



## **SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD**

*Immediately Following Scrutiny Committee on  
THURSDAY, 8 MARCH 2018*

**COMMITTEE ROOMS A/B - NEATH CIVIC CENTRE**

1. To agree the Chairperson for this Meeting
2. To receive any declarations of interest from Members
3. To receive the Minutes of the previous Social Care, Health and Wellbeing Cabinet Board held on the 8 February 2018  
(Pages 5 - 8)
4. To receive the Forward Work Programme 17/18 (Pages 9 - 10)

### **To receive the Reports of the Director of Social Services, Health and Housing**

5. Western Bay Area Plan for Care and Support Needs 2018 - 2023  
(Pages 11 - 136)
6. Learning Disability Services Strategic Delivery Plan 2018 - 2019  
(Pages 137 - 158)

### **To receive the Report of the Interim Head of Children and Young People Services**

7. Participation and Engagement with Children and Young People  
(Pages 159 - 168)

**To receive the Report of the Head of Commissioning, Support and Direct Services**

8. Abertawe Bro Morgannwg University Health Board Carers Partnership - Annual Report 2016/17 and Carers Progress Report 2017/18 (*Pages 169 - 228*)
9. Quarter Performance Management Data 2017/18 - Quarter 3 Performance (1 April 2017 - 31 December 2017) (*Pages 229 - 252*)
10. Children and Young People Services - 3rd Quarter (2017-18) Performance Report (*Pages 253 - 280*)
11. Any urgent items (whether public or exempt) at the discretion of the Chairperson pursuant to Statutory Instrument 2001 No 2290 (as amended).
12. Access to Meetings - to resolve to exclude the public for the following items pursuant to Regulation 4 (3) and (5) of Statutory Instrument 2001 No.2290 and the relevant exempt paragraphs of Part 4 of Schedule 12A to the Local Government Act 1972.

**To receive the Private Report of the Head of Commissioning, Support and Direct Services**

13. 2018/19 Contractual Arrangements for the Supporting People Programme Grant (Exempt Under Paragraph 14) (*Pages 281 - 350*)



**S.Phillips**  
**Chief Executive**

**Civic Centre**  
**Port Talbot**

1 March 2018

## **Cabinet Board Members:**

**Councillors:** A.R.Lockyer and P.D.Richards

### **Notes:**

- (1) *If any Cabinet Board Member is unable to attend, any other Cabinet Member may substitute as a voting Member on the Committee. Members are asked to make these arrangements direct and then to advise Democratic Services staff.*
- (2) *The views of the earlier Scrutiny Committee are to be taken into account in arriving at decisions (pre decision scrutiny process).*

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**EXECUTIVE DECISION RECORD****SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD****8 FEBRUARY 2018****Cabinet Members:**

Councillors: A.R.Lockyer (Chairperson) and P.D.Richards

**Officers in Attendance:**

A.Jarrett, Mrs.A.Thomas, J.Hodges, I.Oliver Ms.K.Warren and J.Woodman-Ralph

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**1. APPOINTMENT OF CHAIRPERSON**

Agreed that Cllr.A.R.Lockyer be appointed Chairperson for the meeting.

**2. MINUTES OF THE PREVIOUS SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD HELD ON THE 11 JANUARY 2018**

Noted by Committee

**3. FORWARD WORK PROGRAMME 17/18**

Noted by Committee

**4. SOCIAL SERVICES, HEALTH AND HOUSING ADULT SOCIAL CARE STAFF SURVEY 2017**

Members were supportive of the request made by the Social Care, Health and Wellbeing Scrutiny Committee held prior to this meeting.

**Decision:**

That the item be deferred until completion of the 18/19 survey and for both surveys to be brought back to Social Care, Health and Wellbeing for consideration.

5. **UPDATE ON THE LOOKED AFTER CHILDREN STRATEGY**

**Decision:**

That the report be noted.

6. **ACCESS TO MEETINGS**

**Decision:**

To resolve to exclude the public for the following items pursuant to Regulation 4 (3)&(5) of Statutory Instrument 2001 No.2290 and the relevant Exempt Paragraphs of Part 4 of Schedule 12A to the Local Government Act 1972.

7. **A SUPPORTIVE REVIEW OF THE COMMUNITY MENTAL HEALTH TEAMS AND ASSOCIATED PRIMARY CARE PSYCHIATRIC LIAISON SERVICES BY ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD AND NEATH PORT TALBOT COUNTY BOROUGH COUNCIL**

Members also highlighted that the monitoring, review and delivery of the Mental Health and Learning Disabilities Delivery Unit Neath Port Talbot Locality Action Plan should be undertaken by Social Care, Health and Wellbeing Cabinet Board and not as stated in the circulated report.

**Decision:**

That the Mental Health and Learning Disabilities Delivery Unit Neath Port Talbot Locality Action Plan to be reviewed on a 6 monthly basis by the Social Care, Health and Wellbeing Cabinet Board.

**Reason for Decision:**

To ensure that the Action Plan is monitored on a 6 monthly basis.

**Implementation of Decision:**

The decision is an urgent on for immediate implementation, following the consent of the relevant Scrutiny Chair and is therefore not subject to the call-in period.



8. **MANAGER'S REPORT, HILLSIDE SECURE CHILDREN'S HOME**

**Decision:**

That the report be noted.

9. **THE CHILDREN'S HOME (WALES) REGULATIONS 2002**

**Decision:**

That the report be noted.

**CHAIRPERSON**

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Social Care, Health and Wellbeing Cabinet Committee

**2017/2018 FORWARD WORK PLAN (DRAFT)**

**SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD**

<b>DATE</b>	<b>Agenda Items</b>	<b>Type (Decision, Monitoring or Information)</b>	<b>Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)</b>	<b>Contact Officer/ Head of Service</b>
<b>5<sup>th</sup> April 18</b>	Asset Based Approach – Detail and Update	Information	Topical	A.Jarrett
	Hillside Fees and Charges Report	Decision	Annual	A.Jarrett
	Hillside Education Provision Contract	Decision	Annual	A.Jarrett
	Hillside Secure Centre Placement Fees 18/19	Information	Annual	A.Jarrett
	Delivery Plan – Mental Health	Monitoring	Topical	Ian Oliver
	Children’s Short Breaks Contracts	Decision	Topical	Keri Warren/ Chele Howard
	Update on Care Home Implementation Plan	Decision	Topical	Ian Oliver/ Chele Howard
	Charging Update	Information	Annual	Andrew Jarrett/ Geoff Powell
	End of Year update of Social Housing Grant			Chele Howard

**Social Care, Health and Wellbeing Cabinet Committee**

<b>DATE</b>	<b>Agenda Items</b>	<b>Type (Decision, Monitoring or Information)</b>	<b>Rotation</b>		<b>Contact Officer/ Head of Service</b>
<b>26 APR</b>	<b><u>CANCELLED</u></b>				

**NEATH PORT TALBOT COUNTY BOROUGH COUNCIL**  
**SOCIAL CARE, HEALTH & WELL-BEING CABINET BOARD**

**8<sup>th</sup> MARCH 2018**

**Joint Report of the Director of Social Services, Health & Housing –  
A. Jarrett  
&  
Regional Programme Director, Western Bay Programme –  
Ms. S. Harvey**

**Matter for Decision**

**Wards Affected: All Wards**

**WESTERN BAY AREA PLAN FOR CARE AND SUPPORT NEEDS 2018 - 2023**

**1. Purpose of Report**

- 1.1 To seek approval from Cabinet Committee to endorse the regional Western Bay Area Plan (2018-2023) and the Action Plan (2018-19).
- 1.2 To authorise the Director of Social Services, Health & Housing to publish a link to the Area Plan and Action Plan on the Council's website.
- 1.3 To authorise the City & County of Swansea to submit the Area Plan and Action Plan to Welsh Ministers on behalf of the three local authorities and the health board in the Western Bay region.

**2. Background**

- 2.1 The Social Services and Wellbeing (Wales) Act 2014 requires that local authorities and local health boards must jointly carry out an exercise known as a Population Assessment and then produce a joint Area Plan in response to the findings in the Population Assessment.
- 2.2 The Population Assessment was published on 1<sup>st</sup> April 2017.
- 2.3 The Area Plan has been produced for the first time and sets out how the Western Bay Regional Partnership Board (RPB) has responded to the findings of the Western Bay Population Assessment. It is the overarching regional plan for integrated health and social care joint working.
- 2.4 The Area Plan is split into two sections. This first section is the longer-term five-year plan (2018-2023) and includes the regional priorities to be

overseen by the Regional Partnership Board. The second section is the corresponding Action Plan which is a one-year transition plan (2018/2019), which includes a number of key actions that work towards addressing the regional priorities. Both plans can be found here: [www.westernbay.org.uk/areaplan](http://www.westernbay.org.uk/areaplan). A one year action plan has been developed, instead of a longer term plan due to the potential health boundary changes and the consultation concerning whether Bridgend should stay aligned with Swansea and Neath Port Talbot or transfer to work with Rhondda Cynon Taf and Merthyr Tydfil in future. Once the outcome of this consultation is evident we will be able to plan more clearly for future years.

2.5 The Regional Partnership Board have also indicated they would like to review the whole programme in light of the potential changes to the boundary. Another key driver that may affect the context of the plan is the Parliamentary Review on Health and Social Care.

### **3. Legislation**

3.1 Section 14 of the Social Service and Wellbeing (Wales) Act 2014 ('SSWB Act') requires that local authorities and Local Health Boards produce a Population Assessment and an Area Plan in response to the Population Needs Finding in relation to care and support for people in Western Bay region.

### **4. Purpose of the Area Plan**

4.1 The Area Plan represents what Western Bay Regional Partnership Board will be delivering as a set of integrated regional health and social care priorities over the next 5 years, in response to the Population Assessment findings. RPB members agreed to focus on a smaller number of key priorities, where regional working will add the most value.

4.2 Although there are ten chapters included in the Population Assessment, the Area Plan focuses on the following five chapters (themes) which include a set of regional priorities for regional and integrated working between health and social care. These themes align with the existing Western Bay Programme priorities and the priorities for the Integrated Care Fund (as outlined in the guidance):

- Older People
- Children and Young People

- Carers who need support
- Mental Health
- Learning Disability and Autism

4.3 The following areas of work, which represent the other 5 themes in the Population Assessment, are being addressed by Local Authorities and the Health Board or partners as part of their core business on a local basis or through existing partnerships between organisations across the region.

- Health and physical disabilities;
- Sensory impairment;
- Violence against women, domestic abuse and sexual violence;
- Safeguarding and Deprivation of Liberty Safeguard;
- Secure estate

4.4 It is an important planning tool which will be a reference point for future funding decisions and monitoring of the work the Board will progress in future years. An Annual Report will be produced describing how the Regional Partnership Board has delivered against the Area Plan (and in particular the Action Plan).

## **5. Links to other Strategic Planning Arrangements**

5.1 It is important that the Area Plan in setting out regional social care and health priorities complements and links with the three Public Services Boards and their respective Wellbeing Plans. Following reviews of each of the three draft Wellbeing plans against the draft Western Bay Area Plan, consultation responses from the Western Bay Programme Office have been submitted to each Public Services Board.

5.2 There are three Public Services Boards (PSBs) in the Western Bay area, established by the Well-being of Future Generations (Wales) Act 2015. The purpose of the PSBs is to improve the economic, social, environmental and cultural well-being in their area strengthening joint working across all public services in Western Bay. Each PSB prepared a well-being assessment in parallel with the Population Assessment and are in the process of completing their Wellbeing Plans.

5.3 It is clear from the *draft* Wellbeing Plans that there are strong links between the priorities of each Public Services Board (PSB) and those of the regional Western Bay Area Plan. All three PSBs reference four priority areas and whilst the specific detail varies, there is a strong focus on the following as common themes:

- Ensuring children receive the best start in life during their early years
- Building strong communities that are resilient and safe
- Enabling citizens to live and age well within their communities and promote wellbeing
- Sustaining natural environments and reducing the carbon footprint

5.4 Additionally, the Wellbeing Plans contain specific actions and areas of work that each PSB will oversee at a local level. The regional cross-cutting themes and ethos of Western Bay Health and Social Care Collaborative are particularly evident with reference to digital improvement, data sharing, partnership working, prevention and wellbeing.

## **6. Approval and Publication Requirements**

6.1 Following the review and endorsement by the Western Bay Regional Partnership Board, the Western Bay Area Plan and Action Plan require the approval of the Board of the ABMU Health Board and the Cabinet meetings of each of the constituent local authorities.

6.2 Upon completion, the Area Plan and Action Plan must be published on the websites of all the local authorities and Local Health Board involved in their production. A copy of the Area Plan and Action Plan must also be sent to Welsh Ministers at the time of publication. This function can be delegated to the lead co-ordinating body, who in this case is the City & County of Swansea.

6.3 The population assessment report should be drafted using accessible language so that it can be considered by members of the public. This is being progressed and it is further intended to produce an on line version which is similar to the population assessment for which positive feedback has been received concerning its presentation.



6.4 The Western Bay Area Plan and Action Plan must be published by 1<sup>st</sup> April 2018, subject to approval by Neath Port Talbot CBC on 8<sup>th</sup> March, Bridgend CBC on 27<sup>th</sup> March and the ABMU Health Board on 29<sup>th</sup> March 2018.

## **7. Overview of Arrangements Established to develop the Area Plan**

7.1 The development of the Area Plan has been based on the suggested framework produced by Social Care Wales. The Area Plan captures and takes forward the considerable work already in place across the Western Bay Programme.

7.2 In line with the statutory guidance produced by Welsh Government, each chapter of the Area Plan and associated Action Plan has been structured in accordance with the ten core themes.

7.3 Five of the core themes form the basis of the Area Plan and Action Plan:

- Older People
- Children and Young People
- Carers who need support
- Mental Health
- Learning Disability and Autism

7.4 The other five core themes are included in the appendix of the Area Plan and references the work being addressed by Local Authorities and the Health Board or partners as part of their core business on a local basis or through existing partnerships between organisations across the region. A high-level summary of this work has been collated and includes references to the relevant strategies, plans and projects.

- Health and Physical disability
- Sensory impairment
- Safeguarding and Deprivation of Liberty Safeguard \*<sup>1</sup>
- Violence against women, domestic abuse and sexual violence (VAWDASV) \*<sup>2</sup>

- Secure Estate <sup>\*3</sup>

Please note:

<sup>\*1</sup> Safeguarding priorities are managed both on a regional basis via the Western Bay Adult Safeguarding Board and the Western Bay Children Safeguarding Board and via local arrangements

<sup>\*2</sup> VAWDASV regional priorities are overseen via Public Service Boards

<sup>\*3</sup>Secure Estate priorities are governed locally.

7.5 A Task and Finish Group has overseen the development of the Area Plan with representatives of the Local Authorities, the Health Board and the Third Sector. Different chapters in the plan have been reviewed with input from groups within the Western Bay programme governance (e.g. Western Bay Carers Board overseeing the carers' chapter) and at a local level there has been review and input from the local authorities and health board.

7.6 The Area Plan and Action Plan can be accessed here:  
[www.westernbay.org.uk/areaplan](http://www.westernbay.org.uk/areaplan)

## **8. Incorporating the Voice of Service Users and Carers and Wider Stakeholders**

8.1 The statutory guidance requires citizen engagement when producing the Area Plan. It does not require formal consultation on the plans as the purpose of this requirement is to ensure there is continuous engagement with communities, from assessments through to planning.

8.2 The Area Plan and associated Action Plan has been reviewed by a special meeting of the Regional Citizens Panel. Feedback from the special Regional Citizens Panel meeting has been used to amend the initial draft of the Area Plan and Action Plan. Members of the Regional Citizens Panel will also be developing a publicly accessible "plan on a page" version for the public. Themes collated from the special meeting of the Regional Citizens Panel include the need to explore further opportunities for co-production in addition to engagement at both a regional and local level.

8.3 The Area Plan highlights that the Regional Partnership Board is committed to moving in this direction, but recognises that it takes time to develop trust to enable this to happen in a meaningful way. Going forward, work with the Regional Citizens Panel will continue to develop so that true co-production can be delivered in order to improve the outcomes achieved for people in the Western Bay area.

8.4 The draft Area Plan and draft Action Plan was also circulated to a range of citizen, voluntary sector and community groups for comment and feedback, including the Regional Third Sector Health, Social Care & Wellbeing Forum.

## 9. Cross Cutting Themes

9.1 There were a number of cross cutting themes that emerged through the Population Assessment exercise and development of the Area Plan, in addition to the cross cutting priority of Carers, as follows:

9.2 **Transport and Access to Services:** Work is underway to consider where strategic planning for transport could be considered and progressed regionally (potentially linking with the two City Regions), with a view to address the issues highlighted within the population assessment being progressed as specific actions in the Area Plan.

9.3 **Housing:** There were a significant number of different housing issues captured in the Population Assessment. In order to address the significant number of issues raised, it has been acknowledged that a more strategic approach needs to be taken in relation to housing, health and social care in Western Bay. Building on the work of the Regional Collaborative Committee for Supporting People and the ABMU Health Board, Health and Housing Group, discussions are underway to ensure future ICF capital funding opportunities in relation to housing, health and social care are more co-ordinated. In this way, capital infrastructure proposals can be considered in a more strategic way and on a longer term basis which will deliver more improvements for our residents.

#### 9.4 **Substance Misuse**

Substance Misuse was agreed as a cross cutting priority. There is development of a S33 agreement for the Regional Area Planning Board for Substance Misuse in relation to Welsh Government grant funding. There are also links to the Integrated Family Support Services.

#### 9.5 **Delayed Transfers of Care (DTC)**

Delayed transfers of care have also been highlighted as an issue, with patients who are fit to be discharged from hospital having to remain there while packages of care are organised to provide their support needs once they leave hospital. This can affect people of any age, but mostly impacts older people and those with mental health problems. Delays can occur because care providers don't have staff available to provide the care needed or funding difficulties exist. Western Bay partners will work together to identify the barriers that prevent people from being discharged in a timely manner, working with other partners to reduce delays.

#### 9.6 **Data Collection, Information sharing and Improving Digital Services to Support Better Care Delivery**

Welsh Community Care Information System (WCCIS) will be implemented across the four statutory organisations and partners in the region to ensure that the system is developed in a coordinated way to the benefit of our users of services by better supporting regional and local service arrangements. Bridgend County Borough Council were the first organisation in Wales to go live on WCCIS and the other three organisations (ABMU, Neath Port Talbot, Swansea) in the Western Bay Region are committed to implementing WCCIS. This development will support a consistent approach to record keeping and the ability to share appropriate information between services that will enable better coordination of services and improve the delivery of integrated care.

#### 9.7 **Workforce**

Workforce is a key element of the Western Bay Programme with the workforce development initiatives overseen by the Western Bay Workforce Development Steering Group. There are a number of workforce changes initiated by Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA), for example, extension of the registration of the

social care workforce to include home care workers and new responsibilities for “Responsible Individuals.”

## **10. Next Steps**

10.1 Once the Area Plan has been approved by the three local authorities and the Health Board, monitoring arrangements will need to be developed for the Action Plan, many of which will be through the existing governance arrangements.

10.2 The link to the Area Plan and Action Plan will be hosted by the City and County of Swansea on behalf of the Western Bay partnership (with links to/from partner websites as required in the Act).

10.3 Consideration to be given once the outcome of the consultation on potential health boundary changes relating to Bridgend is finalised. If Bridgend move to the Cwm Taff region, then work will need to be undertaken to revise the Population Assessment to only include Neath Port Talbot and Swansea.

10.4 Work will need to progress on a longer-term action plan, aligned with the regional priorities in the Area Plan, from April 2019.

10.5 Further work to take place to develop the work around the cross cutting priorities outlined in paragraph 9 above.

## **11. Role of the Regional Partnership Board (RPB)**

11.1 The Regional Partnership Board (RPB) is required to ensure that partners work effectively together to respond to the Population Assessment and the aligned Area Plan. Approval of the Area Plan is the responsibility of the Health Board and the cabinets of the three local authorities, following the endorsement by the RPB.

11.2 The Area Plan represents the future agenda for Western Bay RPB and includes a set of integrated regional health and social care priorities for the next 5 years. It is an important planning tool which will be a reference point for future funding decisions and monitoring of the work the Board will progress in future years.

## **12. Monitoring, Review and Delivery**

- 12.1 Progress against the plan will be monitored and evaluated through the annual Regional Partnership Board report and presented to members of the Social Care, Health and Well-being Cabinet Board on an annual basis.
- 12.2 Progress for the regional priorities in the action plan will be monitored on a regular basis with any issues escalated through the Western Bay governance and up to the Regional Partnership Board, if appropriate.
- 12.3 The Area Plan will be reviewed on an annual basis.

### **13. Recommendation**

It is recommended that Members:

- Approve the Western Bay Area Plan for Care and Support Needs (2018-2023) and Action Plan (2018-19) attached as Appendix 1 and Appendix 2 to this report.
- Authorise the Director of Social Services, Health & Housing to publish a link to the Area Plan and Action Plan on the Council's website
- Authorise the City & County of Swansea Council to submit the Area Plan and Action Plan to Welsh Ministers on behalf of the three local authorities and the health board in the Western Bay region.

### **14. Reason for Proposed Decision**

To discharge the statutory duty placed upon the three local authorities and the ABMU Health Board operating as a Western Bay region to produce a regional Area Plan and to authorise the relevant officers to publish the plan and submit the regional plan to Welsh Ministers.

### **15. Implementation of Decision**

That the decision is proposed for the three day call in period.

### **16. Equality impact assessment**

In addition to the engagement outlined in section 8 of this report, an equality impact assessment has been developed to support the development of the Area Plan and Action Plan. It identifies that there is greater insight into the care and support needs of some people with protected characteristics than others. Gaps in the data have been identified and included in the equality impact assessment and will be used to inform future research and data development considerations, including any future Population Assessment exercises. The equality impact assessment is included in Appendix 3 alongside the engagement/feedback documentation.

## **17. Workforce impacts**

The Area Plan itself has not identified significant workforce impacts, though further consideration will need to be taken in individual programmes and projects.

## **18. Legal impacts**

The Area Plan has been prepared to comply with Section 14 of the Social Services and Well-being (Wales) Act 2014, the Care and Support (Wales) regulations 2015 and associated Statutory Guidance.

## **19. Financial impacts**

19.1 There were no financial implications in completing the Area Plan.

19.2 The Integrated Care Fund revenue commitments for 2018-19 are being identified and agreed in the Western bay programme and align with many of the regional priorities in the Area Plan, the majority of which are already included in the delivery of Western Bay.

## **20. Consultation**

There is no requirement under the Constitution for external consultation on this item. However, various stakeholder engagement was conducted as referred to in Paragraph 8 above.

## **21. Risk Management**

This is the first Area Plan developed under the Social Services and Well-being (Wales) Act 2014. There are a number of issues that have arisen in the course of completing the exercise which should be documented to inform further plans. It is planned that a lessons learned exercise will be completed to identify the salient issues to inform the next iteration of the plan.

## **22. Appendices**

- Appendix 1 – The Western Bay Health and Social Care Programme Area Plan for Care and Support Needs 2018–2023
- Appendix 2 – Western Bay Action Plan 2018-19
- Appendix 3 – Equality Impact Assessment

### **23. Background Papers**

- Social Services and Well-being (Wales) Act 2014
- Part 2 Code of Practice (General Functions)
- Western Bay Population Assessment Cabinet Report, 15<sup>th</sup> March 2017

### **24. Officer Contact**

For further information on this report item, please contact:

Andrew Jarrett, Director of Social Services, Health & Housing, telephone: 763279  
or email: [a.jarrett@npt.gov.uk](mailto:a.jarrett@npt.gov.uk)

Sara Harvey, Regional Programme Director, Western Bay Programme, telephone:  
01792 637522 or email: [sara.harvey@swansea.gov.uk](mailto:sara.harvey@swansea.gov.uk)

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## **Appendix 1**

The Western Bay Health and Social Care Programme Area Plan for Care and Support Needs 2018–2023

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Western Bay Health and Social Care Programme

# Area Plan

for Care and Support Needs

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**2018-2023**



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# Contents

What is Purpose of the Area Plan? .....	<b>Error! Bookmark not defined.</b>
What is the Western Bay Population Assessment? .....	2
Regional Partnership Board .....	3
How was the Area Plan developed? .....	4
How are we working towards co-production.....	<b>Error! Bookmark not defined.</b>
Equalities and Human Rights .....	5
How will we monitor an review the plan .....	<b>Error! Bookmark not defined.</b>
Links to Public Service Boards and Wellbeing Plans .....	6
Current Pooled Fund Arrangements .....	7
Overview of the Key Regional Priorities .....	8
How are we meeting the principles of the Social Services and Wellbeing (Wales) Act 2014? .....	9
Cross Cutting Regional Priorities .....	<b>Error! Bookmark not defined.</b>
Core Theme Chapters 2018-2023 .....	14
Older People.....	14
Children and Young People.....	16
Mental Health .....	18
Learning Disability and Autism .....	20
Carers .....	21
<b>Appendices</b> .....	23
Appendix 1 – Core Business and Other Partnerships.....	23
Appendix 2 – Population Assessment.....	30
Appendix 3 – Western Bay Governance .....	33
Appendix 4 – Other Themes / Chapters.....	38
Appendix 5 – Citizen and Community Groups .....	52
Appendix 6 – Information, Advice and Assistance .....	53
Appendix 7 – Welsh Language .....	55
Appendix 8 – Regional Wellbeing Objectives .....	56

# What is Purpose of the Area Plan?

This Area Plan sets out how the Western Bay Regional Partnership Board (RPB) will respond to the findings of the Western Bay population assessment published on 1 April 2017. It explains how the Local Authorities and the Health Board, with partners, will address the requirements of the Social Services and Wellbeing Act (2014). It is the first time an Area Plan has been prepared.

The Area Plan is split into two sections. This first section is the longer-term five-year plan (2018-2023) and includes the regional priorities to be overseen by the Regional Partnership Board. The second section is the corresponding Action Plan which is a one-year transition plan (2018/2019), which includes a number of key actions that work towards addressing the regional priorities. We have only developed a one-year Action Plan because of the consultation on whether Bridgend should stay aligned with Swansea and Neath Port Talbot or transfer to work with Rhondda Cynon Taf and Merthyr Tydfil in future. Once the outcome of this consultation is evident, we will be able to plan more clearly for future years. The Partnership Board have also indicated they would like to review the whole programme in light of the potential changes to the boundary. Another key driver that may affect the context of the plan is the Parliamentary Review on Health and Social Care. An Action Plan from the recommendations of the review is expected to be finalised over the next few months.

The main focus of this plan is on the Regional Partnership Board priorities for **regional and integrated working** between health and social care, and includes the following themes

- Older People
- Children and Young People
- Mental Health
- Learning Disabilities and Autism
- Carers (cross cutting theme)

Note: Carers runs through all the above priorities / chapters as a cross-cutting theme (It is presented as a separate chapter to ensure that outcomes can be easily measured.)

Many of the findings of the population assessment are being addressed by Local Authorities and the Health board or partners as part of their core business on a **local** basis or through **existing partnerships** between organisations across the region. A high-level summary of this work has been collated and is included in **appendix 1** for information. It includes references to the relevant strategies, plans and projects.

# What is the Western Bay Population Assessment?

The Social Services and Well-being (Wales) Act 2014 introduced a duty on local authorities and local health boards to prepare and publish an assessment of the care and support needs of the population, including carers who need support for the region.

In order to do this, Bridgend County Borough Council, Neath Port Talbot County Borough Council, Swansea Council, ABMU Health Board and the Third Sector has looked at care and support needs against a set number of core themes. These are:

- Older people;
- Children and young people;
- Mental health;
- Learning disability and autism;
- Carers;
- Health and physical disability;
- Sensory impairment;
- Violence against women, domestic abuse and sexual violence;
- Safeguarding and Deprivation of Liberty Safeguards
- Secure estate

Preparing the population assessment involved gathering information on wellbeing and the barriers to achieving wellbeing for people and their Carers who need care and support. We also considered what could prevent people from needing care and support in the first place and what could be done to prevent the need for care and support from increasing.

The Western Bay Population Assessment can be found here:

<http://www.westernbaypopulationassessment.org/en/home/>

[For further detail of how the Population Assessment was developed, the lessons learned from the Population Assessment process and a summary of what the Population Assessment tells us is included in \*\*appendix 2.\*\*](#)

# Western Bay Regional Partnership Board

The Western Bay Regional Partnership Forum was established on a non-statutory footing in 2014 to progress and oversee the Western Bay Health and Social Care Programme. It also worked on the arrangements for implementing the Social Services and Wellbeing (Wales) Act 2014 (SS&WbA). The SS&WbA came into effect on 6<sup>th</sup> April 2016 and this introduced a statutory role for a Regional Partnership Board and specific responsibilities.

The Western Bay Regional Partnership Forum was reformed to become the Western Bay Regional Partnership Board (RPB) in July 2016 to meet Part 9 of the Social Services and Wellbeing (Wales) Act 2014.

The governance structure for the Western Bay Programme, which is overseen by the Regional Partnership Board, the RPB membership and the details of the Western Bay Leadership Group and Programme Team are all included in **Appendix 3**.

The objectives of the Regional Partnership Boards are to ensure the partnership works effectively together with the following responsibilities to:

- Respond to the population assessment carried out in accordance with section 14 of the SS&WbA;
- Implement the plans for each of the local authority areas covered by the Regional Partnership Board which local authorities and local health boards are each required to prepare and publish;
- Ensure the partnership bodies provide sufficient resources for the partnership arrangements;
- Promote the establishment of pooled funds where appropriate;
- Ensure that services and resources are used in the most effective and efficient way to improve outcomes for people in their region;
- Prepare an annual report for Welsh Ministers on the extent to which the board's objectives have been achieved;
- Provide strategic leadership to ensure that information is shared and used effectively to improve the delivery of services and care and support, using technology and common systems to underpin this.

# How was the Area Plan developed?

The Area Plan builds on the Population Assessment core themes and the 'gaps' in service that were identified. The priorities captured in the Population Assessment in the 'what changes do we need to plan for' section have been captured in the Area Plan, ensuring the links are between the Population Assessment and Area Plan are robust. An Area Plan Steering Group was established, which includes officers from all partner organisations including the Third Sector.

Although there are 10 chapters included in the Population Assessment, the Area Plan focuses on the following 5 chapters (themes), where regional working will add the most value:

- Older People
- Children and Young People
- Mental Health
- Learning Disabilities and Autism
- Carers (cross cutting theme)

These priorities align with the existing Western Bay Programme and the Integrated Care Fund priorities.

The following areas of work are being addressed by Local Authorities and the Health Board or partners as part of their core business on a local basis or through existing partnerships between organisations across the region.

- Health and physical disability;
- Sensory impairment;
- Violence against women, domestic abuse and sexual violence;
- Safeguarding and Deprivation of Liberty Safeguards
- Secure estate

These chapters are included in **appendix 4**.



