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WEDNESDAY, 31ST MAY, 2023

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

I HEREBY SUMMON YOU TO ATTEND A MULTI LOCATION 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 A.M. ON WEDNESDAY, 7TH JUNE, 2023** FOR THE TRANSACTION OF THE BUSINESS OUTLINED ON THE ATTACHED AGENDA

Wendy Walters

CHIEF EXECUTIVE

Democratic Officer:	Emma Bryer
Telephone (direct line):	01267 224029
E-Mail:	EBryer@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)

- | | | |
|----|------------|---------------------|
| 1. | Councillor | Bryan Davies |
| 2. | Councillor | Karen Davies |
| 3. | Councillor | Alex Evans |
| 4. | Councillor | Hazel Evans [Chair] |
| 5. | Councillor | Meinir James |
| 6. | Councillor | Hefin Jones |
| 7. | Councillor | Denise Owen |

LABOUR GROUP (4)

- | | | |
|----|------------|-------------------|
| 1. | Councillor | Michelle Donoghue |
| 2. | Councillor | Rob Evans |
| 3. | Councillor | Phil Warlow |
| 4. | Councillor | Janet Williams |

INDEPENDENT GROUP (2)

- | | | |
|----|------------|------------------------------|
| 1. | Councillor | Fiona Walters |
| 2. | Councillor | Louvain Roberts [Vice-Chair] |

UNAFFILIATED (1)

- | | | |
|----|------------|--------------|
| 1. | Councillor | John Jenkins |
|----|------------|--------------|

A G E N D A

- 1. APOLOGIES FOR ABSENCE**
- 2. DECLARATIONS OF PERSONAL INTERESTS INCLUDING ANY PARTY WHIPS ISSUED IN RELATION TO ANY AGENDA ITEM**
- 3. PUBLIC QUESTIONS (NONE RECEIVED)**
- 4. HEALTH AND CARE SYSTEM FOR WEST WALES: HOW FAR, HOW FAST? 5 - 26**
- 5. DOMICILIARY CARE PERFORMANCE UPDATE 27 - 36**
- 6. REVENUE & CAPITAL BUDGET MONITORING REPORT 2022/23 37 - 56**
- 7. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORT 57 - 62**
- 8. HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE FORWARD WORK PLAN FOR 2023/24 63 - 68**
- 9. FORTHCOMING ITEMS 69 - 94**
- 10. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETING HELD ON THE 17TH APRIL, 2023 95 - 104**

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HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

7TH JUNE, 2023

HEALTH AND CARE SYSTEM FOR WEST WALES: HOW FAR, HOW FAST?

Purpose:

This paper outlines a response in West Wales to progressing integration. Specifically, the paper outlines an opportunity in Carmarthenshire to develop and implement a health and care system for older people that is based on 'what matters' to this population and will be fit for purpose both now and into the future. The paper also considers alignment to the Ministerial Discussion Document known as 'Further, Faster' and its expectations.

THE SCRUTINY COMMITTEE IS ASKED TO:-

- Acknowledge and consider the opportunity and current state
- Recommend to Cabinet the approval of the proposal and high level plan

Reasons:

In order to consider the proposed approach to exploring the development of such a system in Carmarthenshire and provide any recommendations prior to the report's consideration by Cabinet.

CABINET MEMBER PORTFOLIO HOLDER:-

Cllr. J. Tremlett, Health & Social Services Portfolio Holder

Directorate:

Communities

Name of Head of Service:

Jake Morgan

Report Author:

Rhian Matthews

Designations:

Director of Communities

Integrated System
Director,
Carmarthenshire
County Council & Hywel
Dda University Health
Board

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EXECUTIVE SUMMARY

HEALTH AND CARE SYSTEM FOR WEST WALES: HOW FAR, HOW FAST?

Situation

This paper outlines a response in West Wales to progressing integration. Specifically, the paper outlines an opportunity in Carmarthenshire to develop and implement a health and care system for older people that is based on 'what matters' to this population and will be fit for purpose both now and into the future. The paper also considers alignment to the Ministerial Discussion Document known as 'Further, Faster' and its expectations.

Members are asked to consider the proposed approach to exploring and developing such a system in Carmarthenshire.

Background

Current State of our Health and Care System

Ensuring we can meet people's health and social care needs is a statutory duty for Carmarthenshire County Council (CCC) and Hywel Dda University Health Board (HDDUHB) both organisations both now and into the future. Health and social care however faces huge challenges in the demand for, and supply of, health and social care. On the 'demand side', our demography and the socio-economic characteristics of our post-industrial and rural communities are well known and whilst all population groups make a call on community capacity there is a demonstrable imbalance in terms of demand and capacity relating to managing the needs of the older people population. Critically, our frail and elderly population in West Wales are growing at in the region of 3% a year and this growth will continue for at least 10 years. Thus, whilst the position is as difficult as it has ever been now it will get substantially worse without radical change and reform.

This imbalance is particularly evident within the urgent and emergency care (UEC) system where 80% of the presenting need is attributed to frailty and complexity associated with our older population group. Too often, this population is conveyed to hospital by ambulance or are referred to the hospital for assessment and diagnostics by the person's own GP. A large proportion are consequently admitted.

It is broadly acknowledged that hospital stays for our severely frail predisposes them to harm and poor outcomes from Hospital Acquired Infection, an increased risk of falls and acute confusion as well as deconditioning (muscle loss and deterioration in their previous level of independence). The latter contributes to a loss of functional ability and an increased need for formal care and support on discharge increasing the demand on the finite availability of social care. Bed occupancy rates in hospital for this population group have therefore increased exponentially since the pandemic due to reduced rates of discharge associated with the fragility of the community care workforce. Poor discharge rates compromise the Emergency Departments' ability to receive patients arriving by ambulance resulting in ambulance handover delays which prevents access to UEC for our wider population. In parallel with the crisis in emergency and care there is an inability to meet and fund long term demand for care in the community where there is a systemic shortfall in homecare, residential and nursing home provision with a system that is not coping with current demand and does not allocate resources effectively.

Further challenges to developing a sustainable health and care system are associated with the availability of workforce to manage the growing demand with a view that our most valuable and expensive resources are not always deployed proportionately to the level of need.

There is an urgent need for us to find a solution to this challenge both in terms of reducing the risk of harm to our population in the here and now but also to ensure that we develop a sustainable health and care system for the growing demographic associated with our older population over the next ten years.

Optimal Management of Frailty - Frailty is internationally defined as 'a state of vulnerability which renders the individual unable to manage minor insults whether physiological, social and / or psychological. Frailty is not attributed to age per se however a larger proportion of our older population are predisposed.

For older people and those living with frailty, we know that living purposeful lives within their own community is what matters most. It is also evidenced that 80% of our frail would prefer to avoid hospital admission where possible however 20 – 30% of our frail continue to be admitted unnecessarily. When admitted and following protracted inpatient stay, hospitalisation increases the level of social care required to meet their needs by 45%.

There is increasing recognition that achieving 'what matters' to this population is dependent on mitigating recurrent crises that result in repeated visits to the ED and rapid deterioration in their levels of independence. The health and care system for older people living with (or at risk of) frailty needs to be person centred (delivers what matters to them), proactive and able to provide urgent multidisciplinary response to escalating needs in the community.

Our current health and care system is largely designed around single organ disease and response to our frail is mainly secondary care (hospital) based and reactive to the acute health crises they experience such as falls, acute confusion and immobility. Early identification, assessment and appropriate management of our frail can slow the progression of frailty, indeed it can also be reversed. Achieving improved outcomes for this population therefore requires a different approach to the provision of health and care services. This different approach also contributes to effective and efficient use of resources, both monetary and workforce.

Over time, our health system has become more specialised in its focus and struggles to adapt to the multiple and interacting health and social circumstances of our growing frail population. The availability of increasingly advanced diagnostic and therapeutic strategies contributes to vicious episodic and reactive cycles of over diagnosis and overtreatment that are not person centred. Culturally, as a society we have embraced this medical model and have become dependent and expectant of its ability to 'cure everything'. Too often, however, this medical model and its strategies fail to acknowledge the unique challenge of frailty and contribute to unrealistic expectations which compromise the wellbeing of this vulnerable population.

This means a transition from the traditional medical model of health improvement to a social model of care is required that defines, measures and manages health in functional terms (not limiting to the treatment of physiological illness) and enabling the individual to achieve what matters to them.

Adopting best practice for management of our frail will also require a review and remodelling of the existing health and care system. The latter is not able to support the complex needs of our very and severely frail both in terms of the volume of care that is required (at home and in care homes) but also in terms of their specialist needs which no longer 'fit' to our traditional social care / primary health need assessment criteria. The latter is also compromised by the fluctuating nature of their needs associated with frailty syndrome.

Assessment

The Opportunity

Locally

A Section 33 Agreement between Carmarthenshire County Council (CCC) and Hywel Dda University Health Board (HDUHB) has existed since 2009 and which has supported an integrated management structure across community health and social care for older adults and the development of integrated care pathways (Home First) which has demonstrated in the last twelve months to have reduced care and support requirement for a targeted element of our frail and elderly population by up to 85%.

'Home First' is an approach taken by multi disciplinary professionals from CCC and HDdUHB which embeds best practice for managing the frail. It consists of rapid access to care and treatment for acute health needs within a 1 – 2 hour period providing a safe alternative to hospital. Similarly, it provides urgent access to primary care and reablement provision within a 8 – 72 hour period to support people to receive treatment and to recover from injury or illness. Reablement is available both at home or in a bedded facility (community hospital or intermediate care beds).

Importantly, the work has adopted an asset based approach to providing support which focuses on 'what matters' to the person and embeds a proportionate and inclusive approach i.e the lowest level of support required and utilises Technology Enabled Care (TEC) and third sector provision as a mixed model of provision.

'Home First' has focused in the main on expediting discharge from acute hospitals during core working hours although is progressing the conveyance and admission avoidance pathway with local GPs and providing them with direct access to alternative care pathways. Enhancing at scale and pace to cover a 7 day period however is currently constrained both in terms of available health and care workforce but also the infrastructure required to meet the population need. The latter is particularly the case in relation to suitable care home facilities for the level of complexity that is presenting.

Delta Wellbeing a Local Authority Trading Company 100% owned by CCC provides a robust digital infrastructure for TEC and proactive monitoring of complex patients being managed at home through Delta Connect pathway. This also provides a proactive monitoring platform, already in place, for thousands of our older people living in the community enabling a better management of risk and the potential for a level of future functionality and monitoring of this population unrivalled in Wales.

Evidence of the impact of 'Home First' to date has demonstrated the following operational improvement and its associated financial efficiencies:

Outcome Indicators

- Bed day reduction > 21 days (Length of Stay)
- Reduction in Conveyance
- Reduction in Admission Rates

'Means' – Performance Metrics (highlights)

- 31 – 45% reduction in community social care demand
- 65% reduction in social care requirement following Home First
- 85% Admission avoidance with UPC / IC crisis (6994 referrals)
- 70% conveyance reduction with SPOC Home First (including APP navigator)
- 94% of all Delta 'faller' responses remained at home (6% conveyance rate @ 10,324 calls)
- Average 40 Discharges per week with Home First support (40 New complex patients per week)

Nationally

A Healthier Wales, and the Social Services and Wellbeing (Wales) Act provides us with the policy and legislative framework to further integration. Most recently, there has been a Ministerial mandate to integrate 'faster, further, together'¹ to create an integrated community care service underpinned by an All Wales Quality Statement regarding the care standards expected for our frail population. Amendments to Part 9 and Part 2 have been made to the SSWBA to support this and a level of 'pump priming' resources will be available. These resource requirements are suggested to be beyond those already funded from Regional Integrated Fund and the Urgent

¹ Welsh Government (February 2023) *Further, Faster, Together Discussion Paper*

and Emergency Care Programme Funding and which Welsh Government will make non-recurring resources available (from a £30m reserved fund).

The national opportunity therefore presents an opportunity to 'pump prime' and enhance the local 'Home First' approach and explore opportunities to further integration and the infrastructure required to meet the demographic needs of the older person population now and over the next decade.

Proposal and Plan Endorsed by Chief Executive Officers Hywel Dda University Health Board and Carmarthenshire County Council

To develop a plan (building on a range of initiatives including 'Home First' and a range of 'step up' and 'step down' care options) that implements a model for community health and care provision for older adults and adults with physical disabilities in Carmarthenshire that allows them to remain well and independent in their own home and community (including safe alternatives to hospital admission or extended stay) and reduces the long term dependence of the frail population to an unsustainable level of social care.

This plan addresses the complex and multiple needs of the patients rather than the capabilities of the current provider landscape. It must consider both immediate impacts that changes can make as well as setting out a model to meet medium and long term demand of the frail and elderly.

Benefits

- Contributes to delivery of corporate objectives for CCC and HDdUHB outlined in 'A Healthier Mid and West Wales, Our Future Generations Living Well' and 'Developing Carmarthenshire Together: One Council, One Vision, One Voice'
- Improved operational performance across health and social care
- Reduced harm and enhanced patient / service user experience
- Efficient and effective use of resources (financial and workforce)
- Increased productivity of workforce (Technology Enabled Care (TEC) integration, proportionate commissioning of care)
- Improved recruitment and retention
- Future sustainability of health and social care
- Improved outcomes for older person population

Scope:

Population

- Older Adult Population of Carmarthenshire (>65s)
- Adults with Physical Disabilities / Sensory Impairment
- Ordinary Resident in Carmarthenshire

Service Infrastructure

- Domiciliary Care provision (in house and independent) including reablement
- Social Work
- Allied Health Professionals
- Primary Care Contractors (GMS, Pharmacy and Optometry)
- Residential and Nursing Care Homes (independent and in house)

- Carmarthenshire Integrated Community Equipment Store
- Delta Wellbeing
- Urgent and Intermediate Care Specialty Doctors and their Physician Associates
- Community Nursing (District, ART and Falls / Frailty)

Regional Alignment

Alignment to West Wales Care Partnership priorities and RIF Themes

- Older People and People Living with Dementia
- Complex Care at Home / Hospital to Home

Alignment to Strategic Programme for Primary Care

- Accelerated Cluster Development / Community Infrastructure / Healthy Days at Home Measure

Alignment to Health Board Transforming UEC Programme (6 Goals – PG1 and 6)

Alignment to Health Board Strategic Priorities (Transforming UEC, Integrated Locality Planning, Dementia & EoL)

Alignment to PSB Wellbeing Objectives (Living and Ageing Well)

Alignment to CCC, PCC and Cere CC Corporate Objectives

Commission Regional Evaluation of Home First Approach in Carmarthenshire

Workshop with Pembrokeshire in April

Outcome

Y gŵyl newn, yn y lle newn, y tri cyntaf
Chwedd a'r dydd Gŵyl Bryn a
Gŵyl newn Aisylfong
Right care, right place, first time
Six Goals for Urgent and
Emergency Care



Outcomes Framework for Older People (and UEC)



- **Patient / Service User feedback Measures:**
 - *'My care is provided in the most appropriate setting to meet my health and care needs'* i.e. **What Matters**
 - *'How likely are you to recommend our services to your friends or family should they need similar care or treatment'*
- **Population Outcome**
 - Increased number of **healthy days at home** (overarching Outcome for Population)
- **Older People (UEC) High Level Outcome Indicators**
 - **Reducing the number of bed days > 21** – measure of impact on discharge effectiveness / efficiency on the 'back door'
 - Number of 'green days' – (recorded through faculty) – (measure of acute hospital discharge productivity)
 - **Reduction in proportion commissioned care hours / placements following** in patient stay

