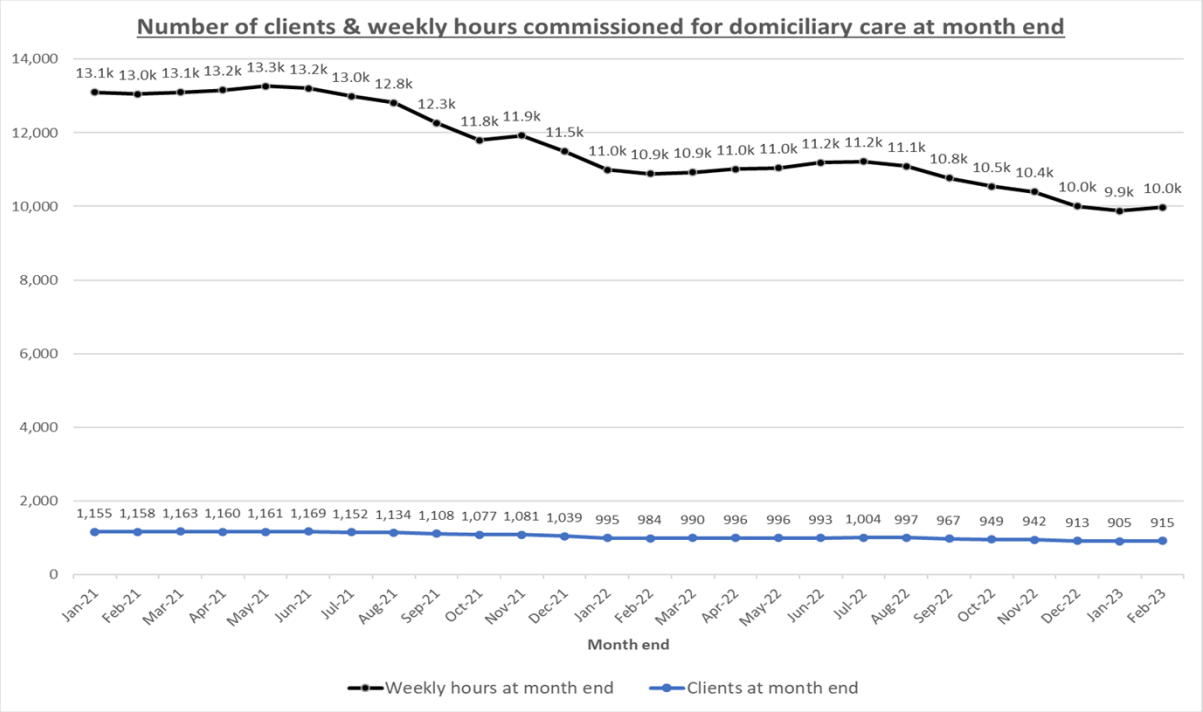
Domiciliary Care Performance Update

Introduction

At its meeting on 24th January 2023, the Committee considered the current position in relation to domiciliary care in the county and the ongoing challenges that the Council (similarly to all Local Authorities across both Wales and the UK) is facing with having sufficient capacity to meet demand. This is linked to the significant workforce challenges that the sector as a whole is facing, and the consequent difficulties in recruiting and retaining sufficient numbers of care workers. The Committee asked for a regular update on performance to provide assurance going forward.

It was consequently agreed that the key metrics would be reported into the Committee on a regular basis. All data is the latest available data captured on 27th March 2023.

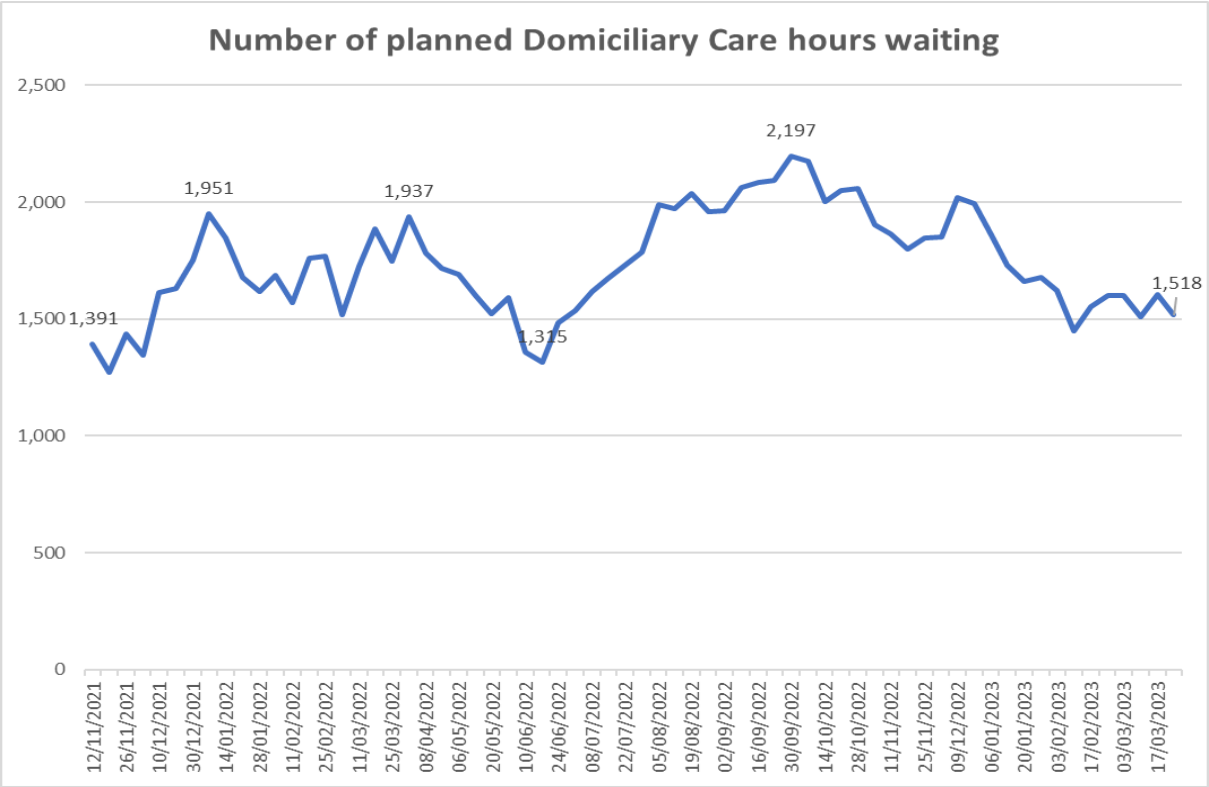
Number of hours commissioned for domiciliary care



The above data clearly shows the downward trend in terms of hours commissioned in relation to domiciliary care. Commissioned hours were at their peak in June 2021, and then sharply declined due to the ongoing workforce shortages in the sector. Whilst there have at times been periods where there has been slight recovery (November 2021, and July 2022), there has once again been a sharp decline since June 2022 with commissioned hours currently at 10K hours per week in February 2023 (please note that approximately 600 of these hours relate to care in extra care facilities, so only approximately 9.4K hours are available for people in their own independent homes).

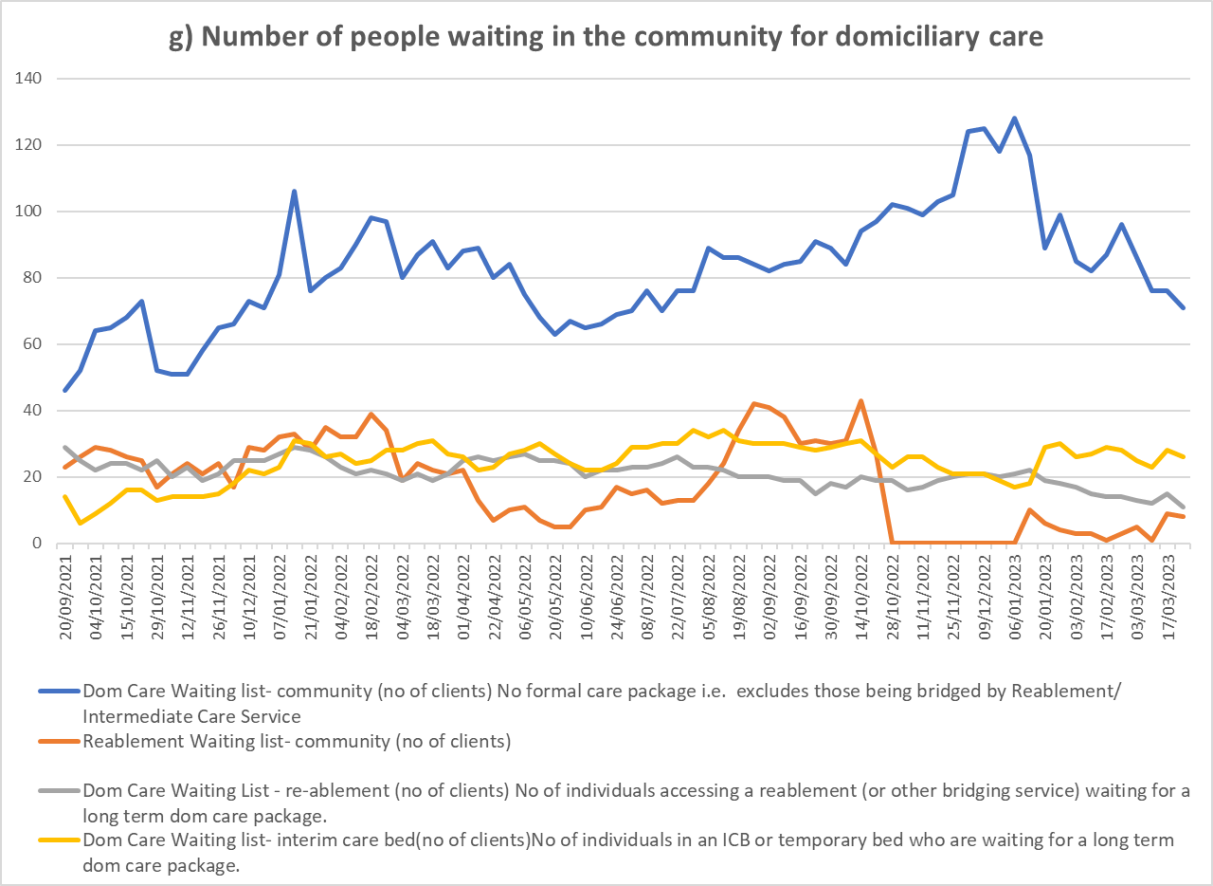
This would suggest that despite best efforts, the recruitment and retention work is not having the intended impact on increasing the care hours available although it is fair to say that without it the position would be worse. It is interesting to note in this context however that the number of those waiting has decreased since September 2022, as well as the number of hours currently undelivered (see below). There has been an increase in those waiting social work assessment, but not enough to explain this decrease. This would therefore suggest that social work practice is changing and assessments are taking account of what is realistic to achieve within the confines of what care is available, with professionals and families finding creative solutions as an alternative to domiciliary care.

Number of hours waiting for domiciliary care



Due to ongoing recruitment and retention issues, demand for domiciliary care continues to exceed supply. The above data combined with the overall commissioned hours' data would suggest that overall demand has to some extent decreased with less people waiting for care and the number of hours waiting to be commissioned significantly decreasing from the peak in September 2022. However, it should be noted that during the same timeframe those waiting for social work assessment in the community has also increased, which may to an extent be suppressing the demand. Whilst it is positive that there are less people waiting for care, and the number of hours needed has decreased, there is still a significant amount of unmet need that continues to need to be monitored to ensure that people remain safe whilst they continue to wait for care.