# How are we working towards co-production?

The Western Bay region was one of the first region in Wales to establish a Regional Citizens' Panel, which was established in 2016. The aims of the panel are to provide a strong strategic voice for stakeholders, to offer a greater awareness of and involvement in the Western Bay Programme's activities and a clearer understanding of how organisations can work collaboratively to deliver against the requirements of the Social Services and Well-being (Wales) Act 2014.

Feedback from the Regional Citizen Panel is fed directly to the Regional Partnership Board and includes a service user representative and deputy service user representative as members on the Regional Partnership Board.

The statutory guidance requires citizen engagement when producing the Area Plan. It does not require formal consultation on the plan as the purpose of this requirement is to ensure there is continuous engagement with communities, from assessments through to planning. On this basis, the draft Area Plan and draft Action Plan was circulated to a wide range of citizen and community groups for comment and feedback. The full list of groups is included in **Appendix 5**.

The Area Plan and associated Action Plan was reviewed in a special meeting of the Regional Citizens Panel and a special meeting of the Regional Partnership Board. Feedback from both meetings has been used to amend the final draft of the Area Plan and Action Plan. Members of the Regional Citizens Panel will also be developing a publicly accessible "plan on a page" version for the public.

Themes collated from the special meeting of the Regional Citizens Panel include the need to explore further opportunities for co-production in addition to engagement at both a regional and local level. The Regional Partnership Board is committed to moving in this direction, but recognises that it takes time to develop trust to enable this to happen in a meaningful way. Going forward, work with the Regional Citizens Panel will continue to develop so that true co-production can be delivered in order to improve the outcomes achieved for people in the Western Bay area.

## Equalities and Human Rights

The Equalities Act 2010 ensures that all public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all. It defines a range of groups of people, for example, disabled people and people with protected characteristics, that we need to have particular cognisance of while planning and developing services. Western Bay partners are committed to ensuring that we are addressing their needs in all we do.

All people have rights. These rights are set out in the United Nations Declaration of Human Rights. We want to respect people's rights and involve them in decisions that affect their lives and their well-being. Further work will take place under the direction of the Western Bay Regional Partnership Board to ensure that people are involved in decisions that affect their well-being.

Children have specific rights that are set out in the United Nations Convention on the Rights of the Child. In Wales, we have to show what we do to listen to children and young people. In Western Bay, there is a clear and agreed commitment to supporting children to enjoy their rights.

## **How will we monitor and review the plan?**

Progress for the regional priorities in the Action Plan will be monitored on a regular basis with any issues escalated through the Western Bay governance structure and up to the Regional Partnership Board, as appropriate. Details of the Western Bay governance arrangements are included in **appendix 3**.

We will monitor and evaluate progress against this plan through the annual Regional Partnership Board report. The annual RPB report will be published on the Western Bay Website: <https://www.westernbay.org.uk/>

The Area Plan will be reviewed on an annual basis.

## **Links to Public Service Boards and Wellbeing Plans**

There are three Public Services Boards (PSBs) in the Western Bay area, established by the Well-being of Future Generations (Wales) Act 2015. The purpose of the PSBs is to improve the economic, social, environmental and cultural well-being in their area strengthening joint working across all public services in Western Bay. Each PSB prepared a well-being assessment in parallel with the population assessment and are in the process of completing their wellbeing plans.

It is clear from the draft Wellbeing Plans that there are strong links between the priorities of each Public Service Board (PSB) and those of the regional Area Plan. All three PSBs reference four priority areas and whilst the specific detail varies, there is a strong focus on the following as common themes:

- Ensuring children receive the best start in life during their early years
- Building strong communities that are resilient and safe
- Enabling citizens to live and age well within their communities and promote wellbeing
- Sustaining natural environments and reducing the carbon footprint

Additionally within the Wellbeing Plans are specific actions and areas of work that each PSB will oversee. These actions are reflected within the Area Plan chapters and support integration of services both at a local and regional level. The regional cross-cutting themes and ethos of Western Bay Health and Social Care Collaborative are particularly evident with reference to digital improvement, data sharing, partnership working, prevention and wellbeing. There is also a cross cutting theme in all 3 PSBs around the use of green spaces which has links to the physical disabilities and health chapter in the Population Assessment.

Prevention and community resilience is another theme which cross cuts both the PSB's priorities and the Western Bay Programme.

A key initiative that was initiated through the Western Bay Programme was the Local Area Co-ordination (LAC)/ Local Community Co-ordination (LCC). This is a long-term, preventative approach to supporting people (both adults and children) who may be isolated, excluded or who face challenges due to their age, physical health or mental health. The evidence base is well documented, and shows that LAC and LCC empower people to achieve their personal well-being goals by recognising that individuals with care and/or support needs can often be supported in place by accessing the strengths within themselves, their families and communities. In Western Bay, Neath Port Talbot County Borough Council and Swansea Council subscribe to the 'Inclusive Neighbourhoods' model of Local Area Coordination. Bridgend County Borough Council's approach is being progressed as Local Community Co-ordination. It is recognised there are considerable number of third sector community resilience initiatives that support the prevention and wellbeing agenda.

## Current Pooled Fund Arrangements

Western Bay has already a number of arrangements where funding from the three Local Authorities and ABMU Health Board have been pooled so that services are integrated and seamless for service users. These include:

- Pooled Fund (Section 33 agreement) for Intermediate Care Services for three localities, Swansea, Neath Port Talbot and Bridgend
- Partnership Agreement (Section 33 agreement) for Western Bay Programme Infrastructure, which includes a pooled fund for the staffing costs for the Western Bay Programme Office
- Pooled Fund (Section 33 agreement) for Integrated Family Support Services (to be completed)
- Pooled Fund (Section 33 agreement) for Regional Area Planning Board for Substance Misuse (to be completed)
- Pooled Fund for Care Homes (Section 33 agreement) (to be completed)

Depending on the outcome of the Health Boundary / Bridgend consultation, there will potentially be a significant amount of disaggregation work in terms of the pooled fund arrangements that would need to take place in 2018/19.

# Overview of the Key Regional Priorities

## Older People

<b>OP.P1</b>	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 and receiving appropriate support at times of need.
<b>OP.P2</b>	Develop and provide a range of future accommodation options to meet demand and enable people to remain independent for as long as possible.
<b>OP.P3</b>	Develop community resilience and cohesion to tackle social isolation in areas where older people live.
<b>OP.P4</b>	Develop an optimum model for older peoples mental health services (including relevant components of the Welsh Government All Wales Dementia Strategy/Plan)

## Children and Young People

<b>CYP.P1</b>	Develop a better range of services for all children with emotional difficulties and wellbeing or mental health issues including transition and single point of access to services
<b>CYP.P2</b>	Develop robust multi-agency arrangements for children with complex needs

## Mental Health

<b>MH.P1</b>	Commence implementation of the agreed optimum model for Adult Mental Health services, as outlined in the Western Bay Strategic Framework for Adults with Mental Health problems
<b>MH.P2</b>	Ensure placements for people with complex needs are effective, outcome based and appropriate

## Learning Disability and Autism

<b>LD.P1</b>	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.
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# Carers (Cross cutting theme)

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

## How are we meeting the principles of the Social Services and Wellbeing (Wales) Act 2014?

### Prevention

The Social Services and Wellbeing (Wales) Act 2014 recognises the pivotal role of early intervention and prevention in delivering a sustainable health and social care system. In addition, there is compelling national and international evidence that early intervention, if implemented properly, can work to improve outcomes and deliver cost benefits. Western Bay partners have approved (through the 3 Local Authority cabinets and the Health Board) and adopted a set of principles in relation to prevention and wellbeing services and agreed to identify where the principles can be embedded, within service planning and commissioning. This demonstrates the commitment of the three local authorities and the Health Board to plan for a more joined up commissioning process and service delivery model. This will improve the benefits for the service user and enable organisations to focus on clear priorities, with a view to a long-term plan for prevention services that includes a commitment to an incremental funding shift.

The principles in relation to prevention and wellbeing services included:

- Services will be sustainable
- Services will be equitable and address issues of inequality
- Services will be coproduced with the people who will or may use them
- Services will be citizen centred and outcome focused
- Services will be developed over a 5-10 year timeframe
- Services will be delivered by a range of organisations including social enterprise, cooperatives, user led and Third Sector
- Services will be delivered in partnership
- Services will make use of technological developments as a means of reducing demand
- Services will adopt a common evaluation framework
- Services will strengthen communities and give local people and communities more control

- Every commissioning decision will consider the importance of prevention and early action and allocate resources accordingly

## **Information, Advice & Assistance (IAA)**

IAA is organised and delivered locally, with a regional overview of the IAA position reported through the Western Bay governance arrangements. Work is ongoing around linking the various IAA systems currently being utilised by all partners, which includes Third Sector Info-engine IAA system, the National Local Authority DEWIS system and Health Board 111 system.

Further information around local / partner progress can be found in **appendix 6**.

## **Welsh Language**

Western Bay partners recognise the importance of meeting the individuals' Welsh language needs and are committed offering, providing and developing Welsh language services. This is organised locally, details of which are included in **appendix 7**.

## **Duty to promote social enterprises, co-operatives, user led services and the third sector:**

The Partnership Agreement for the pooled fund for the Western Bay Partnership Infrastructure funds the Wellbeing Enterprise Development Support Project delivered by three Community Voluntary Councils. The three social enterprise officers provide start up practical advice in running a new organisation (governance and compliance) which provides registration and funding support and business development support.

A Social Value Forum is to be established in 2018/19, in line with Welsh Government requirements.

## **Cross Cutting Regional Priorities**

### **Access and Transport**

A consistent theme in the production of the Area Plan, emerging from the Western Bay population assessment is in relation to transport and access to services.

For example, within the Health and Physical Disabilities chapter in the population assessment, things people told us that matter to them included ***'improve local community health services alongside better transport to and from healthcare facilities, including better parking at health care service locations'***.

Within the Older people chapter, changes we need to plan for included ***'Improve accessibility of services (such as location and accessibility of primary health care and other core services, improving transport links, housing and affordability of healthy food'***.

Work is underway to consider where strategic planning for transport could be considered and progressed regionally (potentially linking with the two City Regions), with a view to address the issues highlighted within the population assessment being progressed as specific actions in the Area Plan.

## **Housing**

Another consistent theme emerging from the population assessment and included in the Area Plan concerns the links between Housing and health and social care. There were a significant number of different housing issues captured, including for example:

- The need for more accommodation options for children and young people leaving the care system
- Lack of accommodation options for children and young people and vulnerable young people transitioning to adult services
- Housing suitable for adults with mental health needs
- The need to work strategically with new care home providers to develop a sustainable range of care home facilities across the region
- Implementation of the Homelessness Pathway and legislative changes to housing and priority need status of ex-offenders.
- Housing that should support healthy ageing and promote independence through homes that are well designed, good value, appropriately located and energy efficient and early support through aids and adaptations, handyperson schemes and telecare will be fundamental

In order to address the significant number of issues raised, it has been acknowledged that a more strategic approach needs to be taken in relation to housing, health and social care in Western Bay. Building on the work of the Regional Collaborative Committee for Supporting People and the ABMU Health Board, Health and Housing Group, discussions are underway to ensure future ICF capital funding opportunities in relation to housing, health and social care are more co-ordinated. In this way, capital infrastructure proposals can be considered in a more strategic way and on a longer-term basis which will deliver more improvements for our residents.

## **Substance Misuse**

Substance Misuse was agreed as a cross cutting priority. There is development of S33 agreement for the Regional Area Planning Board for Substance Misuse. There are also links to the Integrated Family Support Services.

## **Delayed Transfers of Care (DTC)**

Delayed transfers of care have also been highlighted as an issue, with patients who are fit to be discharged from hospital having to remain there while packages of care are organised to provide their support needs once they leave hospital. This can affect people of any age, but mostly impacts older people and those with mental health problems. Delays can occur because care providers do not have staff available to provide the care needed or funding difficulties exist. Western Bay partners will work together to identify the barriers that prevent people from being discharged in a timely manner, working with other partners to reduce delays.

## **Data Collection and Information sharing**

The provision of Health and Social Care services requires the recording of essential information that creates and maintains individual care records. Such “record keeping” is often governed by professional standards which are intended to ensure expected standards from professional staff. In addition, expectations from effective integrated care is that information is easily shared between services so that staff are presented with the right information at the right time. However, such ambitions are often frustrated by different methods of record keeping which range from hand written paper forms to various and separate electronic systems that are used by local authorities and health boards.

The inability to effectively share information between Health and Social Care is a common problem that has often frustrated the integration of services. Western Bay has recognised this issue and the potential of the Welsh Community Care Information System to assist with resolving this long-standing problem. Consequently the Western Bay Programme Board have collectively developed a Business case to support these intentions and collectively agreed the following Vision Statement as an indication of our ambitions.

## **Welsh Community Care Information System in Western Bay**

To implement WCCIS across the four statutory organisations and partners in the region and to ensure that the system is developed in a coordinated way to the benefit of our users of services by better supporting regional and local service arrangements

WCCIS is available to each of the seven health boards and twenty-two local authorities in Wales. Bridgend County Borough Council were the first organisation in Wales to go live on WCCIS and the other three organisations (ABMU, Neath Port Talbot, Swansea) in the Western Bay Region are committed to implementing WCCIS. This development will support a consistent approach to record keeping and the ability to share appropriate information between services that will enable better coordination of services and improve the delivery of integrated care.

## **Digital Services to Support Better Care Delivery**

A key benefit of WCCIS is that it can be used on a mobile platform which means that it can be used by practitioners in the community. This important benefit will allow the collection of information to be more immediate and assist practitioners to work more flexibly and therefore not have to return to base as frequently. To enable this advancement, there will be the need to invest into “mobile devices” such as tablet computers in order that staff are appropriately equipped with the right technology to support this development. This development will initiate the transformation of services that will enable the delivery of integrated services to be better informed and better coordinated. This significant development will not only support more efficient and effective delivery of health and social care services in the region, but could also



provide the platform on which the delivery of care in the community could be better supported by digital services and systems. The advancement and ongoing ability of digital technology such as mobile apps and general accessibility to WIFI means that there will be a range of opportunities and benefits presented to the delivery of integrated care that will continue the transformation of the delivery of care in the community.

## **Workforce**

The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) gave Ministers the power to extend the registration of the social care workforce to include home care workers. Social Care Wales has set the guidelines for registration, ensuring quality practice, more robust standards and raising the professionalism of the workforce to support the sector to be prepared for registration. Western Bay Workforce Development Steering Group have managed awareness raising campaigns to ensure providers are fully informed of their responsibilities of having trained staff that are eligible for registration. We are working in partnership with local Further Education Colleges to support the sector to achieve the required qualifications for registration. This work is funded through the Social Care Wales Workforce Development Partnership grant, supported by the Facilitation Grant from Social Care Wales.

Additional requirements of the RISCA include new responsibilities for “Responsible Individuals.” Awareness raising sessions are being rolled out and training is being developed across Western Bay. Work is also in progress to map induction training requirements for registration, against the Regional Quality Framework for care homes. This will allow us to standardise the quality assurance across the care home sector.

Regional safeguarding training activity includes child sexual exploitation and County Lines is aimed at raising awareness of drug trafficking. The three Local Authorities have published their strategy to meet the requirements of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 which focusses on the areas of prevention, protection and the provision of support, and sets out how the Council, ABMU Health Board and other key partners will continue to work together to tackle these issues around Domestic Abuse. A training framework is in place and work has commenced towards meeting the requirements for individual groups of the workforce

The Western Bay Framework for Recruitment and Retention of Home Care Workers articulates how we will develop the recruitment and retention of quality workers who exhibit the key skills, experience, values and beliefs to undertake their job roles effectively, whilst demonstrating their ability to deliver compassionate, holistic care. Recruitment and retention is critical to meet the challenge of growing need. An awareness raising and recruitment campaign “Join our Caring Community” has run through January 2018, raising the profile of care as a career through advertising in a variety of media including, radio and print, social media and bus rears, featuring care workers from across Western Bay whose experience and commitment will inspire potential care workers.

# Core Theme Chapters 2018-2023

## Older People

### 1. What did the Population Assessment tell us?

1. It is predicted that by 2020 the over 65 population across Western Bay will be over 111,070; of these:
  - 20,598 will be unable to manage at least 1 mobility activity on their own
  - 45,720 will be unable to manage at least 1 domestic activity on their own
  - 37,378 will be unable to manage at least 1 self-care activity on their own
2. In 2015, 3,133 people in Western Bay had a diagnosis of dementia; by 2030, this is predicted to rise by 43.4% to 4,493.
3. Approximately 1:3 people aged over 65 will suffer a fall each year.
4. Loneliness and isolation can lead to physical and mental health problems, such as depression and increased risk of premature death. It is predicted that by 2020 50,314 over 65s will be living alone, compared to 2017 figure of 48,245.
5. The rate of people delayed in hospital for social care reasons in 2013/14 was lower than the Welsh average and there is a higher rate receiving social care than the Wales average.

### 2. What care and support needs were highlighted in the Population Assessment?

- OP.S1. Provide and maintain the sustainability of appropriate support services to enable individuals to remain independent and at home.
- OP.S2. Continue working towards a dementia friendly Western Bay, improving support and information for people with dementia, their family and carers.
- OP.S3. Reduce social isolation and loneliness while maintaining independence, enabling individuals to engage with their communities.
- OP.S4. Improve the commissioning of care homes to ensure consistent high quality and sustainable care home provision.
- OP.S5. Improve the commissioning, provision and sustainability of care and support at home.
- OP.S6. Increase the use of assistive technology to its fullest potential to ensure appropriate support is available to those at risk of falls.
- OP.S7. Continue to improve the common point of access for Information, Advice and Assistance (IAA) – a 'one stop shop' for individuals needing IAA.
- OP.S8. Continue to develop services that enable safe and timely discharge from hospital to home (or other appropriate residence e.g. step down beds in line with the Western Bay 'What Matters to Me Model') once medically fit providing appropriate reablement support.

### 3. What are the regional priorities that will address the needs highlighted in the Population Assessment (question 2)?

The key priorities for Older People to be delivered by the Regional Partnership Board are:

- 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 and 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 peoples mental health services (including relevant components of the Welsh Government All Wales Dementia Strategy/Plan)

#### **4. Which regional wellbeing objectives do these priorities contribute towards?**

R2 - Strong, resilient, connected communities

R3 - People reaching their potential

R4 - Ageing well

*List of regional wellbeing objectives included in **appendix 7***

## Children and Young People

### 1. What did the Population Assessment tell us?

1. In March 2016, there were 3,735 children and young people (across Western Bay) open to social services as a result of being in need of care and support: 1,665 in Swansea, 990 in Neath Port Talbot and 1,080 in Bridgend.
2. Despite much progress, the numbers of looked after children in Western Bay remains high compared to many parts of the country (number of looked after children per 10,000 of the population).
3. Due to the age profile of the looked after children population, the numbers requiring leaving care services in Western Bay is anticipated to rise in the next 2 years.
4. The numbers of local authority foster carers has fallen across the region making it challenging to find appropriate, local placements for looked after children and young people.
5. In 2015/16, there were 594 criminal offences committed by young people aged 10 to 17 years in Western Bay. The most common offences were violence against the person, theft and handling and motoring offences.
6. Evidence suggests there are likely to be a number of young carers not known to health and social care services.

### 2. What care and support needs were highlighted in the Population Assessment?

- CYP.S1 There is an identified need to strengthen services for children who are carers.
- CYP.S2 Need to continue the safe reduction in the number of looked after children across Western Bay.
- CYP.S3 Continue to develop services targeted at supporting families to reduce the risk associated with children being placed on the Child Protection Register.
- CYP.S4 There is a need for more accommodation options for children and young people leaving the care system.
- CYP.S5 It is necessary to improve access to appropriate support services for children in need of care and support in recognition of the increased rates of emotional and mental health issues
- CYP.S6 There is a need to ensure that there is a robust commissioning arrangement for advocacy services for all children, not just those who are looked after.
- CYP.S7 Far more focused work is required to understand, at a strategic level, the needs of the population of Western Bay. A significant amount of more work is required, for example to further our knowledge on subjects and cohorts such as gender differences, ethnicity, young carers, mental health, disabled children and those with other additional needs.
- CYP.S8 Continue the improvement of standards of achievement and attainment for all, improve the learning environment, and making better use of physical, financial and human resources.

### 3. What are the regional priorities that will address the needs highlighted in the Population Assessment (question 2)?

The key priorities to be delivered by the Regional Partnership Board for Children and Young People are:

- CYP.P1. Develop a better range of services for all children with emotional difficulties and wellbeing

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

**4. Which wellbeing objectives do these priorities contribute towards?**

R1 – Children & Young People

R2 – Strong, resilient, connected communities

R3 – People reaching their potential

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## Mental Health

### 1. What did the Population Assessment tell us?

1. Current size of the population with at least one common Mental Health Disorder across Western Bay was 73,726 (in 2015)
2. It is anticipated that the population will increase to 75,374 by 2035
3. GPs treat the highest proportions and numbers of people with Mental Disorders, looking at the whole of Western Bay using the projection having seen GP within the last 2 weeks for 2015, approximately 4,700 GP consultations in a fortnight were carried out with people with common mental disorders or probably psychotic disorder. Over a 52 week period, this is over 122,000 consultations (125,000 by 2035)
4. Specialist community services are used by 18% of people with a common mental disorder
5. Specialist community services are used by 51% of those with probable psychosis
6. Day services are focused on those with most serious disorders.

### 2. What were the care and support needs identified?

- MH.S1 Secure setting, Residential Care and Nursing Care are used more than they should be
- MH.S2 In Western Bay there is no single point of access for children and young people to receive universal or specialist Mental Health Support
- MH.S3 It is expected that demand on all social care services will grow due to the anticipated demographic changes in Western Bay
- MH.S4 Public Services and Third Sector Services are facing a challenging financial future and will have to face difficult decisions in term of services and how they will be delivered
- MH.S5 Moving away from traditional care models will require us to work closely with service users, carers and families
- MH.S6 There has been an increase in the number of people with a mental illness who also have other health or welling issues
- MH.S7 Need to build up the community infrastructure to better support people with Mental Health Needs

### 3. What are the regional priorities that will address the needs highlighted in the Population Assessment?

The key priorities to be delivered by the Regional Partnership Board for Mental Health are:

- MH.P1 Commence implementation of the agreed optimum model for adult mental health services, as outlined in the Western Bay Strategic Framework for Adults with Mental Health problems,
- MH.P2 Ensure placements for people with complex needs are effective, outcome based and appropriate

### 4. Which wellbeing objectives do these priorities contribute towards?

R2 – Strong, resilient, connected communities

R3 – People reaching their potential

R4 – Ageing well

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## Learning Disability and Autism

### 1. What did the Population Assessment tell us?

1. 21 people in every 1000 have a learning disability
2. 16 people per 1000 have a mild learning disability
3. 5 people in 1000 have a moderate or severe learning disability
4. In 2015, 1209 individuals between the ages of 0-17 were diagnosed with any Autistic Spectrum Disorder, this will reduce to 1197 by 2035

### 2. What were the care and support needs identified?

- LD.S1 Population changes and changes in prevalence will increase demand for services
- LD.S2 There is demand for a 52 week accommodation service for children with learning disabilities
- LD.S3 Older disabled people are living longer and together with an ageing population means increasing demand
- LD.S4 We need to explore the potential of assistive technology e.g. 'Just Checking' kits in supported living settings
- LD.S5 Need to look at how better to distribute resources for respite to better meet needs across the region
- LD.S6 More effective management of transition between children and adult services

### 3. What are the regional priorities that will address the needs highlighted in the Population Assessment?

The key priorities to be delivered by the Regional Partnership Board for Learning Disability and Autism are:

- 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.

*Note: there have been different views about whether Learning Disability and autism should be considered as one priority / chapter or separate chapters. We have attempted to reflect the range of views and have included as one chapter in the Area Plan, however have included as separate chapters in the Action Plan.*

### 4. Which wellbeing objectives do these priorities contribute towards?

- R1 – Children & Young People
- R2 – Strong, resilient, connected communities
- R3 – People reaching their potential
- R4 – Ageing Well



## Carers (Cross cutting theme)

Please note that 'all carers' includes young carers, young adult carers, sibling carers, parent carers, adult carers, older people carers.

### 1. What did the Population Assessment tell us?

1. The 2011 Census told us that there were 68,633 Carers in Western Bay, this is approximately 12% of the population. 30% of Carers were providing in excess of 50 hours of care a week.
2. According to the 2011 Census there are 1,351 young Carers aged 0 – 15 in the Western Bay area of which approximately 155 (11%) spend over 50 hours a week in a caring role.
3. There were 4,198 young adult Carers aged 16 – 24 in the Western Bay area, of which 510 (12%) spend over 50 hours a week in a caring role (2011 Census).
4. 16,186 individuals over 65 have a caring role in the Western Bay area.
5. Research indicates that Carers tend to report having poorer health than people who do not have a caring role. In addition, it would also appear that the impact on health of Carers increases in line with the number of hours of care provided.

### 2. What care and support needs were highlighted in the Population Assessment?

- CA.S1. Early recognition of Carers of all ages. Organisations should recognise Carers, the issues they face and signpost them to appropriate information and support.
- CA.S2. Easily accessible points of contact from which Carers can access information, (including about Carers Rights) advice and support.
- CA.S3. A range of services which support Carers to maintain their own health and well-being and reduce loneliness and isolation for example groups/ activities.
- CA.S4. Opportunities for Carers to have a break from the caring role.
- CA.S5. Carers are listened to and engaged by professionals, who work co-productively with them on an individual and strategic level.
- CA.S6. Ensuring Young Carers are protected from providing inappropriate levels of care.
- CA.S7. *Transport – will link to the cross cutting section in the Area Plan.*
- CA.S8. *Housing Adaptations – will link to the cross cutting section in the Area Plan.*

### 3. What are the regional priorities that will address the needs highlighted in question 2?

The key priorities to be delivered by the Regional Partnership Board for Carers who need support are:

- 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.

### 4. Which wellbeing objectives do these priorities contribute towards?

- R1 - Children & Young People
- R2 - Strong, resilient, connected communities
- R3 - People reaching their potential
- R4 - Ageing well
- R5 – Working with Nature
- R6 - Wellbeing in the workplace

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via email at [western.bay@swansea.gov.uk](mailto:western.bay@swansea.gov.uk) or telephone 01792 633805**

**Core Business and Other Partnerships**

Many of the findings of the population assessment are being addressed by Local Authorities and the Health board or partners as part of their **core business on a local basis** or through **existing partnerships** between organisations across the region. A high level summary of this work taking place, which includes references to relevant strategies, plans and projects, has been collated and is included below.

The priorities being progressed by other Partnerships will be reported via other mechanisms, such as the Public Services Boards, or by individual organisational planning mechanisms, such as the local authority Corporate/Improvement Plans and ABMU Health Board’s Annual Plan or Integrated Medium Term Plan.