PG1 Performance Metrics ('Means')	PG2 Performance Metrics ('Means')	PG3 Performance Metrics ('Means')	PG4 Performance Metrics ('Means')	PG5 Performance Metrics ('Means')	PG6 Performance Metrics ('Means')
<ul style="list-style-type: none"> • TBC % of population risk stratified as vulnerable and who have stay well plans in place • Number and proportion of vulnerable patients Managed by 'Home First' • Number of service users receiving domiciliary care • Total Number of commissioned domiciliary care hours 	<ul style="list-style-type: none"> • No. of direct referrals to SDEC • Number of GP referrals streamed through CSH and % directed to SDEC or alternatives • Conveyance Rate (Target 60%) • Ambulance lost hours (Target 0) 	<ul style="list-style-type: none"> • 30% of acute medical take assessed in SDEC, 90% of which go home for >75 year olds, >55 year olds and rest of population • Number Admissions • Number of Occupied Beds • 0-1 day LoS • 0-3 day LoS • Re-admission rates (balance) • Conversion rate (balance) • Number of patients referred to Home First • Number and % patients Provided with crisis response 	<ul style="list-style-type: none"> • ED attendances (all) • ED attendances (WAST) • 4 hour wait • >12hr Performance • % of patients with clinical frailty score recorded (pre morbid and on presentation) • TBC re EDQDF 	<ul style="list-style-type: none"> • % of patients have discharge criteria defined by the clinician and MDT within 14 hours from 'point of admission' • 10-14 days LoS • Number of patients with LoS > 21 days • Occupied beds rate 	<ul style="list-style-type: none"> • Average length of time to commission domiciliary care • Average length of time to place into residential and nursing sector • Number of people reported as clinically optimised • Number of domiciliary care hours lost (handed back) due to LoS > 7 days • Number of care hours commissioned following hospital inpatient stay • Number of residential placements requiring increase to general or EMI nursing following hospital stay

NB Dementia / EoL metrics here

Quality metrics: staff sickness and improved retention levels across all disciplines, reduced incidents, staff feedback

Risks and Issues

- Workforce availability across the health and social care system
- Greater risk however in not doing anything
- National Evidence for successful formal integration is not robust
- This will require radical rethinking of governance and management spans of control and key stake holders in Welsh Government, senior teams, Health Board and elected members will need to agree and champion to make this a success.

A **high level outline proposal and plan** was presented to the HDdUHB Executive Team on the 22nd March, 2023 and to CCC's Corporate Management Team on the 30th March, 2023 and attached to this report for reference.

Current State of Plan Implementation

- Task and Finish Group Established
- Deliverables agreed for implementation prior to November 2023
- Briefing to Cabinet Members May 2023 for Cabinet approval
- Briefing to Health Board May 2023

Governance Arrangements

Designing and implementing an integrated health and care system for older people in Carmarthenshire will require us to consider appropriate governance and pooled fund arrangements. It is proposed that an Executive Project Board is established to oversee progress against the plan and its deliverables which will provide timely decision making at each step of the design and associated options requiring appraisal by executives and non – executive senior officers.

Recommendation

Members are requested to:

- Acknowledge and consider the opportunity and current state
- Recommend to Cabinet the approval of the proposal and high level plan

DETAILED REPORT ATTACHED?

Presentation Attached.

IMPLICATIONS

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

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

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

2. Legal

Not at this stage however we will be taking legal instruction as we progress with option appraisal.

CABINET MEMBER PORTFOLIO HOLDER(S) AWARE/CONSULTED YES	Include any observations here
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**Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:**

THERE ARE NONE

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

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Developing a Health and Care System for Older People* in Carmarthenshire

** Includes adults with physical disabilities and sensory impairment*

The 'Project' Brief

- *To develop a plan (building on a range of initiatives including 'Home First' and a range of 'step up' and 'step down' care options) that sets out a model for community health and care provision for older adults and adults with physical disabilities that allows them to remain well and independent in their own home and community (including safe alternatives to hospital admission or extended stay). This model will include the provision of beds, equipment and functional aids, therapies, social care, clinical care and support to meet the complex needs of our frail and elderly patients both now and in the future.*
- *This plan must address the complex and multiple needs of the patients rather than the capabilities of the current provider landscape. It must consider both immediate impacts that changes can make as well as setting out a model to meet medium and long term demand of the frail and elderly.*
- *The initial draft of the plan must be available by 28th February 2023 for presentation to the Chief Executive Sponsors at which time the plan must be capable of being implemented from 1st April, 2023 and fully implemented by 30th November 2023 with a clear view on how it can be progressively scaled up to meet longer term population demand.*

Context

THE WHY?

- System Sustainability
- Optimal Management of Frailty
- Population and Organisational Improved Outcomes – ***PROVEN MODEL LOCALLY and NATIONAL EXEMPLAR***

THE WHEN ?

- ‘The time is now – we are currently managing the demographic tsunami’ & it will get worse
- Frailty Policy Statement; provides framework for :
- Ministerial mandate – integrate ‘Further, Faster’ & development of Community Integrated Care Service for Wales (CICSW)

THE HOW?

- Section 33 & ‘track record’ of integrated working / management structure
- Part 9 Social Services and Wellbeing (Wales) Act
- Joint Committee ? Other Models Exist
- Whole System / Population Approach NOT organisational!

Project Alignment with 'Further Faster' and its Development

Policy statement/outcome framework for Frailty

Five Priority Population Groups (Regional Integrated Fund)

1

Older People including people living with dementia

2

Children and young people with complex needs

3

People with learning disabilities and neurodevelopmental conditions

4

Unpaid carers

5

People with emotional and mental health wellbeing needs

Community Integrated Care Service for Wales (CICSW)
A Population Health Outcome Approach

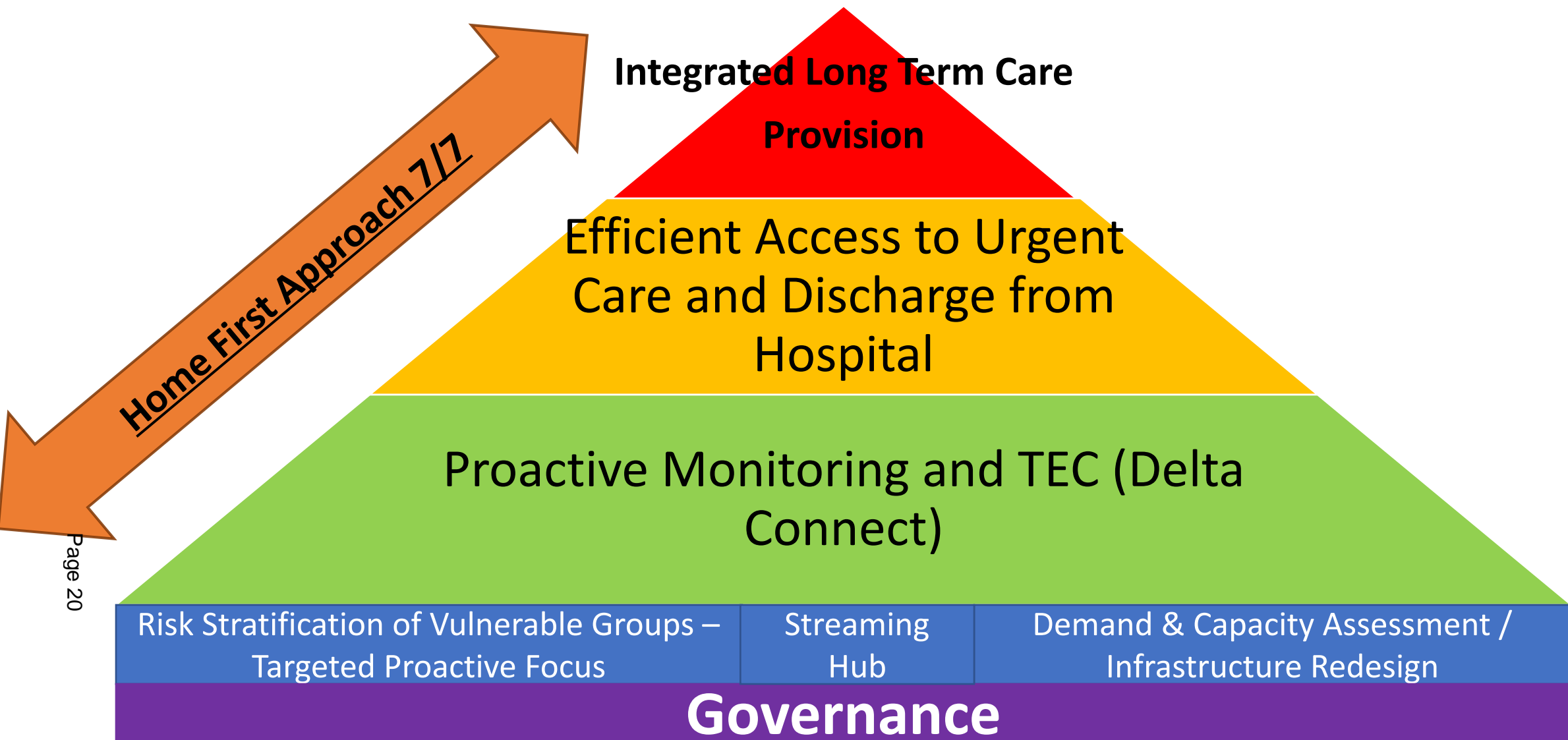
Not all older people or those living with frailty will need the Community Integrated Care Service for Wales (CICSW)

Fit and Independent Adults	Mildly Frail	Moderately Frail	Very to Severely Frail
<p>Older people who are:</p> <ol style="list-style-type: none"> 1. Very Fit: People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age 2. Fit: People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally. 3. Managing Well: People whose medical problems are well controlled, even if occasionally symptomatic, but often not regularly active beyond routine walking. 	<p>Older people who are:</p> <ol style="list-style-type: none"> 4. Living with very mild frailty: Previously 'vulnerable' in CFS v1.0, this category marks early transition from complete independence. While not dependent on others for daily help, often symptoms limit activities. A common complaint is being 'slowed up' and/or being tired during the day 5. Living with mild frailty: People often have more evident slowing and need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Typically, mild frailty impairs shopping and walking outside alone, meal preparation, medications, and begins to restrict light housework. 	<p>Older people who are:</p> <ol style="list-style-type: none"> 6. Living with moderate frailty: People who need help with all outside activities and keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing/standby) with dressing. 	<p>Older people who are:</p> <ol style="list-style-type: none"> 7. Living with severe frailty: Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6months). 8. Living with very severe frailty: Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness. 9. Terminally ill: Approaching the end of life. This category applies to people with life expectancy < 6 months, who are not otherwise living with frailty (many terminally ill people can still exercise until very close to death)
	Complicated needs	becoming complex	Complex needs

CICSW

NB ... Management of this population proactively is AS IMPORTANT as Integrated Care Service

Building Blocks for Health & Care System for Older People in Carmarthenshire





Service Infrastructure – community nursing, therapy, Delta, social care, 3rd Sector, Specialty Doctors, 1st Care Contractors



Discharge to Recover & Assess (Red to Green)



Proactive Case Management & TEC (virtual ward)



SPOC & Clinical Streaming to 'Right Place'



Short Term Reablement Beds



Rapid Response to Crisis (1-2 hours)



Integrated Reablement & Intermediate Care (72 hours)

'Home' is usual place of residence and any long term care that may be in place

NOT A SERVICE –
It's an approach that focuses on prevention / asset based / proportionate commissioning & best practice for frail

0 – 3 months

3 - 6 months

6 - 9 months

9 – 12 months

Enhancing the Home First Approach -

SPOC for Home First ALL patients & 24/7- D2RA Trusted Ax Model

Expansion integrated Reablement

Expansion Delta Response GPOOHs and WAST

Presentations to Board, Cabinet and WG

Repurposing Community Hospitals to support Home First (TPP Model)

Redesignation of 2nd LA Care Homes for short term use

Redesignation of x1 LA Care Homes for short term use

Same Day Emergency Care (SDEC) principles integrated with Urgent Primary Care models at 'front door' of acute hospital sites; access managed by Clinical Streaming Hub

Integrating Home First with GPOOHs and Primary Care (all contractors)

Accelerated Cluster Development – Risk Stratification, proactive case management (ILP)

Integrated Long Term Care Placement

Future State Long Term "complex 24/7 care" Options Appraisal

Implementation new 24/7 complex care model

Demand & Capacity Analysis

Demographic

Current and Future Care Infrastructure

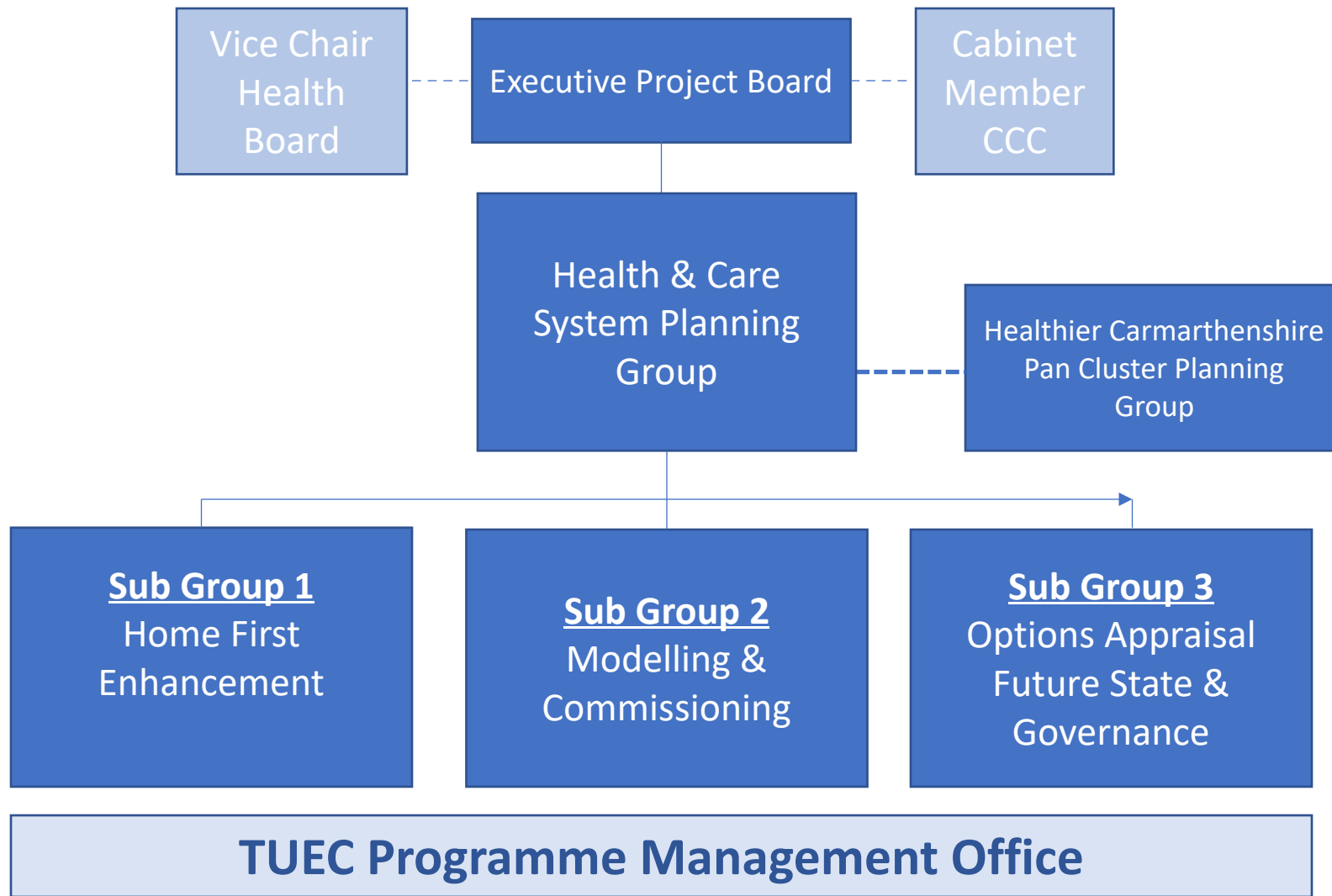
Finance

Options Appraisal Future Governance Arrangements

Pooled Budget Options Appraisal

Options Appraisal governance arrangements for H&C system

Implement Future governance Arrangements for H&C System Older People



Proposed Project Governance Structure



Outcomes Framework for Older People (and UEC)



