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**THURSDAY, 25 APRIL 2024**

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

I HEREBY SUMMON YOU TO ATTEND A MEETING OF THE **HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE** WHICH WILL BE HELD IN THE **CHAMBER - COUNTY HALL, CARMARTHEN. SA31 1JP AND REMOTELY AT 10.00 AM ON THURSDAY, 2ND MAY, 2024** FOR THE TRANSACTION OF THE BUSINESS OUTLINED ON THE ATTACHED AGENDA

*Wendy Walters*

**CHIEF EXECUTIVE**

<b>Democratic Officer:</b>	<b>Emma Bryer</b>
<b>Telephone (direct line):</b>	<b>01267 224029</b>
<b>E-Mail:</b>	<b>ebryer@carmarthenshire.gov.uk</b>
<b>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.</b>	
<b>The meeting can be viewed on the Authority's website via the following link:- <a href="https://carmarthenshire.public-i.tv/core/portal/home">https://carmarthenshire.public-i.tv/core/portal/home</a></b>	

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

## HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

### **PLAID CYMRU GROUP - 7 Members**

Cllr. Gareth John (Chair)

Cllr. Bryan Davies

Cllr. Karen Davies

Cllr. Alex

Cllr. Meinir James

Cllr. Hefin Jones

Cllr. Denise Owen

### **LABOUR GROUP - 4 Members**

Cllr. Crish Davies

Cllr. Michelle Donoghue

Cllr. Philip Warlow

Cllr. Janet Williams

### **INDEPENDENT GROUP - 2 Members**

Cllr. Louvain Roberts

Cllr. Fiona Walters (Vice-Chair)

### **UNAFFILIATED 1 Members**

Vacancy

# AGENDA

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. REVENUE & CAPITAL BUDGET MONITORING REPORT 2023/24 5 - 28
5. DOMICILIARY CARE PERFORMANCE UPDATE 29 - 40
6. TASK & FINISH GROUP 2023/24 - "AN ACTIVE AND HEALTHY START" 41 - 98
7. FAMILY SUPPORT STRATEGY 99 - 102
8. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETING HELD ON THE 21ST MARCH, 2024 103 - 112

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**HEALTH & SOCIAL SERVICES  
SCRUTINY COMMITTEE  
2<sup>nd</sup> MAY 2024**

**Revenue & Capital Budget  
Monitoring Report 2023/24**

**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 29<sup>th</sup> February 2024, in respect of 2023/24.

**CABINET MEMBER PORTFOLIO HOLDERS:**

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

<b>Directorate:</b> Corporate Services	<b>Designation:</b>	<b>Tel No. / E-Mail Address:</b>
<b>Name of Director:</b> Chris Moore	Director of Corporate Services	01267 224120 <a href="mailto:CMoore@cararthenshire.gov.uk">CMoore@cararthenshire.gov.uk</a>
<b>Report Author:</b> Chris Moore		

# EXECUTIVE SUMMARY

## HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE 2<sup>nd</sup> MAY 2024

### Revenue & Capital Budget Monitoring Report 2023/24

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 £9,729k 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 -£267k against a net budget of £1,918k on social care projects, and a £0k variance against the Children Services projects net budget of £716k.

##### **Appendix E**

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

#### **Savings Monitoring**

##### **Appendix F**

Savings Monitoring Report for 2023/24. This includes detail on the 2022/23 savings proposals that were undelivered as at 31<sup>st</sup> March 2023.

**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	Biodiversity & Climate Change
<b>NONE</b>	<b>NONE</b>	<b>YES</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>YES</b>	<b>YES</b>

### 3. Finance

Revenue – Health & Social Services is projecting that it will be over its approved budget by £9,729k.

Capital – The capital programme shows a variance of -£267k against the 2023/24 approved budget.

#### Savings Report

The expectation is that at year end £1,432k of Managerial savings against a target of £2,027k are forecast to be delivered. There are no Policy savings put forward for 2023/24.

### 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.

### 8. Biodiversity and Climate Change

Some schemes within the Capital Programme relate to decarbonisation measures to help reduce our carbon footprint.

**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
2023/24 Budget	Corporate Services Department, County Hall, Carmarthen
2023-28 Capital Programme	Online via corporate website – Minutes of County Council Meeting 1 <sup>st</sup> March 2023

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**Health & Social Services Scrutiny Report**  
**Budget Monitoring as at 29th February 2024 - Summary**

Division	Working Budget				Forecasted				Feb 2024 Forecasted Variance for Year £'000	Dec 2023 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		
<b>Adult Services</b>										
Older People	76,961	-26,538	3,701	54,125	78,189	-26,140	3,701	55,750	1,626	1,865
Physical Disabilities	9,123	-1,910	276	7,489	10,081	-2,874	276	7,482	-7	-54
Learning Disabilities	48,371	-11,921	1,475	37,925	48,746	-11,844	1,475	38,377	452	617
Mental Health	12,097	-4,497	234	7,834	12,695	-4,414	234	8,515	681	683
Support	11,204	-7,631	1,114	4,688	11,118	-7,500	1,114	4,732	45	108
<b>Children's Services</b>										
Children's Services	30,001	-9,965	2,630	22,666	40,575	-13,606	2,630	29,599	6,933	6,973
<b>GRAND TOTAL</b>	<b>187,757</b>	<b>-62,462</b>	<b>9,430</b>	<b>134,726</b>	<b>201,403</b>	<b>-66,378</b>	<b>9,430</b>	<b>144,455</b>	<b>9,729</b>	<b>10,192</b>

**Health & Social Services Scrutiny Report**  
**Budget Monitoring as at 29th February 2024 - Main Variances**

Division	Working Budget		Forecasted		Feb 2024 Forecasted Variance for Year £'000	Notes	Dec 2023 Forecasted Variance for Year £'000
	Expenditure £'000	Income £'000	Expenditure £'000	Income £'000			
<b>Adult Services</b>							
<b>Older People</b>							
Older People - Residential Care Homes (Local Authority Provision)	10,354	-4,554	10,943	-4,390	752	The overspend is the result of external staff agency costs, increased overtime, pay award costs and the setting up of deputy managers in some of the Care Homes to ensure appropriate cover and capacity as a result higher dependency of residents. Some of the overspend has been mitigated by increased income through higher occupancy rates and lower than anticipated premises costs. Moving forward the budget will be adjusted accordingly for 2024/25. In the coming months we will also be developing an in-house agency pilot for the Llanelli based homes that will deliver a more flexible pool of casual staff. It is hoped that this will be rolled out in April 2024 with a view, if successful, of deploying across the County in the summer of 2024. This will reduce on-going agency and overtime costs. We will continue to monitor sickness closely and consistently as well as being more efficient in the way we recruit	960
Older People - Residential Care Homes	31,792	-14,062	32,239	-14,062	447	Numbers on waiting lists are reducing as assessed needs are being met in alternative ways. However care packages are increasing as capacity develops in care sector.	450
Older People - Direct Payments	1,349	-313	1,523	-313	173	Financial pressures from previous years remain.	190
Older People - Private Home Care	10,038	-2,638	10,692	-2,638	654	Numbers on waiting lists are reducing as assessed needs are being met in alternative ways. However care packages are increasing as capacity develops in care sector.	745
Older People - Reablement	2,225	-527	1,992	-527	-233	Staffing vacancies	-274
Older People - Other variances					-168	Underspend relates primarily to a reduced provision of day services when compared to pre-pandemic levels.	-206
<b>Physical Disabilities</b>							
Phys Dis - Residential Care Homes	1,652	-314	1,406	-314	-246	Demand led - projection based on care packages as at February 2024	-210
Phys Dis - Direct Payments	3,164	-603	3,490	-603	326	Financial pressures from previous years remain.	311
Phys Dis - Other variances					-87		-155

**Health & Social Services Scrutiny Report**  
**Budget Monitoring as at 29th February 2024 - Main Variances**

Division	Working Budget		Forecasted		Feb 2024 Forecasted Variance for Year £'000	Notes	Dec 2023 Forecasted Variance for Year £'000
	Expenditure £'000	Income £'000	Expenditure £'000	Income £'000			
<b>Learning Disabilities</b>							
Learn Dis - Employment & Training	2,144	-359	1,719	-246	-312	Provision of LD day services is reduced compared to pre-pandemic levels.	-344
Learn Dis - Residential Care Homes	13,970	-4,524	14,478	-4,524	508	Progress being made in the right sizing of individual packages and in developing alternatives to residential care. This is mitigated by an increase in demand and complexity in those with a learning disability and children transitioning through from Children's Services. In the meantime, high cost independent providers are being commissioned and the current budget allocation does not reflect this demand.	407
Learn Dis - Group Homes/Supported Living	11,515	-2,295	12,572	-2,295	1,057	Progress being made in the right sizing of individual packages and in developing alternatives to residential care. This is mitigated by an increase in demand and complexity in those with a learning disability and children transitioning through from Children's Services. In the meantime, high cost independent providers are being commissioned and the current budget allocation does not reflect this demand.	1,227
Learn Dis - Community Support	3,568	-162	3,112	-162	-456	Demand led - projection based on care packages as at February 2024	-440
Learn Dis - Adult Placement/Shared Lives	3,095	-2,104	3,027	-2,381	-344	Provision of respite care is reduced compared to pre-pandemic levels and part-year vacant posts	-277
Learn Dis - Other variances					-1		44
<b>Mental Health</b>							
M Health - Residential Care Homes	6,986	-3,394	7,446	-3,394	460	Progress being made in the right sizing of individual packages and developing alternatives to residential care is a priority for 2024/25. This is mitigated by an increase in demand and complexity in those with a mental health issue and children transitioning from Children's Services. In the meantime, high cost independent providers are being commissioned and the current budget allocation does not reflect this demand.	510
M Health - Group Homes/Supported Living	1,677	-446	2,053	-446	376	Progress being made in the right sizing of individual packages and developing alternatives to residential care is a priority for 2024/25. This is mitigated by an increase in demand and complexity in those with a mental health issue and children transitioning from Children's Services. In the meantime, high cost independent providers are being commissioned and the current budget allocation does not reflect this demand.	423
M Health - Other variances					-155	Staff vacancies in the Care Management Teams and Substance Misuse teams account for £92k of this variance along with a forecasted underspend of £58k relating to reduced Community Support demand	-250
<b>Support</b>							
Support - Other					45		108

**Health & Social Services Scrutiny Report**  
**Budget Monitoring as at 29th February 2024 - Main Variances**

Division	Working Budget		Forecasted		Feb 2024 Forecasted Variance for Year £'000	Notes	Dec 2023 Forecasted Variance for Year £'000
	Expenditure £'000	Income £'000	Expenditure £'000	Income £'000			
<b>Children's Services</b>							
Commissioning and Social Work	8,019	-115	9,613	-603	1,106	Increased agency staff costs forecast £974k re additional demand & difficulty recruiting permanent staff. Increased demand for assistance to clients and their families £394k. This is partly offset by additional grant income	1,100
Corporate Parenting & Leaving Care	1,035	-91	1,064	-287	-167	Maximisation of grant income supporting priorities the service had already identified and have staff working on	-93
Fostering & Other Children Looked After Services	4,843	0	6,332	-144	1,345	Increased costs associated with providing specialist support and fostering placements for young people / children looked after, some with highly complex needs £625k, Special Guardianship Orders (SGO's) £88k, Fostering £761k. This is partly offset by additional WG grant £129k	1,303
Unaccompanied Asylum Seeker Children (UASC)	0	0	1,652	-1,316	336	Increase in number of Unaccompanied Children & more expensive placement costs in excess of the fixed income received.	293
Commissioned Residential Placements (CS)	469	0	3,833	-12	3,353	Several ongoing highly complex placements in 2023/24	3,117
Residential Settings	1,409	-361	2,871	-1,574	249	£249k Garreglwyd - agency staff costs forecast due to difficulty recruiting & sickness cover. £554k forecast overspend for new setting Ty Magu / Ross Avenue, which is being offset by £554k WG grant	254
Respite Settings	1,106	0	1,174	0	68	Increased staffing costs £29k re meeting service demand, vacancy / absence cover and impact of increased pay award in excess of budget, additional vehicles needed £17k and additional premises maintenance costs forecast £22k for essential works following outcome of recent playground inspection at Llys Caradog	88
Adoption Services	781	-190	1,202	-486	125	Overspend in relation to increased staffing costs, including agency staff and travelling costs re ongoing service demands £75k. Additional costs for Inter Agency Adoption fees, Adoption Allowances and Therapy / Counselling costs, again in line with service demands £50k	101
Supporting Childcare	1,675	-1,141	1,666	-1,155	-23	Maximisation of grant income supporting priorities the service had already identified and have staff working on	-16
Short Breaks and Direct Payments	657	0	1,628	-249	722	Increased demand for Direct Payments with further pressures linked to post covid & lack of commissioned services available £310k. Increased demand for 1-2-1 support under Short Breaks due to lack of available location based services £412k	882
Other Family Services incl Young Carers and ASD	1,023	-643	1,117	-775	-38	Maximisation of grant income supporting priorities the service had already identified and have staff working on	25
Children's Services Mgt & Support (inc Eclipse)	1,405	-164	1,307	-207	-141	Number of part year staff vacancies, delays in recruitment and additional short term grants being utilised	-86
Other Variances					-3		4
<b>Grand Total</b>					<b>9,729</b>		<b>10,192</b>

### Health & Social Services Scrutiny Report Budget Monitoring as at 29th February 2024 - Detail Monitoring

Division	Working Budget				Forecasted				Feb 2024 Forecasted Variance for Year £'000	Notes	Dec 2023 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			
<b>Adult Services</b>											
<b>Older People</b>											
Older People - Care Management	4,412	-642	675	4,445	4,465	-641	675	4,499	54		34
Older People - Residential Care Homes (Local Authority Provision)	10,354	-4,554	1,319	7,120	10,943	-4,390	1,319	7,872	752	The overspend is the result of external staff agency costs, increased overtime, pay award costs and the setting up of deputy managers in some of the Care Homes to ensure appropriate cover and capacity as a result higher dependency of residents. Some of the overspend has been mitigated by increased income through higher occupancy rates and lower than anticipated premises costs. Moving forward the budget will be adjusted accordingly for 2024/25. In the coming months we will also be developing an in-house agency pilot for the Llanelli based homes that will deliver a more flexible pool of casual staff. It is hoped that this will be rolled out in April 2024 with a view, if successful, of deploying across the County in the summer of 2024. This will reduce on-going agency and overtime costs. We will continue to monitor sickness closely and consistently as well as being more efficient in the way we recruit	960
Older People - Supported Living	109	0	0	109	109	0	0	109	0		0
Older People - Residential Care Homes	31,792	-14,062	328	18,058	32,239	-14,062	328	18,505	447	Numbers on waiting lists are reducing as assessed needs are being met in alternative ways. However care packages are increasing as capacity develops in care sector.	450
Older People - Private Day Care	35	0	0	35	74	0	0	74	39		27
Older People - Extra Care	677	0	10	687	710	0	10	720	33		34
Older People - LA Home Care	8,387	0	750	9,137	8,339	-0	750	9,089	-48		-43
Older People - MOW's	6	-6	0	-0	0	0	0	0	0		0
Older People - Direct Payments	1,349	-313	6	1,043	1,523	-313	6	1,216	173	Financial pressures from previous years remain.	190
Older People - Grants	2,554	-2,324	16	246	2,576	-2,349	16	244	-3		4
Older People - Private Home Care	10,038	-2,638	116	7,516	10,692	-2,638	116	8,170	654	Numbers on waiting lists are reducing as assessed needs are being met in alternative ways. However care packages are increasing as capacity develops in care sector.	745
Older People - Management and Support	1,704	-303	182	1,584	1,423	-110	182	1,496	-88		-73
Older People - Careline	2,219	-1,077	4	1,146	2,219	-1,077	4	1,146	-0		0
Older People - Reablement	2,225	-527	174	1,871	1,992	-527	174	1,639	-233	Staffing vacancies	-274
Older People - Day Services	852	-92	122	882	722	-34	122	809	-73		-86
Older People - Private Day Services	247	0	0	247	165	0	0	165	-83		-103
<b>Total Older People</b>	<b>76,961</b>	<b>-26,538</b>	<b>3,701</b>	<b>54,125</b>	<b>78,189</b>	<b>-26,140</b>	<b>3,701</b>	<b>55,750</b>	<b>1,626</b>		<b>1,865</b>

**Health & Social Services Scrutiny Report**  
**Budget Monitoring as at 29th February 2024 - Detail Monitoring**

Division	Working Budget				Forecasted				Feb 2024 Forecasted Variance for Year £'000	Notes	Dec 2023 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			
<b>Physical Disabilities</b>											
Phys Dis - OT Services	883	-301	42	623	809	-149	42	703	79		31
Phys Dis - Residential Care Homes	1,652	-314	13	1,352	1,406	-314	13	1,106	-246	Demand led - projection based on care packages as at February 2024	-210
Phys Dis - Group Homes/Supported Living	1,520	-174	12	1,357	1,450	-174	12	1,288	-69		-39
Phys Dis - Community Support	196	0	1	197	141	0	1	142	-55		-66
Phys Dis - Private Home Care	357	-92	3	268	357	-92	3	268	0		0
Phys Dis - Aids & Equipment	1,129	-424	190	894	2,205	-1,541	190	854	-40		-11
Phys Dis - Grants	163	0	0	163	221	0	0	221	58		-11
Phys Dis - Direct Payments	3,164	-603	14	2,575	3,490	-603	14	2,901	326	Financial pressures from previous years remain.	311
Phys Dis - Manual Handling	4	0	0	4	0	0	0	0	-4		-4
Phys Dis - Independent Living Fund	55	0	0	55	0	0	0	0	-55		-55
<b>Total Physical Disabilities</b>	<b>9,123</b>	<b>-1,910</b>	<b>276</b>	<b>7,489</b>	<b>10,081</b>	<b>-2,874</b>	<b>276</b>	<b>7,482</b>	<b>-7</b>		<b>-54</b>
<b>Learning Disabilities</b>											
Learn Dis - Employment & Training	2,144	-359	359	2,144	1,719	-246	359	1,832	-312	Provision of LD day services is reduced compared to pre-pandemic levels.	-344
Learn Dis - Care Management	1,057	-37	144	1,163	1,132	-60	144	1,215	52		29
Learn Dis - Residential Care Homes	13,970	-4,524	81	9,527	14,478	-4,524	81	10,034	508	Progress being made in the right sizing of individual packages and in developing alternatives to residential care. This is mitigated by an increase in demand and complexity in those with a learning disability and children transitioning through from Children's Services. In the meantime, high cost independent providers are being commissioned and the current budget allocation does not reflect this demand.	407
Learn Dis - Direct Payments	5,906	-572	23	5,357	5,909	-572	23	5,360	3		18
Learn Dis - Group Homes/Supported Living	11,515	-2,295	84	9,303	12,572	-2,295	84	10,361	1,057	Progress being made in the right sizing of individual packages and in developing alternatives to residential care. This is mitigated by an increase in demand and complexity in those with a learning disability and children transitioning through from Children's Services. In the meantime, high cost independent providers are being commissioned and the current budget allocation does not reflect this demand.	1,227
Learn Dis - Adult Respite Care	1,159	-812	119	467	1,252	-812	119	560	93		66
Learn Dis - Home Care Service	365	-161	4	208	365	-161	4	208	0		0
Learn Dis - Day Services (Local Authority Provision)	2,936	-491	401	2,847	2,629	-237	401	2,793	-53		-40
Learn Dis - Private Day Services	981	-84	11	909	893	-84	11	821	-88		-75
Learn Dis - 0 to 25 Service	570	0	97	667	565	0	97	662	-5		-9
Learn Dis - Community Support	3,568	-162	24	3,429	3,112	-162	24	2,973	-456	Demand led - projection based on care packages as at February 2024	-440
Learn Dis - Grants	540	-162	5	384	470	-162	5	314	-70		-37
Learn Dis - Adult Placement/Shared Lives	3,095	-2,104	84	1,075	3,027	-2,381	84	731	-344	Provision of respite care is reduced compared to pre-pandemic levels and part-year vacant posts	-277
Learn Dis/M Health - Management and Support	566	-158	38	447	623	-148	38	513	66		93
<b>Total Learning Disabilities</b>	<b>48,371</b>	<b>-11,921</b>	<b>1,475</b>	<b>37,925</b>	<b>48,746</b>	<b>-11,844</b>	<b>1,475</b>	<b>38,377</b>	<b>452</b>		<b>617</b>

**Health & Social Services Scrutiny Report**  
**Budget Monitoring as at 29th February 2024 - Detail Monitoring**

Division	Working Budget				Forecasted				Feb 2024 Forecasted Variance for Year £'000	Notes	Dec 2023 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			
<b>Mental Health</b>											
M Health - Care Management	1,518	-155	83	1,445	1,435	-144	83	1,373	-72		-78
M Health - Residential Care Homes	6,986	-3,394	41	3,632	7,446	-3,394	41	4,093	460	Progress being made in the right sizing of individual packages and developing alternatives to residential care is a priority for 2024/25. This is mitigated by an increase in demand and complexity in those with a mental health issue and children transitioning from Children's Services. In the meantime, high cost independent providers are being commissioned and the current budget allocation does not reflect this demand.	510
M Health - Residential Care Homes (Substance Misuse)	188	-34	0	154	188	-34	0	154	0		0
M Health - Group Homes/Supported Living	1,677	-446	7	1,238	2,053	-446	7	1,614	376	Progress being made in the right sizing of individual packages and developing alternatives to residential care is a priority for 2024/25. This is mitigated by an increase in demand and complexity in those with a mental health issue and children transitioning from Children's Services. In the meantime, high cost independent providers are being commissioned and the current budget allocation does not reflect this demand.	423
M Health - Direct Payments	287	-45	1	242	282	-45	1	237	-5		-13
M Health - Community Support	846	-132	13	727	784	-127	13	669	-58		-92
M Health - Day Services	1	0	0	1	1	0	0	1	0		0
M Health - Private Home Care	92	-29	1	65	92	-29	1	65	0		0
M Health - Substance Misuse Team	501	-261	88	328	414	-194	88	308	-20		-68
<b>Total Mental Health</b>	<b>12,097</b>	<b>-4,497</b>	<b>234</b>	<b>7,834</b>	<b>12,695</b>	<b>-4,414</b>	<b>234</b>	<b>8,515</b>	<b>681</b>		<b>683</b>
<b>Support</b>											
Departmental Support	4,337	-3,022	799	2,114	4,416	-3,044	799	2,171	57		78
Performance, Analysis & Systems	643	-162	44	525	639	-162	44	521	-5		-4
VAWDASV	980	-980	8	8	980	-980	8	8	0		-0
Adult Safeguarding & Commissioning Team	2,100	-219	100	1,981	2,165	-221	100	2,044	63		42
Regional Collaborative	1,515	-1,362	65	218	1,515	-1,362	65	218	-0		-0
Holding Acc-Transport	1,629	-1,886	98	-159	1,403	-1,731	98	-230	-71		-7
<b>Total Support</b>	<b>11,204</b>	<b>-7,631</b>	<b>1,114</b>	<b>4,688</b>	<b>11,118</b>	<b>-7,500</b>	<b>1,114</b>	<b>4,732</b>	<b>45</b>		<b>108</b>