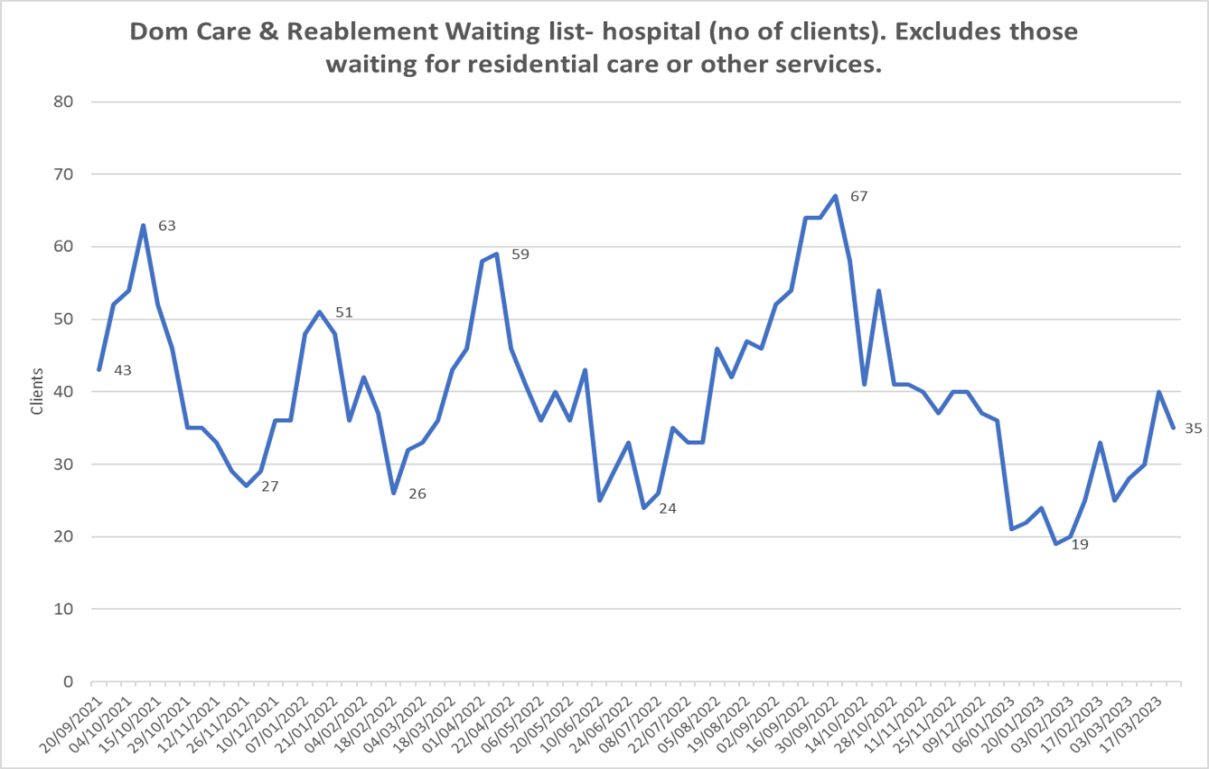
Number of people waiting in the community for domiciliary care



The data above shows those waiting for care unsupported in the community, as well as those in some form of bridging service (reablement pending long-term care, or an interim care bed).

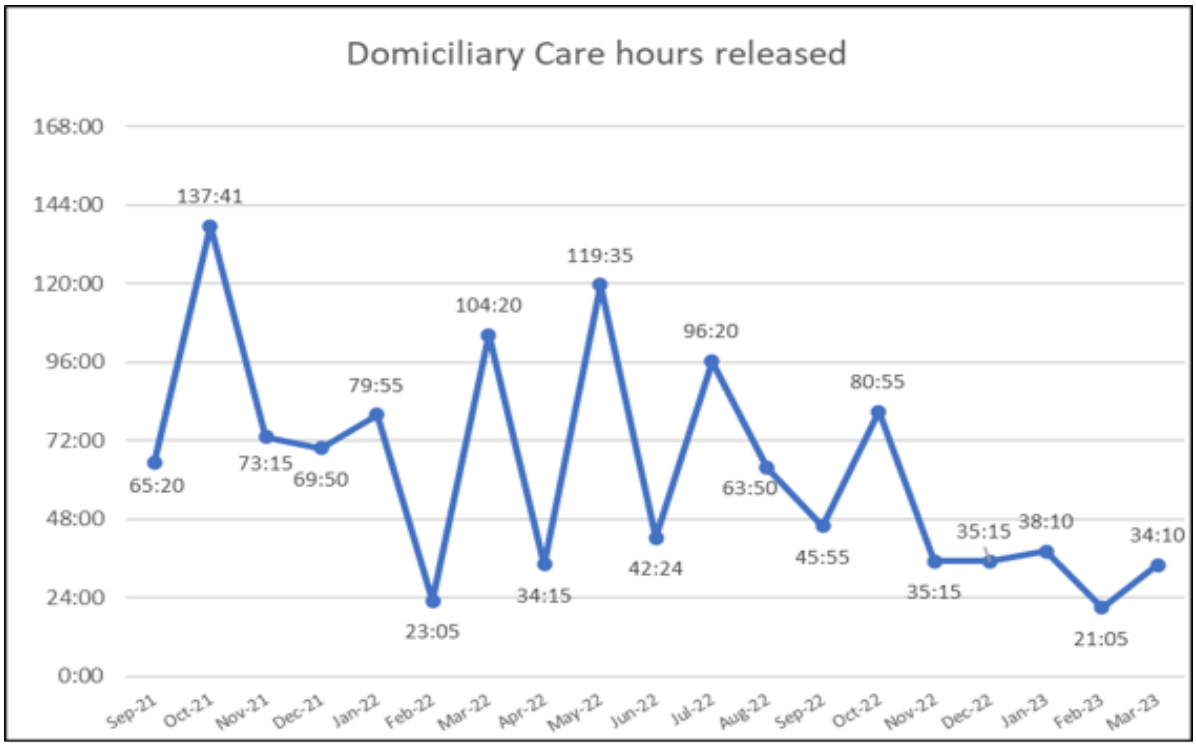
The data shows that those waiting for care unsupported peaked in November 2022, but there has since been a decrease which mirrors the overall reduction of those waiting for care. The numbers waiting for reablement have been very low since October 2022. This will be in part due to the embedding of the service alongside the Home First team which focusses on quicker discharge from hospital, as well as the service becoming slightly more resilient in terms of staffing capacity. Those waiting in interim beds has stayed fairly consistent. Those in some form of bridging service has decreased slightly. It remains a challenge to move people on from interim/bridging services, as inevitably those unsupported in the community or those needing to leave hospital become a higher priority in order to ensure that they are safe and capacity is released for others.

Number of people waiting in hospital for domiciliary care



The trend mirrors the issues that we have had with availability of domiciliary care capacity, and the downward trend of those waiting since September 2022 mirrors the overall reduction of those waiting for domiciliary care. Post Christmas, the overall number waiting in hospital significantly reduced as more care hours became available across the sector and the numbers waiting from that point onwards has remained fairly static between 20 and 25 on average. However, there does appear to have been a recent increase over the last few weeks which will need to be carefully monitored.

Number of hours released from reviews



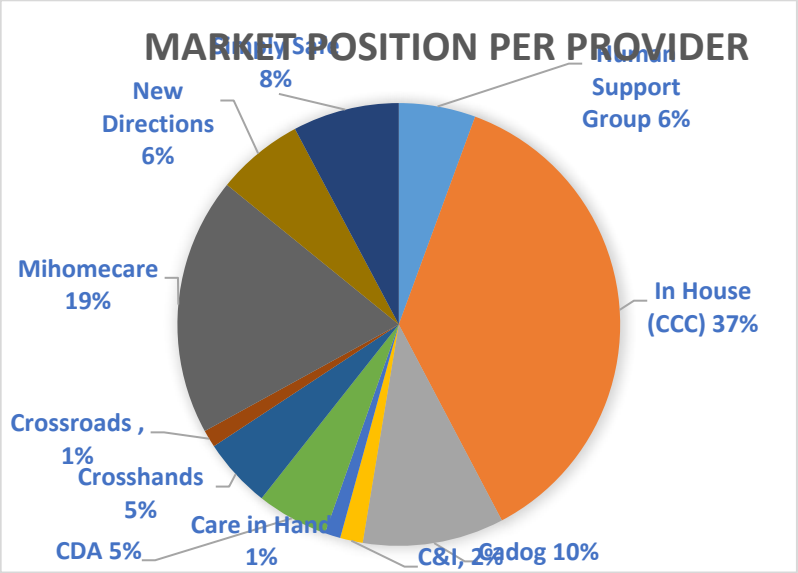
The data shows that the team have been consistently able to reduce hours through reviews of existing packages of care. The varying trend is down to capacity available in any given month to carry out reviews. The review team has a multi-faceted function in supporting statutory reviews as well as supporting urgent reviews in times of provider failure. The relatively lower than usual number of hours released since November 2022 is consequently due to the provider failures that we have had to manage and this work has taken precedence. It should also be noted that the review team gives regular training to colleagues about how to support single handed care; since this training has been in place there has been a significant reduction in new packages of care being requested needing 2 carers.

Future Developments

Expansion of the In-House Service
Currently the in house home care service provides approximately 37% of the overall domiciliary care market in Carmarthenshire. The service is focussing on strategies that promote expansion, but recruitment and retention challenges in the care sector has impacted on this objective. Our aspiration going forward, is to grow the in house service to provide 50% of the market over the next year which will include supporting those with more complex needs.

External commissioning developments

A significant proportion of domiciliary care is provided by the independent/not for profit sectors, which currently equates to 63% of the market. The split between providers is shown below.



In June 2021, the Council undertook a recommissioning exercise which focussed on developing more of a solution-based approach that promotes and maximises people's independence, with the offer of an assessment pathway to find the right solutions for individuals accessing commissioned services. It also aims to develop a sustainable market county wide that promotes a range of services to meet individuals needs and enabling and promoting access to universal community amenities.

Following a procurement exercise in November 2021, a new domiciliary support framework agreement commenced in January 2022. The specification groups together care and support services for older adults, younger adults with physical and/or sensory disabilities; adults with dementia, acquired brain injury or cognitive impairment and adults with long term health conditions.

The new model of support has 4 different service types and is designed to enable a more flexible approach to care and support provision. The expectation is that providers respond to fluctuating need, have autonomy to right size the care package and be creative in sourcing other means of support (such as sign posting to 3rd sector), all of which will ensure that the person's independence is maximised.

Other important factors were to:

- Assure supply of services across the County.
- Support sustainability in the market and in the workforce.
- Enhance quality and focus on the outcome's individuals want to achieve.
- Ensure value for money by establishing longer-term relationships with our providers.

Within its commissioning and contractual arrangements, CCC is committed to ensuring that care staff are provided with fair employment terms that offer financial stability for example to enable providers to pay the Real Living Wage, offer contracted hours and pay HMRC mileage rates. We have established a unit cost model which allows transparency and understanding of cost pressures.

We have also supported the sector in recruitment and retention initiatives. Additional funding was allocated to local domiciliary care providers to lead on a recruitment and retention plan. The intentions being for local providers to work together to agree targeted initiatives that will raise the profile of care and to also develop/stimulate the market.

A project board was set up by providers to manage the allocation of monies and to agree priority areas. The project focused on the following areas:

- Social Care Champions; Each provider nominated a staff member to represent the role of a carer, visiting schools, colleges and attending events.
- Marketing; The group set up a web-based platform to post encouraging information to raise the profile of a career in care. This was not used to advertise jobs for care providers but had links to We Care Wales.
- Carmarthenshire Carers Awards; The group arranged a Carers Awards evening in the Stradey Park Hotel to recognise and promote the excellent work of care staff. Providers worked together to plan the event, which was a great success and which had a positive impact on staff morale.

The group continue to work on the project and are currently developing a care apprenticeship pathway for 16 to 18 year olds.

We are also building on the developments in Pembrokeshire and now extending the development of micro enterprises into Carmarthenshire. We have recruited a local Catalyst which is hosted by PLANED and will work closely with CAVS and other partners.

Development of an Integrated Reablement Pathway and Home First
Carmarthenshire has implemented a single point of access for all hospital referrals for people who require support on discharge in addition to supporting a crisis response in the community to prevent individuals who can safely be managed at home, to remain at home. Outcomes to date demonstrate that 65% of individuals who are supported through the Home First pathway do not require formal statutory care and support at the point of discharge. This is having a significant impact on helping us to manage demand and protect our finite social care resource for those who really need it.

Furthermore, during 2022/23, we have been able to develop our Intermediate Care Unit, Ty Pili Pala, based at Llys y Bryn Care Home, Llanelli into a step up and step down unit that focusses on a reablement approach. Individuals who enter the unit are supported by a professional multi-disciplinary team and work to achieve their own personal goals in order to increase confidence and regain or improve independence to return home. 87% of individuals who leave Ty Pili Pala do not require statutory care and support on discharge.

A recent addition to our Home First offer has been Integrated Reablement Support Workers who are jointly funded by Carmarthenshire County Council and Hywel Dda University Health Board. The focus of this team is two thirds admission avoidance, stepping in once a medical crisis is alleviated to provide a period of assessment. The other arm of the service will be to support individuals home from hospital on a discharge to assess basis. To date, we have commenced 5 staff into the team on a variety of flexible contracts. A further 6 staff are in the process of going through their pre-employment checks.

To date, this small team has supported 16 individuals.11 have completed their assessment process and 90% have left with no requirement for ongoing statutory care and support.

The focus for 2023/24 is to roll out the Home First pathway to primary and community services to deliver a true single point of access into urgent and emergency care for the County.

Mitigating the risk

Whilst all of these developments are positive, there is still a need for us to manage the risk to those waiting for care. We are therefore continuing to review those waiting for care, to ensure that needs have not changed and people remain safe through regularly keeping in touch calls by dedicated Care and Support Coordinators.

We are also continuing to use the releasing time to care methodology to actively reduce care packages where appropriate and release hours to support others. As part of the budget savings proposals, it was agreed that we would look to increase the capacity within the review team on an invest to save basis. This will allow us to increase the pace at which we can do reviews, and consequently release more care hours to support others.

