



**Dinas a Sir Abertawe**

**Hysbysiad o Gyfarfod**

Fe'ch gwahoddir i gyfarfod

## **Panel Perfformiad Craffu - Gwasanaethau I Oedolion**

**Lleoliad:** Ystafell Bwyllgor 5 - Neuadd y Ddinas, Abertawe

**Dyddiad:** Dydd Llun, 17 Chwefror 2020

**Amser:** 11.30 am

**Cynullydd:** Y Cynghorydd Peter Black CBE

**Aelodaeth:**

Cynghorwyr: V M Evans, J A Hale, C A Holley, P R Hood-Williams, Y V Jardine, P K Jones, S M Jones, J W Jones, E T Kirchner, H M Morris a/ac G J Tanner

Aelodau Cyfetholedig: T Beddow

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### **Agenda**

**Rhif y Dudalen.**

- 1 Ymddiheuriadau am absenoldeb.**
- 2 Datgeliadau o fuddiannau personol a rhagfarnol.**  
[www.abertawe.gov.uk/DatgeliadauBuddiannau](http://www.abertawe.gov.uk/DatgeliadauBuddiannau)
- 3 Gwahardd pleidleisiau Chwip a Datgan Chwipiau'r Pleidiau**
- 4 (11.35am) Cofnodion y Cyfarfod(ydd) Blaenorol** **1 - 4**  
Derbyn nodiadau'r cyfarfod(ydd) blaenorol a chytuno eu bod yn gofnod cywir.
- 5 (11.40am) Cwestiynau gan y cyhoedd**  
Rhaid i gwestiynau fod yn berthnasol i faterion ar yr agenda ac ymdrinnirâ nhw o fewn cyfnod o 10 munud.
- 6 (11.50am) Rhaglen Drawsnewid Gorllewin Morgannwg -** **5 - 58**  
**Diweddariad ac Astudiaethau Achos**  
*Kelly Gillings, Cyfarwyddwr y Rhaglen*
- 7 (12.15pm) Cynigion Drafft Cyllideb y Gwasanaethau i Oedolion**  
Gwahoddir y Cyng. Mark Child, Aelod y Cabinet dros Ofal, Iechyd a Heneiddio'n Dda a swyddogion Gwasanaethau Cymdeithasol perthnasol i fod yn bresennol.

Dolen i [Bapurau'r Cabinet](#) ar gyfer 20 Chwefror 2020, sy'n cynnwys y

cynigion cyllidebol (dylai'r papurau fod ar gael o 13 Chwefror 2020.)

Gofynnir i'r panel drafod ei farn a'i argymhellion ar gyfer cynigion y gyllideb a chytuno arnynt o ran y Gwasanaethau i Oedolion er mwyn eu cyflwyno i'r Cabinet.

Bydd cynullwyr pob panel perfformiad yn bwydo barn y panel i'r Panel Gwella Gwasanaethau a Pherfformiad Cyllid ar 19 Chwefror sydd wedi'i drefnu'n benodol i edrych ar y gyllideb ddrafft. Yna bydd Chris Holley, Cynullydd y Panel Gwella Gwasanaethau a Pherfformiad Cyllid, yn mynd i gyfarfod y Cabinet ar 20 Chwefror i gyflwyno barn gyfunol y paneli perfformiad craffu.

- |          |  |                 |
|----------|--|-----------------|
| <b>8</b> | <b>(12.55pm) Amserlen Rhaglen Waith 2019-20</b>          | <b>59 - 61</b>  |
| <b>9</b> | <b>(1.00pm) Llythyrau</b>                                | <b>62 - 111</b> |
|          | a) Ymateb gan Aelod y Cabinet (cyfarfod 17 Rhagfyr 2019) |                 |
|          | b) Lythyr at Aelod y Cabinet (cyfarfod 28 Ionawr 2020)   |                 |

**Cyfarfod nesaf:** Dydd Mawrth, 17 Mawrth 2020 ar 4.00 pm

*Huw Evans*

**Huw Evans**  
**Pennaeth Gwasanaethau Democraidd**  
**Dydd Llun, 10 Chwefror 2020**

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**Cyswllt: Liz Jordan 01792 637314**

# Agenda Item 4



City and County of Swansea

## Minutes of the **Scrutiny Performance Panel – Adult Services**

Committee Room 3A, Guildhall, Swansea

Tuesday, 28 January 2020 at 4.00 pm

**Present:** Councillor P M Black (Chair) Presided

**Councillor(s)**

E T Kirchner  
P K Jones

**Councillor(s)**

C A Holley  
S M Jones

**Councillor(s)**

Y V Jardine  
J W Jones

**Co-opted Member(s)**

T Beddow

**Other Attendees**

Mark Child

Cabinet Member - Care, Health & Ageing Well

**Officer(s)**

David Howes  
Liz Jordan  
Alex Williams

Director of Social Services  
Scrutiny Officer  
Head of Adult Services

**Apologies for Absence**

Councillor(s): P R Hood-Williams, H M Morris and G J Tanner

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**1 Disclosure of Personal and Prejudicial Interests.**

Disclosures of interest – Chris Holley.

**2 Prohibition of Whipped Votes and Declaration of Party Whips**

No declarations were made.

**3 Minutes of Previous Meeting(s)**

The Panel agreed the minutes of the meeting on 17 December 2019 as an accurate record of the meeting with agreed amendments to the first two bullet points at the top of page 2.

**4 Public Question Time**

No questions were asked by members of the public.

**5 Update on how Council's Policy Commitments translate to Adult Services**

Mark Child, Cabinet Member for Care, Health and Ageing Well attended to update the Panel on progress to date with the delivery of the Council's policy commitments in relation to Adult Services.

Discussion Points:

- Commitment 104 - Progress has been made on this. It was previously amber but is now green. Panel member requested a copy of the procurement document for recommissioning of domiciliary care services.
- Commitment 57 – Five more Local Area Coordinators have been appointed and have started work. CM is confident all areas will have a LAC by 2022. Head of Service will share with the Panel the current position with LACs, once the information has been received.
- Commitment 94 – Issue raised that beds are not always available when carers want nursing respite, and it takes a long time for requests for respite in the external sector to be responded too. Informed there is a limit to the number of respite beds available but trying to build into contracts a quick response to queries about availability of respite.
- Commitment 83/97 – Panel queried if people in sheltered housing have the same access to care as people living in their own homes. Informed people in sheltered housing are treated no differently to people in their own home. The Council provides the same level of care to anyone wherever they live. Panel also queried if the Council is going to provide any extra care developments or rely on the private sector. Informed there are no plans for the Council to provide extra care provision.
- Commitment 83 – confirmed the Commissioning Strategy is regional so includes NPT. Swansea Council works within this strategy.
- Commitment 102 – Panel queried what the date is for getting the Charter set up. Informed the desire was to have a good way of working and the Council may achieve this without having a Charter.

Actions:

- Head of Service to email copy of procurement document for recommissioning of domiciliary care services to Cllr Jardine.
- Head of Service to provide panel members with current position on LACs when available.

## **6 Director's Annual Review of Charges (Social Services) 2019-20**

Dave Howes, Director of Social Services briefed the panel on the annual review of charges.

Discussion Points:

- Panel asked about the process for recovering debts. Director agreed to provide further details about the process, particularly information about if bailiffs are used.
- Panel queried if the wording on demands has been changed for Social Service's demands. Informed that a change to the wording has been requested and this will be followed up.

- Point 4.5 – Panel queried if the increase/introduction of charges had an adverse effect on use. Informed the Council has not seen a significant drop in use of day services (even though a charge has been introduced) but use has changed. Panel informed further work needs to be done on categorisation of services.
- Panel unsure how income generation is achieved from Direct Payments. Following discussion confirmed it is not technically income but is an abatement. Direct payments are not used to purchase Council services, used to purchase external services.
- The number of financial assessments has not led to the increase in income. The introduction of charges in the past 2 to 3 years has led to the increase in income so it has had its intended purpose. In 2019/20 the increases are inflationary increases so there is no need for public consultation.
- No new charges are planned in terms of personal care. However, the Department will routinely consider if there are any additional services that are not included in current arrangements.
- Additional income streams the Department is looking for are outside the Council, for example, Welsh Government, Health Board, replacement for European funding.

Actions:

- Further details about the process for recovering debt, including any use of bailiffs, to be provided to the Panel.
- Follow up if request for change to wording for Social Services demands has been implemented.

## **7 Performance Monitoring**

Alex Williams, Head of Adult Service briefed the Panel on the performance monitoring report for October/November 2019.

Discussion Points:

- Council is not currently meeting the corporate target for number of carers identified.
- Panel would like built into the CCIS system a way of recording the reasons why assessments are declined. Head of Service to ask if this is possible.
- Panel queried the length of time between an individual Wanting an Assessment and Receiving an Assessment.
- Panel queried why there is such a difference between the number of people Wanting an Assessment and the number Receiving an Assessment.
- From 1 February the Council has the responsibility to threshold safeguarding enquiries for the Health Board via the Common Access Point. This will be challenging. Panel will want to keep an eye on this.
- Panel queried what the position is with the legal change in relation to the Mental Capacity Bill and the impact of this. Head of Service to provide briefing note when available.

Actions:

- Head of Service to ask if a way of recording the reasons why assessments are declined can be built into the CCIS system.
- Head of Service to respond to queries on Wanting an Assessment and Receiving an Assessment.
- Panel to receive briefing note on position with legal change over relating to the Mental Capacity Bill and impact of this, when available.

## **8 Work Programme Timetable 2019-20**

Work Programme received and considered by the Panel.

## **9 Letters**

Letter considered by the Panel. Response expected by 3 February 2020.

The meeting ended at 5.45 pm.

# Agenda Item 6



## Report of the Cabinet Member for Care, Health & Ageing Well

### Adult Services Scrutiny Performance Panel – 17 February 2020

#### WEST GLAMORGAN PARTNERSHIP

<b>Purpose</b>	To provide an update as required by the board in relation to: <ul style="list-style-type: none"><li>• West Glamorgan Transformation Programme</li></ul>
<b>Content</b>	This report includes an update on the Key Workstreams of the three Transformation Board. Case studies from across the programme
<b>Councillors are asked for their views on</b>	The work of the programme since April 2019
<b>Lead Councillor(s)</b>	Cllr Mark Child, Cabinet Member for Care, Health and Ageing Well
<b>Lead Officer(s)</b>	Dave Howes, Director of Social Services
<b>Report Author</b>	Kelly Gillings; West Glamorgan Regional Director of Transformation

## **1. Background**

### **1.1 Vision and Aim of the West Glamorgan Partnership**

- 1.1.1 We will drive transformational improvements in wellbeing, health and care for the populations we serve through better practice, better services, better technologies and better use of resources.
- 1.1.2 We will change the way that we work with citizens away from paternalistic care to shared responsibility and co-production.
- 1.1.3 We will secure the delivery of seamless care which will meet the outcomes that matter to the people we serve and support through integration, earlier intervention and prevention
- 1.1.4 We will manage our common resources collaboratively and pool resources wherever we can.
- 1.1.5 We will have a single and simple governance structure covering Public Service Boards, the Regional Partnership Board and sub-structures for the region (Appendix 1)

### **1.2 The Regional Programme exists to:**






- 1.2.1 Drive continuous improvement in wellbeing, health and care in partnership.
- 1.2.2 Work in co-production with partners from the third sector, voluntary sector, private sector and our citizens to secure more seamless care in communities.
- 1.2.3 Cross service boundaries to develop better, more seamless care.
- 1.2.4 Promote a healthier region through asset-based communities.
- 1.2.5 Make sure our agencies put people at the heart of wellbeing, health and care transformation, integration and prevention.
- 1.2.6 Help to make sure that people live healthier and happier lives
- 1.2.7 Deliver the Regional Transformational Strategy and Plan

The aims and vision of West Glamorgan Partnership can be summed up in the following simple strapline, which we can use in all promotional material.

***Promote West Glamorgan's real wealth through better wellbeing, health and care***

## **2. Regional Priorities**

- 2.1 The regional priorities for West Glamorgan as documented in the Area Plan for 2018-2023. There are key themes, which align with the Population Assessment priorities and where regional working has been identified as adding the most value:

-  Older People (OP)
-  Children and Young People (CYP)
-  Mental Health (MH)
-  Learning Disability and Autism (LD)
-  Carers (cross-cutting theme) (CA)



2.2 To this end, the following priorities were agreed by the Regional Partnership Board:

- OP.P1:** Develop and maintain a sustainable range of services that meet demand, enabling individuals to remain at home while maintaining their independence for as long as possible receiving appropriate support at times of need.
- OP.P2:** Develop and provide a range of future accommodation options to meet demand and enable people to remain independent for as long as possible.
- OP.P3:** Develop community resilience and cohesion to tackle social isolation in areas where older people live
- OP.P4:** Develop an optimum model for older people's mental health services (including relevant components of the Welsh Government All Wales **Dementia** Strategy/Plan)
  
- CYP.P1:** Develop a better range of services for all children with emotional difficulties and well-being or mental health issues, including transition and single point of access to services
- CYP.P2:** Develop robust multi-agency arrangements for children with complex needs
- CYP.P3** Safe Reduction of Looked After Children
  
- MH.P1:** Commence implementation of the agreed optimum model for Adult Mental Health services, as outlined in the West Glamorgan Strategic Framework for Adults with Mental Health problems
- MH.P2:** Ensure placements for people with complex needs are effective, outcome-based and appropriate
  
- LD.P1.** Develop age blind person centred models of care to ensure prevention and early intervention through multi-disciplinary services, by remodelling services away from establishment-based care into community-based services.
  
- CA.P1:** Ensure work continues to promote early recognition of all Carers so that they are signposted to information and support in a timely manner
- CA.P2:** Develop and continue to provide information, advice, assistance and support to all Carers enabling them to make informed choices and maintain their own health and well-being
- CA.P3:** Co-produce with all Carers on an individual and strategic basis so that their contribution is acknowledged and their voices are heard.

### **3. Workstream Information**









The workstream background and information can be viewed in Appendix 2












### **4. Case Studies**

















The case studies as requested at the last meeting:











- **Appendix 3** - 3 Case Studies for the Commissioning for Complex Needs Programme
- **Appendix 4** - 2 Case Studies from the Working Together Programme
- **Appendix 5** – 2 Case Studies from Multi Agency Placement Support Service















## 5. Workstreams and Progress Update














Key Workstreams	Progress - High Level Milestones	RAG
<b>Adults Transformation Board</b>		
Review of the Optimum Model, What Matters to Me, for Intermediate Care Services	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> ICF funding proposal agreed for 19/20</li> <li> Implementation Group established</li> <li> Programme Plan and Programme Initiation Document approved</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> Workshop held to identify differences/similarities between service provision in Neath Port Talbot and Swansea</li> <li> Developed a spreadsheet outlining service delivery in each locality mapping element of the optimal model including funding streams and staffing</li> <li> Working with H2H work stream to gain clarity on patient flow, checking data and working out performance measures around reablement</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li> Contribution to the HB strategic Winter Plans and development of the RPB winter pressures plan.</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li> In depth review of the remaining elements of the Optimal model that are not part of H2H or separate Health Board review of ACT</li> </ul>	<p><b>Reason</b></p> <p>Resource has currently been focussed on implementation on H2H. Adults Transformation Manager post vacant until 24<sup>th</sup> January 2020</p> <p><b>Mitigation</b></p> <p>Work to commence in January to review the remaining optimum model elements, alongside the new H2H service to support what is required.</p> <p>Adults Transformation Manager post filled from January 24<sup>th</sup> 2020</p>

Key Workstreams	Progress - High Level Milestones	RAG
Regional Hospital to Home (Recovery) Service	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> Transformation bid submitted to Welsh Government to develop a Hospital to Home reablement service</li> <li> ICF funding proposal agreed for 19/20</li> <li> Implementation Group established</li> <li> Programme Plan and Programme Initiation Document approved</li> <li> Options Appraisal in progress</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> Workshop held in July with staff to begin to map the different components and delivery process and explain Prof John Bolton's Model.</li> <li> Amended Transformation funding application submitted to Welsh Government with reduced funding request, acknowledging any reduction in funding will impact on delivery.</li> <li> Workshop with Professor John Bolton to map West Glam data against the Model</li> <li> Continue to work on ensuring we have the correct baseline data to inform current capacity and what is required going forward</li> <li> Separate work streams identified to work through current capacity and to consider feedback form each workshop</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li> Develop and Refine standard operating procedures for each element of the H2H model</li> </ul>	<p><b>Reason</b></p> <p>Risk around the lack of capacity in domiciliary care market to support H2H service</p> <p>Programme Manager post vacant</p> <p><b>Mitigation</b></p> <p>Number of winter pressures funding initiatives to increase dom care capacity</p> <p>Programme Manager post recruited to – await start date</p>










Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> Staff engagement sessions to ensure all operational staff understand the rationale for change and have the opportunity to ask questions</li> <li> Recruitment of therapist to support the model (Health Board)</li> <li> First phase, soft launch implemented in December</li> <li> Performance measures agreed and baseline data captured</li> <li> Data collection systems currently under development, including electronic SIGNAL system</li> <li> H2H navigator competency training completed</li> <li> Communications material produced</li> <li> Service launched on 10<sup>th</sup> December</li> <li> Outward Flow for Reablement Services was considered and option agreed</li> <li> Service operating procedures brought together as one regional document and reflects local delivery</li> <li> Same level of ICF funding approved for 20/21</li> <li> Winter pressures funding allocated and approved for H2H (£850k)</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li> Rollout of H2H service to remaining wards</li> <li> Start of new programme manager</li> <li> Final baseline figures to be collated</li> <li> SIGNAL system for data collection to be completed and rolled out</li> </ul>	

Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> Develop a regional reporting score card and finalise formal reporting process</li> <li> Trouble shoot any issues as they arise</li> <li> Sign off final regional pathway</li> </ul>	
Strategic Framework and Plan for Dementia	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> ICF funding proposal agreed for 19/20</li> <li> Programme Plan and Programme Initiation Document approved</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> Commissioned Swansea University (Centre for Innovative Ageing) to complete research-led mapping exercise that will support the development of the strategic framework and strategic plan – outlining available services across the region and associated barriers to access (those living with dementia and their carers).</li> <li> Institute of Public Care workshop to support the development of key strategic documents - engagement with key stakeholders across the region to inform work.</li> <li> Formation of themed Task Groups underpinned by DAP and governed by over-arching Dementia Strategy Group.</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li> Engagement with Welsh Government and Opinion Research Services to improve strategic drive across region for dementia services.</li> <li> Draft Evaluation Framework to ensure outcomes are measurable and reflect principles of '<i>what matters to me.</i>'</li> </ul>	












Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> Engagement with clinical expertise to bolster service pathways and link with Improvement Cymru.</li> <li> Structure integration of co-production across strategy groups</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li> Allocate dementia ICF funding for 2020/21</li> <li> Refine/focus the priorities outlined in the Strategic Framework document</li> <li> Receive updates from Swansea University research team with regards to stage 1 and 2 progress.</li> <li> Plan focus for remaining IPC day allocation – Evaluation Framework/Training</li> <li> Formalise Task Groups and Identify key priorities</li> <li> Develop timeline for delivery</li> </ul>	
Commissioning for Complex Needs Project	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> ICF funding proposal agreed for 19/20</li> <li> Programme Plan and Programme Initiation Document approved</li> <li> £74,321 annual saving achieved</li> <li> 38 outcome focused assessments carried out</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> £109,383 annual savings achieved with an additional £174,000 awaiting finance sign off</li> <li> 9 outcome focused assessments carried out</li> </ul>	<p><b>Reason</b></p> <p>Savings not on target due to delays in recruitment of Outcome Focused Assessors</p> <p><b>Mitigation</b></p> <p>Assessor posts currently out to advert</p>











Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> ICF Capital Grant approved for complex needs accommodation in Swansea</li> <li> Continued development of Joint Funding Matrix</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li> £326,633 annual savings achieved with an additional £27,215 awaiting finance sign off</li> <li> 16 outcome focused assessments carried out</li> <li> Process to begin the purchase of land in Penyrheol, Swansea for the new ICF Capital funded supported living scheme</li> <li> Business case for 20/21 approved at Adults Transformation Board</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li> Review the regional brokerage service</li> <li> Continue with work to review funding of packages of care for individuals with complex needs</li> <li> Individual environmental briefs to be written and building specification for new build supported living property</li> <li> Business case to be written by December 2020 showing future options and exit strategy</li> </ul>	
Transforming Adults Mental Health Services	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> ICF funding proposal agreed for 19/20 and 20/21</li> <li> Confirmation of 7 key projects within the programme with allocated lead for each</li> <li> All project teams have been established, with meeting dates scheduled for the next 12 months</li> </ul>	














Key Workstreams	Progress - High Level Milestones	RAG
	<p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> Programme Plan and Programme Initiation Document signed off by West Glamorgan Adults Transformation Board</li> <li> ICF Funding Re-profile submitted</li> <li> Invest to save proposal for expansion of CHC team was not considered by IBG in September. Held over to October Meeting</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li> Final agreement of service specification for the Sanctuary Service following provider and service user and carer market engagement events</li> <li> Successful recruitment of 2 X fte project manager and 1 X fte project support officer posts to support delivery across all projects</li> <li> Review and feedback on the initial draft of the Strategic Outline Case for the Adult Acute Assessment Re provision</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li> Revise all projects to establish any interdependencies and cross cutting themes. Project governance will be revised as required</li> <li> Completion of procurement exercise and contract award for Sanctuary Service</li> <li> Establishment of a Single Point of Access Hub in Swansea for CMHTs &amp; Cluster Based Services</li> </ul>	












Key Workstreams	Progress - High Level Milestones	RAG
<b>Children and Young People Transformation Board:</b>		
Regional Strategy	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li>📅 Regional working group set up</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li>📅 Draft regional strategy and plan on a page circulated</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li>📅 Revise strategy to cover all children and young people within the region</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li>📅 Hold workshop for all sectors</li> </ul>	
Multi Agency Placement Support Service	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li>📅 ICF funding proposal agreed for 19/20</li> <li>📅 Programme Plan and Programme Initiation Document approved</li> <li>📅 Steering group established</li> <li>📅 Induction training carried out for new staff</li> <li>📅 Draft performance management framework developed</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li>📅 Performance management framework established</li> <li>📅 Business support post appointed – service fully staffed</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li>📅 Mapping exercise</li> </ul>	<p><b>Reason</b></p> <p>Two therapy posts have become vacant</p> <p><b>Mitigation</b></p> <p>New staffing structure to be implemented and recruited for based on agreed business case</p>









Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> Feedback survey from children, carers, social workers and schools</li> <li> Business Case for 2020/21 agreed at CYP Board Meeting</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li> Management of change to be implemented</li> <li> A business case will be developed for December 2020 demonstrating the impact of gaining funding for 20/21 to mainstream the delivery model through core funding from April 2021, which could include an option for a pooled fund.</li> </ul>	
Children and Young People's Emotional and Mental Health Planning Group	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> ICF funding proposal agreed for 19/20</li> <li> Programme Plan and Programme Initiation Document approved</li> <li> Delivery plan agreed for 19/20</li> <li> Set of activity measures developed</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> Strategic vision for CAMHS – Task and Finish group meetings held with staff, and conclusions presented to CYP Planning Group in September</li> <li> Suitable accommodation for CYP identified for all services including centralisation of NDD. Plan agreed for final completion June 2020.</li> <li> Presentation to planning group to highlight CAMHS liaison role, and outcomes by presenting case studies</li> </ul>	<p><b>Reason</b></p> <p>CAMHS were compliant against 3 out of 4 Welsh Government targets at the end of October. P-CAMHS were non-compliant against the assessment target at the end of October, however the trend in the graph below highlights a significant improvement during this financial year.</p> <p><b>Mitigation</b></p> <p>Work is progressing to implement the strategic vision for CAMHS including a single point of access and an integrated service.</p>

Key Workstreams	Progress - High Level Milestones	RAG
	<p>  CAMHS and NDD Performance – improving position with some stabilisation of NDD, still some Welsh Government targets where compliance remains under target, hence amber rating         </p> <p><b>October to December 2019</b></p> <p>  Business case for CAMHS Liaison workers presented at CYP Transformation Board and agreed         </p> <p>  Key recommendations in relation to accommodation and the service model for CAMHS were approved by CYP Emotional &amp; Mental Health Planning Group in relation to CAMHS service model and accommodations plans         </p> <p>  WLI clinics to maintain good performance for S-CAMHS, expansion of P-CAMHS team to improve 28 assessment target         </p> <p>  Specification agreed for the CYP website         </p> <p>  Training secured for local authority staff (Youth Mental Health)         </p> <p><b>Upcoming Milestones</b></p> <p>  Meeting of the CAMHS Prevention &amp; Wellbeing Sub-Group to discuss progress with training and the development of the website for CYP         </p> <p>  A meeting will be scheduled with the single point of access teams to discuss the CAMHS liaison business case, and agree a work programme for implementation         </p> <p>  Work will continue on phase 2 of the accommodation plans for CAMHS including staff consultation, and development of the Kingsway property for children &amp; young people living in Swansea         </p> <p>  Exit strategy for 2021/22 for the liaison service offered by CAMHS will be expanded to include these roles as part of the         </p>	








Key Workstreams	Progress - High Level Milestones	RAG
	CAMHS core service, enabling this service to be mainstreamed via Health Board core funding.	
Working Together Project	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> ICF funding proposal agreed for 19/20</li> <li> Associated ICF capital funding proposal agreed for 19/20</li> <li> Programme Plan and Programme Initiation Document approved</li> <li> Recruitment processes underway</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> Capital funding for Edge of Care property has been agreed and property has been identified</li> <li> Appropriate level of governance has been agreed</li> <li> Begin to establish keyworker teams</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li> Regional paper covering service written, which describes the regional approach</li> <li> Staff have come into post and training implemented</li> <li> Developed IFSS (Integrated Family Support for Substance Misuse) model to focus on neglect</li> <li> Finalising outcomes and development of overarching performance monitoring</li> </ul> <p><b>Upcoming Milestones</b></p>	












Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li>📦 Accurate timeline for the development of the respite home (Swansea).</li> <li>📦 Development of regional training programme</li> <li>📦 Sharing the learning regional and showcasing the model event</li> <li>📦 Business case showing future options for exit strategy to be written by December 2020</li> </ul>	
Western Bay Adoption Therapeutic Service	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li>📦 ICF funding proposal agreed for 19/20</li> <li>📦 Recruitment of team in progress</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li>📦 Recruitment to the therapy posts completed</li> <li>📦 Further advertisement of the Psychologist post</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li>📦 Recruitment of therapists has been completed – they are starting in post from now until 4<sup>th</sup> January 2020.</li> <li>📦 Psychologist has now been successfully recruited</li> <li>📦 Development of Performance Framework</li> <li>📦 Agreement that Western Bay Management Board will operate as the steering group for the service</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li>📦 New staff starting – training and induction to be carried out</li> <li>📦 The therapists will begin their interventions with families. Weekly team referral/consultations will take place to consider the cases open within the adoption support team.</li> </ul>	











Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> The team will attend the monthly linking meetings to support effective matching processes.</li> <li> The team will provide upskilling support to social workers and family finding social workers.</li> <li> Move to Tregelles Court planned for January 2020</li> <li> Business case showing future options for exit strategy to be completed by December 2020</li> </ul>	
<b>Integrated Transformation Board:</b>		
Welsh Community Care Information System (WCCIS)	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> Development of refreshed Project Initiation Document and revised governance structure to take into account a regional approach to digital transformation</li> <li> Continued to support Swansea Council's local implementation, identifying opportunities for service improvement and streamlining processes</li> <li> Supported Swansea Bay University Health Board's review of the Community Nursing Proposal, which would allow early adoption of the system for recognised teams</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> Inaugural meeting of Digital Transformation &amp; WCCIS Implementation Group in August 2019; Terms of Reference agreed</li> <li> Governance agreed and groups established/arranged</li> <li> Programme Initiation Document updated and approved</li> <li> ICF confirmed for 19/20 &amp; 20/21 (including uplift in 20/21)</li> </ul>	












Key Workstreams	Progress - High Level Milestones	RAG
	<p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li> Sub-Groups established and Terms of Reference agreed</li> <li> Task and finish group to develop regional Benefits Register established</li> <li> Programme Plan updated in collaboration with partners</li> <li> Interviews arranged for Regional WCCIS Project Support Assistant early in the new year</li> <li> Meeting with CVS Directors to determine appropriate engagement with WCCIS programme</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li> Programme Plan to be finalised</li> <li> Recruitment of Regional WCCIS Project Support Assistant</li> <li> Regional Benefits Register drafted</li> <li> Strengthen links with 3<sup>rd</sup> Sector and establish data sharing opportunities</li> <li> The implementation of WCCIS in Swansea Council, which also incorporates a considerable volume of Swansea Bay UHB staff who sit in integrated teams and regional substance misuse teams, is due to conclude with system Go-Live in June 2020.</li> </ul>	
Digital Transformation	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> Development of Project Initiation Document and governance structure to align Digital Transformation ambitions with those of the WCCIS work-stream</li> </ul>	












Key Workstreams	Progress - High Level Milestones	RAG
	<p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> Inaugural meeting of Digital Transformation &amp; WCCIS Implementation Group in August 2019; Terms of Reference agreed</li> <li> Introductory meetings held between Programme Lead, Regional Team and Digital/Service Leads across the partner organisations</li> <li> Governance agreed and groups established</li> <li> Programme Initiation Document updated and approved</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li> Sub-Groups established and Terms of Reference agreed</li> <li> Task and finish group to develop regional Data Sharing Protocol established</li> <li> Facilitated discussions to agree how devices are managed for SBUHB staff using Swansea Council kit in the short term.</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li> Regional Digital Strategy drafted</li> <li> Regional Data Sharing Protocol drafted</li> <li> Longer term approach to device management across the region, particularly within integrated teams.</li> </ul>	
Our Neighbourhood Approach, Transformation Fund Programme	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> Funding proposal approved by Welsh Government.</li> <li> Governance arrangements agreed.</li> </ul>	











Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> Evaluation for transformation tender process underway.</li> <li> Collation of baseline performance measures in progress.</li> <li> Recruitment for posts under-way.</li> <li> Development of Community grant pots under-way.</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> Governance arrangements for both Swansea and Neath Port Talbot programmes are in place.</li> <li> Recruitment of key posts for delivery of pilots in Swansea (some posts are in progress) including Our Neighbourhood Development Officers.</li> <li> Launch of grant pot to support Voluntary Community groups/social enterprises for the Briton Ferry/Melin area in Neath Port Talbot.</li> <li> Appointment of a third party to conduct the programme evaluation (across programmes in Swansea and Neath Port Talbot).</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li> 'A Healthier Wales – Transforming health and care in Wales' regional event in Swansea.</li> <li> Completion of Mid-Point evaluation review and production of a Mid-Point Report, for RPB endorsement by and submission to Welsh Government.</li> <li> Completion of consultation for Early Help Hubs with staff and stakeholders.</li> </ul>	

Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> High-level action plan covering the work under Building Safe and Resilient Communities (BSRC) is live and being updated regularly.</li> <li> A number of public-facing engagement events have been held including public meetings with local communities, third sector and council representatives.</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li> Completion of mapping of short- and medium-term measures across Transformation Funded programmes, aligned with outcomes and performance measurements.</li> <li> Completion of outstanding recruitment activities in Swansea including Local Area Co-ordinators and Social Workers.</li> <li> Establishment of Neighbourhood Forums in communities in Neath Port Talbot areas.</li> <li> Planning for sustainability of new models and services beyond end of Transformation Funds.</li> </ul>	
Clusters Whole System Approach, Transformation Fund Programme	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> Funding proposal for remaining rollout to all 8 clusters approved by Welsh Government</li> <li> Evaluation for transformation tender process underway</li> <li> Collation of baseline performance measures in progress</li> </ul> <p>Cwmtawe:</p> <ul style="list-style-type: none"> <li> The establishment of an extended primary care audiology service across the whole cluster</li> </ul>	

Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> The introduction of Local Area Co-ordination</li> <li> Commencement of a young carers project working closely with GP practices</li> <li> The introduction of community based glaucoma clinics.</li> <li> The establishment of a Community Interest Company providing a sustainable focus on improving health and well being</li> </ul> <p>Neath:</p> <ul style="list-style-type: none"> <li> Scoping and progression of the Social Enterprise with a Community Interest Group decided upon, learning from Cwmtawe is being shared.</li> <li> Roll out and recruitment for the oral health programme in care homes.</li> <li> Development of a cluster based patient group to take forward community involvement and interactive feedback mechanisms.</li> <li> Remodelling of the Neath Hub Wellbeing service to develop a Social Prescribing Link Worker</li> <li> Developing an innovative business case for a digital hub within care homes.</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> All four planned cluster elements have commenced, with Cwmtawe moving at pace into implementation for many of the projects</li> <li> Active learning is being used to support rollout across clusters, based on success of Cwmtawe implementation</li> </ul> <p><b>October to December 2019</b></p>	









Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li data-bbox="539 229 1391 300">🏠 Establishment of a Programme Board to ensure effective oversight and scrutiny.</li> <li data-bbox="539 320 1451 391">🏠 Successful workshop delivered at The National Primary Care Conference on the Cwmtawe Approach.</li> <li data-bbox="539 411 1491 517">🏠 Cwmtawe Cluster is in full implementation phase, recent developments include launch of ‘Ask my GP’ digital consultation option.</li> <li data-bbox="539 537 1480 1321">🏠 The remaining roll out clusters continue to progress well with activities including:               <ul style="list-style-type: none"> <li data-bbox="640 628 1462 699">○ Ongoing testing of the extended Multidisciplinary Team (MDT) at primary care level;</li> <li data-bbox="640 719 1178 746">○ Roll out of “Walk in Talk in” Clinics;</li> <li data-bbox="640 767 1122 802">○ Additional Audiology provision;</li> <li data-bbox="640 823 1431 928">○ Development of a community-based “Upper Valleys Suite” completed collaboratively using a place-based approach;</li> <li data-bbox="640 949 1473 1054">○ Development of service proposals to moved care closer to home e.g. Ultra Sound Guided injections and sleep apnoea clinics;</li> <li data-bbox="640 1075 1431 1145">○ Exploration of care navigation models and integrated wellbeing approaches;</li> <li data-bbox="640 1166 1480 1236">○ Increasing the scope of Local Area Co-ordination across the region;</li> <li data-bbox="640 1257 1480 1321">○ Commissioning of feasibility studies for social enterprise models commenced.</li> </ul> </li> </ul> <p data-bbox="539 1342 875 1377"><b>Upcoming Milestones</b></p>	









Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> Launch of the four remaining clusters in January 2020,</li> <li> Commissioning of a feasibility study for Social Enterprises in Neath Port Talbot.</li> <li> Development of a Programme Visual articulating the Transformation Funded programme for external audiences.</li> <li> Planning for sustainability of new models and services beyond end of Transformation Funds.</li> </ul>	
Development of Regional Strategic Framework for Housing, Health and Social Care	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> Initial allocation of ICF capital funding allocated to range of regional priorities supporting the West Glamorgan programmes and projects</li> <li> First Social Care, Health and Housing Group held on 14<sup>th</sup> May. TOR agreed.</li> <li> Work underway by Opinion Research Services (ORS) to undertake a local housing market needs assessment across the Region</li> <li> Second allocation of capital schemes prioritised by Housing Group members and submitted to Welsh Government</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> Scheduling of consultancy support from the Institute of Public Care (IPC) to facilitate development of Regional Housing Strategy</li> <li> Meeting of Social Care, Health and Housing Group in August to review links to the work of the Citical Incident Group.</li> </ul>	<p><b>Reason</b></p> <p>Until a Regional Strategic Framework is in place, allocation and commitment of future capital investment is unclear.</p> <p><b>Mitigation</b></p> <p>'Outline' document created to inform allocation of Capital Funding for 2020/21 and co-production of the Regional Strategic Framework. Future allocations will be informed by the framework for future years of capital investment.</p>

Key Workstreams	Progress - High Level Milestones	RAG
	<p> Development of proposal for Welsh Government on use of revenue funding for support of people with complex needs, particularly the homeless/vulnerably housed.</p> <p><b>October to December 2019</b></p> <p> Completion of planning workshops (supported by IPC) and research to inform Regional Housing Strategy.</p> <p> Draft 'Outline' document created to inform a co-productive approach to developing a regional strategic framework.</p> <p> Priorities for allocation of ICF Capital Funding in 2020/21 – delivered in parallel to design of the framework – agreed through Integrated Transformation Board.</p> <p><b>Upcoming Milestones</b></p> <p> Completion of prioritisation and allocation of ICF Capital Funding for 2020/21.</p> <p> Submission of Project Initiation Document and Project Plan for the development of the Regional Housing Strategy.</p> <p> Co-production of a draft Regional Strategic Framework, supported by representatives from Social Care, Health and Housing Group and their stakeholders/</p> <p> s.</p>	
Development of Regional Carers Strategy	<p><b>April to June 2019</b></p> <p> Carers Partnership Board meeting took place on 25<sup>th</sup> June.</p> <p> TOR reviewed and agreed</p>	

Key Workstreams	Progress - High Level Milestones	RAG
	<p>📦 New Chair / Lead Gaynor Richards, Director for Neath Port Talbot Council for Voluntary Service for Carers Partnership Board appointed in July 19.</p> <p><b>July to September 2019</b></p> <p>📦 Approval of Regional Carers Strategy Project Initiation Document and Project Plan.</p> <p>📦 Planning has commenced on the development of the strategy vision and principles following a number of workshop sessions.</p> <p><b>October to December 2019</b></p> <p>📦 Initial input into the Regional Carers Strategy including carers-focused sessions in Swansea and Neath Port Talbot.</p> <p>📦 Completion and submission of an 'outline' strategy document which establishes the vision, principles and key aims of the strategy.</p> <p>📦 Priorities for allocation of Carers Funding in 2020/21 – delivered in parallel to design of the strategy – agreed through Integrated Transformation Board.</p> <p>📦 Following the resignation of the previous post hold, recruitment to the West Glamorgan Carers Development Officer post has commenced. The Post will support the development of the Regional Strategy.</p> <p><b>Upcoming Milestones</b></p> <p>📦 Completion of co-production activities to inform the development of the Regional Carers Strategy including engagement with carers groups, networks and representatives.</p> <p>📦 Completion of prioritisation and allocation of Carers Funding for 2020/21.</p>	



Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> Recruitment to West Glamorgan Carers Development Officer post.</li> </ul>	
Social Value Forum	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> Integrated Care Fund Proposal for Co-production approved at Integrated Board</li> <li> Recruitment of Social Value Development Officer completed in Swansea CVS and recruitment underway in NPTCVS.</li> <li> Links have been established with the North Wales Social Value Forum and we have attended a presentation about an approach to using SROI to demonstrate social value.</li> <li> Training dates for Forum members are being booked with a full Forum regrading launch intended for October.</li> <li> Worked with a partnership of local organisations who are submitting a Regional bid to the Foundational Economy WG grant scheme. The intention is to link the RPB Social Value Forum work into wider work around procurement should the bid be successful.</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> Approval of Project Initiation Document and Project Plan by Integrated Transformation Board on 19<sup>th</sup> September 2019</li> <li> Set-up of revised Social Value Forum with focus on ensuring the right people are invited.</li> </ul> <p><b>October to December 2019</b></p>	

Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> Relaunch of Social Value Forum was held on 9th October 2019 with good feedback and interaction from various organisations and sectors.</li> <li> Completed delivery of training to support attendees in the application of Social Return on Investment (SROI) within the Social Value Forum.</li> <li> First meeting of Social Value Forum Steering Group held on 11<sup>th</sup> December 2019.</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li> Next Social Value Forum event to be held in Spring 2020, to present a Social Value Charter for organisations to sign up to at the event.</li> <li> Finalise work plan and communications plan for continuation of support for Social Value Forum.</li> <li> Planning for making the Social Value Forum an ongoing, sustainable function.</li> </ul>	
Co-production	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> Integrated Care Fund Proposal for Co-production approved at Integrated Board</li> <li> A member of staff has been recruited to undertake the work in SCVS, with recruitment underway in Neath Port Talbot CVS. The recruitment process has been co-produced with citizens/carers. The post holders will be expected to coordinate recruitment of citizen/carer representatives (in partnership with WGlam Coproduction Group).</li> </ul>	

Key Workstreams	Progress - High Level Milestones	RAG
	<p>📅 A meeting has been scheduled for August 2019, this will agree the recruitment process for representatives as well as consider the development of a co-production strategy and expenses procedure for representatives.</p> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li>📅 Co-production Group meeting on 20 August 2019 to review the Terms of Reference and associated processes for establishing co-production.</li> <li>📅 Establishment of a Task &amp; Finish Group for the development of the Project Initiation Document and Project Plan for delivery of the Regional Co-production Strategy.</li> <li>📅 Recruitment of part-time Co-production Development Officers who will support co-production service design and implementation.</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li>📅 Co-production Group met to review progress and agreed next steps.</li> <li>📅 Task &amp; Finish Group met to plan the delivery of key pieces of work related to co-production, but agreed that the approach to embedding co-production would not follow traditional project management processes.</li> <li>📅 Representative recruitment process has been co-produced and the campaign is scheduled to begin with promotion from partners and supporters.</li> <li>📅 Launch of the Co-production Group Facebook page and private group, accompanied by a dedicated logo and strapline.</li> </ul> <p><b>Upcoming Milestones</b></p>	

Key Workstreams	Progress - High Level Milestones	RAG
	<ul style="list-style-type: none"> <li> Commencing a co-productive approach to defining and embedding the principles of co-production with partner organisations and West Glamorgan programmes of transformation.</li> <li> Begin developing co-production and representative processes and work to support our regional ambition for co-production.</li> <li> Complete recruitment, induction and training of additional citizen and carers representatives across various boards and sub-groups.</li> </ul>	
Social Enterprise	<p><b>April to June 2019</b></p> <ul style="list-style-type: none"> <li> Ongoing work to support development and sustainability of Social Enterprises.</li> </ul> <p><b>July to September 2019</b></p> <ul style="list-style-type: none"> <li> Social Enterprise development officers continue to engage with and support organisations across the region through advice, information and assistance.</li> <li> Some successes in this engagement include Paul Popham Fund, Swansea Community Farm, Magnolias Cancer Charity and Bulldogs Boxing and Community Activity.</li> </ul> <p><b>October to December 2019</b></p> <ul style="list-style-type: none"> <li> Submission of Business Case to Integrated Transformation Programme for continuation of funding for Social Enterprise Support Officer roles in SCVS and NPTCVS.</li> </ul> <p><b>Upcoming Milestones</b></p> <ul style="list-style-type: none"> <li> Continuation of support provided to organisations across the region.</li> </ul>	

Key Workstreams	Progress - High Level Milestones	RAG
	🗓️ Commence planning for ongoing sustainability of the service provided beyond current funding allocation.	

**6. Financial Implications**

There were no financial implications for core funding in this programme. All programmes and projects are either funded via ICF funding or transformation funding.

**7. Workforce Impact**

Not applicable.

**8. Equality and Engagement Implications**

All individual programmes and projects will consider the equality and engagement implications.

**9. Legal Implications**

There are no legal implications associated with this report

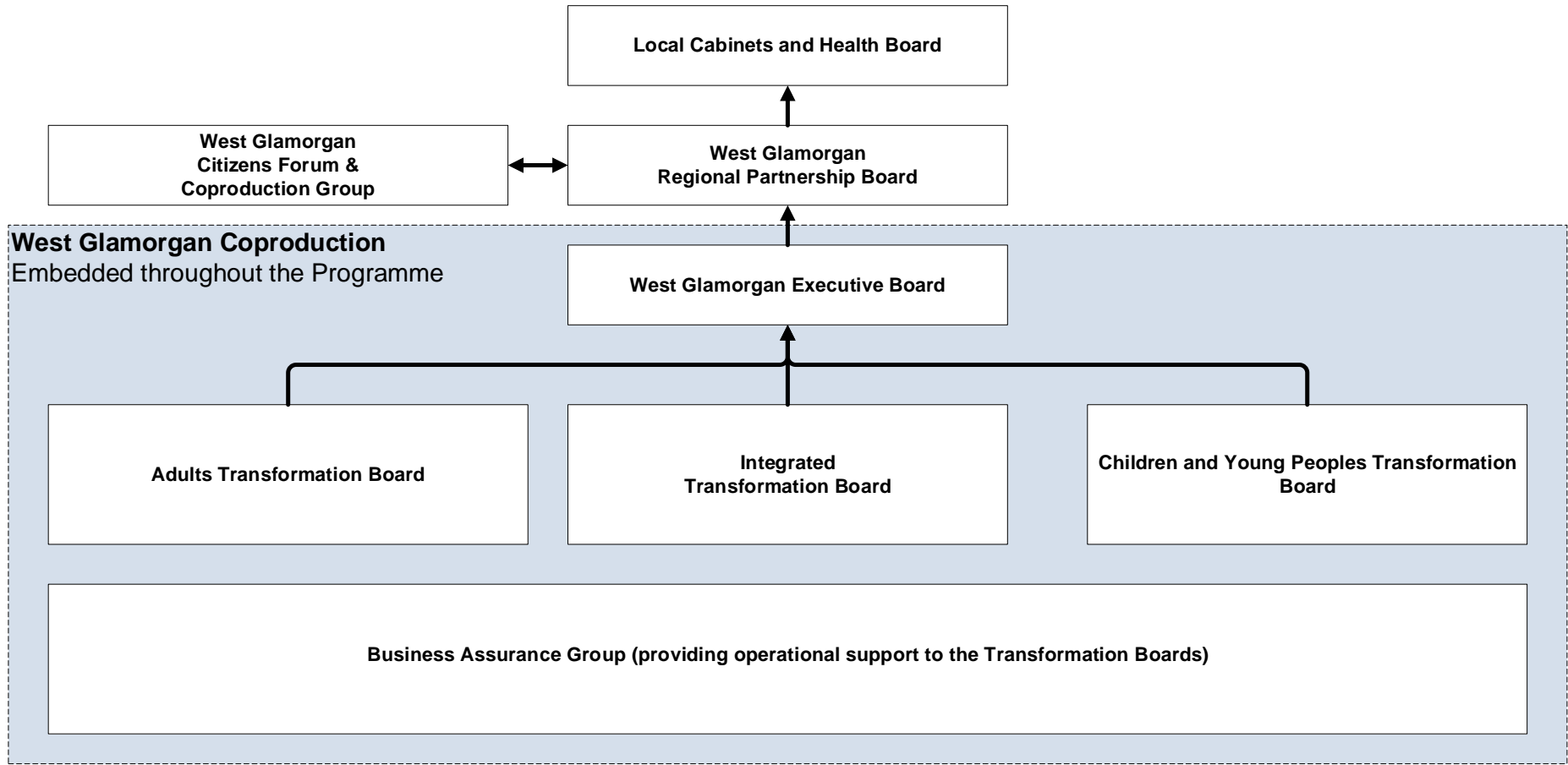
**10. Risk Management**

All individual programmes and projects utilise a risk management strategy.

**11. Background Papers:**

West Glamorgan Adult Services Scrutiny Performance Panel – West Glamorgan Partnership 30<sup>th</sup> July 2019

# West Glamorgan Governance Structure



## **Appendix 2 - Workstream Background Information**

### **Adults' Transformation Board**

The Adults' Transformation Board oversees the transformation of Health and Social Care services for adults, ensuring partners work together to improve outcomes for citizens across the West Glamorgan region.

The Board comprises the following workstreams:

#### **Optimal Model Review of Intermediate Care Services**

Since 2014, the organisations that make up the West Glamorgan Regional Partnership have been working together to improve services for frail older people aged 65 and over. The key aim of this workstream is to help older people who become unwell to remain in the comfort of their own home, avoiding a hospital stay unless it is absolutely necessary. If an older person does need to go into hospital, the service supports them to return home as soon as they are well enough to be discharged. People are also given support to live independently in their own homes for as long as possible.

When the service was created, its intention was to change the nature of conversations with people by asking 'what matters to you?', rather than 'what's the matter with you?'. By shifting the focus, those delivering services could work towards what people identified as being important to them, rather than assuming what they needed.

The optimal model comprises a number of elements that have been implemented across the region, and involves a number of different professions, including doctors, nurses, social workers, occupational therapists, physiotherapists and health care support workers.

An independent evaluation of the approach described above was undertaken in 2017. This found that many elements were working well, and a recommendation was made to carry out a review to ensure services continue to develop and improve. This review will look at each part of the service put in place in 2014 and determine if everything is still working efficiently and delivering the best possible outcomes for people.

The reablement pathway following a hospital admission element of the optimal model is being reviewed as part of the 'Hospital 2 Home' Recovery Service outlined below.

#### **'Hospital 2 Home' Recovery Service**

The 'Hospital 2 Home' Recovery Service focuses on ensuring patients leaving hospital receive the right level of reablement care and support. The service aims to improve outcomes for older people following an unscheduled admission to hospital.

Earlier discharge from hospital will be facilitated through development of a more streamlined pathway, with a view to reduce demand and long-term pressures on managed care services. The intention is to create a system that is financially viable, while making the best use of resources and most importantly, delivering the best outcomes for those leaving hospital.

The service will ensure care packages are appropriate before being put in place, which will prevent over-prescribing of Social Care over long periods of time. Coproduction and decisions based on 'what matters' to the individual will be central to every case, in keeping with the service's ethos of empowerment and person-centred care.



## How will this be achieved?

Staff will initially assess people in hospital to ensure they are suitable for the service, then a more in depth assessment will take place with the individual in their own home, identifying what services are required and ensuring they are offered the opportunity to reach their full potential in terms of reablement and independence. Staff responsible for delivering the service work across Health, Social Care and the Third Sector, and have an in-depth knowledge the kinds of support available.

## Development of a Strategic Framework to support those living with Dementia and their Carers

Dementia is a major public health issue in Wales. Approximately 42,000 people have dementia, and it is most common among older people. As life expectancy increases, so will the prevalence of dementia, posing a significant challenge to Health and Social Care services. We also acknowledge care and support for those with early onset dementia. As with late onset dementia, the consensus is that prevalence increases exponentially with increasing age, roughly doubling every five years.

Over the years many organisations, including of Health and Social Care, have developed services and projects aimed at supporting people living with dementia, their families and carers. The development of services has not always been 'joined-up' with different organisations not always understanding what each can offer.

The plan for this work stream is to look at all the services offered and take a more strategic, integrated approach to ensure people receive the best possible support and care. The [Welsh Government's Dementia Action Plan for Wales \(2018-2022\)](#) provides a basis for this agenda in West Glamorgan.

It includes seven key themes:

1. Risk reduction and delaying onset
2. Raising awareness and understanding
3. Recognition and identification
4. Assessment and diagnosis
5. Living as well as possible for as long as possible with dementia
6. The need for increased support
7. The implementation of actions to support the plan.

These themes provide a solid foundation upon which to build a strategic framework and clear plan. However, before we start planning for the future we need to understand our current position. An integral part of this is a research-led *mapping exercise*, governed by the Centre for Innovative Ageing at Swansea University. This will capture what support is already available, identify what might be missing and help formulate an approach to support existing services and develop provision for service shortfalls.

The mapping exercise will include all statutory and non-statutory Health and Social Care services that people living with dementia and their carers can access. This will help provide a better understanding of the processes and experiences of dementia care, offering an insight into how care is delivered and identifying any barriers.

The work will run alongside, and inform, the development of a strategic framework and clear plan. The framework will highlight the key areas which need to be developed and identify examples of good practice that could be rolled out across the region.

## **Commissioning for Complex Needs Project**

The Commissioning for Complex Needs Programme is transforming the lives of people receiving care services, while also delivering significant financial benefits. Its main aim is to address any irregularities in the quality of commissioned care across the region. This involves fostering positive, co-productive relationships with care providers, with the ultimate aim of increasing the independence of service users, and supporting them to achieve their personal well-being goals.

The ethos is one of true collaboration that puts the person at the centre of service planning and delivery. Care providers work closely with representatives from health and social services to create bespoke, outcome-focussed packages of care for each individual.

This methodology empowers people to support themselves, become less reliant on services in the longer term, meaning cashable savings are also realised.

The main aims of the Commissioning for Complex Needs Programme are:

- 🍷 To effect a sustainable and efficient 'practice to commissioning' methodology across West Glamorgan which commissions high quality health and social care services which are proportionate to need and are cost effective.
- 🍷 To enable sharing and coordination of information, intelligence and planning together in the service areas of common interest
- 🍷 To help partners shift front line practice towards the requirement of the Social Services and Well-being (Wales) Act 2014
- 🍷 To provide opportunities for people with learning disabilities to live fulfilled lives within their local community, being closer to family, friends, specialist services and support networks.

These will be achieved through implementing an 'Outcome Focused' methodology to assess an individual's needs and identify opportunities where independence can be developed.

Focusing on outcomes creates a pathway to independence, which in turn reduces the need for people to access residential or hospital provision.

A 'step down' model will also be implemented to move individuals from long-term residential and educational facilities into more suitable provision that is closer to home whilst also increasing independence.

## **Well-being and Mental Health**

The Well-being and Mental Health Board was established to oversee the implementation of a new Strategic Framework for Mental Health, as well as the delivery of the Welsh Government's 'Together for Mental Health Strategy'. It reports directly into the West Glamorgan Adults' Transformation Board.

## **Implementing the Adult Mental Health Strategic Framework**

The policy agenda for Mental Health and Learning Disability services is aligned to the principles of the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015; that we cannot continue to do things in the same way if we are to meet future challenges and increasing demand.

The Strategic Framework for Adult Mental Health (created in 2018) covers the whole spectrum of need; from building resilience at a community level, to improving the range of specialist services available to people with the most complex needs. It incorporates the findings of a report commissioned by the previous Western Bay Regional Partnership Board on unmet Mental Health needs in our area.







Developed co-productively with stakeholders and service users, this framework provides a clear direction of travel for enhancing the availability of services across Health and Social Care. The framework lays the foundation for the development of a new model which will deliver a range of services available to everyone experiencing Mental Health problems (irrespective of the severity), with a clear focus on prevention and earlier intervention.

## **Children and Young People's Transformation Board**

The Children and Young People's Transformation Board's main aim is to oversee the development and delivery of the regional transformation of Children's Services.





We want all children, young people and families to live safe, healthy and fulfilled lives and to reach their full potential. Our services will work together to help families and communities to be resilient and independent. When they need extra care or support, we will listen carefully to what they say, and work hard to provide the right help at the right time.

The Children and Young People Programme will focus on:

-  ensuring children and young people get a great start in life
-  preventing problems arising and promoting resilience
-  working as equal partners (organisations/agencies, professionals and citizens)
-  offering safe, proven and cost-effective seamless services
-  helping people quickly when they need it so that problems don't get out of hand, and we can reduce the demand for complex or substitute care
-  working across professional and agency boundaries whenever it is in the interest of children, young people and families.

The Board comprises the following workstreams:

### **Regional Strategy**

-  To develop or enhance integrated approaches to the delivery of health & social care to support children and young people with complex needs to remain living safe and well in their families and communities within the region
-  To invest in effective and joined up models of targeted and integrated prevention services across the continuum of need
-  To invest in effective, integrated models of specialist support for the most vulnerable children and young people, particularly those with complex health and social care needs to enable those children to have the best chance to remain (or to return to) living safe and well within families and communities within the region
-  Where children and young people with complex health and social care needs cannot be supported to live safe and well within families and communities in the region, to ensure effective and timely arrangements are in place to secure joint commissioning

of specialist care and support that reflects the holistic needs of those children and young people

### **Multi Agency Placement Support Service (MAPSS)**

MAPSS is a regional multi-disciplinary team, fully operational since last August 2018. It aims to help children who are currently in foster care or residential care and are at risk of emotional and behavioral difficulties. The team goes in and provides specialist support and provides a particular focus on children with complex needs who have experienced placement instability and educational disruption.

The Service will support children to ensure practice across the West Glamorgan Region is preventative, pro-active, planned and promotes permanence.

The creation of the service was driven by the need to develop an effective pathway to improve the mental health and emotional wellbeing of looked after children with particularly complex needs. Often looked after children fall outside of universal mental health services as they require interventions that not only consider their attachment, early trauma but require an approach which promotes the development of resilient carers to provide them with a stable base from which to start to understand their story and start to develop positive relationships with their care givers.




The proposal for 2020/21 is to invest in a new development phase of the project. There is evidence from the existing performance management data that MAPSS has been successful in supporting the step down of children from residential care to fostering/return to family, and in achieving a cost avoidance of children escalating to high cost placement provision. A business case will be developed for December 2020 demonstrating the impact of gaining funding for 20/21 to mainstream the delivery model through core funding from April 2021, which could include an option for a pooled fund.