**Older People:**

<b>Key Priority</b>	<b>Lead Organisation / Partnership</b>	<b>Relevant Strategies, Plans, Programmes, Projects</b>
<p>OP.P1. Develop and maintain a sustainable range of services that meet demand, enabling individuals to remain at home maintaining their independence for as long as possible receiving appropriate support at times of need.</p>	<p>Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council Third Sector Public Service Boards</p>	<p>Local Plans and delivery for Assistive Technology, to increase the understanding and use of assistive technology e.g. lifelines/pendants for use at home</p>
<p>OP.P1. Develop and maintain a sustainable range of services that meet demand, enabling individuals to remain at home maintaining their independence for as long as possible receiving appropriate support at times of need.</p> <p>OP.P2. Develop community resilience and cohesion to tackle social isolation in areas where older people live.</p>	<p>Bridgend County Borough Council/ Neath Port Talbot County Borough Council Swansea Council Third Sector</p>	<p>Information, Advice and Assistance as specified in the Social Services and Wellbeing Act (2016): part 9 DEWIS Family Information System Info-Engine Local Plans 111 Directory of Services</p>
<p>OP.P3. Develop community resilience and cohesion to tackle social isolation in areas where older people live</p>	<p>Bridgend County Borough Council/ Neath Port Talbot County</p>	<p>Range of community resilience initiatives provided by the Third Sector and Local Authorities</p>

	Borough Council/ Swansea Council Community Voluntary Councils (CVC's) Third Sector	Co-production and collaboration Integrated Care Funding allocated to local and Third Sector schemes to tackle social isolation e.g. befriending schemes
OP.P4. Develop an optimum model for older peoples mental health services (including relevant components of the Welsh Government All Wales Dementia Strategy/Plan)	Bridgend County Borough Council/ Neath Port Talbot County Borough Council/ Swansea Council Community Voluntary Councils (CVC's) Third Sector <i>Cross Reference to Local Public Service Board priorities</i>	Local dementia support schemes, for example Swansea Council is working towards becoming a Dementia Friendly City (DFC) and Bridgend has two clusters that have achieved the DFC status. Statutory organisations locally working in collaboration and co-production with third sector organisations

### Children and Young People

Key Priority	Lead Organisation / Partnership	Relevant Strategies, Plans, Programmes, Projects
CYP.P1 - Develop a better range of services for all children with emotional difficulties and wellbeing or mental health issues including transition including single point of access to services	Swansea Council	<ul style="list-style-type: none"> <li>• Corporate Parenting</li> <li>• Sustainable Swansea Fit for the future;</li> <li>• Family Support Services commissioning review</li> <li>• Child Disability Services Review</li> <li>• Child and Family Services Improvement programme;</li> <li>• Safe LAC Reduction strategy</li> <li>• Supported Care planning redesign</li> <li>• Strengthening local commissioning, contracting and monitoring arrangements for LAC with complex needs</li> </ul>
CYP.P2 - Develop robust multi-agency arrangements with children with complex needs	NPT County Borough Council	<ul style="list-style-type: none"> <li>• Local Health representation in single point of contact.</li> <li>• Development of Children's Zone's.</li> <li>• Further development of family support services and Resource Panel arrangements.</li> <li>• NPT Healthy Relationships for Stronger Communities.</li> <li>• EIP and Think Family Partnership Group (multi agency).</li> </ul>

		<ul style="list-style-type: none"> <li>• Integrated intake for early intervention and statutory services.</li> <li>• Multi Agency Provider Service for children with a disability.</li> <li>• Re-commissioning exercise of the Families First grant.</li> <li>• Additional investment in Edge of Care Services.</li> <li>• Looked After Children Strategy</li> <li>• Continued Application of a Risky Behaviour Panel</li> <li>• Commissioning additional services to promote education, employment and training opportunities for Care Leavers</li> <li>• CYPS and Education Senior Management Team Meeting</li> <li>• The Education Wellbeing Team</li> <li>• Strengthening local commissioning, contracting and monitoring arrangements for LAC with complex needs</li> <li>• Locally NPT has established in-house clinical/therapy team</li> </ul>
	Bridgend County Borough Council	<ul style="list-style-type: none"> <li>• Social Services and Wellbeing Directorate Business Plan (2017-18)</li> <li>• Remodelling Children's Social Care Programme</li> <li>• Residential Remodelling Project</li> <li>• MASH project</li> <li>• Early Help and Permanence project</li> <li>• Disabled children Transformation Programme</li> </ul>
Continue to focus on voicing the rights of the child, including advocacy	NPT County Borough Council	<ul style="list-style-type: none"> <li>• Advocacy services have been recommissioned during 2017 a provider was chosen for Western Bay. Processes are in place in NPT CYPS to monitor uptake including the uptake of the Active Offer.</li> <li>• Engagement &amp; participation officer and workload.</li> </ul>
	Bridgend County Borough Council	<ul style="list-style-type: none"> <li>• Bridgend Voice and Choice advocacy Hub</li> <li>• MASH project</li> <li>• Assuring Quality Framework</li> </ul>
	ABMU Health Board	<ul style="list-style-type: none"> <li>• ABMU Children's Charter</li> <li>• ABM Youth</li> </ul>
	Swansea Council	<ul style="list-style-type: none"> <li>• Corporate Parenting</li> </ul>

		<ul style="list-style-type: none"> <li>• Sustainable Swansea Fit for the future;</li> <li>• Family Support Services commissioning review</li> <li>• Child Disability Services Review</li> <li>• Child and Family Services Improvement programme;</li> <li>• Safe LAC Reduction strategy</li> <li>• Supported Care planning redesign</li> </ul>
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## Mental Health

Key Priority	Lead Organisation / Partnership	Relevant Strategies, Plans, Programmes, Projects
	NPT County Borough Council	<ul style="list-style-type: none"> <li>• Gateway: single point of access</li> <li>• Reablement/recovery model</li> <li>• Transitional team</li> <li>• Market shaping re commissioning of services</li> <li>• Dedicated team conducting outcomes based assessments and reviews</li> <li>• Programme of re- assessment of individuals with complex</li> </ul>
<p>MH.P1. Implementation of the agreed optimum model for adult mental health services</p> <p>MH.P2 Ensure placements for people with complex needs are effective, outcome based and appropriate</p>	Bridgend County Borough Council	<ul style="list-style-type: none"> <li>• Social Services and Wellbeing Directorate Business Plan (2017-18)</li> <li>• BCBC Adult Social Care Commissioning Plan (2010-2020)</li> <li>• Mental Health Commissioning and Delivery plan</li> <li>• Mental Health Accommodation Group</li> <li>• Mental Health Transition Strategy</li> <li>• Reshaping Mental Health Project Board</li> <li>• Bridgend Mental health Carers forum</li> <li>• Supporting People Local Commissioning Plan</li> </ul>
	Swansea Council	<ul style="list-style-type: none"> <li>• Adult Services Overarching Service Model</li> <li>• Swansea Wellbeing Plan</li> <li>• Corporate Prevention Strategy</li> <li>• Mental Health Commissioning Board</li> <li>• Commissioning Strategy- mental health</li> </ul>

## Learning Disability

Key Priority	Lead Organisation / Partnership	Relevant Strategies, Plans, Programmes, Projects
<p>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.</p>	<p>NPT County Borough Council</p>	<ul style="list-style-type: none"> <li>• Complex Disability Team co-located with Health Board Clinical Team for Learning Disabilities</li> <li>• Transition from CYP to - Adults Services, new pilot transition team.</li> <li>• LD Strategy 2013-16, progression model</li> <li>• Community Connectors and Local Area Coordinators</li> </ul>
	<p>Bridgend County Borough Council</p>	<ul style="list-style-type: none"> <li>• Social Services and Wellbeing Directorate Business Plan (2017-18)</li> <li>• Remodelling Adult Social Care Programme</li> <li>• Learning Disabilities Service Development Plan</li> <li>• Early Help and Permanence Project</li> <li>• Disabled children Transformation Programme</li> <li>• Disabled children Transition Programme</li> <li>• Supporting People Local Commissioning Plan</li> </ul>
	<p>Swansea Council</p>	<ul style="list-style-type: none"> <li>• Adult Services Overarching Service Model</li> <li>• Swansea Wellbeing Plan</li> <li>• Corporate Prevention Strategy</li> <li>• Sustainable Swansea</li> <li>• People commissioning group</li> <li>• Links to Family Support Services Commissioning review</li> <li>• Supported Living Framework- a co-produced, person centred approach</li> <li>• Provider Forum</li> <li>• Coproduction via Nothing about us without us Group</li> </ul>

## Autism

Key Priority	Lead Organisation / Partnership	Relevant Strategies, Plans, Programmes, Projects
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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.	NPT County Borough Council Bridgend County Borough Council Swansea Council ABMU Health Board Third Sector	ASD Action Plan
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**Carers:**

<b>Key Priority</b>	<b>Lead Organisation / Partnership</b>	<b>Relevant Strategies, Plans, Programmes, Projects</b>
Identification, Information, engagement of Carers and Young Carers	New Carers Partnership Action Plan 2018/19	Valuing Carers Transition Plan 2017-18
<p>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</p> <p>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</p>	<p>Bridgend County Borough Council</p> <p>Neath Port Talbot County Borough Council</p>	<p>Short Breaks and Carers Project</p> <p>Bridgend Carers Strategy</p> <p>Bridgend Carers Forum</p> <p>Bridgend Mental Health Carers Forum</p> <p>Bridgend Young Carers Group</p> <p>Bridgend Carers Monitoring Group</p> <p>Joint Carers Strategy – 2015-2018, Young Carers Strategy 2017-2020</p>
CA.P3 Co-produce with all Carers on an individual and strategic basis so that their contribution is acknowledged and their voices are heard.	Swansea Council	<p>Develop Swansea Carers Strategy</p> <p>Carers rights event</p> <p>Swansea Wellbeing Plan</p> <p>Adult Carer's Action Plan &amp; Young Carer's Action Plan</p>



# Population Assessment

## How was the Population Assessment Developed?

The development of the Population Assessment was overseen by the Regional Partnership Board, details of the membership for this group can be found below. A range of task and finish groups were set up to develop the population assessment steering group, involving Local Authorities, the Health Board and Third Sector partners.

To ensure clients, carers and other stakeholders are involved in the work of Western Bay, the Regional Partnership Board has been setting up different ways to get service users, carers and the voluntary sector involved in its work.

As part of this Western Bay has set up a Regional Citizens Panel membership is drawn from the mailing lists of the three Councils for Voluntary Services in Bridgend, Neath Port Talbot and Swansea. Membership is 'fluid', ensuring meetings and any engagement activities are open to all interested parties (service users, carers, family members, representatives from health and social care related organisations, Local Authority Elected Members). This approach was favoured by those who attended the first panel meeting, who felt it embodied the spirit of the Social Services and Well-being (Wales) Act's principles around offering 'greater voice and control'.

In addition Western Bay has also involved the Regional Third Sector Health Social Care & Wellbeing Forum in its work and the development of the population assessment and this plan.

In producing the population assessment, information from a wide range of sources was drawn together and analysed to identify need and the range and level of services, including:

- The extent to which there are people and carers in the area who need care and support
- The extent to which there are people whose needs for care and support are not being met
- The range and level of services required to meet the care and support needs of the population and the needs of carers
- The range and level services required to prevent people from needing care and support or higher levels of care and support

This also involved an engagement exercise, which was undertaken between September and December 2016, to understand the Wellbeing requirements of the population of Neath Port Talbot, Swansea and Bridgend Council areas with specific reference to the SS&WbA. This study was undertaken alongside a wider piece of work across the area to fulfil the requirements of the Well-being Future Generations Act 2015.

This exercise included gathering the views of the public gained through a series of open workshops across the area, targeted focus groups with defined service user groups, interviews with a selection of stakeholders, and a desk-top review of existing information sources.

The full consultation report can be found here: [Link is here](#)

## Lessons Learned from the Population Assessment

A Western Bay Regional Partnership Board (WB RPB) Population Assessment Workshop took place on Thursday 6<sup>th</sup> April 2017 in order to review the Population Assessment, identify the key messages for the Area Plan and consider the cross-cutting themes.

The key conclusions from the workshop were:

- **Added Value** - The Population Assessment signals an almost limitless agenda for development and change to meet future need. There was a recognition that the WB RPB should identify its priorities through the lens of where the most value can be added from a regional approach.
- **Public Service Boards (PSBs)** - There was a clear recognition that the priorities of the Western Bay Area Plan will need to link strongly to the priorities of the Bridgend, Neath Port Talbot and Swansea Public Services Boards.
- **Regional Approach** - The concept of "adopting a regional approach" was frequently mentioned. It was clear that there is learning to be had across the region from the good practice of partner organisations. Beyond that, the added value of a "regional approach" would need to be defined clearly.
- **Cross Cutting Themes** - There was a clear recognition throughout the session that a number of the themes emerging from our topic-based discussions cut across two or more population groups. Examples of those that we identified included:
  - Access and Information
  - Supportive communities
  - Transport
  - Assistive Technology
  - Workforce
  - Carers
  - Public Health and Well-being

## What did the Population Assessment Tell Us?

A summary of the care and support needs for each theme in the population assessment is included below under each chapter. The population assessment highlighted a number of key support and care needs, the majority of which are cross-cutting across all themes, as follows:

- Increasing levels of need for people with complex needs, chronic and long term conditions
- Accessibility of services, including transport
- Preventative and support services within communities
- Loneliness and social isolation for improved health and wellbeing
- Information, advice and assistance
- Assistive technology and telecare provision for people to maintain independence e.g. lifelines/pendants for use at home and 'Just Checking' kits.
- Growing demand, diminishing resources
- Transition between adult's services and children's services

- Preventative (low level) and specialist mental health services for children and young people and adults (this section identified the highest number of support and care needs)
- Appropriate accommodation solutions for wide range of citizens with needs
- Supporting growing number of carers and young carers

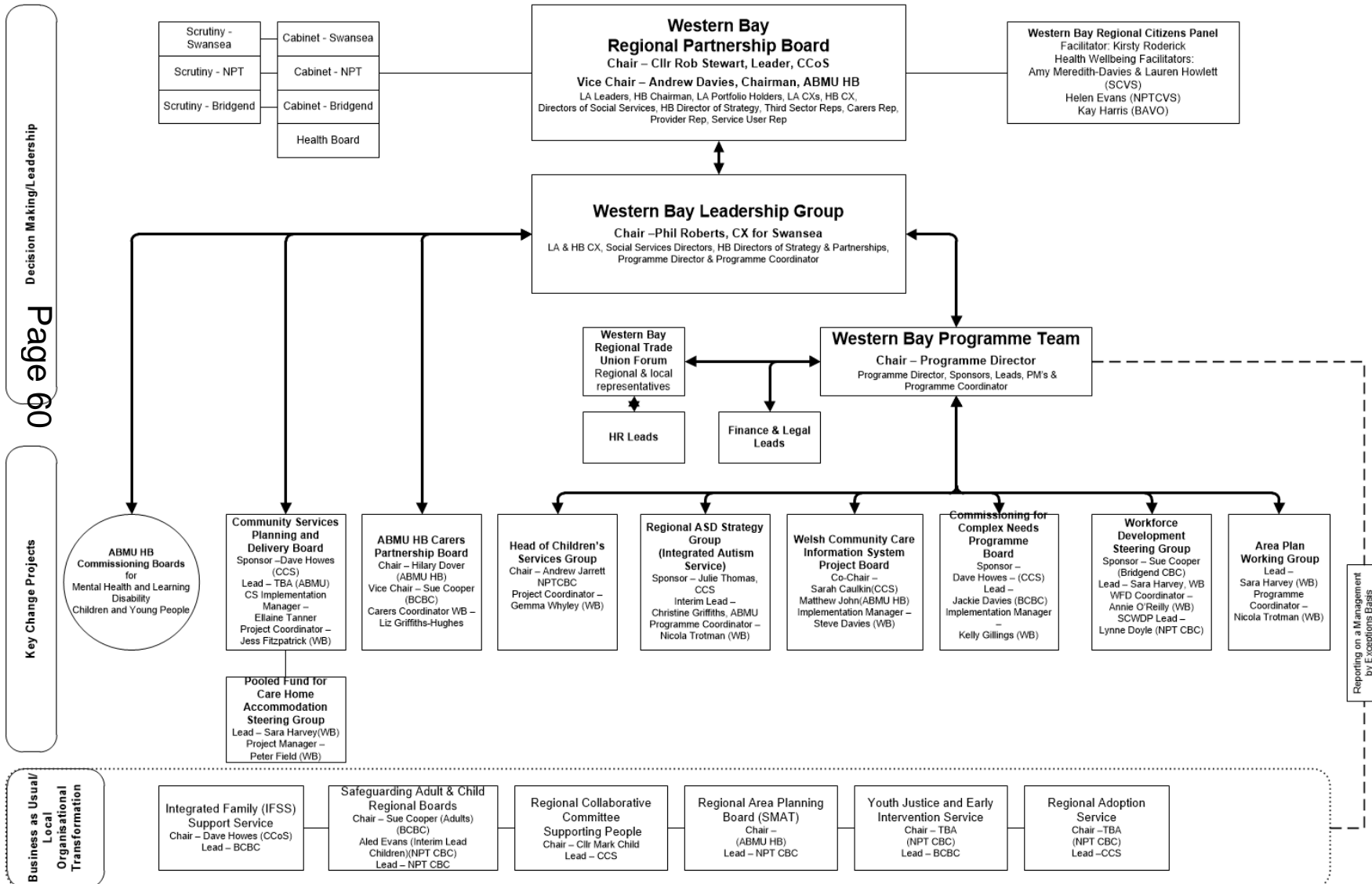
The response of the Regional Partnership Board and other Partnerships/delivery mechanisms to these key findings is reflected in each of the relevant chapters included in this Area Plan.

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**Caring Together**  
Western Bay  
Health and Social Care Programme  
**Gofalu Gyda'n Gilydd**  
Bae'r Gorrlewin  
*Rhaglen Iechyd a Gofal Cymdeithasol*

**Western Bay Health & Social Care Programme  
Governance Structure v13 (November 2017)**



DRAFT

# Regional Partnership Board Membership

Western Bay Regional Partnership Board		
Name:	Partnership Body / Partner Organisation:	Role:
Cllr Rob Jones	NPT CBC	Chair of RPB/ Leader NPT CBC
Prof. Andrew Davies	ABMU HB	Vice Chair of RPB/ Chair ABMU Health Board
Cllr Huw David	Bridgend CBC	Leader
Cllr Phil White	Bridgend CBC	Member/Portfolio Holder – Social Services & Early Help
Cllr Dhanisha Patel	Bridgend CBC	Member/Portfolio Holder – Wellbeing & Future Generations
Cllr Peter Richards	NPT CBC	Member/Portfolio Holder – Adult Social Services & Health
Cllr Alan Lockyer	NPT CBC	Member/Portfolio Holder – Children’s Social Services
Cllr Rob Stewart	Swansea Council	Leader
Cllr Clive Lloyd	Swansea Council	Member / Deputy Leader
Cllr Mark Child	Swansea Council	Member/Portfolio Holder – Health & Wellbeing
Tracey Myhill	ABMU HB	Chief Executive
Siân Harrop-Griffiths	ABMU HB	Director of Strategy
Maggie Berry	ABMU HB	Non Member Officer
Susan Cooper	Bridgend CBC	Corporate Director of Social Services & Wellbeing & ‘Lead Director’ for Western Bay
Andrew Jarrett	NPT CBC	Director for Social Services, Health & Housing
Dave Howes	Swansea Council	Chief Officer for Social Services
Melanie Minty	Care Forum Wales	Policy Advisor
Gaynor Richards	NPT CVS	Third Sector Representative (CVC)
Emma Tweed	Care and Repair	Third Sector Representative (National)

<b>Western Bay Regional Partnership Board</b>		
<b>Name:</b>	<b>Partnership Body / Partner Organisation:</b>	<b>Role:</b>
Carwyn Tywyn	Mencap Cymru	Third Sector Representative (Local)
Rosita Wilkins	Service User / Citizen Representative	Service User / Citizen Representative
Adele Rose-Morgan	Service User/ Citizen Representative (alternate)	Service User/ Citizen Representative (alternate)
Linda Jagers	Carer / Volunteer Ambassador for Carers Wales	Carers Representative
<b>Co-opted Members</b>		
Darren Mephram	Bridgend CBC	Chief Executive / Chair of Western Bay Leadership Group
Steven Phillips	NPT CBC	Chief Executive
Phil Roberts	Swansea Council	Chief Executive
Sara Harvey	Western Bay Programme	Western Bay Programme Director

## **Governance Arrangements:**

### **Western Bay Leadership Group**

The Leadership Group provides strategic direction and leadership to ensure effective partnership working across the Western Bay region in order to deliver the key aims of the programme.

The responsibilities of the Western Bay Leadership Group include:

- Setting the direction of the programme
- Agreeing the portfolio of work
- Championing the programme
- Providing continued commitment and endorsement in support of the programme objectives at executive and communication events
- Review, challenge and ratification of business cases/proposals
- Holding the programme to account based on reported progress and progress against key milestones and outcomes
- Resolving strategic risks and issues
- Approving funding for the programme and projects
- Reviewing programme structure and governance arrangements
- Accountable for ongoing strategic alignment within their own organisations and ensuring decisions are progressed through relevant Cabinets/Boards

### **Western Bay Programme Team**

The primary purpose of Western Bay Programme Team is to champion, direct and drive the programme forward:

- To ensure delivery of the outcomes and benefits identified within the projects in tier 1
- To provide leadership of continued regional implementation activity in relation to the Social Services and Well-being (Wales) Act 2014
- To provide leadership and direction on the development and monitoring of the partnership plan on behalf of the Regional Partnership Board
- To provide strategic oversight/ reporting by exception of the tier 2 “business as usual” collaborative work streams

Responsibilities include:

- Communicate the need for change to Senior Leaders, key stakeholders and the wider business
- Provide continued commitment and endorsement in support of the programme and projects
- Resolve strategic conflict/issues, or agree escalation of issues to Leadership Group
- Actively support the programme and projects by securing necessary resources and funding



- Monitor and control the progress of projects at a strategic level
- Ensure the project remains a viable business proposition and on track
- Secure commitment from Strategic and Political Stakeholders
- Approve proposals relating to grant funding applications; monitors and reviews grant spend

**There are a number of Western Bay Groups and Boards, as follows:**

- Community Services Programme (Older People)
- Commissioning for Complex Case Programme (formally known as Contracting and Procurement Project Board)
- ABMU Carers Partnership
- Welsh Community Care Information System (WCCIS)
- Workforce Development Steering Group
- Area Plan Steering Group
- Learning Disability / Mental Health Commissioning Board
- Western Bay Children and Young People Group
- Western Bay Safeguarding Boards for Children and Adults

## Other Themes / Chapters

The following areas of work are being addressed by Local Authorities and the Health board or partners as part of their core business on a local basis or through existing partnerships between organisations across the region.

<b>Sensory Impairment</b>	
<b>1. What did the Population Assessment tell us?</b>	
1.	Babies are at risk of failing to develop language skills and of low educational attainment if their hearing impairment goes undetected. 2 in every 1,000 children are estimated to have sight loss. It is anticipated that the numbers of children with hearing impairment will increase slightly over time due to the projected modest increase in the number of people in younger age groups in the Western Bay area
2.	The number of people with dual sensory impairment, which can develop over time (acquired) or can be present from birth (congenital), is increasing across the region.
3.	People with hearing loss are highly likely to have other problems such as tinnitus and balance disorders, which contribute as risk factors for falls and other accidents, as well as mental health problems such as depression.
4.	There is a higher prevalence of hearing impairment in Black and Minority Ethnic (BME) communities, particularly in more recent migrants from countries with low levels of immunisation against conditions such as rubella.
5.	There is a gap in information for those children and young people with sight impairment, particularly in the age group 13 – 17 years, and people with learning disabilities who also have sensory impairments.
<b>2. What care and support needs were highlighted in the Population Assessment?</b>	
SI.S1.	Meeting increasing levels of need – we will have to meet the needs of more people with a wider range of complex issues, including people with sensory impairment alongside other long term, complex conditions, who will require higher levels of support.
SI.S2.	Target population groups - Certain vulnerable population groups such as children and young people, older people, people with dementia, people with learning disabilities and BME communities may need more help to access the care and support they need.
SI.S3.	Access to better range of information, advice and assistance in their care and support, such as direct payments and assistive technology, as well as support to carers, and that communication aids such as hearing loops are available at all main public access points including GP surgeries and hospitals.
SI.S4.	Managing reducing resources - this is often an overlooked area. The financial resources we have available are reducing year on year and will continue to do so. We can deliver better outcomes and achieve savings by making better use of universal services and by promoting and supporting access to them rather than bringing people into formal service systems unnecessarily.
SI.S5.	Delivering a new model of support - more work is required on prevention i.e. stopping people losing their sight or hearing and preventing falls. The need to tackle the social isolation of

	people with sensory impairment, by creating communities that are inclusive, and places and services that are accessible to people with sensory impairment.
SI.S6.	Improving well-being outcomes - it is important that people with sensory impairment can access the care and support they need to enhance their well-being and to live independently. In developing commissioning plans, through co-production, to identify new ways of working to meet the needs and outcomes for people with sensory impairment
SI.S7.	Gaps in information - there is little data on how many people with learning disabilities are experiencing sensory loss, or on the complexity of the needs of children and young people.
SI.S8.	Equalities and human rights - any sensory commissioning plans would also need to consider the impact of dual sensory loss on people who are deafblind, and to encompass human rights and legal duties in accessing a full range of, employment, housing, education, welfare, health, social and leisure opportunities
SI.S9.	Communications - a communication strategy aimed at making information, advice and assistance more accessible to people with sensory loss, including information on the Welsh language, alternative formats, the promotion of information, communication, technology and access to public places, and how all this can be facilitated further.

**3. The key priorities to be led by other partnerships and planning arrangements across the region are:**

Key Priority	Lead Organisation / Partnership	Relevant Strategies, Plans, Programmes, Projects
SI.P1 Agreement of priorities and actions through coproduction, to improve well-being outcomes for our most vulnerable citizens with sensory impairment, and dual sensory impairment to achieve their well-being outcomes	NPT County Borough Council	<ul style="list-style-type: none"> <li>Wales Vision Strategy Implementation Plan 2014 -2018</li> <li>CRT Demonstration Room</li> </ul>
	Bridgend County Borough Council	<ul style="list-style-type: none"> <li>Social Services and Wellbeing Directorate Business Plan (2017-18)</li> <li>Wales Vision Strategy Implementation Plan 2014-2018</li> <li>Commissioning specialist sensory Communication Guide and Outreach Services through Supporting People</li> <li>Care and Repair Managing Better Programme in Bridgend</li> </ul>
	Swansea Council	<ul style="list-style-type: none"> <li>New horizons</li> <li>Swansea Vale Resource Centre</li> </ul>
SI.P2 Take a multi-agency approach and consider the most appropriate way to produce a communication strategy which will make information, communication and technology, and public spaces more accessible to people with	NPT County Borough Council	<ul style="list-style-type: none"> <li>NPT County Borough Council Strategic Equality Plan 2015 - 2019</li> </ul>
	Bridgend County Borough Council	<ul style="list-style-type: none"> <li>Commissioning specialist sensory Communication Guide and Outreach Services through Supporting People</li> </ul>
	Swansea Council	<ul style="list-style-type: none"> <li>Sustainable Swansea</li> </ul>

sensory loss.		<ul style="list-style-type: none"> <li>• Council Well-being Plan Prevention strategy</li> </ul>
SI.P3 Making information about public services more accessible for people with sensory loss	NPT County Borough Council	<ul style="list-style-type: none"> <li>• Wales Vision Strategy Implementation Plan 2014 -2018</li> <li>• Information, Advice and Assistance</li> </ul>
	Bridgend County Borough Council	<ul style="list-style-type: none"> <li>• DEWIS</li> <li>• Wales Vision Strategy Implementation Plan 2014-2018</li> <li>• Commissioning specialist sensory Communication Guide and Outreach Services through Supporting People</li> <li>• Assuring Quality Framework</li> <li>• Changing the Culture Group</li> </ul>
	Swansea Council	<ul style="list-style-type: none"> <li>• Swansea Well-being plan</li> <li>• Information, Advice and Assistance, including Council-wide implementation of</li> <li>• DEWIS Cymru</li> </ul>
SI.P4 Better understanding of population needs within certain target groups, and the full range of resources	NPT County Borough Council	<ul style="list-style-type: none"> <li>• Population Assessment</li> <li>• Wales Vision Strategy Implementation Plan 2014-2018</li> </ul>
	Bridgend County Borough Council	<ul style="list-style-type: none"> <li>• Population Assessment</li> <li>• Commissioning specialist sensory Communication Guide and Outreach Services through Supporting People</li> <li>• Wales Vision Strategy Implementation Plan 2014-2018</li> </ul>
	Swansea Council	<ul style="list-style-type: none"> <li>• Population Assessment</li> <li>• Wales Vision Strategy Implementation Plan 2014-2018</li> </ul>
	ABMU Health Board	<ul style="list-style-type: none"> <li>• Wales Vision Strategy Implementation Plan 2014-2018</li> <li>• Commissioning specialist sensory Communication Guide and Outreach Services through Supporting People</li> </ul>

**4. Which wellbeing objectives do these priorities contribute towards?**

R1 - Children & Young People

R2 - Strong, resilient, connected communities

R3 - People reaching their potential

R4 - Ageing well

## Health and Physical Disability

### 1. What did the Population Assessment tell us?

1. In the Western Bay region, **86** of 323 (27%) Lower Super Output Areas (geographic areas) are among the most deprived in Wales, whilst **74** (23%) are in the least deprived fifth. Within less deprived areas there are often pockets of hidden deprivation.
2. Difference in life expectancy between males living in the least deprived and most deprived areas in Western Bay is **9.7 years**, which is higher than the Wales average (8.8 years). The difference in life expectancy between females living in the least deprived and most deprived areas in Western Bay is **7.6 years**.
3. Although generally people in Western Bay are living longer and spending more of their lives in good health, between the least and most deprived areas, there is an even larger gap in healthy life expectancy in the Western Bay region, of over **20 years** for males, and **18 years** for female population.
4. A significant proportion of the region's population, who are registered with a GP, also experience a range of significant chronic conditions and disabilities.
5. On the basis of population growth and an ageing population and assuming other significant medical factors do not change, an increasing number of people will require health and social care services in future.

### 2. What care and support needs were highlighted in the Population Assessment?

- HPD.S1. Disabled people are particularly vulnerable to deficiencies in health care services. Depending on group and setting, persons with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions, age-related conditions and premature death.
- HPD.S2. There is a clear gap in the information held on those with physical disabilities in Western Bay. To ensure people are accessing the services and support they require more work will need to be done to improve this.
- HPD.S3. Evidence suggests that there is a need to focus on employment opportunities for disabled people through personalised, specialist support for disabled people looking for work and better support and flexibility for disabled people in the workplace.
- HPD.S4. To support independent living, future planned housing and accommodation should be built to Lifetime Homes Standards building regulations. Housing should support healthy ageing and promote independence through homes that are well designed, good value, appropriately located and energy efficient. Early support through aids and adaptations, handyperson schemes and telecare will be fundamental.
- HPD.S5. Health services are largely organised around hospitals. Yet healthcare can and should be provided in the community through primary and community care services.

### 3. The key priorities to be led by other partnerships and planning arrangements across the region are:

Key Priority	Lead Organisation / Partnership	Relevant Strategies, Plans, Programmes, Projects
Specific focus on improving the range of flexible housing options available within region	Local Organisations	Regional Supporting People Group

Promoting early intervention and prevention, through Information, Advice and assistance	NPT County Borough Council	Family Information Support System
	Bridgend County Borough Council	DEWIS
	Swansea Council	DEWIS
	ABMU Health Board	111
	Third Sector	Info-Engine
Map out / audit of locality groups available to provide clarity and guidance to commissioners on specific needs of different populations	Groups might include: Bridgend Equality group NPT de-nab ABMU Disability Reference Group Swansea Disability Liaison Group	

**4. Which wellbeing objectives do these priorities contribute towards?**

R2 – Strong, resilient, connected communities  
R3 – People reaching their potential  
R4 – Ageing Well

## Safeguarding and Deprivation of Liberty Safeguards

### 1. What did the Population Assessment tell us?

1. **The increasing age of the population of Western Bay indicates that the demand for more health and social care services and Adult at Risk referrals will also rise.**
2. As different types of abuse continue to emerge, such as human trafficking, radicalisation, hate crime and mate crime, it makes it difficult to predict the demand for safeguarding services in the future.
3. The number of concerns / referrals received that met the threshold of significant harm in Western Bay in 2014/2015 was 985, which was a reduction compared to 2013/14, which was 1,355.
4. The number of concerns / referrals received that did not meet the threshold of significant harm in Western Bay in 2014/2015 was 735, which was a reduction compared to 2013/14, which was 980.
5. The number of people in Western Bay who were alleged victims of abuse, aged 18-64 in 2012/2013 was 335, which increased to 375 in 2013/2014. The number of people who were alleged victims of abuse aged 65+ in 2012/2013 was 610, which increased to 795 in 2013/2014.
6. The number of Deprivation of Liberty Safeguarding referrals received in 2013/2014 was 52, in 2014/2015 was 1849 and in 2015/2016 was 2087.

### 2. What care and support needs were highlighted in the Population Assessment?

- SDoL.S1. Significant increase in the number of Deprivation of Liberty Safeguard (DoLS) referrals increased since 2013-2014 and the “P v Cheshire & Cheshire West” judgement
- SDoL.S2. Continue to work with a multi-agency approach to promote sound judgement and analysis in practice and learn lessons from cases that come into the safeguarding arena, including early intervention and prevention across all service areas
- SDoL.S3. Need to simplify access to advocates for adults at risk and a need for more advocacy services in general.
- SDoL.S4. More work is required to capture the personal outcomes of those who have gone through the Protection of Vulnerable Adults (POVA) process.

### 3. What are the regional priorities that will address the needs highlighted in the population assessment?

*Please note: Regional priorities are managed via the Western Bay Adult Safeguarding Board and the Western Bay Children Safeguarding Board and will not be governed through Western Bay Regional Partnership Board, with the exception of an annual report for information purposes.*

Strategic Priorities within the Adult and Children Safeguarding business plans are:

- SDoL.P1. Reduce exploitation across Western Bay, specifically focusing on Child Sexual Exploitation, Missing Children, Modern Slavery and County Lines
- SDoL.P2. Improvement of care provision across Western Bay for residential care and care and support at home, specifically developing safeguarding standards for Care Homes and monitoring the implementation of those standards.