A fortnightly meeting now takes place to review long hospital waits. This allows us to challenge and review, and ensure that all options have been considered. This has had a considerable impact on reducing those with a long wait in hospital. In addition, there are twice weekly hospital escalation panels where all difficult cases are escalated.

HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

17TH APRIL 2023

SUBJECT:

LONELINESS IN CARMARTHENSHIRE TASK AND FINISH REVIEW UPDATE REPORT

Purpose:

To update the Committee on progress with the recommendations emerging from the Task and Finish Review on Loneliness in Carmarthenshire during the 2018/19 municipal year.

THE SCRUTINY COMMITTEE IS ASKED TO:

Review and assess the progress made against the recommendations emerging from the task and finish review.

Reasons:

To formulate views on how well the Local Authority is meeting the needs of those that are isolated due to loneliness in the community.

CABINET MEMBER PORTFOLIO HOLDER:-

Cllr Jane Tremlett, Cabinet Member for Health and Social Services

Directorate		
Communities	**Designations:**	**Tel Nos.**
Name of Head of Service:	**Head of Integrated Services**	**01267 228900**
Alex Williams		**E Mail Addresses:**
Report Author:		**alexwilliams@carmarthenshire.gov.uk**
Alex Williams		

EXECUTIVE SUMMARY

LONELINESS IN CARMARTHENSHIRE TASK AND FINISH REVIEW UPDATE REPORT

1. BRIEF SUMMARY OF PURPOSE OF REPORT:

In the 2018/19 municipal year, the Committee undertook a review into Loneliness in Carmarthenshire. The final report and recommendations were considered at the Committee's meeting of 3rd July 2019.

The Review put forward 4 recommendations as follows:

Recommendation One - Take a strategic approach to loneliness. Identify a senior officer at a Head of Service level, within the Authority to lead and drive an integrated approach to prevention where community connection and addressing loneliness is a priority. This role would work across all disability and age groups and be integrated in the communities' directorate and will also work closely with children and education.

Recommendation Two - Address loneliness as an important shared priority. When the leadership is in place to drive this agenda, an integrated work stream should be developed to implement a practical and joined up plan to improve community connection, thereby delivering the directive from Welsh government.

Recommendation Three - Focus on building and supporting community assets. Work with all stakeholders including PSBs to ensure that we maximise all resources. This will include further attention to the community asset transfer approach with the aim of encouraging community activity.

Recommendation Four - Directly address barriers to connection. A co-designed action plan should be developed to address barriers to connection.

The purpose of the report is to brief the Committee on progress made on the 4 recommendations emerging from the Review.

2. OTHER OPTIONS AVAILABLE AND THEIR PROS AND CONS

Not applicable.

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: Alex Williams **Head of Integrated Services**

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

1. Policy, Crime & Disorder and Equalities

Tackling loneliness, particularly for people who are isolated due to age and/or disability is a key priority for us. Going forward, we plan to develop a whole population approach to tackling loneliness as part of our overall Prevention Strategy for Carmarthenshire.

7. Staffing Implications

As part of the new management structure for Integrated Services, we have created a new post, the Senior Delivery Manager for Prevention. This post will be going out to advert shortly and will take a whole population approach to prevention. This post will take the strategic operational lead in this area, which will include tackling loneliness.

CABINET MEMBER PORTFOLIO HOLDER(S) AWARE/CONSULTED YES	

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

THESE ARE DETAILED BELOW

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Social Care and Health Scrutiny Committee, Task and Finish Review Report, Loneliness in Carmarthenshire	**Not applicable**	**Agenda for Social Care & Health Scrutiny Committee on Wednesday, 3rd July, 2019, 10.00 am (gov.wales)**

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Report of the Director of Community Services

Health and Social Services Scrutiny Committee

17th April 2023

Subject:

Loneliness in Carmarthenshire Task and Finish Review Update Report

Purpose:

To update the Committee on progress with the recommendations emerging from the Task and Finish Review on Loneliness in Carmarthenshire during the 2018/19 municipal year.

Head of Service & Designation/Report Author	Directorate	Telephone No.
Alex Williams, Head of Integrated Services	Communities	01267 228900

1. Introduction:

In the 2018/19 municipal year, the Committee undertook a review into Loneliness in Carmarthenshire. The final report and recommendations were considered at the Committee's meeting of 3rd July 2019. The Review put forward 4 recommendations as follows.

Recommendation One:

Take a strategic approach to loneliness. Identify a senior officer at a Head of Service level, within the Authority to lead and drive an integrated approach to prevention where community connection and addressing loneliness is a priority. This role would work across all disability and age groups and be integrated in the communities' directorate and will also work closely with children and education.

Recommendation Two:

Address loneliness as an important shared priority. When the leadership is in place to drive this agenda, an integrated work stream should be developed to implement a practical and joined up plan to improve community connection, thereby delivering the directive from Welsh government.

Recommendation Three:

Focus on building and supporting community assets. Work with all stakeholders including PSBs to ensure that we maximise all resources. This will include further attention to the community asset transfer approach with the aim of encouraging community activity.

Recommendation Four:

Directly address barriers to connection. A co-designed action plan should be developed to address barriers to connection.

The purpose of the report is to brief the Committee on progress made on the 4 recommendations emerging from the Review.

2. Progress to date:

The review itself was concluded in July 2019. At the time that the review was concluded, it was anticipated that progress would be made through the creation of a dedicated lead for Prevention as part of the Integrated Services restructure. Plans were afoot to progress with this when the pandemic hit in March 2020, and the pandemic unfortunately hindered progress as the priority was inevitably to maintain operational service delivery to ensure that social care needs were met as well as protect the population from harm from Covid. There has now been some positive steps forward to tackle loneliness as demonstrated in the table below and the new Integrated Services Structure itself is now being implemented. As part of this restructure, a new post has been created who will take a lead in further implementing the recommendations emerging from the review. This post will be out to advert shortly.

Progress to date against the recommendations is demonstrated in the table below. Progress against all recommendations are now RAG rated green as they have all been delivered.

	Recommendation	Progress
1	*Recommendation one:* Take a strategic approach to loneliness. Identify a senior officer at a Head of Service level, within the Authority to lead and drive an integrated approach to prevention where community connection and addressing loneliness is a priority. This role would work across all disability and age groups and be integrated in the communities'	Rhian Matthews was appointed to the role of County Integrated Systems Director in January 2020. This is an integrated role between Carmarthenshire County Council and Hywel Dda University Health Board and takes a whole population approach to prevention and early intervention. Rhian Matthews therefore provides the strategic lead for prevention at Chief Officer level. Rhian has recently been appointed to another role in the Health Board, and her post is currently out to advert on an interim basis. Her successor will take on the strategic lead for prevention as it relates to community health and social care going forward. Following the Integrated Services restructure, a Senior Delivery Manager for Prevention post has been created and will shortly be out to advert. This

	directorate and will also work closely with children and education.	Senior Delivery Manager will be the strategic operational lead for prevention and developing an overall Prevention Strategy for Carmarthenshire will be a key priority. A Carmarthenshire Prevention Board is now in place which has started to make the links across all services in terms of prevention. This Board comprises senior officers from the Local Authority, Health Board and Public Health. The Board feeds into an established Regional Board also. Tackling loneliness and isolation will form a critical part of the Prevention Strategy as it develops.
2	*Recommendation two:* Address loneliness as an important shared priority. When the leadership is in place to drive this agenda, an integrated work stream should be developed to implement a practical and joined up plan to improve community connection, thereby delivering the directive from Welsh government.	This will be a key area that will emerge out of the action plan linked to the overall Prevention Strategy for Carmarthenshire. The first stage of the development of the strategy is to complete a mapping exercise which maps all preventative services in Carmarthenshire, and starts to identify some of the gaps. This will inform what areas need to be prioritised going forward, including those activities to address loneliness and isolation.
3	*Recommendation Three:* Focus on building and supporting community assets. Work with all stakeholders including PSBs to ensure that we maximise all resources. This will include further attention to the community asset	A number of areas have moved forward in relation to this recommendation as follows: *Community Asset Transfer:* The Council welcomes expressions of interest in relation to Community Asset Transfer and will continue to support appropriate future community asset transfer requests. Revised Community Asset Transfer procedures

	transfer approach with the aim of encouraging community activity.	were approved by Cabinet at its meeting on 27th March 2023 Summary.pdf (gov.wales) *Carmarthen Town Task group:* A specific task group was established in Carmarthen Town to look at the issue of loneliness. The group was established in September 2021 and includes representatives from the 3rd sector. The group looked at the effect of COVID and its impact on loneliness, and was led by the Town Council. The work of this group has led to a Community Connection event organised by the Town Council in October last year, and a group that meets weekly in the park to connect people who are on their own. *Third Sector Support:* There are a number of third sector initiatives in place which support those lonely and isolated in the community including the CAVS Befriending Services and support service facilitated via Age Cymru. The Council was awarded a grant by Welsh Government in the 2021/22 financial year in relation to Loneliness and Isolation and worked with CAVS so that this could be accessed by groups in communities to support initiatives at a very local level. *Preventative Services Framework:* The Council recently went out to tender for its Preventative Services Framework. The county has been subdivided into 5 geographical areas which mirror the 5 geographical areas that relate to our domiciliary care services. The lead partner for each area has now been appointed and will work with their local communities to design and develop the preventative

		services in their area. This will include activities that help address loneliness and isolation and build strong communities.
4	*<u>Recommendation Four:</u>* Directly address barriers to connection. A co-designed action plan should be developed to address barriers to connection.	There has been significant progress against this recommendation as indicated against the key workstreams below: *Delta Connect:* Delta Wellbeing has made excellent progress in rolling out Delta Connect to those isolated and vulnerable in Carmarthenshire, as well as across the region. At the end of February 2023, there were 1,974 active clients in Carmarthenshire and the project overall had supported over 5,700 people across the West Wales region. Delta Connect provides customers with regular proactive checking in calls, as well as a rapid response service to support people in crisis at home rather than needing to for example dial 999 unnecessarily. Over the lifetime of the project, 76,737 proactive calls had been carried out and 11,391 call outs undertaken by the Community Welfare Response team. Customer feedback indicates that the social connection that the service provides through the regular proactive calls is a lifeline for many, particularly in these difficult times where people are sometimes still fearful to interact socially in their communities in the usual way. Delta Connect also played a key role early on in the pandemic in reaching out to all those individuals that were shielding in the County as well as providing those that needed them with food parcels. *Day Services:* Day services for all client groups are now back up and running across the county. They were temporarily closed during the pandemic, but are now working to capacity.

		Social Prescribers: In conjunction with our primary care colleagues, we have appointed a number of Social Prescribers who are embedded in GP practices and work with vulnerable people to identify activities and support to help their overall wellbeing. This is a key way that we can work proactively with vulnerable people before they access statutory support and help tackle issues such as social isolation. There is now full coverage across the County with a social prescriber attached to every GP practice. *Dewis:* Carmarthenshire continues to use Dewis as the sole vehicle to provide information on the range of services available in Carmarthenshire. There are still areas to develop within it, but we are continuing to promote its development. *Connect to Kindness:* Connect to Kindness is a regional campaign which aims to create more understanding about the benefit and impact of kindness to ourselves and others in our community. As part of the campaign, regional partners are developing stronger community networks to create an environment where acts of kindness can flourish and happen more easily. To learn more about the Connect to Kindness Campaign in West Wales and the impact that kindness can have on ourselves and our communities, follow the link Connect Carmarthenshire - Connect Carmarthenshire . This online platform connects individual and communities and was launched early in

		2020 as a result of the need to move services to a digital platform during the initial Covid 19 lockdown. *Cost of Living Advice and Support:* The Council is working with a range of partners to provide advice and support to its residents in relation to the cost of living crisis. This has been a significant piece of work to ensure that people know how to access the help that they need. Carmarthenshire County Council has also now set up the roles of Hwb Advisers within the 3 main towns. Our helpful advisers are on hand to provide a tailored package of support to suit everyone's circumstances. The Hwb role is soon to be extended to the rural communities of Carmarthenshire. More information will soon be available. The Council work with a range of partners to ensure all residents are supported and advised accurately. A leaflet providing a range of information on sources of advice and support has recently been sent to every household with the Council Tax demand notice and there is an advice page on the Council's website Cost of Living Advice (gov.wales) . *Age Friendly Communities:* Carmarthenshire is working towards the World Health Organisation's accreditation to be recognised as an Age Friendly county. This will ensure that the county adheres to a set of minimum standards to make Carmarthenshire a place where people of all ages can connect. The first phase of this has been a piece of work supported by Practice Solutions to assess how Age Friendly we already are and highlight the gaps that need to be addressed. Via funding support from the Welsh Government, a dedicated Officer is in the process of being recruited to help take this

		forward. On 2nd March 2023, for the first time since before the pandemic, Carmarthenshire held an in person Ageing Well Event in the Botanic Gardens. This well attended event showcased all of the fantastic work that is being undertaken to support older people in our communities as well as hosted a number of interactive workshops offering practical advice and support. The event was attended by the Deputy Minister and the Older Person's Commissioner for Wales who were hugely positive about the work that is underway in the county.