- **Patient / Service User feedback Measures:**
 - 'My care is provided in the most appropriate setting to meet my health and care needs' i.e. **What Matters**
 - 'How likely are you to recommend our services to your friends or family should they need similar care or treatment'
- **Population Outcome**
 - Increased number of **healthv days at home** (overarching Outcome for Population)
- **Older People (UEC) High Level Outcome Indicators**
 - **Reducing the number of bed days > 21** – measure of impact on discharge effectiveness / efficiency on the 'back door'
 - Number of 'green days' (recorded through faculty) – (measure of acute hospital discharge productivity)
 - **Reduction in proportion commissioned care hours / placements following** in patient stay

PG1 Performance Metrics ('Means')

- **TBC** % of population risk stratified as vulnerable and who have stay well plans in place
- Number and proportion of vulnerable patients Managed by 'Home First'
- Number of service users receiving domiciliary care
- Total Number of commissioned domiciliary care hours

PG2 Performance Metrics ('Means')

- No. of direct referrals to SDEC
- Number of GP referrals streamed through CSH and % directed to SDEC or alternatives
- Conveyance Rate (Target 60%)
- Ambulance lost hours (Target 0)

PG3 Performance Metrics ('Means')

- 30% of acute medical take assessed in SDEC. 90% of which go home for >75 year olds, >55 year olds and rest of population
- Number Admissions
- Number of Occupied Beds
- 0-1 day LoS
- 0-3 day LoS
- Re-admission rates (balance)
- Conversion rate (balance)
- Number of patients referred to Home First
- Number and % patients Provided with crisis response

PG4 Performance Metrics ('Means')

- ED attendances (all)
- ED attendances (WAST)
- 4 hour wait
- >12hr Performance
- % of patients with clinical frailty score recorded (pre morbid and on presentation)
- TBC re EDQDF

PG5 Performance Metrics ('Means')

- % of patients have discharge criteria defined by the clinician **and** MDT within 14 hours from 'point of admission'
- 10-14 days LoS
- Number of patients with LoS > 21 days
- Occupied beds rate

PG6 Performance Metrics ('Means')

- **Average length of time to commission domiciliary care**
- **Average length of time to place into residential and nursing sector**
- **Number of people reported as clinically optimised**
- **Number of domiciliary care hours lost (handed back) due to LOS > 7 days**
- **Number of care hours commissioned following hospital inpatient stay**
- **Number of residential placements requiring increase to general or EMI nursing following hospital stay**

[NB Dementia / EoL metrics here](#)

Quality metrics: staff sickness and improved retention levels across all disciplines, reduced incidents, staff feedback

'End' – Outcome Indicators

- Bed day reduction > 21 days (Length of Stay)
- Reduction in Conveyance
- Reduction in Admission Rates

'Means' – Performance Metrics (highlights)

- 31 – 45% reduction in community social care demand (means)
- 65% reduction in social care requirement following Home First (means)
- 85% Admission avoidance with UPC / IC crisis (6994 referrals)
- 70% conveyance reduction with SPOC Home First (including APP navigator)
- 94% of all Delta 'faller' responses remained at home (6% conveyance rate @ 10,324 calls)
- Average 40 Discharges per week with Home First support (40 New complex patients per week)

How Far? How Fast?

HEALTH & SOCIAL SERVICES

SCRUTINY COMMITTEE

7TH JUNE 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

<p>Directorate Communities Name of Head of Service: Alex Williams & Chris Harrison Report Author: Alex Williams Chris Harrison</p>	<p>Designations: Head of Integrated Services & Head of Strategic Joint Commissioning</p>	<p>Tel Nos. 01267 228900 E Mail Addresses: alexwilliams@carmarthenshire.gov.uk chris.harrison@pembrokeshire.gov.uk</p>
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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. The first update was provided at the meeting of 17th April 2023. This is the second update to be provided.

DETAILED REPORT ATTACHED ?	YES
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IMPLICATIONS

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

Signed: 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)
Domiciliary Care Performance Update		Report.pdf (gov.wales)

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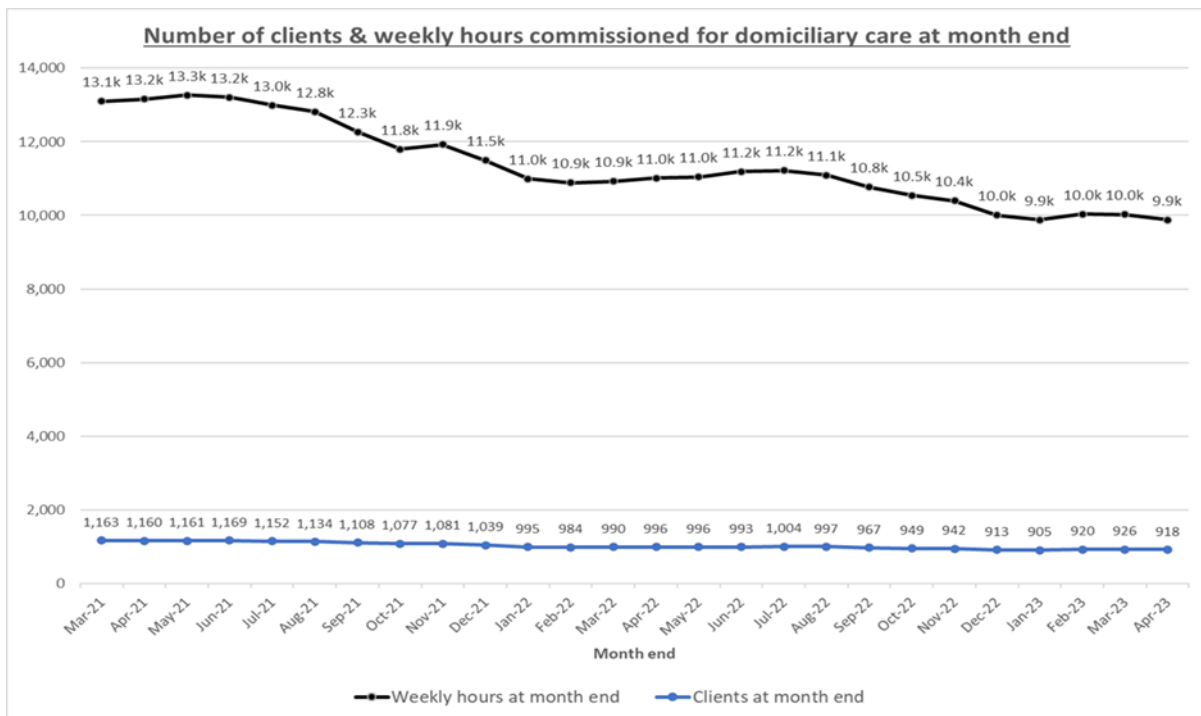
Domiciliary Care Performance Update

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. The first update was provided to the Committee on 17th April 2023. This report is the second update to the Committee and all data is the latest available data captured on 9th May 2023.

Number of hours commissioned for domiciliary care

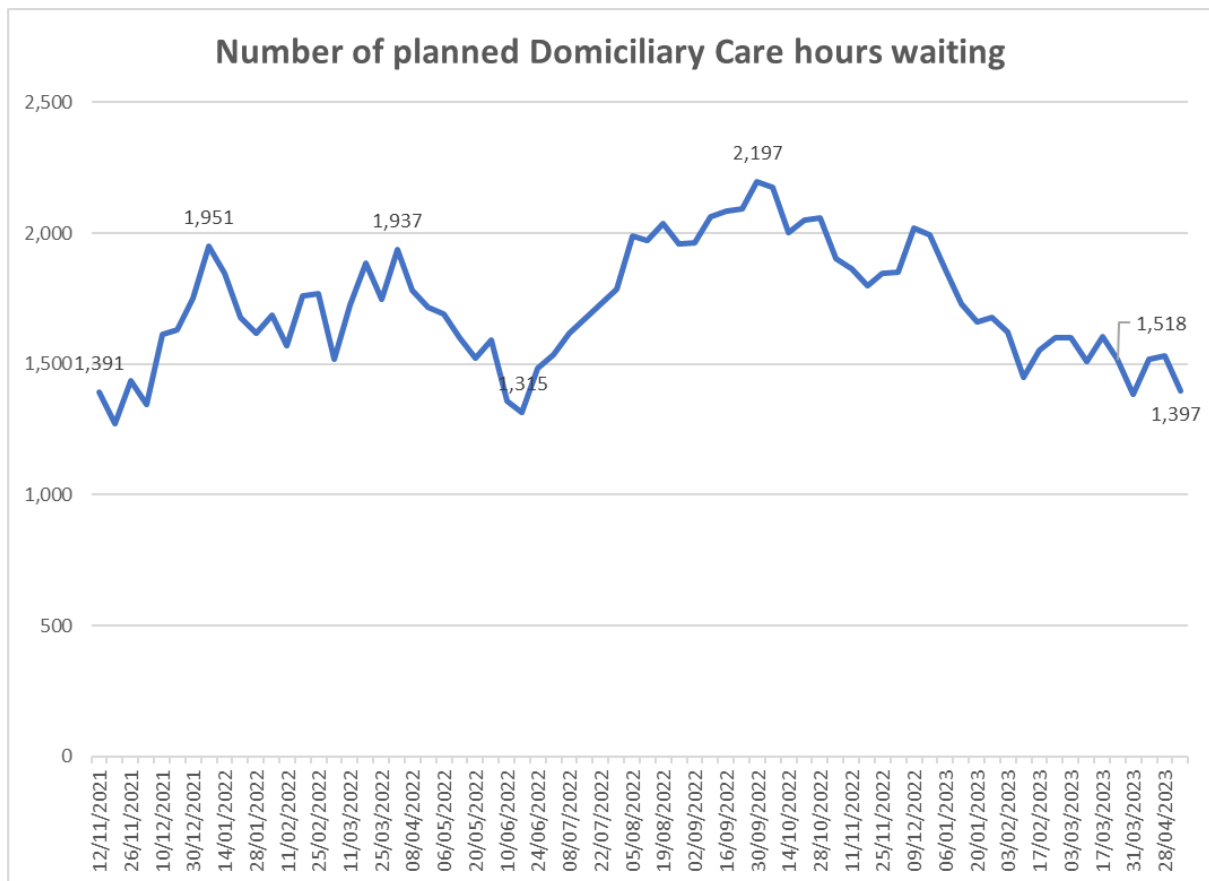


The above data clearly provides a really positive early indication of a levelling off of the number of hours commissioned in relation to domiciliary care. This trend should however be treated with caution, and should be monitored in the coming months to see if this trend continues. Commissioned hours 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 been a sharp decline since June 2022 with commissioned hours 9.9K hours per week in April 2023 (please note that

approximately 600 of these hours relate to care in extra care facilities, so only approximately 9.3K hours are available for people in their own independent homes).

Whilst the slight levelling off is definitely positive, overall the trend 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



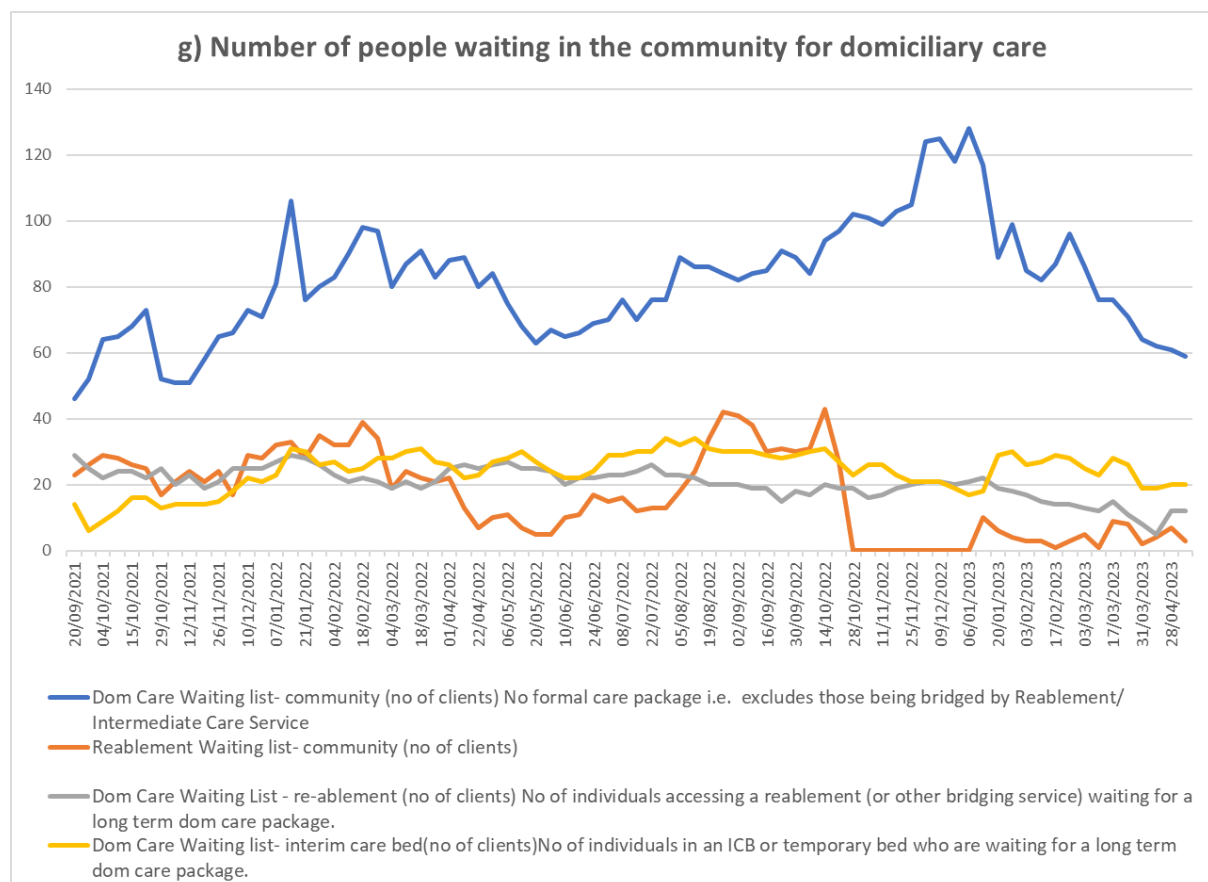
Due to ongoing recruitment and retention issues, demand for domiciliary care continues to exceed supply. The above data combined with the overall commissioned hours' data would suggest that overall demand has to some extent decreased with the number of hours waiting to be commissioned significantly decreasing from the peak in September 2022 and back to the levels we saw at their lowest in November 2021 and June 2022.