The key priorities to be delivered by the Regional Partnership Board for Safeguarding and Deprivation of Liberty Safeguards are included in the business plans for each of the below Safeguarding Boards:

**The Western Bay Safeguarding Adults Board** has been established since April 2013 and each year



since, has developed a business and action plan which outlines the Board's strategic priorities and how they align with its core business. This plan can be found here:

[http://www.wbsb.co.uk/media/7380/wbsab\\_business\\_plan\\_2017\\_18.pdf](http://www.wbsb.co.uk/media/7380/wbsab_business_plan_2017_18.pdf)

**The Western Bay Safeguarding Children Board** has been established since April 2013 and each year since, has developed a business and action plan which outlines the Board's strategic priorities and how they align with its core business which was previously set out in Chapter 4 Safeguarding Children: Working Together under the Children 2004. This plan can be found here:

[http://www.wbsb.co.uk/media/5102/wbscb\\_strategic\\_priorities\\_and\\_business\\_plan\\_2017\\_18.pdf](http://www.wbsb.co.uk/media/5102/wbscb_strategic_priorities_and_business_plan_2017_18.pdf)

**4. The key priorities to be led by other partnerships and planning arrangements across the region are:**

<p>SDoL.P1. Reduce exploitation across Western Bay, specifically focusing on Child Sexual Exploitation, Missing Children, Modern Slavery and County Lines</p> <p>SDoL.P2. Improvement of care provision across Western Bay for residential care and care and support at home, specifically developing safeguarding standards for Care Homes and monitoring the implementation of those standards.</p>	<p>Swansea Council</p>	<ul style="list-style-type: none"> <li>• Safeguarding Policy and Practice Development Committee</li> <li>• Corporate safeguarding group</li> </ul>
	<p>Bridgend County Borough Council</p>	<ul style="list-style-type: none"> <li>• Social Services and Wellbeing Directorate Business Plan (2017-18)</li> <li>• Bridgend Operational Safeguarding Group</li> <li>• The Strategic Equality Plan 2016 – 2020</li> <li>• Bridgend Community Safety Partnership</li> <li>• Quality Monitoring Review and Escalating Concerns Group</li> <li>• MASH Project</li> </ul>
	<p>NPT County Borough Council</p>	<ul style="list-style-type: none"> <li>• Safeguarding Thresholding Policy to ensure appropriate cases come into Safeguarding and that Safeguarding does not become overloaded</li> <li>• Significant Incident Review Process (learning from Safeguarding is disseminated and appropriate actions taken across service and provider areas)</li> <li>• Safeguarding Development Plan 2018-19 that has identified 5 key objectives to measure performance against, based on</li> </ul>

		<p>recent national review by CSSIW</p> <ul style="list-style-type: none"> <li>• Start delivering own training so we can share good practice and learning direct</li> <li>• Working with Local Area Coordinators and Children's Services to promote safeguarding at corporate and community level so we can promote prevention</li> </ul>
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**5. Which wellbeing objectives do these priorities contribute towards?**

R1 – Children & Young People  
R2 – Strong, resilient, connected communities

## Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

### 1. What did the Population Assessment tell us?

1. 1 in 5 children across the UK live in households where there is domestic abuse
2. In 2015/16, 9,324 cases of violence were recorded by the Police across Western Bay – this is an increase of 3,514 cases from 2013, 3,177 of these cases were domestic abuse related
3. There were 6 recorded homicides across Western Bay during 2015/16 and 2 of these were domestic abuse related
4. In 2015/16 a total of 1,106 high risk cases of domestic abuse were discussed at multi-agency risk assessment conference (MARAC) meetings in the Western Bay region
5. Domestic violence is estimated to cost Wales an average of £826.4 million a year which is comprised of service costs, lost economic output and human or emotional costs

### 2. What care and support needs were highlighted in the Population Assessment?

- VAW.S1. As required by the Social Services and Wellbeing (Wales) Act 2014 the Welsh Government published the National Violence Against Women, Domestic Abuse and Sexual Violence Strategy 2016-2021 in November 2016. The strategy is based on 3 purposes:
- a. Prevention – develop and support peer networks and support groups, provide advice on financial matters, support perpetrators to change their behaviour
  - b. Protection – keep victims safe following perpetrators release from the criminal justice system, increase the ability of health services to respond to physical and psychological health needs, improve training that is sensitive to the needs of the victims
  - c. Support - give support to children who have been in abusive households, develop better options for housing for people affected
- VAW.S2. Provide additional resource to implement the Ask and Act initiative which is likely to lead to and increase on number of reported cases
- VAW.S3. Ensure policies, strategies and guidelines are written to ensure a consistent approach to service delivery across Western Bay (one health board, two police divisions and three local authorities)
- VAW.S4. Improve awareness of available support also amongst male victims.

### 3. What are the regional priorities that will address the needs highlighted in the Population Assessment?

*Please note: Regional priorities are managed via Public Service Boards and will not be governed through Western Bay.*

Three Strategic Partnership Boards have been established across the region, which report through their local Community Safety Partnership to the local Public Services Board.

The Strategic Priorities across the Western Bay region (WG National Priorities) are

- VAW.P1. Increase awareness and challenge attitudes of violence against women, domestic abuse and sexual violence across the population of Bridgend County Borough Council
- VAW.P2. Increase awareness in children and young people of the importance of safe, equal and healthy relationships and that abusive behaviour is always wrong

- VAW.P3. Increase focus on holding perpetrators to account and provide opportunities to change their behaviour based around victim safety
- VAW.P4. Make early intervention and prevention a priority
- VAW.P5. Ensure relevant professionals are trained to provide effective, timely and appropriate responses to victims and survivors
- VAW.P6. Provide victims with equal access to appropriately resourced, high quality, needs led, strength based, gender responsive services across Bridgend County Borough

Joint bid was submitted for the regional VAWDASV revenue grant for 18/19 (Swansea and NPT only due to uncertainty of Bridgend move)

Current priorities include:

- Work towards joint IDVA service (utilising WG funding)
- MARAC Co-ordination across the region

Aligns to current arrangements as part of Western Bay operating on this regional footprint in terms of:

- Western Bay Children's Safeguarding Board
- Western Bay Adults Safeguarding Board
- Western Bay Youth Justice & Early Intervention Service
- Western Bay MARAC Steering Group
- Western Bay Anti-Slavery Forum

**4. The key priorities to be led by other partnerships and planning arrangements across the region are:**

Key Priority	Lead Organisation / Partnership	Relevant Strategies, Plans, Programmes, Projects
Strategic Priorities listed above  <i>Signpost to strategies across region once completed.</i>	Swansea Council	Swansea VAWDASV Strategic Group Local VAWDASV Strategy
	Bridgend County Borough Council	Bridgend Strategic Partnership Local VAWDASV Strategy
	Neath Port Talbot County Borough Council	Neath Port Talbot VAWDASV Leadership Group Local VAWDASV Strategy

**5. Which wellbeing objectives do these priorities contribute towards?**

- R2 – Strong, resilient, connected communities
- R3 – People reaching their potential

## Secure Estate

### 1. What did the Population Assessment tell us?

In the Western Bay area, there are three main “secure” establishments – two prisons (one in Swansea and one in Bridgend) and one secure Children’s Home in Neath Port Talbot.

#### **HER MAJESTY’S PRISON (HMP) AND YOUNG OFFENDER INSTITUTION (YOI) PARC, BRIDGEND**

1. HMP and YOI Parc can accommodate up to 2,000 Category B male prisoners. There are two main sections:
  - a. A young person unit for males aged 15-17
  - b. Main prison for young offenders aged 18-21 and adult offenders
2. The majority of prisoners are serving sentences in excess of 2 years, with 580 (35%) serving a sentence of between 4 and 10 years.
3. The Young Persons Unit at HMP & YOI Parc accommodates up to 64 males aged 15-17
4. Between the period April – June 2016, 24% of prisoners experienced self-harm

#### **HILLSIDE SECURE CHILDREN’S HOME, NEATH PORT TALBOT**

1. The services at Hillside support up to 22 young people, both male and female aged between 12-17 from England and Wales. It should be noted that Hillside is the only secure Children’s residential establishment in Wales.
2. There are 14 individually managed Secure Children’s Homes in England and 1 in Wales. Hillside, a Secure Children’s Home opened in Neath in 1996.
3. There are 16 welfare beds and 6 Youth Custody beds although there is a possibility that the youth custody beds may increase this year.
4. Between 2017 and 2018 a total of 79 young people stayed at Hillside, 64 males and 16 females for an average of 3-4 months.

#### **HMP SWANSEA**

1. HMP Swansea is a Category B prison and can accommodate up to 515 men. The largest age profile groups include men aged 21-39 years with the majority of stays ending in the first 3 months.
2. There is a large population of prisoners with a disability with the majority of those experiencing mental health issues.
3. Support for prisoners includes referrals to the prison drug service and the majority of referrals received between April – July 2015 related to heroin and alcohol misuse.

### 2. What care and support needs were highlighted in the Population Assessment?

#### **HER MAJESTY’S PRISON (HMP) AND YOUNG OFFENDER INSTITUTION (YOI) PARC, BRIDGEND**

1. There is evidence that offending increases during periods of economic recession.

2. There is an increase in prison population across the UK which means increased demand for services at Parc if population there increased to full capacity.
3. There is no extra funding for social care for prisoners in Wales as it is within the allocation for Local Authorities to implement the SS&WbA.

### **HILLSIDE SECURE CHILDREN'S HOME, NEATH PORT TALBOT**

1. There is demand for a transition service to support young people leaving the provision. We are in the process of scoping out and developing a 'step down provision' to facilitate a smooth transition back in to the young person's community. We are also advertising and seeking to employ a resettlement officer. Support relating to resettlement at Hillside is a key priority.
2. Hillside has a trauma informed workforce that understands implications of adverse childhood experiences, we use the Trauma recovery model and are now developing a safe secure and stability model. We have a strong in house clinical team including a consultant child and adolescent Psychiatrist, a clinical Psychologist two assistant Psychologists. We also employ a speech and language therapist, a substance misuse worker and a child sexual exploitation and sexually harmful behaviour worker. – We have developed care planners who support the keyworkers and each child has a tailored made package of support to meet their needs, and to implement have oversight and monitor the young person's care plan.
3. Hillside is the only secure unit in the UK who has a secondary school provision in- house and employs teachers on secondment from Cefn Saeson secondary school. The educational achievements are exceptional in relation to the adverse child hood experiences that these young people have experienced, for many of the young people, have not attended school for 2 years or more. Every young person leaves Hillside with a qualification, some achieving GCSE grade C and above.
4. We focus on a qualification schema in line with the young person's abilities and work to their strengths. We undertake vocational qualifications and schemes such as the Phoenix fire service and Duke of Edinburgh awards.
5. School is the part of secure that every young person wants to attend and young people are asking for their lessons to be made longer. This is incredible given the vast majority have been out of education for significant periods of time.
6. Social care and well-being provision is also tailored to the young person's need and they go out on mobility's when they are able to, and will attend all of the medical appointments where possible in the community. The cultural and religious needs of the young person are also catered for both in the community and in house.
7. We have a visiting dentist who meets the dental needs of the young person.
8. We also have a strong behaviour management team and behaviour management and the young person's safety at Hillside is a priority.
9. Multi agency working is a priority at Hillside and we
10. There is emerging pressure on capacity, and we need to develop the service and increase staffing commensurate with the needs of the service.
11. Demand for beds at Hillside far outstrips supply. Welsh children are considered a priority and all efforts are made to accommodate them first, or move them back into Hillside when we have capacity to do so.

**HMP SWANSEA**

1. Early implementation of the SS&WbA suggests that support relating to resettlement may be a priority.
2. A multi-agency response is needed to meet prevention requirements.
3. Future joint commissioning strategies need to include prevention requirements of people in secure estate.
4. Treatment pathways for those using novel psychoactive substances.
5. Counselling should be made available for prisoners serving longer sentences.
6. Additional training for primary care staff is needed in sexual health and substance misuse.

**3. The key priorities to be led by other partnerships and planning arrangements across the region are:**

Key Priority	Lead Organisation / Partnership	Relevant Strategies, Plans, Programmes, Projects
Multi-agency Implementation Group in Swansea	Swansea Council, ABMU Health Board, Probation, CRCs, NOMs, Housing	<ul style="list-style-type: none"> <li>• Population Assessment</li> <li>• MOU (completed)</li> <li>• Local Pathway to Care and Support</li> </ul>
<p>NPT to submit a proposal for a step down provision at Hillside secure unit and scope out the possible options To advertise and recruit a resettlement officer.</p> <p>To upgrade all facilities at Hillside secure unit, commensurate with the needs of the service.</p> <p>Present to all partners across the region the presentation regarding the re purposing of Hillside.</p>	<p>Hillside Secure Unit NPT Children's services WBSCB.</p> <p>Hillside Secure Unit and NPT</p> <p>Hillside Secure Unit</p>	<p>Post 16 Transition and Planning. Social Services and Housing Directorate business plan. Corporate safeguarding group. LSCB strategic groups.</p> <p>Work closely with our education board</p>
Bridgend		<ul style="list-style-type: none"> <li>• Social Services and Wellbeing Directorate Business Plan (2017-18)</li> <li>• Prison Health Partnership Board</li> <li>• Various Strategic Oversight Groups</li> </ul>

**4. Which wellbeing objectives do these priorities contribute towards?**

R2 - Strong, resilient, connected communities

R3 - People reaching their potential

## Citizen and Community Group

### **Regional Groups:**

Regional Citizen Panel  
 Third Sector Regional Network  
 ABMU Partnership Forum  
 Community Health Council  
 Stakeholder Reference Group  
 ABMU Youth Group  
 Health Professional Forum  
 Disability Reference Group  
 Regional BME Network

### **Swansea Citizen Groups:**

Swansea Bay LGBT Forum  
 Swansea Disability Liaison Group  
 Swansea Childrens Right Network  
 Swansea Welsh Language Forum  
 Swansea 50+ Network

### **Neath Port Talbot Citizen Groups:**

NPT CYP Voluntary Sector Forum  
 NPT Third Sector Strategic Forum  
 NPT Mental Health & Emotional Wellbeing Forum  
 NPT Health, Social Care & Wellbeing Forum  
 NPT Mental Health Service User Network  
 NPT BME Community Association/BME Forum

### **Bridgend Citizen Groups:**

Bridgend HSCWB Group  
 Bridgend Youth Support Network  
 Bridgend Third Sector Strategic Network  
 Bridgend Community Voice Network  
 Bridgend Drug Alcohol Mental Health Support Network



## Information, Advice & Assistance (IAA)

### Bridgend County Borough Council

A key priority for Bridgend CBC identified for Social Services for 2016-17:

***Develop appropriate mechanisms to enable the Council to provide good information, advice and assistance to the public.***

Work has been completed in both Children's and Adult Social Services to make sure that there is one point of contact for people who require our help. This initial point of contact involves a number of different professionals. As a result of this new "model" Bridgend are able to provide better advice and information and we can more quickly guide people into the right service to meet their needs. It is still early on in this new way of working and there is more to do to make sure the new model is working.

Bridgend have progressed the implementation of the new national citizen's wellbeing database called DEWIS CYMRU so that people can access information directly from our website rather than having to wait for somebody from social services to speak to them. This system is a single point of access for citizens and professionals and contains information about organisations, services, community groups, companies and events – both local and national. We know that people have been able to access it already which has meant that they have been more independent than if they relied on us. We now want to build on this so that it also includes even more information in the future. The link to the national site is here: <https://www.DEWIS.wales/>

### Neath Port Talbot County Borough Council

In keeping with the SS&WbA, NPT aimed to have county-wide processes in place to facilitate the adoption of an information, advice and assistance service. Central to this was the development of a bespoke I.T. system, designed to facilitate intervention and prevention via the early identification of individual's personal outcomes and the subsequent support arrangements that best suits their requirements.

Processes are now well established as is the I.T. system to facilitate them; with citizens contacting NPT seeking help, being advised of the new online Community Directory, providing access to a variety of universal services throughout the County Borough; [www.npt.gov.uk/communitydirectory](http://www.npt.gov.uk/communitydirectory)

### Swansea Council

Swansea is implementing the national well-being directory, DEWIS CYMRU so that people can access information directly from our website in order to access a wider range of well-being care and support services. This national system, implemented locally, is expecting to build important links to the Family Information Service and Third Sector's Infoengine directories. These developments are a part of an overall approach to providing information, advice and assistance that fits with the Councils approach to Corporate Contact, the 'warm' front door to children services and the Common Access Point at the front door of community-based health and social care services.

### ABMU Health Board

111 is the new free-to-call number for people to access health advice from the correct professional in the quickest time possible and is part of a plan to improve urgent and unscheduled care.

The 111 Wales pilot was launched in October 2016 by ABMU Health Board and is live across the whole of the Western Bay region.

### **InfoEngine**

Infoengine is the directory of third sector services in Wales. Developed and led by the third sector, infoengine provides information on a wide variety of voluntary and community services that are able to provide information and support so that people can make an informed choice.

Recent work by the InfoEngine project board has led to a formal reciprocal relationship between DEWIS and InfoEngine to share Third Sector information across both platforms, ensuring a seamless data source for individuals to access the information they need, whilst ensuring the sector maintains 'ownership' of their information. InfoEngine has now been formally adopted as part of the TSSW (Third Sector Support Wales) infrastructure, which means that the site now covers the whole of Wales and will be used by each of the County Voluntary Councils (CVCs) as its online directory of third sector services."

## Welsh Language Services:

### **Bridgend County Borough Council**

The Council's five year Welsh language strategy, published in September 2016, sets out the Council's intention to promote the language in the workplace and help improve the Welsh language skills of staff. Additionally, it aims to promote and facilitate the use of Welsh language to the public.

In relation to services, Active Offer features at the assessment stage, where all those being assessed receive Active Offer as a part of the assessment process, and should it be required, Care Co-ordinators and other staff engage with Welsh speaking professionals who are able to continue to engage through the medium of Welsh. Active Offer is also undertaken at reviews and as and when required if engaging with the general public.

### **Neath Port Talbot County Borough Council**

Services will seek to match suitable members of Welsh speaking staff with a person/persons who would wish to discuss their well-being through the medium of Welsh.

### **Swansea Council**

Swansea Council and Social Services recognises the importance of meeting the individuals' Welsh language needs, and we are committed to offering, providing and developing Welsh language services. During the year, the Directorate has been working towards increasing capacity to deliver a bilingual service, as there is a current lack of capacity in the teams, reflected in the small number of fluent Welsh speakers.

Service plans and commissioning plans are tackling the challenges linked to increased citizen expectations, higher demand and less resource. Work is still in progress both regionally, locally and within partnerships. These are informed by co-production with citizens, and any public facing events will be held with an 'active offer' in place. All such strategic plans are screened for Equalities via an Impact Assessment, and contract specifications are reviewed regularly with providers and monitored routinely against a range of quality standards including Welsh Language standards. Provider forums, held with residential and domiciliary care sectors, have helped to raise awareness of the Active Offer.

### **ABMU Health Board**

ABMU is fully committed to providing a bilingual service and want to improve the quality of the treatment, care and services people receive ensuring that they are treated with dignity and respect and that we offer Welsh language services to people without them having to ask for them and follow the guidance in the Welsh Government's Strategic Framework "More than just words" and The Active Offer.

## Regional Well-being Objectives

- R1 Children & Young People
- R2 Strong, resilient, connected communities
- R3 People reaching their potential
- R4 Ageing well
- R5 Working with Nature
- R6 Well-being in the Workplace

## **Appendix 2**

Western Bay Action Plan 2018-19

# Action Plan



2018-2019



# Action Plan 2018 – 2019

This is a draft version of Western Bay Action Plan, which goes hand in hand with the full Area Plan and will outline the steps being taken during 2018/19 to deliver the Regional Partnership Board’s key priorities.

Progress will be reported via the Western Bay Regional Partnership Board’s Annual Report, which will be published on [www.westernbay.org.uk](http://www.westernbay.org.uk)

The priorities being progressed by other partnerships will be reported via other mechanisms, such as the Public Service Board, or by organisational planning mechanisms, such as the Local Authority Corporate/Improvement Plans and the ABMU Health Board’s Integrated Medium Term Plan.

The Area Plan and its associated actions will be reviewed on an annual basis.

## Table of Contents

Older People .....	60
Children and Young People .....	69
Mental Health .....	72
Learning Disability .....	75
Autism .....	75
Cross Cutting Theme - Carers.....	20
Appendices.....	26
Appendix 1 – National Outcome Indicators .....	26
Appendix 2 – Regional Well-being Objectives .....	28

## Older People

### Regional Priority / Outcome:

**OP.P1:** Develop and maintain a sustainable range of services that meet demand, enabling individuals to remain at home maintaining their independence for as long as possible receiving appropriate support at times of need.

**Response to PNA Needs:** OP.S1, OP.S2, OP.S3, OP.S4, OP.S5, OP.S6, OP.S7, OP.S8

**Contribution to Well-being Objectives:** R2, R3, R4

**Contribution to National Outcomes:** 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 2.2, 2.3, 3.1, 3.4, 4.2, 5.1, 7.2, 8.1

How will we Deliver?	Partner Agencies	Reporting Mechanism
<p>Western Bay Community Services – ‘What Matters to Me Model’</p> <p>Intermediate Care services optimal model</p> <p>The Strategy for Older People in Wales 2013 – 2023</p> <p>Care and Support at Home in Wales Five-year strategic plan 2017-2022</p> <p>Social Services and Wellbeing (Wales) Act 2014</p> <p>Regional Social Care workforce training via Social Care Wales</p> <p>Cordis Bright Longitudinal Evaluation of Intermediate Care (2017)</p> <p>Capita Demand and Capacity Report (2017)</p> <p>Work plan developed from recommendations of aforementioned independent evaluation undertaken by Cordis Bright and Demand and Capacity</p>	<p>ABMU Health Board</p> <p>GP and Primary Care services</p> <p>Bridgend County Borough Council</p> <p>Neath Port Talbot County Borough Council</p> <p>Swansea Council</p> <p>Community Voluntary Councils and Third Sector</p> <p>Independent domiciliary care providers</p>	<p>Performance measures as reported via the Western Bay Regional Partnership Board, Leadership Group, Community Services Planning and Delivery Board.</p> <p>Performance Subgroups</p> <p>Local Provider Forum meetings</p> <p>National /Local funding reporting mechanisms</p> <p>Local Authority Annual reports and ABMU Health Board Annual report</p> <p>Joint Local Authority and Health Board monitoring reports</p>



report undertaken by Capita		
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Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
Develop a communication and engagement plan to ensure meaningful engagement with service users, carers and potential future service users, to better understand 'What Matters' to individuals, ensuring feedback is included when planning services to support older people to stay well and supported at home	Communication and Engagement plan in place by June 2018	Integrated Care Funding Core service budgets Voluntary sector projects/ funding Independent sector Cross sector staff Time IT support Independent providers – commissioning and procurement support			
Engage in workforce planning including the Health Board, Local Authorities and the Third Sector to develop a plan that supports a sustainable workforce across the statutory and independent sector	Workforce plan in place by March 2019				
Regional Integrated Care Funding to support the further development of a Multi- Disciplinary Team resource within the Common Access Point component of the Intermediate Care Optimal Model in Swansea & NPT.  This is to maximise the presence and effectiveness of the full Multi-Disciplinary Team within the Common Access Point in Swansea and NPT by strengthening the staffing resource to facilitate increased triage and challenge at the 'front door'.	Continued Integrated Care Funding support as detailed in the Integrated Care Funding Project Proposals and included in the Intermediate Care Pooled Fund agreements		✓	✓	✓

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
<p>Regional Integrated Care Funding to support 7 day working for the Acute Clinical Team component of the Intermediate Care Optimal Model in Bridgend and Swansea.</p> <p>Achieve a consistent 7 day service for Acute Clinical Response across all Community Resource Teams in Western Bay.</p> <p>Achieve a comprehensive service model to provide early interventions aimed at preventing decline into dependency or to ensure any expected decline in health and wellbeing does not result in crisis putting existing support networks at risk. This supports improved patient flow within secondary care by improved access to alternative pathways.</p>	Continued Integrated Care Fund support as detailed in the Integrated Care Fund Project Proposals and included in the Intermediate Care Pooled Fund agreements				
<p>Clarify and map the availability of existing service provision, across statutory, independent and voluntary organisations, to support people in their own homes including referral arrangements and cost (to statutory organisations and individuals).</p> <p>Embedding Anticipatory Care into core services, as appropriate, across the Western Bay region.</p> <p>Service development and improvement across the Intermediate Care services model.</p>	Mapping completed and documentation available March 2019				
<p>Western Bay Community Services work plan recommendations taken from an independent evaluation of intermediate services are to be translated for local delivery, contributing to the overall regional approach.</p> <p>Welsh Community Council Information System piloting a cross discipline</p>	Individual timescales attributed to each action reflected in aforementioned				

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
data/information system to support services in Bridgend. Local delivery and implementation plans	work plan				
Completion of the report following the recommendations of the Local Area Coordinators/Local Community Connectors evaluation for the Regional Partnership Board	March 2018				

<b>Regional Priority / Outcome:</b>		
<b>OP P2:</b> Develop and provide a range of future accommodation options to meet demand and enable people to remain independent for as long as possible <small>OP P2</small>		
<b>Response to PNA Needs:</b> OP.S1, OP.S4, OP.S5, OP.S8		
<b>Contribution to Well-being Objectives:</b> R4		
<b>Contribution to National Outcomes:</b> 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 2.2, 2.3, 3.1, 3.3, 4.2, 5.1, 7.2, 8.1		
How will we Deliver?	Partner Agencies	Reporting Mechanism
Western Bay Commissioning Strategy for Care Homes for Older People Social Services and Wellbeing (Wales) Act 2014 Strategy for Older People in Wales 2013 – 2023	ABMU Health Board Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council GP and Primary Care services	Local Authority Housing strategy reporting Commissioning reporting cycle Local Authority Annual reports ABMU Health Board Annual report Joint Local Authority and Health Board

Regional Quality Framework for Residential Care Regional workforce training via Social Care Wales Care and Support at Home in Wales Five-year strategic plan 2017-2022	Social Care Wales Local Care Home and Extra Care housing providers (Local Authority and independent sector) Third Sector	monitoring reports
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Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
Map existing accommodation capacity, average occupancy and level of provision e.g. extra care, residential, nursing and dementia accommodation	Mapping completed by March 2019	Administrative support Third sector/ ABMU Health Board/Local Authorities/Independent sector staff time	✓	✓	✓
Develop strategic arrangements to utilise Integrated Care capital funding, share plans for new build/conversion alongside existing capacity across Health, Housing and Social Services Ensure new builds are fit for purpose as the older population are predicted to have more complex needs	This links to the Health and Housing section of the Area Plan				
Progress agreed options to drive the development of a pooled fund for care home provision with the aim of stabilising the market as required by Welsh Government.	Provisional agreement in place by April 2018				
Regional Integrated Care Funding is utilised to provide 2 Intermediate	Requires on	Neath Port Talbot			

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
Care beds in a Nursing Home in Neath Port Talbot, this enables frail and elderly patients to receive medical care from the Community Resource Team, when a brief 24 hour care environment is required. This avoids the need for a hospital admission and sees the citizens returning to their own home in Neath Port Talbot.	going Integrated Care Fund support as detailed in the Integrated Care Fund Project Proposals and included in the Intermediate Care Pooled Fund agreements	County Borough Council/ ABMU Health Board			

Page 9

<b>Regional Priority / Outcome:</b>		
<b>OP.P3:</b> Develop community resilience and cohesion to tackle social isolation in areas where older people live		
<b>Response to PNA Needs:</b> OP.S1, OP.S2, OP.S3, OP.S5, OP.S6, OP.S7, OP.S8		
<b>Contribution to Well-being Objectives:</b> R2, R4		
<b>Contribution to National Outcomes:</b> 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 2.2, 2.3, 3.1, 3.4, 4.2, 5.1, 5.2, 6.1, 6.2, 7.1, 7.2		
How will we Deliver?	Partner Agencies	Reporting Mechanism
The strategy for Older People in Wales 2013 – 2023 Social Services and Wellbeing (Wales) Act 2014 Care and Support at Home in Wales	Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council Community Voluntary Councils	Integrated Care Funding reporting – Third Sector and community short term funding includes projects to tackle isolation  Local Authority and Health Board Annual Reports

Five-year strategic plan 2017-2022	Third Sector Community Groups (Faith/sensory/veteran/Women's Institute etc.) Local leisure services Libraries Arts Council Local social enterprise schemes tackling isolation Carers organisations Public Transport	
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Page 94 Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
<p>Explore the opportunity to develop a regional strategy for preventative services which supports long-term sustainability, these should include projects/schemes which offer support to tackle social isolation and loneliness by offering (but not exclusively):</p> <ul style="list-style-type: none"> <li>- Day time opportunities in the community</li> <li>- Assistive technology to keep people safe within their community</li> <li>- Rapid response adaptations to maintain independence within their community</li> <li>- Befriending schemes</li> <li>- Opportunities to develop and enhance community cohesion</li> </ul>	Agreement to work towards this	Third sector co-ordinators Third sector providers Integrated Care Funded projects	✓	✓	✓

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
including promoting intergenerational work					

<b>Regional Priority / Outcome:</b>		
<b>OP4:</b> Develop an optimum model for older peoples mental health services (including relevant components of the Welsh Government All Wales Dementia Strategy/Plan)		
<b>Response to PNA Needs:</b> OP.S1, OP.S2 OP.S3, OP.S5, OP.S6, OP.S8		
<b>Contribution to Well-being Objectives:</b> R3, R4		
<b>Contribution to National Outcomes:</b> 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 2.2, 2.3, 4.1, 4.2, 5.1, 5.2, 6.2, 7.4, 8.1		
<b>How will we Deliver?</b>	<b>Partner Agencies</b>	<b>Reporting Mechanism</b>
ABMU Health Board Learning Disability / Mental Health Commissioning Board	ABMU Health Board Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council	Regional Partnership Board Western Bay Leadership Group ABMU Health Board Learning Disability / Mental Health Commissioning Board

Page 96

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
Establish Group and Terms Of Reference to develop the optimum model for Older Peoples Mental Health Service	April 2018	NA			
Develop the draft optimum model for Older Peoples Mental Health Service	May 2018				✓
Develop implementation plan for the draft optimum model for Older Peoples Mental Health Service	June 2018				



## Children and Young People

### Regional Priority / Outcome:

**CYP.P1:** Develop a better range of services for all children with emotional difficulties and wellbeing or mental health issues including transition including single point of access to services

**Response to Population Assessment Needs:** CYP.S2, CYP.S3, CYP.S5, CYP.S6

**Contribution to Well-being Objectives:** R1, R3

**Contribution to National Outcomes:** 1.1, 1.4, 1.5, 1.6, 2.2, 2.3, 3.1, 3.2, 3.3, 4.1, 4.2, 5.1, 5.2, 7.2, 7.3, 7.4, 8.1

How will we Deliver?	Partner Agencies	Reporting Mechanism
Children's Services Project Board	ABMU Health Board Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council	Regional Partnership Board Western Bay Leadership Group Western Bay Programme Team Western Bay Heads of Services Children's Services Group

Page 97

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
Neuro-developmental Service: Roll out of new pathway and information pack for the Neuro-developmental service across Western Bay Expansion of the Neuro-developmental Services Achieving and maintaining 26 week (WG) target for assessment	April – June 2018  July 2018 From 1 <sup>st</sup> April,		✓	✓	

