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HEAD OF SERVICE OVERVIEW – HALF YEAR 2015/16

RHIAN DAWSON – INTERIM HEAD OF INTEGRATED SERVICES

More than a third of the population of Carmarthenshire is aged over 65. There are 18,500 people who are over the age of 75 and this number is predicted to grow by 18% by 2020. This is significant because people in this age group are more likely to require Health and Social Care services. Managing this increase in demand at a time of significant reductions in funding is going to be challenging. The policy and practice change in the last 5 years to supporting people to maintain their health and independence will need to be strengthened in order for the needs of the population to be met and to ensure compliance with the Social Services and Wellbeing (Wales) Act and the Future Generations (Wales) Act. In line with this we have developed 'Carmarthenshire's Vision for Sustainable Services for Older People for the Next Decade: Promoting Independence, Keeping Safe and Improving Health and Wellbeing'. This strategy highlights the challenges we face with the current and future demographic position and sets out a plan for delivering more sustainable services over the next ten years. Specifically, it highlights our approach to care provision over three offer areas

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

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

Help to Help Yourself

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

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

Examples of development in this area include, a therapeutic exercise programme supported by our leisure team, GPs and the 'Education for Patients Programme (EPP)' to support individuals with respiratory disease. Based in Llanelli, this programme has been positively evaluated with demonstrable improvements in health outcomes for participants. Learning from this programme will be shared across the County in order to implement in other areas. Last year, Public Health Wales

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trained social care staff in health promotion techniques which would better equip them to have conversations with people who smoke, drink excessively or are obese to motivate them to seek help to address these problems. Evaluation from this initiative has allowed us to develop this further through informing practice. Lifestyle advocates are now identified to support health promotion and associated behaviour change in each GP practice across Carmarthenshire and these have been supported through the Cluster plans and associated funding.

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

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

Carmarthenshire's single point of access to services 'Careline' is currently being redesigned to ensure that it is fit for service, safe and able to provide information, advice and assistance when required at the first point of contact. Careline provides a lifeline and Telecare monitoring service for approximately 30,000 people across South West Wales as well as providing a referral receiving service and information provision service to the people of Carmarthenshire. This service is being enhanced to ensure safe response times and to support staff competency in providing a consistent approach to services.

Help when you need it

Enabling older people and adults with physical disability / sensory impairment to live independently depends on Health and Local Authority services, third sector organisations and, for many, their families, friends and neighbours. Older people assist each other and it should not be underestimated how much mutual support people of advanced age give each other. The majority of older people do not have any contact with Social Care services. Strengthening communities, improving the physical environment to be 'age friendly' and encouraging people to access the range of community opportunities available will support older people. The Welsh Government collects performance information on how many older people are supported to live in the community. Carmarthenshire's performance continues to decline on this measure over the past few years. This is a success, not a failure, as it shows that older people are now being assisted in different ways. Building community resilience is a crucial component to achieving this and a strategic paper outlining our approach to supporting this is currently being progressed. Within recent years, each Locality's Community Resource Team has also benefitted from a 'Third Sector Broker'. These roles were funded by a fixed term European grant and were responsible for working with individuals and communities to identify their 'felt' and 'expressed' needs. The Brokers would also liaise with Carmarthenshire Association of Voluntary Services, Community Groups and other Third Sector provision to broker provision and meet identified gaps in existing service provision to support the identified needs. Following positive evaluation and through the Welsh Government Intermediate Care Fund, it has been possible to ensure that these roles are continued substantively within each CRT and will be an asset to ensuring implementation of the Social Services and Wellbeing (Wales) Act specifically in relation to building community resilience and development of social enterprises.

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The Community Resource Teams (CRTs) strive to enable people to make informed decisions and to empower and support them to do what matters to them. The CRTs based in each locality of the County continue to focus on delivering person centred assessment and care provision to support the promotion and maintenance of individuals' independence. Their work has been enhanced through alignment of the multidisciplinary teams with GP practices and these close working relationships continue to ensure we deliver an optimal service avoiding hospital admissions where appropriate.

Supporting 'care closer to home' is a key objective for health and social care providers and we continue to identify opportunities to grow and sustain service provision within local communities. One example of this includes the GP led Dementia Review clinic in Llandybie. Prior to the establishment of this clinic, patients were reviewed in a hospital environment. This service is complimented by a 'one stop shop' which provides support and advice to patients' carers and families. It is anticipated that this model will be replicated in other areas of the County. Strength and balance exercise programmes are delivered in community venues across Carmarthenshire. These programmes provide an opportunity to sustain improved outcomes following physiotherapy led rehabilitation as well as reducing the risk of falls in older adults. Strength and balance programmes are also delivered in the individual's home as an integral part of our reablement service.

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

Where individuals have required a hospital admission, our Transfer of Care and Advice and Liaison Service (TOCALs) has been instrumental in reducing length of stay by up to two days. Our Delayed Transfer of Care (DToC) rate continues to improve and TOCALs provides an opportunity to further progress performance in this area.