Whilst at the last update, we noted that during the same timeframe those waiting for social work assessment in the community had also increased, which may have been to an extent suppressing the demand, the numbers waiting for social work assessment have now significantly decreased following the launch of our Home First pilot just over 12 weeks ago. This pilot involves triage of all referrals at a County wide level and the impact of this has been to reduce those waiting for social work assessment by over 150. Our waiting lists for assessment are now at the level they were at in July 2022, which provides assurance that there is not hidden demand within those waiting for assessment.

We are also making best use of the hours that we have available through our systematic review of existing packages of care. This is helping overall to reduce the number of hours that are waiting for care, and enabling us to support more people more quickly.

Whilst it is hugely 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. However, it is important to note that the trends are going in the right direction.

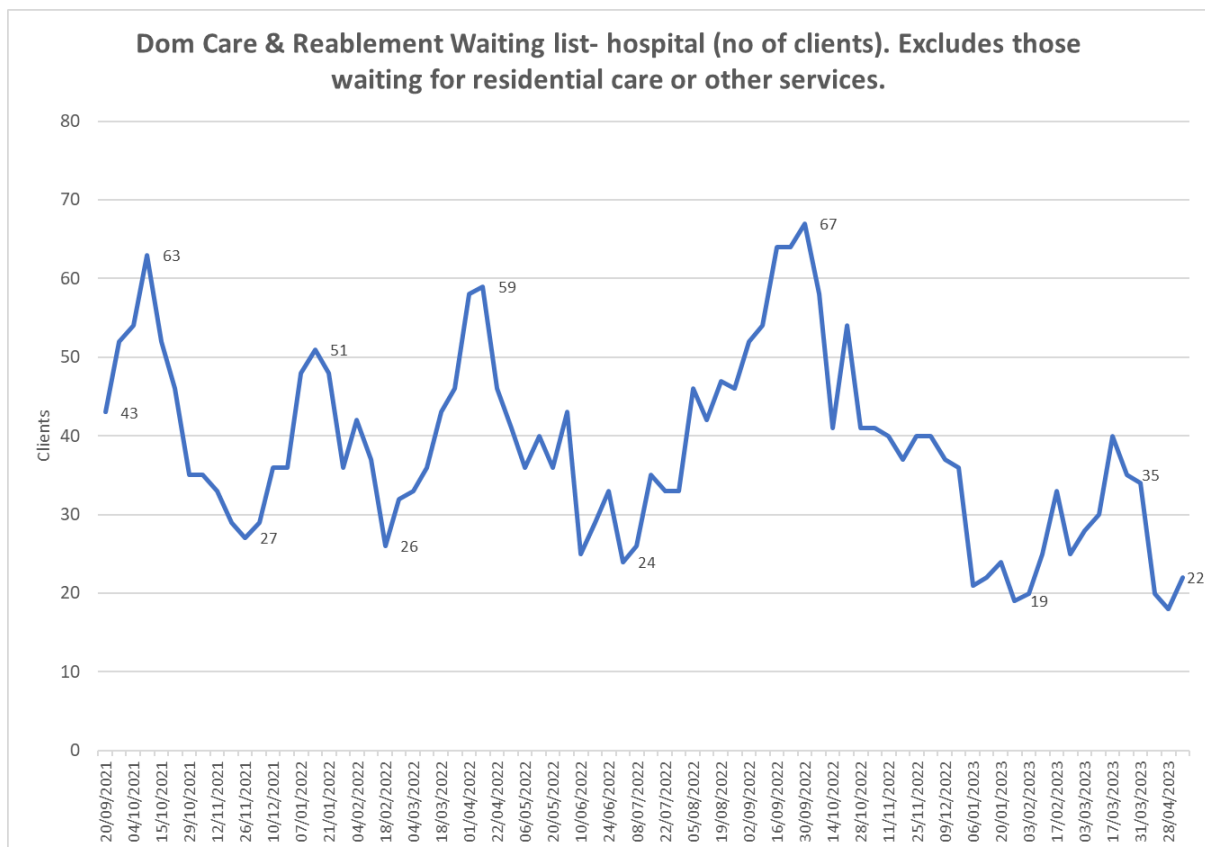
Number of people waiting in the community for domiciliary care



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 Intermediate Care Multi-Disciplinary 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. However, now that the overall numbers of people waiting for care are reducing (see below), there may be some opportunities to try and prioritise these individuals.

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

fluctuated between 18 and 40. However, the increase that we had noted in the previous report does appear to have stabilised again with the last reported number being 22 patients in hospital waiting for a package of care to go home. This provides further evidence that our Home First approach is having the positive impact that we need to support people at home.

Future Developments

In the last update, an update was provided on the current developments that we are progressing to help address the deficit that we currently see in relation to demand against capacity. Those developments were as follows:

- Ongoing expansion of the In-House Service.
- External commissioning developments including the development of the new domiciliary support framework agreement commenced in January 2022, and the development of micro-enterprises.
- Development of an Integrated Reablement Pathway and Home First.

These developments continue, and further updates will be provided in due course.

Mitigating the risk

As things develop, 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 had 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.

All of the above is helping us to manage the risk. We are cautiously optimistic that the latest set of data is demonstrating that our new approaches are having the impact that we need to ensure that residents in Carmarthenshire who need it are supported at home in as timely a way as possible.

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HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

7th JUNE 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 28th February 2023, in respect of 2022/23.

CABINET MEMBER PORTFOLIO HOLDERS:

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

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

HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE 7th JUNE 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 £6,920k 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 (£362k) against a net budget of £1,761k on social care projects, and a (£544k) 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 £6,920k.

Capital – The capital programme shows a variance of (£906k) 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 2 nd March 2022

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Health & Social Services Scrutiny Report
Budget Monitoring as at 28th February 2023 - Summary

Division	Working Budget				Forecasted				Feb 2023 Forecasted Variance for Year £'000	Dec 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	71,796	-26,626	3,559	48,728	71,712	-25,785	3,559	49,486	758	309
Physical Disabilities	8,478	-1,909	286	6,855	8,198	-2,023	286	6,461	-394	-376
Learning Disabilities	43,926	-11,741	1,438	33,622	45,690	-11,293	1,438	35,834	2,212	2,171
Mental Health	11,558	-4,301	233	7,491	11,800	-4,286	233	7,748	257	242
Support	11,418	-7,551	1,167	5,034	11,430	-7,487	1,167	5,110	76	42
Children's Services										
Children's Services	26,696	-8,505	2,600	20,790	33,303	-11,101	2,600	24,801	4,011	3,939
GRAND TOTAL	173,872	-60,634	9,283	122,520	182,133	-61,976	9,283	129,440	6,920	6,329

Health & Social Services Scrutiny Report

Budget Monitoring as at 28th February 2023 - Main Variances

Division	Working Budget		Forecasted		Feb 2023 Forecasted Variance for Year £'000	Notes	Dec 2022 Forecasted Variance for Year £'000
	Expenditure £'000	Income £'000	Expenditure £'000	Income £'000			
Adult Services							
Older People							
Older People - Commissioning	4,520	-912	4,298	-800	-110	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.	-129
Older People - LA Homes	9,895	-4,917	9,920	-4,279	664	Recruitment issues in respect of care workers has increased the reliance on Agency staff – currently projected at £501k. Impact of 2022/23 pay award significantly higher than budgeted (approx. £390k)	460
Older People - Private/ Vol Homes	28,188	-13,241	28,636	-13,241	448	Movement due to 1) in-year fee uplift at £30 per bed per week from January 2023, and 2) increase in bed numbers backdated to April 2022 (two packages)	5
Older People - LA Home Care	7,836	0	7,964	0	128	Impact of 2022/23 pay award significantly higher than budgeted (approx. £350k), offset by savings relating to staff vacancies.	274
Older People - Direct Payments	1,285	-313	1,457	-313	172	Demand for Direct Payments remains high as an alternative to other service provision	166
Older People - Private Home Care	9,515	-2,638	9,742	-2,638	227	Additional costs in the Home Care Framework due to supporting rural provision	270
Older People - Enablement	2,060	-485	1,615	-452	-412	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.	-392
Older People - Day Services	895	-84	504	-11	-317	Provision of day services is reduced compared to pre-pandemic levels.	-299
Older People - Other variances					-42		-45
Physical Disabilities							
Phys Dis - Private/Vol Homes	1,574	-313	1,273	-313	-301	Demand for residential placements is lower than pre-pandemic. Demand levels are increasing slowly.	-250
Phys Dis - Group Homes/Supported Living	1,447	-174	1,009	-174	-438	Demand for Supported Living placements is lower than pre-pandemic.	-448
Phys Dis - Direct Payments	3,024	-603	3,510	-603	486	Demand for Direct Payments remains high as an alternative to other service provision	507
Phys Dis - Other variances					-141		-185
Learning Disabilities							
Learn Dis - Employment & Training	1,921	-279	1,513	-59	-188	Provision of LD day services is reduced compared to pre-pandemic levels.	-188
Learn Dis - Private/Vol Homes	12,296	-4,482	13,428	-4,482	1,132	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.	1,133
Learn Dis - Direct Payments	4,490	-572	4,955	-572	465	Demand for Direct Payments remains high as an alternative to other service provision	459
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

Health & Social Services Scrutiny Report

Budget Monitoring as at 28th February 2023 - Main Variances

Division	Working Budget		Forecasted		Feb 2023 Forecasted Variance for Year £'000	Notes	Dec 2022 Forecasted Variance for Year £'000
	Expenditure £'000	Income £'000	Expenditure £'000	Income £'000			
Learn Dis - Adult Respite Care	1,086	-812	1,189	-812	103	Recruitment issues in respect of care workers has increased the reliance on Agency staff	118
Learn Dis - Day Services	2,672	-464	2,173	-214	-249	Provision of LD day services is reduced compared to pre-pandemic levels.	-220
Learn Dis - Private Day Services	1,179	-84	817	-84	-362	Provision of LD day services is reduced compared to pre-pandemic levels.	-374
Learn Dis - Adult Placement/Shared Lives	2,940	-1,992	2,399	-2,017	-566	Provision of LD day services which forms part of the Shared Lives Services, is reduced compared to pre-pandemic levels.	-570
Learn Dis - Other variances					-17		-82
Mental Health							
M Health - Commissioning	1,512	-131	1,200	-120	-301	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.	-328
M Health - Private/Vol Homes	6,653	-3,377	7,226	-3,377	573	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.	576
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 2022/23.	192
M Health - Community Support	851	-78	672	-78	-179	Community Support Provision is reduced compared to pre-pandemic levels.	-167
M Health - Other variances					-29		-30
Support							
Support - Other variances					76		42
Children's Services							
Commissioning and Social Work	7,694	-109	8,858	-259	1,013	Increased agency staff costs forecast £589k re additional demand & difficulty recruiting permanent staff, legal costs £332k with additional external provision due to increased complexity of cases and increased demand for assistance to clients and their families £173k. This is partly offset by other net savings - £81k - staffing budget due to vacancies as not able to recruit and additional grant income	885
Corporate Parenting & Leaving Care	1,067	-154	952	-285	-245	Maximisation of grant income supporting priorities the service had already identified and have staff working on	-116
Fostering & Other Children Looked After Services	4,276	0	5,040	-62	702	Specialist support (mainly agency) for 2 young people with highly complex needs £368k. Boarded out costs re demand, allowance increases and additional payments due to connected carers £245k. Enhancement costs re more complex children in placements £52k, transport to school costs £66k re demand & increased fuel costs, promotion costs £9k. Increase in Special Guardianship Orders (SGO's) £24k. This is offset by additional WG grant £62k	726

Health & Social Services Scrutiny Report
Budget Monitoring as at 28th February 2023 - Main Variances

Division	Working Budget		Forecasted		Feb 2023 Forecasted Variance for Year £'000	Notes	Dec 2022 Forecasted Variance for Year £'000
	Expenditure £'000	Income £'000	Expenditure £'000	Income £'000			
Adoption Services	564	0	1,164	-544	56	Increased staffing costs, including agency staff re ongoing service demands and maternity leave cover required for 3 members of the team	102
Out of County Placements (CS)	446	0	1,582	-31	1,105	3 new highly complex placements in 2022/23	1,142
Residential Units	849	-365	2,568	-1,129	954	£739k Garreglwyd - significant agency staff costs forecast due to difficulty recruiting to vacant posts & sickness cover. This projected outturn position assumes £407k income from Hywel Dda University Health Board. £215k forecast overspend at the new Ty Magu Residential Unit - increased staffing costs re complex placements £385k (including £60k agency staff costs) and other estimated running costs £50k, with no budget for non-staffing costs. This is offset by £220k WG grant	839
Respite Units	1,025	-12	1,063	-9	41	Overspend forecast mainly in relation to back-dated covid related enhancement payments for residential staff	19
Supporting Childcare	1,646	-1,035	1,642	-1,091	-60	Maximisation of grant income supporting priorities the service had already identified and have staff working on	-60
Short Breaks and Direct Payments	689	-59	1,471	-304	538	Increased demand for Direct Payments since change in legislation, further pressures linked to covid-19 & lack of commissioned services available £296k. Also increased demand for 1-2-1 support under Short Breaks due to lack of available location based services £414k, partly offset by WG grant - £172k	501
Other Family Services incl Young Carers and ASD	946	-577	1,040	-750	-78	Maximisation of grant income, partially offsetting overspends elsewhere within the division	-78
Children's Services Mgt & Support (inc Eclipse)	1,165	-164	1,604	-627	-24	1 Service Manager reducing their hours and 2 others being on a lower point in the grade with budget held at top of grade.	-36
Children's Services - Other Variances					10		15
Grand Total					6,920		6,329

Health & Social Services Scrutiny Report
Budget Monitoring as at 28th February 2023 - Detail Monitoring