### **Children and Young People's Emotional and Mental Health Planning Group**

There are a number of streams under this work supporting the regional programme for children and young people. They include:

1. Access to Child & Adolescent Mental Health Services (CAMHS)
2. Neurodevelopmental Disorders
3. CAMHS Liaison (ICF) – Early intervention available through Social Services and Education - placed in social work team and links to schools (e.g. counselling services in school)

The CAMHS liaison work is the establishment of an integrated, multi-agency approach to support children and young people, with professionals getting the right support at the right time. The main objectives of the CAMHS liaison work is as follows:




-  Consider and facilitate the options available to children, young people & adolescents on an individual case basis
-  Provide additional support to schools, social services and health professionals
-  Reduce the number of inappropriate referrals to CAMHS, and reduce the demand for a part 1 assessments

-  Provide an equitable service and better access to existing support across the West Glamorgan area.

For 2021/22 the liaison service offered by CAMHS will be expanded to include these roles as part of the CAMHS core service.

### **Western Bay Adoption Therapeutic Service**

The aim of the Post Adoption Support service is to provide targeted and specialist psychological support and services for children and young people with a plan for adoption, and who have been adopted. It will provide support that is underpinned by the following guiding principles:

-  Meeting need early – providing timely access to support and intervening early so families do not have to reach a crisis point before meeting the threshold for support
-  Access to psychological services throughout the journey of adoption – providing support throughout the various stages of the adoption process
-  A multi-layered approach – working with professionals and with adoptive parents, and facilitating access to specialist therapeutic support for families where it is needed

A business case will be developed by December 2020 demonstrating the impact of the project and the options to mainstream the service from April 2021 which may include a pooled fund.

### **Working Together Project**

The Working Together Project is a regional service covering the West Glamorgan footprint, working with children, young people and their families in their home environment.

The ultimate aim of the Service is to support more children and young people to grow up in conditions that are safe, that do not impact negatively on their wellbeing and allow them to develop to their potential (Article 6 of the UNCRC).

Child and Family Services recognise that, for most children and young people, this is most likely to be achieved by supporting children and young people to remain in the care of their families. The Service shall assist families (Article 18 of the UNCRC) by providing interventions which increase resilience and enable safe, sustainable changes. The consequence of which being that more children and young people are able to remain living with their family.

The service will adopt a systemic approach to its work with families. Systemic approaches are a way of working which emphasises people's relationships as key to understanding their experiences. Understanding the complex relationships within a family can help people to change patterns of thinking, and enhance interactions, lending itself to increased tolerance, resilience and more positive family functioning.

A business case will be developed by December 2020 demonstrating the impact of the project and the options to mainstream the service from April 2021 which may include a pooled fund.

## **Integrated Transformation Board**




The Integrated Board was established to oversee any programme or project which was cross cutting across both Adults and Children. There are a variety of workstreams operating under the West Glamorgan Integrated Transformation Board.

The Integrated Transformation Board comprises the following workstreams:

### **‘Our Neighbourhood Approach’ Transformation Funded Programme**

‘Our Neighbourhood Approach’ focuses on the seamless integration of Health and Social Care services using an asset-based approach and pioneering initiatives designed to empower people and communities to manage their own health and personal well-being. This new and innovative approach will transform the way in which people are supported in terms of their health and social care. It focuses on maximising the assets available in communities and centring provision around the ‘whole person’ and the ‘whole family’. It is focussed on 2 areas, the North Hub location in Swansea, which covers Cwmtawe and Llwychr and the Briton Ferry and Melin area in the Neath Cluster. A more joined-up way of working will lead to better communication between service providers and the introduction of a single point of contact for health and social care will prevent individuals from having to repeat their story time and time again.

Although elements of the initiative focus on care and support for older people, ‘Our Neighbourhood Approach’ also aims to:

-  improve the mental well-being of all citizens
-  promote the independence of individuals with a learning disability, and
-  support families and communities to maintain the safe care of children.

It is expected that success will come in the form of a heightened awareness of self-care, self-responsibility and prevention among citizens. This in turn would lead to a reduction in the cost of admissions to hospital, primary care and residential placements.

‘Our Neighbourhood Approach’ represents a significant culture shift for both citizens and staff within organisations delivering services. The ethos is one of true collaboration as services will work co-productively with local people to build resilient, inclusive communities.

### **‘Whole Systems Approach for Primary Care Clusters’ Transformation Funded Programme**

The ‘Cluster Whole Systems Approach’ aims to achieve a transformed model of a clustered integrated Health and Social Care system for the cluster populations. Initiated and informed by the Cwmtawe Transformation Programme, this programme is systematically implementing a range of projects locally including a phased roll-out in the seven remaining Health Board clusters, which included Cwmtawe commencing November 2019 , Neath cluster starting in April 2019 and both Llwcwhr and Upper Valleys starting in July 2019. The remaining four clusters commenced delivery in January 2020.

This programme dovetails with ‘Our Neighbourhood Approach’ in the 3 clusters: Cwmtawe, Llwcwhr and Neath.

The overall strategic aims are to:

- 🏠 Improve wellbeing across the age spectrum. There would be a key focus on facilitating self-care and building community resilience. There would also be a key focus on the earliest years, and young carers and mental well-being.
- 🏠 Co-ordinate services to maximise well-being, independence and care closer to home. This would include Cluster Networks having control to design, co-ordinate and implement services in partnership with the community that effectively meet patient and carer need. There would be a particular focus on older people in relation to integrated services trying out new models of care closer to home and reducing unscheduled admissions.

The proposal was based on the intent for this model to become self-sustaining through the improvement in health and wellbeing, co-production and use of social prescribing as an alternative to more traditional models of Health and Social Care, including a shift of resources where appropriate from secondary to primary care.

### **Development of Regional Strategic Framework for Housing, Health & Social Care**

In 2018, the former Western Bay Regional Partnership Board agreed that Housing required a more strategic focus within the Transformation Programme.

The 'Your Housing, Your Health' symposium was held in October 2018, which enabled all key partners to come together to identify key issues and agree next steps. As a result, the Regional Partnership Board agreed that the current Health and Housing Group be reformed as the new West Glamorgan Social Care, Health and Housing (SCH&H) Group and this Group would play a central role in the development of a five-year capital programme for the expenditure of Integrated Care Fund capital.

The main aim of the SCH&H Group is to devise a regional strategic framework for housing, health and social care transformation. The key priorities will be funded by the Integrated Care Fund Capital Programme and will align with the workstreams and projects within the West Glamorgan Transformation Programme.

### **Co-production**

The new West Glamorgan structure ensures that co-production is embedded across all areas of work. One of the key principles for West Glamorgan is, "We will change the way that we work with citizens away from paternalistic care to shared responsibility and co-production".

Citizens with a vested interest in West Glamorgan Regional Partnership Board's five themed priorities are being recruited to sit on the Transformation Boards and Implementation Groups across the programme. This represents a more inclusive role for both citizens and carers in the planning and delivery of transformative projects and workstreams. Neath Port Talbot CVS and Swansea CVS are supporting for the overall co-ordination of co-production for West Glamorgan and oversee the recruitment of citizen and carer representatives. They are experienced at engaging with individuals who are harder to reach, and will use their existing networks and contacts to engage with citizens and carers.

## **West Glamorgan Co-production Group**

The West Glamorgan Co-production Group (formerly 'Western Bay'), was established in April 2018 as a smaller sub-group of the broader Citizens' Panel. Its purpose is to identify specific tasks suitable for co-production (e.g. communications activities, opportunities for wider engagement). The group will continue to meet and deliver against a work plan comprising specific actions.

## **Social Value Forum**

Part 2, Section 16 of the Social Services and Well-Being (Wales) Act 2014 places a duty upon Welsh Local Authorities, along with Health Board partners, to: "establish regional forums to support social value based providers to develop a shared understanding of the common agenda, and to share and develop good practice. The aim of the forum is to encourage a flourishing social value sector which is able and willing to fulfil service delivery opportunities".

September 2018 saw the launch of our region's Social Value Forum, with over 80 members of the community, statutory sector partners and community organisations coming together to pledge their support. Further forum meetings to be organised. The Social Value Forum has a broad remit and is open to anyone with an interest in enhancing the health and well-being of citizens and building stronger, more resilient communities.

The project will also ensure that there are links with the co-production work, in particular around Measuring the Mountain and Most Significant Change. Members of the co-production network will link with the Social Value Forum in order to ensure that the work of the Forum is delivering organisational and service changes that do work for citizens. Training will be made available to Forum members, with more in depth Social Return on Investment training for key staff within Regional Partnership Board partner organisations. This will mean that there is a cross sector understanding of the approach, those attending training could then be tasked with sharing the learning within their own organisations and being 'ambassadors' for social value, reporting back to the Forum on individual action plans to implement the social value approach within their own organisation. Alongside the Social Return on Investment, Measuring the Mountain and Most Significant Change work, regional procurement colleagues would have access to Social Value Academy training so that those procuring services are also adopting a consistent approach to delivering social value across the region.

## **Social Enterprise**

The aim of the project has been to deliver development support and capacity building to third sector organisations to assist them to become sustainable, to develop additional and diverse local services within the sector to meet the health and wellbeing needs of citizens. The social enterprise development support offered links to the Act and the need to transform and develop new models of service delivery. The support service is offering ongoing support to projects at various stages of development, if the support service was lost there would be a risk to reaching the full potential of some of the developments in progress, this includes work with startup groups referred by social services where exploratory work is ongoing.



## **Development of Regional Carers Strategy**

A Multi-Agency Board, now titled the West Glamorgan Carers Partnership Board has been active for the last seven years, producing and overseeing an annual regional action plan with the overall aim of improving the lives of unpaid carers across the region.

The main aim of the West Glamorgan Carers Partnership Board in 19/20 will be to develop a regional strategy for carers. This will include the development of a vision for the region, including review of priorities, co-produced by carers. Review of the current governance structure will take place to simplify and align with new West Glamorgan structure.

## **Digital Transformation and the Welsh Community Care Information System (WCCIS)**

One of the common and key impediments to integrated working between Health and Social Care services nationally and within the West Glamorgan region has been the inability of services to share information effectively.

To meet the necessary functional requirements of a solution to support the required integrated working, Local Authorities and NHS Wales organisations jointly procured the Welsh Community Care Information System (WCCIS) ensuring that the business and technical design is person centred and allows professionals to access and share information.

The implementation of WCCIS within the region goes hand in hand with digital transformation and enabling professionals to easily access and utilise information remotely within the community. In the latter half of 2018, the regional WCCIS board acknowledged that it is not going to reach the desired outcome of ICT supporting integrated working in the region, by implementing WCCIS alone. It was agreed that the regional WCCIS board needed to broaden its scope to include other digital opportunities and deliver benefits to service delivery.

The objective of this programme is to deliver the ambitions set out within the Welsh Government plan 'A Healthier Wales' to "[use] technology to support high quality, sustainable services" and meet the needs of the citizens within the region through the provision of an innovative digital strategy. This will be supported by the implementation of the WCCIS and the technologies that will enable mobilisation of the workforce, in order to deliver "new models of seamless local health and social care" and achieve the best possible outcomes for citizens across the region.

Swansea Council are well-into their implementation plan having signed their Deployment Order with the supplier CareWorks in October 2018, who continue to work closely with the Authority to ensure progress is monitored. Swansea Bay University Health Board's WCCIS project team presented an outline business case to the Investment and Benefits Group in November 2018, who approved the project moving into stage 2, to produce a full business case and draft a Deployment Order by December 2019. Neath Port Talbot Council have recently reaffirmed their commitment to adopting WCCIS, and are engaging with the regional WCCIS team to draft a business case to be presented to Cabinet later this year.

## Appendix 3 – Case Studies – Commissioning for Complex Needs

### OUTCOME FOCUSSED ASSESSMENTS

**Rhys's story** *(Please be advised that this individual's name has been changed as they do not have sufficient capacity to consent to their personal information being shared).*

Rhys is in his early twenties and has severe learning difficulties, epilepsy, osteoporosis and challenging behaviours. He previously resided at a residential educational establishment, but the placement ended when he reached adulthood. Rhys received transitional support to take up a permanent tenancy in supported living accommodation. He has a good rapport with staff and has settled into his new environment well.

Managing Rhys's personal hygiene (especially bathing) can be extremely challenging for staff, who require specific strategies and systems to support him. Rhys is described as a happy and sociable individual. His weekly planner is often packed with activities involving his family, and he loves spending time watching buses and trains go by.

**An 'Outcome-Focused Assessment' was undertaken in August 2018, which identified some personal and well-being goals for Rhys...**

- Rhys loves all things Disney and was very keen to attend a performance of Disney on Ice.
- Rhys enjoys interacting with others and having a busy weekly schedule. The management at his supported living scheme agreed to carry out a brainstorming session with Rhys, his mother and the key worker to share ideas for activities Rhys might like to try.
- Staff will continue to follow a set bathing routine for Rhys, enabling him to enjoy it more than he was able to previously.

#### **What happened next?**

Rhys attended a performance of Disney on Ice in Cardiff and thoroughly enjoyed himself. Staff are now looking into more Disney related experiences, with the ultimate goal being a trip to Disneyland Paris.

Rhys now has a membership to Folly Farm as he loves to visit the animals. He continues to spend time at different train stations watching the trains and having picnics on the platform, as well as traveling on the trains.

Rhys is now able to bathe every day as staff have devised an approach that works well for him. He recognises key words associated with bathing, and while he is in the tub staff use toys and other methods of distraction to help manage his behaviour and allow him to relax and enjoy the experience.

The manager at Rhys's supported living scheme said:

*"Rhys has been enjoying going out a lot more, and he especially likes a train ride through the countryside as he usually sees many animals along the way".*

## Savings

Before the assessment, Rhys was receiving 156 hours of support.

This has been reduced to 138.5 hours and includes 2-1 and 1-1 support.

The times of these support hours have been changed to reflect his waking hours and bed time, reducing the amount of time staff spend waiting for Rhys to wake up or after he has gone to bed.

This is reduction of 17.5 hours per week.

## **Brenda's story** *(Please be advised that this individual's name has been changed as they do not have sufficient capacity to consent to their personal information being shared.)*

Brenda is in her early 60s and has a diagnosis of Cerebral Palsy and a severe Learning Disability. She is a wheelchair user and is also sensitive to sunlight. Brenda lived at home until her mother's death in 2013. Following a short assessment placement, she moved to a supported living scheme where she still resides today.

Brenda has no verbal communication but instead indicates her needs and wants via facial expressions and body language. Despite being non-verbal, she is a sociable character who enjoys the company of others. Brenda attends a local church group on a weekly basis with staff support. The congregation are always welcoming and regard Brenda as part of their church community. She particularly enjoys the hymns and joins in by moving in time with the music.

**An 'Outcome-Focused Assessment' was undertaken in December 2018, which found that Brenda has a keen interest in live theatre and wishes to attend performances on a regular basis. Self-care is also important to her, and she would like to make more time for pamper sessions at home.**

### **What happened next?**

Since the assessment, Brenda has attended four theatre productions and has thoroughly enjoyed each one. She's particularly fond of musical theatre and moves her head and arms in time with the musical numbers. In terms of self-care, a professional masseuse now attends the house twice a month, and Brenda gets a great deal of stress-relief and relaxation out of these sessions.

Due to her sensitivity to sunlight, Brenda is unable to sit outside and enjoy the garden on a sunny day, which is something she finds frustrating. However, since the assessment, the scheme managers have erected a summerhouse located in a shaded part of the garden. Its décor is designed to capture the feel of the outdoors (with scented plants, etc.), providing Brenda with a perfect alternative to the garden. She enjoys spending time in the summerhouse with her fellow tenants, as well as using it for some occasional quiet time away from the hustle and bustle of the main house.

## Savings

Before the assessment, the scheme comprised 399 hours of support per week, including two wakeful members of staff at night. The assessment has led to a reduction to 321.5 hours of support and one wakeful staff member at night time.

This has resulted in a saving of 77.5 hours per week, representing an annual saving of £55,453.32.

## **Gwyn's story**

Gwyn is in his 50s. He has a diagnosis of Cerebral Palsy, a Learning Disability and requires a walking frame to get around (using a wheelchair for longer distances). During his childhood, Gwyn attended boarding school, after which he returned to his family home in Swansea. He then left his family home to seek a more independent lifestyle and moved into Maes Glas residential home where he resided for two years.

In 2013, Gwyn took up a permanent placement in Glan Yr Afon (a supported living scheme), which provides him with longer-term stable accommodation.

Gwyn has a good sense of humour; he enjoys going out and meeting people and spending time in the community. He attends the Vale Day Centre and the Friends of the Young Disabled group twice a week. Gwyn's main interests are TV and radio, keeping up to date with sports, listening to Pink Floyd, and supporting his beloved Swansea City Football Club.

Gwyn's mobility car is his pride and joy. He visited several garages to test out different models to assess their suitability for his needs. He is delighted with his choice, especially as he was also able to choose the colour - a lovely bright red.

### **An 'Outcome-Focused Assessment' was undertaken in January 2019, which identified the following personal and well-being goals for Gwyn...**

- Gwyn indicated that he would like assistance to create a visual board featuring images of activities he would like to try. This would help enable him to plan activities to include in his weekly schedule.
- He enjoys walking and taking part in [Bikeability](#) sessions. These will be included in his weekly planner to help maintain/improve Gwyn's strength and mobility.
- Gwyn expressed that he would like to be able to cook a simple meal.

Since the assessment, Gwyn has created a visual board and filled it with activities to include in his planner. He refers to this on a daily basis and even includes alternative options for plans that are 'weather permitting'.

Gwyn now looks forward to shopping for groceries and preparing a meal. His skills and knowledge are improving all the time; completing many of the tasks independently as he grows in confidence.

Gwyn said, "My favourite meal to cook is Spaghetti Bolognese - the more you do it, the easier it gets!"

His next challenge is to book a holiday as independently as possible.

### **Savings**

Before the assessment, Gwyn was receiving 93.5 hours of support. This has been reduced to 84 hours, including 26 hours of 1-1 provision per week, enabling Gwyn to access the community using his new car.



This represents a saving of 9.5hrs per week.

## **Appendix 4 – Case Studies – Working Together**

### **Edge of Care**

The Working Together project in Swansea, also known as Edge of Care (EOC) has developed holistic packages of support to families who are experiencing acute stress, which is impacting on their ability to parent their children safely, or manage the behaviour of the young person. These families are at the point where the risk of local authority accommodation is likely/imminent.

#### **Family A**

##### **Family composition and presenting issues:**

A referral was received relating to a 14 years old male. He had been living with his sister who was 23 years old, for the past 6 years. Also living with them was his sister's child who was 6 years old. The young person came to live with his sister after experiencing many years of parental neglect. He had not attended school consistently, was often seen walking the streets late at night. He hadn't attended medical appointments and had no regular routines or boundaries. The sister, who was already living alone aged 16 and had just had a baby of her own, took her brother in to live with her as a family arrangement.

There were few referrals to Social Services from the sister asking for support, but the family hit crisis point in May 2019 and his sister was requesting he be accommodated elsewhere. A referral was made to the FAST (Family Action Support Team, offering benefit and financial advice/support), to work intensively with the family to prevent a breakdown.

##### **What did we offer, and how did we do it?**

This family had input from our FAST intensive support team, an adolescent link worker and internal EOC therapists.

The FAST duty worker attended the family home with the Social Worker to discuss support options and agree an immediate start to the intervention. The FAST worker met with the sister and brother separately and together, exploring the issues, what things they felt needed to change, and how a plan could be developed to achieve this. The sessions took place 3 times a week at a time that suited the family, which was often later in the evening.