**Health & Social Services Scrutiny Report**  
**Budget Monitoring as at 29th February 2024 - Detail Monitoring**

Division	Working Budget				Forecasted				Feb 2024 Forecasted Variance for Year £'000	Notes	Dec 2023 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			
<b>Children's Services</b>											
Commissioning and Social Work	8,019	-115	1,691	9,596	9,613	-603	1,691	10,701	1,106	Increased agency staff costs forecast £974k re additional demand & difficulty recruiting permanent staff. Increased demand for assistance to clients and their families £394k. This is partly offset by additional grant income	1,100
Corporate Parenting & Leaving Care	1,035	-91	71	1,016	1,064	-287	71	848	-167	Maximisation of grant income supporting priorities the service had already identified and have staff working on	-93
Fostering & Other Children Looked After Services	4,843	0	44	4,887	6,332	-144	44	6,233	1,345	Increased costs associated with providing specialist support and fostering placements for young people / children looked after, some with highly complex needs £625k, Special Guardianship Orders (SGO's) £88k, Fostering £761k. This is partly offset by additional WG grant £129k	1,303
Unaccompanied Asylum Seeker Children (UASC)	0	0	5	5	1,652	-1,316	5	341	336	Increase in number of Unaccompanied Children & more expensive placement costs in excess of the fixed income received.	293
Commissioned Residential Placements (CS)	469	0	4	473	3,833	-12	4	3,826	3,353	Several ongoing highly complex placements in 2023/24	3,117
Residential Settings	1,409	-361	115	1,162	2,871	-1,574	115	1,411	249	£249k Garreglwyd - agency staff costs forecast due to difficulty recruiting & sickness cover. £554k forecast overspend for new setting Ty Magu / Ross Avenue, which is being offset by £554k WG grant	254
Respite Settings	1,106	0	117	1,223	1,174	0	117	1,291	68	Increased staffing costs £29k re meeting service demand, vacancy / absence cover and impact of increased pay award in excess of budget, additional vehicles needed £17k and additional premises maintenance costs forecast £22k for essential works following outcome of recent playground inspection at Lllys Caradog	88
Adoption Services	781	-190	37	628	1,202	-486	37	754	125	Overspend in relation to increased staffing costs, including agency staff and travelling costs re ongoing service demands £75k. Additional costs for Inter Agency Adoption fees, Adoption Allowances and Therapy / Counselling costs, again in line with service demands £50k	101
Supporting Childcare	1,675	-1,141	342	876	1,666	-1,155	342	853	-23	Maximisation of grant income supporting priorities the service had already identified and have staff working on	-16
Short Breaks and Direct Payments	657	0	16	672	1,628	-249	16	1,394	722	Increased demand for Direct Payments with further pressures linked to post covid & lack of commissioned services available £310k. Increased demand for 1-2-1 support under Short Breaks due to lack of available location based services £412k	882
Children's/Family Centres and Playgroups	1,029	-716	124	437	1,035	-724	124	435	-3		4
CCG - Children & Communities Grant	6,552	-6,544	14	21	6,081	-6,073	14	21	0		0



**Health & Social Services Scrutiny Report**  
**Budget Monitoring as at 29th February 2024 - Detail Monitoring**

Division	Working Budget				Forecasted				Feb 2024	Notes	Dec 2023
	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000	Expenditure £'000	Income £'000	Net non- controllable £'000	Net £'000	Forecasted Variance for Year £'000		Forecasted Variance for Year £'000
Other Family Services incl Young Carers and ASD	1,023	-643	24	404	1,117	-775	24	366	-38	Maximisation of grant income supporting priorities the service had already identified and have staff working on	25
Children's Services Mgt & Support (inc Eclipse)	1,405	-164	25	1,266	1,307	-207	25	1,125	-141	Number of part year staff vacancies, delays in recruitment and additional short term grants being utilised	-86
<b>Total Children's Services</b>	<b>30,001</b>	<b>-9,965</b>	<b>2,630</b>	<b>22,666</b>	<b>40,575</b>	<b>-13,606</b>	<b>2,630</b>	<b>29,599</b>	<b>6,933</b>		<b>6,973</b>
<b>TOTAL FOR HEALTH &amp; SOCIAL SERVICES</b>	<b>187,757</b>	<b>-62,462</b>	<b>9,430</b>	<b>134,726</b>	<b>201,403</b>	<b>-66,378</b>	<b>9,430</b>	<b>144,455</b>	<b>9,729</b>		<b>10,192</b>

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Capital Programme 2023/24								
Capital Budget Monitoring - Scrutiny Report for February 2024 - Main Variances								
	Working Budget			Forecasted				
DEPARTMENT/SCHEMES	Expenditure £'000	Income £'000	Net £'000	Expenditure £'000	Income £'000	Net £'000	Variance for Year £'000	Comment
<b>SOCIAL CARE</b>	2,446	-528	1,918	2,069	-418	1,651	-267	
<b>CHILDREN</b>	1,507	-791	716	1,591	-875	716	0	
Flying Start Capital Expansion Programme	191	-191	0	191	-191	0	0	
Children Services - ICF Funded Projects	1,316	-600	716	1,400	-684	716	0	
<b>TOTAL</b>	3,953	-1,319	2,634	3,660	-1,293	2,367	-267	



<b>Children</b>						
<b>Capital Budget Monitoring - Scrutiny Report For February 2024</b>						
	<b>Working Budget</b>			<b>Forecasted</b>		
<b>Scheme</b>	<b>Expenditure £'000</b>	<b>Income £'000</b>	<b>Net £'000</b>	<b>Expenditure £'000</b>	<b>Income £'000</b>	<b>Net £'000</b>
<b>Flying Start Capital Expansion Programme</b>	191	-191	0	191	-191	0
<b>Children Services - ICF Funded Projects</b>	1,316	-600	716	1,400	-684	716
ICF - WWAL-26 - Ty Magu Safe Accommodation for Children	716	0	716	800	-84	716
Mwrwg Vale, Registered Children's Home, Llangennech	600	-600	0	600	-600	0
<b>NET BUDGET</b>	<b>1,507</b>	<b>-791</b>	<b>716</b>	<b>1,591</b>	<b>-875</b>	<b>716</b>

<b>Variance for Year £'000</b>	<b>Comment</b>
0	
0	
0	
0	
0	
0	

<b>GRAND TOTAL</b>	<b>3,953</b>	<b>-1,319</b>	<b>2,634</b>	<b>3,660</b>	<b>-1,293</b>	<b>2,367</b>
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**2023/24 Savings Monitoring Report**  
**Health & Social Services Scrutiny Committee**  
**2nd May 2024**

1 Summary position as at : 29th February 2024

£595 k variance from delivery target

	2023/24 Savings monitoring		
	2023/24	2023/24	2023/24
	Target	Delivered	Variance
	£'000	£'000	£'000
Education & Children	100	0	100
Communities	1,927	1,432	495
<b>Total</b>	<b>2,027</b>	<b>1,432</b>	<b>595</b>

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

Managerial  
Policy

£595 k Off delivery target  
£0 k ahead of target

	MANAGERIAL			POLICY		
	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24
	Target	Delivered	Variance	Target	Delivered	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Education & Children	100	0	100	0	0	0
Communities	1,927	1,432	495	0	0	0
<b>Departmental Total</b>	<b>2,027</b>	<b>1,432</b>	<b>595</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

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

DEPARTMENT	2022/23 Budget	FACT FILE	2023/24 Proposed	2023/24 Delivered	2023/24 Variance	EFFICIENCY DESCRIPTION	REASON FOR VARIANCE
	£'000		£'000	£'000	£'000		

### Managerial - Off Target

#### Education & Children

##### Children's Services

Children's Services	13,075	Children's' Services encompasses the Social worker teams, Fostering, Adoption, Early years, Family Support Services, Specialist Care Provision, School Safeguarding & Attendance and Educational Psychology.	100	0	100	Continual review of services, maximising grant opportunities and managing vacant posts without putting the service at risk of not meeting its statutory function.	Service pressures with total forecast overspend circa £6.7m
<b>Total Children's Services</b>			<b>100</b>	<b>0</b>	<b>100</b>		

#### Education & Children Total

**100      0      100**

#### Communities

##### Integrated Services

Residential Homes	37,452	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	0	50	Reduction on spend on residential placements, due to robust challenge in relation to those who are eligible for Continuing Healthcare and minimisation of out of county placement.	Numbers on waiting lists are reducing as assessed needs are being met in alternative ways. However care packages are increasing as capacity develops in care sector.
<b>Total Integrated Services</b>			<b>50</b>	<b>0</b>	<b>50</b>		

##### Adult Social Care

Residential and Supported Living	11,129	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.	225	0	225	Step down from residential care to supported living, rightsizing of packages to promote independence, reduction in core costs to mitigate over provision and recovery of non delivery, collaborative opportunities for income generation, use of Shared Lives provision, review of commissioning strategy and charging framework.  This is in addition to previous savings not yet delivered due to COVID pressures. Thus overall efficiency required is greater by the service and will need to be performance managed.	Whilst we are making progress in the right sizing of individual packages and in developing alternatives to residential care. This is mitigated by an increase in demand and complexity in those with a learning disability or mental health issue. There is a lack of accommodation, respite and day provision for those with complex needs and behaviours that challenge. A particular pressure is accommodation solutions for those young people in transition. We are working with colleagues in housing and commissioning to develop more in house provision and have an infrastructure to performance manage this, which will positively impact on the budget. In the meantime, we have no options but to commission with high cost independent providers and the current budget allocation does not reflect this demand.
Direct Payments	4,720	Direct Payments allow service users to receive cash payments from the local authority instead of care services. This can allow the service user more flexibility and control of their support package.	70	0	70	Additional income following new CHC guidance April 2022, better utilise half hour support slots, develop pooled direct payment groups.	Financial pressures from previous years remain.
<b>Total Adult Social Care</b>			<b>295</b>	<b>0</b>	<b>295</b>		

##### Other

Management and back office review	800	Management and support functions for Communities Department	150	0	150	Management and back office review	Implementation of 2024/25 efficiency in progress but not expected to be realised this financial year
<b>Total Other</b>			<b>150</b>	<b>0</b>	<b>150</b>		

#### Communities Total

**495      0      495**

### Policy - Off Target

NOTHING TO REPORT



DEPARTMENT	2022/23 Budget	FACT FILE	2023/24 Proposed	2023/24 Delivered	2023/24 Variance	EFFICIENCY DESCRIPTION
	£'000		£'000	£'000	£'000	

### Managerial - On Target

#### Communities

##### Integrated Services

Domiciliary Care	17,288	<p>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.</p> <ul style="list-style-type: none"> <li>- Around 250 individuals receive care from two carers (known as "double handed" care).</li> <li>- Approx. 170 individuals receive a large package of care involving 4 calls per day.</li> <li>- 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.</li> <li>- 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.</li> <li>- 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.</li> <li>- 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.</li> </ul>	600	600	0	Through robust and regular review of home based packages including review of double staffed packages and implementation of the releasing time to care methodology, we will reduce the number of care hours required. Calculations are based on a reduction of 610 care hours per week per year at a cost of £25 per hour minus an investment of £150K investment in the review team to provide us with additional capacity to conduct reviews. Removal of night service in Extra Care.
Extra Care	857	<p>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).</p>	50	50	0	Review of existing Policy for Extra Care Lettings with a view to increasing Cat A flats, and consequently reducing spend on residential care. Less provision on site of Domiciliary Care .
Cwm Aur	353	<p>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).</p>	200	200	0	Decommissioning the current Block contract model of Care in Cwm Aur with a view to repurposing accommodation to be let as standard tenancies. The Care provision will be commissioned in from the community Domiciliary Care providers. This will affect 9 Service users who receive care from the current provider.
<b>Total Integrated Services</b>			<b>850</b>	<b>850</b>	<b>0</b>	

##### Adult Social Care

Shared Lives	8,371	Shared Lives provides placements for individuals with Learning Disabilities or Mental Health issues with families that have been approved as Shared Lives Carers.	55	55	0	Reduce offer by providing more efficient alternatives via core services.
Day Services	3,776	As part of the transformation of Learning Disability day service provision, the buildings will provide for those with most complex needs, this will also reduce the reliance on external providers for those with complex needs as more individuals with complex needs are supported by the in-house day service provision.	245	245	0	Fewer buildings will be required as we propose two merge two buildings to create a new skills hub, focusing on training, volunteering ,and employment. We also propose to merge one centre into another to maximise use of resources. This will be a more cost effective strategy for the division, but will also maximise the potential, and improve outcomes for those who use our services.
<b>Total Adult Social Care</b>			<b>300</b>	<b>300</b>	<b>0</b>	

##### Homes and Safer Communities

Day Services - Older People	1,133	Day care for adults typically involves planned activities and support with important aspects of social, health, nutrition and daily living. These support services are typically run by social care professionals and volunteers and are often in non-residential, group settings. Day care enables adults who have care needs, and/or who are at risk of social isolation, to engage in social and organised activities, as well as providing a regular break to carers.	100	100	0	Provision of catering at Garnant Day Centre from centralised catering.
<b>Total Homes and Safer Communities</b>			<b>100</b>	<b>100</b>	<b>0</b>	

DEPARTMENT	2022/23 Budget	FACT FILE	2023/24 Proposed	2023/24 Delivered	2023/24 Variance	EFFICIENCY DESCRIPTION
	£'000		£'000	£'000	£'000	
<b>Business Support and Commissioning</b>						
Business Support	1,000	The Business Support Division is made up of 130 staff, there are 8 core functions which are critical to supporting the Department for Communities: Collections, Payments, Financial Assessments, Audit & Compliance, Blue Badge, Transport, Buildings & Emergency Planning and Divisional Business Support	40	40	0	Restructure to reduce staffing levels and greater efficiencies in procurement.
Transport	1,605	The service provides transport support for Social Care.	125	125	0	Reduction of fleet, based on demand and efficiencies.
<b>Total Business Support and Commissioning</b>			<b>165</b>	<b>165</b>	<b>0</b>	
<b>Other</b>						
Regional	170	The Regional Collaboration Unit provides support to the West Wales Care Partnership. Funded mainly through Welsh Government Grants, each local authority also makes a contribution to the funding.	17	17	0	Anticipate regional agreement to reduce local authority contribution by 10%
<b>Total Other</b>			<b>17</b>	<b>17</b>	<b>0</b>	
<b>Communities Total</b>			<b>1,432</b>	<b>1,432</b>	<b>0</b>	

**Policy - On Target**

**NOTHING TO REPORT**

**Savings Monitoring Report - 2022/23 brought forward**  
**Health & Social Services Scrutiny Committee**  
**2nd May 2024**

1 Summary position as at : 29th February 2024

£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	115	0	115
	<b>265</b>	<b>0</b>	<b>265</b>

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	115	0	115	0	0	0
	<b>265</b>	<b>0</b>	<b>265</b>	<b>0</b>	<b>0</b>	<b>0</b>

3 Appendix F (iv): Savings proposals not delivered in 2022/23

DEPARTMENT	2021/22 Budget	FACT FILE	2022/23 Not achieved	2022/23 Delivered in 2023/24	2023/24 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
<b>Total Children's Services</b>			<b>150</b>	<b>0</b>	<b>150</b>		

**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.	115	0	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	Whilst we are making progress in the right sizing of individual packages and in developing alternatives to residential care. This is mitigated by an increase in demand and complexity in those with a learning disability or mental health issue. There is a lack of accommodation, respite and day provision for those with complex needs and behaviours that challenge. A particular pressure is accommodation solutions for those young people in transition. We are working with colleagues in housing and commissioning to develop more in house provision and have an infrastructure to performance manage this, which will positively impact on the budget. In the meantime, we have no options but to commission with high cost independent providers and the current budget allocation does not reflect this demand.
<b>Total Adult Social Care</b>			<b>115</b>	<b>0</b>	<b>115</b>		

**Communities Total****115      0      115****Policy - Off Target**

NOTHING TO REPORT

**HEALTH & SOCIAL SERVICES**

**SCRUTINY COMMITTEE**

**2<sup>ND</sup> MAY 2024**

**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><b>Directorate</b> Communities <b>Name of Head of Service:</b> Joanna Jones &amp; Chris Harrison <b>Report Author:</b> Joanna Jones Chris Harrison</p>	<p><b>Designations:</b> Head of Integrated Services &amp; Head of Strategic Joint Commissioning</p>	<p><b>Tel Nos.</b> 01267 228900 <b>E Mail Addresses:</b> <a href="mailto:jjones@carmarthenshire.gov.uk">jjones@carmarthenshire.gov.uk</a> <a href="mailto:chris.harrison@pembrokeshire.gov.uk">chris.harrison@pembrokeshire.gov.uk</a></p>
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# EXECUTIVE SUMMARY

## DOMICILIARY CARE STRATEGY UPDATE

### 1. BRIEF SUMMARY OF PURPOSE OF REPORT:

At its meeting on 24<sup>th</sup> 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 17<sup>th</sup> April 2023. This is the fourth 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:                    **Joanna Jones**                    **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
<b>NONE</b>	<b>YES</b>	<b>NONE</b>	<b>NONE</b>	<b>YES</b>	<b>NONE</b>	<b>NONE</b>

## 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
<b>Domiciliary Care Strategy Update</b>		<a href="#">Report.pdf (gov.wales)</a>
<b>Domiciliary Care Performance Update</b>		<a href="#">Report.pdf (gov.wales)</a>

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## Domiciliary Care Performance Update - Q3 & Q4 23/24

### Introduction

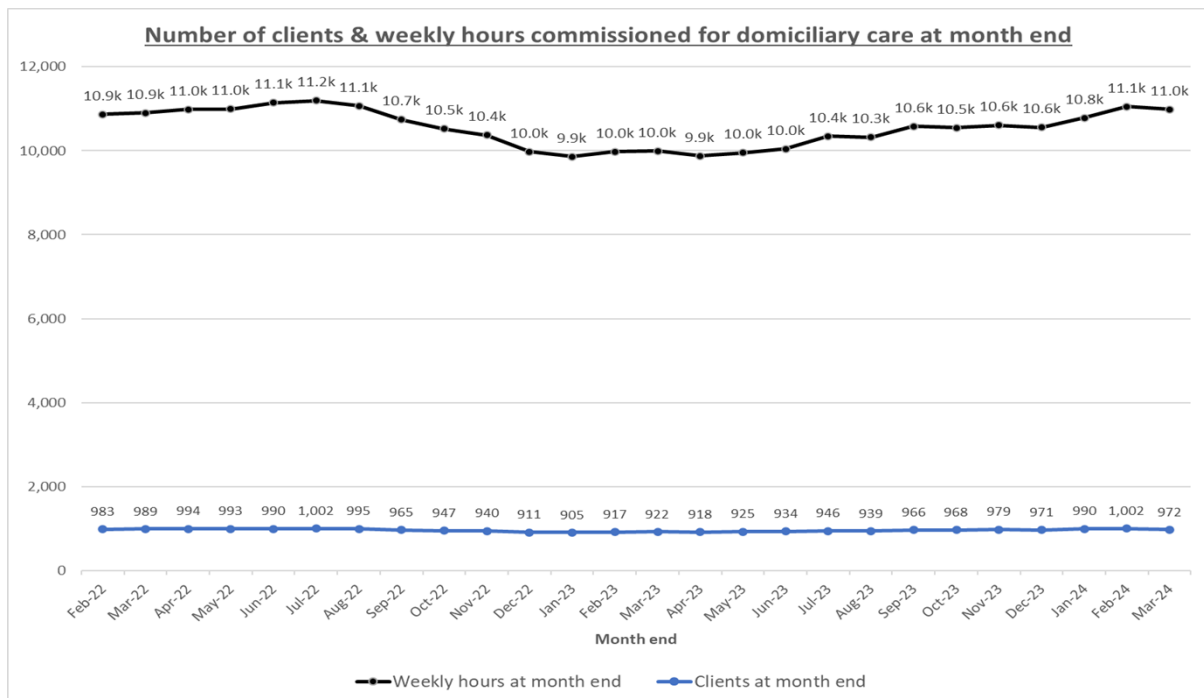
At its meeting on 24<sup>th</sup> January 2023, the Committee considered the current position in relation to domiciliary care in the county and the ongoing challenges that the Council (similarly to all Local Authorities across both Wales and the UK) is facing with having sufficient capacity to meet demand. This is linked to the significant workforce challenges that the sector 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 last update was provided to the Committee on the 28<sup>th</sup> November 2023, this is the fourth update on the Metrics that will be provided on data up to the middle of March 2023.

It is important to highlight that we have seen an improvement across the board in terms of all 4 key metrics referenced below, particularly since August 2023. This can be aligned to the relaunch of the Domiciliary Care Framework and the addition of 4 new care providers that has built further capacity into the sector.

Consequently, we have seen an overall growth in the number of hours commissioned for domiciliary care and a reduction in hours & people waiting across community & hospital sites which is very positive.