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
	2018				
<b>Children and Adolescents Mental Health Services (CAMHS):</b> Achievement of CAMHS delivery plan To achieve and maintain Welsh Government targets for access times to specialist CAMHS	Refer to plan for dates From 1 <sup>st</sup> April onwards	ICF 18/19 in terms of provision of 3 liaison officers	✓	✓	
NEW Integrated Autism Service – Refer to the Learning Disability and Autism Chapter for details					
Development of MAPSS, a multi-disciplinary team, that aims to help children with, or at risk of mental illness and emotional and behavioral difficulties by providing specialist placement support.	March 2019	ICF 17/18 ICF 18/19		✓	✓
Reflect Project: This project seeks to support women who have had at least one child taken into care. It involves working with families in relation to family planning decisions whilst working with them to be stronger more resilient parents, with a view to ensure future parenting success.	March 2019	WG Funding for Reflect NPT and Swansea Bridgend funding (separate)		✓	✓

<b>Regional Priority / Outcome:</b>		
CYP.P2: Develop robust multi-agency arrangements for children with complex needs		
<b>Response to Population Assessment Needs:</b> CYP.S4, CYP.S5, CYP.S7, CYP.S8		
<b>Contribution to Well-being Objectives:</b> R1, R2, R3		
<b>Contribution to National Outcomes:</b> 1.1, 1.4, 1.5, 1.6, 2.2, 2.3, 3.1, 3.2, 3.3, 4.1, 4.2, 5.1, 5.2, 7.2, 7.3, 7.4, 8.1		
<b>How will we Deliver?</b>	<b>Partner Agencies</b>	<b>Reporting Mechanism</b>
Delivery of the Commissioning for Complex Needs Programme	ABMU Health Board Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council	Regional Partnership Board Western Bay Leadership Group Western Bay Programme Team Western Bay Heads of Services Children's Services Group Commissioning for Complex Needs Programme Board

Page 99

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
<b>Outcome Focused Commissioning for Children with Complex Needs:</b> Complete Outcome Focused Assessments for Children with Complex Needs	April 2017-March 2019	ICF			✓

## Mental Health

### Regional Priority / Outcome:

**MH.P1:** Commence implementation of the agreed optimum model for Adult Mental Health services, as outlined in the Western Bay Strategic Framework for Adults with Mental Health problems

**Response to Population Assessment Needs:** MH.S1, MH.S3, MH.S5, MH.S6, MH.S7

**Contribution to Well-being Objectives:** R2, R3, R4

**Contribution to National Outcomes:** 1, 2, 3, 4, 5, 6, 7, 8

How will we Deliver?	Partner Agencies	Reporting Mechanism
Implementation of the Strategic Framework for Mental Health Page 100	ABMU Health Board Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council Third Sector / Private Sector	Western Bay Governance – Regional Partnership Board Mental Health and Learning Disability Commissioning Board

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
Agree the final strategic framework for adult mental health services	April 2018	ICF		✓	✓
Agree implementation plan for new model of services for adult mental health services	April 2018				
Implementation of new model for adult mental health services	From April 2018				
Preparation of a project management proposal to be submitted for Integrated Care Fund allocation in 18/19	April 2018				

<b>Regional Priority / Outcome:</b>		
<b>MH.P2:</b> Ensure placements for people with complex needs are effective, outcome based and appropriate		
<b>Response to Population Assessment Needs:</b> MH.S1, MH.S3, MH.S4, MH.S5, MH.S6, MH.S7		
<b>Contribution to Well-being Objectives:</b> R2, R3, R4		
<b>Contribution to National Outcomes:</b> 1, 2, 3, 4, 5, 6, 7, 8		
<b>How will we Deliver?</b>	<b>Partner Agencies</b>	<b>Reporting Mechanism</b>
Delivery of the Western Bay Commissioning for Complex Care Programme Implementation of the Strategic Framework for Mental Health	ABMU Health Board Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council Third Sector Private Sector	Western Bay Governance – Regional Partnership Board

Page 101

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
Complete Outcome Focussed Commissioning Reviews: Adults with Complex Needs	Sept 2014 to March 2019	ICF Project Commissioning for Complex Care Programme			✓
Complete Outcome Focussed Commissioning Reviews: Children with Complex Needs	Sept 2017 to March 2019				✓

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
Provide a Brokerage Service for Individuals with Mental Health and Learning Disabilities that require Residential and Nursing Placements	Sept 2014 to March 2019				
Develop and Optimal Model for Commissioning Care for Individuals for Mental Health and Learning Disabilities (Embedding the Outcome Focused Commissioning Reviews)	April 2017 – March 2019				✓
Develop a Regional Supported Living Framework	Jan 2018 – March 2019				
Implement the National Integrated Health and Social Care Framework for Individuals with Mental Health and Learning Disabilities	October 2016 – March 2019 (Ongoing)				
Develop a Funding Matrix for Splits of Joint Packages Care for Mental Health and Learning Disabilities	April 2017 – March 2017				
Develop an Implementation Plan for the Strategic Framework for Mental Health	January 2018 onwards				

## Learning Disability

### Regional Priority / Outcome:

**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.

**Response to Population Assessment Needs:** LD.S1, LD.S2, LD.S3, LD.S5, LD.S6

**Contribution to Well-being Objectives:** R1, R2, R3, R4

**Contribution to National Outcomes:** 1, 2, 3, 4, 5, 6, 7, 8

How will we Deliver?	Partner Agencies	Reporting Mechanism
Delivery of the Western Bay Commissioning for Complex Care Programme	ABMU Health Board Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council Third Sector	Regional Partnership Board

Page 103

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
Complete Outcome Focussed Commissioning Reviews: Adults with Complex Needs	Sept 2014 to March 2019	ICF Project Commissioning for Complex Care Programme ICF 2018-2019			✓
Complete Outcome Focussed Commissioning Reviews: Children with Complex Needs	Sept 2017 to March 2019				

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
Provide a Brokerage Service for Individuals with Mental Health and Learning Disabilities that require Residential and Nursing Placements	Sept 2014 to March 2019				✓
Develop and Optimal Model for Commissioning Care for Individuals for Mental Health and Learning Disabilities (Embedding the Outcome Focused Commissioning Reviews)	April 2017 – March 2019				
Develop a Regional Supported Living Framework	Jan 2018 – March 2019				✓
Implement the National Integrated Health and Social Care Framework for Individuals with Mental Health and Learning Disabilities	October 2016 – March 2019 (Ongoing)				
Develop a Funding Matrix for Splits of Joint Packages Care for Mental Health and Learning Disabilities	April 2017 – March 2017				
Develop a Strategic Framework for Learning Disabilities	January 2018 onwards				
Delivery of the Western Bay Commissioning for Complex Care Programme	Sept 2014 – March 2019				
Development of the Integrated Autism Service for the Western Bay region based on the National IAS model	Sept 17 – Oct 18		ICF 17/18 – 20/21	✓	✓
Launch of the Integrated Autism Service for the Western Bay region, in	November 2018				



Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
line with the National Model.					

### Autism

#### Regional Priority / Outcome:

LD1.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.

**Response to Population Assessment Needs:** LD.S1, LD.S2, LD.S3, LD.S5, LD.S6

**Contribution to Well-being Objectives:** R1, R2, R3, R4

**Contribution to National Outcomes:** 1, 2, 3, 4, 5, 6, 7, 8

How will we Deliver?	Partner Agencies	Reporting Mechanism
National ASD Strategic Action Plan National ASD Delivery Plan: 2016-2020 National Integrated Autism Service Guidance	ABMU Health Board Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council Third Sector	Regional Partnership Board Regional ASD Strategy Group

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate
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			IAA	Preventative	Alternative models
Development of the Integrated Autism Service for the Western Bay region based on the National IAS model	Sept 17 – Oct 18	ICF 17/18 – 20/21	✓	✓	✓
Launch of the Integrated Autism Service for the Western Bay region, in line with the National Model.	November 2018				

### Cross Cutting Theme - Carers

#### Regional Priority / Outcome:

**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

**Response to Population Assessment Needs:** CA.S2

**Contribution to Well-being Objectives:** R1, R2, R3, R4, R5, R6

**Contribution to National Outcomes:** 1, 2, 3, 4, 5, 6, 7

How will we Deliver?	Partner Agencies	Reporting Mechanism
New Carers Partnership Action Plan 2018/19 Local Authority Carers Strategies/ Plans Valuing Carers Transition Plan	ABMU Health Board Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council Bridgend Carers Centre NPT Carers Service Swansea Carers Centre Young Carers Projects,	Western Bay Carers Partnership Board Individual Carers Partnership Organisation reporting systems Western Bay Regional Partnership Board

	Third Sector Organisations				
Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
Partner agencies make Carers e-learning programme available to staff	<i>From April 2018</i>	17/18 WG Transitional fund ICF Other Funding		✓	
Schools projects identify Young Carers in primary, secondary and tertiary education	<i>Ongoing – Funding required from April 2018</i>		✓	✓	✓
Maintain Carers Centre/ Service support to Primary Care	<i>Ongoing – Funding required from April 2018</i>		✓	✓	✓

**Regional Priority / Outcome:** This is the 2<sup>nd</sup> key priority included under section 3 above:

**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

**Response to Population Assessment Needs:** CA.S1, Slmp9a

**Contribution to Well-being Objectives:** R1, R2, R3, R4, R5, R6

**Contribution to National Outcomes:** 1, 2, 3, 4, 5, 6, 7

How will we Deliver?	Partner Agencies	Reporting Mechanism
New Carers Partnership Action Plan 2018/19 Local Authority Carers Strategies/ Plans  Page 108	ABMU Health Board Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council Bridgend Carers Centre NPT Carers Service Swansea Carers Centre Young Carers Projects, Third Sector Organisations	Western Bay Carers Partnership Board Individual Carers Partnership Organisation reporting systems Western Bay Regional Partnership Board

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
Promote Carers Centres/ Service as a source of information, advice and support including activities for Carers.	Ongoing – <i>Funding required from April 18</i>	17/18 SLAs <i>WG Transitional fund</i>	✓	✓	✓
Continue Carers Centre/ Service Information Projects at Local Hospitals			✓	✓	✓

Produce and distribute Information for Carers ( e.g. Hospital Pack ) and Young Carers		<i>17/18 WG Transitional fund</i>			
Promote Young Carers Projects as a source of information, advice and support including activities for Young Carers		<i>Other funding</i>	✓	✓	
Work proactively to identify and support 'hidden' Carers for example Carers from Black and minority communities, Parent Carers, Mental Health Carers etc. in the Western Bay area			✓	✓	✓

**Regional Priority / Outcome:** This is the 3rd key priority included under section 3 above:

**CA.P3:** Co-produce with all Carers on an individual and strategic basis so that their contribution is acknowledged and their voices are heard.

**Response to Population Assessment Needs:** CA.S3, OP.S3

**Contribution to Well-being Objectives:** R1, R2, R3, R4, R5, R6

**Contribution to National Outcomes:** 1, 2, 3, 4, 5, 6, 7

How will we Deliver?	Partner Agencies	Reporting Mechanism
New Carers Partnership Action Plan 2018/19 Local Authority Carers Strategies/ Plans  Page 110	ABMU Health Board Bridgend County Borough Council Neath Port Talbot County Borough Council Swansea Council Bridgend Carers Centre NPT Carers Service Swansea Carers Centre Young Carers Projects, Third Sector Organisations	Western Bay Carers Partnership Board Individual Carers Partnership Organisation reporting systems Western Bay Regional Partnership Board

Key Actions	Timescales / Milestones	Resources (including ICF projects)	Tick as appropriate		
			IAA	Preventative	Alternative models
Continue to raise awareness of Carers rights (including Carers Assessment) arising from the SSWB (Wales) Act 2014	Ongoing	17/18 WG Transitional fund	✓	✓	✓

Provide opportunities for Carers and Young Carers to meet at Engagement Events	Ongoing – Funding required from April 18				
Promote opportunities for Carers to participate co-productively at strategic level with health, local authority and 3 <sup>rd</sup> sector organisations	Ongoing		✓	✓	✓

## Appendices

### Appendix 1 - National Outcome Indicators

What well-being means	National well-being outcomes
<p>1. Securing rights and entitlements. Also for adults: Control over day-to-day life</p>	<p>1.1 I know and understand what care, support and opportunities are available and use these to help me achieve my well-being.</p> <p>1.2 I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being.</p> <p>1.3 I am treated with dignity and respect and treat others the same.</p> <p>1.4 My voice is heard and listened to.</p> <p>1.5 My individual circumstances are considered.</p> <p>1.6 I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.</p>
<p>2. Physical and mental health and emotional well-being. Also for children: Physical, intellectual, emotional, social and behavioural development</p>	<p>2.1 I am healthy and active and do things to keep myself healthy.</p> <p>2.2 I am happy and do the things that make me happy.</p> <p>2.3 I get the right care and support, as early as possible.</p>
<p>3. Protection from abuse and neglect</p>	<p>3.1 I am safe and protected from abuse and neglect.</p> <p>3.2 I am supported to protect the people that matter to me from abuse and neglect.</p> <p>3.3 I am informed about how to make my concerns known.</p>
<p>4. Education, training and recreation</p>	<p>4.1 I can learn and develop to my full potential.</p> <p>4.2 I do the things that matter to me.</p>
<p>5. Domestic, family and personal relationships</p>	<p>5.1 I belong.</p> <p>5.2 I contribute to and enjoy safe and healthy relationships.</p>
<p>6. Contribution made to society</p>	<p>6.1 I engage and make a contribution to my community.</p> <p>6.2 I feel valued in society.</p>
<p>7. Social and economic well-being. Also for adults: Participation in work</p>	<p>7.1 I contribute towards my social life and can be with the people that I choose.</p> <p>7.2 I do not live in poverty.</p> <p>7.3 I am supported to work.</p> <p>7.4 I get the help I need to grow up and be independent.</p> <p>7.5 I get care and support through the Welsh language if I want it.</p>



What well-being means	National well-being outcomes
8. Suitability of living accommodation	8.1 I live in a home that best supports me to achieve my well-being.

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## Appendix 2 - Regional Well-being Objectives

- R1 Children & Young People
- R2 Strong, resilient, connected communities
- R3 People reaching their potential
- R4 Ageing well
- R5 Working with Nature
- R6 Well-being in the Workplace

**If you require this document in a different format, please contact the Western Bay Programme Office via email at [western.bay@swansea.gov.uk](mailto:western.bay@swansea.gov.uk) or telephone 01792 633805**

## Appendix 3

### Equality Impact Assessment

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## Equality Impact Assessment (EIA) Report – 2017/8

This form should be completed for each Equality Impact Assessment on a new or existing function, a reduction or closure of service, any policy, procedure, strategy, plan or project which has been screened and found relevant to equality.

**Please refer to the ‘EIA Report Form Guidance’ while completing this form. If you need further support please contact [accessstoservices@swansea.gov.uk](mailto:accessstoservices@swansea.gov.uk).**

<b>Where do you work?</b>
Service Area: Western Bay
Directorate: Resources: Social Services

**(a) This EIA is being completed for a:**

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(b) Please name and describe here:**

Western Bay Regional Area Plan. The regional population assessment was published in April 2017 and highlighted care and support needs for the citizens across Western Bay. The area plan is a statutory requirement and looks to address the care and support needs highlighted in the population assessment, through production of a 5 year area plan and aligned 1 year action plan for 2018/2019.

**(c) It was initially screened for relevance to Equality and Diversity on: 24<sup>th</sup> November, 2017**

**(d) It was found to be relevant to...**

- |                                    |                                     |                                       |                                     |
|------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| Children/young people (0-18) ..... | <input checked="" type="checkbox"/> | Sexual orientation .....              | <input checked="" type="checkbox"/> |
| Older people (50+).....            | <input checked="" type="checkbox"/> | Gender reassignment.....              | <input checked="" type="checkbox"/> |
| Any other age group .....          | <input checked="" type="checkbox"/> | Welsh language .....                  | <input checked="" type="checkbox"/> |
| Disability .....                   | <input checked="" type="checkbox"/> | Poverty/social exclusion .....        | <input checked="" type="checkbox"/> |
| Race (including refugees).....     | <input checked="" type="checkbox"/> | Carers (including young carers) ..... | <input checked="" type="checkbox"/> |
| Asylum seekers .....               | <input checked="" type="checkbox"/> | Community cohesion.....               | <input checked="" type="checkbox"/> |
| Gypsies & Travellers.....          | <input checked="" type="checkbox"/> | Marriage & civil partnership.....     | <input checked="" type="checkbox"/> |
| Religion or (non-)belief.....      | <input checked="" type="checkbox"/> | Pregnancy and maternity .....         | <input checked="" type="checkbox"/> |
| Sex.....                           | <input checked="" type="checkbox"/> |                                       |                                     |

**(e) Lead Officer**

**(f) Approved by Head of Service**

**Name:** Nicola Trotman

**Name:** Sara Harvey

**Job title:** Western Bay Programme Co-ordinator

**Date:** 19.2.18

**Date:** 19.2.18

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## Section 1 – Aims (See guidance):

**Briefly describe the aims of the initiative:**

### **What are the aims?**

This area plan sets out how the Regional Partnership Board (RPB) will respond to the findings of the Western Bay population assessment published on 1 April 2017.

It has been prepared to meet the requirements of the Statutory Guidance in relation to Area Plans under section 14A of the Social Services and Well-being (SS&WB) (Wales) Act 2014.

The main focus of this plan is on the Regional Partnership Board priorities for regional and integrated working between health and social care; these are the priority areas for integration in part 9 of the SS&WB Act Wales, 2014 and the priorities for the allocation of the Integrated Care Fund.

The area plan is split into the following chapters which were the chapters included in the Population Assessment:

- Children and young people;
- Older people;
- Health and physical disabilities;
- Learning disabilities and autism;
- Mental health;
- Sensory impairment;
- Carers who need support; and
- Violence against women, domestic abuse and sexual violence;
- Safeguarding;
- Secure Estate

### **Who has responsibility?**

The Western Bay Health and Social Care Collaborative brings together the following partners:

Bridgend CBC, Neath Port Talbot CBC, Swansea Council, ABMU Health Board and Third Sector.

The Regional Partnership Boards must ensure the partnership bodies work effectively together which includes the objective: to respond to the population assessment carried out in accordance with section 14 of the Act, and this is in the form of the Western Bay area plan.

The Western Bay Leadership Group and Programme Team members oversee the development of the plan.

An Area Plan Steering Group was established, which includes officers from all partner organisations including the third sector and is chaired by the Western Bay Programme Director.

Key officers were nominated for each chapter to facilitate the development of the plan through the following regional groups:

Chapters	Group / Board
Older People	Community Services Board
Children and Young People	Childrens Heads of Service Group
Carers who need support	Western Bay Carers Partnership Board
Learning Disability / Autism	Learning Disability and Mental Health Commissioning Board
Mental Health	Learning Disability and Mental Health Commissioning Board
Health / Physical Disabilities	Link with senior ABMU officer
Sensory Impairment	Regional sensory loss group
Safeguarding	Chairs of Safeguarding Boards / Safeguarding Team
Violence against women, domestic abuse and sexual violence	NA – Links to local officers
Secure Estate	NA – Links to local officers

### Who are the stakeholders?

The stakeholders are the citizens of Western Bay.

The draft area plan and draft action plan has been circulated to a range of citizen and community groups for comment and feedback. The full list of groups is included in **appendix 1** the feedback from these engagement groups has been considered in section 4 of the EIA.

Western Bay has set up a Regional Citizens Panel to support engagement from a wider range of stakeholders. Panel membership is drawn from the mailing lists of the three Councils for Voluntary Services in Bridgend, Neath Port Talbot and Swansea. Membership is 'fluid', ensuring meetings and any engagement activities are open to all interested parties (service users, carers, family members, representatives from health and social care related organisations, Local Authority Elected Members). This approach was favoured by those who attended the first panel meeting, who felt it embodied the spirit of the Social Services and Well-being (Wales) Act's principles around offering 'greater voice and control.

## Section 2 - Information about Service Users (See guidance):

Please tick which areas you have information on, in terms of service users:

- |                                    |                                     |                                       |                                     |
|------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| Children/young people (0-18) ..... | <input checked="" type="checkbox"/> | Sexual orientation .....              | <input type="checkbox"/>            |
| Older people (50+).....            | <input checked="" type="checkbox"/> | Gender reassignment.....              | <input type="checkbox"/>            |
| Any other age group .....          | <input checked="" type="checkbox"/> | Welsh language .....                  | <input checked="" type="checkbox"/> |
| Disability .....                   | <input checked="" type="checkbox"/> | Poverty/social exclusion.....         | <input checked="" type="checkbox"/> |
| Race (including refugees).....     | <input checked="" type="checkbox"/> | Carers (including young carers) ..... | <input checked="" type="checkbox"/> |
| Asylum seekers .....               | <input checked="" type="checkbox"/> | Community cohesion.....               | <input checked="" type="checkbox"/> |
| Gypsies & Travellers.....          | <input type="checkbox"/>            | Marriage & civil partnership.....     | <input checked="" type="checkbox"/> |
| Religion or (non-)belief.....      | <input type="checkbox"/>            | Pregnancy and maternity .....         | <input checked="" type="checkbox"/> |
| Sex.....                           | <input checked="" type="checkbox"/> |                                       |                                     |

DRAFT



**Please provide a snapshot of the information you hold in relation to the protected groups above:**

The information which has been collated to form the population assessments can be broken down into the following categories –

- Older People
- Children and Young People
- Carers Who Need Support
- Mental Health
- Learning Disability and Autism
- Sensory Impairment
- Health and Physical Disability
- Violence Against Women, Domestic Abuse and Sexual Violence
- Safeguarding Adults and Deprivation of Liberty Safeguard
- Secure Estates

The data collected according to these themes has been summarised below and further information is available in the Population Assessment in the following link:

<http://www.westernbaypopulationassessment.org/en/home/>

A summary of the care and support needs for each chapter in the population assessment is included below. The population assessment highlighted a number of key support and care needs, the majority of which are cross-cutting across all themes, as follows:

- Increasing levels of need for people with complex needs, chronic and long term conditions
- Accessibility of services, including transport
- Preventative and support services within communities
- Loneliness and social isolation for improved health and wellbeing
- Information, advice and assistance
- Assistive technology and telecare provision for people to maintain independence
- Growing demand, diminishing resources
- Transition between adult's services and children's services
- Preventative (low level) and specialist mental health services for children and young people and adults (this section identified the highest number of support and care needs)
- Appropriate accommodation solutions for wide range of citizens with needs
- Supporting growing number of carers and young carers

The area plan pulls together the response of the Regional Partnership Board and other Partnerships/delivery mechanisms to these key findings.

## Older People

1. It is predicted that by 2020 the over 65 population across Western Bay will be over 111,070; of these:
  - a. 20,598 will be unable to manage at least 1 mobility activity on their own
  - b. 45,720 will be unable to manage at least 1 domestic activity on their own
  - c. 37,378 will be unable to manage at least 1 self-care activity on their own
2. In 2015 6,979 people in Western Bay had a diagnosis of dementia; by 2030 this is predicted to rise by 48% to 10,295.
3. Approximately 1:3 people aged over 65 will suffer a fall each year.
4. Loneliness and isolation can lead to physical and mental health problems, such as depression and increased risk of premature death. It is predicted that by 2020 50,314 over 65s will be living alone.
5. The rate of people delayed in hospital for social care reasons in 2013/14 was lower than the Welsh average and there is a higher rate receiving social care than the Wales average.

## Children and Young People

1. In March 2016, there were 3735 children and young people (across Western Bay) known to social services as a result of being in need of care and support: 1665 in Swansea, 990 in Neath Port Talbot and 1080 in Bridgend.
2. Despite much progress, the numbers of looked after children in Western Bay remains high compared to many parts of the Country (number of looked after children per 10,000 of the population).
3. Due to the age profile of the looked after children population, the numbers requiring care services in Western Bay is anticipated to rise in the next 2 years
4. The numbers of local authority foster carers has fallen across the Region making it challenging to find appropriate, local placements for looked after children and young people.
5. In 2015/16, there were 594 criminal offences committed by young people aged 10 to 17 years in Western Bay. The most common offences were violence against the person, theft and handling and motoring offences.
6. Evidence suggests there are likely to be a number of young carers not known to health and social care services.

## Carers Who Need Support

1. The 2011 Census told us that there were 68,633 Carers in Western Bay, this is approximately 12% of the population. 30% of Carers were providing in excess of 50 hours of care a week.
2. According to the 2011 Census there are 1,351 young Carers aged 0 – 15 in the Western Bay area of which approximately 155 (11%) spend over 50 hours a week in a caring role.
3. There were 4,198 young adult Carers aged 16 – 24 in the Western Bay area, of which 510 (12%) spend over 50 hours a week in a caring role ( 2011 Census)
4. 16,186 individuals over 65 have a caring in the Western Bay area
5. Research indicates that Carers tend to report having poorer health than people who do not have a caring role. In addition, it would also appear that the impact on health of Carers increases in line with the number of hours of care provided.

## Mental Health

1. Current size of the population with Mental health issues across Western Bay is 718
2. It is anticipated that the population will rise to 734

3. GPs treat the highest proportions and numbers of people with mental health issues, looking at the whole of Western Bay using the projection having seen GP within the last 2 weeks for 2015, approximately 4,700 GP consultations in a fortnight were carried out with people with the more common mental health issues. Over a 52 week period, this is over 122,000 consultations (125,000 by 2035)
4. Specialist community services are used by 18% of people with more common mental health issues
5. Specialist community services are used by 51% of those with probable psychosis
6. Day services are most focused on those with most serious issues

### Learning Disability and Autism

1. 21 people in every 1000 have a learning disability
2. 16 people per 1000 have a mild learning disability
3. 5 people in 1000 have a moderate or severe learning disability
4. In 2015, 1209 individuals between the ages of 0-17 were diagnosed with any Autistic Spectrum Disorder, this will reduce to 1197 by 2035

### Sensory Impairment

1. Babies are at risk of failing to develop language skills and of low educational attainment if their hearing impairment goes undetected. 2 in every 1,000 children are estimated to have sight loss. It is anticipated that the numbers of children with hearing impairment will increase slightly over time due to the projected modest increase in the number of people in younger age groups in the Western Bay area
2. The number of people with dual sensory impairment, which can develop over time (acquired) or can be present from birth (congenital), is increasing across the region.
3. People with hearing loss are also highly likely to have other problems such as tinnitus and balance disorders, which contribute as risk factors for falls and other accidents, as well as mental health problems such as depression.
4. There is a higher prevalence of hearing impairment in Black and Minority Ethnic (BME) communities, particularly in more recent migrants from countries with low levels of immunisation against conditions such as rubella.
5. There is a gap in information for those children and young people with visual impairment, particularly in the age group 13 – 17, and people with learning disabilities who also have sensory impairments.

### Health and Physical Disability

1. In Western Bay region, **86** of 323 (27%) Lower Super Output Areas (geographic areas) are among the most deprived in Wales, whilst **74** (23%) are in the least deprived fifth. Within less deprived areas there are often pockets of hidden deprivation.
2. Difference in life expectancy between males living in the least deprived and most deprived areas in Western Bay is **9.7 years**, which is higher than the Wales average (8.8 years). The difference in life expectancy between females living in the least deprived and most deprived areas in Western Bay is **7.6 years**.
3. Although generally people in Western Bay are living longer and spending more of their lives in good health, between the least and most deprived areas, there is an even larger gap in healthy life expectancy in the Western Bay region, of over **20 years** for males, and **18 years** for female population.
4. A significant proportion of the region's population, who are registered with a GP, also experience a range of significant chronic conditions and disabilities

5. On the basis of population growth and an ageing population and assuming other significant medical factors do not change, an increasing number of people will require health and social care services in future.

### **Violence Against Women, Domestic Abuse and Sexual Violence**

1. 1 in 5 children across the UK live in households where there is domestic abuse
2. In 2015-2016, 9,324 cases of violence were recorded by the Police across Western Bay – this is an increase of 3,514 cases from 2013.
  - a. 3,177 of these cases were domestic abuse related
3. There were 6 recorded homicides across Western Bay during 2015-2016 and 2 of these were domestic abuse related
4. In 2015-2016 a total of 1,106 high risk cases of domestic abuse were discussed at multi-agency risk assessment conference (MARAC) meetings in the Western Bay region
5. Domestic violence is estimated to cost Wales an average of £826.4 million a year which is comprised of service costs, lost economic output and human or emotional costs.

### **Safeguarding Adults and Deprivation of Liberty Safeguard**

1. The increasing age of the population of Western Bay indicates that the demand for more health and social care services and Adult at Risk referrals will also rise.
2. As different types of abuse continue to emerge, such as human trafficking, radicalisation, hate crime and mate crime, it makes it difficult to predict the demand for safeguarding services in the future
3. The number of concerns / referrals received that met the threshold of significant harm in Western Bay in 2014/2015 was 985, which was a reduction compared to 2013/14, which was 1,355.
4. The number of concerns / referrals received that did not meet the threshold of significant harm in Western Bay in 2014/2015 was 735, which was a reduction compared to 2013/14, which was 980.
5. The number of people in Western Bay who were alleged victims of abuse, aged 18-64 in 2012/2013 was 335, which increased to 375 in 2013/2014. The number of people who were alleged victims of abuse aged 65+ in 2012/2013 was 610, which increased to 795 in 2013/2014.
6. Number of Deprivation of Liberty Safeguarding referrals received in 2013/2014 was 52, in 2014/2015 was 1849 and in 2015/2016 was 2087.

### **Secure Estates**

1. In the Western Bay area, there are three main such “secure” establishments – two prisons (one in Swansea and one in Bridgend) and one secure Children’s Home in Neath Port Talbot.
2. HMP and YOI Parc can accommodate up to 2,000 Category B male prisoners. There are two main sections:
  - a. A young person unit for males aged 15-17
  - b. Main prison for young offenders aged 18-21 and adult offenders
3. The majority of prisoners are serving sentences in excess of 2 years, with 580 (35%) serving a sentence of between 4 and 10 years.
4. The Young Persons Unit at HMP & YOI Parc accommodates up to 64 males aged 15-17
5. Between the period April – June 2016, 24% of prisoners experienced self-harm
6. The services at Hillside support up to 22 young people, both male and female aged between 12-17 from anywhere in the UK

7. There are 14 individually managed Secure Children's Homes in England and 1 in Wales. Hillside, a Secure Children's Home opened in Neath in 1996.
8. Between 2015 and 2016 a total of 78 young people stayed at Hillside, 57 males and 21 females for an average of 3-4 months
9. HMP Swansea is a Category B prison and can accommodate up to 515 men. The largest age profile groups include men aged 21-39 years with the majority of stays ending in the first 3 months.
10. There is a large population of disabled prisoners with the majority of those experiencing mental health issues.
11. Support for prisoners includes referrals to the prison drug service and the majority of referrals received between April – July 2015 related to heroin and alcohol misuse.

**Any actions required, e.g. to fill information gaps?**

Further work is required to understand more fully the impact that the plan might have on specific groups and this will be identified through further engagement activities. The population assessment will be reviewed and revised and so work to focus on additional specific groups including religion, gypsy travellers etc will be explored further via the population assessment process.

## Section 3 - Impact on Protected Characteristics (See guidance):

Please consider the possible impact on the different protected characteristics.