The core models used were of Signs of Safety, Solution Focused Therapy and motivational interviewing.

During the first few weeks of relationship building and getting to know the family, the complexities became evident and at this point a consultation was arranged with the Edge of Care therapists. The consultation provided guidance and direction around type of support the family needed, with agreement that the sister could access one-to-one therapy sessions. On-going sessions with FAST focussed on what her brother needed from her in terms of meeting his needs, structure and routine to his life, boundaries and expectations, exploring what's normal teenage behaviour, and risky behaviour that she felt worried about. Safety plans and crisis plans were drawn up by the family and used to manage challenging situations.

The therapist supported the sister to look at her childhood experiences and trauma, and how this was impacting on her ability to cope with caring for her brother. It was also identified how worried she was that her own child would be taken into care as she couldn't manage to care for her brother.

These sessions were primarily person-centred, taking the lead from the sister on what she needed to talk about, but incorporating other models of therapy, which helped her explore her past, think of the impact on the present and consider what she wanted for the future.

The strain on the family was ongoing and made further challenging by the young person's refusal to attend school, as well as his increasing criminal activity within the local community. The sister found this extremely challenging and left her feel like she was failing to care for him. As a result she requested he be accommodated again. Two short episodes of emergency accommodation were needed when the family were at crisis points, but this didn't work out for the family, and he ended up going home after a few days.

At this point, the adolescent link workers were asked to work specifically with the young person, with the primary aim of engaging and building a relationship to help understand his refusal to attend school. The young person was difficult to engage, and would often run out the back door when staff attended the home. Exploration around who already had a relationship with the young person helped staff 'piggyback' into building a relationship with the young person. At times this felt like a slow process, but determination and consistency of staff turning up helped build trust and encouraged the young person to start engaging. At this point he was refusing to attend activities, and by chance a peer of his had also been referred to the service. The opportunity was seen to engage them as a pair, which they were more agreeable to. Links were made with YOS (Youth Offending Service) preventative services, and a shared offer of activities at the centre, where adolescent link staff supported them to attend. They slowly began building up practical skills such as making wooden decorations and wood burning.

During these sessions, staff work with the pair to address risky behaviour, consequences of their actions, and building their interests in positive activities. The aim is for this to continue with further exploration around reintegration into education, and any further plans will include areas of support needed.

To date the young person and his peer are engaging twice a week with the link workers, with plans of getting back into school. The intervention with the FAST team has finished and entered a reviewing phase, where for 3 months, goals set by the family will be evaluated, with the offer of booster sessions if needed. The sister also continues fortnightly therapy sessions, with the aim of being able to bring the brother and sister together for sessions in the future.

The family are also being offered the opportunity for a residential family stay in a newly developed facility in Rhossili. This will allow the family to spend quality time together with structured activities and relationship building tasks. This residential stay will be co-worked with the FAST intensive workers, activity workers, and therapists who already have established relationships with the family and have been working with them over the last year.

## **Case Study (completed by Andrew Watkins, Consultant Social Worker)**

Following a referral and consultation, a family begun engaging with the Working Together Service (WTS) on the 19<sup>th</sup> of November 2019. The referral was in relation to poor home conditions that were identified in the Care and Support Plan.

### **Family composition**

The primary carer (Father) is a single male with 3 children aged 8, 6 and 3. Father is a victim of domestic abuse, with the perpetrator being the children's birth mother. The birth mother does not reside at the family home, and it is believed that there are concerns relating to her alcohol use and the nature of her current relationship (she is reported to be the victim of domestic abuse). Father also has issues with his mental health and suffers with depression.

The family (Father and children) have been known to NPT Social Services for a number of years, this includes a period of registration for neglect due to poor home conditions, which is also the nature of the current referral.

### **Intervention**

The WTS initially began to support Father in addressing the outcome/s of the Care and Support Plan by assisting him to de-clutter and by cleaning the living room. The family at the time of referral were at 'Red', however with the support of the WTS the family progressed to 'Amber' following approximately two weeks of intensive support. Unfortunately due to the Christmas period, the intensive intervention was suspended (due to staff annual leave) which resulted in a setback to progress made. This has served as an identified learning need for the WTS and will be explored further.

On 6<sup>th</sup> January 2020, the WTS and a Social Worker visited the family home and were of the opinion that the family were at 'Red' given the deterioration of the living conditions. As a consequence the WTS spent several hours assisting Father with de-cluttering and tidying the living room.

Prior to Christmas 2019, the WTS had contacted the environmental pest control officer due to rats being seen in the garden. Unfortunately, the pest control officer was not able to attend before Christmas as originally planned and attended the property the on same day (6<sup>th</sup> January 2020). The pest control officer advised that the rats were also inside the property and took steps to resolve the situation.

The WTS returned to the family home the following day, and concluded that the family remained at 'Red'. Due to continued concerns, the WTS contacted the Children's Community Team. It was advised from the duty Social Worker that action be undertaken in order for the children to remain at the home. The WTS provided intensive support for Father, which included:

- purchasing new bedding for the children

- taking a large quantity of clothing to the laundrette
- cleaning the kitchen.

This intensive intervention took the family from 'Red' to 'Amber' and consequently the children were able to remain at the family home.

The WTS returned to the family home on the 8<sup>th</sup> January where the WTS was advised by Father that one of the children was unwell. Following support / advice from the WTS, Father took the child to see the GP.

Additionally, the front door of the property wasn't secure and following his return from the GP, Father was able to rectify the situation supported by the WTS. The family remained at 'Amber' but progressing to 'Green'.

On Friday 10<sup>th</sup> January, a referral was made to FAST (benefit and financial advice / support) by the WTS as a consequence of the property's landlord advising that Father was in rent arrears. This was deemed necessary so as not to have a negative impact on his mental health.

In addition, the WTS explored with Father his wider support network where he was able to identify his sister as a potential source of support. As a consequence of this and the intervention of the WTS, Father and the children moved in with her (sleeping there overnight and returning to the family home in the day).

With the aforementioned support from FAST and the WTS, Father has since been allocated a new property and it is anticipated that the family will move in approximately two weeks (it is understood that he has now signed for the property).

The WTS continue to support the family and are helping to take the children to school even when they are residing with Father's sister. In addition, the WTS will be working with Father in order to prepare for and assist with the move. The WTS has also encouraged Father to contact his GP regarding his mental health and as a consequence has been prescribed anti-depressants.

The WTS has also supported Father to attend hospital appointments, etc. by providing child care as the extended family are not in a position to help. The WTS has also referred Father to receive support in relation to the previous domestic abuse from the children's mother and has been allocated a male worker to address past traumatic experiences.

Given that Father has been in crisis, it has been agreed that he will continue to receive support from the WTS. This will include support in preparation to move and if required, assistance to move.

Once Father has moved to the new accommodation, the WTS will reinstate the intensive phase of the intervention, in effect starting afresh. It may be viewed that during this period Father, will be in a better position emotionally and mentally to make and maintain positive changes to address the concerns of NPT Social Services. This period will also allow the WTS to gain the voice of the child through evidenced based interventions.



## Appendix 5 – Case Studies – Multi Agency Placement Support Service

### **Dyadic Therapeutic Play (DTP) Training Evaluation**

**Venue:** Primary School

**Date:** 07/10/19

**Attendees:** Teachers & Teaching Assistants    **Number of Attendees:** 17

**Provided by:** Jenny Harding & Leighanne Palmer – Family Support Workers

#### **Reason for Training:**

- Providing support for school staff to help a child engaging with MAPSS, along with other looked after children within the school.
- Helping a child/children to regulate their emotions.

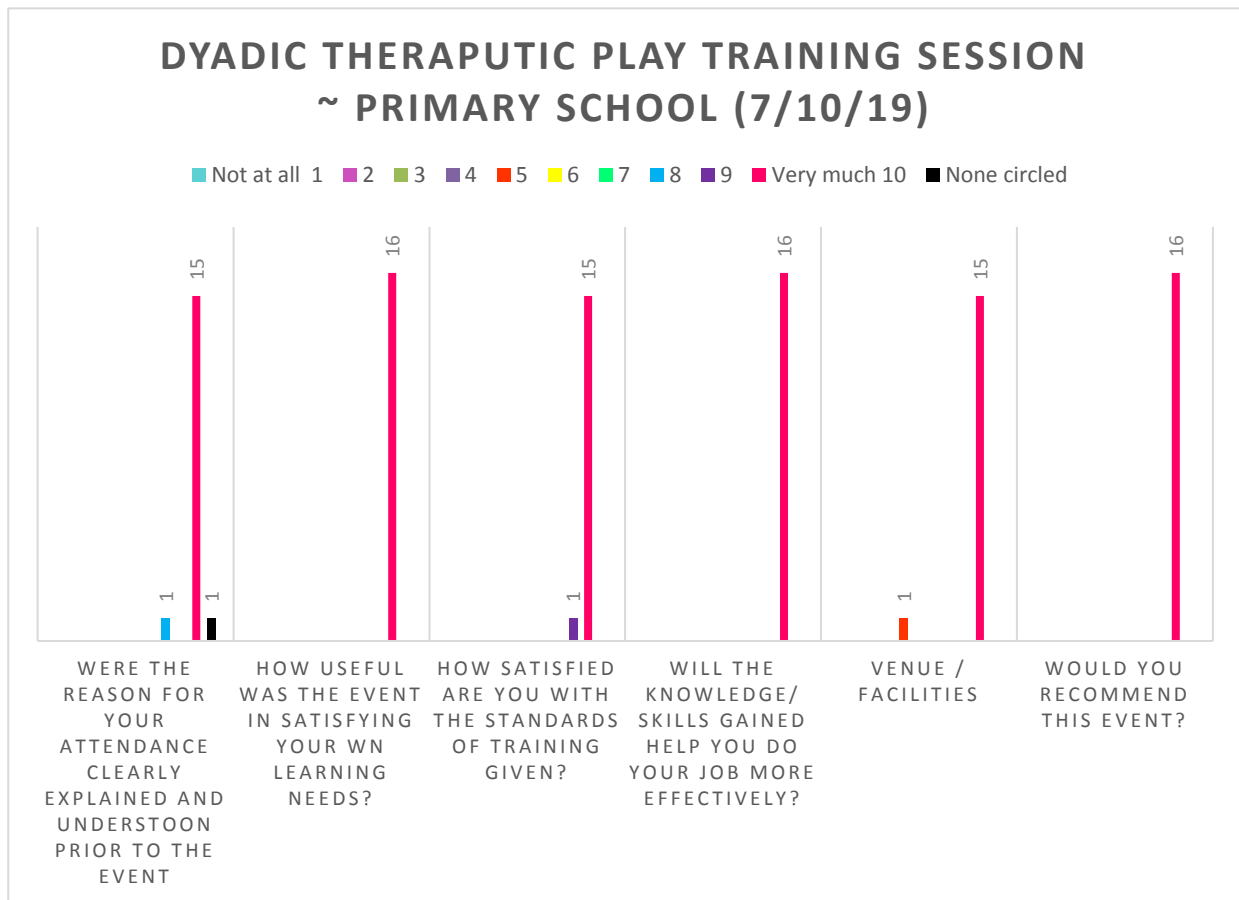
#### **Objectives of Training:**

- Training staff to understand how to use Dyadic Therapeutic Play.
- To re-establish and emphasise the importance of building a trusting relationship through a play based resource.
- Helping staff understand how DTP fills in developmental gaps on how to regulate emotions with a trusting relationship.
- Using DTP as a tool to build a relationships and gain a better understanding of a child's need, likes and dislikes.
- Building a trusted relationship that allows a child to explore emotions through play and learn the ability to co-regulate their emotions through a playful, safe resource.
- Encouraging staff to use a more PACE (Playfulness, Acceptance, Curiosity and Empathy) approach with children, helping them regulate their emotions and process their trauma.
- Helping staff understand the difference between empathy and sympathy and how children need more empathy.
- Demonstration and participation of DTP games.

#### **Outcomes of Training provided:**

- Each class to have their own DTP box of resources for staff to use as de-escalation activities and session times.
- Class teacher for MAPSS child will be timetabling DTP time into each day.
- Each box of resources includes Lego character emotions cards, DTP game idea cards and a games leaflet to enable quick and easy access.
- Suggestion made by school to use DTP with their buddying system for peer mentoring programme.

**Feedback Overall:**



**Duration:**

- ✓ Just enough
- ✓ Perfect length
- ✓ Quick and informative
- ✓ Very useful
- ✓ Fun and compact
- ✓ Suitable
- ✓ Good pace and length
- ✓ Appropriate
- ✓ Very good, timed well
- ✓ Very quick, filled with knowledge
- ✓ Perfect, concise and full of content
- ✓ Moved at a good pace.

**Useful parts:**

- ✓ Games and effects
- ✓ Physical activity
- ✓ Playing
- ✓ Games and why
- ✓ Practical demonstrations
- ✓ All of it

- ✓ Practical trying the games
- ✓ Games showed interaction of child
- ✓ Practical element
- ✓ Games simple and effective
- ✓ Activities to use with children

**Not so useful:**

- ⇒ PowerPoint
- ⇒ None

**General feedback:**

- Well delivered and interactive
- Very well explained and examples
- Very good session
- Excellent trainers and knowledgeable
- Very informative.

## **CASE STUDY - TRAINING**

**Delivered by Ellen Wheller (Consultant Social Worker)**

### **Background**

I had been working with two sets of Foster Carers who had siblings in each placement. Child (F) was the oldest of the group of four siblings (aged 14) and was placed in a single placement. I had undertaken family therapy with him and his carers (C and G), and had developed a good working alliance. The outcome of the family therapy was positive and enabled the young person to share his emotions.

The second set of Foster Carers (B and N) had the three other children from the group of 4 siblings placed with them. This set of Foster Carers were struggling in managing the 10 year old child (H) and understanding his attachment style, and were difficult to engage in placement support.

I understood that both sets of Foster Carers knew each other and therefore made arrangements for them to participate in attachment training together (which I delivered). This was with the view of enabling Foster Carers (B and N) to engage with me in placement support sessions as well as providing therapeutic intervention to the young person.

### **What type of training was offered?**

Attachment, Trauma and Dyadic Developmental Practice (DDP) training with the two sets of in house Foster Carers in Bridgend, who together cared for a group of four siblings.

### **Purpose of the training:**

For Foster Carers to understand the children's attachment style, to aid communication between the two sets of carers, and to stabilise both placements.

Foster Carers (B and N) developed a relationship with me and it enabled them to accept placement support and a better triangulation of support with the school.

**Feedback:****Foster Carer 1:**

*"Thank you for all your help and support - our foster child has done so well and been able to express (their) emotions"*

*"I am very happy with the MAPSS service and the work you have done for me and the child in placement."*

**Foster Carer 2:**

*"The young person blamed (themselves) for being in care and was totally closed down in terms of (their) emotions. ---- Since the training I have more understanding and I am able to support them more."*

**Impact:**

We were able to stabilise both placements and the Foster Carers were able to work together more closely. They were also able to use DDP skills with the children and support co-regulation.

# Agenda Item 8

## ADULT SERVICES SCRUTINY PERFORMANCE PANEL WORK PROGRAMME 2019/20

Meeting Date	Items to be discussed
<b>Meeting 1</b> Thursday 20 June 2019  4.00pm	<b>Wales Audit Office report on Housing Adaptions</b> <i>Andrea Lewis, Cabinet Member for Homes and Energy</i>  <b>Panel Review of the year 2018/19 and draft Work Programme 2019/20</b>
<b>Meeting 2</b> Tuesday 30 July 2019  4.00pm	<b>Performance Monitoring</b> <i>Deborah Reed, Interim Head of Adult Services</i>  <b>Update on West Glamorgan Transformation Programme arrangements following review</b> <i>Nicola Trotman, Interim Director</i>  <b>Review of Final Budget Outturn</b> <i>Deborah Reed, Interim Head of Adult Services</i>  <b>CIW Local Authority Performance Review</b> <i>Dave Howes, Director of Social Services</i>
<b>Meeting 3</b> Tuesday 20 August 2018  4.00pm	<b>Outcomes of Re-procurement Process - Domiciliary Care and Respite at Home</b>
<b>Meeting 4</b> Tuesday 24 September 2019  4.00pm	<b>Supported Living Developments for Mental Health and Learning Disability Services</b>  <b>Procurement Practice and Assurance in Social Care</b> <i>Peter Field, Principal Officer Prevention, Well-being and Commissioning</i>
<b>Meeting 5</b> Tuesday 29 October 2019  4.00pm	<b>Performance Monitoring</b>  <b>Update on Transformation Programme</b> <i>Deborah Reed, Interim Head of Adult Services</i>  <b>Commissioning of Residential Care (quality of service/contracts; financial stability) (Referred from SPC)</b>
<b>Meeting 6</b> Tuesday 19 November 2019	<b>Telecare and Community Alarms Mini Commissioning Review</b>  <b>Workforce Development Plan</b>

4.00pm	<b>Discussion Paper on Improving Performance Data</b> <i>Tony Beddow</i>
<b>Meeting 7</b> Tuesday 17 December 2019  4.00pm	<b>Briefing on Carers Assessments</b>  <b>Update on Local Area Coordination</b>
<b>Meeting 8</b> Tuesday 28 January 2020  4.00pm	<b>Performance Monitoring</b>  <b>Update on how Council's Policy Commitments translate to Adult Services</b> <i>Mark Child, Cabinet Member for Care, Health and Ageing Well</i> <i>Dave Howes, Director of Social Services</i>  <b>Briefing on Annual Review of Charges (Social Services) 2019-20</b> <i>Dave Howes, Director of Social Services</i>
<b>Meeting 9</b> Monday 17 February 2020  11.30am	<b>Draft budget proposals for Adult Services</b> (last year's report to be provided too, to see what has been achieved)  <b>West Glamorgan Transformation Programme – Update and 3 case studies</b> <i>Kelly Gillings, Programme Director</i>
<b>Meeting 10</b> Tuesday 17 March 2020  4.00pm	<b>WAO Report - First Point of Contact Assessments under the Social Services and Well-being (Wales) Act 2014</b>  <b>Adult Services Complaints Annual Report 2018-19</b> <i>Julie Nicholas-Humphreys, Corporate Complaints Manager</i>  <b>Briefing on Sickness of Staff in Adult Services</b>
<b>Meeting 11</b> Tuesday 28 April 2020  4.00pm	
<b>Meeting 12</b> Tuesday 19 May 2020  4.00pm	<b>Performance Monitoring</b>  <b>Update on Transformation Programme</b> <i>Alex Williams, Head of Adult Services</i>

Future Work Programme items:

- Update on RNIB (keep on forward agenda – CM to update)
- Options Appraisal for Assistive Technology and Community Alarms (August 2020)
- West Glamorgan Transformation Programme (update on Citizen’s Panel and stakeholder engagement) date tbc
- Wales Audit Office Reports (dates to be confirmed):
  - Integrated Care Fund (Joint Adult Services and CFS)



**Cllr Paxton Hood-Williams**  
**Acting Convener – Adult Services**  
**Scrutiny**  
**Panel**

**BY EMAIL**

*Please ask for:* Councillor Mark Child  
*Direct Line:* 01792 63 7441  
*E-Mail:* [cllr.mark.child@swansea.gov.uk](mailto:cllr.mark.child@swansea.gov.uk)  
*Our Ref:* MC/KH  
*Your Ref:*  
*Date:* 3 February 2020

Dear Cllr Hood-Williams

Thank you for your letter dated 13<sup>th</sup> January 2020.