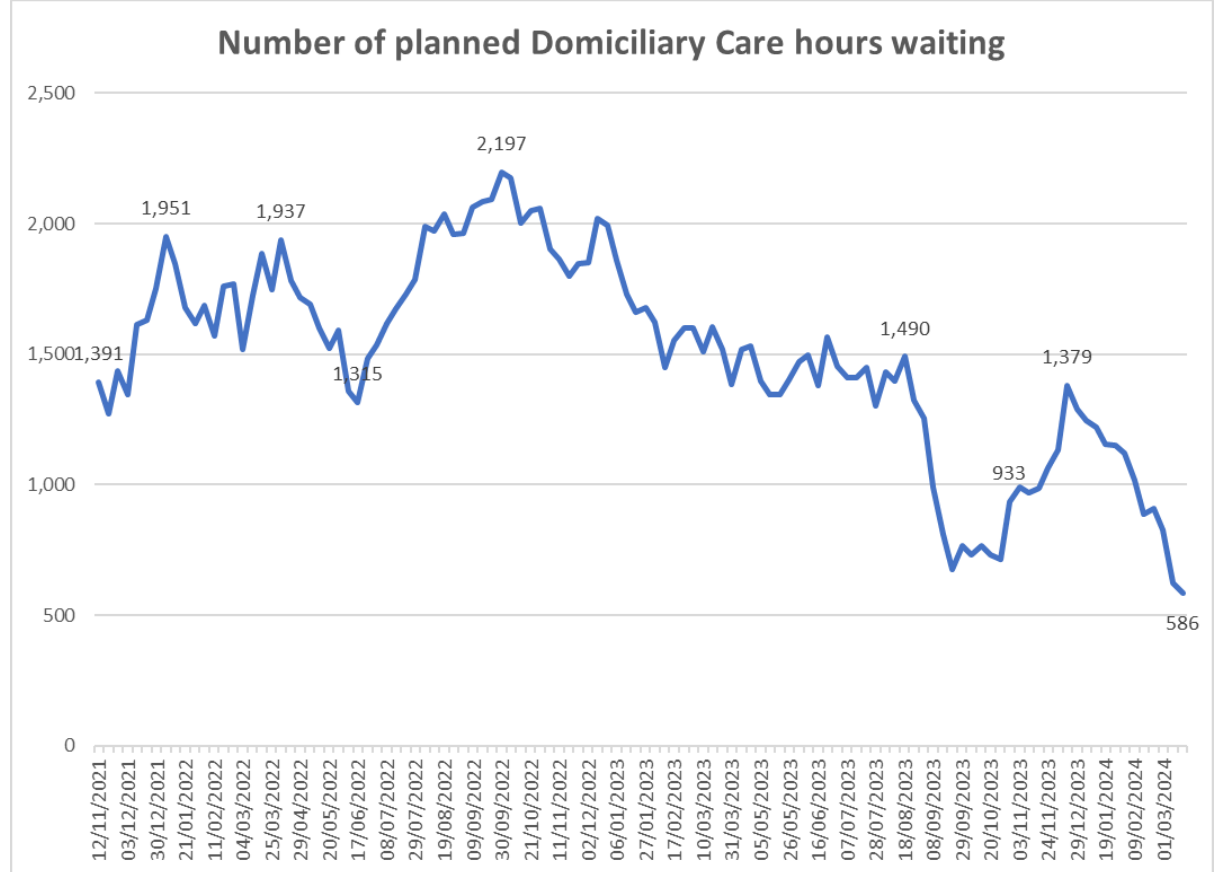
### Number of hours commissioned for domiciliary care



Commissioned hours were at their peak in June 2022, and then sharply declined due to the ongoing workforce shortages in the sector. The graph above clearly indicated a trend between February 2022 and November 2022 of a continued decline in the number of hours commissioned, this was due to ongoing workforce shortages in the sector. We saw a levelling off between November 2022 and June 2023 with hours remaining around 9.9k to 10k which indicates a period of recovery was undergone.

The data since June 2023 indicates a positive picture in a gradual increase in the number of hours commissioned and would suggest that the Domiciliary Care framework re-launch and the additional provider capacity this has brought in as a result, is having an impact. The above graph demonstrates that Q4 23/24 has seen a return to a similar level of commissioned hours as was seen in June 22. Whilst the overall picture is positive, we continue to face ongoing recruitment and retention challenges within the sector.

**Number of hours waiting for domiciliary care**



Due to ongoing recruitment and retention issues, demand for domiciliary care continues to exceed supply. There is, however, an improving picture in terms of the re-launch of the Domiciliary Care framework and with the introduction of the Community Assessment Service which provides a domiciliary care assessment & rightsizing service for those individuals who are likely to have some form of long term care needs.

Whilst there has been a significant decline in those waiting for domiciliary care since August 2023, September 23 to December 23 saw a significant increase in the

number of people/hours waiting for domiciliary care. This correlates to a very difficult and challenging winter. Data demonstrates that we are seeing a gradual decline in hours waiting since January 24. This trend can be seen reflected in the same period last year.

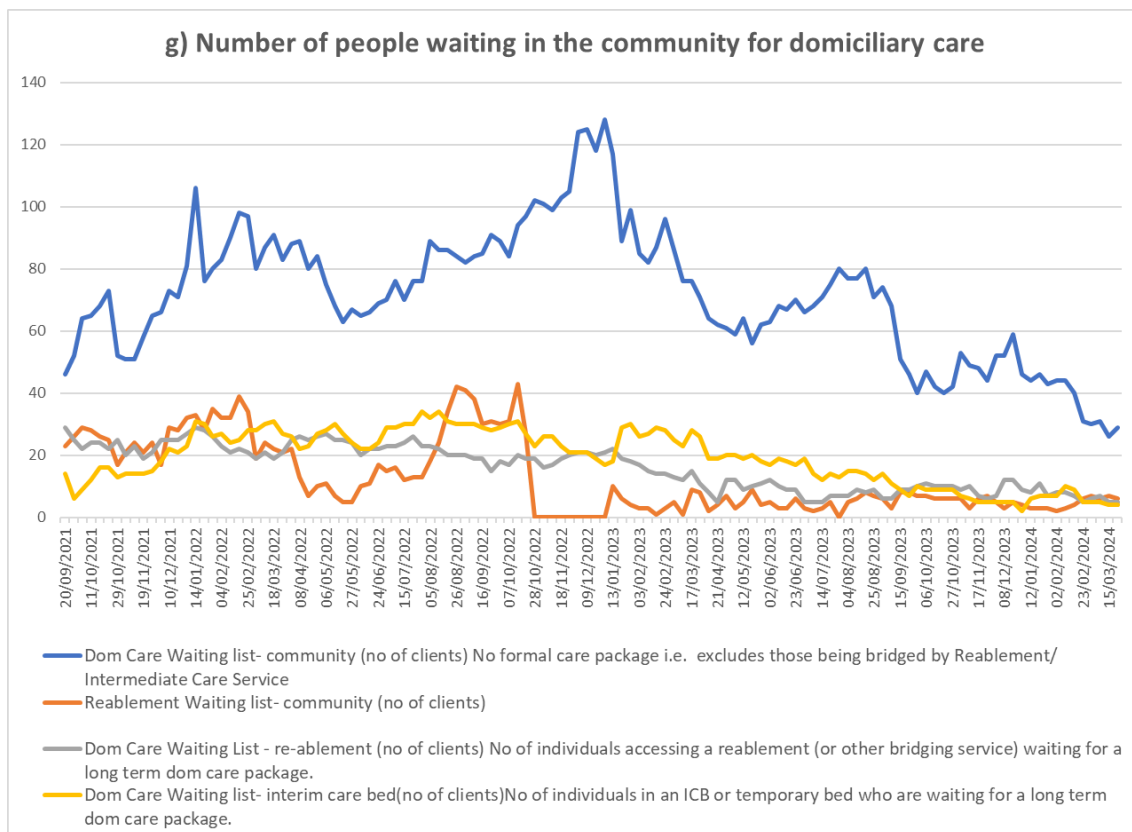
The above would suggest that the Home First approach that is being progressed and utilisation of Intermediate Care services in the Community are decreasing overall demand going through commissioned care overall, but winter (particularly September to December months) continue to bring unprecedented demand that is making it a challenging position to manage with the increasing pressure on the system.

At the last update, we noted a significant decrease in the numbers waiting for social work assessments following the launch of the Home First pilot in March 2023. This trend has continued since with a sustained reduction in the number waiting for social work assessments. This pilot demonstrated overall that there has been a 50% reduction in the number of assessments waiting and the numbers of referrals being passed through to long term social work teams. The impact of the pilot has informed a realignment of social work in Carmarthenshire with the development of an Intake and Assessment model that went live on the 6<sup>th</sup> November. Our waiting lists for assessment are now at the level they were at in July 2022 and improving month on month, which provides assurance that there is not hidden demand within those waiting for assessment.

We continue to make 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.

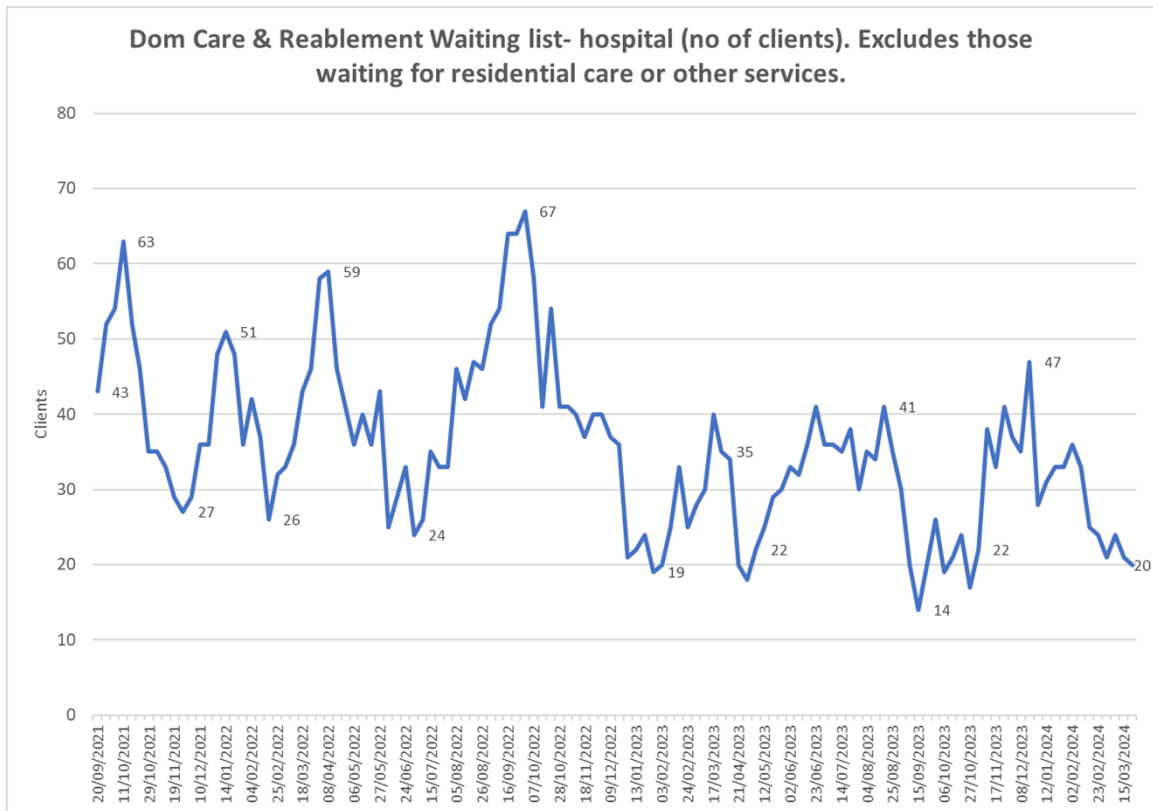
## **Number of people waiting in the community for domiciliary care**



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 more resilient in terms of staffing capacity. Those waiting in interim beds has stayed fairly consistent but is also showing a reducing trend overall. 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.

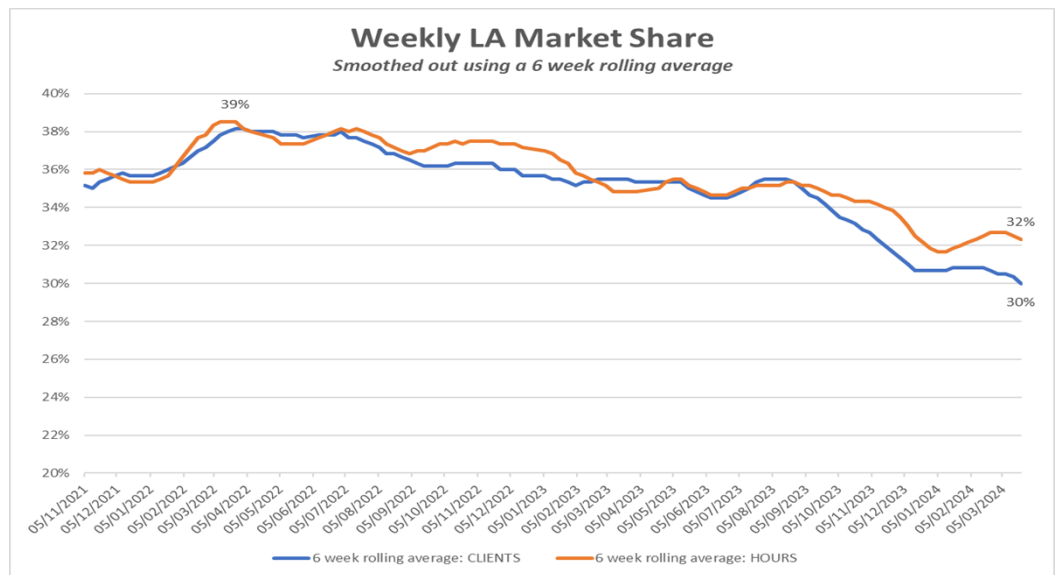
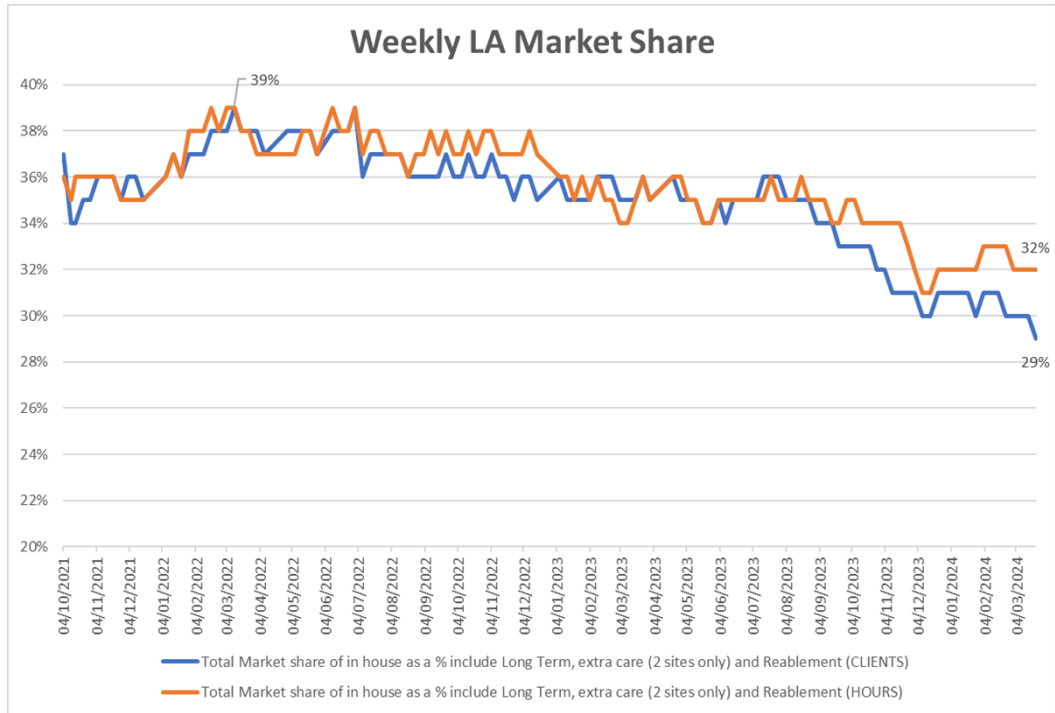
## Number of people waiting in hospital for domiciliary care



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 August 2023, 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 overall reduced. Whilst this did rise over the Christmas period, this was followed by a continued decline from January 24 onwards.

Numbers waiting for domiciliary care in hospital between Q1 23/24 (April – June) and Q2 (July – September) have halved which provides further evidence that our Home First approach is having the positive impact in that more people are being discharged for assessment via preventative Intermediate Care services rather than waiting for assessment & commissioning of long term care in hospital. Whilst we saw a deterioration during December, this trajectory has continued post Christmas into Q4 23/24.

## Domiciliary Care - In House vs External Providers



The impact of the pandemic has taken its toll on our home care workforce, and this undoubtedly has been our greatest challenge over the last year. We have continued to have trouble recruiting Homecare staff. Within this context, our Homecare Team have shown great resilience in continuing to provide care in people's homes. However, following a robust and sustained recruitment programme, January 2024 has seen an increase in the number of applications for Homecare Posts, a trend which has continued throughout Q4 23/24. We are also seeing an increase in the number of overseas workers applying for posts via sponsorship, which we have

not been able to support. Conversion rates from application to appointment remain lower than we would have hoped for.

Routinely, the in-house home care service provides approximately 37% of the overall domiciliary care market in Carmarthenshire, but you will note in the graphs that this has dipped slightly in recent months. The service is focussing on strategies that promote expansion, but the recruitment and retention challenges has impacted on this objective. We are revisiting the structure, patterns of service delivery and employing a robust approach to sickness management to enhance our capacity and share of the market. Our aspiration going forward, is to grow the in-house service to provide 50% of the market longer term which will include supporting those with more complex needs. This strategy will ensure that we are able to have greater resilience within the domiciliary care market.

We have successfully established a triage arrangement for intermediate care with health colleagues and this is already having an impact on hospital flow and reducing waiting lists. We have also progressed an aggressive recruitment campaign, streamlined our recruitment processes, introduced additional capacity to support recruitment and improved the grading structure for home care staff, which now means that our rate of pay is amongst the best in Wales. Key to developing our in-house service is to also increase productivity so that it is more cost effective and work is underway to address this.

## Mitigating the risk in the System

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 whilst providing less intrusive care and promoting independence of those already in receipt of care. Recruitment has commenced to introduce additional therapists into this team.

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. This systematic review of long stay patients has significantly reduced those with a length of stay of over 100 days which will have a positive impact on social care commissioning.

We also offer Delta CONNECT and direct payments to both the person needing the care and also to the carer who is providing the care to support individuals, with their own needs, whilst they are caring for someone waiting for care.

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.

## Financial Implications of Current Position

The growth in the number of hours commissioned for domiciliary care is approximately 11% for 2023-2024. The annual cost of this is approximately £1.7m. This is partially offset by the reduction in hours delivered by our inhouse service. There is a projected underspend in the inhouse service of £42k (as at December 2023 budget monitoring) due to staff recruitment issues.

Overall, the growth in hours delivered for 2023-2024 is 8%. The corporate budget setting process allocated demographic growth for this area of 0.381%



**HEALTH & SOCIAL SERVICES**

**SCRUTINY COMMITTEE**

**2<sup>nd</sup> May 2024**

**Health & Social Services Scrutiny Committee**

**Task & Finish Group 2023/24**

**“An Active and Healthy Start”**

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

- To endorse the report and recommendations for further consideration by Cabinet.

**Reasons:**

- At its meeting on 5<sup>th</sup> July 2023, the Health & Social Services Scrutiny Committee agreed to establish a task and finish group to develop an action plan to help reduce the incidence of childhood obesity in Carmarthenshire – ‘An Active & Healthy Start’.
- The recommendations contained within the report have been formulated by the Group following the consideration of a range of evidence over a series of meetings held between September 2023 and March 2024.

**To be referred to the Cabinet for decision: YES**

**CABINET MEMBER PORTFOLIO HOLDER:**

**Cllr. J. Tremlett, Health & Social Services**

<p><b>Directorate</b> Communities</p> <p><b>Name of Head of Service:</b> Ian Jones</p> <p><b>Chair of the Task &amp; Finish Group:</b> Cllr Gareth John</p> <p><b>Report Co-ordinator:</b> Emma Bryer</p>	<p><b>Designations:</b></p> <p>Head of Leisure</p> <p><b>Chair of the Health &amp; Social Services Scrutiny Committee</b></p> <p>Democratic Services Officer</p>	<p><b>Tel Nos. / E Mail Addresses:</b></p> <p>01267 224010 <a href="mailto:lrjones@carmarthenshire.gov.uk">lrjones@carmarthenshire.gov.uk</a></p> <p>01267 224029 <a href="mailto:ebryer@carmarthenshire.gov.uk">ebryer@carmarthenshire.gov.uk</a></p>
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**HEALTH & SOCIAL SERVICES**  
**SCRUTINY COMMITTEE**  
**2nd May 2024**

**Health & Social Services Scrutiny Committee**  
**Task & Finish Group 2023/24**  
**‘An Active and Healthy Start’**

**Review Background**

At its meeting on 5<sup>th</sup> July 2023, the Health & Social Services Scrutiny Committee agreed to establish a task and finish group to develop an action plan to help reduce the incidence of childhood obesity in Carmarthenshire – ‘An Active & Healthy Start’. This was in response to the alarming data which indicated that Carmarthenshire has the highest levels of overweight children in Wales.

Obesity is one of the greatest public health challenges of modern times. It leads to many adverse health conditions including; type 2 diabetes, cardiovascular disease, liver and respiratory disease, an increased incidence of cancer, and can affect mental health and wellbeing. Obesity is a growing problem with 27% of children living in Wales, aged 4-5 years, overweight or obese (Public Health Wales, 2022). Carmarthenshire has the highest proportion of overweight or obese children aged 4 – 5 years in Wales. Around 55% of obese children go on to be obese in adolescence, around 80% of obese adolescents will still be obese in adulthood. Prevention is better than cure, and early intervention is key - it is 4 times harder to change behaviours in year 4 than aged 4.