Division	Working Budget				Forecasted				Feb 2023 Forecasted Variance for Year £'000	Notes	Dec 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											
Older People - Commissioning	4,520	-912	675	4,283	4,298	-800	675	4,173	-110	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.	-129
Older People - LA Homes	9,895	-4,917	1,264	6,242	9,920	-4,279	1,264	6,906	664	Recruitment issues in respect of care workers has increased the reliance on Agency staff – currently projected at £501k. Impact of 2022/23 pay award significantly higher than budgeted (approx. £390k)	460
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	28,636	-13,241	328	15,723	448	Movement due to 1) in-year fee uplift at £30 per bed per week from January 2023, and 2) increase in bed numbers backdated to April 2022 (two packages)	5
Older People - Private Day Care	33	0	0	33	54	0	0	54	21		23
Older People - Extra Care	847	0	10	857	891	0	10	901	44		44
Older People - LA Home Care	7,836	0	750	8,586	7,964	0	750	8,714	128	Impact of 2022/23 pay award significantly higher than budgeted (approx. £350k), offset by savings relating to staff vacancies.	274
Older People - MOW's	6	-6	0	-0	0	0	0	0	0		0
Older People - Direct Payments	1,285	-313	6	979	1,457	-313	6	1,151	172	Demand for Direct Payments remains high as an alternative to other service provision	166
Older People - Grants	2,973	-2,603	16	385	2,983	-2,625	16	374	-11		-15
Older People - Private Home Care	9,515	-2,638	116	6,992	9,742	-2,638	116	7,219	227	Additional costs in the Home Care Framework due to supporting rural provision	270
Older People - Ssmss	1,292	-349	99	1,041	1,196	-349	99	945	-96		-98
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	1,615	-452	174	1,336	-412	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.	-392
Older People - Day Services	895	-84	117	928	504	-11	117	610	-317	Provision of day services is reduced compared to pre-pandemic levels.	-299
Older People - Private Day Services	236	0	0	236	236	0	0	236	-0		-0
Older People Total	71,796	-26,626	3,559	48,728	71,712	-25,785	3,559	49,486	758		309
Physical Disabilities											
Phys Dis - Commissioning & OT Services	861	-301	42	602	629	-138	42	534	-68		-81
Phys Dis - Private/Vol Homes	1,574	-313	13	1,274	1,273	-313	13	973	-301	Demand for residential placements is lower than pre-pandemic. Demand levels are increasing slowly.	-250
Phys Dis - Group Homes/Supported Living	1,447	-174	12	1,285	1,009	-174	12	847	-438	Demand for Supported Living placements is lower than pre-pandemic.	-448
Phys Dis - Community Support	186	0	1	188	140	0	1	142	-46		-43
Phys Dis - Private Home Care	340	-92	3	251	340	-92	3	251	0		0
Phys Dis - Aids & Equipment	828	-424	200	603	1,102	-702	200	599	-4		-7
Phys Dis - Grants	161	0	0	161	160	0	0	160	-1		-11

Health & Social Services Scrutiny Report
Budget Monitoring as at 28th February 2023 - Detail Monitoring

Division	Working Budget				Forecasted				Feb 2023 Forecasted Variance for Year £'000	Notes	Dec 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			
Phys Dis - Direct Payments	3,024	-603	14	2,435	3,510	-603	14	2,921	486	Demand for Direct Payments remains high as an alternative to other service provision	507
Phys Dis - Manual Handling	4	0	0	4	4	0	0	4	0		-4
Phys Dis - Independent Living Fund	53	0	0	53	31	0	0	31	-22		-39
Physical Disabilities Total	8,478	-1,909	286	6,855	8,198	-2,023	286	6,461	-394		-376
Learning Disabilities											
Learn Dis - Employment & Training	1,921	-279	347	1,989	1,513	-59	347	1,800	-188	Provision of LD day services is reduced compared to pre-pandemic levels.	-188
Learn Dis - Commissioning	1,068	-58	144	1,153	975	-56	144	1,062	-91		-80
Learn Dis - Private/Vol Homes	12,296	-4,482	81	7,895	13,428	-4,482	81	9,027	1,132	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.	1,133
Learn Dis - Direct Payments	4,490	-572	23	3,941	4,955	-572	23	4,406	465	Demand for Direct Payments remains high as an alternative to other service provision	459
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	1,189	-812	116	492	103	Recruitment issues in respect of care workers has increased the reliance on Agency staff	118
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	2,173	-214	382	2,341	-249	Provision of LD day services is reduced compared to pre-pandemic levels.	-220
Learn Dis - Private Day Services	1,179	-84	11	1,107	817	-84	11	745	-362	Provision of LD day services is reduced compared to pre-pandemic levels.	-374
Learn Dis - Transition Service	545	0	97	642	584	0	97	681	39		58
Learn Dis - Community Support	3,332	-162	24	3,194	3,332	-162	24	3,194	-0		-0
Learn Dis - Grants	530	-241	5	294	530	-241	5	294	-0		-61
Learn Dis - Adult Placement/Shared Lives	2,940	-1,992	84	1,032	2,399	-2,017	84	467	-566	Provision of LD day services which forms part of the Shared Lives Services, is reduced compared to pre-pandemic levels.	-570
Learn Dis/M Health - Ssmss	552	-138	38	452	587	-138	38	487	35		0
Learn Dis - Independent Living Fund	0	0	0	0	0	0	0	0	0		0
Learning Disabilities Total	43,926	-11,741	1,438	33,622	45,690	-11,293	1,438	35,834	2,212		2,171
Mental Health											
M Health - Commissioning	1,512	-131	83	1,464	1,200	-120	83	1,164	-301	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.	-328
M Health - Private/Vol Homes	6,653	-3,377	41	3,317	7,226	-3,377	41	3,890	573	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.	576

Health & Social Services Scrutiny Report
Budget Monitoring as at 28th February 2023 - Detail Monitoring

Division	Working Budget				Forecasted				Feb 2023 Forecasted Variance for Year £'000	Notes	Dec 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			
M Health - Private/Vol Homes (Substance Misuse)	151	-34	0	116	151	-34	0	116	0		0
M Health - Group Homes/Supported Living	1,648	-466	7	1,188	1,840	-466	7	1,380	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 2022/23.	192
M Health - Direct Payments	273	-45	1	229	304	-45	1	260	31		32
M Health - Community Support	851	-78	12	785	672	-78	12	606	-179	Community Support Provision is reduced compared to pre-pandemic levels.	-167
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	318	-137	88	269	-60		-62
Mental Health Total	11,558	-4,301	233	7,491	11,800	-4,286	233	7,748	257		242
Support											
Departmental Support	4,346	-3,000	799	2,145	4,437	-3,066	799	2,169	24		25
Performance, Analysis & Systems	556	-85	44	515	598	-89	44	553	38		2
VAWDASV	980	-980	8	8	980	-980	8	8	-0		-0
Adult Safeguarding & Commissioning Team	2,074	-243	100	1,931	2,065	-219	100	1,946	15		15
Regional Collaborative	1,906	-1,357	118	666	1,905	-1,357	118	665	-0		0
Holding Acc-Transport	1,556	-1,886	98	-232	1,445	-1,776	98	-233	-1		0
Support Total	11,418	-7,551	1,167	5,034	11,430	-7,487	1,167	5,110	76		42
Children's Services											
Commissioning and Social Work	7,694	-109	1,682	9,267	8,858	-259	1,682	10,281	1,013	Increased agency staff costs forecast £589k re additional demand & difficulty recruiting permanent staff, legal costs £332k with additional external provision due to increased complexity of cases and increased demand for assistance to clients and their families £173k. This is partly offset by other net savings - £81k - staffing budget due to vacancies as not able to recruit and additional grant income	885
Corporate Parenting & Leaving Care	1,067	-154	71	984	952	-285	71	739	-245	Maximisation of grant income supporting priorities the service had already identified and have staff working on	-116
Fostering & Other Children Looked After Services	4,276	0	44	4,321	5,040	-62	44	5,023	702	Specialist support (mainly agency) for 2 young people with highly complex needs £368k. Boarded out costs re demand, allowance increases and additional payments due to connected carers £245k. Enhancement costs re more complex children in placements £52k, transport to school costs £66k re demand & increased fuel costs, promotion costs £9k. Increase in Special Guardianship Orders (SGO's) £24k. This is offset by additional WG grant £62k	726

Health & Social Services Scrutiny Report
Budget Monitoring as at 28th February 2023 - Detail Monitoring

Division	Working Budget				Forecasted				Feb 2023 Forecasted Variance for Year £'000	Notes	Dec 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			
Adoption Services	564	0	37	602	1,164	-544	37	658	56	Increased staffing costs, including agency staff re ongoing service demands and maternity leave cover required for 3 members of the team	102
Out of County Placements (CS)	446	0	4	450	1,582	-31	4	1,555	1,105	3 new highly complex placements in 2022/23	1,142
Residential Units	849	-365	109	594	2,568	-1,129	109	1,548	954	£739k Garreglwyd - significant agency staff costs forecast due to difficulty recruiting to vacant posts & sickness cover. This projected outturn position assumes £407k income from Hywel Dda University Health Board. £215k forecast overspend at the new Ty Magu Residential Unit - increased staffing costs re complex placements £385k (including £60k agency staff costs) and other estimated running costs £50k, with no budget for non-staffing costs. This is offset by £220k WG grant	839
Respite Units	1,025	-12	116	1,129	1,063	-9	116	1,170	41	Overspend forecast mainly in relation to back-dated covid related enhancement payments for residential staff	19
Supporting Childcare	1,646	-1,035	342	953	1,642	-1,091	342	893	-60	Maximisation of grant income supporting priorities the service had already identified and have staff working on	-60
Short Breaks and Direct Payments	689	-59	16	646	1,471	-304	16	1,183	538	Increased demand for Direct Payments since change in legislation, further pressures linked to covid-19 & lack of commissioned services available £296k. Also increased demand for 1-2-1 support under Short Breaks due to lack of available location based services £414k, partly offset by WG grant - £172k	501
Children's/Family Centres and Playgroups	956	-667	109	397	1,010	-711	109	408	10		16
CCG - Flying Start & Families First Grant	5,371	-5,364	14	22	5,308	-5,301	14	22	0		-0
Other Family Services incl Young Carers and ASD	946	-577	24	393	1,040	-750	24	315	-78	Maximisation of grant income, partially offsetting overspends elsewhere within the division	-78
Children's Services Mgt & Support (inc Eclipse)	1,165	-164	31	1,032	1,604	-627	31	1,008	-24	1 Service Manager reducing their hours and 2 others being on a lower point in the grade with budget held at top of grade.	-36
Children's Services Total	26,696	-8,505	2,600	20,790	33,303	-11,101	2,600	24,801	4,011		3,939
TOTAL FOR HEALTH & SOCIAL SERVICES	173,872	-60,634	9,283	122,520	182,133	-61,976	9,283	129,440	6,920		6,329

Capital Programme 2022/23							Variance for Year £'000	Comment
Capital Budget Monitoring - Report for February 2023 - Main Variances								
	Working Budget			Forecasted				
DEPARTMENT/SCHEMES	Expenditure £'000	Income £'000	Net £'000	Expenditure £'000	Income £'000	Net £'000		
- Social Care	2,099	-338	1,761	1,671	-272	1,399	-362	Slippage on the Learning Disability Accommodation. Projects to be delivered in future years.
CHILDREN	1,228	-253	975	557	-126	431	-544	
Rhydygors Intermediate Care Project	965	0	965	420	0	420	-545	Slip to 2023/24.
Play Opportunities Grant Projects	10	0	10	10	0	10	0	
Flying Start Capital Expansion Programme	253	-253	0	127	-126	1	1	
TOTAL	3,327	-591	2,736	2,228	-398	1,830	-906	

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Children
Capital Budget Monitoring - Scrutiny Report For February 2023

		Working Budget			Forecasted		
Scheme	Target Date for Completion	Expenditure £'000	Income £'000	Net £'000	Expenditure £'000	Income £'000	Net £'000
Rhydygors Intermediate Care Projects - ICF	Mar'22	965	0	965	420	0	420
Rhydygors Intermediate Care Project		965	0	965	420	0	420
All Wales Play Opportunities Grant	Complete	10	0	10	10	0	10
Purchase of van	Complete	10	0	10	10	0	10
Flying Start Capital Expansion Programme	Mar '23	253	-253	0	127	-126	1
Flying Start 2020/21		0	0	0	40	-39	1
Flying Start 2021/22		0	0	0	35	-35	0
Flying Start 2022/23		253	-253	0	52	-52	0
NET BUDGET		1,228	-253	975	557	-126	431

GRAND TOTAL		3,327	-591	2,736	2,228	-398	1,830
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Variance for Year £'000	Comment
-545	Slip to 2023/24.
-545	
0	
0	
1	
1	
0	
0	Project slipped. Request to WG to continue the scheme in 2023/24.
-544	

-906	
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2022/23 Savings Monitoring Report
Health & Social Services Scrutiny Committee
7th June 2023

1 Summary position as at : 28th February 2023

£265 k variance from delivery target

	2022/23 Savings monitoring		
	2022/23	2022/23	2022/23
	Target	Delivered	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
Policy

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

	MANAGERIAL			POLICY		
	2022/23	2022/23	2022/23	2022/23	2022/23	2022/23
	Target	Delivered	Variance	Target	Delivered	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	FACT FILE	2022/23 Proposed	2022/23 Delivered	2022/23 Variance	EFFICIENCY DESCRIPTION	REASON FOR VARIANCE
	£'000		£'000	£'000	£'000		

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	

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**HEALTH & SOCIAL SERVICES
SCRUTINY COMMITTEE
7TH JUNE 2023**

NON-SUBMISSION OF SCRUTINY REPORT

To consider and comment on the following:

Explanation provided for the non-submission of a scrutiny report.

Reason:

The Council's Constitution requires Scrutiny Committees to develop and publish and keep under review an annual Forward Work Plan which identifies the issues and reports to be considered at meetings during the course of the year. If a report is not presented as scheduled, officers are expected to prepare a non-submission report explaining the reason(s) why.

To be referred to the Cabinet for decision: NO

Cabinet Member Portfolio Holder: Cllr. Jane Tremlett (Health & Social Services)

Report Author:
Emma Bryer

Designation:
Democratic
Services Officer

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EXECUTIVE SUMMARY
HEALTH & SOCIAL SERVICES
SCRUTINY COMMITTEE
7th JUNE 2023

NON-SUBMISSION OF SCRUTINY REPORT

The Council's Constitution requires Scrutiny Committees to develop, keep under review and publish an annual Forward Work Plan which identifies the issues and reports to be considered at meetings during the course of the year.

If a report is not presented as scheduled in the Forward Work Plan, the responsible officer(s) are expected to prepare a non-submission report explaining the reason(s) why.

DETAILED REPORT ATTACHED?

YES

IMPLICATIONS

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

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

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

CONSULTATIONS

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

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

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

CABINET MEMBER PORTFOLIO HOLDER AWARE / CONSULTED	YES
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**Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:**

There are none.

Title of Document	Locations that the papers are available for public inspection

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EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORTS

SCRUTINY COMMITTEE: Health & Social Services

DATE OF MEETING: 7th June 2023

ITEM	RESPONSIBLE OFFICER	EXPLANATION	REVISED SUBMISSION DATE
10 Year Social Services Strategy	Jake Morgan / Silvana Sauro	The report is still being developed with relevant performance data, this is being collected and analysed from within the department and Data Cymru. We aim to get a draft into management team by July.	End of September 2023

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HEALTH & SOCIAL SERVICES

SCRUTINY COMMITTEE

7th June, 2023

**Health & Social Services Scrutiny Committee
Forward Work Plan for 2023/24**

To consider and comment on the following issues:

- That the Committee confirm its Forward Work Plan for 2023/24

Reasons:

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

To be referred to the Cabinet / Council for decision: NO

CABINET MEMBER PORTFOLIO HOLDER: N/A

<p>Directorate Chief Executive's Name of Head of Service: Linda Rees-Jones</p> <p>Report Author: Emma Bryer</p>	<p>Designations: Head of Administration & Law</p> <p>Democratic Services Officer</p>	<p>Tel Nos. / E Mail Addresses: 01267 224010 lrjones@carmarthenshire.gov.uk</p> <p>01267 224029 ebryer@carmarthenshire.gov.uk</p>
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**HEALTH & SOCIAL SERVICES
SCRUTINY COMMITTEE**

7th June, 2023

**Health & Social Services Scrutiny Committee
Forward Work Programme for 2023/24**

Purpose of the Forward Work Plan

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

The development of a work plan:

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

The draft Forward Work Plan includes statutory and annual reports as well as those reports requested by the Committee during the course of previous meetings.