Ongoing Support if you Need it

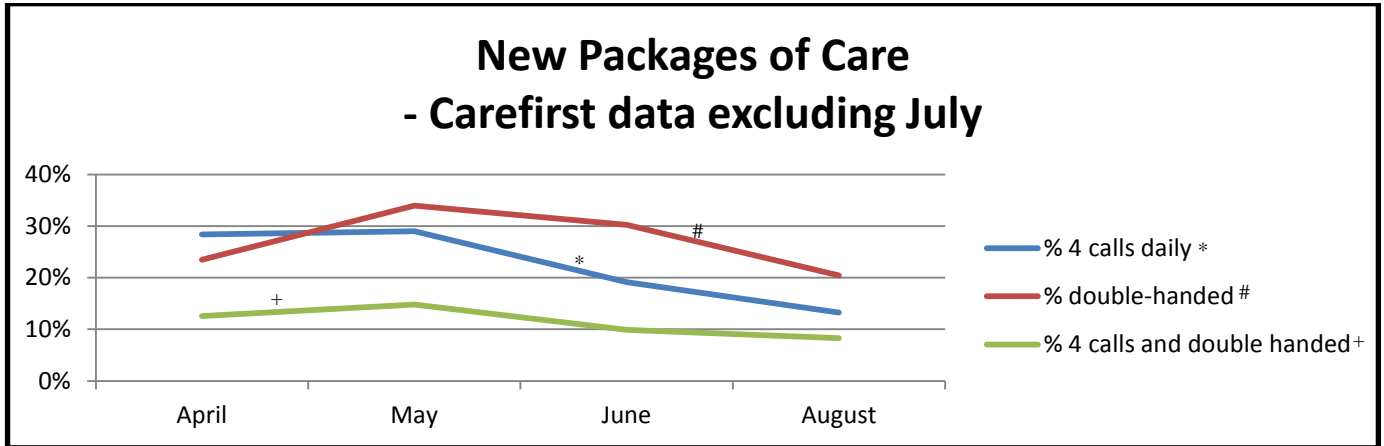
Most people want to stay in their own homes where they can exercise choice and control. The increase in the use of domiciliary care has been positive. Historically, however, due to our rural geography and associated challenges with recruitment and retention, we have found it difficult to consistently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

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

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

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



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

Following a judgement by the Supreme Court, the requirement to assess people who live in care homes and lack Mental Capacity under the Deprivation of Liberty Safeguards has widened, this has presented a challenge to our Social Worker workforce due to increased workload of staff but it has also highlighted the need to protect the Human Rights of people in care homes.

Conclusion

Our financial position has necessitated the critical review of multidisciplinary practice and all services that are provided for older people and younger physically disabled people. A performance management framework developed by the department through a series of consultation events and workshops allows us to critically evaluate and monitor progress against key national and local performance indicators. Measuring performance in this way enables us to identify good practice and identify areas which require focused attention. Whilst the most important focus is to improve outcomes for service users, performance management enables budget holders to capture activity and forecast its impact on the current and projected budget enabling us to plan and modernise the services accordingly. Modernisation and associated improvements have commenced in some areas and which are demonstrating early indications of improved outcomes at individual and

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organisational levels. Performance management also allows us to provide feedback to individuals and teams, which, in turn, creates a positive culture and work environment that thrives on achievements throughout the department. A robust appraisal and supervision has been introduced to the division.

It is important not to underestimate the scale of the challenge ahead. This will require large scale and whole system review of service provision and which will require difficult decisions to be made. We will also need to consider the implications of the Social Services and Wellbeing (Wales) Act and the Future Generations (Wales) Act. Continued collaborative working with our departmental colleagues in the Local Authority and integration opportunities with our partners in health will allow us to identify and embrace opportunities that improve the wellbeing of individuals while maximising the use of resources during this time of austerity.

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

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

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

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

- We have successfully managed a seamless transition from the ILF to the WILF with 2 payments made and no service disruption reported. All financial systems are in place with a robust audit process to be implemented in line with WG requirements early 2016.
- The new Opportunities team have received over 60 referrals all of which have been allocated.
- Coastal file closure will be completed end Oct with the financial closure completion set for end Dec. An EFAT audit has been completed with no recommendations so we expected the final payment without delay.
- We have implemented a new supervision and appraisal structure effectively.
- Students have begun to access the catering projects again with a steady stream of placement uptake commencing Nov.
- There were no planned closures of services this summer for the first time, with a new flexible summer timetable implemented ensuring continuity of service for all those who needed it.
- We welcomed some new arrivals at Maes Lliedi, at last the chickens have landed.

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- Our new hair salon, 'Tangles' opened in Coleshill providing an environment for enterprise, training and an accessible service

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

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

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

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

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

Transition - The Team have undergone a restructure this year, aligning the management structure, roles and responsibilities. The team continues to work with a range of partners to increase opportunities for disabled young people and ensure our transition planning is effective.

Many of the young people managed by the team aged 24 and 25 should now be transferred into long term managed care teams. This is not happening and is having an impact on those young people who need the support the most: those transferring from children's to adult services and those leaving home or Education.

Shared Lives (Adult Placement) - As part of our realignment proposals we are looking to relocate the Shared Lives service within our Provider Division under one Senior Manager. We are particularly keen to see *Shared Lives* as a growth area, not just in terms of people stepping down from Residential Care, but also in terms of those individuals we know who are currently staying with parents/ family, who may need alternative provision in the future.

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Substance Misuse - The team continue to work in partnership with the Health Board and third sector providers, as well as adult social care and children's services. The focus is on those cases with the most complex needs, with the team providing professional advice and support to other social work teams. We continue to coordinate the multi agency premises in Llanelli on behalf of our partners. The change in commissioning arrangements for substance misuse this year has had apposite impact upon service delivery and we have ensured that we now have representation on the Area Planning Board. Both teams are well positioned to meet the requirements of the Social Care & Wellbeing act.

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

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

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

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

Commissioning and Contracting - Extensive work has been undertaken to develop closer working relationships between commissioning and care management to assist the effective and efficient use of resources for learning disabled adults and adults with mental health needs. This work has involved rigorous scrutiny of people in high cost residential placements, the management of supported accommodation and the performance of third sector organisations in the variety of services they perform. Work has also commenced to obtain reliable data on future need among both the Transition service (16-25 year olds) and the Community Team for Learning Disabilities (CTLTD).

A good example of this work involves a learning disabled gentleman who had been living in supported accommodation in a neighbouring authority being provided services by a provider not

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

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

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

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