This is a complex subject matter requiring a holistic approach and multi-agency alignment with current and emerging strategies such as a new prevention strategy that is currently in an early stage of development.

The report highlights how essential it is that knowledge, expertise, and resources are shared, maximised and sustained across the public, private and voluntary sectors to try and address these challenges.

The report is set within the context of no additional core funding resource being or becoming available for the foreseeable future, and is underpinned by the following key principles:

- Prevention
- Collaboration
- Person-centered focus
- Addressing inequality

**Recommendations**

The report concludes with **7 key recommendations** for members to consider:

### **Recommendation 1**

Focus area: Review stakeholder governance.

KEY ACTION – Improve collaboration to make best use of resources.

Sub-Action 1: Update stakeholder mapping for all childhood obesity work across Carmarthenshire

Sub-Action 2: Review and monitor actions from this report via Carmarthenshire Prevention Board, which in turn can report through to Healthier Carmarthenshire Board and Public Service Board (PSB)

Sub-Action 3: Align this plan with emerging Local Food Strategy and Health sector Prevention strategy.

### **Recommendation 2**

Focus area: Pre-School, play, and physical literacy provision.

KEY ACTION – Collaborate across sectors to maximise benefit from existing programmes, networks, and opportunities for pre-school groups.

Sub-Action 4: Ensure a pre-natal to pre-primary working forum exists (linking via Carmarthenshire Prevention Group) to suitably cover this agenda, with all relevant partners present, and connections out to groups and organisations who operate within this space.

Sub-Action 5: Collaborate to review key information and opportunities, and to ensure effective communication through all relevant streams, e.g. GP Surgeries, Leisure Centres, Hospitals, Midwives, Health Visitors, Family Centres, Community Centres, etc.

Sub-Action 6: Agree a menu of physical activity/development-related training and support with minimum expected standards, from which all pre-school settings would be required to undertake and/or adopt from a set minimum.

### **Recommendation 3**

Focus Area: Primary School provision.

KEY ACTION: Ensuring a consistent offer across all Carmarthenshire schools. All schools to provide 2 hours of high-quality Physical Education per week, supplemented by a thriving extra-curricular activity programme.

Sub-Action 7: All schools to complete the Sport Wales School Sport Survey and the Primary Well-being Surveys and use their school action plans, as a minimum – to address areas of concern and support curriculum design.

Sub-Action 8: Education and Leisure to agree a menu of physical activity / development related training with minimum expected standards e.g. Physical literacy, SKIP, Actif Story Time, Toddlebikes.

Sub-Action 9: All schools to ensure they provide a year-round, inclusive extracurricular programme that is accessible to every pupil and made up of i) physical activity sessions and ii) festivals / competitions, linking with the Carmarthenshire Sport Network / Actif.

Sub-Action 10: Actif to ensure a connection between all primary schools and the local voluntary sports clubs in their area, through the online Sports Directory, Activity Finder, website, and/or transition sessions.

Sub-Action 11: Actif Sport & Leisure to develop and offer an endorsed staffing solution for schools that wish to buy in PE and/or extra-curricular sport deliverers, including PPA cover.

Sub-Action 12: All schools to subscribe to 'Actif Anywhere for Schools' – CCC's online Resource, OnDemand and Livestreaming platform for physical activity for schools.

Sub-Action 13: All schools to engage with the Bronze Young Ambassador Programmes to

ensure additional opportunities exist for children to be active.

Sub-Action 14: All schools to engage with the School Health Research Network and allow Key Stage 2 pupils to complete the Well-being Surveys. Schools to analyse data focussing on Eating and Activity habits and act where necessary. Link findings with those from the School Sports Survey (see Action 1).

#### **Recommendation 4**

Focus Area - School Swimming and Community Sport

KEY ACTION: Confirm the authority's commitment to ensure that every child in Carmarthenshire is to be able to swim 25m by the time they leave primary school and reduce/remove the cost of school swimming to schools.

Sub-Action 15: Endorse the Council commitment 'to ensure every child in Carmarthenshire is able to swim 25m by the time they leave primary school.'

Sub-Action (Option) 16a: Top slice cost of school swimming from delegated schools' budgets, whilst exploring alternative transport solutions e.g. Sourcing a fleet of electric minibuses for secondary schools (and use by catchment primaries / communities), with trained staff / volunteer drivers to reduce costs (example of Dolen Teifi Community transport bus being used by some Llanelli Schools at a fraction of normal bus hire costs). Transport solution also applicable to option 2b below.

Sub-Action (Option) 16b: Remove the cost per pupil (£2.80 per swim session) to schools. Whilst this would create a financial burden to the Council (on Actif Sport & Leisure budget), implementation of Actions 5 and 6 of Recommendation 2 would go some way towards reducing the overall burden.

Sub-Action 17: Endorse the 3-week 'intensive course of swim lessons' due to it being an evidence-based means of effectively teaching children to swim. Modify the programme to 12 days (from 15) to reduce other impacts of schools and to release 3 days of pool programming to income generate and further offset financial burden of Action 2.

Sub-Action 18: Endorse the Actif Communities Team as a key council function that supports the sport and physical activity network for young people, including pre-school, school, and community. Seek solutions to mitigate the risk to annual external grant funding that currently underpins this work, recognising the social value return on investment being far more than investment required.

Sub-Action 19: Ensure diversification of the physical activity offer, e.g. family entertainment arena at the new 'Carmarthen Health & Wellbeing HWB' and connection to HWB offer countywide, to maximise promotion and uptake.

#### **Recommendation 5**

Focus Area: Healthy Eating Production, Provision and Promotion

KEY ACTION: Aligning and integrating actions with the Local Food Strategy and the Food Systems Development Project

Sub-Action 20: Promote county-wide "One Health, One Food System" activity in this area including the development of food knowledge, skills and nutritional literacy for targeted groups, prioritising pregnancy, and early years. Support and deliver food educational programmes and initiatives in schools by adopting a whole school approach in collaboration with stakeholders already identified and operating in the food system.

Sub-Action 21: Research the feasibility of 'Social Prescription of Healthy Food Provision' including but not exclusively the expansion and integration of a 'Healthy Start Voucher +' for key areas with direct access to fruit and veg shops/markets/community pantries/county-wide box schemes. Supporting the work of the Food Systems Development Project to establish a subsidised Carmarthenshire Veg-Box Scheme to be distributed through Community Food Initiatives across county.

Sub-Action 22: Create and promote a standardised Menu Development guidance document for Early Years settings and encourage the localised supply chains where access is given to Nutrient Dense Food. Including Breakfast Clubs with Healthy Eating Guidance/Menu Options.

Sub-Action 23: Support the definition, review, and phased removal of all 'ultra-processed' ingredients from all Public Sector menus across Hospitals, Care Homes, School Meals, Leisure Facilities (linking with new Healthier choices Food & Beverage strategy for leisure facilities) and supported Early Years settings.

Sub-Action 24: Review the existing food advertising environment under our direct control and Regulate (where possible) the promotion of 'Un-Healthy' Foods in and around school/early years settings.

Sub-Action 25: Scale-up successful delivery models already operating such as the Cwm Gwendraeth Model (see Appendix A pilot) to all of Carmarthenshire with additional engagement and delivery support from PSB partners and the local food partnership.

Sub-Action 26: Promote the 'Future Generations Menu' (when available) and the VegPower 'Eat them to Defeat Them' Campaign in all CCC settings, including resource links for school settings.

Sub-Action 27: Capture county-wide baseline data on School Food Waste, both 'avoidable' (plate) and 'un-avoidable' (kitchen). All schools to comply with the current Healthy Eating in Maintained Schools (Wales, June 2014) and Healthy Eating in Schools (Wales) Measure, 2009 & the regulations made under it. Collaborative working in relation to ensuring compliance.

### **Recommendation 6**

Focus Area: Addressing inequalities via Pentre Awel development.

KEY ACTION: Collaborate with local community and to address health inequalities in the locality using the Pentre Awel development as the catalyst for change.

Sub-Action 28: Ensure clarity and connection of work building on existing work and partnerships in and around Pentre Awel (linking with LHB endorsed social model for health & well-being targeting and transforming Ty-lsha ward) to maximise partnerships and programmes of intervention for the benefit of the population, e.g. £147k Shared Prosperity Fund project, and building on the success of the recent 'Beat the Street' initiative.

Sub-Action 29: Engage with local community to help to design physical activity spaces and programmes on and off-site, and to expose them to the current and future volunteering and employment opportunities in physical activity-related roles.

Sub-Action 30: Scope and enhance the physical activity opportunities for families and young people in and around Pentre Awel.

Sub-Action 31: link across with work on Food strategy and initiatives to support healthier eating in locality.

Sub-Action 32: Link with County Council Housing team to consider discounted health and fitness memberships for tenants as part of their agreement.

### **Recommendation 7**

Focus Area: Ensuring a 'fit for the future' infrastructure to enable children and families to be active.

KEY ACTION: Ensure a thorough understanding of the current sport and physical activity infrastructure, informing planned and potential developments with funding routes in place or identified.

Sub-Action 33: All schools to ensure that their environment promotes and encourages Physical Activity / Physical Learning.

Sub-Action 34: Ensure all Council leisure facilities feature inspirational spaces for children,

including facilities at Pentre Awel and the proposed Health & Wellbeing HWB in Carmarthen. Their use to be reviewed and enhanced to maximise positive impact on children.

Sub-Action 35: Robust spatial assessments to be in place that inform the Council, and other associated agencies, of the needs and wants of the county. Assessments to be utilised to plan and create a rich landscape of accessible activity spaces and facilities.

Sub-Action 36: Adopt a long-term strategy regarding all weather pitches that considers the role they can play in increasing capacity, consistency, and positivity of experience balanced with the grass pitch landscape, environmental sustainability, and the financial viability in the short and long term.

Sub-Action 37: Using the Council's innovative 'Focus Sport' approach (used for Cycling previously), review infrastructure development of focus and priority sports to date, using achievements and learning to create and deliver a forward plan of infrastructure development for the next 3-year cycle.

<b>DETAILED REPORT ATTACHED ?</b>	<b>YES</b>
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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: Linda Rees-Jones                      Head of Administration & Law

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

**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**

YES

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

**THESE ARE DETAILED BELOW**

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Task & Finish Scope Document.		<a href="#">Agenda for Health &amp; Social Services Scrutiny Committee on Wednesday, 5th July, 2023, 10.00 am (gov.wales)</a>



# Health & Social Services Scrutiny Committee

## Task & Finish Review

An Active & Healthy Start

[carmarthenshire.gov.uk](http://carmarthenshire.gov.uk)

Cyngor **Sir Gâr**  
**Carmarthenshire**  
County Council



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## 1 Members of the Task & Finish Group



**Cllr. Gareth John  
(Chair)**  
Carmarthen Town  
North and South



**Cllr. Michelle Donoghue**  
Bynea  
Labour



**Cllr. Rob Evans**  
Dafen & Felinfoel  
Labour  
(left 08/11/23)



**Cllr. Meinir James**  
Llangydeyrn  
Plaid Cymru



**Cllr. John Jenkins**  
Elli  
Unaffiliated  
(resigned 18/01/24)



**Cllr. Hefin Jones**  
Llanfihangel  
Plaid Cymru



**Cllr. Louvain Roberts**  
Glanymor  
Independent

## 2 Chair's Foreword



We undertook this Task & Finish Group research in response to the publication of alarming data which indicated that Carmarthenshire has the highest levels of overweight children in Wales with 31.4% of aged 4-5 years being overweight or obese.


Obesity is one of the greatest public health challenges of modern times. It leads to many adverse health conditions including; type 2 diabetes, cardiovascular disease, liver and respiratory disease, an increased incidence of cancer, and can affect mental health and wellbeing.

Obesity is a growing problem with 27% of children living in Wales, aged 4-5 years, overweight or obese (Public Health Wales (PHW),2022). Carmarthenshire has the highest proportion of overweight or obese children aged 4 – 5 years in Wales. Around 55% of obese children go on to be obese in adolescence, around 80% of obese adolescents will still be obese in adulthood and around 70% will be obese over age 30 (Simmonds et al, 2016). At 29.2%, Hywel Dda UHB has the highest proportion of overweight and obese children aged 4—5 years in Wales, with Carmarthenshire the highest of its three counties (31.4%).

*(Ref: Child Measurement Programme for Wales 2021/22, Public Health Wales)*

The figures are stark with the implications of such a high proportion of our population being over-weight is huge. Unhealthy lifestyle choices and behaviours significantly increase the possibility of developing chronic diseases and a major cause of preventable diseases and early death. Public Health Wales estimate that obesity alone directly costs the Welsh NHS £73 million a year, increasing to £86 million when including overweight. It is estimated that UK wide diabetes costs some £14 billion.

### Obesity



Across Wales, excess weight and obesity is becoming more common and poor unhealthy lifestyle behaviour and habits are certainly a factor, with the prevalence of obesity continuing to climb. At the same time our collective ability to recognise what being a healthy weight looks like is reducing, raising significant public health concern as carrying excess weight can have significant implications for an individual's physical and mental health.

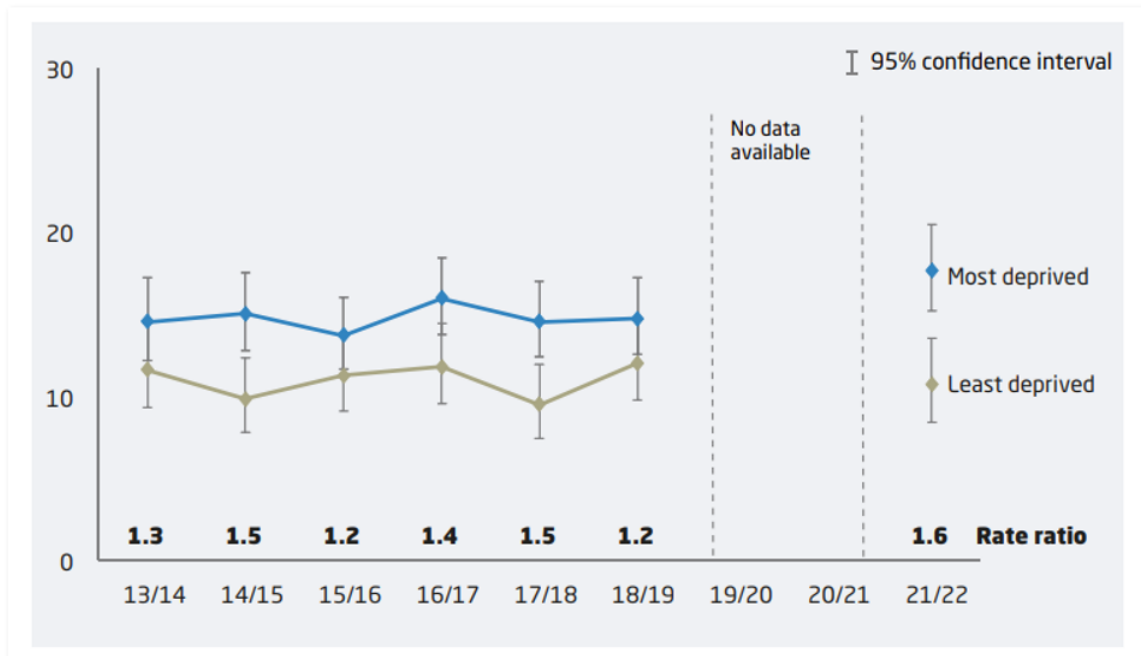


Being overweight or obese increases the risk of a wide range of chronic diseases, principally:

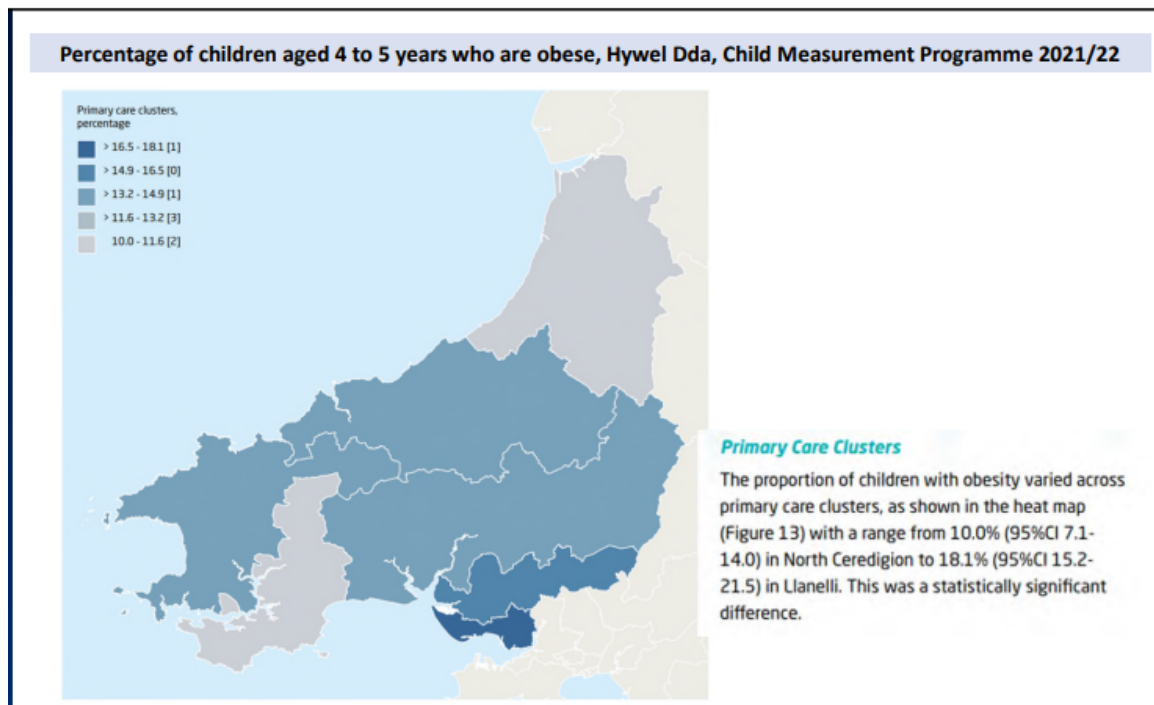
- Type 2 diabetes
- Hypertension
- Cardiovascular disease including stroke
- Cancer

We are also aware that social- economic status and deprivation has a bearing, further widening health inequality within the County and across the region.

**Percentage of children aged 4 to 5 years who are obese, Child Measurement Programme, Hywel Dda UHB by most and least deprivation fifth, 2013/14 - 2021/22**



The proportions of children with obesity in the most deprived Welsh Index of Multiple Deprivation quintile were higher compared to the proportion in the least deprived quintile across all six LHBs. This difference was statistically significant in four of the LHB regions.



The determinants affecting one's health are obviously numerous and complex however all agree that prevention is better than cure and that early and positive interventions around diet, movement and social networks play a key part.

A healthy balanced diet is clearly critical in addressing this challenge with the group being briefed on the development of Carmarthenshire's Local Food Strategy and the work being undertaken towards an integrated local food system.

The scale of the challenge is highlighted within the 2023 research data for pre-schools in Carmarthen indicating that 87% of the children are below average or poor in their motor competencies (running, jumping, throwing, catching, balance etc) as measured by a validated motor assessment tool – which predicts high inactivity levels and risk of a poor health trajectory in adulthood.

Likewise, less than half of the 73 schools surveyed comply with the recommended 2 hours of minimum time for physical education with 23 offering 60 minutes or less. On a similar theme school swimming attendees have almost halved over the decade (79.5% of pupils to 34.8%).

On a positive the group have been impressed by the number of projects and initiatives already being undertaken locally to address matters and feel it imperative that they continue ([Appendix A refers](#)).

The report highlights how essential it is that knowledge, expertise, and resources are shared, maximised and sustained across the public, private and voluntary sectors to try and address these challenges.

This is a complex subject and requires an holistic approach with strategic and operational multi-agency alignment of current and emerging strategies such as the new prevention strategy that is currently at an early stage of development, the Maternity and Early Years Strategy for West Wales and Local Food Strategy.

Underpinning the work and recommendations of this group are the principles set out in the [Well-being of Future Generations Act \(2015\)](#), and set within the context of **no additional core funding** resource being or becoming available for the foreseeable future to address these challenges:

- Prevention
- Collaboration
- Person-centred focus
- Addressing inequality

The report concludes with 7 key recommendations and actions for consideration, focussing on actions that would make a significant difference in meeting the challenges in respect of:

- Stakeholder governance
- Pre-natal and pre-school age;
- Primary School age;
- Community Sport & School swimming provision;
- Food and healthy eating; and
- Addressing inequity within the County using Pentre Awel and South Llanelli as a key focus area.

- 'Fit for the future' infrastructure to enable children and families to be active.

**Cllr. Gareth John – Chair of the Task & Finish Group**



## 3 The Task & Finish Review

### Objectives and Scope

The Health and Social Services Scrutiny Committee has a key role to play in monitoring services, development of key policies and strategies as well as identifying areas for improvement or development.

At its scrutiny Forward Planning Meeting on the 18<sup>th</sup> April 2023, the Health & Social Services Scrutiny Committee agreed in principle to undertake a review into childhood obesity in Carmarthenshire – *An Active & Healthy Start (0-11 year old age group)*.

Following its first meeting, the Group agreed that the main aims of the review would be:

- Understand the extent of the problem and identify the root cause of the issues in Carmarthenshire.
- To undertake a review of existing resources - avoid duplication of work.
- To establish how effectively partners work together to achieve outcomes.
- Develop a coordinated approach to tackling the issue of obesity to improve the health and well-being of children in Carmarthenshire.
- To formulate recommendations for consideration by the Cabinet.

### Corporate / Community Objectives and Well-Being Objectives

The Group agreed that this review would contribute to achieving the following corporate / community well-being objectives and outcomes, which are all aligned with the [Well-being of Future Generations Act \(2015\)](#): -

#### County Council's Corporate Strategy 2022-2027:

- Enabling our children and young people to have the best possible start in life (Start Well)
- Enabling our residents to live and age well (Live and Age Well)
- Providing services as efficiently as possible, ensuring value for money
- Investigating and developing new ways of working and providing services
- Increasing collaboration with our partners and communities in order to support the delivery of services.

The outcomes of this review would also directly link to the following.