DETAILED REPORT ATTACHED ?

YES

IMPLICATIONS

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

Signed: Linda Rees-Jones Head of Administration & Law

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

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

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

CONSULTATIONS

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

Linda Rees-Jones Head of Administration & Law

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

**CABINET PORTFOLIO HOLDER(S)
AWARE/CONSULTED**

NO

**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
Health & Social Services Committee Reports and Minutes		Meetings from September 2015 onwards: http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?Committeed=169

Health & Social Services Scrutiny Committee – Forward Work Plan 2023/24

7 th June 2023	5 th July 2023 (inc SITE VIST)	4 th October 2023	28 th November 2023	18 th December 2023	8 th February 2024	21 st March 2024	2 nd May 2024
10 Year Social Services Strategy (Post Consultation)	H&SS Scrutiny Committee Annual Report 2022/23	Draft Annual Report of the Statutory Director of Social Services 22/23	Budget Monitoring	Annual Safeguarding Report	Budget Monitoring	Budget Monitoring	Budget Monitoring
Domiciliary Care Update	Task & Finish Group Draft Planning & Scoping Document	Budget Monitoring	Capital Programme 2022/23 Update		Revenue Budget Consultation (DATE TBC)		
Health & Care System for West Wales: How Far, How Fast?		Progress update against the Cabinet Visions and Actions (TBC)	Youth Justice Plan		Progress update against the Cabinet Visions and Actions (TBC)		
H&SS Scrutiny Committee Forward Work Plan 2023/24			Domiciliary Care Update		Update report on the wider prevention work		

ITEMS CARRIED OVER FROM PREVIOUS WORK PLAN:

- 10 Year Social Services Strategy – 7th June 2023

DEVELOPMENT SESSIONS:

7th June 2023

- Autism Update – Amy Hughes / Corinne

5th July 2023

4th October 2023

28th November 2023

8th Feb 2024

21st March 2024

Task and Finish Group – An Active & Healthy Start

FACE TO FACE MEETINGS

- 5th May (10am) - scoping
- 18th May (2pm) - scoping
- 19th June (2pm) – scoping
- 10th July (10am)
- 19th September (2pm)
- 16th October (2pm)
- 14th November (10am)
- 13th December (10am)

ITEMS TO BE CARRIED FORWARD TO 2024-25

-

**HEALTH & SOCIAL SERVICES
SCRUTINY COMMITTEE
7th June 2023**

FORTHCOMING ITEMS

To consider and comment on the following:

- To note the forthcoming items to be considered at the next meeting of the Health and Social Services Scrutiny Committee to be held on the 5th July, 2023

Reason:

- The Council’s Constitution requires Scrutiny Committees, at the commencement of each municipal year, to develop and publish a Forward Work Plan which identifies the issues and reports which will be considered at meetings during the course of the year.

To be referred to the Cabinet for decision: NO

Cabinet Member Portfolio Holder: Cllr. Jane Tremlett (Health & Social Services)

<p>Report Author: Emma Bryer</p>	<p>Designation: Democratic Services Officer</p>	<p>Tel No. / E-Mail Address: 01267 224029 ebryer@carmarthenshire.gov.uk</p>
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EXECUTIVE SUMMARY

HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

7th June 2023

FORTHCOMING ITEMS

The Council's Constitution requires Scrutiny Committees, at the commencement of each municipal year, to develop and publish a Forward Work Plan which identifies the issues and reports to be considered at meetings during the course of the year. When formulating the Forward Work Plan the Scrutiny Committee will take into consideration those items included on the Cabinet's Forward Work Plan.

The list of forthcoming items attached includes those items which are scheduled in the Health and Social Services Scrutiny Committee's Forward Work Plan to be considered at the next meeting, to be held on 5th July, 2023.

Also attached for information are the 2023/24 Forward Work Plan in respect of the Health and Social Services Scrutiny Committee and the Cabinet.

DETAILED REPORT
ATTACHED?

YES:

- (1) List of Forthcoming Items
- (2) Health and Social Services Scrutiny Committee Forward Work Plan
- (3) Cabinet Forward Work Plan

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HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

7th June 2023

FORTHCOMING ITEMS TO BE HELD ON 5TH JULY 2023

In order to ensure effective Scrutiny, Members need to be clear as to the purpose of requesting specific information and the outcome they are hoping to achieve as a consequence of examining a report. Limiting the number of agenda items may help to keep meetings focused and easier to manage.

Discussion Topic	Background	Reason for report
Health & Social Services Scrutiny Committee Annual Report 2023/24	<p>In accordance with Article 6.2 of the County Council's Constitution, each Scrutiny Committee must "prepare an annual report giving an account of its activities over the previous year."</p> <p>This report will provide members with an overview of the Committee's work during the 2022/23 municipal year.</p>	To comply with the requirements of the Council's Constitution.
Task & Finish Group Draft Planning & Scoping Document	At its Forward Planning Meeting on 18 th April the Health & Social Services Scrutiny Committee agreed to undertake a review into childhood obesity in Carmarthenshire. "An Active & Healthy Start (0 – 11 year old age group)".	The Committee is being requested to approve the scope of the Task & Finish Group.

Items circulated to the Committee under separate cover since the last meeting

No items have been circulated to members of the Committee for information since the last meeting.

The following document(s) attached for information

1. The latest version of the Health & Social Services Scrutiny Committee's Forward Work Plan 2023/24
2. The latest version of the Cabinet Forward Work Plan 2023/24

Health & Social Services Scrutiny Committee – Forward Work Plan 2023/24

7 th June 2023	5 th July 2023 (inc SITE VIST)	4 th October 2023	28 th November 2023	18 th December 2023	8 th February 2024	21 st March 2024	2 nd May 2024
10 Year Social Services Strategy (Post Consultation)	H&SS Scrutiny Committee Annual Report 2022/23	Draft Annual Report of the Statutory Director of Social Services 22/23	Budget Monitoring	Annual Safeguarding Report	Budget Monitoring	Budget Monitoring	Budget Monitoring
Domiciliary Care Update	Task & Finish Group Draft Planning & Scoping Document	Budget Monitoring	Capital Programme 2022/23 Update		Revenue Budget Consultation (DATE TBC)		
Health & Care System for West Wales: How Far, How Fast?		Progress update against the Cabinet Visions and Actions (TBC)	Youth Justice Plan		Progress update against the Cabinet Visions and Actions (TBC)		
H&SS Scrutiny Committee Forward Work Plan 2023/24			Domiciliary Care Update		Update report on the wider prevention work		

ITEMS CARRIED OVER FROM PREVIOUS WORK PLAN:

- 10 Year Social Services Strategy – 7th June 2023

DEVELOPMENT SESSIONS:

7th June 2023

- Autism Update – Amy Hughes / Corinne

5th July 2023

4th October 2023

28th November 2023

8th Feb 2024

21st March 2024

Task and Finish Group – An Active & Healthy Start

FACE TO FACE MEETINGS

- 5th May (10am) - scoping
- 18th May (2pm) - scoping
- 19th June (2pm) – scoping
- 10th July (10am)
- 19th September (2pm)
- 16th October (2pm)
- 14th November (10am)
- 13th December (10am)

ITEMS TO BE CARRIED FORWARD TO 2024-25

-

CABINET/COUNCIL – FORWARD PLAN

FOR THE PERIOD 1 MAY 2023 TO 30 APRIL 2024

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director Report Author
CAPITAL PROGRAMME 2022/23 UPDATE	To provide and update of the latest budgetary position for the 2022/23 capital programme, as at 28th February	Cabinet 22 May 2023	No	Cabinet Member for Resources	Director of Corporate Services Randal Hemingway, Head of Financial Services RHemingway@car-marthenshire.gov.uk
COUNCIL'S REVENUE BUDGET MONITORING REPORT	To provide Cabinet with an update on the latest budgetary position as at 28th February 2022, in respect of 2022/23	Cabinet 22 May 2023	No	Cabinet Member for Resources	Director of Corporate Services Randal Hemingway, Head of Financial Services RHemingway@car-marthenshire.gov.uk
CONSERVATION AREA	This report sets out the work being undertaken to review ten designated	Cabinet 22 May 2023	No	Cabinet Member for Rural Affairs and	Director of Place & Infrastructure

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
APPRAISALS	<p>Conservation Areas across the County. It identifies the outcome of the review and the subsequent consultation exercise including on the:</p> <ul style="list-style-type: none"> •A character appraisal; •A boundary review and •A management plan. <p>The report in setting out the above identifies the outcome of the public consultation exercise and the next steps including the processes required to amend any of the Conservation Area designations.</p>			Planning Policy	Rhodri Griffiths, Head of Place and Sustainability RDGriffiths@carma rthenshire.gov.uk
PLOT 1 TROSTRE RETAIL PARK	Report outlining an application by the prospective developer to extend the timeframe for a revised planning application for the above together with a request for a reduction in the purchase price to reflect unforeseen abnormal costs.	Cabinet 22 May 2023	No	Cabinet Member for Regeneration, Leisure, Culture & Tourism	Chief Executive Jason Jones (Head of Regeneration), Head of Regeneration JaJones@carmarthenshire.gov.uk
POLICY ON AWARDING GRANTS AND THE WELSH LANGUAGE	In line with the requirement of the Welsh Language Standards the Council must produce and publish a policy on awarding grants (or, where appropriate, amend an existing policy) which requires you to consider positive or negative effects the awarding and implementing of the grant could have on:	Cabinet 22 May 2023	No	Cabinet Member for Education and Welsh Language	Chief Executive Noelwyn Daniel, Head of ICT and Corporate Policy ndaniel@carmarthenshire.gov.uk

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
	(i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language.				
SALARY SACRIFICE SCHEMES AND CAR LOANS	Following review of the Authority's current Salary Sacrifice schemes key decisions are required: 1. Utilising a different framework through mini competition process for Car Salary Sacrifice. 2. Providing Cycle to Work scheme through Cycle Solutions. 3. Increasing maximum loan advance on Car Loans to eligible employees to £9,999 reflecting inflation.	Cabinet 22 May 2023	No	Cllr. Alun Lenny, Cabinet Member	Director of Corporate Services Anthony Parnell, Treasury & Pension Investments Manager aparnell@carmarthenshire.gov.uk
STREET NAMING AND NUMBERING POLICY	The report seeks to update on the preparation of the Street Naming and Numbering Policy. It sets out the responses received as part of the formal consultation on the policy and officer recommendations ahead of its formal adoption.	Cabinet 22 May 2023	No	Cabinet Member for Rural Affairs and Planning Policy	Director of Place & Infrastructure Ian R Llewelyn, Forward Planning Manager IRLlewelyn@carmarthenshire.gov.uk
WELSH LANGUAGE	To approve the Welsh Language Promotion Strategy for 2023-28, as a part	Cabinet 22 May 2023	No	Cabinet Member for Education and Welsh	Chief Executive Noelwyn Daniel,

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
PROMOTION STRATEGY 2023-28	of our statutory responsibilities under the Welsh Language Measure (Wales) 2011. Carmarthenshire County Council leads on the preparation of the Promotion Strategy; however, we work closely with partners across the county to co-design our work to support the Language in our communities. This is the second promotion strategy and there will be an opportunity to reflect on the results of the 2021 Census as part of our work.			Language	Head of ICT and Corporate Policy ndaniel@carmarthenshire.gov.uk
PETITION - BURRY PORT HARBOUR TOILETS	To consider a petition in respect of toilets at Burry Port Harbour East and West.	Cabinet 22 May 2023	No	Cabinet Member for Regeneration, Leisure, Culture & Tourism	Director of Communities Ian Jones, Head of Leisure IJones@carmarthenshire.gov.uk
AN EVALUATION OF ESTYN INSPECTIONS ACROSS CARMARTHENSHERE SCHOOLS, PUPIL REFERRAL UNITS AND SPECIALIST SETTINGS.	This report provides an evaluation of Estyn inspections over the last five years, outlining the strengths of our schools, PRUs and specialist settings, as well as providing an overview of recommendations for improvement. In addition, the report outlines how the ECS department supports schools both pre and post Estyn inspections to ensure that all of our learners' progress and thrive.	Cabinet 5 Jun 2023	No	Cabinet Member for Education and Welsh Language	Director of Education & Children Elin Forsyth, Strategic Lead for School Effectiveness EMForsyth@carmarthenshire.gov.uk

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
BURRY PORT HARBOUR PETITION TO FULL COUNCIL – UPDATE POSITION	The purpose of this report is to update Cabinet on the position at Burry Port Harbour, following a petition presented to full Council on the 25th January 2023.	Cabinet 5 Jun 2023	No	Cabinet Member for Regeneration, Leisure, Culture & Tourism	Director of Communities Ian Jones, Head of Leisure IJones@carmarthenshire.gov.uk
CARMARTHEN WEST LINK ROAD	To approve the deed of variation	Cabinet 5 Jun 2023	No	Cabinet Member for Resources	Chief Executive Jason Jones (Head of Regeneration), Head of Regeneration JaJones@carmarthenshire.gov.uk
THE MID & WEST WALES SAFEGUARDING CHILDREN & ADULTS BOARDS ANNUAL REPORT 2021-2022	This Annual Report provides an overview of the objectives and achievements of the Mid and West Wales Safeguarding Children & Adults Boards. It outlines the progress made against the outcomes set by CYSUR and CWMPAS as part of the Joint Annual Strategic Plan for the year 2021-2022.	Cabinet 5 Jun 2023	No	Cabinet Member for Health & Social Services	Director of Communities Jake Morgan, Director of Community Services jakemorgan@carmarthenshire.gov.uk
EQUALITY AND DIVERSITY TASK & FINISH GROUP (BLACK, ASIAN, AND MINORITY ETHNIC) REPORT	A report to cabinet on the findings and recommendations of the Equality and Diversity Task & Finish Group (Black, Asian, and Minority Ethnic)	Cabinet 5 Jun 2023	No	Cabinet Member for Rural Affairs and Planning Policy	Chief Executive Llinos Jenkins, Cabinet Support Officer LISJenkins@carmarthenshire.gov.uk