3. Conclusion

This concludes this piece of work as all recommendations and associated actions have been delivered. A review of the recommendations will be fed into the business planning process moving forward.

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HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

17TH APRIL, 2023

SUBJECT:

ANNUAL REPORT ON ADULT SAFEGUARDING AND DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS) (2021/22)

Purpose:

To receive the Annual Report relating to Adult Safeguarding and Deprivation of Liberty Safeguards.

THE SCRUTINY COMMITTEE IS ASKED TO:-

Consider and comment on the Authority's Annual Report relating to Adult Safeguarding and Deprivation of Liberty Safeguards.

Reasons:

This report relates to the Adult Safeguarding and Deprivation of Liberty Safeguards activity during the financial year (2021/22). It summarises the national, regional and local context of adult safeguarding and provides a variety of information including:

- National and Regional position
- Local Operational arrangements
- Performance and Activity Information

At the time of presenting this report, the Social Services and Wellbeing (Wales) Act and the Wales Safeguarding Procedures (Statutory Guidance) have been firmly embedded into practice. The Regional Safeguarding Board which is responsible for setting the strategic direction and governance arrangements for adult safeguarding in the Mid and West Wales region continues to benefit from excellent strategic leadership and strong partnership working arrangements.

The Board has strengthened Carmarthenshire's approach to ensuring every person has the right to live a life free from abuse and neglect, and it is everyone's responsibility to ensure that we work together to support and safeguard the most vulnerable in society.

The proposed new legal (safeguarding) framework for scrutinising and authorising Deprivations of Liberty has yet to be finalised and circulated by the Department of Health & Social Care.

CABINET MEMBER PORTFOLIO HOLDER:- Cllr. Jane Tremlett (Health and Social Services Portfolio Holder)		
Directorate: Communities	**Designations:**	**Tel Nos.:**
Name of Head of Service:		
Avril Bracey	**Head of Adult Social Care**	**01267 228849 / 01267 228995**
Report Author:		**E Mail Addresses:**
Cathy Richards	**Senior Manager Safeguarding/DoLS**	**ABracey@carmarthenshire.gov.uk** **CRichards@carmarthenshire.gov.uk**

EXECUTIVE SUMMARY

SUBJECT:

ANNUAL REPORT ON ADULT SAFEGUARDING AND DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS) (2021-22)

1. BRIEF SUMMARY OF PURPOSE OF REPORT.

The purpose of this report is to provide information on the role, functions and activities undertaken by the Local Authority in relation to Adult Safeguarding and Deprivation of Liberty Safeguards.

The Report explains the current context of Safeguarding/DoLS and details the arrangements the Local Authority has established to respond effectively to such reports and applications received. As the statutory organisation responsible for adult safeguarding, the Authority is required to have effective arrangements in place to ensure adults at risk are protected from harm. The Local Authority undertakes this role in close partnership with Dyfed Powys Police, Hywel Dda University Health Board and other statutory and non-statutory organisations. The report itemises some of the key performance activity in relation to the statutory duties set out in the Social Services and Well-Being (Wales) Act 2014.

The Local Authority is also the Supervisory body for Deprivation of Liberty Safeguards which ensures some of our most vulnerable citizens are properly safeguarded. This report details the current DoLS arrangements and the proposed forthcoming changes.

This report aims to reassure the committee that Carmarthenshire County Council is well placed to fulfil its statutory duties relating to Adult Safeguarding and DoLS upholding the key principles of the Social Services and Well-Being (Wales Act 2014) and the Mental Capacity Act (2005).

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: Avril Bracey **Head of Adult Social Care**

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

1. Legal

We continue to review our processes to ensure compliance with the requirements of the Social Services and Wellbeing (Wales) Act 2014 and the Wales Safeguarding procedures. We have systems in place to prioritise DoLS applications and scrutinise the quality of assessments undertaken.

2. Risk Management Issues

We have identified that there are risks associated with the waiting list for Deprivation of Liberty Safeguards authorisations which has reduced. We continue to make improvements in this area each year. We currently have no DoLS assessments awaiting authorisation as all have been authorised where appropriate. Although the financial and reputational risks remain, we have introduced robust processes to mitigate these risks.

CABINET MEMBER PORTFOLIO HOLDER(S) AWARE/CONSULTED	
YES	

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

THERE ARE NONE

Adult Safeguarding and Deprivation of Liberty Safeguards (DoLS)

Annual Report

2021-22

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www.sirgar.llyw.cymru

YOUR COUNCIL doitonline
www.carmarthenshire.gov.wales

The Social Services and Well-being (Wales) Act 2014 (SSWBA) placed adult safeguarding on a statutory footing for the first time and introduced a strong, partnership approach to ensuring adults (with care and support needs) are protected from abuse or neglect. Safeguarding duties are set out in Part 7 of the SSWB (Wales)Act 2014 and supported by statutory guidance.

To further strengthen safeguarding arrangements in Wales, the Act established a National Independent Safeguarding Board and six Regional Safeguarding Boards. Carmarthenshire County Council is part of the Mid and West Wales Regional Safeguarding Board.

Adult Safeguarding - National context

The National Independent Safeguarding Board was established under the SSWBA 2014 and has three primary functions:

1. To provide advice and support to Regional Safeguarding Boards with a view to ensuring they are effective
2. To report on the adequacy and effectiveness of arrangements to safeguard children and adults in Wales
3. To make recommendations to Welsh Ministers as to how those arrangements could be improved

The National Independent Safeguarding Board is now well established and continues to work closely with Welsh Government and the six Regional Safeguarding Boards. Pease see below link to the National Independent safeguarding Board website which includes the 2021-22 annual report and associated workplans.

Home - Safeguarding Board Wales

Adult Safeguarding - Regional context

The Mid and West Wales Regional Safeguarding Board (RSB) has been operational since 2016 and replaced local safeguarding boards. The statutory functions of the board are carried out by Carmarthenshire, Ceredigion, Pembrokeshire and Powys Local Authorities, Dyfed Powys Police, Hywel Dda University Health Board, Powys Teaching Health Board, Public Health Wales and the Probation Service (Wales). The board may also include other persons or bodies that it considers should be represented and who are involved in or have activities or functions relating to children or adults in its area.

The Mid and West Wales Regional Safeguarding Board has two distinct workstreams, one for children (CYSUR) and one for adults (CWMPAS). Both are overseen by a combined regional board which meets on a quarterly basis.

The board is well established and well regarded nationally. It has robust governance arrangements in place supported by a very effective business unit. It continues to facilitate successful multi agency working arrangements which often result in improved and consistent safeguarding practices across the region. Carmarthenshire's Director of Communities is chair of the Regional Safeguarding Board meetings and takes a proactive role in ensuring it fulfils its statutory obligations. Under his leadership the board maintains a clear focus on the needs and experiences of children and adults requiring statutory support.

In responding to the needs of children and adults at risk within the Mid and West Wales region, the board monitors regional compliance with national legislation and policy, facilitates Child and Adult Practice reviews and any associated learning and improvement activity. It facilitates regional training events and shares national, regional and local good practice. For more information, please see link below to the Mid and West Wales Regional Safeguarding Board Website which includes published reviews and the 2021-22 Regional Board report: http://cysur.wales/home

Leaders and front-line practitioners in Carmarthenshire County Council make a significant contribution to the work of the Regional Safeguarding Board and take a lead or active role in all its associated subgroups and workstreams.

Adult Safeguarding- local context

The national and regional arrangements continue to support and strengthen Carmarthenshire's ongoing commitment to safeguarding its citizens from abuse or neglect. This includes embedding an "everybody's responsibility" approach to keeping people as safe as possible. This is emphasised in the Safeguarding training routinely offered to internal and external staff.

In addition to the vast range of training opportunities and resources facilitated by the Regional Safeguarding Board, a full schedule of local multi-agency training sessions was delivered in Carmarthenshire throughout 2021/22. The training this year focused primarily on the new statutory safeguarding procedures. In addition, smaller themed training sessions were delivered throughout the year covering topics such as High-Risk behaviours and Domestic Abuse. The sessions were well attended and received positive feedback.

The Carmarthenshire Local Safeguarding Operational Group (CLOG) meets quarterly, and further evidences the continued commitment of all local agencies to work together to improve safeguarding arrangements within the county. This group is chaired jointly by the Heads of Children and Adult services and focuses on achieving the best outcomes for those at risk by improving joint working practices and seeking solutions to multi agency operational challenges.

It has become standard practice for the Carmarthenshire Adult Safeguarding team to continuously analyse performance to ensure the most effective working practices are in place and resources deployed appropriately. This approach contributes to the goal of achieving good outcomes for adults at risk and ensures ongoing compliance with statutory duties. Carmarthenshire's adult safeguarding arrangements were not compromised throughout 2021/22 despite the ongoing challenges presented by the global pandemic.

The Adult Safeguarding Team

The scope of adult safeguarding responsibilities is evolving. In addition to the statutory duties set out in the SSWBA, the team play an active role in attending Multi Agency Risk Assessment Conference (MARAC) meetings where information is shared on the highest risk domestic abuse cases. These meetings have been extended to include Modern Day Slavery victims and those at risk of Honour Based Violence. The primary focus of the MARAC is to safeguard the adult victim. The team also participate in the Multi Agency Public Protection Arrangements (MAPPA) meetings in relation to individuals who present a risk to the public.

The safeguarding team will manage the new process put in place to address concerns relating to people displaying High Risk Behaviours including Self neglect. This process was formally adopted during National Safeguarding Week in November 2021.

The team work closely with all partners, and other agencies to fulfil the local authority's statutory responsibilities. This ensures the most appropriate action is taken by the right people, at the right time to safeguard individuals at risk. The safeguarding team are also responsible for responding to concerns which relate to the inappropriate actions or inactions of Practitioners in a Position of Trust who work with adults with care and support needs.

The safeguarding team structure comprises of six senior safeguarding officers. Two of the team members are dedicated to undertaking initial safeguarding enquiries as per the Social Services and well-being (Wales) Act 2014, and the

remaining team members undertake extended enquiries and investigations. The team have been in their safeguarding roles for many years and have a vast amount of experience in this field of work.

An interim appointment has been made to the operational team manager post for Safeguarding and Deprivation of Liberty Safeguards (DoLS) whilst the permanent post is advertised. The team is led by a senior manager with local and regional strategic responsibilities. The post holder also manages Carmarthenshire's Channel arrangements (early support for individuals vulnerable to being drawn into terrorism) and is chair of Carmarthenshire's statutory Channel Panel. In addition, the postholder manages the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) regional advisor who holds a broad work portfolio. The senior manager post reports directly to the Head of Adult Social Care.

The safeguarding team continue to undertake regular training which is appropriate to their roles and routinely apply the learning to practice. The senior manager holds regular service development days where the team actively contribute to the analysis of team performance and the identification of service improvements. There is a shared commitment to delivering excellent service standards within the team and achieving good outcomes for adults at risk.

Person Centred Safeguarding

As previously reported, the new Wales Safeguarding Procedures support a shift in practice which focuses on the views, wishes and feelings of the person at risk which is the obvious starting point for any safeguarding intervention. Whilst still important, there is now far less emphasis on the alleged perpetrator and more on seeking solutions and achieving good outcomes for the individual adult at risk. Carmarthenshire County council has been changing practice to reflect the new way of working since the implementation of the Social Services and Well-Being (Wales) Act in 2016.

The safeguarding team, together with support from other professionals take a proactive role in visiting and speaking directly with the adult at risk to gain a clear understanding of the situation and the risks from their perspective. Solutions are based on the desired outcomes of the person and appropriately supported by professionals involved. Adult safeguarding continues to be a challenging area of work as there is a fine balance between intervening to manage risk and respecting the right of an adult to make unwise decisions.

Audits/Inspections

Regular audits and inspections are an integral part of the safeguarding team quality assurance mechanisms. In addition to independent internal and external scrutiny, the team routinely review their own systems, processes, decision making and outcomes to ensure standards remain high.

The audits are undertaken in a variety of ways including, self-audits, peer audits and management audits. They are discussed constructively in team meetings to ensure improvement opportunities and areas of inconsistency are identified and addressed.

In April 2021, CIW published the findings of the Carmarthenshire assurance check audit undertaken in March 2020. The report was extremely positive and made reassuring references to safeguarding practices.