#### Carmarthenshire County Council Well-being objectives:-

- Help to give every child the best start in life and improve their early life experiences – Objective 1
  - Giving every child the best start in life is crucial to reducing inequalities across the life course.
  - Children who experience stressful and poor-quality childhoods are more likely to experience poor mental health and develop long term health problems as they move into adulthood.
  - What happens during these early years has lifelong effects on many aspects of health and well-being - children with developmental delays

in their motor competence in early childhood are at a greater risk of inactivity, overweight and obesity, type 2 diabetes, heart disease and mental health, and can negatively affect educational achievement and economic status.

- There is a growing recognition of the detrimental impact which exposure to Adverse Childhood Experiences (ACEs) in childhood, particularly multiple ACEs, can have upon physical and mental health and well-being, relationships with others, educational attainment, and prosperity outcomes into adulthood.
- Looked After Children (LAC) are more likely to have been exposed to high rates of Adverse Childhood Experiences associated with poor long-term outcomes before entering care.
- Help children live healthy lifestyles – Objective 2
  - Projections suggest an increase in trends for childhood obesity with figures showing males between the ages of 2 – 15 being at greatest risk.
  - Assessment engagement activity with primary school children showed being physically active to be the second most important factor for positive well-being of children aged 6 – 11, after connections with family and friends.
  - Living healthy lives allows children to fulfil their potential and meet education aspirations.
  - Habits established early in life remain with people to allow them to play a full part in the economy and society of Carmarthenshire.

## Approach

The Task and Finish Group's membership was as follows:

- Cllr. Hazel Evans (Chair) (Resigned from Committee 13<sup>th</sup> September)
- Cllr. Gareth John (Chair) (replaced Cllr Hazel Evans on 13<sup>th</sup> September)
- Cllr. Louvain Roberts (Vice Chair)
- Cllr. Michelle Donoghue
- Cllr. Rob Evans (Resigned from Committee 6<sup>th</sup> November 2023)
- Cllr. Meinir James
- Cllr. John Jenkins (Resigned as Councillor 18<sup>th</sup> January 2024)
- Cllr. Hefin Jones

The Democratic Services Unit based in the Chief Executive's Department, provided research and general support to the Group.

The following officers provided specialist advice and support during the Group's review:

- Ian Jones – Head of Leisure
- Carl Daniels – Senior Sports & Leisure Manager
- Catrin Rees – Senior Healthy Schools Officer
- Mari-Ann Jones - Actif Communities Manager

- Alex Cook – Food Development Officer
- Noeline Thomas, Senior Manager (Strategic Commissioning & Early Years)

Initially, it was planned that the review would be completed in 6 meetings between May 2023 and November 2023. The timescale for development of the report was impacted due to the availability of some of the external consultees.

The Group considered evidence and information from a variety of sources and as part of the research, the task and finish group consulted the following:

- Dr Michael Thomas – Consultant in Public Health Medicine, Hywel Dda UHB
- Dr Simon Williams – Associate Professor - Institute of Management and Health, University of Wales Trinity Saint David
- Dr Nalda Wainwright - Associate Professor - Institute of Management and Health, University of Wales Trinity Saint David
- Ann Vincent – Obesity Empowerment Network
- Victoria Edwards – Service Transformation Lead, Hywel Dda UHB
- Kelly White, Service Delivery Manager for Prevention & Wellbeing, HDDHB

The group also linked across to the work of the multi-agency Carmarthenshire Preventions Group, which feeds into the Healthier Carmarthenshire Board and the Regional Partnership Board and Public Service Board.

Additionally, a review of relevant literature on childhood obesity, including studies, reports and policies was undertaken.

## 4 Summary of Key Findings

### 4.1 Child measurement programme report 2021/22

The [Child Measurement Programme \(CMP\) for Wales](#) measures the height and weight of children in Reception class in order to learn how children in Wales are growing so that NHS Wales and partners can better plan and deliver health services. Public Health Wales is responsible for the coordination of the Child Measurement Programme and every health board across Wales is taking part in the programme.

Data taken from the 2021-22 CMP report formed the basis of evidence and baseline measures for the current position with regards children who are over-weight or obese in Carmarthenshire. *N.B 2022-23 CMP report due 21/5/24*

#### Key findings:

- Carmarthenshire has the highest levels of overweight or obese children in Wales with 31.4% of 4–5 year-olds being overweight or obese.
- Deprivation trends within Local Health Boards over time show similar patterns from pre pandemic to 2021/22 across three LHB regions. For Swansea Bay the deprivation gap appears to have reduced since 2018/19. However, for Cardiff & Vale and Hywel Dda the gap appears to have increased.

### 4.2 Overweight and Obesity definitions in Wales

Public Health Wales use Body Mass Index (BMI) to define healthy or unhealthy weight.

BMI categories are: underweight <18.5. healthy weight 18.5 to <25. overweight 25 to <30. obese 30 to <40.

Obesity is defined as an increase in body weight that is greater than 20% of an individual's ideal body weight.

It is characterised by abnormal or excessive fat accumulation.

### 4.3 Factors Contributing to Childhood Obesity

As noted previously, the determinants affecting health are numerous, complex, and inter-related however, there is little doubt that early and positive interventions around movement, diet, and social network play a key part, as illustrated in Dahlgren and Whitehead's (1993) model below.

## Dahlgren and Whitehead Social Determinants of Health Framework



Source: Dahlgren and Whitehead, 1991  
 'Rainbow' model of the determinants of health

The Task and Finish Group had several discussions on the factors identified below, as well as the potential impact of mobile phones, and electronic devices on young people's behaviour and (lack of) movement, potentially resulting in more sedentary lifestyles than in generations past.

Assessment of societal factors	<ul style="list-style-type: none"> <li>• Sedentary lifestyles</li> <li>• Unhealthy eating habits</li> <li>• Lack of access to healthy food options</li> </ul>
Evaluation of environmental factors	<ul style="list-style-type: none"> <li>• Limited opportunities for physical activity</li> <li>• Reliance on private transportation.</li> </ul>
Examination of socioeconomic factors	<ul style="list-style-type: none"> <li>• Income disparities</li> <li>• Food insecurity.</li> </ul>
Psychological factors	<ul style="list-style-type: none"> <li>• Personal, parental, and family stress can increase a child's risk of obesity</li> </ul>
Medications	<ul style="list-style-type: none"> <li>• Some prescription drugs can increase the risk of developing obesity</li> </ul>

The group also considered climate change and the impact of more rainy days on people's ability to go outdoors as well as the impact of extreme weather patterns and the more frequent cancellation of outdoor sports and physical activity opportunities as a contributory factor towards more sedentary behaviour.

## 4.4 Complications

At the acute end of being over-weight, obesity often causes complications in a child's physical, social, and emotional well-being.

### Physical Complications:

- Type 2 diabetes. This chronic condition affects the way your child's body uses sugar (glucose). Obesity and a sedentary lifestyle increase the risk of type 2 diabetes.
- High cholesterol and high blood pressure. A poor diet can cause a child to develop one or both conditions. These factors can contribute to the build-up of plaque, which can cause arteries to narrow and harden, possibly leading to a heart attack or stroke later in life.
- Joint pain. Extra weight causes extra stress on hips and knees. Childhood obesity can cause pain and sometimes injuries in the hips, knees and back.
- Breathing problems. Asthma is more common in children who are overweight. These children are also more likely to develop obstructive sleep apnoea, a potentially serious disorder in which a child's breathing repeatedly stops and starts during sleep.
- Non-alcoholic fatty liver disease (NAFLD). This disorder causes fatty deposits to build up in the liver and can lead to scarring and liver damage.

### Social and emotional complications

- Children who have obesity may experience teasing or bullying by their peers. This can result in a loss of self-esteem and an increased risk of depression and anxiety.
- Poor academic outcomes due to lack of physical activity levels and poor motor skills.

## 4.5 Current Initiatives and Programs

Despite the challenges, the group were heartened by the enormous amount of good pro-active work that is already taking place to mitigate the challenges associated with obesity. In fact, it is very worrying to think of what the picture would look like it were not for this work. However, it is worth noting that much of this work is linked to fixed-term grant funded posts and projects.

The group received information outlining excellent work that is already going on across the County via groups and projects that were making a difference to combat childhood obesity. It is recognised that this scoping exercise was (necessarily) limited and that there is a need for a coherent framework or resource that maps all provision across the county.

[Appendix A](#) provides a summary of key initiatives identified in terms of physical activity interventions and healthier food choices. Below is further information to supplement that shown in appendix A and specific to some of the evidence presented to the T&F Group.

## Physical Literacy

The Task and Finish Group heard from Dr Nalda Wainwright - Associate Professor and Director of the Wales Academy for Health and Physical Literacy at UWTSU, an expert in the field of Physical Literacy and movement in young people. Some of the key points highlighted by Dr. Wainwright are listed as follows:

- **Prevention** is better than cure.
- **Physical literacy** starts in the early years (pre-school years) – it's a developmental process.
- There is a direct **correlation between motor skills, physical activity levels and academic outcomes**.
- Highly capable children with high perception exhibit higher physical activity participation and more likely to be a normal weight.
- It is **4 times harder to change behaviours in year 4 than aged 4**.
- The **importance of parental engagement** – The [Mini Movers](#) App is an excellent example of work that empowers parents to support their children.
- The need for a **strategic collaborative approach is essential** – both private and public sector.
- **Critical that Health Visitors and key workers within the sector are engaged** and appropriately trained to promote and deliver key messages and programmes.

Dr Wainwright also quoted evidence of research data for pre-schools in Carmarthen showing 87% of the children are below average or poor in their motor competence as measured by a validated motor assessment tool. This is 2023 data and thus very concerning when considering the correlation previously referenced - this would predict that 87% of children in Carmarthenshire will be inactive and at risk of a poor health trajectory.

## Actif Sport & Leisure provision

The group learnt about the pivotal role that Actif Sport and Leisure, Carmarthenshire County Council's Sport & Leisure Services team, play in supporting and enabling physical activity opportunities across the county. Within the 2020-2030 Actif Strategy the team's mission is to 'improve wellbeing through inspiring a population to be active for life'. This is delivered through 5 strategic pillars, each with 3 key objectives:

### **Start Well**

1. Give people the best start in life through the development and provision of high quality, inclusive, sustainable activity opportunities across the county.
2. Focus on areas of deprivation, helping connect communities and build resilience with an awareness of Adverse Childhood Experiences approach to improve wellbeing.
3. Provide connection between young people and their communities, through intergenerational projects and a 'kindness' approach that creates volunteers and leaders of the future.

## **Live Well**

4. Develop and provide high quality, inclusive, sustainable opportunities that enable people to live healthy lives through participating and volunteering.
5. Help people to help themselves through a targeted, thriving offer of accessible activities as a preventative approach to inactivity and ill health.
6. Provide help when people need it through simple systems of referral (incl. self-referral) to safe, effective activity programmes.

## **Age Well**

7. Enhance and deliver an appropriate programme of accessible activity that enables an ageing population to maintain participation in their later years.
8. Help tackle loneliness and isolation through connecting people in greatest need with activity and volunteering opportunities.
9. Develop a highly effective falls prevention programme, consisting of robust connections to referral partners and sustainable activity in a range of venues.

## **Manage Well**

10. Ensure high quality standards of our services in our facilities and in the community, exceeding any service standards set and benchmarking across the sector where possible.
11. Provide high quality experiences for our those who access our services and support, resulting in growth of our customer base and of the community sport network.
12. Be 'Fit for the future' through a culture inspired to deliver sector-leading, inclusive, innovative services that are sustainable in terms of finance, people, places, and the environment.

## **Connect Well**

13. Achieve a reputation as a successful and trusted service that positions Actif prominently in the sport, health, and education sectors locally, regionally, and nationally.
14. Maximise physical activity capacity and engagement across the county through strong and effective partnerships with local, regional, and national organisations.
15. Enhance provision through an integrated and person-centred approach to improving people's wellbeing.

Naturally, the objectives that sit within the Start Well pillar directly impact on the childhood obesity agenda, as do objectives 14 and 15 within Connect Well. The 6 Leisure centres managed by Actif, plus the work undertaken in the community to support circa 400 sports clubs and a wide range of venues, groups, and organisations across the county, enable hundreds of thousands of children's activity opportunities every year.

According to the National School Sports Survey for 2022, 58% of the County's children and young people attend a community sports club at least once per week, which is above the regional and national average and is testament to the successful



work of the Actif Communities Team in inspiring children and promoting transitions from schools to clubs.

That said, only 37.7% of Carmarthenshire children attend extra-curricular 'school sport' clubs at least once per week which is below regional and national averages and indicates there is work to be done in this regard with schools.

Additionally, only 35 of the 73 schools surveyed complied with the recommended minimum time for Physical Education (2 hrs) with 23 schools offering 60 minutes or less; with one school only offering 30 minutes per week.

Such issues contribute towards the fact that the percentage of children and young people participating in sport and physical activity 3 times or more per week has decreased from 48% to 41% since the 2018 survey.

Examples of Start Well programmes being offered and enabled via Actif include:

- Physical Literacy development – Actif's Physical Literacy Whole School Approach Training, Actif Passport programme, Library Loan Bags, Actif Story Time
- Community Sport – Support to new and existing sports clubs and groups
- Targeted programmes e.g. 'Us Girls' and Inclusion programmes
- Aquatics – School Swimming, Learn to Swim lessons, Swimming Clubs
- Holiday Activity Programmes e.g. Actif Club in Leisure Centres, Actif in the Park
- Programmes for deprived and disadvantaged e.g. Food and Fun, Amser Actif
- Leadership Programmes e.g. Young Ambassadors and Actif Leaders
- Sport Specific Programmes e.g. Balance-bikes, Go Ride, Events, Competition,

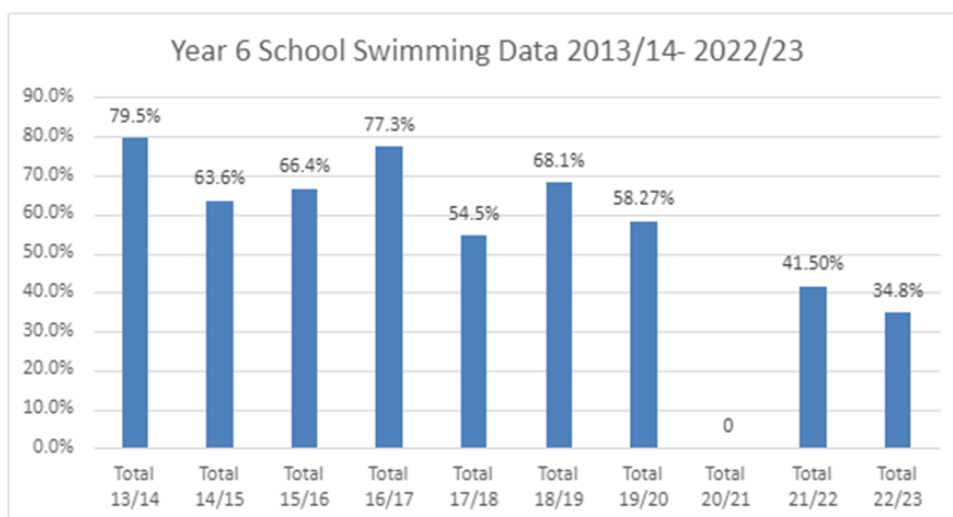
Actif Sport and Leisure measure their effectiveness in delivering the objectives within their strategy through various measures as seen below:

Ref #	Measures	2022/23 Position	2030 Target
	<b>Start Well</b>		
Leis/011	The percentage of young people (years 3 to 11) taking part in 3 or more physical activity sessions per week.	41%	55%
Leis/015	Total number of activity attendances by people aged 0-17yrs at facility sessions run/facilitated by Actif	288,625	377,589
Leis/018	Total number of activity attendances by people aged 0-17yrs at community sessions run/facilitated by Actif	Not available	168,460
Leis/012	The percentage of young people (years 3 to 11) from 'Free School Meals' quartiles 3 and 4 participating in 3 or more activity session per week.	FSMQ3=38% FSMQ4=33%	Avrg 54%
	Total number of activities to develop workforce run/facilitated by Actif, e.g. courses, mentoring	1,946	3,154
Leis/007	% of people (15+yrs) volunteering in sport & physical activity in Carmarthenshire	17,203 (11%)	40,000 (25.5%)

Connect Well			
Leis/010	Indicative monetary return on investment of activity levels of Actif members, against Health, Subjective Wellbeing, Crime reduction and Education attainment	£5.4m	£12m

### School Swimming

- **Swimming is a life skill and a skill for life** with universally recognised physical, mental, and social benefits. Learning basic swimming and water safety skills save lives.
- The recent Cabinet endorsed 10-year Carmarthenshire Leisure Strategy 2023-33 includes a key ambition for the authority to ensure **every child can swim 25m by age 11**. This is the ‘safe swimmer’ status as defined by Swim Wales (the Aquatic National Governing Body) and endorsed by Welsh Government. Data is collected on achievement levels on an annual basis against this ambition and submitted to both Sport Wales and Swim Wales. Unfortunately, Carmarthenshire’s school swimming attainment levels have been falling and continue to fall.
- School swimming lessons are the main way that our young people learn to swim – 86% of children who swam in the 22/23 academic year are wholly reliant on school swimming to learn to swim, thus disproportionately affecting deprived children/families who may not be able to afford access via paid learn to swim programmes outside of school hours.
- Primary schools attend swimming lessons at all Carmarthenshire leisure centres (Carmarthen, Ammanford, Llanelli, Llandovery, and Newcastle Emlyn swimming pool). Lessons are taught by schoolteachers / staff who are supported on poolside by Senior Swimming Teachers, based at the centres.
- Since 2016, schools are charged per pupil per day (currently £2.60 per child per lesson, going up to £2.80 for 24/25) and swim for 45 minutes each lesson. Transport costs are covered by the school.
- It is recommended that schools attend daily lessons of 45 mins on 15 consecutive days on an annual basis for Year 4, Year 5 & Year 6 – this provides a total of 11.25 hrs of instructed swimming each year and 33.75 hrs over three years. Allowing for absences/illnesses this is sufficient to meet the Swim Wales recommendation of 26 hours of instructed swimming time.
- Swimming attendances and compliance with the recommendations are declining at a concerning rate and have been since charges were introduced in 2016, albeit this may not be the sole reason. **Attendees have almost halved (from over 5,000 to 2,900) and the percentage achieving ‘safe swimmer status has more than halved (79.5% reduced to 34.8%).**



### School swimming stats for the Autumn 2023 term

- 1041 pupils attended school swimming during this period.
- 31.4% achieved the 'safe swimmer' status (327 – 148 males and 179 females). This represents a further fall from the 34.8% achievement rate for the academic year 2022/2023. Of course, this is only for one term but could be an indicator for the remaining two terms.
- It is interesting to note that in this term, girls are outperforming boys. We also noted this in the 2022/2023 statistics where 395 males (1752 males attended) and 476 females (1772 females attended) achieved the safe swimmer status. This is of significance given the higher percentage of males who drown. The 2022 drowning statistics, for Wales, show that of the 22 drownings that occurred, 20 were males.  
<https://www.nationalwatersafety.org.uk/waid/annual-reports-and-data>. All age groups were represented from under 20 to aged 69.
- Several schools have cancelled their school swimming booking over recent years – citing financial pressures.

### Welsh Network of Health & Well-being Promoting Schools Scheme

The Scheme provides all schools with a Self-Evaluation Framework (SEF) in relation to Food and Fitness so that they can evaluate how well they are embedding a Whole School Approach in relation to this Health topic. The SEF allows schools to evaluate themselves in 4 key areas:

- Leadership & Communication,
- Curriculum,
- Ethos & Environment; and
- Family & Community Involvement.

The SEF requires schools to assess its current policies and practices in relation to Food & Fitness: how many hours of quality PE pupils receive; does the school environment promote Physical Activity and Healthy Eating; do staff receive relevant training; does the school promote consistent messages in relation to Healthy Eating and Physical activity; does the school allow pupil voice; and does the school

participate in national and local initiatives and invite parents / key partners / specialists into the school to enrich the curriculum and pupils experiences.

Healthy School Promoting Officers support schools on their Self Evaluation journey, identify areas of strength & development, and then produce an Action Plan to focus on areas of development. Officers signpost schools to resources, guidance, key partners, specialists, and practices that will support them to develop their identified areas of need.

Completing the SEF process does have a positive impact on school practices, e.g. increase in the number of schools amending Food & Fitness policies; the number of schools including healthy eating education within their curriculum; communicating key messages to Parents/ Carers; increase in the number of schools engaging with local & national initiatives; not permitting nor rewarding pupils with unhealthy drinks and snacks on school site; and an increase in outdoor learning.

Healthy Schools Network on HWB: The Local Scheme has established a Healthy Schools Network on HWB with its primary focus being an information sharing platform. It includes a wealth of knowledge on 7 health topics including Food & Fitness. Schools can access Educational / Curriculum Resources in relation to Healthy Eating, Physical Activity, and PE on the Network. The Scheme has also produced a Directory of Resources for Food and Fitness, Physical Activity & PE across the phases of learning for schools and families which are available on the [Healthy Schools Network and Family Information Service website](#).

The Network also includes the latest National Guidance in relation to Physical Activity levels and Healthy Eating, good practice observed in schools, generic information such as posters, flyers & Infographics for schools to display & dates of relevant health campaigns & CPD opportunities.

The Network is also utilised to raise awareness to any new developments within the Health & Well-being agenda through the announcements feature it has, this ensures that all members of the Network receive a prompt notification via e-mail of the latest information shared nationally & locally in relation to Health & Well-being, ensuring that schools are kept up to date with any relevant developments.

CPD provision: The local scheme has delivered and funded various CPD opportunities for Primary Practitioners in relation to the Healthy Eating and PE agenda including a Local Healthy Eating Conference & Courses focussing on the delivery of Healthy Eating & PE in the Curriculum. Free resources were also provided to schools who attended the training.