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
<p>COVID 19 IMPACT ON CONTRACTORS - MAJOR WORKS</p>	<p>A report will be produced to explore the financial impact on Contractors as a consequence of the Covid-19 pandemic. The report will establish the current contract provisions being enforced by the Authority compared against various government advice and relief procedures. To further inform stakeholders, the report will capture the potential implications for adopting and seek a decision on implementing contractor support mechanisms to mitigate the financial impact of Covid-19.</p>	<p>Cabinet 19 Jun 2023</p>	<p>No</p>	<p>Cabinet Member for Transport, Waste and Infrastructure Services</p>	<p>Director of Place & Infrastructure Jason G. Jones, Property Maintenance Manager JGJones@carmarthenshire.gov.uk</p>
<p>TACKLING POVERTY ACTION PLAN</p>	<p>The Council has prepared a tackling poverty action plan which incorporates its response to the cost of living crisis. The plan outlines actions to be taken by a range of Council services and steps to further our involvement with a range of external stakeholders.</p>	<p>Cabinet 19 Jun 2023</p>	<p>No</p>	<p>Deputy Leader and Cabinet Member for Homes</p>	<p>Chief Executive Noelwyn Daniel, Head of ICT and Corporate Policy ndaniel@carmarthenshire.gov.uk</p>
<p>10-YEAR SOCIAL SERVICES STRATEGY (PRE-CONSULTATION)</p>	<p>To provide members with a vision on how we will provide the statutory social services functions over the next decade. The document will detail the following areas;</p>	<p>Cabinet 19 Jun 2023</p>	<p>No</p>	<p>Cabinet Member for Health & Social Services</p>	<p>Director of Communities Silvana Sauro, Performance, Analysis & Systems</p>

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
	Introduction, Vision Statement, The services people receive, Social Work Models of care, Safeguarding, Integration and Partnerships , Workforce and an Action Plan				Manager ssauro@carmarthenshire.gov.uk
BURRY PORT PLACEMAKING PLAN	Work has been commissioned to undertake a Placemaking Plan for Burry Port in order to develop a plan which supports the growth and resilience of the town.	Cabinet 19 Jun 2023	No	Cabinet Member for Regeneration, Leisure, Culture & Tourism	Chief Executive Nicola Evans, Business Support Manager njevans@carmarthenshire.gov.uk
DEVELOPMENT FUND APPLICATION	To provide Cabinet with an update on the latest position of the Development Fund, and to seek Cabinet approval of a recent application to the Fund.	Cabinet 19 Jun 2023	No	Cabinet Member for Resources	Director of Corporate Services Randal Hemingway, Head of Financial Services RHemingway@car-marthenshire.gov.uk
HEALTH AND CARE SYSTEM FOR WEST WALES: HOW FAR, HOW FAST?	The report outlines a response in West Wales to progressing integration. Specifically, the paper outlines an opportunity in Carmarthenshire to develop and implement a health and care system for older people based on 'what matters' to this population and will be fit for purpose	Cabinet 19 Jun 2023	No	Cabinet Member for Health & Social Services	Director of Communities Rhian Dawson, Acting County Director, Hywel Dda University Health Board

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
	now and into the future. It also considers alignment to the Ministerial Discussion Document known as 'Further, Faster' and its expectations.				rhian.dawson@wales.nhs.uk
MODEL TEACHERS' PAY POLICY 2022/23	In order to comply with the requirements of the School Teachers Pay and Conditions (Wales) Document 2022, which requires every school to have a pay policy setting out how pay decisions are taken.	Cabinet 19 Jun 2023	No	Cabinet Member for Organisation & Workforce	Director of Education & Children, Chief Executive Julie Stuart, Senior Business Partner (HR) jstuart@carmarthenshire.gov.uk
TENANT COMPENSATION POLICY	The report sets out our approach to when it may be appropriate to compensate a tenant who has suffered loss or inconvenience due to service failure. The policy will guide officers when dealing with council tenants ensuring a consistent approach.	Cabinet 19 Jun 2023	No	Deputy Leader and Cabinet Member for Homes	Director of Communities Jonathan Morgan, Head of Housing and Public Protection JMorgan@carmarthenshire.gov.uk
TENANT RECHARGE POLICY	Occasionally it may be necessary to recharge a tenant for work that we have carried out to the property which was the tenant responsibility under the tenancy agreement. The policy will guide officers when dealing	Cabinet 19 Jun 2023	No	Deputy Leader and Cabinet Member for Homes	Director of Communities Jonathan Morgan, Head of Housing and Public Protection

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
	with council tenant recharges, ensuring a consistent approach.				JMorgan@car-marthenshire.gov.uk
CLEANSING SERVICE STRATEGIC MANAGEMENT PLAN	To present the outcomes of the review into the Council's street cleaning service and make recommendations for future service delivery.	Cabinet 3 Jul 2023	No	Cabinet Member for Transport, Waste and Infrastructure Services	Director of Place & Infrastructure Daniel John, Interim Head of Waste DWJohn@car-marthenshire.gov.uk
LEISURE, CULTURE AND OUTDOOR RECREATION STRATEGY – POST CONSULTATION	The document provides a framework for the service to work with key stakeholders to deliver a strategically aligned Leisure, Culture and Outdoor Recreation Strategy for the next 10 years.	Cabinet 3 Jul 2023	No	Cabinet Member for Regeneration, Leisure, Culture & Tourism	Director of Communities Ian Jones, Head of Leisure IJones@car-marthenshire.gov.uk
PLOT 3 TROSTRE RETAIL PARK	Report outlining a revised development proposal for plot 3 Trostre Retail Park and sale terms for consideration.	Cabinet 3 Jul 2023	No	Cabinet Member for Regeneration, Leisure, Culture & Tourism	Chief Executive Jason Jones (Head of Regeneration), Head of Regeneration JaJones@car-marthenshire.gov.uk
SHARED PROSPERITY FUND -	Funding is available via the Tackling Towns fund to bring forward direct delivery projects identified in the Recovery and	Cabinet 3 Jul 2023	No	Cabinet Member for Regeneration, Leisure, Culture & Tourism	Chief Executive Jason Jones (Head of Regeneration),

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
TACKLING TOWNS	Growth Plans of the 3 Primary Towns and 11 Secondary Towns in Carmarthenshire The projects have been endorsed by the Local Task Forces and Town Forums and Carmarthenshire County Council will now look to progress projects.				Head of Regeneration JaJones@carmarthenshire.gov.uk
WORKFORCE STRATEGY 2023-2026	Our Workforce Strategy describes how we plan to develop our current and future workforce to ensure they have the right skills, environment, and core values to deliver our Corporate Strategy.	Cabinet 3 Jul 2023	No	Cabinet Member for Organisation & Workforce	Chief Executive Paul R Thomas, Assistant Chief Executive (People Management & Performance) prthomas@carmarthenshire.gov.uk
STANDARDS COMMITTEE ANNUAL REPORT	As soon as reasonably practicable after the end of each financial year, a standards committee of a relevant authority must make an annual report to the authority in respect of that year.	County Council 12 Jul 2023	No		Chief Executive Robert Edgecombe, Legal Services Manager RJEdgeco@carmarthenshire.gov.uk
A STRATEGIC PLAN FOR MANAGING OUR LAND AND FOR POLLINATORS IN CARMARTHENSHERE	To adopt pollinator-friendly land management practices on Council-managed land where there is no conflict between these and the existing land use, and as agreed with clients (e.g. Housing) and the contractor (Grounds Maintenance).	Cabinet 17 Jul 2023	No	Cabinet Member for Transport, Waste and Infrastructure Services	Director of Place & Infrastructure Rosie Carmichael, Rural Conservation Manager racarmichael@carmarthenshire.gov.uk

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
	We will ensure the way we manage our grasslands is consistent with the climate and nature emergencies.				k
ALTERNATIVE OUTDOOR EDUCATION OFFER	The purpose of this report is to review Carmarthenshire County Council's current Outdoor Education offer and to explore options for a re-modelled service within existing resources.	Cabinet 17 Jul 2023	No	Cabinet Member for Regeneration, Leisure, Culture & Tourism	Director of Communities Ian Jones, Head of Leisure IJones@carmarthenshire.gov.uk
ANNUAL REPORT FOR THE WELSH IN EDUCATION STRATEGIC PLAN (WESP)	The Carmarthenshire 2022-32 WESP became operative on 1.9.22. The Local Authority is required to submit an annual progress report to Welsh Government. It's deemed pertinent to present this report to the Scrutiny process prior to WG submission.	Cabinet 17 Jul 2023	No	Cabinet Member for Education and Welsh Language	Director of Education & Children Aeron Rees, Head of Strategy and Learner Support jarees@carmarthenshire.gov.uk
ANNUAL TREASURY MANAGEMENT AND PRUDENTIAL INDICATOR REPORT 2022-2023	To provide members with an update on the treasury management activities for 2022-2023	Cabinet 4 Sep 2023	No	Cabinet Member for Resources	Director of Corporate Services Anthony Parnell, Treasury & Pension Investments Manager aparnell@carmarthenshire.gov.uk

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
COUNCIL ANNUAL REPORT 2022-23	<p>The Annual Report provides an overview of Council performance during 2022-23. Under the Well-being of Future Generations (Wales) Act 2015 we are required to publish an Annual Report on our Well-being Objectives. In addition, under the Local Government and Elections Act (Wales) 2021 we have a duty to report on performance, based, on a self-assessment approach. This report aims to meet both these requirements in one document.</p>	Cabinet 4 Sep 2023	No	Cabinet Member for Organisation & Workforce	Chief Executive Gwyneth Ayers, Corporate Policy and Partnership Manager GAyers@carmarthenshire.gov.uk
PUBLIC SPACE PROTECTION ORDER (PSPO)	<p>The PSPO, which gives police powers to address alcohol-related anti-social behaviour and crime in Llanelli town centre, expires 30 September 2023.</p> <p>It is proposed to extend the Order. Its impact will be evaluated and consideration given to the current geographical boundary following consultation with key stakeholders between now and September 2023.</p>	Cabinet 4 Sep 2023	No	Cabinet Member for Organisation & Workforce	Chief Executive Gwyneth Ayers, Corporate Policy and Partnership Manager GAyers@carmarthenshire.gov.uk
TREASURY MANAGEMENT AND PRUDENTIAL INDICATOR	To provide members with an update on the treasury management activities from 1st April 2023 to 30th June 2023	Cabinet 18 Sep 2023	No	Cabinet Member for Resources	Director of Corporate Services Anthony Parnell, Treasury & Pension Investments

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
REPORT 1ST APRIL 2023 TO 30TH JUNE 2023					Manager aparnell@carmarthenshire.gov.uk
CAPITAL PROGRAMME 2023/24 UPDATE	To provide an update of the latest budgetary position for the 2023/24 capital programme as at 30th June 2023	Cabinet 2 Oct 2023	No	Cabinet Member for Resources	Director of Corporate Services Randal Hemingway, Head of Financial Services RHemingway@carmarthenshire.gov.uk
COUNCIL'S REVENUE BUDGET MONITORING REPORT	To provide the Cabinet with an update on the latest budgetary position as at 30th June 2023, in respect of 2023/24	Cabinet 2 Oct 2023	No	Cabinet Member for Resources	Director of Corporate Services Randal Hemingway, Head of Financial Services RHemingway@carmarthenshire.gov.uk
10-YEAR SOCIAL SERVICES STRATEGY (POST-CONSULTATION)	To provide members with a vision on how we will provide the statutory social services functions over the next decade. The document will detail the following areas; Introduction, Vision Statement, The	Cabinet 16 Oct 2023	No	Cabinet Member for Health & Social Services	Director of Communities Silvana Sauro, Performance, Analysis & Systems Manager

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
	services people receive, Social Work Models of care, Safeguarding, Integration and Partnerships , Workforce and an Action Plan				ssauro@carmarthenshire.gov.uk
STATUTORY DIRECTOR OF SOCIAL CARE SERVICES' ANNUAL REPORT 2022/23	The Report examines each Service area within Social Care and shows how service strategies, actions, targets and service risks will be addressed and delivered operationally. It comprises an overview on how we have performed in 2022/23 and an assessment on the future, together with our strategic priorities for 2023/24.	Cabinet 16 Oct 2023	No	Cabinet Member for Health & Social Services	Director of Communities Silvana Sauro, Performance, Analysis & Systems Manager ssauro@carmarthenshire.gov.uk
INCENTIVE SCHEME FOR TENANTS	The use of incentive and reward schemes by social landlords underpins the wider approach to tenancy management. Incentives may be considered to encourage desired behaviour while rewards recognise such behaviour. The report sets out our approach to how we will reward tenants but also introduce an incentive scheme.	Cabinet 30 Oct 2023	No	Deputy Leader and Cabinet Member for Homes	Director of Communities Les James, Contracts and Service Development Manager LesJames@carmarthenshire.gov.uk
CAPITAL PROGRAMME 2023/24 UPDATE	To provide an update of the latest budgetary position for the 2023/24 capital programme, as at the 31st August 2023	Cabinet 13 Nov 2023	No	Cabinet Member for Resources	Director of Corporate Services Randal Hemingway, Head

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
					of Financial Services RHemingway@car marthenshire.gov.uk
COUNCIL'S REVENUE BUDGET MONITORING REPORT	To provide the Cabinet with an update on the latest budgetary position as at 31st August 2023, in respect of 2023/24	Cabinet 13 Nov 2023	No	Cabinet Member for Resources	Director of Corporate Services Randal Hemingway, Head of Financial Services RHemingway@car marthenshire.gov.uk
CAPITAL PROGRAMME 2022/23 UPDATE	To provide an update of the latest budgetary position for the 2022/23 capital programme	Cabinet 27 Nov 2023	No	Cabinet Member for Resources	Director of Corporate Services Randal Hemingway, Head of Financial Services RHemingway@car marthenshire.gov.uk
MID-YEAR TREASURY MANAGEMENT AND PRUDENTIAL	To provide members with an update on the treasury management activities from 1st April 2023 to 30th September 2023	Cabinet 27 Nov 2023	No	Cabinet Member for Resources	Director of Corporate Services Randal Hemingway, Head of Financial

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
INDICATOR REPORT 1ST APRIL 2023 TO 30TH SEPTEMBER 2023					Services RHemingway@car marthenshire.gov.u k
EQUESTRIAN STRATEGY	<p>The Carmarthenshire Rights of Way Improvement Plan (ROWIP) 2019-2029 has been produced and published in accordance with section 60 of the Countryside and Rights of Way (CROW) Act (2000).</p> <p>The ROWIP details Carmarthenshire’s plan for the strategic management, development, and improvement of the County’s Public Rights of Way network up until 2029.</p> <p>During consultation with the Local Access Forum, The Forum identified a need for the local authority to commit to producing a Carmarthenshire Equestrian Strategy to recognise the access opportunities and challenges for horse riding and carriage driving across the County.</p> <p>An Equestrian Strategy to ‘promote and develop an accessible network for equestrian use’ has therefore been published in the Carmarthenshire Rights of Way Improvement Plan 2019-2029.</p> <p>The report sets out the proposal to adopt</p>	Cabinet 11 Dec 2023	No	Cabinet Member for Transport, Waste and Infrastructure Services	Director of Place & Infrastructure Steve Pilliner, Head of Transportation & Highways SGPilliner@carmarthenshire.gov.uk

Subject	Report Summary	Decision Making Body and Dates	Is Exempt?	Cabinet Member Portfolio Holder (if applicable)	Responsible Director / Report Author
	an Equestrian Strategy for Carmarthenshire.				