The safeguarding team work closely with Carmarthenshire contracting and commissioning colleagues on a daily basis, exchanging information and responding to concerns in relation to commissioned services, eg residential care homes. The teams meet on a bi-monthly basis to consolidate actions taken and share information on matters such as emerging concerns and changes in legislation or practice. Both teams report the benefit and constructive nature of these meetings. For continuity the safeguarding officers work with specific service providers which enables them to identify patterns or trends which are addressed collaboratively with service providers, commissioners, Care Inspectorate Wales, and other appropriate partner agencies.

Adult Protection Support Orders (APSO)

The Social Services and Well-being (Wales) Act 2014 saw the introduction of Adult Protection Support Orders which enable an authorised officer (and anyone else named in the order) to speak with an adult suspected of being at risk of abuse or neglect in private. The purpose is to establish whether the person is making decisions freely, to assess if they are a person at risk and establish if any action should be taken.

Carmarthenshire County Council has not felt it appropriate to apply for an Adult Protection Support order during this reporting period.

Adult Practice Reviews (APR)

In accordance with the Social Services and Well Being (Wales) Act 2014, the Regional Safeguarding Board must arrange for an Adult Practice Review to be held where abuse or neglect of an adult is known or suspected, and the adult has:

- died
- sustained potentially life-threatening injury or
- sustained serious and permanent impairment of health

The purpose of the review is to identify any learning or improvement opportunities for future inter-agency adult protection practice. A learning event will be facilitated by the Regional Safeguarding Board and attended by the professionals who were involved with the adult and their family.

Carmarthenshire Adult Services had one Adult Practice Review in progress during this reporting period. The outcome of the review will be published by Welsh Government and any associated action plan monitored by the Regional Safeguarding Board.

Multi Agency Professional Forum (MAPF)

A Multi Agency Professional Forum can be held when the circumstances do not meet the criteria for an Adult Practice however, learning opportunities have been identified. The MAPF is another mechanism for identifying organisational learning, improving the quality of work with families, and strengthening the ability of services to keep people as safe as possible. Carmarthenshire County Council is currently reviewing three interventions to identify thematic learning.

Performance data

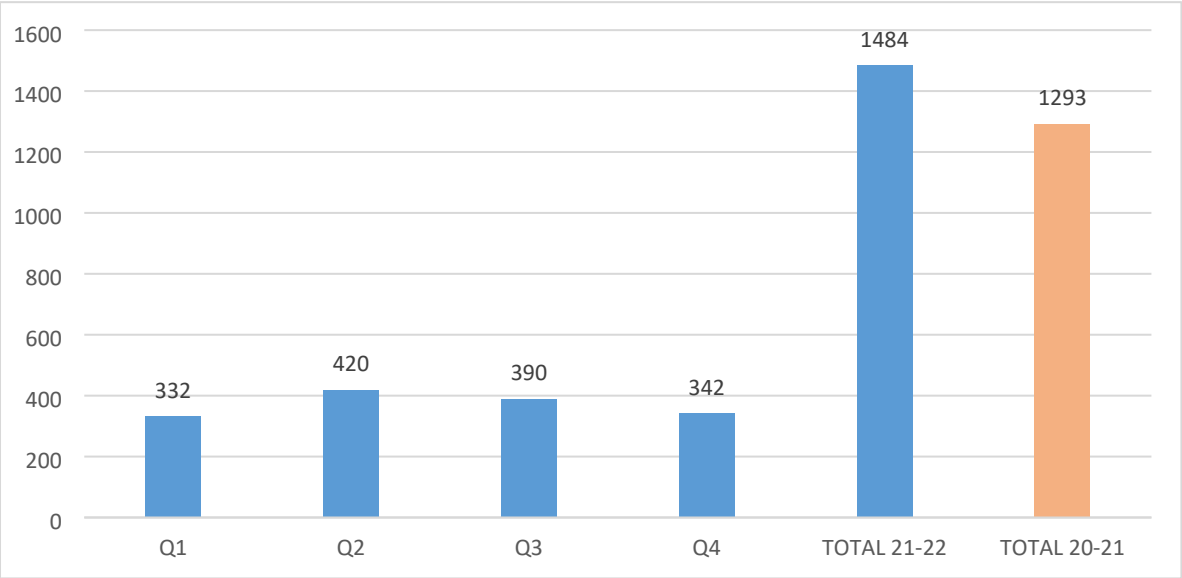
Safeguarding performance measures are set by and reported to Welsh Government on an annual basis and to the Regional Safeguarding Board quarterly. This data enables us to ensure adequate resources are in place to appropriately respond to adults at risk and identify patterns and trends which influence our future prevention and protection strategies. Welsh Government introduced new Performance indicators in 202/21 and periodically update or change the information required. These changes are likely to continue with introduction of new procedures and the broadening scope of Adult Safeguarding work. Further work to ensure the data captured is meaningful and comparable will continue throughout 2022/23

Information Management System

The performance information provided to Welsh Government and the RSB is extracted from the Local Authority Information Management System. In October 2021, Adult Services was the first service area to migrate to Carmarthenshire's new enhanced Eclipse Information Management System. **As a result of the transition to the new system, there may be some anomalies in the data collected during period Q3 and Q4 2021/22.**

Safeguarding performance data

1. Number of reports of an adult suspected of being at risk received.



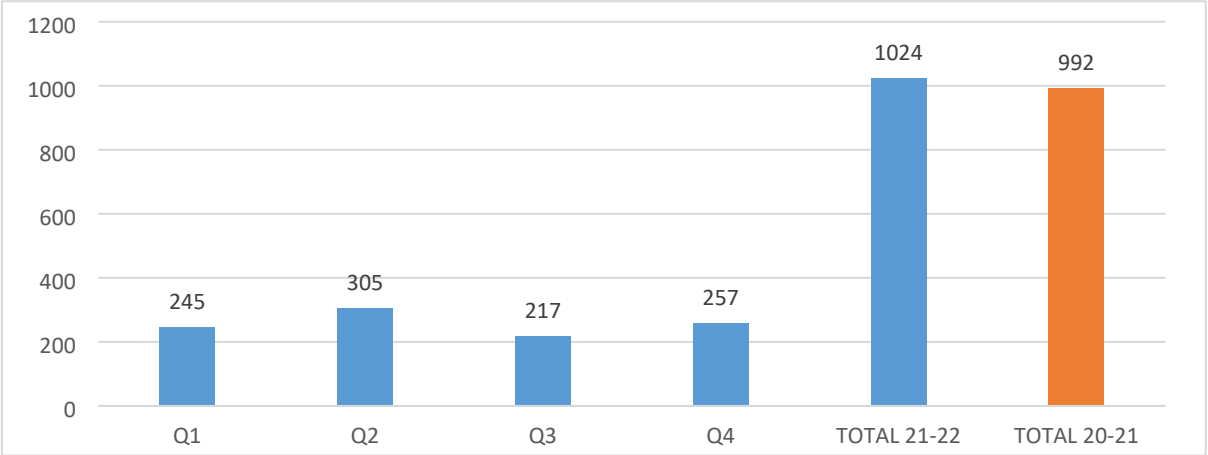
Duty to report

The Social services and Wellbeing (Wales) Act 2014 places a duty on 'relevant partner agencies' to report to the local authority any adult or child, including unborn children, they suspect is at risk of abuse or neglect. Any agency not included as a relevant partner is still expected to report safeguarding concerns in the same way as those with a statutory duty.

The total number of adult safeguarding reports received during the period 2021/22 was 1484. This indicates a 13% increase in comparison to the previous year.

An average of 124 safeguarding reports were received each month during 2021/22. This does not include concerns relating to People in a Position of Trust and does not reflect the total number of contacts received by the local authority adult safeguarding team.

2. Number of safeguarding reports that led to an enquiry (s126)

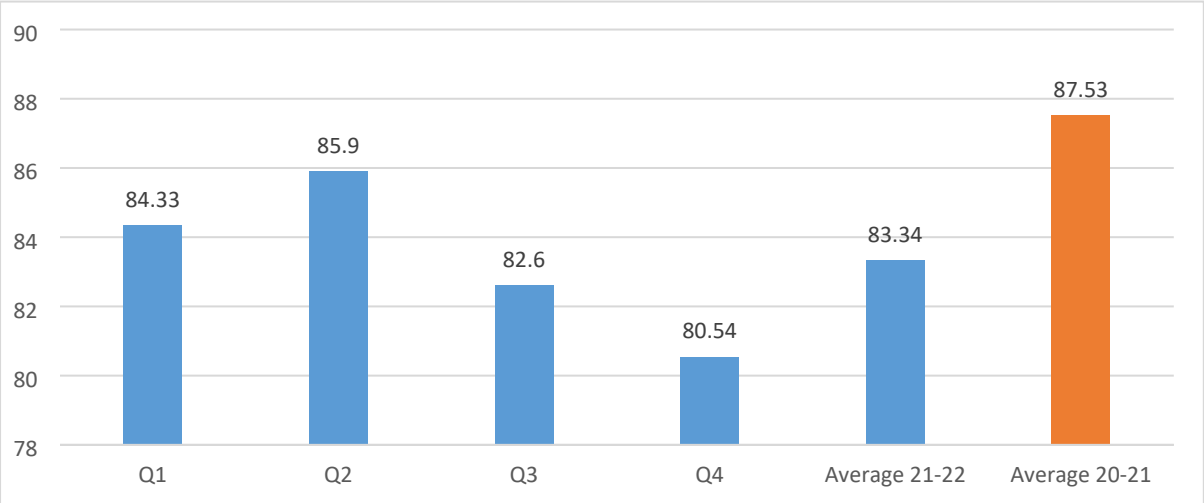


Total Number of Safeguarding Enquiries undertaken= 1024

When the local authority has reasonable cause to suspect an adult is, or may be at risk of abuse or neglect (having screened the safeguarding report received), it has a duty to make safeguarding enquiries under section 126 of the SSB(Wales) Act 2014

The increased number of safeguarding enquiries undertaken is consistent with the increased number of reports received. A total of **69%** of the safeguarding reports received were deemed appropriate to proceed to statutory enquiry (s126). Advice and guidance is provided in relation to reports that do not proceed to an enquiry.

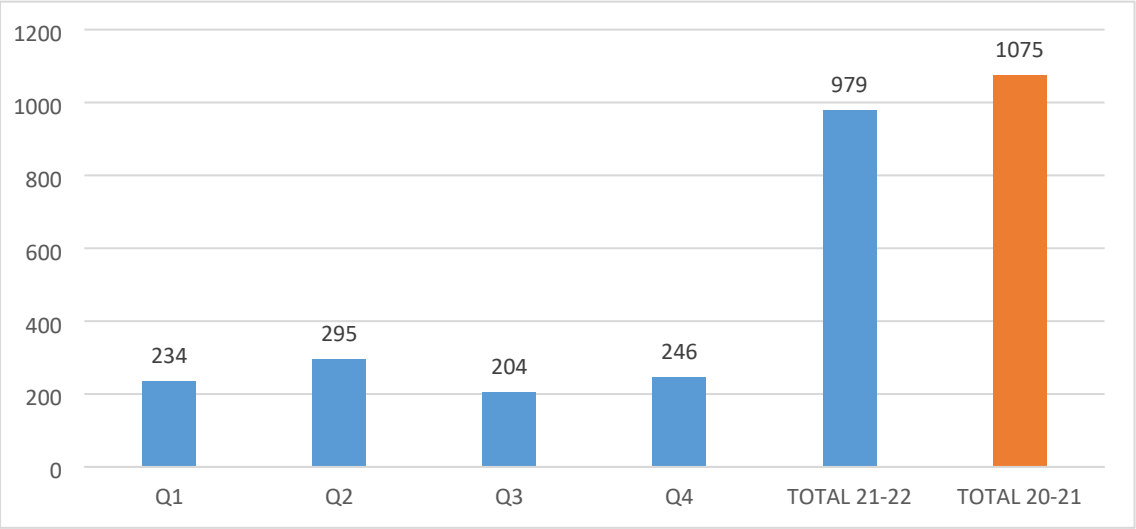
3. Percentage of safeguarding enquiries undertaken within 7 days



Statutory guidance states that "***safeguarding enquiries should normally be undertaken within 7 days; however, they should not be rushed***".