	Positive	Negative	Neutral	Needs further investigation
Children/young people (0-18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older people (50+)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other age group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race (including refugees)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asylum seekers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gypsies & travellers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or (non-)belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Welsh Language	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poverty/social exclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers (inc. young carers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community cohesion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Thinking about your answers above, please explain in detail why this is the case.**

The area plan focuses on preventing citizens from needing care and support in the first place, or things that could be done to prevent the need for care and support from increasing. As a result, any actions within the area plan will focus on prevention in a positive way. For example, Under our Older Peoples Chapter it is an action to 'develop and continue to provide a sustainable range of services that meet demand, enabling individuals to remain at home maintaining their independence for as long as possible receiving appropriate support at times of need.' This will contribute positively as it will ensure people receive support that is proportionate to need and is sustainable.

The regional principles of prevention were adopted across Western Bay in order to demonstrate the commitment of the 3 local authorities and the health board to plan for a more joined up commissioning process and service delivery model. This will improve the benefits for the service user and enable organisations to focus on clear priorities, with a view to a long term plan for prevention services which includes a commitment to an incremental funding shift.

We anticipate that some groups of people will be impacted positively as there are specific areas within the plan that will contribute to this. For example, the Children and Young People's Chapter outlines actions that will have a direct positive impact on children and young people; for example, the new MAPPS service is a multi-disciplinary team that aims to help children with, or at risk of mental illness and emotional and behavioural difficulties by providing specialist placement support. The Service will support children to ensure practice across the Western Bay Region is preventative, pro-active, planned and promotes permanence.

In the Older People chapter there is a key priority around developing and maintaining a sustainable range of services that meet demand, enabling individuals to remain at home maintaining their independence for as long as possible receiving appropriate support at times of need. For example, a key project is supporting 7 day working for the Acute Clinical Team which includes a Community Based multidisciplinary team with a specific short term remit for the provision of nursing and medical interventions in your home. The team is made up of professionals such as Nurse Practitioners, Health Care Support Workers and a Consultant Geriatrician. This scheme enables individuals to be cared for at home instead of being admitted to a secondary care setting / hospital, in order to get over that period of crisis in the comfort of their home.

In the Learning Disability chapter, there is a project which is to establish a new additional regional Integrated Autism Service Its aim is to create a flexible service that eliminates existing barriers to support and bring about positive outcomes for people of all ages who have been diagnosed with Autistic Spectrum Disorder (ASD).

Under Mental Health and Learning Disability chapter there is the Western Bay Commissioning for Complex Care Programme that ensures placements for people with complex needs (including learning disabilities and mental health issues) are effective, outcome based and appropriate. It involves working closely with providers to ensure the new Outcome Focussed Care Plans are in place that allow individuals to progress to the highest level of independence that they can achieve

In the Carers chapter, there is an initiative to identify Young Carers in primary, secondary and tertiary education.

## Section 4 - Engagement:

### **What engagement has been undertaken to support your view? How did you ensure this was accessible to all?**

It is a requirement from Welsh Government to engage with citizens, including those who may have care and support needs and carers, public, private and third sector organisations in the preparation of the area plan. It is recognised that much of the engagement work is undertaken via the population assessment which included a formal consultation process.

The consultation exercise was undertaken between September and December 2016, to understand the Wellbeing requirements of the population of Neath Port Talbot, Swansea and Bridgend Council areas with specific reference to the Social Service and Wellbeing Act 2014. This study was undertaken alongside a wider piece of work across the area to fulfil the requirements of the Well-being of Future Generations Act 2015.

This exercise included gathering the view of the public gained through a series of open workshops across the area, targeted focus groups with defined service user groups, interviews with a selection of stakeholders, and a desk-top review of existing information sources. The full consultation report is in **appendix 2** which includes what the feedback told us and how we listened.

The statutory guidance requires citizen engagement when producing your area plans. It does not require formal consultation on the plans as the purpose of this requirement is to ensure there is continuous engagement with communities, from assessments through to planning.

The draft area plan and draft action plan has been circulated to a range of citizen and community groups for comment and feedback. The full list of groups is included in **appendix 1**.

The Western Bay Regional Citizens' Panel was established in February 2016 with the aim of providing a strong strategic voice for stakeholders, offering a greater awareness of and involvement in the Western Bay Programme's activities and a clearer understanding of how organisations can work collaboratively to deliver against the requirements of the Social Services and Well-being (Wales) Act 2014. Panel membership is drawn from the mailing lists of the three Councils for Voluntary Services in Bridgend, Neath Port Talbot and Swansea. Membership is 'fluid', ensuring meetings and any engagement activities are open to all interested parties (service users, carers, family members, representatives from health and social care related organisations, Local Authority Elected Members). This approach was favoured by those who attended the first panel meeting, who felt it embodied the spirit of the Social Services and Well-being (Wales) Act's principles around offering 'greater voice and control.



Meetings generally include short presentations on particular aspects of Western Bay's programme of work, and an opportunity for panellists to discuss the agenda items of the next Western Bay Regional Partnership Board meeting.

All panel meetings are delivered in partnership with the three Third Sector Health Social Care and Well-being Coordinators (based in Neath Port Talbot Council for Voluntary Services, Swansea Council for Voluntary Services and Bridgend Association of Voluntary Organisations).

Anyone interested in finding out more about the panel can contact the Western Bay Programme Office via email at [western.bay@swansea.gov.uk](mailto:western.bay@swansea.gov.uk) or telephone 01792 633805.

The area plan and action plan was reviewed in a special Regional Citizen Panel on 31<sup>st</sup> January.

Whilst there has been no specific engagement with Children and Young people on the regional plan, it is expected that specific local projects will follow their own guidelines around communicating with these groups. The area plan draws together a set of objectives from the different local authorities at a high level and details of changes to services are not included at this level. In the future there is discussion of involving health board's youth group (ABM Youth).

There is an additional expectation that further engagement will support the development and completion of the area plan.

### **What did your engagement activities tell you? What feedback have you received?**

In addition to the engagement with different groups. A meeting of the Regional Citizen panel was held on January 31<sup>st</sup> and members were presented with a draft copy of the area plan and action plan and copies of the specific priorities within each chapter. Members were asked for their feedback on the range of different information and asked key questions such as their opinions on whether the priorities listed are the right ones, what information is clear or unclear and if there were any missing bits of information.

Feedback from the Regional Citizens Panel and engagement groups has been input into the Area Plan and Action Plan and will also form the basis of the Western Bay Area Plan on a page.

Themes collated include the need to identify further opportunities for co-production in addition to engagement at both a regional and local level. This is a priority for a number of different projects across Western Bay and we hope to expand on our engagement with the Regional Citizen Panel to explore this in future. An example could be to co-produce an easy read version of the Area Plan so that it is accessible for a wider range of stakeholders.

It was noted that whilst the Western Bay Programme specifically works on Health and Social Care projects across the region, there are clear links between this and the work of the Education through Regional Working (ERW) program. The Area Plan will only provide detail of Health and Social Care projects across the region and does not give specific insight into other regional projects. Having said this, members of the Western Bay Regional Partnership

Board include Local Authority Leaders and portfolio holders including the Chief Executives Directors, Chief Officers and Heads of Service, the Health Board Chairman and Chief Executive as well as other third party members. Members will be well placed to link together regional projects that might be reported externally, this will include areas such as Education and Housing.

The Area Plan concentrates on pulling together regional action plans in an effort to collaborate in achieving shared outcomes across the region. As a result, it highlights the high level regional objectives and briefly touches on local action plans that directly relate to regional objectives. Further local commitments are evidenced within local Wellbeing Plans.

A full spreadsheet of the information collected and the feedback to be provided is available in **appendix 3**

In the special RPB workshop to review the plan, RPB members agreed to focus on a smaller number of key priorities, where regional working will add the most value and agreed that although there are ten chapters included in the Population Assessment, the Area Plan will focus on the following five chapters (themes) which include a set of regional priorities for regional and integrated working between health and social care. These themes align with the existing Western Bay Programme priorities and the priorities for the Integrated Care Fund (as outlined in the guidance):

- Older People
- Children and Young People
- Carers who need support
- Mental Health
- Learning Disability and Autism

It has been acknowledged that the following areas of work, which represent the other 5 themes in the Population Assessment, will continue to be addressed by Local Authorities and the Health Board or partners as part of their core business on a local basis or through existing partnerships between organisations across the region.

- Health and physical disabilities;
- Sensory impairment;
- Violence against women, domestic abuse and sexual violence;
- Safeguarding and Deprivation of Liberty Safeguard;
- Secure estate

### **How have you changed your initiative as a result?**

The overall plan and subsequent options have been amended to include feedback from the Citizen Panel, e.g. we have changed the terminology from people with a disability to

disabled people following feedback.

There will also be a written response to the Citizen Panel to outline how their feedback has impacted on the final version of the plan.

Perhaps more importantly, given that co-production was a key theme discussed at the Regional Citizen Panel it has been suggested that the Panel work with Western Bay to create a plan on the page version together.

The Area Plan now only includes 5 key priorities as follows:

- Older People
- Children and Young People
- Carers who need support
- Mental Health
- Learning Disability and Autism

And the other 5 themes are included in the appendix which references the work ongoing and addressed by Local Authorities and the Health Board or partners as part of their core business on a local basis or through existing partnerships between organisations across the region.

**Any actions required (e.g. further engagement activities, mitigation to address any adverse impact, etc.):**

Further opportunities around the co-production of a plan on the page version will now be explored with the Citizens Panel.

**Please consider all of your engagement activities here, e.g. participation, consultation, involvement, co-productive approaches, etc.**

## **Section 5 – Other impacts:**

**Please consider how the initiative might address the following issues - see the specific Section 5 Guidance**

<b>Foster good relations between different groups</b>	<b>Advance equality of opportunity between different groups</b>
<b>Elimination of discrimination, harassment and victimisation</b>	<b>Reduction of social exclusion and poverty</b>

**Please explain any possible impact on each of the above.**

The Area Plan is a requirement of the Social Services and Wellbeing (Wales) Act 2014 and recognises the pivotal role of early intervention and prevention in delivering a sustainable health and social care system. In addition, there is compelling national and international evidence that early intervention, if implemented properly, can work to improve outcomes and deliver cost benefits. Western Bay partners have therefore agreed and adopted a number of principles in relation to prevention and wellbeing services and agreed to identify where the principles can be embedded, within service planning and commissioning. This demonstrates the commitment of the three local authorities and the Health Board to plan for a more joined up commissioning process and service delivery model. This will improve the benefits for the service user and enable organisations to focus on clear priorities, with a view to a long term plan for prevention services which includes a commitment to an incremental funding shift.

The principles in relation to prevention and wellbeing services included:

- Services will be sustainable
- Services will be equitable and address issues of inequality
- Services will be coproduced with the people who will or may use them
- Services will be citizen centred and outcome focused
- Services will be developed over a 5-10 year timeframe
- Services will be delivered by a range of organisations including social enterprise, cooperatives, user led and Third Sector
- Services will be delivered in partnership
- Services will make use of technological developments as a means of reducing demand
- Services will adopt a common evaluation framework
- Services will strengthen communities and give local people and communities more control
- Every commissioning decision will consider the importance of prevention and early action and allocate resources accordingly

**What work have you already done to improve any of the above?**

As this is the first regional area plan for Western bay, no previous work has gone into improving this at a regional basis. Having said that, there are many local initiatives that are already tackling these issues. It is expected that through the annual review of the action plan, further initiatives will be explored and expanded in future.

**Is the initiative likely to impact on Community Cohesion? Please provide details.**

Local Area Co-ordination (LAC) in Neath Port Talbot and Swansea and Local Community Co-ordination (LCC) in Bridgend is expected to have a positive impact on community cohesion.

LAC/LCC are long-term, preventative approaches to supporting people (both adults and children) who may be isolated, excluded or who face challenges due to their age, physical health or mental health. The evidence base is well documented, and shows that LAC and LCC empower people to achieve their personal well-being goals by recognising that individuals with care and/or support needs can often be supported in place by accessing the strengths within themselves, their families and communities.

In Western Bay, Neath Port Talbot County Borough Council and Swansea Council subscribe to the 'Inclusive Neighbourhoods' model of Local Area Coordination. Bridgend County Borough Council's approach is being progressed as Local Community Co-ordination.

### **How does the initiative support Welsh speakers and encourage use of Welsh?**

Welsh language services are organised and delivered locally and the area plan pulls together local arrangements as shown below.

#### **Bridgend County Borough Council**

The Council's five year Welsh language strategy, published in September 2016, sets out the Council's intention to promote the language in the workplace and help improve the Welsh language skills of staff. Additionally, it aims to promote and facilitate the use of Welsh language to the public.

In relation to services, Active Offer features at the assessment stage, where all those being assessed receive Active Offer as a part of the assessment process, and should it be required, Care Co-ordinators and other staff engage with Welsh speaking professionals who are able to continue to engage through the medium of Welsh. Active Offer is also undertaken at reviews and as and when required if engaging with the general public.

#### **Neath Port Talbot County Borough Council**

Services will seek to match suitable members of Welsh speaking staff with a person/persons who would wish to discuss their well-being through the medium of Welsh.

#### **Swansea Council**

Swansea Council and Social Services recognises the importance of meeting the individuals' Welsh language needs, and we are committed to offering, providing and developing Welsh language services. During the year, the Directorate has been working towards increasing capacity to deliver a bilingual service, as there is a current lack of

capacity in the teams, reflected in the small number of fluent Welsh speakers.

Service plans and commissioning plans are tackling the challenges linked to increased citizen expectations, higher demand and less resource. Work is still in progress both regionally, locally and within partnerships. These are informed by co-production with citizens, and any public facing events will be held with an 'active offer' in place. All such strategic plans are screened for Equalities via an Impact Assessment, and contract specifications are reviewed regularly with providers and monitored routinely against a range of quality standards including Welsh Language standards. Provider forums, held with residential and domiciliary care sectors, have helped to raise awareness of the Active Offer.

### **ABMU Health Board**

ABMU is fully committed to providing a bilingual service and want to improve the quality of the treatment, care and services people receive ensuring that they are treated with dignity and respect and that we offer Welsh language services to people without them having to ask for them and follow the guidance in the Welsh Government's Strategic Framework "More than just words" and The Active Offer.

### **Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

N/A

## Section 6 - United Nations Convention on the Rights of the Child (UNCRC):

Many initiatives have an indirect impact on children and you need to consider whether the impact is positive or negative in relation to both children's rights and their best interests. Please read the UNCRC guidance before completing this section.

**Will the initiative have any impact (direct or indirect) on children and young people (think about this age group holistically e.g. disabled children, those living in poverty or from BME communities)? If not, please briefly explain your answer here and proceed to Section 7.**

**All initiatives must be designed / planned in the best interests of children and young people.**

*Best interests of the child (Article 3): The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.*

**Please explain how you meet this requirement:**

There is a specific chapter within the area plan that addresses the needs of Children and Young People in general. Other protected characteristics are picked up within other chapters of the area plan e.g. disability, young carers etc.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

## Section 7 - Monitoring arrangements:

Please explain the monitoring arrangements for this initiative:

### Monitoring arrangements:

We will monitor and evaluate progress against this plan through the annual Regional Partnership Board report. The annual RPB report will be published on the Western Bay Website: <https://www.westernbay.org.uk/>

Progress for the regional priorities in the action plan will be monitored on a regular basis with any issues escalated through the Western Bay governance and up to the Regional Partnership Board, if appropriate.

The priorities being progressed by other Partnerships will be reported via other mechanisms, such as the Public Service Board, or by organisational planning mechanisms, such as the local authority Corporate/Improvement Plans and ABMU Health Board's Integrated Medium Term Plan.

### Actions:

The area plan will be reviewed on an annual basis.

## Section 8 – Outcomes:

Having completed sections 1-5, please indicate which of the outcomes listed below applies to your initiative (refer to the guidance for further information on this section).

- Outcome 1: Continue the initiative – no concern
- Outcome 2: Adjust the initiative – low level of concern
- Outcome 3: Justify the initiative – moderate level of concern
- Outcome 4: Stop and refer the initiative – high level of concern.

**For outcome 3**, please provide the justification below:

**For outcome 4**, detail the next steps / areas of concern below and refer to your Head of Service / Director for further advice:





## **Section 9 - Publication arrangements:**

On completion, please follow this 3-step procedure:

1. Send this EIA report and action plan to the Access to Services Team for feedback and approval – [accesstoservices@swansea.gov.uk](mailto:accesstoservices@swansea.gov.uk)
2. Make any necessary amendments/additions.
3. Provide the final version of this report to the team for publication, including email approval of the EIA from your Head of Service. The EIA will be published on the Council's website - this is a legal requirement.

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## EIA Action Plan:

Objective - What are we going to do and why?	Who will be responsible for seeing it is done?	When will it be done by?	Outcome - How will we know we have achieved our objective?	Progress
Co-produce a citizen friendly plan on a page that captures the key parts of the area plan. This will be co-produced with the citizen panel and any other interested groups	Western Bay Programme Office, Regional citizens panel and officers will lead on this work	October 2018	A one page plan will have been co-produced with the regional citizens panel	
The population assessment will be reviewed to ensure the care and support needs of a wide range of protected characteristics is captured and feeds into future area planning.	Western Bay Programme Office	March 2019	The revised population assessment will consider the needs of a wider range of protected characteristics	
Explore further the opportunities available to engage with citizens across the priorities within the plan including additional opportunities for co-production	Western Bay Programme Office, Regional citizens panel and other local engagement groups	March 2019	Future co-production activities will be planned	
Review and explore building the representation of a cross-spread of people on the citizens panel	Western Bay Programme Office, Regional citizens panel, other local engagement groups, CVSs	March 2019	Cross-spread of people on the citizens panel is evident	

**\* Please remember to be 'SMART' when completing your action plan (Specific, Measurable, Attainable, Relevant, Timely).**

**NEATH PORT TALBOT COUNTY BOROUGH COUNCIL**  
**SOCIAL CARE, HEALTH & WELL-BEING CABINET BOARD**

**8<sup>th</sup> MARCH 2018**

**Report of the Director of Social Services, Health & Housing –  
A. Jarrett**

**Matter for Decision**

**Wards Affected: All Wards**

**LEARNING DISABILITY SERVICES STRATEGIC DELIVERY PLAN 2018-2019**

**1. Purpose of Report**

1.1 To seek approval from Cabinet Committee to endorse the Learning Disability Services Strategic Delivery Plan 2018-2019.

**2. Background**

2.1 Learning Disability Services supports people to achieve the goals and aspirations that matter to them, as well as helping to safeguard our most vulnerable residents from harm.

2.2 Significant work has taken place over the years to make sure people requiring these services have high quality care that is personalised to their individual needs.

2.3 The Plan builds on previous work and sets out the Council's intentions and proposals to further improve Learning Disability Services for adults living in Neath Port Talbot, following Members' endorsement of the Strategic Business Plan for Adult and Children's Social Care, 2018-2019.

2.4 The focus is to ensure that people receive support that is flexible to their changing needs, helps to build on their individual strengths, safeguards from harm, advocates choice and control, and promotes independence.

### **3. Monitoring, Review and Delivery**

3.1 The Delivery Plan will be monitored and reviewed with the Cabinet Member for Adult Social Services and Health and presented to members of the Social Care, Health and Well-being Cabinet Board on an annual basis.

### **4. Recommendation**

It is recommended that Members approve the Learning Disability Services Strategic Delivery Plan 2018-19 attached as Appendix 1 to this report.

### **5. Reason for Proposed Decision**

To endorse the proposed commitments and commissioning intentions to remodel services and implement a progression model of care, as outlined in the Directorate's Strategic Business Plan and detailed in the attached Delivery Plan.

### **6. Implementation of Decision**

The decision is proposed for implementation after the three day call in period.

### **7. Equality impact assessment**

There is no requirement for an equality impact assessment.

### **8. Workforce impacts**

There are no workforce impacts associated with this report.

### **9. Legal impacts**

There are no legal impacts arising from this report.

### **10. Financial impacts**

The Strategic Delivery Plan has been developed on the basis of the Directorate's budgetary savings for 2018-19.

### **11. Consultation**

There is no requirement under the Constitution for external consultation on this item.

## **12. Risk Management**

There are no risk management issues associated with this report.

## **13. Appendices**

Appendix 1 – Learning Disability Services Strategic Delivery Plan 2018-2019.

## **14. Background Papers**

Social Services, Health & Housing Directorate Strategic Business Plan for Adult and Children's Services, 2018-2019.

## **15. Officer Contact**

For further information on this report item, please contact:

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**Neath Port Talbot**  
**Castell-nedd Port Talbot**  
County Borough Council Cyngor Bwrdeistref Sirol

# Social Services, Health and Housing Directorate – Strategic Delivery Plan for Learning Disability Services

March 2018



**Improving Outcomes,  
Improving Lives**

*promoting high quality, responsive, citizen  
centred social care*

## **Contents**

<b>Foreword .....</b>	<b>2</b>
<b>Vision and Guiding Principles .....</b>	<b>3</b>
<b>Strategic Objectives .....</b>	<b>4</b>
<b>Drivers for Change .....</b>	<b>6</b>
<b>People with Learning Disabilities and Current Service Provision .....</b>	<b>7</b>
<b>Current Service Model .....</b>	<b>7</b>
<b>Financial Position .....</b>	<b>9</b>
<b>Our Priorities – What we plan to do .....</b>	<b>11</b>
<b>Priority 7 - Complex Needs: Learning Disabilities &amp; Mental Health Services .</b>	<b>11</b>
<b>Case Study .....</b>	<b>12</b>
<b>Commissioning Intentions.....</b>	<b>13</b>
<b>Outcomes .....</b>	<b>13</b>
<b>Action Plan for Learning Disability Services (April 2018 – March 2019) .....</b>	<b>15</b>



## Strategic Delivery Plan for Learning Disability Services

### Foreword

This Delivery Plan explains how Neath Port Talbot County Borough Council (the Council) will deliver its vision for adults living in Neath Port Talbot who require a Learning Disability Service. This Plan has been developed following Members' endorsement of the Strategic Business Plan for Adult and Children's Social Care 2018 – 2019, in order to set out the Council's future intention for Learning Disability Services.

Learning Disability Services supports people to achieve the goals and aspirations that matter to them, as well as helping to safeguard our most vulnerable residents from harm. Significant work has taken place over the years to make sure that people requiring Learning Disability Services receive high quality care that is personalised to their individual needs. This Plan builds on previous work and sets out our commitment to further improve services and responses that people receive over the next 12 months and beyond. The focus of our Plan is to ensure that people will receive support that is flexible to their changing needs, helps to build on their individual strengths, safeguards from harm and advocates choice and control. In this way, more people who require support will be able to live with greater levels of independence within their local communities and be better supported to accomplish their ambitions.

In keeping with the Strategic Business Plan, the focus of this document is the promotion of health and well-being of citizens and maximising independence in their own communities for as long as possible.

	
<p><b>Councillor Peter D. Richards</b> <b>Cabinet Member for Adult Social Services and Health</b></p>	<p><b>Andrew Jarrett</b> <b>Director of Social Services, Health and Housing</b></p>

## Vision and Guiding Principles

The Council's vision is to create *a Neath Port Talbot where everyone has an equal opportunity to be healthier, happier, safer and prosperous*<sup>1</sup>.

The Council's aim is for all people requiring a Learning Disability Service to live healthy and fulfilling lives, by enabling people to achieve their personal goals and outcomes.

This will be achieved by working in partnership with other agencies such as health, housing, education, the third sector, community organisations and the private sector. Through partnership working, people will receive high quality and sustainable responses that will meet the needs and demands of those requiring a service both now and in the future.

The Council, with its partners, will deliver a sustainable model of care and support that enables people with learning disabilities to live as independently as possible. We are committed to meeting the needs and wishes of people with learning disabilities in a way that is targeted, personalised, of high quality and cost effective, so that people with a learning disability are enabled to achieve the things that matter to them.

Our ambition is to deliver modern social care within Neath Port Talbot and we are dedicated to ensuring that people requiring social care support have the best experiences possible. This will be achieved by social services working more closely with other organisations and agencies so that there is a more holistic approach to how we support people.

Our aim is underpinned by the principles that:

- ❖ People with learning disabilities will:
  - Receive support that is personalised to their individual needs, goals and preferences
  - Have more choice and greater control and influence
  - Be enabled to enjoy as independent a life as possible
- ❖ Learning Disability Services will be strengthened in line with national and local strategic priorities and assessed levels of need
- ❖ Support to carers of people with learning disabilities will be further improved

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<sup>1</sup> NPTCBC Single Integrated Plan 2013-2023

And we will ensure:

- ❖ The best possible quality support through working in partnership with other organisations, including the private and voluntary sectors
- ❖ That partnerships are properly governed with a focus on the provision of high quality services and are accountable to those who use and pay for them
- ❖ Our services offer excellent value for money and are sustainable for the future
- ❖ That the valuable role of carers is recognised and that their own wellbeing needs are taken account of
- ❖ That we continually “challenge” the way that we do things, so that we consistently build on good practice

### Strategic Objectives

We want to move away from more institutionalised risk averse practices and models of support and instead recognise and safely build on people’s individual qualities, strengths and abilities. In doing so we will be able to ensure that people are able to live more independent lives including, where appropriate, supporting people to live in their own homes and communities. This is often called a **‘Progression’** approach.

A **‘Progression’** approach seeks to help a person achieve their aspirations for living life as independently as possible and requires working with the person and their support network to develop a personalised assessment, which identifies very specific development requirements in respect of activities of daily living; goal directed support planning; positive risk taking and outcome based reviews. This is then used to help understand how to best support the person and develop their skills so that they can transition into a more independent support model or receive lower levels of staff support. This may include, where appropriate, a person moving from residential care into their own home.

An **Assessment** of the person’s need will be **‘asset based’**, which means focusing on what a person can do, or could do with the right support, rather than focusing on what a person cannot do right now. This requires regular reviews to assess achievement against a set of goals or outcomes that have

been developed and agreed with the person requiring support. This will require operational practice (such as social care, health and housing related support carers) and those responsible for commissioning services to work more closely.

In order for us to achieve our objectives, we will work more closely with and better include all those involved in the person's personal network of support including family, carers, the third sector and the local community. We will also be looking to develop a new range of accommodation and community support options, which will involve the establishment of a new commissioning framework for social care and housing related support services.

Achieving this will require us to focus on ensuring that those who work with people requiring services have the right skills to deliver responses that are enabling and support progression of independence.

Our commitments are that we will:

- ✓ Listen to what matters to those that require support and make sure they have choice and control by enabling people to be actively involved in making decisions about their lives
- ✓ Safeguard our most vulnerable residents from harm
- ✓ Help those that require support to achieve optimum levels of independence and live the lives they want to live
- ✓ Prevent people from being disenabled due to overprovision of support and disproportionate approaches to risk taking
- ✓ Value the important role of carers and recognise their own wellbeing needs
- ✓ Help to ensure that the workforce has the right skills and resilience to help people achieve greater levels of independence by taking an asset based approach
- ✓ Work with partners to help ensure that people are supported to be more involved in their local communities so that they have increased opportunities to become involved in meaningful social and leisure activities as well as benefiting from natural support networks

- ✓ Strengthen working between departments to make sure that people experience smooth and positive transitions through services and pathways into adulthood
- ✓ Help communities to work in an asset based way
- ✓ Ensure there are high quality and cost effective specialist provision for those with the most complex needs
- ✓ Implement modern responsive services with a progression philosophy so that people can achieve their aspirations, including for those that want, and are able, to live in their own homes and communities
- ✓ Create new, innovative models of care and support within the community that are flexible to meet changing needs and individual requirements
- ✓ Develop a sustainable market which can respond to changing demands in the future
- ✓ Engage in the development of prevention and well-being services so that the need for higher levels of ongoing care is reduced

### **Drivers for Change**

There have been a number of changes at a national, regional and local level that has required us to review what we are doing and introduce a new approach so that we continue to be best placed to meet current and future needs and demands.

The following are key principles of this Delivery Plan:

- To reflect significant changes in local and national legislation and policy
- To reflect changing demographic pressures
- To ensure effective partnership working with key stakeholders
- To make effective use of our available resources, to ensure longer term sustainability and meet the requirements of the Council's Forward Financial Plan (FFP)
- To identify a range of approaches to promote independence
- To encourage creativity and innovation

## People with Learning Disabilities and Current Service Provision

Neath Port Talbot has a total population of approximately 140,000 people, including around 40,700 children and young people (aged up to 25 years), and 29,200 people aged 65 and over.

There are 528 people<sup>2</sup> aged 16+ years on the register of people with learning disabilities in Neath Port Talbot, the vast majority of who live in their own home or with parents or family:

	Community Placements				Residential Placements				Total
	Own Home	Parent / Family	Foster Home	Lodgings / Supported Living	Health Service Accommodation	LA Residential Accommodation	Private or Voluntary Residential Accommodation	Other	
No. People	6	295	32	69	2	1	50	73	528

In the future this could lead to increased demand for residential-type placements as parents and family develop their own care and support needs as they get older and become unable to continue caring for their relative with a learning disability, whose needs may also become more complex with age. We therefore need to make sure we work with families and have the right types of services and responses in place to support any later stage transition from a family home.

### Current Service Model

Currently<sup>3</sup> there are a total of 403 'placements', i.e. people (aged 18+) with learning disabilities in receipt of one or more service. The breakdown of total full year costs, cost to Social Services<sup>4</sup> and average costs by service type are summarised in the table below:

<sup>2</sup> Source: StatsWales website, data for 2016-17

<sup>3</sup> Monthly Placements Budget Sheet February 2018. Note figures are for approved placements and may include placements approved and not yet started

<sup>4</sup> The cost borne by Social Services, net of any ABMU Health contributions for joint funded care packages

	Total (SS & Health)			Cost to Social Services		
	People	Full Year Costs	Average Cost in Service Type	People	Full Year Costs	Average Cost in Service Type
Residential	33	2,837,035	85,971	33	2,315,243	70,159
Standard Res	4	81,223	20,306	4	81,223	20,306
Domiciliary	29	306,079	10,554	29	306,079	10,554
Day Care	39	975,034	25,001	39	828,857	21,253
Adult Family Placement	24	404,494	16,854	24	404,494	16,854
Respite	3	56,854	18,951	3	56,854	18,951
Supported Living	136	7,060,541	51,916	133	6,116,768	45,991
Direct Payment	135	1,725,500	12,781	135	1,725,500	12,781
	403	13,446,760	33,367	400	11,835,018	29,588

The current service model is not as progressive as it could be, being heavily reliant on care provided in a residential home or an historical model of supported living. This has resulted in an under-developed market for more enabling services which promote greater levels of independence.

The cost of each care package, even within similar service provision, can vary widely and a breakdown is provided in the table<sup>5</sup> below which groups cost ranges by the number of care packages currently being delivered:

	Total (SS & Health)		Cost to Social Services	
	People	Full Year Costs	Count	Full Year Costs
Less than £10,000	107	559,296	108	563,514
£10,000 - £19,999	106	1,686,623	105	1,559,762
£20,000 - £29,999	49	1,209,106	52	1,283,350
£30,000 - £39,999	20	703,073	21	735,099
£40,000 - £49,999	22	993,753	24	1,081,994
£50,000 - £59,999	28	1,537,842	30	1,628,426
£60,000 - £69,999	14	910,613	13	839,441
£70,000 - £79,999	12	896,142	18	1,356,058
£80,000 - £89,999	12	1,020,399	10	849,002
£90,000 - £99,999	10	965,452	9	866,362
£100,000 - £109,999	11	1,136,110	7	727,608
£110,000 - £119,999	5	578,516	0	-
£120,000 - £129,999	1	122,582	3	344,400
£130,000 - £139,999	0	0	0	-
£140,000 - £149,999	1	146,185	0	-
£150,000 +	5	981,068	0	-
	403	13,446,760	400	11,835,018

Residential care and supported living is provided by around a dozen different service providers across 60 locations, including 15 people currently living outside of Neath Port Talbot.