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MONDAY, 17 APRIL 2023

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

Councillors (In Person):

B.A.L. Roberts B. Davies M. James H. Jones

Councillors (Virtually):

M. Donoghue A. Evans P.T. Warlow J. Williams
M.J.A. Lewis (substitute)

Observer (In Person):

Councillor S.L. Davies
Councillor J.P. Hart

Also Present (In Person):

A. Bracey, Head of Adult Social Care
A. Williams, Head of Integrated Services
J. Morgan, Head of Housing and Public Protection
C. Richards, Senior Safeguarding Manager
H. Toller, Hywel Dda University Health Board
J. Owens, Democratic Services Officer
M. Runeckles, Members Support Officer

Also Present (Virtually):

Dr. P. Kloer, Medical Director, Hywel Dda University Health Board
Dr. G. Shankar, Director of Health Protection, Public Health Wales
Professor K. Neal, Public Health Consultant
J. Coles, Head of Children and Families
C. Harrison, Head of Strategic Joint Commissioning
A. Thomas, Group Accountant
V. King, Environmental Health Practitioner
K. Evans, Assistant Democratic Services Officer
S. Hendy, Member Support Officer
S. Rees, Simultaneous Translator

Chamber - County Hall, Carmarthen. SA31 1JP and remotely - 10.00 am - 12.06 pm

The Committee was advised that, in accordance with Council Procedure Rule 2(3) the order of business on the agenda would be varied to enable Agenda Item 5 to be heard earlier in the meeting.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors K. Davies and F. Walters.

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

Councillor	Agenda Item	Nature of Interest
S. Davies	4. Presentation from the Hywel Dda University Health Board in connection with the recently published external review report on the TB outbreak in the Llwynhendy area in Llanelli.	Councillor for Llwynhendy and a family member has latent TB.
J. P. Hart	4. Presentation from the Hywel Dda University Health Board in connection with the recently published external review report on the TB outbreak in the Llwynhendy area in Llanelli.	Family member has latent TB.

There were no declarations of any prohibited party whips.

3. PUBLIC QUESTIONS (NONE RECEIVED)

The Chair advised that no public questions had been received.

4. PRESENTATION FROM THE HYWEL DDA UNIVERSITY HEALTH BOARD IN CONNECTION WITH THE RECENTLY PUBLISHED EXTERNAL REVIEW REPORT ON THE TB OUTBREAK IN THE LLWYNHENDY AREA IN LLANELLI

[Councillors S Davies and J.P. Hart, having earlier declared an interest in this item, remained in the meeting as observers and did not partake in the discussions or voting thereof].

The Committee received a presentation from Dr P. Kloer, Medical Director for Hywel Dda University Health Board (HDUHB), Dr G. Shankar, Director of Health Protection Public Health Wales (PHW) and Professor K. Neal, Public Health Consultant which summarised the outcome of the external review commissioned by HDUHB and PHW on the tuberculosis (TB) outbreak in the Llwynhendy area.

The presentation focussed upon the public health management and response to the four phases of the outbreak. Members were informed that initiation of an outbreak control team (OCT) during the first phase had been closed down prematurely and was subsequently reopened on three other occasions. The findings of the report indicated that the initial response was deemed inadequate, however processes had since been significantly strengthened with the introduction of a formal TB service in 2014 and a dedicated TB nurse in 2019. In this regard, an overview of the progress made in recent years, together with the organisational learning to enhance management of the outbreak was provided to

the Committee and it was recognised that there was scope for further development and improvements to be made in this regard.

An assurance was provided to the Committee that the recommendations set out within the report had been fully accepted and a joint action plan had been implemented within HDUHB and PHW to address the issues raised and ensure closer working arrangements between both organisations.

The issues/observations raised by the Committee were addressed as follows:- Reference was made to the conclusions set out at section 8 of the report whereby the Public Health Consultant confirmed that whilst the national rate of TB continued to fall, there were no figures available beyond 2018 and he was not aware of any new cases since 2018.

In response to a query regarding the action plan target dates, the Medical Director clarified that progress reports on the actions, together with updated target completion dates would be submitted to the Quality and Safety Committee meetings.

The Public Health Consultant, in response to queries by the Committee, clarified that there was no legal basis to mandate individuals to attend TB service clinics, however a total of 50 of the identified contacts had been interviewed to ascertain the reasons for not doing so and the results would be analysed in an endeavour to address the issue. In accordance with PHW's statutory responsibilities for the surveillance of infectious diseases, the Director of Health Protection provided Committee with a synopsis of the monitoring processes undertaken by the OCT to monitor active and latent cases, profiling of new cases and the use of technology to establish related cases.

Reference was also made to the TB Cohort Review led by the Respiratory Delivery Group which undertook a peer review of the management of cases in a constructive environment to improve services ensure better outcomes for citizens.

Following a question regarding the actions to be implemented to improve the TB service, the Committee was informed of the support mechanisms to be implemented to strengthen the provision following the appointment of a TB Lead Consultant and a dedicated full time TB nurse. Furthermore, it was explained that all chest consultants received standard training in the management of TB which ensured continuation of service provision. An assurance was provided that improvements had been made since the onset of the outbreak and service provision would be further enhanced going forward.

Concerns were raised that there was no national strategy for TB in Wales, despite TB mortality rates being twice as high than that of England. The Director of Health Protection confirmed that the draft TB strategy, prepared by the all-Wales TB Group, was being further refined to take account of the learning outcomes emanating from the pandemic, the improvements made by the HDUHB and PHW approach to TB management and the learning derived from the migrant screening, which included testing of latent and active TB. It was reported that a revised strategy would be put forward to Welsh Government for approval in the coming months.

The Medical Director, in response to a query, agreed to forward up to date figures pertaining to the number of cases for both active and latent TB, the number latent TB individuals over the age of 65 and the number of deaths attributed to TB arising from the outbreak.

Reference was made to recommendation 2 pertaining to the Standard Operating Procedure for the conduct and recording of outbreak management. In this regard an overview of the membership of the OCT was provided to Members. The Committee was further informed that the guiding principles for the management of an outbreak of infectious diseases was laid out within the Communicable Disease Outbreak Plan for Wales and would address the need for consistency in the senior management membership of the OCT as part of its 3 year review scheduled to be undertaken in July 2023.

It was queried whether any potential future outbreak could result in drug resistance due to the prevalence of latent TB in the Llwynhendy area. The Public Health Consultant confirmed that drug resistance in this regard was unlikely. Rather, the concerns of Health professionals centred upon reactivation of undiagnosed latent TB in individuals with underlying health conditions.

In recognition of the ongoing concerns of the residents of Llwynhendy, it was agreed that the contact details of local councillors would be provided to HDUHB and PHW with a view to determining appropriate engagement with residents to address anxiety. The Director of Health Protection noted that the matter would be considered at a meeting of the OCT.

In response to a request by a Member for Welsh Government to be approached to seek financial support for the ongoing TB issue in Llwynhendy and the surrounding areas, the Cabinet Member agreed in the first instance, to make further enquiries in respect of Recommendation 7 pertaining to Welsh Government's funding for a TB plan. Pending the outcome of those enquiries, it was agreed that if appropriate, a letter be sent to Welsh Government requesting financial support.

The Chair and Cabinet Member extended the Committee's gratitude to Dr Kloer, Dr Shankar and Professor Neal for their address to the Committee and the clarity and assurance provided on the endeavours made to deliver the recommendations made within the review.

UNANIMOUSLY RESOLVED

- 4.1 that the report be received.**
- 4.2 Up to date figures pertaining to the number of cases for both active and latent TB, the number latent TB individuals over the age of 65 and the number of deaths attributed to TB arising from the outbreak to be forwarded to the Committee.**
- 4.3 Contact details for local councillors to be provided to HDUHB and PHW with a view to determining appropriate engagement and communication with residents.**

- 4.4 Pending the outcome of enquiries, consideration be given to the submission of a letter to Welsh Government, seeking financial support for the ongoing TB issue in Llwynhendy and the surrounding areas.**

5. REVENUE & CAPITAL BUDGET MONITORING REPORT 2022/23

The Committee considered the Revenue and Capital budget Monitoring Report in relation to Health and Social Services which provided an update on the latest budgetary position as at 31 December 2022 in respect of the 2022/23 financial year.

The report detailed a projected overspend of £6,329k on the revenue budget and a variance of £503k against the 2022/23 approved capital budget. Committee's attention was also drawn to the savings report which noted that £1,338k of Managerial savings was forecasted to be delivered at year end against a target of £1,603k.

The issues/observations raised by the Committee were addressed as follows:- The Head of Children and Families provided an overview of the national and local position in respect of the current placement capacity crisis, coupled with the change in the demand for mental health service provision needs for young people post-pandemic. An assurance was provided that the division was endeavouring to ensure adequate placement capacity to meet the needs of young people. In response to a query the Cabinet Member for Resources reported that the Authority could consider approaching the Welsh Government with a view to requesting financial support to meet future significant expenditure incurred as a result of unexpected and acute cases. Furthermore, it was noted that, notwithstanding the significant expenditure for out of county placements and the challenges faced by the Authority to meet demand in this regard, waiting times to access mental health services for young people in Wales compared favourably to England and Scotland.

UNANIMOUSLY RESOLVED that the report be received.

6. DOMICILIARY CARE PERFORMANCE UPDATE

Further to the Committee's request at its meeting held on 24 January 2023, consideration was given to an update report in relation to the current pressures on domiciliary care and the challenges faced by the Authority to ensure sufficient capacity to meet demand. The Committee acknowledged the ongoing national workforce challenges faced by the sector which resulted in recruitment and retention issues of care workers.

The report detailed key performance data in the following areas:

- Number of hours commissioned for domiciliary care;
- Number of hours waiting for domiciliary care;
- Number of people waiting in the community for domiciliary care;
- Number of people waiting in hospital for domiciliary care;
- Number of hours released from reviews;

- Future Developments in terms of the expansion of the in-house service and external commissioning of domiciliary care;
- Actions taken to mitigate risk.

The issues/observations raised by the Committee were addressed as follows:-

In considering the external commissioning developments, a Member commended the establishment of the project board and requested an illustration of the number, frequency and a geographical spread of events attended by the Social Care Champions. This was agreed.

In response to a query regarding the care apprenticeship pathway, the Head of Adult Social Care provided an overview of the in-house care academy, whereby a total of 7 individuals were provided with health and social care work experience with career progression incentives and formal accreditation opportunities; this in turn provided the Authority with additional capacity to meet demand in this area. Targeted recruitment events to promote care work as a career of choice in areas of need was also a key focus for the division. The Committee commended Officers in its endeavours to address the recruitment challenges and suggested that councillors could be approached to support local career events.

UNANIMOUSLY RESOLVED

6.1 that the report be received.

6.2 An illustration of the number, frequency and a geographical spread of events attended by the Social Care Champions be provided to Committee.

7. LONELINESS IN CARMARTHENSHIRE TASK AND FINISH REVIEW UPDATE REPORT

The Committee received for consideration an update report in respect of the progress made with the four recommendations emanating from the Task and Finish Review on Loneliness in Carmarthenshire undertaken during the 2018/19 municipal year, as follows:

1. Take a strategic approach to loneliness.
2. Address loneliness as an important shared priority.
3. Focus on building and supporting community assets.
4. Directly address barriers to connection.

The Committee was provided with an assurance that all recommendations and the associated actions had been delivered successfully and a review of the recommendations would be embedded into the Division's business planning process moving forward.

Amongst the questions/observations raised on the report were the following:-

Reference was made to the progress achieved to date in respect of Recommendation 2, whereby the Head of Integrated Services confirmed that

initial work on the mapping exercise of all preventative services in Carmarthenshire had commenced and would be progressed as a priority area, with input from members, following the appointment of the Senior Delivery Manager. Furthermore, in light of the concerns raised by Committee in respect of loneliness within rural context, the Head of Integrated Services noted that the mapping exercise could take account of the differences between the 5 geographical areas of the county which mirrored the domiciliary care framework areas and preventative services framework areas with the third sector.

In response to a query regarding the Task Group led by Carmarthen Town Council to review the issue of loneliness, the Head of Integrated Services expressed that other similar work could be replicated in other local areas and it was acknowledged that the positive initiatives underway to address the cost of living crisis was interlinked with addressing the loneliness agenda.

Following queries from Members, a synopsis of the array of resources available to isolated, vulnerable or lonely residents in Carmarthenshire was given and it was agreed that awareness of these services and events, together with their access routes would be promoted by the division.

UNANIMOUSLY RESOLVED that

7.1 The report be received.

7.2 Awareness of the resources available for isolated, vulnerable or lonely residents in Carmarthenshire, together with their access routes to be promoted by the division.

7.3 An update report on the wider prevention work, including the progress made on the mapping exercise of all preventative services in Carmarthenshire be included on the Committee's Forward Work Plan for 2023/24, and considered by the Committee early 2024.

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

The Committee received a report which detailed the role, functions and activities undertaken by the Authority in relation to Adult Safeguarding and Deprivation of Liberty Safeguards during the 2021/22 financial year.

A synopsis of the national, regional and local context of Adult Safeguarding was provided to the Committee and which included local operational arrangements and key performance and activity information.

The report provided an assurance to the Committee that the Social Services and Wellbeing (Wales) Act 2014 and the statutory guidance set out in the Wales Safeguarding Procedures had been firmly embedded into the Authority's practice.

Reference was made to the Regional Safeguarding Board which provided the strategic direction and governance arrangements for adult safeguarding in the

Mid and West Wales region and which had strengthened Carmarthenshire's approach to ensuring the rights of every person to live a life free from abuse and neglect.

Amongst the questions/observations raised on the report were the following:-

A Member enquired regarding the implementation date for the Liberty of Progression Safeguards (LPS) which was due to replace the existing Deprivation of Liberty Safeguards (DoLS) that had been deemed "not fit for purpose". The Senior Safeguarding/DoLS Manager confirmed that the new LPS would no longer be implemented by UK Government during this parliament; it was however expected that an alternative version would be implemented by Welsh Government to derive improvements in this regard.

In response to a query regarding the Authority's challenges in meeting its statutory duty to undertake assessments for DoLS in light of the coronavirus pandemic, an assurance was provided to the Committee that the external practitioners had resumed face to face assessments in accordance with the standard set by the Authority. In this regard, the benefits of face-to-face assessments were acknowledged by the Committee.

Following a query made in respect of the Authority's ability to provide assessments through the medium of Welsh, the Senior Safeguarding/DoLS Manager was pleased to report that that the DoLS team were all fluent Welsh speakers which was considered extremely important in the context of mental capacity assessments. It was confirmed that the external commissioning of assessors appointed utilising grant funding from Welsh Government had also been delivered through the medium of Welsh, however difficulties remained in respect of the appointment of Welsh speaking doctors.

The Senior Safeguarding/DoLS Manager, in response to a query, clarified that all safeguarding concerns reported to the Authority whereby the individual met the 'at risk' criteria resulted in an enquiry.

Reference was made to the percentage of urgent DoLS authorisations received that were completed within 7 days of receipt and the percentage of Standard authorisations that were completed within 21 days of allocation. The Senior Safeguarding/DoLS Manager confirmed that completion targets had not been set in this regard as the 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.

UNANIMOUSLY RESOLVED that the report be received.

9. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETING HELD ON THE 9TH MARCH, 2023

The Chair referred to minute 5.1 whereby Committee was informed that a letter expressing concerns regarding the current inequality of S.117 funding arrangements had been drafted and would be sent to the to the Health Board imminently.

UNANAMOUSLY RESOLVED that the minutes of the meeting of the Committee held on the 9th March, 2023 be signed as a correct record.

CHAIR

DATE

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