In relation to the first point regarding a progress update on the Western Bay Valuing Carers Action Plan, I have been in touch with the West Glamorgan Programme Team who coordinate this work. The Action Plan is reviewed annually on a regional basis, so I have enclosed a copy of the most recent Annual Report. The Plan will be reviewed again at the end of the financial year.

With regard to the second point, the proposed national evaluation of Local Area Coordination is still in the development stages. Southampton University is in the process of trying to secure funding to carry out the evaluation and the scope has not as yet been drafted. We will keep the Panel apprised as things develop through our regular updates relating to Local Area Coordination.

Yours sincerely

**Y Cynghorydd/Councillor Mark Child**  
**AELOD Y CABINET DROS OFAL, IECHYD A HENEIDDIO’N DDA**  
**CABINET MEMBER FOR CARE, HEALTH & AGEING WELL**



# Western Bay Carers Partnership

## Annual Report 2018-19



**Caring Together  
Western Bay**

*Health and Social Care Programme*

**Gofalu Gyda'n Gilydd  
Bae'r Gorllewin**

*Rhaglen Iechyd a Gofal Cymdeithasol*

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## **Executive Summary**

Western Bay Carers Partnership Board has been an active for the last seven years, producing and overseeing a regional action plan with the overall aim of improving the lives of unpaid carers across the Western Bay area. The Board is committed to working across organisational and area boundaries to share best practice and deliver services to carers and young carers.

The purpose of this report is to highlight the activities undertaken in the last 12 months to meet the Outcomes of the Western Bay Carers Partnership Board Action Plan 2018-19. The Outcomes of the Action Plan were shaped by the themes arising from the carers chapter of Western Bay Population Assessment, the recommendations from the regional Carers Service Mapping report, the three Welsh Government National Priorities for Carers and the specific requirements of Welsh Government for the carers funding.

This year Welsh Government made funding available to local health boards to work collaboratively with partners to enhance the lives of carers in line with national priorities. The allocation for Abertawe Bro Morgannwg University Health Board was £179,000. In addition, £125,000 from the Integrated Care Fund large grant scheme was allocated for projects which support carers and young carers in the Western Bay area. Whilst £56,000 was made available via the Integrated Care Fund Third Sector Small grants scheme for Carers.

Highlights this year include:

Developments in identifying and supporting carers in hospital and primary care. Work undertaken in identifying, providing information and assisting carers in hospital settings, including general hospitals, paediatric services and mental health units has resulted in many

instance of support being in place for the carer before the person they care for is discharged from hospital. Over the year, 1,454 Carers were identified and provided with information, advice, assistance or signposting.

Proactive work with Primary Care continues to progress, with all practices in the area having contact with their local Carers Centre or Service General Practice lead worker. In addition to providing information, offering awareness training sessions and supporting surgery Carers Champions, Carers Centre/ Service leads have also attend flu clinics. To further advance the work at Primary Care level, an accreditation scheme for General Practices/ Primary Care was launched in March 2019. A set of criteria has been produced which determines the standard for practices to be recognised as 'Carer Friendly'.

This year has also seen further movement with raising awareness, identifying and supporting young carers in schools and colleges across the region. Across Western Bay 35 junior schools, 21 comprehensive schools and four colleges have engaged with the Young Carers in Schools projects. Over 4000 pupils have participated and 349 pupils have identified or self-identified as young carers.

Information for Young Carers in the form of a refreshed regional young carers booklet has been produced and the Carers Hospital Information pack has been updated and translated into local community languages.

Moving forward into 2019, the structure of the Carer Partnership Board will change as Bridgend representatives move to Cwm Taff Morgannwg. Work will be undertaken in the coming year to develop a longer term regional carers strategy co-productively with local carers.

## **1. Introduction - Western Bay Carers Partnership Board**

Western Bay (formerly Abertawe Bro Morgannwg University Health Board) Carers Partnership Board was established in 2012 in response to the Carers Strategies (Wales) Measure 2010 which required NHS and local authorities in Wales to work in partnership to prepare an Information and Consultation Strategy for Carers.

During 2018-19 the Western Bay Carers Partnership Board was chaired by the Director of Primary and Community Services, Abertawe Bro Morgannwg University Health Board (ABMU) and the Director of Social Services and Well-being, Bridgend County Borough Council was vice chair.

In addition, the Board comprises

- Local Authority Officers /Carers leads
- Locality Planning and Partnership Managers and Locality Planning and Partnership Support Managers, Abertawe Bro Morgannwg University Health Board
- Programme Manager - Mental Health, Abertawe Bro Morgannwg University Health Board
- Carers Champion, Abertawe Bro Morgannwg University Health Board
- Director of Swansea Carers Centre
- Manager of Bridgend Carers Centre
- Manager of Neath Port Talbot Carers Service
- Health and Well-being Facilitator, Neath Port Talbot Council for Voluntary Service (NPT CVS)
- Carers Representatives, Western Bay Regional Partnership Board
- Regional Programme Director, Western Bay Regional Partnership

- Carers Co-ordinator, Western Bay Regional Partnership/ Bridgend Association of Voluntary Organisations

The board continues to be committed to working across organisational and area boundaries to share best practice and deliver services to carers and young carers. Third sector organisations are actively involved strategically in working with health and local authority colleagues on the Carers Partnership Board, subgroups and operationally.

## **2. Carers in the Western Bay Area**

For the purpose of the Social Services and Well-being (Wales) Act 2014 a “carer” means a person who provides or intends to provide care for an adult or disabled child; A person is not a carer for the purposes of this Act if the person provides or intends to provide care – (a) under or by virtue of a contract, or (b) as voluntary work. But a local authority may treat a person as a carer for the purposes of any of its functions under this Act if the authority considers that the relationship between the person providing or intending to provide care and the person for whom that care is, or is to be, provided is such that it would be appropriate for the former to be treated as a carer for the purposes of that function or those functions.

SOURCE: Section 3.4, 3.7 and 3.8, Social Services and Wellbeing (Wales) Act 2014

Carers and former carers are people of any age including children and young adults, of any gender and from any background or culture who assist a person who has care and support needs as a result of

- A physical disability
- A learning disability

- Mental illness or distress
- Frailty as a result of old age
- A dependency on drugs or alcohol
- Vulnerability

The Western Bay Partnership area covers the same area as Abertawe Bro Morgannwg University Health Board and includes three local authorities, namely, Bridgend, Neath Port Talbot and Swansea. The combined population is approximately 540,000. According to the 2011 Census 17,919 residents in Bridgend are carers, 20,365 in Neath Port Talbot and 30,349 in Swansea. In total 68,633 or 13% of the population of Western Bay are carers.

The Western Bay Population Assessment was published in 2017. The chapter on 'Carers who need Support' reports that 'a rise in the general population is likely to impact on the number of people providing unpaid care'. In addition, 'it would appear that the impact on health of carers increases in line with the number of hours of care provided'.

The Population Assessment also highlights issues which matter to carers, these are:-

- A single point of contact for information on services, activities and financial matters
- Increasing awareness and uptake of Carers Assessments
- Improve the sharing of information between professionals and across services
- Develop understanding within the NHS so that staff have a better understanding of the needs of carers
- Support groups and services for carers
- Support for carers to take a break

- Work with leisure, education and employment services so they cater for the needs of carers and are aware of accessible activities
- Help to overcome transport difficulties to get to and from the person being cared for (an overarching theme)
- Help disabled people/children to adapt their homes
- Protection for children from inappropriate levels of caring

### **3. Western Bay Carers Partnership Board Plan 2018-19**

The Western Bay Carers Partnership Plan for 2018-19 was shaped by the themes arising from the Western Bay Local Population Assessments – Carers Chapter, recommendations from a service mapping report commissioned by the Board in 2017, the three Welsh Government National priorities for Carers and the specific requirements of Welsh Government for the carers funding made available for 2018-19.

The outcomes in the plan were

- Outcome 1 - Ensure work continues to promote early recognition of carers and young carers so that they are signposted to information and support in a timely manner.
- Outcome 2 - Develop and continue to provide information, advice, assistance and support to carers and young carers enabling them to make informed choices and maintain their own health and well-being.
- Outcome 3 - Work co-productively with carers on an individual and strategic basis so that their contribution is acknowledged and voice is heard.
- Outcome 4 - There is improved partnership working between funders and service providers (for carers). This will result in carers moving easily between partner organisations, carers being able to access



sustainable Third sector services which are funded on evidence of need and outcomes.

#### **4. Implementing the Western Bay Carers Partnership Action Plan 2018-19**

The Western Bay Carers Partnership Board meets as a minimum once a quarter to oversee the implementation of the current Action Plan. Four subgroups comprise of members of the Carers Partnership Board and representatives from other NHS and local authority departments/ sections, Third sector organisations and other partners. The subgroups provide direction and oversight for the following work streams:

- Training
- Young Carers
- Performance and Finance
- Strategy

#### **5. Funding the Western Bay Carers Partnership Action Plan**

In 2018 Welsh Government made funding available ‘to local health boards to work collaboratively with all partners to enhance the lives of Carers in line with National Priorities’. The allocation for Abertawe Bro Morgannwg University Health Board in 2018/19 was £179,000.

The following activities/ projects were funded:

Bridgend Carers Centre - Integrated Carers Post x 3	46,873
NPT Carers Service - Carer Support Project	14,850
NPT Council Youth Service	
-Young Carers Information & Support	23,504

Swansea Carers Centre - Hospital Outreach Project Worker	24,640
Swansea Carers Centre - Carers Information Post	25,409
Swansea Carers - Carers Helpdesks in Primary Care	6,985
Regional Carers Co-ordinator Post	22,000
Regional Young Carers Conference	1,258
Regional Carers Event	3,156
3 x Local Carers Rights / Have Your Say Events	4,500
Resources, Carers Info Packs and Translation costs for Community Languages	3,950
GP Awareness Accreditation Scheme Award Resources	2,101
2 x Carers Representatives Expenses	114
Slippage to transfer to 2019/20	7,861
	187,201.00

£125,000 from the Integrated Care Fund (ICF) 2018-19 large grant scheme has been allocated this year for projects which support carers and young carers in the Western Bay area.

Projects funded include:

Young carers in Education Projects in Swansea	10,495
Young carers in Education Projects in Bridgend	15,666
Welfare Benefits Advisor	22,191
Integrated Carers Assessment Worker	16,978
Integrated Carers Support Worker (Hospital Based)	15,949

Single Point of Contact / Triage Project for Carers	13,769
Carers Support - Transfer of Care & Liaison Service (TOCAL)	14,556
Parent Carers Hospital Project	15,000

£56,000 has also been allocated via the Integrated Care Fund Third sector small grants scheme for carers.

## **6. Key Achievements 2018 - 2019**

**Outcome 1- Ensure work continues to promote early recognition of carers and young carers so that they are signposted to information and support in a timely manner.**

### **Carer Awareness e-learning**

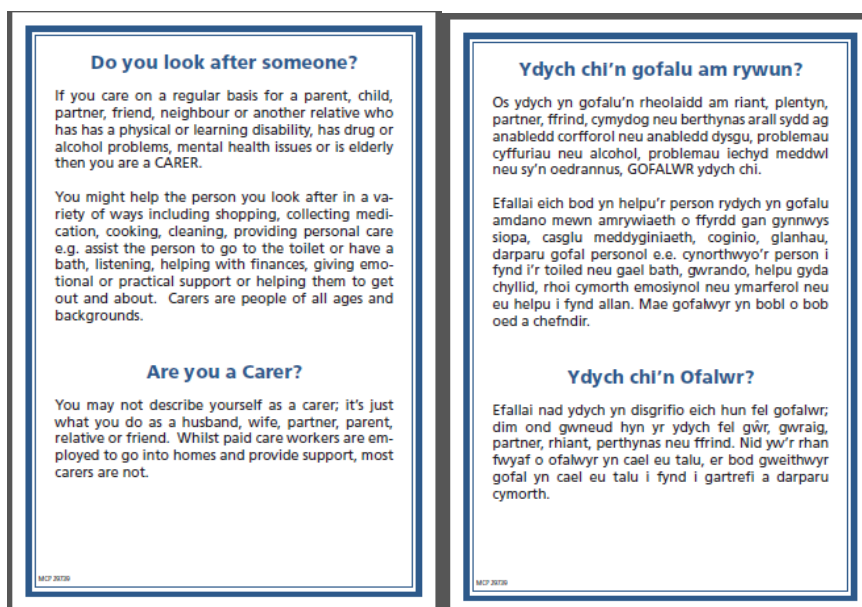
It is important that staff and volunteers who work in social care and health can recognise a person who has caring responsibilities and be able to signpost them to the most appropriate source of information and support. Western Bay Carers Partnership Board Training Subgroup has engaged with the development of the Social Care Wales Carers Awareness e-learning and has produced bilingual guidance and promotional materials to encourage staff and volunteers locally to complete the course.

### **Publications**

Previously young carers have told us the type of information which they would find useful. Western Bay Carers Partnership Board Young Carers Subgroup has used feedback from young carers and young adult carers to produce a bilingual booklet. This publication includes information on where to access local Information, Advice and Assistance, young carers

rights, education and employment. The booklet is available from young carers projects and the young carers schools projects.

The Carers Hospital information pack has been updated and now includes information about planning for hospital discharge from the carer's perspective. The text in the pack has been translated into 6 community languages.



Pages from Carers Hospital Information Pack

## Supporting Carers at Hospital

Swansea and Bridgend Carers Centres and Neath Port Talbot Carers Service continue to have a presence in each hospital within the Abertawe Bro Morgannwg University Health Board area. Carers Centres/ Service staff provide advice and emotional support to carers and families at critical and potentially life changing times. They also offer information to staff on carers' issues.

Neath Port Talbot Carers Service had contact with eight wards including Elderly Care and Neurological Rehabilitation at Neath Port Talbot Hospital. They also had an information stand in the main reception area of the

hospital. In addition to offering a Carers Assessment, the Hospital Liaison Worker, enables carers to access the Transfer of Care and Liaison Service available from Neath Port Talbot Carers Service. This provides information and a range of other services, often facilitating timely hospital discharge, with practical support frequently in place for the carer before the person being cared for is discharged from hospital. Support has also been provided to Carers whose family member is an inpatient on the mental health ward.

The Integrated Carers Support Worker at Princess of Wales Hospital Bridgend had contact with fourteen wards and ten departments; working in partnership with Hafal on one ward and conducted focused work on John's Campaign (John's Campaign is a movement to help NHS staff recognise the importance of working with family carers as equal partners in the care and support of people with a dementia who are in hospital) on two other wards. The Worker also offered Parent Carer support on Children's wards. This post also provides Carers Assessments to support hospital discharge at a time that is right for the carer.

Swansea Carers Centre has also worked specifically with Parent Carers of patients in paediatric services at Morriston Hospital and Hafan y Mor at Singleton Hospital. This Integrated Care Fund funded project has supported 200 parent carers and families, and provided 70 one to one sessions.

The Hospital Outreach Worker from Swansea Carers Centre attends wards at Gorseinon and Cefn Coed Hospitals on a fortnightly rotation and has a weekly presence at Singleton Hospital. In Morriston Hospital there are staffed stands and literature in the Outpatients department, bi monthly stand in the main canteen and a permanent display in Artificial Limb

Centre (ALAC). The stands are staffed by the Hospital Outreach Worker or one of three volunteers who have experience of caring themselves. Contact has been made with wards, departments and clinics and other services for example the Hospital Chaplaincy.

All Carers Hospital projects work closely with the Patient Advice and Liaison Service. As well as supporting carers, staff have given talks to Hospital staff on wards and departments with the aim of raising Carer Awareness.

The Hospital Outreach Workers from across the region meet quarterly, both to share best practice and to ensure that carers who cross area boundaries to attend hospital appointments receive a consistent and effective service.

As a result of the contact, carers were provided with information relevant to their situation; this can include assistance in navigating the discharge process or best interest meetings, encouraging carers to consider what questions they need to ask. Other assistance which has been made available includes signposting to counselling, welfare benefits, Carers Emergency Card schemes, training, carers rights and assessments, information about breaks from caring, activities or support groups at local Carers Centre/ Service or Social Services. In a number of cases support was arranged for Carers before the person they care for was discharged from hospital, this included a sitting service to allow the Carers to have a life alongside caring. Carers were also able to access counselling to come to terms with changes to the caring role before and after discharge of the person being cared for.

In total, 1,454 Carers were identified and provided with information/ advice or assistance or signposting.

The work at Bridgend and Neath Port Talbot Hospitals is funded from the Integrated Care Fund 2018-19. The work undertaken in Swansea Hospitals is funded from a range of sources including Welsh Government Carers Funding for 2018-19 and Integrated Care Fund 2018-19 for work with carers and families on paediatric wards.



Information stands at Cefn Coed Hospital

## Carers Feedback

“I have better understanding of what’s available before my mother leaves hospital.”

“Now that I have support for myself I am no longer afraid to care for my husband”.

"...the support I had before my wife came home prepared me for what I needed to do. I now know where I can go for help and have a sitter come

to my house to give me a break. I did not have this before my wife was admitted to hospital. It makes a difference"

"When my mother's health got worse and was admitted to hospital all I kept thinking was how will I cope. The nurse on the ward told me about Carers Hospital Worker and that she would be on the ward on Thursday. I met her and from the point on all my worries went. She got me an assessment and I have a support worker I can call. I also have a sitting service set up for when mum is discharged"

### **Case study - Carer A**

Carer A approached the Carers Hospital Outreach Project Worker, a few days before Christmas, he was supporting a person with dementia, the Carer felt as if he was no longer coping and was distressed. The Hospital Outreach Worker discussed support services and different forms of respite, how to access Social Services and what to ask for. Counselling was discussed and with his permission the Carer was referred to Admiral Nurses and to the Dementia Co-ordinator. Carer A consented to a referral to the Admiral Nurse. The Outcome for the Carer *"I cannot thank you enough for kick starting this whole process for me , just talking to you made me feel better as I had not told anyone any of this before. The Admiral Nurse was amazing and was on the phone for over an hour putting things in place. The respite will be so welcome thank you for going what I think is over and above.... I feel so much better"*

### **Case Study - Carer B**

Carer B sought help from the Carers Information stand at the Hospital. She was a carer for her child and for her Grandmother who had just died. Due to her complex family situation she had no money, was not employed and had to find accommodation for herself and her child as she had previously



lived with her grandmother. Carer B was very distressed. Carer B was provided with information and assistance with welfare benefits, housing options, opportunities to develop employability skills and signposted to the Parent Carer Project. The outcome is that Carer B is now in receipt of Universal Credit and has acquired rented accommodation near her son's school. She has looked at options for training and grants and is pursuing a course.

*"I didn't know where to start, your support and guidance has pulled me back from the edge I can now look forward..."*

### **Case study – Carer C**

Carer C spoke to the Health Liaison Officer on the ward in the hospital. The carer was feeling highly stressed and found the change in the caring role very difficult to manage. A carer's assessment was offered, and a Support Worker allocated to Carer C. Carer C started attending coffee mornings and the well-being workshops shortly after the assessment. Carer C said that the stress had decreased a lot knowing there was a sitting service that could be accessed when his wife was discharged from hospital."