<sup>5</sup> Budget Monitoring data as at February 2018

## **Financial Position**

Neath Port Talbot continues to face significant financial constraints and the Council's FFP sets out the budgetary savings requirements across the main service areas of each directorate.

The Council is committed to supporting its most vulnerable residents and as such spends<sup>6</sup> approximately £14.9 million per year on providing, commissioning, and managing services for people with learning disabilities, including £2.6 million on internal day and special needs services and £12 million on residential care, external day services, supported living and adult family placements. In addition to this, there is further funding provided through the 'Supporting People' programme to address housing support needs; the contribution made by Supporting People consists of 28% of their total grant budget.

The overall savings required of Social Services in 2018-19 is £4.55 million, of which a target of £0.5 million<sup>7</sup> has been assigned to Learning Disability Services – a 4% saving on the £12 million learning disability placements budget.

Against the backdrop of a challenging financial climate is the knowledge that we will also see more demands for social care services, adding further pressure to the Council's budget.

The driver for change and the objective of this plan is to make sure the Council is best placed to enable those that require a Learning Disability Service to have fulfilling lives based on achievement of their personal aspirations and optimising their independence, whilst being safeguarded from harm. To do this we need to review what we do now and how we do it, to ensure we achieve best value for money so that we can appropriately meet demands within our available budget.

## **Changes to Service Delivery**

We have already identified a number of people who are able to transition into alternative services that offer greater levels of personal independence. For

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<sup>6</sup> Budget 2017-18; figures for 2018-19 were being finalised at time of writing

<sup>7</sup> See Forward Financial Plan (FFP) 2018-19



example, around 17 people could be offered the option to move into an 'Extra Care' scheme if this was available locally. Extra Care schemes are apartment complexes based in the community, where people have their own self-contained flat and can utilise a range of on-site communal facilities. However, to enable this to happen we must commission a wider range of services than our current offer; this will include working with Registered Social Landlords to help develop different housing solutions.

We have reviewed the way we assess and commission social care packages and findings have shown that:

- People experience better outcomes when assessments focus more on what people can or could do and how they can be integrated more into their communities to benefit from more natural support mechanisms
- Strong goal and outcome planning within assessments helps to prevent drift in care management and reduce lost opportunities to help people achieve different outcomes in their lives
- Early transition planning which focuses more on developing a person's skills and resilience results in improved opportunities for people to live in more independent care settings
- Underdeveloped succession and contingency planning to consider the implications of a breakdown of carer support can contribute to overuse of residential care
- A traditional contracting model and an underdeveloped market results in less individualised and disabling accommodation and care support models which does not stimulate innovation or choice
- Optimising the use of assistive technology can contribute to helping people live more independently

These findings support the need to build on current good practice and implement a conversation approach to assessment and review practice based on strengths. It also underlines the need to take forward the procurement of a new commissioning framework for social care and housing related support so that the local market is able to offer a choice of individualised and innovative options in the local community that supports progression.

## Our Priorities – What we plan to do

We are an ambitious Council and there is much we want to achieve to make sure people get the best possible support and have positive life experiences.

The following section outlines the areas of priority we are planning to work on over the next 12 months and beyond in order to progress the overarching objectives, setting out our key priorities and work areas.

### Priority 7 - Complex Needs: Learning Disabilities & Mental Health Services<sup>8</sup>

*For people accessing learning disability services or mental health services, we will, in partnership with clients, carers, families and service providers remodel services and implement a 'progression' model of care.*

*We want to ensure that people do not become entrenched and over-dependent on services. We will work with all partners to promote individuals' strengths and independence, and ensure they receive the care they need based on the outcomes they want to achieve.*

Key to this approach is embedding the **'progression model'** of care. An example of this approach is the identification that a person currently living in a residential care home out of the area wants and can, with the right support and planning, return to Neath Port Talbot and live in their own home. To achieve this, first the person might take up residency in a local residential care provision for a period of time, during which the provider will work with the individual to help them acquire independent living skills. During this time they may form a friendship group with other residents and, at a later date, move to a supported shared home. Here they receive further enabling support and acquire more independent skills so that, after a period of time, all can move into homes of their own; true independence with their own front door.

Over a number of years, it is anticipated that accommodation configuration will gradually change from being one that is mainly residential / supported living to one where the majority of individuals are living more independently, including 'core and cluster' (nearby houses that share care and support staff between them) and 'extra care' developments.

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<sup>8</sup> As taken from Social Services, Health & Housing Strategic Business Plan 2018-19

As such, service providers will be commissioned and routinely monitored according to their ability and progress in promoting independence of individual clients, whilst ensuring that costs are in line with the services being provided.

### Case Study

As part of the outcome focused reviews, three individuals living together in a supported living house were assessed to ensure they were being supported to reach their potential, to progress and have new experiences to achieve what matters to them.

“E” was identified as being able to move on to a different model of care (extra care accommodation) that would allow her to be more independent. Her support hours remained at the same level to help her transition. Recommendations were made to enable “E” to progress further, with goals such as budgeting and managing relationships with others, that will support her independence in the future and provide further reassurance.

“J” was identified as being suitable for a reduction in overall support hours as she and her father could be supported to access local groups together, such that staff would not be required to be on call and will give “J” a wider network of support and experiences, building her confidence to prevent isolation.

“T” is a very capable person who has also been identified as suitable for extra care accommodation. She already attends “Bspoke” day service twice a week and has asked her care manager for an extra day as she felt she needed more social stimulation. It was clear that what mattered to her was spending time with a dog and having a work placement in a café. “Me, Myself and I” arranged a voluntary placement in their café and “T” is able to spend time with their therapy dog. As a result it has been recommended to reduce her support hours as her independence increases.

In addition, the supported living house as a whole is being assessed using assistive technology to identify if night-time support can be removed safely in the future if appropriate.

## Commissioning Intentions

Consideration for the commissioning of services will only occur where a service can demonstrate that it can achieve the biggest impact and maximum benefit for people with learning disabilities. To achieve this, our plans include:

- A systematic asset-based and outcome-focused review of all people with a learning disability in receipt of a care package to ensure it provides them with the appropriate level of care and at an appropriate cost
- Encouraging an asset based approach so that people with learning disabilities utilise community based prevention and well-being services, for example through our Local Area Coordinators or Direct Payments
- Work with those in receipt of services, their families and existing providers to identify who could either be supported differently or move to more enabling forms of accommodation and support
- Promote development of core and cluster and extra care housing accommodation options with new and existing partners to enable the 'move-on' of people where appropriate
- Where possible, use assistive technology approaches to assess individual's requirements for night time levels of support, reducing the need for 'sleep-in' staff which can be intrusive and encourage overdependence
- A 'Transition Team' to jointly work on complex care cases and facilitate their smooth transfer between Children's and Adult Services
- Recommissioning our service delivery model through a new framework which also encourages providers to be more innovative, moving away from over dependence on residential care and supported living
- Become less reliant on a small number of providers

## Outcomes

As a result of changes to the way we assess and review care needs and commission services, we expect to see a number of positive outcomes as the new model embeds, for example:

- People with learning disabilities living with greater independence

- People with a learning disability are enabled to achieve their personal goals and be active members of their local communities
- Increased emphasis on working towards a person's personal outcomes using a targeted approach so that people are able to live the lives they want to live
- Enable Social Workers to plan pathways of care based on individual need, rather than service availability so that people receive the right type and levels of support as they are enabled to achieve greater levels of independence
- Enable providers to develop business strategies based on projected needs so that we have a robust and sustainable market that is able to meet local needs and demands
- A more dynamic, flexible and diverse range of accommodation and service options available to those who need it so that people have greater choice and control
- Sustainability of high quality provision that is also good value for money so that we can meet demands within budget

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## Action Plan for Learning Disability Services (April 2018 – March 2019)

Our commitments will be to:

- 1. Take forward outcome focussed assessments and review the commissioning arrangements for complex care. This will involve reviewing care packages of people with complex needs and work with providers to create a range of support and accommodation options.**

**This will be achieved by:**

- a. People are sometimes in residential care when assistive technology could be used to help them live more independently. We will review each care package and promote the use of assistive technology where possible
- b. Giving people more choice and a louder voice to take greater control over decisions about the way they want to live their lives and the services they need to support them to do this
- c. Embedding quality assurance and performance management to ensure best outcomes are achieved for those accessing services, and promote a culture of continuous improvement

- 2. Implement an outcome focussed approach to promote greater levels of independence.**

**This will be achieved by:**

- a) Reviewing each care package to ensure it is meeting the person's individual needs in the best possible way
- b) Ensuring residential providers are progression focused

- 3. Drive forward a remodelling exercise for Learning Disability Services and explore new models for the future.**

**This will be achieved by:**

- a) Engaging with the market to draw together innovative models that support the Council's agenda of independence, choice and control and to commission appropriate models of support in accordance with individual needs

**4. Create clear pathway models for complex care services to enable people to achieve optimum independence. This will include working with providers to develop a wider range of care, support and accommodation options which promote greater independence.**

**This will be achieved by:**

- b) Utilisation of the 'progression model' of care programme, which ensures that care packages are tailored to the needs of the individual, whilst placing emphasis on progression, across Learning Disability Services
- c) Reviewing the provision of community support to ensure that Supporting People Programme Grant funding is making an optimal contribution to the development of an accommodation and support service pathway for people with learning disabilities that has clear and streamlined access arrangements
- d) Improving transition planning so that support is available and accessed in a timely manner

**5. Work with providers to develop 'core and cluster' housing models; these consist of separate accommodation near each other to allow for shared support across a number of properties.**

**This will be achieved by:**

- a) Engaging with providers to develop innovative core and cluster accommodation models that can support the Council's agenda for independence, choice and control

**6. We are piloting the use of Assistive Technology packages in learning disability supported living schemes; technology can help us better understand what staff interventions occur, enabling a move towards different models of staffing that promote independence.**

**This will be achieved by:**

- a) Installing 'Just Checking' equipment in all Supported Living / group homes on a rolling programme to assess need for overnight support. If Just Checking provides evidence that changes to overnight support can be made then Tunstall and Yecco equipment will be used to support staff and tenants to remain safe and to allow for timely responses.

**7. Work with colleagues in health to foster a joint approach for reablement models and for the delivery of complex care services. Seek opportunities to drive forward integration between the Council and Health Board teams, in terms of the social work and commissioning arrangements for mental health and complex care services.**

**This will be achieved by:**

- a) Strengthening existing partnership arrangements to identify opportunities for further integration and joint working



**NEATH PORT TALBOT COUNTY BOROUGH COUNCIL  
SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD  
8<sup>th</sup> March 2018**

**REPORT OF THE HEAD OF CHILDREN & YOUNG PEOPLE  
SERVICES – KERI WARREN**

**MATTER FOR MONITORING**

**WARDS AFFECTED: ALL**

**PARTICIPATION AND ENGAGEMENT WITH CHILDREN & YOUNG  
PEOPLE REPORT**

**1. Purpose of the Report**

The purpose of this report is to update Elected Members on the work of the Engagement and Participation Officer for Children and Young People's Services.

**2. Executive Summary**

The purpose of this report is to provide an overview of the work carried out by the Engagement and Participation Officer for Neath Port Talbot County Borough Council Children and Young People's Services since commencing the post in January 2017. The majority of the direct work for the period of time covered in this report relates to children and young people who are looked after by the Local Authority.

**3. Background**

**Participation Working Group**

The first meeting of the Participation Working Group was held on February 17<sup>th</sup> and meet on a monthly basis. The group is made up of professional staff from across Children and Young People's Services. The group aims to ensure through pro-active participation and engagement children and young people receiving a service are given the opportunity to have a say in developing future service provision. The

group use their knowledge and resources to plan events and consultations for children and young people. This is also an opportunity to network with a range of agencies.

### **Looked after children celebration of achievements and success evening**

An event was held on the 25<sup>th</sup> April 2017 to celebrate the achievements and successes of looked after children in NPT. Children aged between 12-14 years were nominated by social workers, parents/carers and teachers. The event was staged to improve community inclusion and social wellbeing. Partner agencies involved were; South Wales Police, Mid and West Wales Fire Brigade, Voices from Care, Children's Rights Unit, Barnardos, Children's Services and Ysgol Bae Baglan Community School.

The event was compered by Mr Andrew Wallsgrove from the Children's Commissioner's Office. Supporting the evening was a local dance school TDM, Welsh Netball, Swansea City FC and Ospreys RFC. 29 children received awards and were publicly celebrated for their achievements. Tata Steel sponsored the evening to the amount of £500 and agreed to sponsor future events which will include a Tata Steel award. Other local businesses offered support; Boots, Gwyn Hall Neath. The event was publicised in the Evening Post and 'In the Loop' NPT magazine.

### **Children's Rights**

Training has been undertaken to provide new employees up to date and relevant information on the United Nations Convention on the Rights of the Child (UNCRC). UNCRC training to be given during the induction period. 'Train the trainer' training provided by Children's Rights Unit. Previous work surrounding Children's Rights started by the previous Engagement & Participation Officer during 2016 has been concluded. Artwork produced during a Children's Rights graffiti art workshop have been publicly displayed in Fairway Family Resource Centre, Sandfields. The Art was promoted in 'In the Loop'.

### **LAC Review Booklets, Child Protection Conference: Information for Parents/Carers and CYP Leaflet, Information about being in care booklet.**

Parent/carers, children and young people informative material has been reviewed and updated. Young people have been consulted in order to

make the material more appealing and relevant to children and young people. Leaflets and booklets are accessible through the medium of Welsh and are in various editions to cater for children and young people with additional learning needs. Mrs T. Jones Deputy Head Teacher Ysgol Hendreflin was consulted during the development of the ALN (additional learning needs) booklets.

### **Looked after Children Youth Council**

During May 2017 CYPS established the Looked After Children's Youth Council. The United Nations Conventions on the Rights of the Child is a core value in CYPS and listening to the voice of the child or young person in everything we do is principal. The council was formed to empower young people aged between 11-18 years to influence and inform the decisions that affect their lives. CYPS support young people to get involved in their communities, making a difference as volunteers, campaigners, decision-makers and leaders. A recruitment day was held with the support of Bulldogs Gym. The council meet monthly and currently has 15 members. The council have designed their logo with the support of NPTCBC web designers. Looked after children across the county were asked to choose their favourite design. The council is called YOVO – YOur VOice Matters. Children and young people determine the agenda and issues the group tackle. Children Services work in partnership with the Children's Rights Unit to support YoVo. Yovo have partnered with Lliesiau Bach, Wales Observatory Swansea University to carry out research on agendas chosen by the yp's. Yovo have visited the Senedd to gain an understanding of Welsh politics and their rights as young people, rock climbing, tenpin bowling, trampolining, cycling to raise awareness of UNCRC Article 15 & 31 – the right to meet friends, join groups and relax and play.

### **Young Carers Strategy**

NPTCBC Young Carers Strategy aims to improve the lives of young carers and their families in Neath Port Talbot. We want to ensure that every young carer achieves their full potential and has positive emotional and physical wellbeing. It is therefore crucial that partner organisations in NPT work together to recognise, value and support our young carers. Consultation with young carers was undertaken during the Young Carers Event held in April. The proposed strategy was discussed and CYP gave their opinions and shared their experiences. Further consultation took place in Wauncierch Youth Club. Consultation initiated a CYP friendly document, promotional material to advertise services and identify young

carers and support services to be reviewed. In October a fun day and consultation was organised for young carers to have their views on the CYP document and be part of the marketing campaign to highlight young carers and promote services to this group. In April 2018 a programme of awareness will be delivered to schools via school assemblies & PSE lessons.

### **Public Service Board - Citizens Engagement Scheme**

The Public Service Board (PSB) has produced this Scheme for all partners to collaborate more effectively, focus resources and avoid duplication. It is intended that this Scheme will contribute to providing a 'one public service' and bring citizen engagement central to the purpose of the PSB. Such improved collaboration will provide a more comprehensive and inclusive assessment of need, recognise aspirations of the future, encourage participation and result in more efficient and cost effective decisions and services. The Engagement & Participation Officer attended this group to ensure the voice of the child was a key part of the scheme. NPTCBC consulted the public on the Welsh Government well-being objectives and as part of this consultation produced a children and young people friendly questionnaire to gather the views of children and young people in relation to the 'The Well-being of Future Generations Act'.

### **Circus Eruption**

Children's Services collaborated with Circus Eruption to engage children with behavioural issues to improve their team building, confidence, communication skills and behaviour. 20 looked after children of primary school age participated in fun circus skills based activities over two days. A range of fun activities from human towers, unicycles to juggling were learnt. All this accumulated in a circus show in front of an audience at the end of day two. Children even took on roles of responsibility and managed the production along with those who chose to perform. Values such as caring for others, openness, supporting friends and trying new things were at the core of all activities. The aim of such events is to engage with children in a productive and meaningful way to build relationships which has a positive impact on behaviour at home with their carer/parent. This results in less intervention from services.

### **CSE awareness & website**

As part of the Engagement & Participation Officer's Action Plan young people in secondary schools across NPT were to be approached to support the development of a Child Sex Exploitation website. The Engagement & Participation Officer visited secondary schools and gave a CSE awareness workshop and consulted with young people on the design and content of the proposed website. Adults were also consulted via the Foster Carer Association to give their input on the Parent/Carer section of the site. The Risky Behaviour Panel was attended, chaired by Ali Davies (Principal Officer at the time), to network with partner agencies and the police. Further work in this area was undertaken in partnership with Bulldogs Community Gym. A Community Response Group was formed and vulnerable young people attended a half day workshop for 5 weeks to educate them on a range of safeguarding issues. Young people attending were consulted regarding the website and participated in the CSE awareness workshop. Consultation will now take place to implement a marketing strategy to raise awareness of the site. Working in collaboration with South Wales Police, Cynydd and NPT secondary schools, the Engagement Officer will be facilitating a programme of CSE awareness to vulnerable groups to commence in April 2018.

### **Children and young people's website**

A looked after children's website is in its development stages. The website will be used to advertise and promote events and services to children and young people and contain important contact details. Social worker teams will have access to the site to promote initiatives. Social media sites will be available on the website also.

### **Pen y Fan walk to raise awareness of Children's Rights**

On the 15<sup>th</sup> August 2017 Children's Services walked to the summit of Pen Y Fan in the Brecon Beacons to raise awareness of the UNCRC at the highest point in southern Britain. 17 young people and 9 NPTCBC staff attended. Primary schools across NPT participated by decorating flags with UNCRC rights on. These flags were displayed at the top of the mountain in a Tibetan prayer flag fashion. The event was supported by 4 MAWWF Service staff and the Brecon Beacons National Park. Further outdoor activities have included a 4 hour hike around Tor Y Foel which targeted 16 key stage 2 & 3 children and a woodland caretakers and survival skills day in Craig Y Nos Country Park for primary aged children. In February 2018 10 young people enjoyed Geocaching in the Brecon Beacons.

### **Snow Camp**

11 looked after children attended a Snow Camp on the 17<sup>th</sup> & 18<sup>th</sup> August 2017. The purpose of the event was to learn how to ski or snowboard, engage with new friends and learn life skills. The sessions built confidence, encouraged team work, perseverance, communication and listening skills to name but a few. The 2 day event was a taster course for future courses in order to gain qualifications in Ski instruction. The event was funded by the Foster Carer Association. One young person from the group has enrolled on the Snow Camp Graduation School to become a competent skier and instructor.

### **Sailing with Challenge Wales**

Looked after young people became part of the crew of the round the world yacht Challenge Wales. The crew sailed the yacht for a full day in the Bristol Channel taking on full responsibilities of sailing. The activity promoted teamwork, leadership, communication along with building self-confidence. All crew members worked towards a teamwork qualification which is accredited by Agored Cymru and contributes to an NVQ.

### **Listen up**

Yovo attend various events organised by the Children's Commissioners Office and Voices from Care to learn about their rights and get their voice heard. Topics range from barriers to participation to bullying.

### **iClub**

The Engagement Officer has teamed up with the telecommunication company 3 to deliver online safety to children and young people. The safety training is delivered to children during iClub. iClub is a computer club set up for LAC children & young people in order to enhance their computer skills and be safe online in a safe and sociable setting. The children learn how to code, create movies, produce music and more. The next iClub will commence in April and the target group is children with disabilities, based in Ysgol Hendre Felin.

### **Parent/child cooking classes**

12 parent/carers and their child attended a cooking lesson with a focus on building relationships and preparing wholesome, nutritious meals on a budget. The event was planned in collaboration with Team around the Family (TAF) to help families in crisis. Play activities were organised for siblings.

### **Margam Park Event**

15 children and young people visited Margam Park open day in February 2018. The trip focused on children and young people from teams across the service and encouraged parents and carers to participate. The event included outdoor activities and team building, confidence activities.

### **Bulldogs Boxing and Community Centre**

The Engagement & Participation Officer works closely with Bulldogs Boxing and Community Centre to provide children and young people with meaningful social activities. The Centre aims to promote healthy lifestyles and social skills through fun games and sporting activities. Together, the Engagement Officer and Bulldogs have set up fusion@bulldogs. The youth club is held twice a week targeting children and young people who receive services.

### **Consultations**

Consultations have been held to listen to the voice of children and young people. These have included Supporting People Service Users consultation, Young Carers consultation, looked after children and their placement and Pendarvis contact centre. Work has been undertaken to gather the views of children and young people in order to improve services. The Supporting People and Young Carer consultations have provided Commissioning with a valuable insight to planning future services. The latter two have prompted two projects which are currently being undertaken. Looked after children are researching placement experiences and developing material to inform children and young people of their placement prior to arriving. The Engagement and Participation Officer is capitalising on links with local colleges to decorate the Pendarvis contact centre with animation drawings chosen by service users.

### **Networking & Fundraising**

Meeting with various agencies including Mid and West Wales Fire Service, South Wales Police, Children's Rights Unit, Youth Service, Barnardos, NPT Education, Swansea City FC, Ospreys Community, Voices From Care, NPTC Group to name but a few.

£1,850 has been raised through community support donations and grants. Tata Steel have sponsored 3 Celebration Evenings to the amount of £500 each and Yovo were awarded a £350 grant from the NPT Council for Voluntary Service. A £600 'play' grant has been applied for.

#### **Proposed future events**

Further Celebration Events are being planned for 2018. A grant has been applied for to buy 6 GPS units to organise Geocaching events. The events will promote wellbeing and improve relationships. A focus will be on father/child sessions, children with disabilities and behavioural issues to begin with. Further collaboration with the Brecon Beacons National Park is already underway in order to increase engagement and participation through outdoor activities. Links with the National Museum and Fire Service are being capitalised on. A proposed environment club is in the making with plans to protect NPT's outstanding parks and beaches by beach cleaning etc. and awareness work.

#### **4. Recommendation**

It is RECOMMENDED that Members note the work of the Engagement and Participation Officer for Children and Young People's Services.

#### **5. Equality impact assessment**

There is no requirement for an equality impact assessment.

#### **6. Workforce impacts**

There are no workforce impacts arising from this report.

#### **7. Legal impacts**

There are no legal impacts arising from this report.

#### **8. Financial impacts**

There are no financial impacts arising from this report.



## **9. Consultation**

There is no requirement under the Constitution for external consultation on this item.

## **10. Risk Management**

There are no risk management requirements arising from this report.

## **11. Appendices**

Not applicable.

## **12. Background Papers**

None

## **13. Officer Contact**

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**NEATH PORT TALBOT COUNTY BOROUGH COUNCIL**

**Social Care Health and Wellbeing Cabinet Board**

**8th March 2018**

**REPORT OF THE HEAD OF COMMISSIONING - SUPPORT  
AND DIRECT SERVICES**

**Matter for Monitoring**

**Wards Affected:**

All Wards

**ABERTAWA BRO MORGANNWG UNIVERSITY HEALTH  
BOARD CARERS PARTNERSHIP - ANNUAL REPORT  
2016/17 AND CARERS PROGRESS REPORT 2017/18**

**Purpose of the Report**

1. The purpose of this report is to present Cabinet with:
  - a. The Abertawe Bro Morgannwg University Health Board (ABMU) Carers Partnership Annual Report 2016-17 (Appendix 1);
  - b. An update in relation to the partnership working taking place across the region to achieve Neath Port Talbots (NPT) strategic commitments to Carers (Appendix 2);
  - c. The Neath Port Talbot Carers Partnership Event Carers 'Have Your Say' Feedback Report (Appendix 3).

- d. Reconfirmation of the Councils commitment to Young Carers;

## **Executive Summary**

2. Supporting Carers is a priority in the Social Services and Wellbeing (Wales) Act 2014 (SSWA). This report aims to assure Members that the Council recognises the valuable role of Carers and, as such, is working with partners in order to provide support to Carers both in terms of their own wellbeing needs and in their caring role.
3. This update report also aims to reiterate the Councils commitment to Young Carers.

## **Background**

4. ABMU's Carers Partnership Annual Report 2016-17 (Appendix 1) provides an update on the implementation of the Valuing Carers Transition Plan (Background Paper 1). Chapter 8 of the Annual Report outlines key achievements and examples of activities which have been undertaken over the last 12 months. Examples of how Carers have achieved individual outcomes and feedback from Carers can be found in Chapter 9.
5. The Council have worked closely with partners to progress the strategic objectives for Carers. The Carers Progress Report 2017-2018 (Appendix 2) provides an overview of the strategic context for Carers in NPT and the current position in regards to the work taking place across the region to support Carers, including how the Neath Port Talbot Carers Partnership Event Carers 'Have Your Say' has influenced changes.
6. All Carer services are, and will continue to be, led by Carers and include opportunities for Carers to inform service delivery by having opportunities to say what matters to them. The Neath Port Talbot Carers Partnership Event 'Have your Say' took place in September 2017, the Council have used feedback from this event to inform changes to the current provision (see Appendix 2). The Neath Port Talbot Carers Partnership Event Feedback Report (Appendix 3) captures Carers views and ideas from the event.

7. The Council is committed to supporting Young Carers and recognises the impact caring has on Young Carers wellbeing outcomes and quality of life. The Neath Port Talbot Young Carers Strategy 2017-2020 (Background Paper 2) is a working document and is reviewed on a yearly basis to ensure that it remains fit for purpose and focussed on the needs of Young Carers living within NPT. Service Model(s) for Young Carers and Young adult carers will be changing from April 2018 due to changing Guidance under the Families First Programme and the Strategies objectives. A progress report on the Strategies objectives will be brought to Committee in July 2018, with a full SMART Action Plan.
8. The Neath Port Talbot Joint Carers Strategic Commissioning Group was re-established in December 2017. It coordinates key officers from Health, Local Authority and Commissioned services. The Carers Strategic Commissioning group exists to set the strategic direction of the NPT Joint Carers Strategy and NPT Young Carers Strategy and to plan, develop and co-ordinate the implementation of the strategy across the Borough.

### **Financial Impact**

9. There are no financial impacts associated with this report.

## **Equality Impact Assessment**

10. There are no equality impacts associated with this report, however full EIAs were undertaken on production of the Strategies referenced in this document.

## **Workforce Impacts**

11. There are no workforce impacts associated with this report

## **Legal Impacts**

12. The Council make reference to the Social Services and Wellbeing (Wales) Act 2014 and the duties implied on the Council as such.

## **Risk Management**

13. There are no risk management issues associated with this report.

## **Consultation**

14. There is no requirement under the Constitution for external consultation on this item.

## **Recommendations**

15. To note the contents of this report.

## **Reasons for Proposed Decision**

16. Report is for monitoring purposes only and no decisions required.

## **Implementation of Decision**

17. No decisions required.

## **Appendices**

18. Appendix 1: The Abertawe Bro Morgannwg University Health Board (ABMU) Carers Partnership Annual Report 2016-17;

19. Appendix 2: The Carers Progress Report 2017-18;
20. Appendix 3: Neath Port Talbot Carers Partnership Event Feedback Report.

### **List of Background Papers**

21. Background Paper 1: Valuing Carers Transition Plan
22. Background Paper 2: Neath Port Talbot Young Carers Strategy 2017-2020

### **Officer Contact**

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## ABMU CARERS PARTNERSHIP

### ANNUAL REPORT 2016/17



### OUR VISION - VALUING CARERS STRATEGY

Our vision is that all Carers, irrespective of age and situation, should be supported throughout their time as a Carer, given information when they need it and in a way which meets their needs and be full partners in the planning and provision of care and support for those they care for...

## Table of Contents

1.	BACKGROUND – ABMU CARERS PARTNERSHIP BOARD .....	3
2.	TRANSITION PLAN.....	4
3.	CARERS IN THE ABMU AREA .....	4
4.	IMPLEMENTING THE TRANSITION PLAN.....	5
5.	VALUING CARERS TRANSITION PLAN – OUTCOMES .....	5
6.	FUNDING .....	6
7.	TRANSITION FUND REQUIREMENTS.....	6
8.	KEY ACHIEVEMENTS 2016 - 2017 .....	9
9.	EXAMPLES OF OUTCOMES FOR CARERS.....	17
10.	APPENDIX A – FINANCIAL BREAKDOWN 2016/17 .....	20

## 1. BACKGROUND – ABMU CARERS PARTNERSHIP BOARD

ABMU 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. The group produced *Valuing Carers - ABMU Carers Partnership Carers Information and Consultation Strategy 2013 – 2016*. The purpose of this strategy was to ensure ABMU Health Board and its Local Authority partners work together to inform and consult with Carers when they access health and Local Authority services.

The Health Board had the responsibility for publishing the strategy and both the Health Board and Local Authorities had the responsibility for putting it into action; additionally, they recognise that they could not achieve the outcomes set out in the strategy without the input and support from the Carers Services established in Bridgend, Neath Port Talbot and Swansea. The role Carers Services and Carer representative organisations play in supporting Carers is valued and was captured in the strategy. The *Valuing Carers* strategy and action plan covered a three year period and ran from 1st April 2013 to 31st March 2016.

The Carers Partnership Board is currently chaired by the Director of Primary and Community Services ABMU and the Director of Social Services and Well-being Bridgend County Borough Council is vice chair. In addition, the Board comprises the Local Authority Officers /Carers Lead, Locality Planning and Partnership Managers, and Locality Planning and Partnership Support Managers, ABMU Programme Manager Mental Health, ABMU Carers Champion, Managers of Swansea, Bridgend and Neath Port Talbot Carers Services, NPT CVS Health and Well-being Facilitator and the Regional Programme Director, Western Bay.