Termly Cluster Meetings for Healthy School & PE Co-ordinators. The Scheme along with our key partners, Actif Young People (AYP) & Explore and Learn Officers, delivers termly cluster meetings to share key information with Co-ordinators. The meetings are also utilised as a platform for Co-ordinators to raise any challenges they may face, concerns or observations they may have in relation to the Food & Fitness agenda. For example, healthy packed lunches are a challenging area for schools, and support officers signpost them to exemplar policies and practices.

- To date the following Phases / Accreditations have been achieved by Carmarthenshire schools:

Phase 1: 110 (100% of schools)  
Phase 2: 108 (98% of Schools)  
Phase 3: 101 (92% of schools)  
Phase 4: 76 (67 % of schools)  
Phase 5: 39 (35% of schools)  
Phase 6: 7  
National Quality Award: 7

## **Pupil Well-being Surveys produced by the School Health Research Network**

The scheme includes questions about Eating and Activity Habits. It encourages and ensures the engagement of all Secondary Schools with the School Health Research Network (SHRN) and allow pupils from Year 7-11 to complete Pupil Well-being Surveys. These Surveys include questions about a young persons' eating and activity habits. SHRN collates the data on a School and Local Authority level. Each school is provided with its own individual report on the Survey findings, with the Local Authority also having its own report. The data published within these reports allow Schools and Healthy Schools Officers to assess and analyse the data sets for eating and activity habits. Schools can then act if needed. For example, actions could include developing the outdoor environment to encourage more physical activity or include more healthy eating education within the curriculum.

## **Healthy eating and food**

**Diet makes up 70-80% of weight-loss and contributing to addressing obesity.** A healthy, balanced diet is therefore critical in terms of addressing this challenge, in terms of targeting priority demographics and county-wide public settings.

Carmarthenshire Public Service Board as part of the Well-Being Plan 2023-27 have committed to 'Develop and Publish a Local Food Strategy' and 'Work towards an integrated local food system'.

Under the draft shared vision of 'A Carmarthenshire Food System that produces, promotes and provides healthy and sustainable food fit for Future Generations', the *"Local Food Strategy can play a pivotal role in delivering: sustainably produced and healthy food for everyone; better livelihoods and economic security of local producers; and support a transition to environmentally regenerative food production"*.

Currently over 400 stakeholders at a local, regional, and national level have been consulted, including residents, business, and organisations active in the local food system. It has detailed significant and novel analysis of the local food system Public Sector Organisational impact and key intervention areas for action. The work is supported by both the Bwyd Sir Gar Food Partnership (strategic) and Carmarthenshire Food Network (operational).

Given the nature and complexities of the local food system, and the challenges faced here in Carmarthenshire, it is crucial that alignment and integration exists between the recommendations in this report, the Local Food Strategy, and the Food Systems Development Project. The recommendations in this report should thus form part of an Integrated Impact Assessment.

The Local Food Strategy sets out 6 interlinked 'Food Goals' (medium/long term 5-15 Years), 12 Strategic Objectives (medium term 5 years) with Key Targets and Draft Action Plans for delivery and a series of recommendations (short term), some of which are more relevant to this task and finish review.

These include Strategic Objectives around: Food Growing, Home and Community, and Public Sector Provision, along with Accessibility, Health, and the Economy.

## Food Goals

### - Food for All

Carmarthenshire becomes the first county in Wales to eliminate the need for food banks. By creating access to the food they need in a dignified way and empowered with the skills to prepare food in order to lead a healthy life.

Potential Target - Zero food banks in Carmarthenshire by 2030

### - Food for Public Health

Increased consumption of vegetables, which are produced sustainably in Wales, for Wales. Educational provision on food related issues in each key stage in all schools.

Potential Targets – A) 75% of Gov Eatwell Guides recommended vegetable consumption produced locally/regionally and sustainably by 2030. B) 100% of schools include Food Literacy in Key Stage 1–3 Curriculum.

Physical Literacy (play) and Food Literacy (diet) are the 2 key foundational enablers for healthy lifestyles. While prevention is better than cure, we don't have the luxury of focussing on prevention in singularity as we already have the existing rate of obesity.

## Food and Fun School based programme

Food and Fun is a school-based education programme run across 12 days during the school summer holidays funded by the WLGA. It is delivered by school staff and partners along with support from Carmarthenshire County Council and health professionals. The programme provides food and nutrition, education, physical activity, enrichment sessions, and healthy meals to children in areas of social deprivation.

The overall aim of Food and Fun is to contribute to long-term improvements in the health and well-being of children.

The Food and fun programme has run in Carmarthenshire since 2022 and the following schools have participated (It is expected that a further 5 schools will participate in the programme this year):

2022 (total of 4)	2023 (6 schools)	2024 (12 schools)
Ysgol Pen Rhos	Ysgol Pen Rhos	Ysgol Y Bedol

Ysgol Y Bedol	Ysgol Y Bedol	Ysgol Pontyberem
Ysgol Pontyberem	Ysgol Pontyberem	Ysgol Betws
Ysgol Burryport	Ysgol Bro Banw	Ysgol Llandeilo
	Ysgol Betws	Ysgol Pen Rhos
<b>154 children benefitted</b>	Ysgol Llandeilo	Ysgol Burry Port
	<b>240 children benefitted.</b>	Ysgol Gorslas
		Ysgol Gyfun Emlyn
		Ysgol Trimsaran
		Ysgol Old Road
		Ysgol Llanmiloe
		Ysgol Myrddin

Parents are encouraged to attend family engagement sessions as part of the Food and Fun programme and participate in cooking sessions and developing basic food skills. Coleg Sir Gar's 'Cook 24' shared prosperity funded programme, has supported schools with a family meal activity once a week where a team of chefs visits the school and cooks' healthy meals with the children and their families. Food Sense Wales supported Food and Fun with an initiative called 'Veg in Schools' with local vegetables during mealtimes and fully funded farm visits for children to learn more about the vegetables that are grown in their local area and Wales. It is hoped that these initiatives continue in the programme for 2024.

### **Healthy Eating Measure and Regulations**

All schools in Wales must conform with the Healthy Eating Regulations and Measure that was set by Welsh Ministers in 2013. Local Healthy School Officers have a responsibility to remind schools of the Measure and Regulations as set out in the Healthy Eating in Maintained Schools Guidance (Wales) (2014). All Local Authorities and Governing Bodies have due regard to these Regulations and must ensure compliance. All School Catering teams must also comply with the regulations - Carmarthenshire's School Meals Catering Team has achieved its Certificate of Compliance (August 2023). The Regulations are currently under review, however, until new guidance is published the LA, Governing Bodies, and Healthy School Officers must ensure compliance with the current guidance.

## Maternity and Early Years Strategy for West Wales

The Maternity and Early Years Strategy for West Wales sets out how we will ensure that all families across the region have access to excellent universal and targeted services that support their health and wellbeing. The strategy aims to develop skills and resilience, which will last a lifetime and enable families to cope well with the challenges and pressures that they may face, whilst:

- Supporting those at a disadvantage and those who encounter challenges; and
- Safeguarding and nurturing the most vulnerable.

The strategy's vision and priorities also contributes to the following Carmarthenshire Wellbeing Objectives:

### Start Well :

- Help to give every child the best start in life and improve their early life experiences.
- Help children live healthy lives.
- Continue to improve learner attainment for all.
- Tackle poverty by doing all we can to prevent it, help people into work and improve the lives of those living in poverty.

### Live Well

- Help people live healthy lives (tackling risky behaviour and obesity)

### Age Well

- Support good connections with friends, family and safer communities.

### In a Healthy, Safe & Prosperous Environment

- Promote Welsh Language and Culture.

One of the key outcome measures within the strategy is as follows:

Outcomes	Objectives	Indicators
Children ....	We need to:	As measured by:
are healthy	Increase the proportion of children that have a healthy weight	Percentage of 4-5 year olds who are not overweight

This will be achieved by close partnership working with midwives and health visitors in identifying families as early as pregnancy, ensuring consistent key messages related to health and wellbeing are given to parents at the earliest point possible. The strategy also aims to ensure that parents are given the support required to equip themselves with the necessary information, advice, knowledge, and skills to ensure their children lead healthier lifestyles.

### Play Sufficiency Duty



The Play Sufficiency Duty places a statutory duty on all Local Authorities across Wales to assess and secure sufficient play opportunities for children and young people, which in turn can help activity levels and this reduce childhood obesity.

All children and young people have a right to play as detailed within the United Nation Convention on the Rights of the Child. Having access to good quality and accessible play opportunities contributes positively to children's overall health and wellbeing. Carmarthenshire County Council is committed to ensuring that children and young people have access to play opportunities and thus develop an annual action plan setting out these priorities.

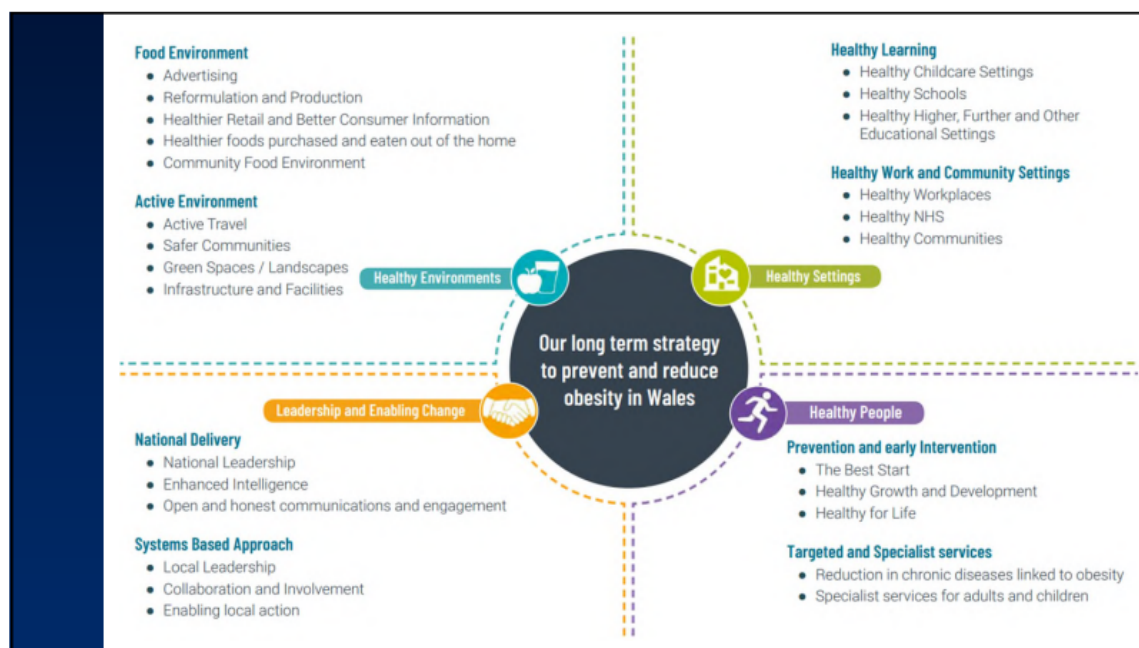
Play Wales has invited Carmarthenshire to be part of a pilot study - Stay and Play. The pilot is focusing on developing the use of school grounds outside of teaching hours and developing school Play Policies to ensure that children are receiving good quality play opportunities during the day and that curtailing play is not a form of punishment within school behavior management policy and practice.

The 'Playworks Holiday Grant' delivers free open access play provision and healthy snacks within communities across the county. The aim of the 'Playworks Holiday Project' is to provide better play opportunities for children living in vulnerable communities and to realise the benefits this brings in terms of child development and activity levels. People Speak Up are commissioned to facilitate bilingual inclusive street play sessions in Carmarthenshire, to engage with the local community and encourage families to create a positive family approach to play as well as help reduce holiday hunger by providing healthy snacks during the play sessions.

## 5 Potential Framework for Action

Welsh Government's Healthy Weight, Healthy Wales Strategy provides a ready-made framework for future action made up of four themes:

- Healthy environments
- Healthy settings
- Healthy people
- Leadership and enabling change.



Healthy Weight, Healthy Wales strategy 2030

The framework can help partners and agencies align these themes with actions and programme as suggested below.

<p>Healthy settings (Education and Awareness):</p>	<p>a. <u>Health Education Programs</u>: Integrate evidence-based nutrition education into the school curriculum, teach children about healthy food choices, portion control, and the importance of regular physical activity.</p> <p>b. <u>Parental Education</u>: Provide resources for parents / carers on nutrition, healthy cooking, and creating a home environment for healthy lifestyles.</p> <p>c. <u>Community Awareness Campaigns</u>: Conduct awareness campaigns to educate families about the risks of childhood obesity, the</p>
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	importance of healthy living, and available resources.
Healthy (Food) Environments:	<p>a. <u>School Meals:</u></p> <p>Ensure that school meals meet nutritional guidelines, offering balanced and nutritious options while limiting processed foods, added sugars, and unhealthy fats.</p> <p>b. <u>Healthy Food Options:</u></p> <p>Collaborate with local food retailers, eateries, and community organisations to increase the availability and affordability of healthy food options, such as fresh fruits, vegetables, and whole grains. Discourage the promotion of unhealthy foods targeted at children.</p>
Healthy (Active) Environments:	<p>a. <u>Active School Environments:</u></p> <p>Enhance physical activity opportunities within schools by promoting physical education classes, recess, and extracurricular activities.</p> <p>b. <u>Community Recreation Programs:</u></p> <p>Develop community-based physical activity programs that are accessible, affordable, and cater to children of all abilities and interests.</p> <p>c. <u>Active Transportation:</u></p> <p>Improve infrastructure to encourage walking and cycling for short-distance journeys to schools and other locations, linking with Active Travel plans / Safe Routes to schools initiatives.</p>
Healthy (Supportive) Environments:	<p>a. <u>Family Involvement:</u></p> <p>Engage families through support groups, parenting workshops, and family-centered interventions to encourage healthy eating and regular physical activity.</p> <p>b. <u>Public Spaces:</u></p> <p>Enhance public parks, playgrounds, and open spaces, ensuring they are safe, well-maintained, and inclusive to promote physical activity for children and families.</p>
Healthy People	<p><u>Targeted interventions</u></p> <p>Early years (Pre-natal; pre-school and primary)</p>

	Specialist support (physical / mental)
Leadership and enabling Change Collaboration and Policy:	<p>a. <u>Multi-Sector Collaboration / Joint Working:</u></p> <p>Foster partnerships between government agencies, health / healthcare providers, educational institutions, community organisations, and the private sector to collectively address childhood obesity.</p> <p>b. <u>Policy Development:</u></p> <p>Advocate for the implementation of policies that support healthy environments for children, such as regulations on food marketing, nutritional standards in schools, and urban planning strategies that prioritise physical activity.</p> <p>c. <u>Monitoring Systems:</u></p> <p>Establish a data monitoring system to track childhood obesity rates, identify high-risk populations, and evaluate the effectiveness of interventions over time</p>

By broadly following the Healthy weight, Healthy Wales framework, and using the data and assessment of current provision gathered as part of this T&F work for the County, we can focus on some specific Carmarthenshire actions to create as supportive and healthy an environment as possible for future generations.

We will promote positive lifestyle choices, reducing the incidence of childhood obesity, and improving the overall well-being of children across all our communities.

Crucial to this, is engaging with relevant stakeholders to sustain these efforts in the long term to achieve lasting impact.

## 6 Recommendations

Key principles agreed as underpinning all actions and future working:

- Well-being of future generations principles
- Prevention rather than cure – getting ahead of the curve.
- Collaboration – link work via Carmarthen Prevention Group (and Healthier Carmarthenshire Board / PSB) and align with emerging Prevention strategy for County.
- Person-centred approach
- Addressing inequality
- Making best use of existing resources - assuming no additional core funding resource available.

## **Recommendation One**

### **Focus area: Review stakeholder governance.**

#### **KEY ACTION – Improve collaboration to make best use of resources.**

Ensure alignment with data, plans, and resources to deliver greatest impact.

#### **Sub-Actions**

Action 1 – Update stakeholder mapping for all childhood obesity work across Carmarthenshire

Action 2 – Review and monitor actions from this report via Carmarthenshire Prevention Board, which in turn can report through to Healthier Carmarthenshire Board and Public Service Board (PSB)

Action 3 – Align this plan with emerging Local Food Strategy and Health sector Prevention strategy.

#### **Cost implications**

Limited implications envisaged re: governance and collaboration. Principle is to align with existing governance structures and ensure best use of resources and knowledge sharing.

## Recommendation Two

**Focus area: Pre-School, play, and physical literacy provision.**

**KEY ACTION – Collaborate across sectors to maximise benefit from existing programmes, networks, and opportunities for pre-school groups.**

Method of collaboration to be reviewed to ensure all relevant partners align regarding information, promotion, interventions, training, etc. for maximum effectiveness and efficiency so that every pre/post-natal and early years setting, and family is provided with:

- information on importance of physical activity
- signposting to healthy eating resources

### Sub-Actions

Action 1 – Ensure a pre-natal to pre-primary working forum exists (linking via Carmarthenshire Prevention Group) to suitably cover this agenda, with all relevant partners present, and connections out to groups and organisations who operate within this space.

Action 2 – Collaborate to review key information and opportunities, and to ensure effective communication through all relevant streams, e.g. GP Surgeries, Leisure Centres, Hospitals, Midwives, Health Visitors, Family Centres, Community Centres, etc.

Action 3 – Agree a menu of physical activity/development-related training and support with minimum expected standards, from which all pre-school settings would be required to undertake and/or adopt from a set minimum.

Training examples: Physical literacy, SKIP, Actif Story Time, Toddlebikes, Healthy & Sustainable Pre-School Scheme...to improve understanding and the quality of meaningful physical activity.

Support examples: Actif face-to-face, Actif Anywhere, Mini-Movers (UWTSD), Healthy & Sustainable Pre-School Scheme...to ensure continuous development of knowledge, understanding and provision.

### Cost implications

Limited implications envisaged re: governance and collaboration. However, accessing support, training and opportunities will have associated costs that will need to be considered. This is particularly pertinent when setting a minimum training level for settings and it can be foreseen that financial support will be required.

## Recommendation Three

### Focus Area: Primary School provision.

**KEY ACTION: Ensuring a consistent offer across all Carmarthenshire schools. All schools to provide 2 hours of high-quality Physical Education per week, supplemented by a thriving extra-curricular activity programme.**

The group felt that the evident disparity between schools should be analysed and addressed internally to ensure that children's experiences and health opportunities are positive, equitable, and not dependent on school leadership and culture.

#### Sub-Actions

Action 1 – All schools to complete the Sport Wales School Sport Survey and the Primary Well-being Surveys and use their school action plans, as a minimum – to address areas of concern and support curriculum design.

Action 2 – Education and Leisure to agree a menu of physical activity / development related training with minimum expected standards e.g. Physical literacy, SKIP, Actif Story Time, Toddlebikes.

Action 3 – All schools to ensure they provide a year-round, inclusive extracurricular programme that is accessible to every pupil and made up of i) physical activity sessions and ii) festivals / competitions, linking with the Carmarthenshire Sport Network / Actif.

Action 4 – Actif to ensure a connection between all primary schools and the local voluntary sports clubs in their area, through the online Sports Directory, Activity Finder, website, and/or transition sessions

Action 5 – Actif Sport & Leisure to develop and offer an endorsed staffing solution for schools that wish to buy in PE and/or extra-curricular sport deliverers, including PPA cover.

Action 6 – All schools to subscribe to 'Actif Anywhere for Schools' – CCC's online Resource, OnDemand and Livestreaming platform for physical activity for schools.

Action 7: All schools to engage with the Bronze Young Ambassador Programmes to ensure additional opportunities exist for children to be active.

Action 8 - All schools to engage with the School Health Research Network and allow Key Stage 2 pupils to complete the Well-being Surveys. Schools to analyse data focussing on Eating and Activity habits and act where necessary. Link findings with those from the School Sports Survey (see Action 1).

#### Cost

Setting a minimum training level for schools will result in financial support being required (potentially via external funding).



The creation and provision (by Actif) and buying in (by schools) of staffing support for PE delivery and/or extra-curricular sport provision, plus subscribing to Actif Anywhere (£365-£525 pa based on size of school), will have some associated cost. However, it is envisaged the provision of the model would be financially sustainable once established and 'live' and that the costs borne by schools would be payable for supply cover anyway and this would present a lower cost solution that is better connected to the local sport infrastructure with a greater role/emphasis on the whole sport system.

There could be a cost for a festival and competition programme which should be picked up by the schools as existing.

## Recommendation Four

### Focus Area - School Swimming and Community Sport

**KEY ACTION: Confirm the authority's commitment to ensure that every child in Carmarthenshire is to be able to swim 25m by the time they leave primary school and reduce/remove the cost of school swimming to schools.**

Additionally, community sport has a key role in preventing activity and health decline whilst trying to increase activity levels and good health. Carmarthenshire County Council should commit to support the Actif Communities Team and newly formed Carmarthenshire Sport Network, ensuring they have visibility and voice in the county's direction of travel.

#### Sub-Actions

Action 1: Endorse the Council commitment 'to ensure every child in Carmarthenshire is able to swim 25m by the time they leave primary school.'

Action (Option) 2a: Top slice cost of school swimming from delegated schools' budgets, whilst exploring alternative transport solutions e.g. Sourcing a fleet of electric minibuses for secondary schools (and use by catchment primaries / communities), with trained staff / volunteer drivers to reduce costs (example of [Dolen Teifi Community transport](#) bus being used by some Llanelli Schools at a fraction of normal bus hire costs). Transport solution also applicable to option 2b below.

Action (Option) 2b: Remove the cost per pupil (£2.80 per swim session) to schools. Whilst this would create a financial burden to the Council (on Actif Sport & Leisure budget), implementation of Actions 5 and 6 of Recommendation 2 would go some way towards reducing the overall burden.

Action 3: Endorse the 3-week 'intensive course of swim lessons' due to it being an evidence-based means of effectively teaching children to swim. Modify the programme to 12 days (from 15) to reduce other impacts of schools and to release 3 days of pool programming to income generate and further offset financial burden of Action 2.

Action 4: Endorse the Actif Communities Team as a key council function that supports the sport and physical activity network for young people, including pre-school, school, and community. Seek solutions to mitigate the risk to annual external grant funding that currently underpins this work, recognising the social value return on investment being far more than investment required.