### **Supporting Carers in Primary Care**

Relationships with Primary Care have been developed further this year. In Bridgend for example, three Carers Link Workers have been employed, they are based at the three Bridgend network teams – North, East and West. Their remit includes working pro-actively with General Practices in each Cluster area to improve carer recognition, to identify people who become carers due to the health of their family member, and who historically may have remained unidentified as carers.

They have a presence at the 19 GP surgeries in Bridgend, attending regularly to provide information packs at drop in's at the surgeries, signposting to services, talks and presentations to staff. The Carers Link Workers have attended Flu clinics; 77 carers were identified. A number of practices have proactively contacted registered carers either by letter or text with information about the support available from the Carers Link Workers. This has resulted in an increase in referrals, all of which are followed up with a phone call and if required a home visit.

### **Carer Feedback**

“May I begin by thanking Dr (name) and the (Name) Practice for sending out this letter it is always good to know how to get help when you need it. I care for my husband who has a range of physical disabilities...”

“Very satisfied with the service. She listened to our concerns and gave good advice.”

“I found it useful to have someone to meet with and talk through my caring role to complete the carers' assessment. It was good to have someone explain my concerns and having advice about what there is to offer a carer.”

“It was useful to know that there is a service available with help and support if you need it.”

“...It is hard to write down how hard some days have been but it is so great to have received this simple letter and I know now should I need any help in the future with either my husband or my mother there is someone who I can contact.”

Swansea Carers Centre has engaged with 45 Primary Care Practices. This work is funded via a range of sources. The Centre received funding from the Welsh Government Carers grant to work with 6 practices in a primary care cluster, providing a direct, accessible service for carers via their local surgery. All surgeries in the cluster have a Carers Champion/lead. They have also received an Integrated Care Fund Third Sector grant to work with a further GP Cluster. Activities include holding regular 'help desks' offering a direct accessible support service and training for front line staff and for Practice Managers. Swansea Carers Centre has also received Big Lottery funding to deliver this service across the other clusters.

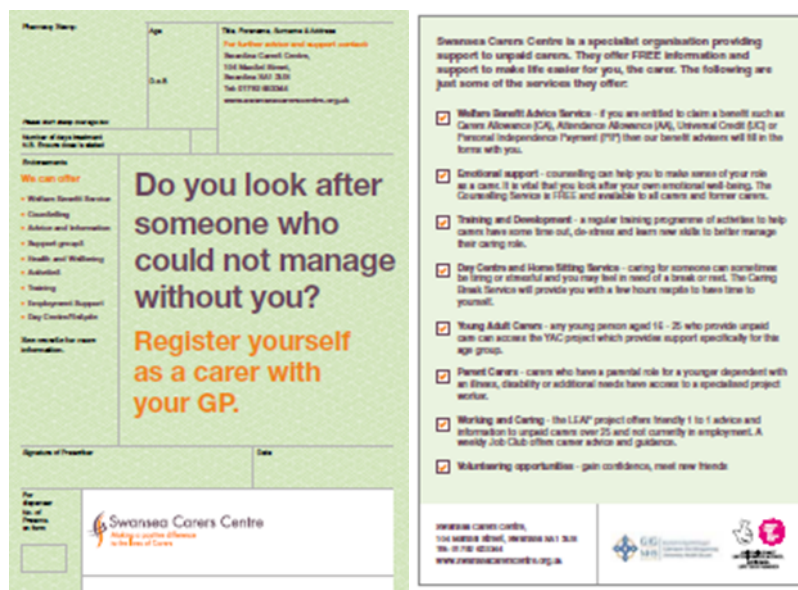
There have been 107 referrals from Primary Care to the Carers Centre.

Neath Port Talbot Carers Service also have contact with the primary care practices in their area and have conducted outreach sessions in 13 centres. The Health Liaison Worker attended all Flu Clinics in the area provides updates to all Practice Managers and updates surgery and practice noticeboards quarterly. This is funded from Integrated Care Fund 2018 -19.



Neath Port Talbot Carers Centre Health Liaison Worker

Carers Service and Carers Centre staff who work with Primary Care raise awareness of carers with staff and patients by including promotional messages on screens at surgeries. In addition to posters and leaflets other new ways of prompting staff to consider carers includes the production of a mouse mat and a 'Carers prescription' for Primary Care staff to use, signposting Carers to their local Carers Centre or Service.



Carers 'Prescription'

### Examples of referrals to Carers Centre from General Practice

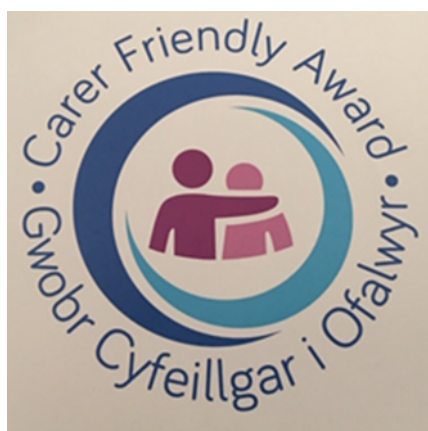
**Carer E** was referred from the Medical Centre, requesting information about the services available to Carers. An appointment was made with the Carer regarding welfare benefits which resulted in a claim for Carers Allowance.

**Carer F** was referred to the Carers Centre for counselling by his Primary Care Practice. Carer F cared for his spouse who had long term health conditions.

Referral from Primary Care. **Carer G** is a parent Carer who required assistance with completing benefit forms. Carer G was also referred to Parent Carer Support Group.

**Carer H** attended an information session at her local GP surgery and met with the Benefit Advisor who was covering the drop in. The Carer required information about claiming Personal Independence Payment for the person she cared for. Carer H was given details of the claim line and an appointment with the Carers Centre was made to help complete the forms. Carer H was also given information about the free holistic therapy sessions at the Centre and was offered reflexology. After the therapy she said “I feel totally relaxed and given information on how to do home reflexology.”

### **Carer Friendly Accreditation Scheme**



Scheme logo

An accreditation scheme for General Practices/ Primary Care across Abertawe Bro Morgannwg University Health Board was launched at the regional carers’ event on the 4<sup>th</sup> March 2019. Following consultation with partners it was agreed that a set of criteria should be produced which would determine the standard for practices to be recognised as ‘Carer Friendly’. These standards include:

- Practice proactively identifies (and codes) all carers including young carers and refers them to appropriate sources of support e.g.: Carer Centres/ Carers Service/ Carers Assessments etc.
- Practice has up to date information available for carers and young carers in a range of accessible formats
- Practice raises awareness of carer issues via staff training/e learning/in house training sessions
- Carers Champions are identified and link with carers services to support the needs of all carers in their practices
- Flu vaccinations are offered to carers
- Practice has policy/protocol regarding working with carers and carers support that is regularly reviewed
- Practices provide a person centred approach for carers e.g.: flexibility around appointments

In addition to the elements above, a further set of criteria was produced to determine if practices are eligible for a 'Carer Friendly Plus' Award. These standards include:

- Carers are actively targeted and invited for Flu vaccinations
- Carers are targeted and invited for health checks
- Develop/pilot innovative carers support approaches to meet patient needs
- Carers Helpdesks/support is offered in primary care settings
- Practice supports staff with caring responsibilities and has a staff protocol
- Practices promote key carers related events throughout the year e.g.: Carer Rights Day/Carers Week

During the winter of 2018 carers in the Western Bay region were asked to nominate a paid or unpaid staff member who had gone 'above and beyond' to support carers. The following quotes are from carers who nominated members of staff from their local surgeries

'The receptionists at Name Surgery are fantastic.... They know people by name and go the extra mile to give support to carers just to make life easier'

'Took the time during his busy schedule to listen to me and observed the distress I was in. He didn't just pack me off with pills but looked at the whole situation...this doctor listened, observed and helped!!'

'Dr M\* has supported...over and above a doctor's role. He continues to support the family and has shown total respect, compassion, and understanding at very difficult and emotional times. I feel I can speak to him about any of my concerns'

### **Young Carers Schools Projects**

Feedback from young carers previously highlighted the role schools and colleges could have in identifying and supporting pupils who had a caring role at home. The Young Carers in Schools projects aim to address the points raised. Young Carers Projects in Swansea, Neath Port Talbot and Bridgend work with schools and colleges to help them gain a better understanding of the issues and challenges young carers face, to recognise them earlier and by providing information, advice & assistance to young carers or signposting them to specialist support.

Bridgend Young Carers in Schools project funded by the Integrated Care Fund is for young carers' aged 5 to 25 and offers one to one support for young carers inside or outside of school. They provide emotional and

practical support to allow young carers to manage their caring role alongside their education. The project goes in to primary and secondary schools to train staff, support schools to start young carers groups (five Comprehensive schools in the area have taken this up), deliver raising awareness sessions and assemblies. This year all comprehensive schools have identified a young carer's champion.

In the last quarter of this year, Bridgend Carers Centre secured three years funding from the Big Lottery to continue the work they are doing with schools. This will enable the project to expand by employing another member of staff to support this work.

Swansea YMCA run the Integrated Care funded project 'I Care do you' The project continue to raise awareness of young carers across schools and colleges through Personal and Social Education lessons (PSE), assemblies, information stands & workshops. It supports schools in establishing young carers' lunchtime clubs and the use of specially designed young carers' identification cards. It aims to empower young carers via an educative youth work approach and provides services 'for young people to have fun, feel valued and a part of their communities'.

In Neath Port Talbot this work is conducted by Neath Port Talbot Council's Youth Service alongside its Information Advice and Assistance Project for young carers and their families. This year 609 individuals have received information, advice and assistance. It is funded by Welsh Government Carers Funding 2018/19. The project helps with the identification of young carers and allows an offer of support to be made where appropriate. In addition it will enable young carers and their families to access information, advice and assistance after the intensive 12 week Families First intervention has come to an end. Ensuring that any new and additional



needs are met, and a clear exit plan for long term support is working well and remains appropriate to the family. This project has delivered 57 awareness raising sessions across Primary and Secondary Schools, 6<sup>th</sup> Form colleges, youth clubs and groups. 95.6% of Children and young people attending awareness raising sessions stated they had a better understanding of young carers. The open discussions in sessions have not only raised awareness but have also seen classmates express empathy for pupils who are young carers, “could never do all that a young carer does – it seems so hard”.

Across Western Bay 35 juniors schools, 21 Comprehensives and four colleges have engaged with the Schools Projects. Over 4000 pupils have participated in awareness raising sessions and 349 pupils identified or self-identified as Young Carers.

### **Case Study – Carer J**

Young carer J supports a parent and a sibling who both experience mental illness. J has low self-esteem and confidence and had previously been diagnosed with anxiety and low mood.

The Young Carers Project have assisted J in a number of ways, including one to one sessions which provided tools enabling her to better cope with her anxiety and attend counselling sessions independently. The project has also worked with J and her school, developing an individual learning plan to ensure that J gets the best outcomes from her lessons and exams. J has been supported to attend the Young Carers group, making new friends and socialising with them at the group and outside the group.

### **Case Study – Carer K**

Young Carer K recognised herself as a young carer through a Personal and Social Education lessons (PSE) lesson delivered to her class. K was then referred for a young carer’s assessment and to the Young Carers Project for one to one support in school as she appeared to have extreme low confidence and withdrawn at home. The young carers project worked with K to improve her self-esteem and understand difficult aspects of her sibling’s condition. The project supported K to attend the Young Carers group at school where she build strong relationships with staff and other young carers.

### **Case Study – Carer L**

Young Carer L supports a parent with both physical and mental health difficulties. Due to the situation L studied at home and felt isolated, had no one to talk to and had no friendships. Since meeting L, the Young Carers Schools project has provided practical and emotional support. As a result L had become more confident and expressed an interest in getting involved in social activities/groups. L has been attending Young Carers Youth Club regularly and has made new friends. L has recently applied to follow GCSE’s courses in college next year and has signed up to do training courses with a local training provider.

**Outcome 2 - Develop and continue to provide information, advice, assistance and support to carers and young carers enabling them to make informed choices and maintain their own health and well-being**

### **Information, Advice and Assistance**

Carers Centres/ Service continue to provide high quality information, advice, support and activities for carers. For example, in addition to other support on offer, the Carers Centre in Bridgend has a Welfare Benefits

Adviser funded by the Integrated Care Fund who receives direct referrals from cares, third sector staff and statutory staff. The aim is to ensure Carers are fully supported to maximise their income, helping them to avoid poverty and feel less isolated, make the most of their potential and continue in their caring role if they wish. This year they have dealt with 140 cases, and 130 telephone enquiries resulting in an increase of benefits claimed of £1,177, 787.70.

### **Carers Feedback**

“If it hadn’t been for you encouraging me, I simply wouldn’t have bothered appealing the decision”

Swansea Carers Centre offers a range of core activities including assistance with welfare benefits, counselling, advice and support. They also have a Young Adult Carers Support Group, Mental Health Support Group and Parent Carers Group. This year the Centre has supported 2,806 Carers with information or advice. In addition it has opened the Carers Cwch which offers carers a safe and comfortable environment in which to discuss their concerns and issues. The Carers Centre Welfare Benefits Team assisted clients to claim £3.6 million in entitled benefits.

In addition to its core services for carers, during 18/19 Neath Port Talbot Carers Service used Integrated Care Funding to commence ‘Carers Triage’. This has resulted in better partnership working with the Gateway Multidisciplinary Team, improved health and well-being of carers and a decreasing the length of time carers have to wait for support. 183 Carers have been supported directly, while 156 were signposted to appropriate services, resulting in 82 Carers reporting improvement in their health and well-being.

Each Carers Centre/ Service have promoted their activities and raised awareness of carers issue through utilising the following:

- Printed leaflets and booklets
- Posters on notice boards in hospitals, GP surgeries and community venues
- Social media i.e. Facebook and Twitter
- Organisation websites
- Links from external websites such as Dewis and Info Engine
- Service newsletters
- Engagement with press and media for example radio and television interviews

Swansea Carers Centre have used a portion of the Carers funding made available from Welsh Government to employ a Communication and Information Officer.



Neath Port Talbot Carers Service with representatives from Neath Port Talbot Local Authority, Abertawe Bro Morgannwg University Health Board and Western Bay Regional Partnership – Carers Week 2018

Bridgend and Swansea Carers Centres and Neath Port Talbot Carers Service received funding for their activities from a range of sources. As well as Welsh Government Carers funding and the Integrated Care

Fund, they may also have Service Level Agreements with statutory Services and/ or have secured money from Grant making trusts, the Big Lottery and so on.

This year 3,393 Carers have been in contact with a Carers Centre or Carers Service in Western Bay and the Centres/ Service have received 17,056 contacts.

### **Carers Feedback**

“I have been a carer for 10 years. It wasn't until I got to the lowest point I could possibly be before I called into the Carers' Centre. Since then my life has been more worthwhile. To anyone who cares for someone, life seems to come to an end, you lose self-esteem, confidence and sense of humour. But I am now starting to find 'me' again”

“I am no-one. I am not rich, smart or important. I am just someone who cares for my daughter. But I no longer feel alone. I feel people recognise my role and someone cares for my needs...this has made a huge impact in my world”

Carers' information on Abertawe Bro Morgannwg University Health Board website was up to dated.

### **Supporting well-being and time away from the caring role**

In addition to providing information on respite and how break from caring can be accessed, the Carers Centres/ Service provide a range of activities with the aim of improving well-being, reducing isolation, having 'me' time and a break from the caring role. Activities include book club, training sessions, mutual support groups, holistic therapies, coffee mornings, day

trips, arts and craft activities, outdoor activities, community café. In total there have been 1292 attendances at activities this year.

### **Carers Feedback**

“The project is a gateway to numerous activities (there’s something for everyone!) which singularly or collectively enhance well-being. It also makes you feel valued as a carer – somebody recognises our worth!”

“I have become a better carer. As a mother of a disabled child I have little social life, and I rarely plan to do something for myself. Attending these courses I felt appreciated; I felt looked after; I felt I mattered. It’s great to meet people with similar challenges and learning strategies to cope with the difficulties that life throws at us carers.”

“I used to feel agitated and felt I was the only one feeling anxiety, meeting other carers at the craft sessions helped me to see its ok to have bad days. Making new friends has helped me have more good days”

“My husband is on a liquidised diet, I hated cooking for myself. I attended a cooking session and now my love for cooking and baking has come back. I have learned to make a healthy meal just for me without feeling guilty.”

“I never thought I could achieve anything worthwhile due to the depression I experienced. The candle making class and felt work class made me realise I can do anything. I left both sessions feeling like a new person”

Neath Port Talbot Carers Service run a lottery funded project which provides a sitting service to carers enabling them to have time away for their caring role. In addition, the 'Carers Package of Support' project also includes an element which enables a domiciliary care sitting service to be arranged for carers to have a break.

### **Case study – Carer M**

Carer M had recently become a grandmother and wanted to spend time supporting her daughter and new born grandchild. Unfortunately Carer M felt she could not leave the person she cares for due to the high level of need. After speaking to a support worker in the Carers Service a referral was made directly to the Domiciliary Care sitting service, resulting in arrangements being made for a 'sitting' sessions covering a four week period.

Swansea Carers Centre also provides 'in house' respite facilities funded from a range of sources.

### **Young Carers**

Being able to access information, assistance and advice is equally important to carers under the age of 18 and young adult carers 18 to 25. This year the regional young carer information booklets have been refreshed and at the suggestion of young carers projects have been reformatted. 2,500 copies of the booklet have been produced and distributed to Young Carers projects.

There is provision to support young carers up to the age of 18 and young adult Carers aged between 16 and 25 in the Western Bay area. The young carers projects are run by Action for Children in Bridgend, Swansea YMCA

in Swansea and in Neath Port Talbot by the local authority Youth Service who also work with young adult carers. The ROOTS project is run out of the Bridgend Carers Centre. It support young adult carers and the young carers in schools project locally. There is a young adult carers project in Swansea Carers Centre.

In the summer of 2018, young carers in Bridgend launched the storybook they had created called 'The Bear Who Struggled to Care'. The book tells the story of Ellie and Ben whose mother has an accident which results in them having to care for her. The story explores the difficulties Ben faces trying to adapt to his caring role and the changes it brings to his life. The aim of this book is to raise awareness of young carers to younger children. The book has been distributed to libraries and schools in Bridgend and has been purchased by local authorities and individuals within Wales and England.

As young people with caring responsibilities may miss out on the opportunities available to their peers Young Carers Projects offer youth clubs, groups, trips and other activities in addition to information, advocacy, support and signposting.

Young Adult Carers Projects work in partnership with relevant organisations such as education institutes, job centres and housing associations to encourage engagement and information sharing. The young adult carers projects works closely with carers on a one-to-one basis and through group activities providing tailored support and information.



Funding for work with young carers and young adult carers comes from a range of statutory and non-statutory sources.

### **Carers who maybe harder to reach**

This year has seen more focus on Carers who maybe harder to reach, for example, parent carers, mental health carers and carers from black and minority ethnic communities.