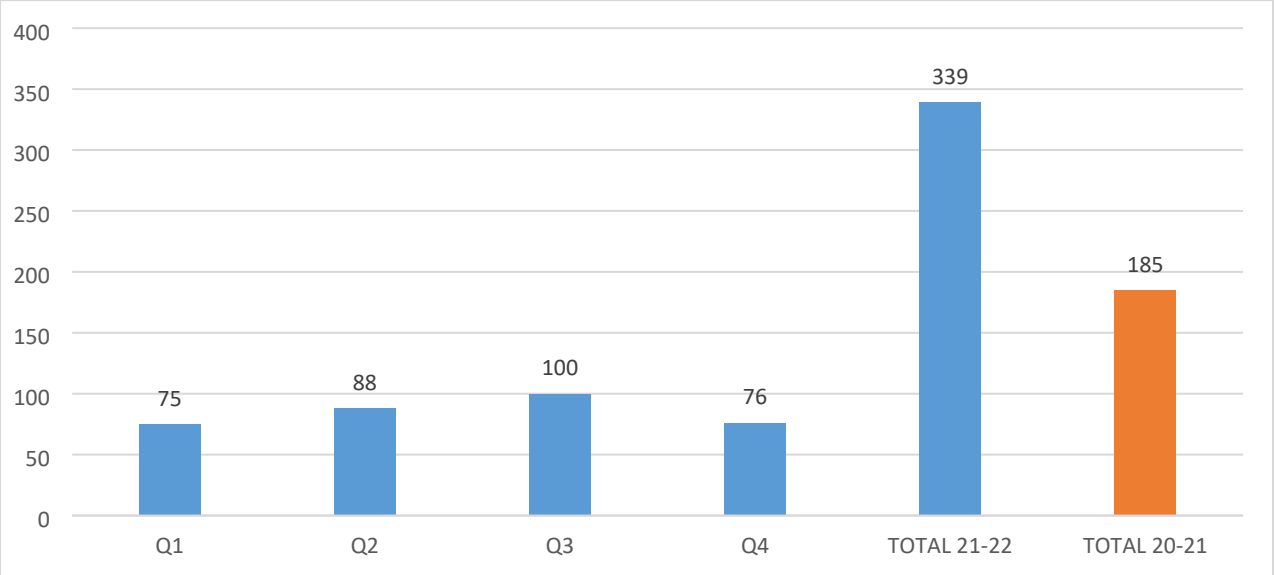
The percentage number of enquiries undertaken within 7 days has fluctuated throughout 2021/22. Several factors can contribute to the length of time enquiries take, e.g complexity of the situation or awaiting assistance or support from another agency. The local authority can delegate enquiries to the most appropriate agency or practitioner, but it must monitor progress and timescales. A rationale is recorded for enquiries which extend the 7-day period. All safeguarding reports are screened and prioritised within 1 working day.

4. Number of safeguarding strategy discussions during this period



A safeguarding strategy discussion is held with partner or other agencies as part of statutory safeguarding enquiries. Strategy discussions allow the local authority and other agencies to identify situations which may require a collaborative intervention. Not all safeguarding reports require the involvement of other agencies, e.g if the concern does not relate to a criminal matter, it will not be discussed with the Police. The number of strategy discussions is therefore dependent on the nature of the concern and the agencies needing to be involved. Carmarthenshire has excellent working relationships with partner agencies and has well established processes for communication and joint planning.

5. Number of Safeguarding strategy meetings during this period

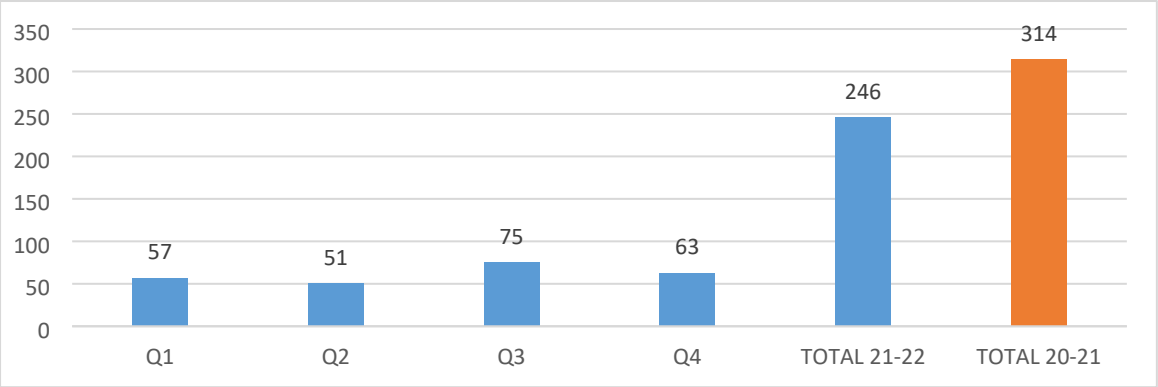


A safeguarding strategy meeting is a multi-agency meeting, held following a safeguarding enquiry. The purpose of the meeting is to share information, consider levels of risk, ensure any required assessments are completed, and decide on any ongoing actions. Many safeguarding enquiries do not progress to this stage as appropriate action is often taken during the enquiry stage. Some situations are more complex and will require numerous strategy meetings to manage and monitor ongoing actions and risk.

The number of strategy meetings held is not indicative of good or poor performance. The data for this indicator is captured upon closure of the intervention therefore, actual strategy meeting activity may be included in a future reporting period.

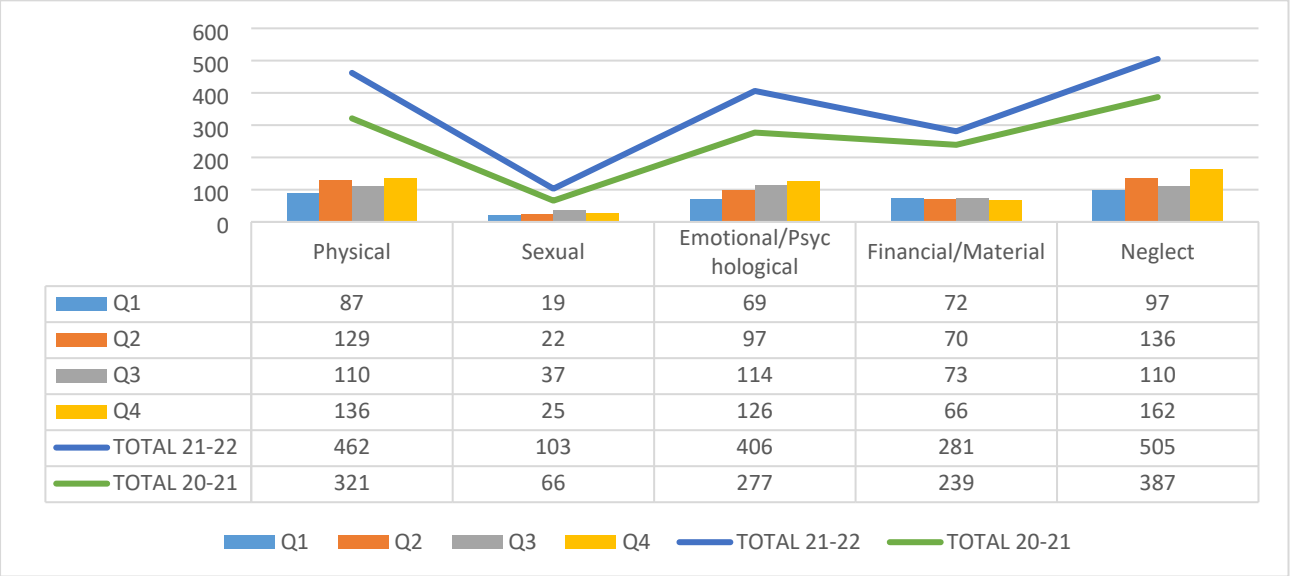
The use of remote meeting facilities initiated during the pandemic continues to significantly improve attendance at strategy meetings.

6. Number of people with Adult Protection Plans in place.



Whilst every safeguarding enquiry concludes with a plan to ensure the adult at risk is as safe as possible, this performance indicator reflects the number of formal safeguarding plans that have been agreed and integrated into the persons ongoing care and support plan. Again, this is not indicative of good or poor performance as it is dependent on the nature of the concerns received and the type of safeguarding action required.

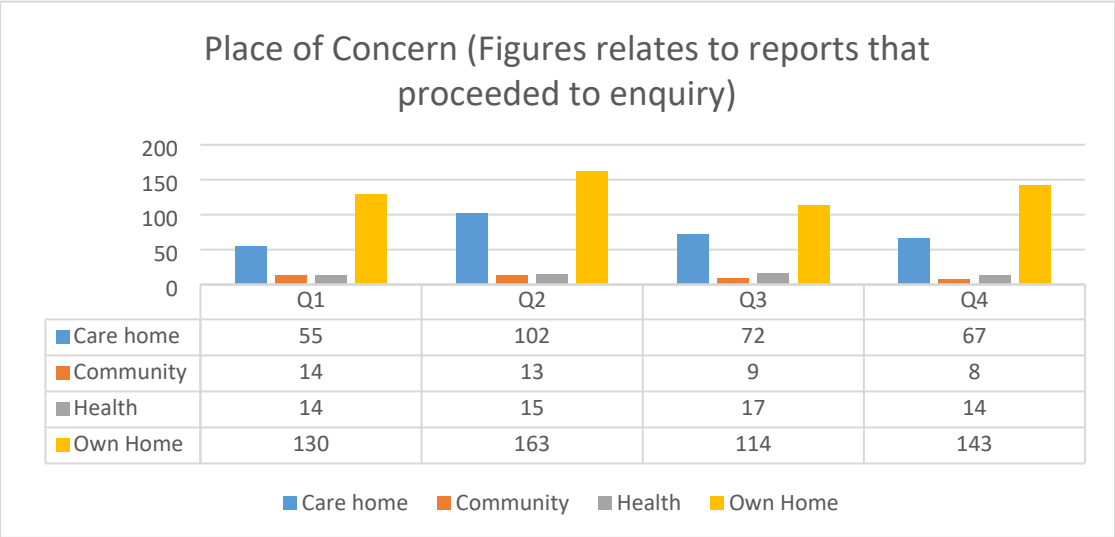
7. Categories of concern



	Physical	Sexual	Emotional/Psychological	Financial/Material	Neglect
Q1	87	19	69	72	97
Q2	129	22	97	70	136
Q3	110	37	114	73	110
Q4	136	25	126	66	162
TOTAL 21-22	462	103	406	281	505
TOTAL 20-21	321	66	277	239	387

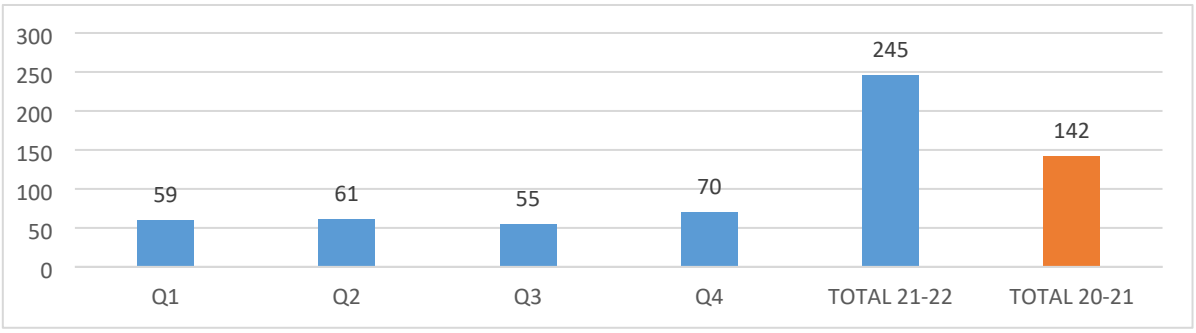
Neglect is predominantly the highest category of allegations due mainly to its broad definition. The data shows that the type of concerns reported to the local authority in 2021/22 is consistent with the previous year.

8. Place of concern



A persons own home remains highest in relation to the place where the alleged concern occurred, followed by Care homes. These trends are anticipated due to the large volume of care delivered in these settings. Practitioners working in these environments are familiar with their duty to report concerns to the local authority and do so frequently. Many of the concerns reported do not amount to abuse or neglect. The high number of reports for these settings is evidence of a proactive approach to reporting concerns to the local authority as required.

9. Number of allegations relating to Persons in a position of Trust- 2021/22



Each local authority has a duty to manage allegations and concerns about any person who works with children, young people or adults with care or support needs, either paid or unpaid roles. This is referred to as a Person in a Position of Trust. Managing concerns under these procedures applies to a wider range

of allegations than those in which there is reasonable cause to believe a child or adult is at risk, it also applies to concerns that might indicate that a person is unsuitable to continue to work with children or adults with care or support needs. Practitioners who may be subject to these procedures is not limited to statutory partner organisations. The procedures apply to practitioners in all organisations that work with children or adults with care or support needs.

10. Deprivation of Liberty Safeguards (DoLS)

Article 5, Human Rights Act 1998 states that "everyone has the right to liberty and security of person". However, there are some instances where it is in a person's best interest to be deprived of liberty, for example, to provide appropriate care and support to a person unable to care for themselves ***and*** who is lacking mental capacity to consent to the arrangements in place to keep them safe from harm. In these circumstances the arrangements considered to be in the persons best interest must be scrutinised and authorised "in accordance with a procedure set out by law".

The procedure set out in law is detailed in the **Mental Capacity Act 2005 amendment- Deprivation of Liberty Safeguards (DoLS)** which prescribes how the Local Authority/Health Board must satisfy itself that the deprivation of liberty is necessary, proportionate, least restrictive and in the person's best interest. It also ensures that the person has an appropriate advocate who can act on their behalf and challenge any disproportionate or unlawful deprivation of liberty.