Action 5: Ensure diversification of the physical activity offer, e.g. family entertainment arena at the new 'Carmarthen Health & Wellbeing HWB' and connection to HWB offer countywide, to maximise promotion and uptake.

#### Cost

Circa £120k of income is collected from schools to fund the school swim programme currently. Should this be removed with no Council virements, the 'loss

of income' would be borne by Actif Sport & Leisure and create an immediate budget pressure.

Some of this pressure can be mitigated by Actions 5 and 6 of Recommendation 2 and action 3 of this recommendation but there will remain an immediate pressure likely to be over £70k pa.

Potential to further sell bi-lingual Active Anywhere online service to schools across Wales.

## Recommendation Five

### Focus Area: Healthy Eating Production, Provision and Promotion

#### **KEY ACTION: Aligning and integrating actions with the Local Food Strategy and the Food Systems Development Project**

*“The Local Food Strategy can play a pivotal role in delivering: sustainably produced and healthy food for everyone; better livelihoods and economic security of local producers; and support a transition to environmentally regenerative food production”.*

**Sub-actions** (to be endorsed and monitored as part of agreed Food Strategy)

Action 1: Promote county-wide “One Health, One Food System” activity in this area including the development of food knowledge, skills and nutritional literacy for targeted groups, prioritising pregnancy, and early years. Support and deliver food educational programmes and initiatives in schools by adopting a whole school approach in collaboration with stakeholders already identified and operating in the food system.

Action 2: Research the feasibility of ‘Social Prescription of Healthy Food Provision’ including but not exclusively the expansion and integration of a ‘Healthy Start Voucher +’ for key areas with direct access to fruit and veg shops/markets/community pantries/county-wide box schemes. Supporting the work of the Food Systems Development Project to establish a subsidised Carmarthenshire Veg-Box Scheme to be distributed through Community Food Initiatives across county.

Action 3: Create and promote a standardised Menu Development guidance document for Early Years settings and encourage the localised supply chains where access is given to Nutrient Dense Food. Including Breakfast Clubs with Healthy Eating Guidance/Menu Options.

Action 4: Support the definition, review, and phased removal of all ‘ultra-processed’ ingredients from all Public Sector menus across Hospitals, Care Homes, School Meals, Leisure Facilities (linking with new Healthier choices Food & Beverage strategy for leisure facilities) and supported Early Years settings.

Action 5: Review the existing food advertising environment under our direct control and Regulate (where possible) the promotion of ‘Un-Healthy’ Foods in and around school/early years settings.

Action 6: Scale-up successful delivery models already operating such as the Cwm Gwendraeth Model (see [Appendix A](#) pilot) to all of Carmarthenshire with additional engagement and delivery support from PSB partners and the local food partnership.

Action 7: Promote the 'Future Generations Menu' (when available) and the VegPower 'Eat them to Defeat Them' Campaign in all CCC settings, including resource links for school settings.

Action 8: Capture county-wide baseline data on School Food Waste, both 'avoidable' (plate) and 'un-avoidable' (kitchen). All schools to comply with the current Healthy Eating in Maintained Schools (Wales, June 2014) and Healthy Eating in Schools (Wales) Measure, 2009 & the regulations made under it. Collaborative working in relation to ensuring compliance.

**Cost**

Aligned with existing resources.

## Recommendation Six

### Focus Area: Addressing inequalities via Pentre Awel development.

**KEY ACTION: Collaborate with local community and to address health inequalities in the locality using the Pentre Awel development as the catalyst for change.**

Pentre Awel - Public Health Challenges

**Health Needs Assessment and Health Impact Assessment**

- HNA / HIA Project completed 2018
- Presented at The Lancet Scientific Conference in 2018 and Welsh Public Health Conference in 2019

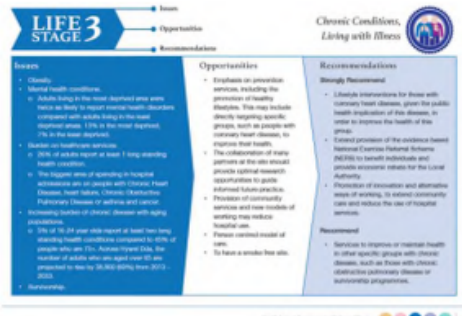
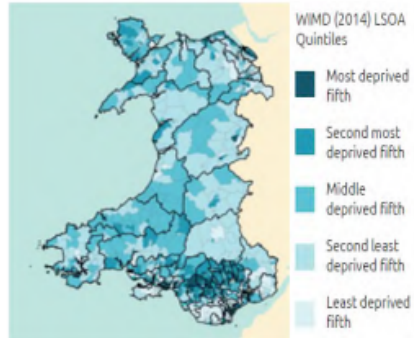
**Welsh Index of Multiple Deprivation**

- Pentre Awel sits between an affluent community and deprived community

**Increased prevalence of risk factors:**

- High blood pressure
- Diabetes
- Smoking
- Overweight and obesity
- Physical inactivity
- Poor diet and nutrition
- Excess alcohol consumption

These risk factors are often linked e.g. obese individuals are 7x more likely to develop Type 2 diabetes, those overweight are 3x as likely to develop the condition as those of a healthy weight

### Sub-Actions

**Action 1:** Ensure clarity and connection of work building on existing work and partnerships in and around Pentre Awel (linking with LHB endorsed social model for health & well-being targeting and transforming Ty-Isha ward) to maximise partnerships and programmes of intervention for the benefit of the population, e.g. £147k Shared Prosperity Fund project, and building on the success of the recent 'Beat the Street' initiative.

**Action 2:** Engage with local community to help to design physical activity spaces and programmes on and off-site, and to expose them to the current and future volunteering and employment opportunities in physical activity-related roles.

**Action 3:** Scope and enhance the physical activity opportunities for families and young people in and around Pentre Awel.

**Action 4:** link across with work on Food strategy and initiatives to support healthier eating in locality.

**Action 5:** Link with County Council Housing team to consider discounted health and fitness memberships for tenants as part of their agreement.

### Cost

From existing revenue or external funds, but largely maximising resources through better collaboration.

Likely capital costs for the creation/development of active spaces. Could be sourced via grant/Council capital.

## **Recommendation Seven**

**Focus Area: Ensuring a ‘fit for the future’ infrastructure to enable children and families to be active.**

**KEY ACTION:.** Ensure a thorough understanding of the current sport and physical activity infrastructure, informing planned and potential developments with funding routes in place or identified.

### **Sub-Actions**

Action 1: All schools to ensure that their environment promotes and encourages Physical Activity / Physical Learning.

Action 2: Ensure all Council leisure facilities feature inspirational spaces for children, including facilities at Pentre Awel and the proposed Health & Wellbeing HWB in Carmarthen. Their use to be reviewed and enhanced to maximise positive impact on children.

Action 3: Robust spatial assessments to be in place that inform the Council, and other associated agencies, of the needs and wants of the county. Assessments to be utilised to plan and create a rich landscape of accessible activity spaces and facilities.

Action 4: Adopt a long-term strategy regarding all weather pitches that considers the role they can play in increasing capacity, consistency, and positivity of experience balanced with the grass pitch landscape, environmental sustainability, and the financial viability in the short and long term.

Action 5: Using the Council’s innovative ‘Focus Sport’ approach (used for Cycling previously), review infrastructure development of focus and priority sports to date, using achievements and learning to create and deliver a forward plan of infrastructure development for the next 3-year cycle.

### **Cost**

Whilst reviews will generally come at little or no cost, key will be the capital developments to enhance or install infrastructure. Explore / utilise external funding, S106 monies, potential ‘invest to save’ opportunities, as well as the potential to bid for limited Council capital gap funding, recognising current pressures.

It should also be recognised that the Council will not necessarily be responsible for all developments, and that strategic direction and decision-making may be the extent of the involvement.

## 7. Conclusion

Childhood obesity is a multi-faceted issue that requires a co-ordinated approach from numerous stakeholders. By implementing the recommendations contained within this report, Carmarthenshire can make significant progress in reducing childhood obesity rates, promoting healthier lifestyles for children 0-11 years old and improving the overall health and well-being of its population.

This task and finish report aims to serve as a roadmap for policymakers, healthcare professionals, educators, and community leaders to collaboratively address the challenges posed by childhood obesity in Carmarthenshire.

It is crucial to adopt a multi-sectoral approach involving government agencies, healthcare providers, educators, parents, and the community to ensure long-term impact and sustainability.



## 8 Bibliography / References

Reference	Link
Carmarthenshire County Council Well-being objectives	<a href="https://www.carmarthenshire.gov.wales/home/council-democracy/consultation-performance/well-being-objectives/">https://www.carmarthenshire.gov.wales/home/council-democracy/consultation-performance/well-being-objectives/</a>
County Councils' Corporate Strategy 2022-2027	<a href="https://www.carmarthenshire.gov.wales/home/council-democracy/strategies-and-plans/corporate-strategy-2022-2027/">https://www.carmarthenshire.gov.wales/home/council-democracy/strategies-and-plans/corporate-strategy-2022-2027/</a>
Carmarthenshire play sufficiency assessment 2022-25	<a href="#">PLAY-SUFFICIENCY-SUMMARY-2022.pdf (gov.wales)</a>
Dahlgren G and Whitehead M (1993) Model of wider Determinants of Health	<a href="#">Broader determinants of health   The King's Fund (kingsfund.org.uk)</a>
Welsh Government: Healthy Weight, Healthy Wales Strategy (updated 2023)	<a href="#">Healthy weight strategy (Healthy Weight Healthy Wales)   GOV.WALES</a>
School engagement matrix with health-related initiatives	Internal
Well-being of Future Generations Act (2015)	<a href="#">Well-being of Future Generations Act (2015)</a>
Public Health Wales Child Measurement Programme (CMP) 2021-22	<a href="#">Child Measurement Programme - Public Health Wales (nhs.wales)</a>

Figure 1 Ctrl+Click to follow the hyperlinks and read the documents

## 9 Appendices

### Appendix A – Projects / Initiatives to help address Childhood Obesity

Service	Summary
<b>Pre School / Primary School age</b>	
Health Visitor EQLiP pilot project in Cwm Gwendraeth with Active Communities	Early Years integration group (Tina Taylor) – health visitor team, but multi-agency / collaboration key. Actif Sir Gar Co-ordinator linked in. EQLiP – enabling quality improvement in practice. Linking work of physical literacy and activity with training for health workers. EQLiP programme poster produced for HDHUB. There is a multi-agency team including CCC. There are 3 EYIT team members, Hilary from Active and PHW. • Delivery of “Movers and Shakers” weekly (physical literacy group for toddlers) • Delivery of an infant feeding/weaning group every other week. [The pilot Group were advised there was a risk that the pilot would not continue or be extended despite its success. The Group felt that due to the success of the pilot model it should be extended to the mainstream]
<a href="#">Healthy and Sustainable Pre-Schol Scheme</a>	Set-up in 1999 to ensure that local healthy school schemes were established in health and education partnerships in each local authority area in Wales
Play Sufficiency Assessments / funding	Promotes and protects children and young people’s access to high quality play provision. Increasing play activity will increase children and young people’s physical activity and therefore contributing to a healthy weight and lifestyle, reducing sedentary behaviour.
Introduction to Play Training	Delivered via the Play and Childcare development assistants and offered to schools, childcare settings and communities. Encourages schools to develop Play Policies and to protect children’s playtimes and not use as a form of behaviour sanction thus allowing children the time and space to be physically active during the day.
Flying Start Service	Health Visiting • Promotion of Breastfeeding in the Antenatal period. • Promoting healthy lifestyles and eating in the antenatal period. • Encouraging parents to recognise early feeding cues. • Using the Behavioural states from the Health Visitor Observation and Assessment of the infant (HOAI) to educate parents on how to respond to baby and to discourage and pick baby up to feed when baby

	<p>may go back to sleep. • Following the Royal College of Paediatrics and Child Health 9(RCPCH) Child Measurement Programme. • Weighing and advising on healthy eating as per Healthy Child Wales Programme. • Staff attend the Nutritional Skills Training run by the Health Board Dietetic Department. • Advice on Weaning and discouraging early weaning. • Liaise with Hywel Dda Dietetic department re: weight issues</p>
<a href="#">SKIP Cymru</a>	<p>Researchers at the <a href="#">University of Wales Trinity Saint David</a> have created a programme to support the development of children's physical literacy and motor skills.</p>
<a href="#">Welsh Network of Healthy Schools Scheme</a> ( <i>Soon to be called the Welsh Network of Health Promoting Schools Scheme</i> )	<p>The Welsh Network of Healthy Schools Scheme has been established in Carmarthenshire since September 2001 and is a Welsh Government funded Scheme, managed by Public Health Wales.</p> <p>The main aim of the scheme is to ensure that all schools, including ALN establishments, take responsibility for maintaining &amp; promoting the health of all who 'learn, work, play &amp; live' within it by embedding a whole school approach across 7 Health Areas. One area being Food &amp; Fitness.</p> <p>Schools are encouraged to Self-Evaluate themselves against 4 key areas: Leadership &amp; Communication, Curriculum, Ethos &amp; Environment &amp; Family &amp; Community Involvement. Healthy School Officers support schools on their Self-Evaluation journey, to identify areas of development and to produce action plans to initiate development.</p>
<a href="#">Making Every Contact Count (MECC)</a>	<p>The MECC approach aims to empower staff working particularly in health services, but also partner organisations, to recognise the role they have in promoting healthy lifestyles, supporting behaviour change and contributing to reducing the risk of chronic disease.</p>
<a href="#">Healthy Weight, Healthy Wales</a>	<p>This sets out Welsh Government's ambitious plans, over a ten-year period, to transform the way decisions are made in everyday life which impact upon our weight and wellbeing. The Strategy is set out across four themes: Healthy Environments, Healthy Settings, Healthy People and Leadership and Enabling Change.</p>
<a href="#">National Exercise Referral Scheme (NERS)</a>	<p>The National Exercise Referral Scheme (NERS) is a Welsh Government funded scheme. The Scheme</p>

	target clients aged 16 and over who have or are at risk of developing a chronic disease giving them access to high quality supervised exercise programme. Scheme historically has an U16 referral system called MEND but funding discontinued by WG
Holiday Playworks Grant	Delivering free open access play sessions – with particular focus on areas of deprivation and provides healthy snacks.
Well-being interventions in Tyisha	Lorena Alvarez • Introducing children to fruit: e.g. provide healthy fruit kebabs at community events • Cooking sessions for families in Early Years settings, making healthy quick affordable snacks • Free sports sessions in the community • Bike-ability sessions • Litter picks with schools- keeping them active and educating at same time. • Promoting healthy prizes e.g. family swimming passes at leisure centres
<b>FOOD</b>	
<a href="#">Food and Fun</a>	<p>Food and Fun - Food and Fun is a school-based education programme that provides food and nutrition education, physical activity, enrichment sessions and healthy meals to children during the school summer holidays, targeting schools with 16% or higher free school meal eligibility. 'Food and Fun' School Holiday Enrichment Programme - WLGA All schools delivering Food &amp; Fun must complete the Level 2 Community Food &amp; Nutrition Skills course. In 2023, 6 primary schools delivered Food &amp; Fun in Carmarthenshire, with the goal in 2024 for secondary school/s to also deliver the programme.</p> <p>Food and Fun is a school-based programme funded by WLGA that takes place across 12 days during the summer holidays.</p> <p>It provides Food and Nutrition Education, Physical Activity, Enrichment Sessions and Healthy Meals. Eligible schools must have 16% or greater of Free School Meal Eligibility. Each school is allocated £11,000 per cohort of 40 pupils.</p>
<a href="#">Bwyd Sir Gar Food Partnership and Network</a>	Empowering communities through a co-productive approach, Bwyd Sir Gâr Food's vision is to enable social, cultural, environmental, and economic

	<p>regeneration. It aims to work in a culturally sensitive, forward-thinking and inclusive manner through education, communication, and access to opportunity, for the promotion of a thriving, resilient and nutritious local food system supportive of nature recovery, as well as health and wellbeing. The partnership is supported by Carmarthenshire County Council, Carmarthenshire Association of Voluntary Services, Hywel Dda Department of Nutrition and Dietetics, University of Wales Trinity St Davids, Coleg Sir Gar, Public Health Wales, Natural Resources Wales, Social Farms and Gardens, Carmarthenshire Public Services Board and Carmarthenshire Food Network (CFN).</p> <p>Bwyd Sir Gâr Food works closely with members of CFN to provide a platform for grassroots operators in the food system to shape the future of food in the county. CFN is comprised of cluster groups which include community growers, horticultural businesses and farmers, chefs championing local food, community food providers and wider community support organisations. CFN facilitates work within and between the cluster groups, providing opportunities for skills and resource sharing, training opportunities, and working towards a connected food system across the county.</p> <p>The Partnership Strategic Steering Group meets monthly, and the Partnership has a dedicated Sustainable Food Place Coordinator</p>
<p><a href="#">Big Bocs Bwyd</a></p>	<p>Pan-Wales Initiative for Schools.</p> <p>Creating a vision and action to tackle food poverty, address food waste and supporting children in becoming food literate.</p> <p>Bringing passionate people together to help achieve your vision and at the same time promoting community cohesion. Supported with Growing, Cooking and Sharing activities.</p> <p>The installation of Big Bocs Bwyd explicitly links in with the new Curriculum for Wales' 4 purposes.</p> <p>Currently 4 operating in Carmarthenshire.</p> <ul style="list-style-type: none"> <li>• Ysgol Bro Banw, Ammanford.</li> </ul>

	<ul style="list-style-type: none"> <li>• Llandeilo Primary School, Llandeilo.</li> <li>• Ysgol Cymraeg Dewi Sant, Llanelli</li> <li>• Ysgol Trimsaran, Llanelli</li> </ul> <p>Supported by the Learning Partnership Wales with funding from Welsh Government</p>
<p><a href="#"><u>Nutrition Skills for Life</u></a></p>	<p>Overall aim is that the people in Wales have the skills, opportunity and confidence to access healthy, affordable and sustainable food for themselves, their families and their communities. Offer of accredited nutrition training to ensure evidenced based nutrition messages are shared through food-based activities. About Us – Nutrition Skills for Life®</p> <p>In 2023, 16 front line community staff from Carmarthenshire attended Level 2 Community Food &amp; Nutrition skills training.</p> <p>Ran by Hywel Dda University Health Board, Community Health Improvement, Dietetics Team.</p>
<p>Food Systems Development Project (CCC and Partners)</p>	<p>The Project is led by Carmarthenshire County Council, supported by the Bwyd Sir Gar Food Partnership and delivery with 4 additional ‘Third-Party’ Partners – Hywel Dda University Health Board, Social Farms and Gardens, Carmarthenshire Association of Voluntary Services and Food Sense Wales.</p> <p>Secured funding until 31<sup>st</sup> December 2024 under Shared Prosperity Fund.</p> <p>The Food Systems Development Project acts simultaneously at key intervention points (weaknesses) in the local food system: production, processing, and provision.</p> <p>Economic, Environmental and Social Regeneration - improving Local Business, Communities, People and Skills. <i>For ‘a healthier, wealthier and greener Carmarthenshire’</i></p> <p>Three interconnected strands of project delivery -</p> <ol style="list-style-type: none"> <li>1. <b>Connected Communities and Community Access to Healthy Food</b></li> </ol> <p>Create, sustain, and train community food initiatives with increased local sustainable supply.</p>

	<p><b>2. Strategic Land Management for Public Goods</b></p> <p>This project will put in place infrastructure, equipment, and skilled staff for the development of a model market to field-scale sustainable fruit and vegetable production site on a local authority holding. The aim will be to demonstrate that Carmarthenshire can produce a wide range of high-quality, sustainable (agroecologically produced), seasonal vegetables. The development of a new and innovative model on a county land asset as a mechanism for delivering multi-policy objectives and securing the long-term commercial viability of assets.</p> <p>Directly Linked to the Future Generations Menu Development Project as noted below.</p> <p><b>3. Communications</b></p> <p>Building a ‘good food movement’ accessible to all by - Creating awareness and raising the profile of BSGF as well as all related activity and projects and empowering mass participation and encouraging all stakeholders (individuals, businesses, organisations etc) to engage.</p>
<p>Future Generations School Menu Development (CCC)</p>	<p>Pilot Project funded by WG Innovation Fund (and supported by the Backing Local Firms Fund Community of Practice with 9 Projects spanning Wales across Private, Public and Third Sector) - Managed by CCC Education Dept, funding for a specialist 1 FTE Staff over 18 Months to develop and implement 80+ Recipes within 3 x 3 Week Rolling Menus for each term time based on local, seasonal, and sustainable ingredients.</p> <p>Working within the FG Menu Report Parameters. This will then be piloted in 2 Primary Schools (up to 500 children) starting in Autumn Term 2024 collecting evidence on food waste reduction, take-up of meals, customer feedback, associated carbon emissions reductions and impact on foundational and circular economy.</p> <p>Also included in the funding is training for catering staff, engagement activities with key stakeholders e.g. parents, teachers, children, and governors, and an extra 20-30% uplift of budgets for ingredients. All</p>

	<p>Recipes and Menus created will be 'open source' and publicly available for all local authorities in Wales.</p> <p>The produce to supply this project will be grown and aggregated by the Food Systems Development Project as above.</p>
<a href="#">Cook24</a> (Coleg Sir Gar)	<p>Funded by Shared Prosperity UK Gov until Dec 31<sup>st</sup> 2024.</p> <p>County-wide mobile and bespoke Cooking Skills Delivery to targeted Community Groups, delivered by highly trained local chefs.</p> <p>Also currently exploring Teacher Training Delivery of Food Leadership available to all CCC Schools.</p>
<a href="#">National Healthy Eating Guidance for Schools</a>	<p>Guidance currently under review as 10 years old.</p>



## Appendix B – Task & Finish Group Meetings & Attendance

Meeting	Councillors Present	Officers Present
18 <sup>th</sup> May 2023 Committee Room 1, Spilman St (Scoping)	H.A.L. Evans (Chair) M. Donoghue R.E. Evans M. James J.P. Jenkins H. Jones B.A.L. Roberts	C. Daniels I. Jones C.L. Rees E. Bryer
19 <sup>th</sup> June 2023 Committee Room 1, Spilman St (Scoping)	H.A.L. Evans (Chair) M. Donoghue M. James H. Jones	I. Jones C. Daniels C.L. Rees M. A. Jones E. Bryer
19 <sup>th</sup> June 2023 Committee Room 1, Spilman St (Scoping)	H.A.L. Evans (Chair) M. Donoghue R.E. Evans M. James H. Jones B.A.L. Roberts	I. Jones C. Daniels M. A. Jones A. Cook E. Bryer
26 <sup>th</sup> September 2023 Democratic Services Committee Room, County Hall	G. H John (Chair) B.A.L. Roberts	I. Jones C. Daniels C.L. Rees M. A. Jones A. Cook E. Bryer
14 <sup>th</sup> November 2023 Virtual Meeting	G. H John (Chair) M. Donoghue M. James H. Jones	I. Jones C. Daniels C.L. Rees H. Jones M. A. Jones A. Cook E. Bryer
13 <sup>th</sup> December 2023 Virtual Meeting	G. H John (Chair) M. Donoghue M. James H. Jones B.A.L. Roberts	I. Jones C. Daniels M. A. Jones N. Thomas E. Bryer
23 <sup>rd</sup> January 2024 Virtual Meeting	G. H John (Chair) M. Donoghue M. James B.A.L. Roberts	I. Jones C. Daniels C.L. Rees M. A. Jones A. Cook E. Bryer
20 <sup>th</sup> February 2024 Virtual Meeting	G. H John (Chair) M. Donoghue M. James	I. Jones C. Daniels C.L. Rees

	J. Tremlett (Cabinet Member)	M. A. Jones A. Cook E. Bryer
19 <sup>th</sup> March 2024 Virtual Meeting	G. H John (Chair) M. Donoghue M. James H. Jones B.A.L. Roberts	I. Jones C. Daniels E. Bryer

**HEALTH AND SOCIAL SERVICES SCRUTINY COMMITTEE**

**02/05/2024**

**Subject: Family Support Strategy**

**Purpose:** The current Family Support Strategy 2018-2023 is due to be updated this year. As part of the transformation of Children and Families Services, we are moving to an Early Help approach. This paper sets out the rationale for this and the time frame for developing the Early Help Strategy.