### **Mental Health**

Information was created for partner organisations to mark World Mental Health Day to raise awareness of Carers of people who experience mental illness and to highlight Carers own mental well-being.

Neath Port Talbot Carers Service have a staff member who is co-located with the Community Mental Health Team two days a week, this has resulted in 79 Carers Assessments, 27 Carers receiving Welfare Benefits support and 12 home visits to provide information assistance and advice.

Swansea Carers Centre provides counselling sessions with their 'in house' counsellor, while Bridgend Carers Centre also offers counselling and 'life coaching sessions'. Through their Carers Package of Support project, Neath Port Talbot Carers Service has commissioned MIND to offer individual counselling or specific groups to Carers to help them maintain or improve their mental well-being. The focus has been on mindfulness, stress management and resilience. These have been very successful and the group activities such as 'Increase emotional resilience' and 'Tools for coping' in particular have been oversubscribed.

## **Carer Feedback**

“I love the workshops; I use the ideas and advice when I am at home. It has helped through times of stress”

“The workshops have helped me manage my stress”

“The workshops are great, they are focused and help me to learn to take care of myself better”

“I am actually sleeping at night and have stopped taking sleeping tablets. The sleep deprivation workshop and counselling have changed my life”

A after school mindfulness group has been run for 10 weeks at Bridgend Carers Centre. This is targeted at young carers of comprehensive age. Young carers commented that it taught them useful techniques they can use to manage their caring role more effectively.

## **Carers from Black Minority Ethnic Communities**

The Chinese in Wales Association received an Integrated Care Third sector small grant to support Carers from the Chinese community. They have given one to one advice to carers and signposted them on to suitable organisations. They organised a home safety workshop, carer workshop and legal workshop to introduce new services and information to carers. Carers were also able to access counselling in one of three languages. The organisation has worked in collaboration with Swansea Carer Centre, translating a carer information sheet.



The project supported 42 Carers from the Chinese Community in Western Bay, 80% of which felt more empowered and had better knowledge of local services available to them as a result of accessing bilingual information and advice. 90% of Carers have better mental health to maintain their caring role.

### **Carer Feedback**

“I never thought I could be on a stage performing... I finally have my life back... I feel happier”

### **Information in other community languages**

In order to make the Carers Hospital Information Pack more accessible it has recently been translated into 6 community languages, namely Bengali, Cantonese, Mandarin, Tagalog, Farsi and Arabic. This information will be available for partner organisations to print off as needed.

### **Parent Carers**

Swansea Autism Movement used money from the Integrated Care Third sector small grant scheme for a full programme of summer activities for people with autism and their family/ carers. They also hold regular parent-carer support sessions. Shine Cymru also received funding from this

source which enables the organisation to provide support and information to parents/carers and siblings with the aim of improve the wellbeing of people living with Spina Bifida and/or Hydrocephalus.

Swansea Carers Centre (with Swansea Council for Voluntary Service) and Bridgend Carers Centre have specific support groups for Parent Carers, while Neath Port Talbot Carers Service has a support worker based within the Single Point of Contact Children's Team. The post holder works with parent carers as part of the overall early intervention and preventative work.

**Outcome 3 - Work co-productively with carers on an individual and strategic basis so that their contribution is acknowledged and voice is heard.**

### **Carers rights (including Carers Assessment)**

Western Bay Carers Partnership Board has engaged in the development of the Social Care Wales 'Assessing Carer's Support Needs' toolkit by sharing the draft pack with partners and encouraging and providing feedback. The draft has also been considered by the Carers Partnership Training subgroup who have discussed how the materials can be best used once they are made available.

Information produced by the Western Bay Carers Partnership made available to carers and young carers cover the topic of carers rights and carers assessments. For example, the summer edition of Swansea Carers Centre newsletter had a two page article explaining what a carers assessment is and how to get one.

Carers Centre/ Service staff working with Primary Care, in hospital settings or as part of Integrated Teams with health and social services actively promote Carers Assessment. In a number of situations they work jointly with Social Services in carrying out Carers Assessments. For example Neath Port Talbot Carers Service was involved in the completion of 321 Carers Assessments. While the Integrated Carers Worker in Bridgend have offered 230 assessments this year, with 120 Carers taking up the offer.

Bridgend Carers Link Workers carry out a 'What Matters' conversation and collect information to complete a Carers Assessment and/or Anticipatory Care Plan which allows carers the opportunity to talk about emergency planning and the 'what if' questions. Since the project started 64 carers have had an Anticipatory Care Plan.

Events were held to mark Carers Rights Day 2018 in Bridgend, Swansea and Neath Port Talbot. Swansea Carers Centre organised a conference with statutory partners, the focus of the day was Carers Assessments. Huw Irranca –Davies, Minister for Children, Older People and Social Care visited Bridgend Carers Centre, while Neath Port Talbot Carers Service held awareness raising sessions.

This year's theme of Carers Rights day was 'Caring for My Future' which fitted in well with the importance of supporting young carers in school. A Comprehensive School in Bridgend invited the young carers project to hold a workshop with their well-attended young carers group. During the session the right to an education, to a social life and to a future was discussed as well as learning some mindfulness and relaxation techniques.

## **Carers Assessment – Young Carers**

A Social Worker has been appointed to sit in Single Point of Contact within Children's Service (Neath Port Talbot County Borough Council Social Services) to complete all young carers' assessments. Every young carer now enters the young carer's service with an assessment. The Young Carers Co-ordinator within Bridgend's Multi Agency Safeguarding Hub conduct Carers Assessments. In the Western Bay area during 2018-19, 143 assessments have taken place. (34 of these were YMCA Swansea Young carers project assessments).

## **Regional Engagement Event**



Swansea Carers Choir at the Celebrating Carers Event

Over 100 carers and professionals from across Western Bay came together at the Towers Hotel on the 4<sup>th</sup> March. The focus of the day was celebration; to acknowledge and celebrate local Carers who make such a difference to the lives of the people they support, to celebrate new and innovating services which see health, local authorities and Carers Centres/ Service working together to support carers and to celebrate individuals who carers have nominated as having 'gone above and beyond'. The chair of Abertawe Bro Morgannwg University Health Board chaired the event.

During the day, the Senior Policy Advisor, Older People & Carers Branch, Welsh Government spoke about Welsh Government priorities for Carers and a General Practitioner from Porthcawl spoke about the importance of identifying carers in Primary Care and ways in which they could be supported, he also launched the new GP Carer Friendly Accreditation scheme. Feedback from delegates was very positive.

### **Carer Feedback**

“It was enjoyable. Was good to chat with others in the same situation. Encouraging to know what is up and coming”

### **Regional Young Carers Engagement Event**

The event for young carers took place at the Halo Centre Bridgend. Over 60 young carers aged from 8 to 18 from Swansea, Bridgend and Neath Port Talbot attended. The Vice Chair of the Carers Partnership welcomed everyone. The morning session was facilitated by Scarlet Design who used visual facilitation to find out what the young people know about getting their voices heard. Following the lunch break where young carers had an opportunity to chat, there were a range of activities on offer, including climbing the indoor wall, practicing football skills, exercise class or to be creative and draw on 2 x1m doodle wall. Feedback from participants suggested that it was an enjoyable day with most people who completed the evaluation stated it was ‘Excellent’.

### **Opportunities for Co-production**

This year Western Bay Carers Partnership Board welcomed two new members, the Carers Representative and Alternative Carers Representative from the Western Bay Regional Partnership Board.

There has been a series of local engagement activities with carers and young carers. These include the Carers Forum strategy meeting, Henry Smith meeting and Parent Carer Forum (managed by SCVS) and Co-production sessions for Helping Working Families Project in Swansea. In Neath Port Talbot there have been a partnership 'Have Your Say' event and conversation café. The local authority Carers Champion arranged two Carers coffee mornings. Carers who participate in Carers Service activities are routinely asked to complete evaluation and satisfaction forms. Carers' feedback is used to identify need and shape services, for example the Carers Support Package project was initiated as a result of carers sharing their experiences. In Bridgend there have been 5 engagement events over the year.

Carers' representatives have been actively involved in the Western Bay review meetings, contributing to the shaping of the Regional Partnership as it moves forward.

Western Bay Citizens Panel membership includes individuals with caring responsibilities.

### **Young carers– opportunities for Co-production**

Two young carers sit on the Neath Port Talbot Youth Council. They represent their peers and bring forward the issues, concerns and positive news stories of young carers across Neath Port Talbot. The Youth Council meet with cabinet members, directors and officers once per quarter. Having a young carer's voice on the Youth Council has enabled them to influence policy and decisions that affect them and raise the profile of young carers in Neath Port Talbot. As a result of this, representatives of the young carers service group attend the Youth Health Summit where they spoke about their views and personal experiences of Adverse Childhood Experiences (ACEs) and their views will now be fed back to Welsh Government.



This year, a young carer became a trustee for Bridgend Carers Centre. Four young carers from Bridgend aged 12 and 13 now sit on the Wales Young Carers Council. The Welsh Young Carers Council visited Huw Irranca-Davies at Ty Hywel in Cardiff in November to ask the minister questions about how services in Wales can be improved to meet the needs of young carers. In addition a Young Carer from the area represents young carers on the Welsh Youth Parliament and a Young Adult Carer from Swansea is a reserve on the Youth Parliament. Three YMCA Swansea Young carers joined the ALPHA Advisory Group in Cardiff.

On the 19th February 2018 Swansea Young Adult Carers Project launched their documentary. The documentary was created by the Young Adult Carers in the Swansea Carers Centre project and follows the stories of three young people who explain how their caring role affects their lives and the difference made to them by the support they receive from the project. The film was created with the support of MAD (Music Art Digital) and funded by Swansea Youth Bank.

### **Young carers Recognition and Awards**

Bridgend Young Adult Carers Project was shortlisted as a finalist for the Groundworks UK Community Awards in the category of 'Contribution to Education and Employment'. The awards ceremony took place in the House of Commons in London and the project manager, and Centre Manager attended.

Young carers from Swansea won the Wales Money for Life 'Community Challenge' winners and represented Wales in Money for Life 'Community Challenge' finals in London.

Swansea Young Carers Project was the Lord Mayors Charity for 2018-19. Swansea Young Adult Carers won a Hi5 award.

## **Volunteers**

Carers Centres and the Carers Service recognise the roles played by volunteers in supporting carers. A significant percentage of volunteers are carers or former carers who bring a range of skills and experience. There are over 100 volunteers engaged in a variety of activities from staffing information stands, helping at events to assisting with daytime activities and sitting service.

**Outcome 4 - There is improved partnership working between funders and service providers (for carers). This will result in carers moving easily between partner organisations, carers being able to access sustainable Third sector services which are funded on evidence of need and outcomes.**

## **Funding**

During the year Partner organisations have been raising the issue of the sustainability of services (for example, staff retention) in the instances where funding is only made available on an annual basis.

## **Developing an Outcomes framework**

Commissioners and providers of services for carers have held an initial workshop on 14<sup>th</sup> February to discuss the value, purpose and practicalities of capturing Outcomes for carers and Carers services. Additional workshops have been planned to take place in the spring 2019.

## **Health/ Social Services and Carers Centre/ Service**

There has been further integration of Third Sector (Carers Service/ Centre) services and staff with statutory services this year, including the addition of three Integrated Carers Link Workers based within the Bridgend networks.

The Link Workers have been working closely with Primary Care staff, District Nurses and Social Workers. The Neath Port Talbot Carers service is co-located within the Health and Social Care Centre at Cimla, this allows strong partnership working and regular discussions on strategic and operational matters. There is an identified lead officer within Neath Port Talbot County Borough Council who regularly meets with the Carers Service.

### **Information Sharing**

One of the issues noted in the Carers Service Mapping exercise conducted last year was that some Carers stating that they had to give the same information to a range of different organisations and queried whether there was there a way to overcome this. The Carers Partnership Board was mindful that new regulations were to be introduced in 2018, namely General Data Protection Regulation (GDPR) and that work was underway in rolling out the Welsh Community Care Information System (WCCIS) Project. The WCCIS has not been fully implemented across the Western Bay area yet, but there is an awareness of the need for local arrangements for information sharing between commissioned Third sector services. This is also being discussed on a Wales-wide basis to ensure consistency.

### **Lone Working**

A Lone Working Policy is one of the key procedures required when services are commissioned by local authorities and health. For example, at Bridgend County Borough Council lone working has been discussed and policies and procedures reviewed. Bridgend County Borough Council Lone Working Policy has been shared and signposting to the Suzy Lamplugh Trust for further bespoke support has been provided. Neath Port Talbot County Borough Council Service review and contract monitoring meetings

ensure that all policies and procedures are up to date, including lone working.

### **Carers Services contact with specialist Third sector organisations**

Reflecting the ethos of the Social Services and Well-being (Wales) Act 2014 on increased emphasis for people to access services in their own communities, it is important that all partners work together to ensure services are joined up. Neath Port Talbot Carers Service and Neath Port Talbot Council for Voluntary Service maintain links across the Third sector to aid with the information, assistance and advice offer and signpost Carers accordingly.

Carers Service/ Carers Centres continue to have formal and informal links between themselves and other Third Sector/ Specialist organisations. Examples of Partnership working this year include links between Neath Port Talbot Carers Service with MIND, Swansea Carers Centre and Hafal and Bridgend Carers Centre and the Alzheimer's Society, Hafal and Action for Children.

### **Joint Commissioning**

Regular meetings have been established between commissioners to look at opportunities for further joint working.

## **7. The Future**

As Carers Partnership Board members from Bridgend move to the newly established 'Cwm Taf Morgannwg' region from April 2019 and the Western Bay Regional Partnership becomes the West Glamorgan Regional Partnership, it seems timely that during the forthcoming year in addition to

progressing the work undertaken 2018-19 to meet Action Plan outcomes the partnership takes further steps towards its ambition of producing a longer term regional carers strategy co-productively.



**To:**  
**Councillor Mark Child**  
**Cabinet Member for Care, Health and**  
**Ageing Well**

*Please ask for:* Scrutiny  
*Gofynnwch am:*  
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*e-Bost:*  
*Date* 10 February 2020  
*Dyddiad:*

**Summary:** This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care, Health and Ageing Well following the meeting of the Panel on 28 January 2020. It covers Update on Council's Policy Commitments, Annual Review of Charges and Performance Monitoring.

Dear Cllr Child

The Panel met on 28 January to receive an update on how the Council's Policy Commitments translate to Adult Services and to discuss the Director's Annual Review of Charges (Social Services) 2019-20 and the Performance Monitoring Report for October/November 2019. We would like to thank you, Dave Howes and Alex Williams for attending to present the items and answer the Panel's questions. We appreciate your engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response. The main issues discussed are summarised below:

### **Update on how Council's Policy Commitments translate to Adult Services**

You updated the Panel on progress to date with the delivery of the Council's policy commitments in relation to Adult Services.

Commitment 104 – You stated that progress has been made on this commitment and that although you previously felt it should be amber you now feel that it is green. Cllr Jardine requested a copy of the procurement document for recommissioning of domiciliary care services and Alex Williams agreed to provide this.

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Commitment 57 – We heard that five more Local Area Coordinators have been appointed and have started work and that you are confident all areas will have a LAC by 2022. Alex Williams agreed to share with us the current position with LACs, once the information has been received.

Commitment 94 – We raised the issue that beds are not always available when carers want nursing respite, and that it takes a long time for requests for respite in the external sector to be responded to. We were informed that there is a limit to the number of respite beds available but the Council is trying to build into contracts a quick response to queries about availability of respite.

Commitment 83/97 – We queried if people in sheltered housing have the same access to care as people living in their own homes. We were informed that people in sheltered housing are treated no differently to people in their own home and that the Council provides the same level of care to anyone wherever they live. We also queried if the Council is going to provide any extra care developments or rely on the private sector. You informed us that there are no plans for the Council to provide extra care provision.

Commitment 83 – We queried if the Commissioning Strategy is regional and therefore includes NPT. We received confirmation that it is regional and that Swansea Council works within this strategy.

Commitment 102 – We queried what the date is for getting the Charter set up. You informed us that the desire was to have a good way of working and the Council may achieve this without having a Charter.

### **Director's Annual Review of Charges (Social Services) 2019-20**

Dave Howes, Director of Social Services briefed the panel on the annual review of charges.

We asked about the process for recovering debts and Dave Howes agreed to provide further details about the process, particularly information about if bailiffs are used.

We queried if the wording on demands has been changed for Social Services' demands. We heard that a change to the wording has been requested and that this will be followed up to check if it has been implemented.

We queried if the increase/introduction of charges had an adverse effect on use. We heard that the Council has not seen a significant drop in use of day services (even though a charge has been introduced) but that use has changed. We also heard that further work needs to be done on categorisation of services.

We were unsure about how income generation is achieved from Direct Payments. Following discussion, it was confirmed that it is not technically income but is an abatement. We heard that direct payments are not used to purchase Council services, they are used to purchase external services.

We heard that the increase in the number of financial assessments undertaken has not led to the increase in income but that it is the introduction of charges in the past 2 to 3 years, which has led to the increase in income, so it has had its intended purpose. We were informed that in 2019/20 the increases are inflationary increases so there is no need for public consultation.

We asked if any new charges are planned and you confirmed that no new charges are planned in terms of personal care. However, the Department will routinely consider if there are any additional services that are not included in current arrangements.

We heard that the additional income streams the Department is looking for are outside the Council, for example, Welsh Government, Health Board, replacement for European funding.

### **Performance Monitoring**

Alex Williams went through the summary performance monitoring report for October/November 2019.

We heard that the Council is not currently meeting the corporate target for number of carers identified.

We informed you that we would like built into the CCIS system, a way of recording the reasons why assessments are declined. Alex agreed to ask if this is possible.

We queried the length of time between an individual Wanting an Assessment and Receiving an Assessment. We also queried why there is such a difference between the number of people Wanting an Assessment and the number Receiving an Assessment in each month. Following the meeting, Alex provided the following response:

*“The difference between the number who wanted assessments and the number of assessments undertaken.....is due to the time lag between when assessments are requested and when they are undertaken.  
Unfortunately, there is no way to capture in PARIS currently the length of time it takes to carry out an assessment from the point of time it is requested. This is something that we have asked to be built into CCIS with ALL assessments so we can track timescales. The only area that we can currently do this is in relation to Reviews.”*

We discussed the fact that from 1 February, the Council has the responsibility to threshold safeguarding enquiries for the Health Board via the Common Access Point. We heard that this will be challenging. We will want to keep an eye on this.

We queried what the position is with the legal change in relation to the Mental Capacity Bill and the impact of this. Alex agreed to provide a briefing note when available.

### **Your Response**

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised but please provide the following by Monday 2 March 2020:

1. Current position on LACs, when available.



2. Further details about the process for recovering debt, including any use of bailiffs.
3. Feedback on whether request for change to wording for Social Services demands has been implemented.
4. Feedback on whether a way of recording the reasons why assessments are declined can be built into the CCIS system.
5. Briefing note on position with legal changes relating to the Mental Capacity Bill and impact of this, when available.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Black', written in a cursive style.

**PETER BLACK**  
**CONVENER, ADULT SERVICES SCRUTINY PANEL**  
**CLLR.PETER.BLACK@SWANSEA.GOV.UK**