In March 2014, a Supreme Court judgment [P v Cheshire West and Chester Council; P& Q v Surrey County Council] effectively lowered the threshold for the Deprivation of Liberty Safeguards. The new threshold meant that a significant number of individuals residing in residential homes, nursing homes and hospitals became eligible for the safeguards. The Local authority has the statutory responsibility for the DoLS assessments and authorisations for individuals living in residential and nursing homes.

The sharp rise in demand for DoLS assessments, without additional resources resulted in an accrual of applications pending and the potential risk of individuals being deprived of liberty without lawful scrutiny and authorisation. This situation is replicated across almost all local authorities in Wales and England.

Much like other local authorities, Carmarthenshire County Council applies a prioritisation framework to ensure the most urgent applications are

progressed. In addition, we have introduced a robust audit process which ensures all requirements of the Mental Capacity Act are met before authorisation is granted.

In preparation for the Liberty Protection Safeguards, Welsh Government provided funding to all local authorities to address the backlog of assessments pending. Whilst the funding is welcomed, it remains a challenge sourcing appropriate practitioners to undertake assessments and especially to Carmarthenshire's standard, which includes face to face assessments and the provision of Welsh speaking assessors. Having undertaken a robust market assessment with numerous service providers we were able to appoint an agency who supported us to clear most of the assessments using the funding allocated.

11. Liberty Protection Safeguards (LPS)

The existing Deprivation of Liberty Safeguards (DoLS) have been deemed "not fit for purpose" for several reasons and will be replaced by the new **Liberty Protection Safeguards (LPS)**. The new safeguards were initially due for implementation in October 2020 however this was delayed until 1st April 2022. This date has since been changed again as the draft codes of practice have still not been written. It is anticipated that formal consultation on the new draft code of practice for Liberty Protection Safeguards will commence in Spring 2022. The detail contained within the code will inform the resources and processes required for implementation. This change in legislation is managed centrally by the Department for Health and Social Care.

The new safeguards will include some significant changes however, most notable to consider at this point is that the safeguards extend beyond individuals residing in care home/hospital settings and will also apply to deprivations of liberty in the community. This includes, **supported living settings, shared lives arrangements and in a person's own/family home.**

The Liberty Protection Safeguards will also apply to **16- and 17-year-olds** and therefore applicable to deprivations of liberty which occur in **special needs schools, the family home, children's homes, and foster placements etc.**

In addition, it includes deprivations of liberty which do not relate to specific residences such as, **during transportation and at day services.**

In preparation for the implementation of Liberty Protection Safeguards, the Mid and West Wales region (Carmarthenshire, Pembrokeshire, Ceredigion, Powys local authorities and Hywel Dda University Health Board) continue to work collaboratively to plan for implementation.

12. Impact of COVID-19 Pandemic

The global pandemic had a significant impact on Care homes in Wales and visiting restrictions were put in place at an early stage however, the local authority statutory duty to undertake assessments for DoLS remained in place. As a result, alternative methods for assessment were implemented such as remote assessments and use of historical records. Regional and National guidance supported these approaches however, it presented numerous challenges such as poor internet connections, availability of remote devices, and not least residents' unfamiliarity with this method of communication. As restrictions were gradually lifted during 2021/22, some challenges remained, for example, continued Covid outbreaks, external practitioners unable or unwilling to undertake face to face assessments and a general lack of available assessors.

13. DoLS team

The DoLS team, comprises of three experienced full-time best interest assessors all of whom are fluent Welsh speakers. This is extremely important in the context of these assessments as it is critical to understand the persons views and wishes regarding care and accommodation and critical in the assessment of mental capacity. Their role is to determine whether any existing or planned Deprivation of Liberty is in the detained persons best interest, necessary to prevent harm and is a proportionate response to the likelihood and seriousness of that harm. The team is committed to ensuring the rights of the individual is upheld and continuously access training opportunities to ensure their skills and knowledge remain up to date. They report directly to the safeguarding and DoLS Team manager.

14. Liberty Protection Safeguards (LPS)

The existing Deprivation of Liberty safeguards (DoLS) have been deemed "not fit for purpose" for several reasons and will be replaced by the new Liberty Protection Safeguards (LPS). The new safeguards were due for implementation in October 2020 however this has been delayed and will now come into effect on 1st April 2022.

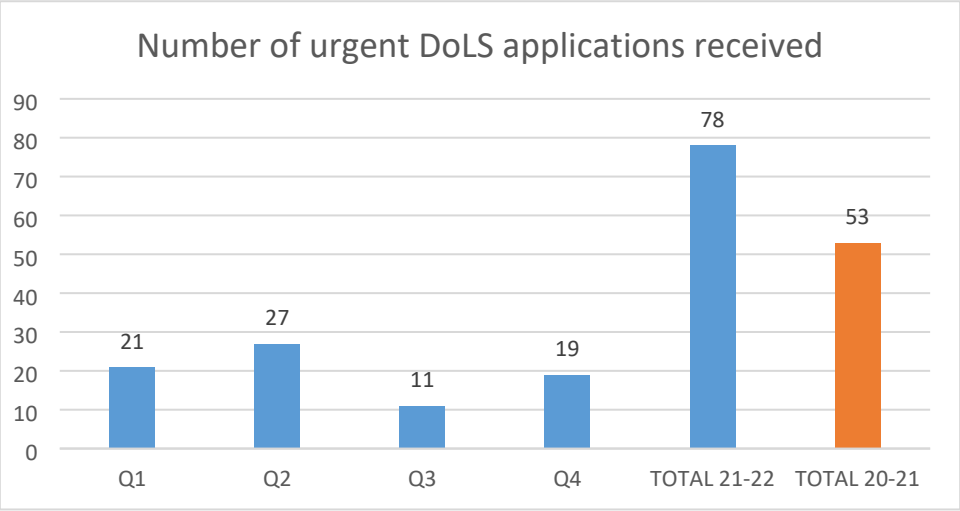
The new safeguards will include some significant changes however, most notable to consider at this point is that the safeguards extend beyond individuals residing in care home/hospital settings and will also apply to deprivations of liberty in the community. This includes, supported living settings, shared lives arrangements and in a person's own/family home.

The Liberty Protection Safeguards will also apply to 16- and 17-year-olds and therefore applicable to deprivations of liberty which occur in special needs schools, the family home, children's homes, and foster placements etc.
In addition, it includes deprivations of liberty which do not relate to specific residences such as, during transportation and at day services.

A new code of practice for Liberty Protection Safeguards is due to be circulated for consultation in spring 2020. The detail contained within the code will inform the resources and processes required for implementation.
In preparation for the implementation of Liberty Protection Safeguards, the Mid and West Wales region (Carmarthenshire, Pembrokeshire, Ceredigion and Powys) have agreed to undertake a scoping exercise which aims to obtain an informed estimate of how many people are currently being cared for in a way that amounts to a deprivation of their liberty, and which entitles them to the safeguards set out in law. This exercise will help predict demand for LPS authorisations and any associated training/resource implications.

15. Deprivation of Liberty Safeguards (DoLS) Performance Data

There are two types of DoLS application, a standard which requires assessment within 21 days, and urgent which requires assessment within 7 days.



The Mental Capacity Act 2005 (DoLS supplementary code of practice) allows a Managing Authority (i.e Care home) to authorise itself to deprive a person of Liberty for up to 7 days, if:

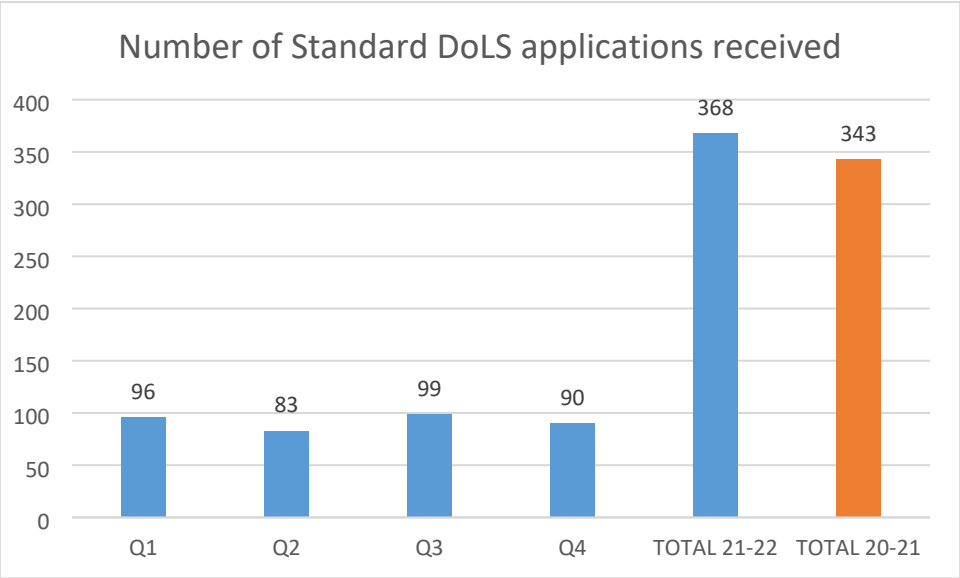
- it believes that the need for the person to be deprived of Liberty is so urgent that the deprivation needs to begin before an application is made to the Supervisory Body (i.e Local Authority or Health Board) **or**

- if an application has already been made to the Supervisory Body but the situation is now so urgent that the deprivation of liberty needs to begin before the application has been dealt with.

The Supervisory body must undertake the necessary assessments within the 7day period however, an extension of a further 7 days can be granted in exceptional circumstances. Some applications do not meet the criteria for urgent authorisation and are therefore not granted.

	Q1	Q2	Q3	Q4
% of Urgent DoLS authorisations received that were completed within 7 days of receipt	44%	8%	0%	29%

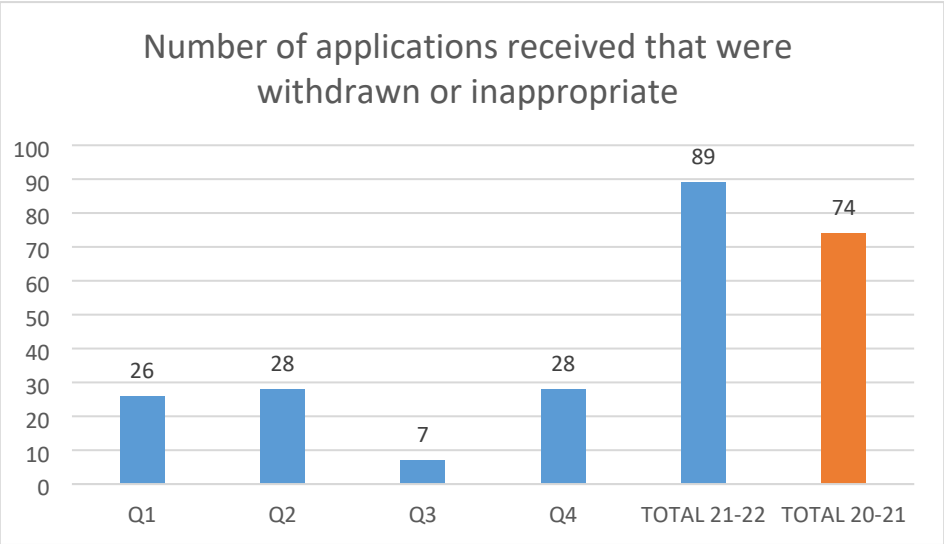
In addition to the difficulties accessing practitioners to complete assessments, there are also difficulties contacting appropriate family members and professionals involved in the person's care. Delays of this nature have an impact on timescales and is typical of assessments requiring consultation with others. Meeting the 7-day timescale is therefore often dependent on factors outside the assessor's control.



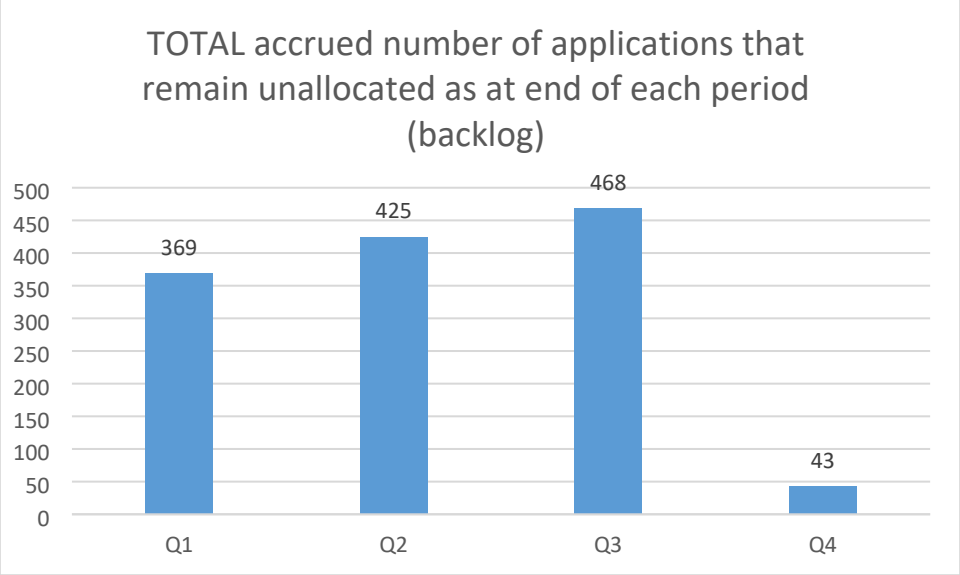
The figures above indicate an increase in the number applications received in 2021/22. The number of applications often correlate with the number of people moving into a care home. More people moved into a care home in 2021/22 than in the previous year.