**THE SCRUTINY COMMITTEE IS ASKED TO:-**

Review and assess the information contained in Report and provide any recommendations, comments, or advice to the Cabinet Member and / or Director prior to the report's consideration by Cabinet.

**Reason(s)**

To formulate views for submission to the Cabinet / Council for consideration

**CABINET MEMBER PORTFOLIO HOLDER:-** Cllr Jane Tremlett - Cabinet Member for Health and Social Services

<p><b>Directorate:</b> Education and Children's Services</p> <p><b>Name of Head of Service:</b> Jan Coles</p> <p><b>Report Author:</b> Jan Coles</p>	<p><b>Designations:</b></p> <p>Head of Children and Families</p> <p>Head of Children and Families</p>	<p><b>Tel Nos.</b></p> <p><b>E Mail Addresses:</b></p> <p><a href="mailto:jcoles@carmarthenshire.gov.uk">jcoles@carmarthenshire.gov.uk</a></p> <p><a href="mailto:jcoles@carmarthenshire.gov.uk">jcoles@carmarthenshire.gov.uk</a></p>
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# EXECUTIVE SUMMARY

## HEALTH AND SOCIAL SERVICES SCRUTINY COMMITTEE

### 02/05/2024

**Subject: Family Support Strategy**

#### 1. **BRIEF** SUMMARY OF PURPOSE OF REPORT.

The current Family Support Strategy 2018-2023 is due to be updated this year. As part of the transformation of Children and Families Services, we are moving to an Early Help approach. This paper sets out the rationale for this and the time frame for developing the Early Help Strategy.

#### **What do we mean by Early Help?**

Early Help is a collaborative approach, not a provision.

All children and young people will receive universal services, however, some children, because of their needs or circumstances, will require extra support to be healthy and safe and to achieve their potential. In Carmarthenshire we recognise that a timely response is essential for families who need some support and to achieve this we are developing our Early Help Approach.

Building on the long-standing commitment of Carmarthenshire to supporting families sooner rather than later, the Early Help Strategy will establish a common understanding of Early Help and to ensure everyone can see how their contribution can make a difference to the lives of children, young people and families in Carmarthenshire. The Strategy will describe how we ensure families receive accessible, co-ordinated Early Help when they need it. Early Help will happen across a continuum, from universal preventative approaches through to more targeted help where families are experiencing more complex and multiple difficulties aimed at preventing statutory intervention.

#### **Principles**

- Right Help

Key to achieving our aims for supporting children and young people in Carmarthenshire is a commitment to early help through a range of evidence-based interventions.

- Right Time

Early Help may be needed at any point in a child or young person's life, and we will offer support quickly, to reduce the impact of problems that may have already emerged.

- Right way for Families

Families are best supported by those who already work with them organising additional support with local partners as needed.

#### **Why Early Help?**

It is recognised that Children and Families Services in Carmarthenshire needs to change to meet the increased and changed demand. The recent paper on the Children and Families Division budget position has set this out in detail. The Early Help Strategy is a vital part of the transformation of Children and Families Services.

So much has changed, locally and nationally since the Family Support Strategy was implemented. The Early Help strategy will acknowledge these changes setting out the Carmarthenshire context and the national picture.

### **Create opportunities for greater partnership and integrated working**

The Strategy will outline our common purpose. The development of an effective Early Help approach is the responsibility of all strategic partners and requires a whole system / whole workforce approach across all services working with children. This strategy seeks to outline how we will work in partnership and as a community to play our part in helping those families most in need.

### **Measures of Success**

We expect the Early Help approach to make a real difference. The key indicators the Early Help is working will be:

A reduction in the number of children subject to Statutory Assessments

A reduction in the number of Children closed to Statutory Children's Services following an assessment

A reduction in the number of children subject to Care and Support Plans and Child Protection Plans

A reduction in the number of children who are looked after'

### **Timeline**

April 2024 – Complete scoping the range of services currently providing early help in Carmarthenshire and identify key partners

May 2024 – Engage with partners

June 2024 – Establish the Early Help Hub and routine use of the distance travelled tool

Oct 2024 – Early Help Strategy and implementation plan to CMT

Dec 2024 – Multi Agency Early Help Strategy adopted by partners

<b>DETAILED REPORT ATTACHED</b> ?	<b>NO</b>
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## IMPLICATIONS

**ALL IMPLICATIONS REQUIRE SIGN OFF BY THE DIRECTOR OR HEAD OF SERVICE**

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:



Head of Children and Families Division

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

### 3. Finance

Some investment has been included in the Children and Families Divisional Budget growth to support this approach. This has been detailed in the Children and Families Divisional Budget report.

### 7. Staffing Implications

The Children and Families Senior Management Team responsibilities were realigned, and a new team appointed in November 2023, in part to enable the implementation of the Early Help approach. Teams are moving to align to these new responsibilities.

**CABINET MEMBER PORTFOLIO HOLDER(S) 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:**  
**THERE ARE NONE**

## HEALTH & SOCIAL SERVICES SCRUTINY COMMITTEE

THURSDAY, 21 MARCH 2024

**PRESENT:** Councillor G.H. John (Chair)

**Councillors (In Person):**

M. Donoghue	A. Evans	W.T. Evans (In Place of K. Davies)
M. James	H. Jones	F. Walters

**Councillors (Virtually):**

B.A.L. Roberts	C. Davies	D. Owen	P.T. Warlow
J. Williams			

**Also in attendance:**

Councillor. J. Tremlett, Cabinet Member for Health & Social Services

**Also Present (In Person):**

J. Morgan, Director of Community Services  
G. Morgans, Director of Education & Children's Services  
A. Bracey, Head of Adult Social Care  
J. Jones, Acting Head of Integrated Services  
C. Richards, Senior Safeguarding Manager  
J. Coles, Head of Children and Families  
R. Hemingway, Head of Financial Services  
K.A. Jones, Service Manager  
K. Barlow, Senior Manager-Complex Needs and Transition  
A. Eynon, Principal Translator  
D. Hall-Jones, Member Support Officer  
E. Bryer, Democratic Services Officer

**Also Present (Virtually):**

C. Harrison, Head of Strategic Joint Commissioning  
D. Jones, Senior Accountant  
M. Runeckles, Members Support Officer

[**Note:** The Chair advised the Committee that, in accordance with Council Procedure Rule 2(3) he was going to vary the order of business on the agenda.

**Note:** At 12.55 pm the Committee's attention was drawn to Council Procedure Rule 9 – Duration of Meeting and, as the meeting had been underway for almost three hours it was resolved to suspend standing orders to enable the Committee to complete the outstanding agenda items. ]

**Chamber - County Hall, Carmarthen. SA31 1JP and remotely - 10.00 am - 1.05 pm**

### 1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors B. Davies and K. Davies.

Note: These minutes are subject to confirmation at the next meeting.

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

There were no declarations of personal interest or of any prohibited party whips.

## **3. PUBLIC QUESTIONS (NONE RECEIVED)**

The Chair advised that no public questions had been received.

## **4. CHILDREN'S SERVICE BUDGET POSITION**

The Committee considered a report they had requested following concerns regarding the current position within Children's service.

The report set out the background and context of the budget position. It was noted that in the first quarter of 2023-2024 Children's services reported a projected overspend of £5.3 million against an overall budget of £23 million. As a result of this, a review was commissioned and led by the Statutory Director of Social Services to undertake an analysis in relation to the drivers of the demand and focus on areas where there had been significant overspend.

The Committee noted that a Transformation Plan had been developed from that analysis which aimed to manage future demand and achieve a balanced budget.

Carmarthenshire had routinely had the lowest rate of Children Looked After in Wales and also maintained low numbers of children on the Child Protection Register. This had been achieved through investment in prevention and early intervention services as well as being early adopters of innovative approaches to safeguarding.

The Head of Children and Families highlighted that there had been a significant increase in the number of strategy meetings and Section 47 investigations. Concern regarding the lack of available social workers was highlighted again and that a trainee programme was underway within the Authority which would result in an additional 10 social workers. Another area of concern raised was the need for increased capacity and new model of accommodation to reduce the overspend against Home Office funding for unaccompanied asylum-seeking children.

The Director of Community Services stated that following the significant investment in the service area it was imperative that outcomes were met and that these would be closely monitored. Regular progress updates would be provided to Scrutiny.

A number of questions were raised to which officers responded. The main matters were as follows:

Note: These minutes are subject to confirmation at the next meeting.



- Officers were asked if a request for additional funding had been made to the Home Office. The Head of Children and Families advised in conjunction with the WLGA the Home Office had been challenged regarding funding and that they would continue to do so. Details of the current funding would be circulated to the committee after the meeting.
- In response to concern regarding the cost of out of county care for children it was stated that significant investment was being made in authority owned homes and the fostering service.
- It was noted that the funding was for a 2-year period. The Head of Children and Families confirmed that it was a 2-year programme and that the fostering service would require a complete transformation.
- In response to concern raised regarding payments to foster workers it was asked if the allowance was set by the Authority or another body. The Head of Children and Families confirmed that the rate was set by the Authority although the lowest / floor rate was set by Welsh Government. The need for a transparent framework of payment was highlighted and that this work was currently in progress with on going consultation with foster carers. The framework would have to accommodate the varying needs of children.
- In reference to Welsh Government making it unlawful for Local Authorities in Wales to place children in private residential care homes after 2026, it was asked if Carmarthenshire would have sufficient provision ready. The Head of Children and Families. advised that as a result of this Carmarthenshire would need to develop local options and that the growth in the range of residential services was already underway and the expectation was that the Authority would be ready.

**UNANIMOUSLY RESOLVED that the report be received.**

## **5. PREVENTION STRATEGY FOR CARMARTHESHIRE**

The Committee considered a report they had requested on the current position of the development of the Prevention Strategy for Carmarthenshire.

It was noted that there was currently no prevention strategy in place for Carmarthenshire or for the Hywel Dda Region and the closest report of a similar nature was the 'Prevention, Early Intervention, Promoting Independent Living Carmarthenshire: A Resilient Community' developed in 2016. Therefore, it was acknowledged that an updated prevention strategy which took into account the current position and set out the prevention vision for the future was required.

The Committee was advised that regional & local governance arrangements had been progressed with establishment of a Regional Preventions Board. Officers advised that there was a programme of work developing the preventative/community-based initiatives with third sector organisations and CAVS. This also included the development of social and micro enterprises.

A new Community Preventative Services model had been developed - Carmarthenshire's Third Sector Preventative Services. The model had been

Note: These minutes are subject to confirmation at the next meeting.

designed to build seamless links between services that help people of all ages stay independent within their communities or to access more formal care and support when needed. The recommissioning of the third sector preventative services had enabled providers to work together to provide flexible support. It was stated that each of the locality areas had a lead third sector provider, who along with other third sector partners were responsible for developing initiatives in line with the needs of the community. The Connect2Carmarthenshire platform captured all the activity and offers.

It was noted that the micro enterprise and social enterprise development had been launched which will provide a wider range of opportunities for personalised care and support.

A number of questions were raised to which officers responded. The main matters were as follows:

- In response to a concern raised regarding the reliance of service providers on short term grant funding such as the Shared Prosperity fund, the Head of Strategic Joint Commissioning stated that the principle of sustainability underpinned all initiatives. It was stated that the initial funding would only be available to assist them to get projects up and running and there would be no further funding available. Support would be provided in assisting them to seek alternative funding if required.
- In response to a question regarding the reliance on 3<sup>rd</sup> sector service providers, the Head of Adult Social Care advised that the sector had a massive part to play along with the Authority. Focus was needed on prevention and building resilience to be able to respond to increased demand going forward.
- It was asked how much funding was provided by the Health Board in developing the broader preventative agenda. The Service Delivery Manger for Prevention and Wellbeing advised that funding would be requested from the Carmarthenshire Cluster fund. It was also noted that the Prevention Group had received some funding from Public Health.

**UNANIMOUSLY RESOLVED that the report be received.**

## **6. COMMUNITY SUPPORT AND SHORT BREAKS FOR DISABLED CHILDREN**

The Committee considered a report that provided an overview of the services for disabled children and their families. This summarised children's services duties, the current team structure and illustrated the challenges of meeting an increasing demand for services.

It was noted that Carmarthenshire met the needs of disabled children and their families through a range of short break services. These services are allocated following an assessment and can include stays at Llys Caradog and Blaenau respite centres and direct payments. In addition, support is commissioned from private and voluntary sector organisations. This includes, community support, domiciliary care and a range of specialist clubs and activities.

Note: These minutes are subject to confirmation at the next meeting.

In response to a question regarding the next steps, officers advised that a policy would be developed in consultation with families which would ensure that the allocation of resources would be equitable, transparent and better matched to the level of need.

It was asked what percentage of service users received payments directly as opposed to those with parental / carer responsibilities. The Head of Children and Families advised that the information would be provided following the meeting.

**UNANIMOUSLY RESOLVED that the report be received.**

## **7. REVENUE & CAPITAL BUDGET MONITORING REPORT 2023/24**

The Committee considered the Revenue and Capital Budget Monitoring Report in relation to the Health & Social Services, which provided an update on the latest budgetary position as at 31<sup>st</sup> December, 2023 in respect of the 2023/24 financial year.

The Health & Social Services was forecasting an overspend of £10,192k on the revenue budget. The main variances on capital schemes indicated a forecasted variance of -£286k against a net budget of £1,907k on social care projects, and a £3k variance against the Children Services projects net budget of £517k.

A number of questions were raised to which officers responded. The main matters were as follows:

- It was asked if any significant changes were predicted up to the end of March. The Head of Financial Services advised that the report was based on the actuals as at the end of December and that the projections were based on the latest figures and trends which provided assurance that the forecast was accurate. It was stated that this could change in line with any potential increase in service demands.
- In reference to Appendix F – Supported Living, it was asked if any efficiency savings were predicted considering the complexity of demand. In response, the Head of Adult Social Care advised that this area had been particularly challenging and that considerable work had been undertaken. This included rightsizing of support packages, stepping down of 32 to more independent living, and the development of alternative accommodation schemes. The need for a sustainable service was highlighted and the importance of early intervention and prevention. The previous overreliance on residential care was now reducing which had resulted in better outcomes for individuals.

**UNANAMOUSLY RESOLVED that the report be received.**

Note: These minutes are subject to confirmation at the next meeting.

## 8. **2023/24 QUARTER 3 - PERFORMANCE REPORT RELEVANT TO THIS SCRUTINY CABINET VISION ACTION AND MEASURES**

The Committee considered the 2023/24 Quarter 3 - Performance Report Relevant to this Scrutiny's Cabinet Vision Action and Measures. The report showed the progress as at the end of Quarter 3 – 2023/24 of the deliverables for the Cabinet Vision.

A number of questions were raised to which officers responded. The main matters were as follows:

- In response to a query regarding what the expansion of access to support for children and vulnerable adults would look like in Carmarthenshire, the Head of Adult Social Care stated that the focus was on prevention and that prevention in adult mental health started with Children and that providing early support to children and young people with emotional and mental health issues was also a priority for the Regional Partnership Board. Reference was made to the recently published data which showed a worrying trajectory for Wales where figures were on the increase. The Head of Adult Social Care confirmed that a development session had been scheduled with the Committee where additional information would be provided.
- It was asked if the waiting for times for psychiatric referrals had improved. The Committee was advised that unfortunately children still had to wait for referrals however some improvement had been seen with the introduction of the 111 service which was launched in 2022 (Single Point of Access).
- In reference to the issues with the percentage of people referred to the National Exercise Referral Scheme (NERS) additional information was requested what the problems were. The Head of Adult Social Care advised that she would ask the Head of Leisure for an update following the meeting.

**UNANIMOUSLY RESOLVED that report be received.**

## 9. **PERFORMANCE MONITORING REPORT - QUARTER 3**

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

The Committee noted that overall, 94% of the actions and measures were on target.

**UNANIMOUSLY RESOLVED that the report be received.**

Note: These minutes are subject to confirmation at the next meeting.

## 10. ANNUAL REPORT ON ADULT SAFEGUARDING AND DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS) (2022/23)

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 2022/23 financial year.

The report detailed the current context of Safeguarding/DoLS and the arrangements the Local Authority had established. The Committee was advised that as the statutory organisation responsible for adult safeguarding, the Authority was required to have effective arrangements in place to ensure adults at risk were protected from harm. The Local Authority undertakes this role in close partnership with Dyfed Powys Police, Hywel Dda University Health Board and other statutory and non-statutory organisations.

The Committee noted that the Local Authority was also the Supervisory body for Deprivation of Liberty Safeguards which ensured some of our most vulnerable citizens were properly safeguarded.

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

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.

Officers highlighted that the Deprivation of Liberty Safeguards (DoLS) had been deemed "not fit for purpose" due in part to the requirement to disproportionately reassess people on an annual basis when it was unlikely that their circumstances would change. It was highlighted that following consultation the existing DoLS arrangements were to be replaced by a new legislation and renamed the Liberty Protection Safeguards (LPS). The initial date for introducing LPS was October 2020 but this date had changed several and there was no confirmed date yet.

Following a query made in respect of the ambiguity regarding the 7 day timescale, it was clarified that the 7 day was clear but it was the expectations of what needed to be achieved within the 7 days that was ambiguous. In a case where police investigation was required then this would not be achievable in 7 days. Partnership work was on going to develop a procedure and to provide clarity to practitioners on what needs to be established.

**UNANIMOUSLY RESOLVED that the report be received.**

Note: These minutes are subject to confirmation at the next meeting.

## **11. THE MID & WEST WALES SAFEGUARDING CHILDREN & ADULTS BOARDS ANNUAL REPORT 2022-2023**

The Committee received a report which provided an overview of the objectives and achievements of the Mid and West Wales Safeguarding Children & Adults Board and outlined the progress made against the outcomes set by CYSUR and CWMPAS as part of the joint Annual Strategic Plan.

Reference was made to significant investment and time that had been dedicated throughout the year to support the development of the new Single Unified Safeguarding Review (SURS) process, including the development of the draft statutory guidance that had been published early in the year.

**UNANIMOUSLY RESOLVED that the report be received.**

## **12. CORPORATE SAFEGUARDING POLICY**

The Committee received a report which provided an overview of the Corporate Safeguarding Policy.

Reference was made to the Wales Audit Office review undertaken during the period July to August 2023 which recommended the revision of the Corporate Safeguarding Policy that covered all the council's service areas.

The policy set out the individual and collective responsibilities in relation to safeguarding and protecting children and adults at risk and established a governance structure which had oversight of the arrangements to safeguard children and adults at risk. It set out the methods by which the Council would be assured that it was fulfilling its duties and that effective practices were in place to support individuals to live their life free from harm, abuse and neglect in a wide range of settings including home, hospital, school, learning environments, peer/friendship groups, neighbourhoods, communities and online spaces.

Officers highlighted that the Corporate Safeguarding Policy provided a framework for every Directorate and Service area within and across the Council and detailed the methods by which the Council would be assured that it was fulfilling its duties and that effective practices were in place to support individuals to live their life free from harm, abuse and neglect in a wide range of settings including home, hospital, school, learning environments, peer/friendship groups, neighbourhoods, communities and online spaces.

The Committee noted that staff awareness and training sessions had been scheduled and a briefing scheduled for members on the 8<sup>th</sup> May.

**UNANIMOUSLY RESOLVED that the report be received.**

Note: These minutes are subject to confirmation at the next meeting.

**13. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORT**

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

- 10 Year Social Services Strategy

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

**14. FORTHCOMING ITEMS**

**RESOLVED** that the list of forthcoming items to be considered at the next scheduled meeting on the 2<sup>nd</sup> May, 2024 be noted with the inclusion of Children's Service budget position report.

**15. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETING HELD ON THE 25TH JANUARY, 2024**

**UNANAMOUSLY RESOLVED** that the minutes of the meeting of the Committee held on the 25<sup>th</sup> January, 2024 be signed as a correct record.

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**CHAIR**

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**DATE**

Note: These minutes are subject to confirmation at the next meeting.

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