	Q1	Q2	Q3	Q4
% of Standard authorisations that were completed within 21 days of allocation	28%	14%	33%	35%

The figures above are indicative of the challenges experienced in 2021/22, for example, access to care homes/ care home information and availability of qualified assessors. Carmarthenshire County Council's ability to complete DoLS assessments improved toward the latter part of the reporting period. This is due to the work undertaken via an external agency.



Applications are often withdrawn due to the death of a resident or deprivation of liberty no longer required. Inappropriate applications include those which do not meet the criteria for the safeguards.



The data above evidences the volume of assessments completed in the latter part of 2021/22. This was achieved through the additional funding provided by Welsh Government. It is anticipated that further funding will be made available in 2022/23 for Deprivation of Liberty assessments and implementation of the Liberty Protection Safeguards.

HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

THURSDAY, 9 MARCH 2023

PRESENT: Councillor H.A.L. Evans (Chair) (In Person)

Councillors (In Person):
B. Davies M. James H. Jones

Councillors (Virtually):
M. Donoghue A. Evans J.P. Jenkins D. Owen
D. Thomas (in place of K. Davies) F. Walters P.T. Warlow J. Williams

Also Present (In Person):
A. Bracey, Head of Adult Social Care
A. Williams, Head of Integrated Services
G. Morgans, Director of Education & Children's Services
R. Robertshaw, Child Protection Co-ordinator
S. Rees, Simultaneous Translator
R. Morris, Members Support Officer
E. Bryer, Democratic Services Officer

Also Present (Virtually):
R. Page, Senior Business Support Manager
S. Hendy, Member Support Officer

Chamber - County Hall, Carmarthen. SA31 1JP and remotely - 10.00 - 11.10 am

1. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor K. Davies.

2. DECLARATIONS OF PERSONAL INTERESTS INCLUDING ANY PARTY WHIPS ISSUED IN RELATION TO ANY AGENDA ITEM.

Councillor	Minute No (s)	Nature of Interest
J.P. Jenkins	5. Draft Divisional Delivery Plans 2023-24 for: Integrated Services, Commissioning & Business Support & Adult Social Care Services.	Works for an organisation that provides Domiciliary and Day Care Services to Adults with learning disabilities. (Has dispensation to speak but not vote).

There were no declarations of any prohibited party whips.

3. PUBLIC QUESTIONS

The Chair advised that no public questions had been received.

4. REGIONAL ADULT ADVOCACY STRATEGY

The Committee considered the Regional Adult Advocacy Strategy the purpose of which was to seek endorsement of a new regional adult advocacy strategy that has been developed with stakeholders through the Advocacy Working Group . The Strategy aimed to shape commissioning arrangements to meet requirements to ensure good quality advocacy is readily and equitably available to those who want, or need it, in the West Wales region of Ceredigion, Carmarthenshire and Pembrokeshire.

The Committee were reminded that the five key priorities areas aimed at improving outcomes for those in need of advocacy were:

- Priority 1. Maintain and develop further our co-productive approach.
- Priority 2 Raise awareness of, and understanding of, advocacy.
- Priority 3. Ensure advocacy is easily accessible and equitably available.
- Priority 4. Ensure advocacy is of a consistently high standard of quality.
- Priority 5. Maintain specialisms and non-statutory forms of advocacy.

The Cabinet Member for Health & Social Services took the opportunity of extending her thanks to Joshua Summers (report author) for writing the report.

In response to a question regarding additional financial support for Advocacy the Committee was advised that additional grant funding had been secured under the Regional Integrated Fund.

The Chair welcomed that training was provided to help individuals to speak for themselves.

UNANIMOUSLY RESOLVED that the report be endorsed.

5. DRAFT DIVISIONAL DELIVERY PLANS 2023-24 FOR: INTEGRATED SERVICES, COMMISSIONING AND BUSINESS SUPPORT & ADULT SOCIAL CARE SERVICES

[Councillor J.P. Jenkins declared an interest during consideration of the Business Support & Commissioning Draft Delivery Plan. He remained in the meeting but did not vote.]

The Committee considered the Draft Divisional Delivery Plans for Integrated Services, Commissioning and Business Support and Adult Social Care. These plans set the strategic actions and measures that the services within the Division would take forward in order for the Council to make progress against its Well-being Objectives, thematic priorities and service priorities.

It was noted that action and measures for the delivery of the Cabinet Vision Statement Commitments were also included.

A number of questions were raised. The main matters were as follows:

Integrated services Plan

- In response to clarification regarding the Teifi Cluster the Head of Integrated Services advised that the Health Board areas were different to the County areas. From the Health Board planning perspective, the Teifi part of the cluster fell under Ceredigion County however the Social Care function was the responsibility of Carmarthenshire. It was noted that in real terms this did not have an impact on services apart from working with a different team for that particular area of the County.
- In response to a concern raised regarding risk LAS0002 and the fact the Health Board had ceased its contributions towards S.117 placements for older people and physical disabilities, officers explained that this was specifically for residential care and that funding was dependent on the type of client group. It was noted that there was a 50/50 split from a young adult perspective. From an older people/physical disability perspective different arrangement had been in place with the Health Board for a while and that attempts had been made at a regional level to attain equity across the different client groups. Work on developing a regional cross agency policy proposing a 50/50 split across all the groups had commenced but unfortunately, the Health Board took a decision to publish a Health Board only policy as opposed to a partnership policy. The Committee requested that a letter be sent to the Health Board expressing their concerns regarding the inequality of these funding arrangements.
- Officers advised that legally the Authority's interpretation was that the S.117 funding should be split 50/50 between the Local Authority and the Health Board however the Health Board's interpretation was different. It was further clarified that S.117 was in relation to a particular section of the Mental Health Act. If a person was detained in hospital under certain sections of the Mental Health Act they would be entitled to aftercare. As a Local Authority the aim was to look at consistency across all the services.
- In line with the Cabinet Vision to work with Hywel Dda University Health Board to deliver seamless integrated health and social care services wherever possible, it was noted that Hywel Dda had a much delayed programme to open a multi-disciplinary health centre in Cross Hands which would result in the closure of various GP Surgeries in the area. It was asked if the Authority had consulted with the Health Board regarding the provision of facilities in the centre. In response officers advised that the programme had reached the final business case stage and that Welsh Government were supportive of the proposal. The centre would be a multi-agency integrated centre to include Local Authority, Health Board and Police Services. The centre would include a vast range of fully integrated services and would provide premises for existing GP surgeries that were currently located in premises that were no longer fit for purpose. The benefit of co-location would create more resilience for the service along with economic advantages.
- It was asked if Social Prescribers could be out in the community more and in contact with people who didn't necessary visit the GP surgery. It was explained that the current model worked on referrals from GPs and was still a relatively new project. It was noted that there was now coverage across the County and that eventually it was hoped that the service would evolve to enable referrals from wider sources. At present the priority was to manage the current demand from the GP surgeries.

- In response to clarification regarding the spend figures for Cwm Aur, the Committee was advised that Cwm Aur was one of the savings proposals agreed by Council. The scheme was operated by Pobl and unfortunately the flats were underoccupied resulting in the scheme being a high-cost model to run. It was stated that more cost-effective alternative care arrangements were being put in place. This would be done through the use of existing domiciliary care frameworks.

Business Support & Commissioning Plan

- With reference to the debt recovery team a question was asked regarding the amount of debt the Authority currently had. The Senior Business Support Manager advised that he needed to confirm the current level and informed the Committee that it was complicated due to deferred charges accruing daily. He confirmed that the information would be shared and advised the budget was approximately £16m per annum for residential fees and at any point it could be around 5% of the budget outstanding as a bad debt. Assurance was given that targeted early interventions were in place within the debt recovery team in an attempt to prevent it becoming a bad debt.

Adult Social Care Plan

- In reference to milestone M4 and the associated risk, an update was requested on the development of the remodelling and the growing of quality, sustainable and effective in-house domiciliary care service. Officers advised that there had been recruitment and retention issues, but that the situation had improved. On going recruitment campaigns and bespoke events were being undertaken and that plans were already in place to increase in house services.
- In relation to concern regarding the ability to fulfil legislative responsibilities due to the of failure to recruit and retain the workforce (particularly in relation to home care, social work and AMHP's) the Head of Adult Social Care confirmed that this was a concern and that there was a focus on training / attaining qualifications for existing staff and that the staff would be contractually obliged to remain working for the Authority for a minimum of 3 years after gaining their qualification.

Resolved that:

5.1 A letter be sent to the Health Board expressing concerns regarding the current inequality of S.117 funding arrangements.

5.2 The draft delivery plans 2023-24 for Integrated Services, Business Support & Commissioning and Adult Social Care be received.

6. CHILDREN'S SERVICES DRAFT SERVICE DELIVERY PLAN 2023-24

The Committee considered the Children's Services Draft Service Delivery Plan which set out the strategic actions and measures that the services within the Division would take forward in order for the Council to make progress against its Well-being Objectives, thematic priorities and service priorities.

The Cabinet Member for Health and Social Services advised that the Corporate Strategy had been approved by full council (following consultation) on the 1 March and that the Well-being Objectives relevant to this scrutiny was:

- Enabling our children and young people to have the best possible start in life (Start Well).

The Committee noted that the elements of the service delivery plan relevant to this Scrutiny's remit were:

- Children's Social Services
- Adoption Services
- Early Years, Family Support and Prevention
- Parenting and Child Welfare
- Safeguarding West and Adoption
- Physical Disability and Sensory Impairments
- CAHMS Child and Adolescent Mental Health Services
- Corporate Parenting Lead
- Fostering Services
- Supporting Families
- Safeguarding Children
- Complex Needs Transition
- Child Protection Coordinator
- Safeguarding East and Service Improvement

The following key questions / observations were raised on the report:

- Concern was expressed regarding the moving of children to different educational setting/school. An update was requested regarding the position in improving the link between social workers and schools so that when children arrive at a new setting the school was fully aware of what all the needs were. Officers advised that every attempt was made to try not to move looked after children and that there was a team that looked at this issue. It was highlighted that the relationships that children built up within the school were important. However, there were occasions when it was in the child's best interest to move school provision to be in the community that they were living in. In these circumstances the schools would speak to each other, and the plans would be discussed at the child's looked after review planning meeting. The Director of Education and Children's Services assured the Committee that the process was currently being reviewed by the Head of Children and Families and the Head of Education & Inclusion Services.
- Officers were asked how the 30 hours of Childcare Offer would be promoted as there appeared to be a lack of awareness regarding this provision. The Director of Education and Children's Services advised that the Family Information Service actively promoted this service and that there was continuous work with partners in promoting the service. It was noted that the roll out of the new national digital service would make it easier for parents to access services and to ascertain what support was available to them. Officers informed the Committee that the level of take up in Carmarthenshire was high. To ensure eligible families were aware

of this offer the Authority was in the process of recruiting a comms officer to contact these families.

Resolved that the report be received.

7. 2022/23 QUARTER 3 - PERFORMANCE REPORT RELEVANT TO THIS SCRUTINY

The Committee considered the Performance Monitoring Report for Quarter 3, which set out the progress against actions and measures linked to the Corporate Strategy and the 13 Well-being objectives relevant to the Committee's remit.

The Committee noted that 5 of the 13 objectives were off target and that the measure in place were having a positive impact in resolving.

RESOLVED that the report be received.

8. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORT

The Committee received an explanation for the non-submission of the following scrutiny reports.

- Annual Safeguarding Report
- Corporate Strategy

RESOLVED that the explanation for the non-submission be noted.

9. FORTHCOMING ITEMS

RESOLVED that the list of forthcoming items to be considered at the next scheduled meeting on the 17th April, 2023 be noted.

10. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETING HELD ON THE 24TH JANUARY, 2023

UNANAMOUSLY RESOLVED that the minutes of the meeting of the Committee held on the 24th January, 2023 be signed as a correct record.

_____ _____

CHAIR **DATE**