Carers' views shape the work of ABMU Carers Partnership Board. This is achieved through the presentation of Carers feedback each quarter and comments from local Carer Centres/ Service and Young Carers Projects. In addition views are gathered at ABMU wide events where Carers and Young Carers from the three local authority areas come together.

## 2. TRANSITION PLAN

The Valuing Carers – Transition Plan was produced in 2016 by the ABMU Carers Partnership Board with input from Carers. The aim of the plan is to improve the lives of Carers in the ABMU area by:

- Building on the progress achieved as a result of the Valuing Carers Strategy
- Maintaining the momentum of Carers awareness
- Providing a framework for partner organisations to respond to Carers within the remit of the Social Services and Well-Being (Wales) Act 2014 which from April 2016 superseded previous Carers Acts and the Carers Strategies (Wales) Measure.

The Transition plan initially covered the period 2016/17 and has been updated for 17/18.

## 3. CARERS IN THE ABMU 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: Key Terms - Section 3.4, 3.7 and 3.8, page 6, Social Services and Wellbeing (Wales) Act 2014

[http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf)

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 area served by the ABMU Health Board covers three local authorities, Bridgend, Neath Port Talbot and Swansea, with a combined population of 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 the Swansea. In total of 68,633 or 13% of the ABM UHB population are Carers.

#### **4. IMPLEMENTING THE TRANSITION PLAN**

ABMU Carers Partnership Board meets as a minimum once a quarter to oversee the Implementation of the Valuing Carers Transition Plan. Four subgroups comprise of members of the ABMU 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
- ❖ Transition

#### **5. VALUING CARERS TRANSITION PLAN – OUTCOMES**

In reflecting the central themes of the SSWB (Wales) Act 2014, that is providing information, advice and assistance, engagement, consultation

and co-production with Carers and strengthening partnership working, the expected outcomes for Carers in the ABMU area are:-

- A. Carers can access up to date information at the right time and from the right place
- B. Carers are identified by staff who recognise their needs, provide them with appropriate information and signpost them to relevant services
- C. Carers are engaged and consulted regarding any decisions made during their journey through health and social care services that affect them or the person they care for
- D. All Carers are offered a Carers Assessment ensuring their needs are identified and addressed
- E. Young Carers are identified and provided with appropriate information, assessment and support

Examples of how Carers have achieved individual outcomes and comments from Carers can be found in section 9 of the report.

## **6. FUNDING**

In 2016 Welsh Government made transitional funding available to Health Boards in Wales to support health, Local Authorities and the Third sector to work in partnership to assist Carers under the Social Services and Well-being (Wales) Act 2014. The allocation for ABMU in 2016/17 was £161,096 of which £14,064 was ring fenced to support Young Carers. A breakdown of funding received and spend during 2016/17 can be found in Appendix A at the end of this report.

## **7. TRANSITIONAL FUND REQUIREMENTS**

How ABMU Carers Partnership Board has met the four requirements of the Welsh Government Transitional fund 16/17.

### **Strengthening the partnership approach at a regional level**

Partner organisations including ABMU, Local Authorities, Carers Centres/ Service and other Third sector organisations demonstrate their

commitment to working together on the Carers agenda by attending the ABMU Carers Partnership Board and its subgroups; in working across organisational and area boundaries to share best practice and deliver services to Carers and Young Carers. The Regional Programme Director for Western Bay Health and Social Care Collaborative is a member of the Carers Partnership Board. A progress report is submitted quarterly from ABMU Carers Partnership Board to Western Bay Regional Partnership Board. In addition the Carers Co-ordinator is hosted by the Western Bay programme office.

### Creating opportunities to enable the third sector to fully participate in delivery.

ABMU Carers Partnership Board acknowledges the vital role Third sector organisations have in supporting Carers and Young Carers. Third Sector organisations are actively involved strategically in working with health and Local Authority colleagues on the Carers Partnership Board and subgroups. Third sector input is essential as they not only bring specific expertise but can also reflect the 'voice' of a broad range of local Carers which they support. The ABMU Carers Partnership Board's commitment to ensure that local Third sector organisations are at the forefront of the delivery of the Valuing Carers Transition plan can be demonstrated by the fact that approximately 90% of the Transition Funding has been allocated to a range of non statutory organisations.

The following organisations have been commissioned:-

BAVO – Bridgend Association of Voluntary Organisations

Neath Port Talbot Carers Service

Carers Trust – Swansea Carers Centre

Bridgend Carers Centre

Swansea YMCA – Young Carers Project

Action for Children Bridgend

EYST – Ethnic Youth Support Team

### Setting out how you intend to plan and deliver the additional requirements for carers set out in the Act

Towards the end of the 3 year period of the ABMU Valuing Carers Information and Consultation Strategy, the Carers Partnership Board began devising a plan which would move organisations from working to the Carers Measure to the Social Services and Well-being (Wales) Act 2014. The Valuing Carers Transition Plan focused on aspect of the Act which were particularly relevant to Carers ( and Young Carers) such as the identification of Carers, provision of information, consulting and engaging with Carers, Carers Assessment and working in partnership across statutory and Third sector services to support Carers.

### Ensuring the transitional funding is used as the means to embed existing good practice so it is mainstreamed and becomes common practice.

Within ABMU Carers Partnership Board, member organisations have shared and learned from instances of good practices, for example the model of having a Young Carers Project Worker engaging with schools started in one area, but was rolled out across all three Local Authority Area in ABMU. Other examples of embedding good practice include having a Carers Centre/ Service presence at all major hospitals within ABMU, this not only has resulted in reaching greater numbers of Carers but has also increased NHS staff awareness and strengthen relationships e.g. between NPT Carers Service and Patient Experience.

A part-time Carers Co-ordinator has been employed to work with partner organisations in delivering the Carers Transition Plan outcomes. The post holder is an employee of Bridgend Association of Voluntary Organisations (BAVO) and is based in the Western Bay Programme Office.



## 8. KEY ACHIEVEMENTS 2016 - 2017

**Carers can access up to date information at the right time and from the right place.**

- Carers Centres/ Service are funded by a range of sources including the Transition fund to provide information and support to Carers on Welfare benefits issues. During 2016/17 3187 Carers (or the person being cared for) were assisted across ABMU.



- ABMU Carers Hospital pack has been updated and includes general information about the Social Services and Well-being (Wales) Act, the Act in relation to Carers, Carers Assessments and Direct Payments. The bilingual pack will be available at ABMU Hospitals.

*Carers health liaison officer with Carers Hospital information pack*

- ABMU Carers Partnership allocated funding to adopt a targeted approach across the area that could help identify, provide support and signpost Black Minority and Ethnic (BME) Carers and Young BME Carers to relevant information related to their caring role. The Carers Worker from EYST (Ethnic Youth Support Team) has been making links and raising Carers Awareness with BME groups across the ABMU footprint.
- A wide range of events have taken place during 16/17 with a focus of providing information, mutual support and a break from caring responsibilities. Events have been arranged by Carers Centres/ Service often in partnership with Local Authority and Health colleagues. A variety of funding sources has covered the costs, including Transitional funding. Activities included Health and Well-being Days, Community Café at Bridgend Carers Centre, Exercise sessions such as Tai Chi, walking groups; events to mark Carers

Rights Day and Carers Week and specific Young Adult Carers activities. In total there were 3043 attendances at Carers Events across the area.



*'111' Information session – NPT Carers Service*

- Carers were asked about their information needs. A short questionnaire asked how and where Carers sought information, their preferred format and the subject areas which they found most useful. Once collated a report will be produced outlining the responses received.



*Information available from Bridgend Carers Centre*

- Carers have been able to access training via their local Carers Centre/ Service. Over the last 12 months Carers have participated in 583 training sessions such as Looking After Me Course, Mindfulness Course, First Aid, Love Food Hate Waste, Youth Council, Self-Advocacy, Life Coaching.
- Each of the Carers Centres/ Services in ABMU has a presence at their local hospital, this includes Princess of Wales Bridgend, Neath Port Talbot Hospital, Morriston Hospital, there are also information links to Singleton Hospital, Gorseinon and Cefn Coed Hospitals. Carers can access information, advice and be signposted to appropriate sources of support. Carers Centre/ Service staff also raise carer awareness with nursing and other hospital staff.



*Swansea Carers Centre stand at Morriston Hospital*

**Carers are identified by staff who recognise their needs, provide them with appropriate information and signpost them to relevant services**

- Each Partner organisation within the Carers Partnership Board has a named strategic lead for Carers.
- Team Carers Champions within Health and Social Services have a role in raising team awareness and in disseminating information to colleagues. Across the area there are over 60 Carers Champions or Carers Leads in Primary Care and Social Services.
- Carers Aware and Young Carers Aware e-learning packages have been updated with information on the Social Services and Well-Being (Wales) Act. There has been a delay in making the Welsh and English Language versions of the training available; however the Young Carers Aware package has recently been distributed to Training departments for use. A shortened e-learning package on broader Carers issues will be developed in 17/18 to replace the Carers Aware e-learning as the licence expired in May 2017. Both training packages will be available to local Third sector organisations.
- Carers Centres/ Services continue to work with primary care Services in the ABMU area. All 91 primary care practices have regular face to face meetings with the Carers Health Liaison Officers these posts have been funded from Transitional funding. They provide information and advice to Carers and staff at local surgeries and link in with primary care activities such as Flu clinics. Increased Carers Awareness in primary care has resulted in greater numbers of people being referred to their local Carers Centre or Service. In addition primary care centres receive regular e-mail bulletins highlighting events or Carers Centre/ Service newsletters. Swansea Carers Centre for example sends a bulletin to almost 350 NHS staff.



*Information at Carers Health and Well-Being Day*

- ABMU Health Board launched the Carer Friendly Pharmacy Campaign in September 2016 asking all 125 pharmacies across Swansea, Neath Port Talbot and Bridgend to participate for two weeks. The campaign was established to raise awareness of the critical role of Carers amongst pharmacists, to promote the support services available locally to carers and to highlight the role pharmacy teams can take to help Carers.

**Carers are engaged and consulted regarding any decisions made during their journey through health and social care services that affect them or the person they care for.**

- There were 3497 new contacts with the three Carers Services in the area. 40% of new contacts noted Health or Social Services as the source. Carers Centres/ Service receive funding from a range of sources to support Carers.
- Carers in ABMU can get a Carers Emergency Card from their Local Carers Centre/ Service. The card is designed to provide reassurance to the Carer should they become ill or have an accident away from home, the card identifies that someone depends on them for support. Transitional funding has contributed towards the cost of developing a new emergency card scheme in Neath Port Talbot.

- There continues to be opportunities for Carers to 'Have a Say'. On a regional level there is a Carer representative on Western Bay Regional Partnership Board and there are opportunities for Carers to engage with the quarterly meetings of Western Bay Citizens Panel. At a local level during 2016/17 Carers in Neath Port Talbot have been invited to informal 'coffee mornings' with the local authority Carers Champion, BCBC and CCoS regular hold Carers Forums. There have also been a range of consultation events such as the one held on Carers Rights Day Event at the Liberty Stadium.
- In Swansea a multi-agency Carers event for professionals took place to commence the work of raising awareness of Carer and young Carer issues , planning for future co-productive work with Carers and with the ultimate aim of making Carers 'everybody's business'.
- Bridgend Council has successfully piloted some ground breaking training for staff working with Carers of people with mental illness. The training was developed in line with the wishes of Carers and developed in partnership with Carers. It was a joint training event with partners in health and Third sector, delivered to an audience of case managers and people who work with people with mental illness and their families. The programme involved dispelling some myths around information sharing and gave examples of best practice.

**All Carers are offered a Carers Assessment ensuring their needs are identified and addressed.**

- New ways of providing Carers Assessments have been trialled this year. In Swansea Transitional funding has contributed towards a pilot project where a staff member from the Carers Centre has undertaken Carers Assessments (in partnership with the Local



Authority). A review is currently underway to determine 'lessons learnt' and the best way to move forward. In Bridgend the Hospital out reach worker also carries out Assessments alongside the Social work team. Whist in Neath Port Talbot assisting with Carers Assessments is a core activity for Carers Service Support Staff. NPT Carers Service also has a staff member dedicated to working with the Community Resource Team.

- Feedback from Carers about assessment has been mixed, particularly from Parent Carers and Carers of people with mental health issues. The Transition Plan for 17/18 aims to address these issues by developing a pilot project placing a Carers Support worker with a Children's disability team and closer working with Community Mental Health Teams.

**Young Carers are identified and provided with appropriate information, assessment and support.**

- The Young Carers Liaison Officer in Schools projects funded by the Transitional Fund has started in Swansea and Neath Port Talbot where it is delivered by Swansea YMCA and in Bridgend by Action for Children. The Young Carers Liaison Officers deliver P.S.E sessions and develop a Train the Trainer program to train staff and young people to be Young Carer's Advocacy Champions. 14 Schools have been contacted in Swansea and Neath Port Talbot and 12 PSE lessons have been booked. In Bridgend approximately 150 pupils have been engaged in awareness raising.
- Learning from best practice in Bridgend, the Schools project will work towards introducing young carers ID cards in Swansea and Neath Port Talbot. This enables Young Carers to use it at school instead of having to explain why they are late or have not done their homework in front of the class.



*The Board game 'I care do you' has been used with classes during PSE lessons to raise Young Carer awareness.*

- On the 18th August ABMU Carers Partnership hosted an event to celebrate the achievements of young Carers across ABMU Health Board. This activity commemorated the young Carers plaque and sculpture that have been placed in the grounds of NPT Hospital. Young Carers were instrumental in arranged the content of this event. Young people from Swansea, Neath Port Talbot and Bridgend participated by giving presentations, poetry readings and songs.



*A Young Carer's comment posted on the 'talking wall' at a recent Carers Partnership Young Carers Event.*

- Young Carers and young adult Carers across ABMU have been engaging in a variety of training opportunities including circus skills, self-defence, self-advocacy, young ambassadors, London School of Economics (LSE) training, British and Irish parliamentary Assembly (BIPA) training and Princes Trust training for employment. These activities have been funded through a range of different means.



- Planning has begun to develop a new ABMU wide information pack for Young Carers. Consultation has begun to identify what type of information young Carers say they need. During 2017/18 Young Carers will be involved at each stage of the development of this resource.

## 9. EXAMPLES OF OUTCOMES FOR CARERS

Example of Outcomes for Carers resulting from the Transition Plan

### Case Study - Carer A

A carer's assessment was carried out with Carer A. During the assessment it was identified that Carer A enjoys cycling and was currently feeling stressed and isolated. The CRT support worker passed on his details to the Carer Connector in the Carers Service who then advised Carer A that he could access the Carers Service "Sitting Service" to enable him to decrease his isolation and then hopefully his stress levels. The outcome is that Carer A is now using the "sitting service" to access weekly counselling sessions for the next 6 weeks. He will then start cycling once a week.

### Case Study – Carer B

A carer's assessment was carried out with Carer B by the CRT Support Worker. She had been isolated for some time due to her caring role. During the carers assessment Carer B expressed an interest in attending an activity that the Carers Service provided as she felt she was starting to feel depressed. However Carer B also expressed how low in confidence she was due to a length of time of isolation and not being in groups of people particularly those she didn't know. The support worker was able to refer Carer B to the Carers Service project - Carer Connector. The Carer Connector was able to accompany Carer B to the activity and introduce her to other carers. By the end of that first activity Carer B had made arrangements to attend the Carers Annual Shopping

Trip as well as the Annual Christmas party with the carers she met on the day.

#### Case Study – Carer C

Carer C has been attending the Carers Service health & well being days as well as other social activities that are in place to decrease depression and stress. Carer C has informed the Carers' service she has made an appointment at the GP with an aim to reduce her antidepressants.

#### Case Study – Carer D

Carer D accessed a carer's assessment via the worker funded through the transition / carers measure funding. She had had to give up work due to caring. The Carers Centre carer assessment worker arranged to visit Carer D at her home.

"I didn't know what to expect; thought it was yet another meeting of lots of questions about M ( person cared for) and never hear anything again.

I was surprised that it was for me. Phone calls were made in the meeting and things happened. I went to a craft class and am thinking about Life skills and counselling"

Carer D has now also accessed a free holistic therapy and has made an appointment to have a benefit check and to enrol on our LifeSkills 2 project.

#### Case Study – Carer G

Carer G spotted the Carers information stand while she was at the hospital with the person she cared for.

"I wanted to see if they could point me in the direction of support should we need it in the future. It makes a big difference to me to know that help is out there"

Carer G hadn't been aware of the Carers Centre before meeting the worker at the hospital. After getting information from the worker she was added to the Carers Centre database and was sent information on services. Carer G booked onto a Mindfulness course and received a free holistic therapy. She was also referred for counselling.

Comment – Carer H (Young Carer)

“We are glad that the council listened to our request for a young carers ID Card. I think it will make a big difference in school and help staff to be aware of young carers and how they need to be supported”

Comment – Carer Y (Young Adult Carer)

“I love being a part of the young adult carers voice group. It gives me time away from my caring role and lets me spend time with my friends. I really enjoy being a part of consultations and having my voice heard”

Comment – Health professional

‘Following the presentation the staff really appreciated learning about what the Carers Centre offered. Later I popped into the Carers Centre and I realised how invaluable the services are for carers. There was a lovely calm atmosphere there.’

Appendix 1

**10. APPENDIX A – FINANCIAL BREAKDOWN 2016/17**

**Carers Transitional Funding 2016-17 - Main Allocation - Annual Spend**

Description of Scheme funded	Organisation	Spend
Carers Coordinator post	BAVO	23,322
Black, Minority and Ethnic (BME) support worker	Ethnic Youth Support Team	24,000
Bridgend Hospital outreach post	Bridgend Carers Centre	18,526
Neath Port Talbot (NPT) Hospital outreach post	Neath Port Talbot (NPT) Carers Centre	3,380
Swansea Hospital outreach post	Swansea Carers Centre	27,253
Bridgend Carers Centre - Benefits Officer	Bridgend Carers Centre	5,481
Bridgend Carers Centre - Media Officer	Bridgend Carers Centre	453
Bridgend Carers Centre - additional hours to support GP and Pharmacies	Bridgend Carers Centre	1,680
Bridgend Carers Centre - Community Cafe	Bridgend Carers Centre	1,306
Neath Port Talbot (NPT) Carers Centre - Community Resource Team Assessment Post	Neath Port Talbot (NPT) Carers Centre	9,000
Swansea Carers Centre - Information Officer	Swansea Carers Centre	7,933
Carers Awareness Pharmacy Campaign	Various suppliers	1,103
Regional Event for Adult Carers - Spring 2017	Various suppliers	2,000
Carers Information - updating to reflect SSWB 2014 Act	Councils / NPT Carers centre	2,460
Bridgend Carers Centre - production of core information (newsletters, main leaflets etc.)	Bridgend Carers Centre	3,124
Emergency Card Project	Neath Port Talbot (NPT) Carers Centre	500
Information Leaflets	CCOS and BCBC	2,000

Carers Rep expenses on Regional Partnership Board and workshops		168
Slippage to cover any shortfalls on projected spend e.g. Regional events	N/A	3,548
Reallocation of 16-17 Slippage in Main Allocation to Young Carers Schemes	N/A	9,795
<b>Total Projected Spend</b>		<b>147,032</b>

#### Carers Transitional Funding 2016-17 - Young Carers - Annual Spend

Description of Scheme funded	Organisation	Projected Spend
Young Carers Regional Event - August 2016 - travel expenses	Various suppliers	238
Young Carers Regional Event 2017	Various suppliers	709
Swansea / Neath Young Carers Liaison Officer	YMCA	14,621
Bridgend Young Carers Liaison Officer	YMCA	5,000
Young Carers Regional Event 2017 - hospitality	Various suppliers	1,291
Young Carers Packs - reprint	TBC	2,000
Reallocation of Slippage in Main Allocation to Young Carers Schemes	N/A	-9,795
<b>Total Projected Spend</b>		<b>14,064</b>

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# Appendix 2: Carers Progress Report 2017-18

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## **Introduction**

This Progress report will provide members with an update on the work across the region in terms of the strategy for Carers and give an overview of the partnership working with the Carers Service within Neath Port Talbot (NPT).

## **Strategic Context**

### **Neath Port Talbot Carers Partnership Joint Carers Commissioning Strategy 2015-2018:**

The Aim of the strategy is to address the information and support needs of adult, young adult and young Carers who are resident in Neath Port Talbot (NPT).

It is intended that the Strategy be used by key partners to drive service planning and commissioning. It describes the services required to support Adult Carers within Neath Port Talbot to carry on caring for as long as they are willing and able to do so, in addition to having a life of their own. It recognises the different needs and outcomes for Young Carers and Young Adult Carers. It will also look at how through commissioning and service development we can build on the achievement of the two previous Carers Strategies and the work undertaken as a result of the Carers Measure, now replaced by the Social Services and Wellbeing (Wales) Act 2014 (SSWA).

### **Neath Port Talbot Young Carers Strategy 2017-2020**

In NPT we are committed to working to improve the ways in which we provide support to our young carers. The NPT Young Carers Strategy supports delivery against the requirements of the SSWA.

SSWA seeks to promote people's independence and give them more choice and control in their lives. The SSWA provides the legal framework for improving the well-being of those people in need of care and support, including Carers who may require support. It gives Carers equivalent rights to those that they provide care to and applies to carers of all ages including; young carers, young adult carers and adult carers

*SSWA stipulates "If the carer is a child, the assessment must have regard to his or her developmental needs and the extent to which it is appropriate for the child to provide the care. If the carer is a young adult carer aged between 16 and 25 the assessment must include an assessment of any current or future transitions the carer is likely to make into further or higher education, employment or training and have due regard to what the young adult carer wishes to participate in."*

The vision for young Carers in NPT, is that every young Carer is able to achieve their full potential and experience positive emotional and physical wellbeing. It is our aim to identify and significantly reduce the numbers of children and young people who are undertaking inappropriate caring roles and to reduce the number of families who rely on the care of a young person for their unmet care needs.

To achieve the strategies aims, it is important that partner organisations in NPT work together to recognise, value and support our young carers. The purpose of this Strategy is to provide a framework for this work over the next three years and build on the successes of the Carers Strategy (Wales) Measure 2010 and the NPT Joint Carers Commissioning Strategy 2015 – 2018.

## **Overview of Current Service Delivery**

Neath Port Talbot County Borough Council (NPT CBC) commissions the Neath Port Talbot (NPT) Carers Service to deliver Information, Advice and Assistance (IAA) as well as completing carer's assessments in partnership with ABMU Health Board & Social Services. It is a registered charity and is located at the Cimla Health & Social Care Centre to support carers aged 18+. In other areas of Wales, support for carers may be co-located in various teams, however in NPT the entire service is integrated as well as staff being co-located. This integrated approach has been recognised as good practice.

The service delivers IAA by providing a wide breadth of information to carers and their families. The way in which it is delivered is by choice from the carer, this could be information packs, home visits, meeting in the community, outreach and/or telephone services.

Carers Assessments are carried out by Support Workers who are employed by the Carers Service. A "Key Worker" approach is in place to ensure the carer only has one support worker that they can build a relationship with and to avoid confusion. This approach was implemented based on what carers had told us, which was *"too many people are coming in and out of my home, I don't know who anyone is"*.

Carers Service staff are co-located to various teams, this currently includes Afan Network, Gateway, Single Point of Contact (Children's Services) and in the next month both Community Mental Health Teams (CMHT's). This way of working promotes meaningful partnership and enables all staff from all services to provide more effective services for carers.

Carers' needs are met through IAA and/or a Carers Assessment by Carers Service staff, should the carer require support that is not statutory services. This could be signposting, benefit support to increase income, referrals to other third sector organisations; access to other support the carers' service provides for example a free sitting service. All other actions are passed back to social services who will then ascertain eligible need and if a care & support plan is required.



*“The support worker was wonderful she contacted MIND while she was doing the assessment to make sure I could get counselling as soon as possible. I wasn’t used to having things put in place so quickly”*

In addition to the commissioned service, carers have access to a range of support options. The Carers Service also provides a free low level sitting service to enable carers to have a “life of their own”. Carers who use this service are able to access medical appointments, leisure activities, shopping, meeting up with other family members and attending training or education.

*“I am so grateful for the sitting service. My husband has Parkinson’s and get’s a bit anxious when I leave him. The volunteer that comes into our home keeps him company and I have been able to have my chemotherapy sessions without feeling added stress.”*

One to one support to access community services is available from the Carer Connector in the Carers Service. Carers who want to improve their well being by utilising what is available in their community can link in with the Carer Connector based at the Carers Service. The Carer Connector also works closely with the local area coordinators and mental health services based in Primary Care.

*“My caring role left me isolated and low in confidence. Now that my dad is in Tonna 2 days a week I have time for me and to do my hobbies again. The Carer Connector helped me get back out there and I volunteer to teach people to knit one day week. I feel like I have a bit of me back again and it makes caring for dad a lot easier. I feel happy.”*

In NPT we know carers have extensive expertise and are keen to share this. Carers come together with a facilitator at the NPT Carers Service and share their “healthy tips” on how they have improved and/or maintained health & well being. This information will be collated and formed into a book, a resource that carers can share with other carers. This resource will also be made available across Western Bay.

*“I love that I can put to use my positive experience to help others. As carers supporting each other, is what has helped us cope the most.”*

One of the first points of contact a carer could have is their GP. A Health Liaison Worker is in post to ensure that all GP practices across NPT have information and appropriate tools to identify and support Carers. This post also has a presence in NPT Hospital, working closely with the Patient Experience Team.

Carers have told us that having a break to “recharge their batteries”, meet with other carers and have fun is important. Through additional grants the Carers Service provides a range of activities, with an aim to decrease stress & anxiety, decrease isolation, access to information and for carers to have time to themselves. The range of activities that have been suggested by carers are: Yoga, Lose Yourself in Craft Sessions, Singing for Fun, Information Coffee Mornings, walks using local parks, Health & Well Being Days, Live Your Life Workshops and days out.

*“Coming to the activities make me feel confident and energised. Very good for my emotional well being”*

*“Makes more of my life and is a day out meeting other Carers”*

## **Listening to Carers**

27<sup>th</sup> September 2017 a Have Your Say Event was held. Carers, Carers Service Staff and partners from both health and social services attended. On the day there was an overwhelming response that informed us how important Carers Service activities and breaks from caring are. The Carers Service is now currently in the process of developing an activity plan for 18/19. This will include suggestions from carers as to what activities will be included.

Carers informed us on the day that services specific to Mental Health Carers was vital. Leading on from the success of co-location within other teams, a Carers Support Worker will now be based in both CMHT’s for 18 months.

Another priority area that Carers told us was important and needed, is counselling. Currently the majority of carers would have to wait a minimum of 6 months for counselling sessions or have to pay, on average £40 a session. Arrangements have now been made between NPT Carers Service and NPT MIND to deliver counselling sessions to carers on a fast track basis. Carers in NPT now have access to a free counselling service and are seen within a week.

The above services have now been implemented as a result of the NPT CBC and partners listening to carers and understanding what is important. A portion of respite funds within the Local Authority have been utilised to deliver these additional services. Further Have Your Say events will be arranged as Carers informed us how valued the session made them feel. Carers who arrived at the session feeling quite angry have now said they feel “listened to” and “happy” that the Local Authority has taken their suggestion seriously and acted on it.

## **Going Forward to 18/19**

Key activities that will be taken forward in 18/19 include:

- Utilisation of ICF Funding via the Western Bay Carers Partnership Board to enhance and sustain services;
- Implementing further developments with the Health Liaison Worker to include working with the Hospital Discharge Team;
- Appointment of an Engagement Officer to develop an engagement programme to include activities as well as communication and information;
- Submission of a 5 year funding application to the Big Lottery to fund the Sitting Service from April 2019 onwards;
- Carers Conference during Carers Week;

- Have Your Say Event on Carers Rights Day – Follow up 1 year on.

## **Carers Service Additional Information**

### **Service Delivery from April 2017 – December 2017**

#### **IAA & Carers Assessments**

Total number of Assessments completed Neath/Afan Networks, The Laurels, CRT and Gateway	161
Total number of IAA by outreach	103 of this 14 had Benefit advice
Total number of Carers Information packs given to new carers now on Carers Service Database	307
Total number of IAA by telephone	170
Total number of IAA by home visit	9
Total number of Carers referred to other organisations or signposted to services in the community	109

#### **Benefit Advice & Support**

Total number of benefit advice & support by telephone	76
Total number of benefit advice & support by home visit	30
Total number of Carers referred/signposted to CAB or Welfare Rights due to complexity of issues	36

#### **Health Liaison Worker**

Total number of carers that received IAA and Carers information packs on wards at NPT Hospital and/or GP Practices including Port Talbot Resource Centre	382
Total number of carers that received IAA and Carers Information packs at Flu Clinics across NPT	145

### Health & Well Being Project

Total number of carers who are part of a working group to develop a Handy Tips Resource on improving and maintain Health & Well Being for Carers.	32
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### Sitting Service – Lottery Funded

Total number of “sits” that have taken place. 10 carers have regular sits	<b>136</b> <b>10 of the 136 were for health appointments</b>
Total number of carers who have engaged with the sitting service and are able to book a “sit” at anytime,	<b>125</b>

### Total Overall Contact with Carers

Total number of times carers have had contact with the service by any means: email, phone, carers events, home visits etc.	<b>3002</b>
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# *Valuing Carers*

# **Transition Plan**

Version 2.0.

**Approved by ABMU Carers Partnership Board 4<sup>th</sup> October 2016**

Please note '*Progress*' column has been removed as this will now be reported on the Scorecard

**EXPECTED OUTCOME FOR CARERS IN THE ABMU AREA**

**A) Carers can access up to date information at the right time and from the right place**

	<b>GOALS</b>	<b>ACTION</b>	<b>TIMESCALE</b>	<b>MONITORING</b>	<b>RESPONSIBILITY</b>	<b>RESOURCES</b>
A.1	<p><i>Information - Quality</i></p> <p>Specific up to date information for Carers will be available alongside generic information.</p> <p>Printed Information will be available in a range of community settings.</p>	<p>Local Authority leads to make contact with Local Authority IAA leads.</p> <p>Ensure Carer information is part of the local implementation of the IAA requirements of the SSWB Act.</p> <p>Ask Carers about gaps in information (Questionnaire) and feedback to IAA and others as appropriate</p>	By Oct 2016	<p>Check what information available from Partner Organisations and where printed information is available</p> <p>Note on-line updates biannually</p>	<p><b>LEADS:</b> <u>BCBC Local Authority Group Manager &amp; Carers Development Officer</u>  <u>CCS Local Authority - Lead Officer</u>  <u>Carers</u>  <u>NPT CBC Local Authority Communications &amp; Engagement Officer and Commissioning Officer 3rd Sector</u></p> <p><b>IN PARTNERSHIP WITH:</b> <u>ABMU - Planning &amp; Partnership Managers</u>  <u>Bridgend Carers Centre - Manager</u>  <u>Swansea Carers Centre - Manager</u>  <u>NPT Carers Service – Manager</u></p>	<p>Current Information leaflets and websites</p> <p>2016/17 Allocation                      ABMU wide – Pharmacy Campaign</p>
A.2	<p><i>Information - source</i></p> <p>Carers Service/ Carers Centre are 'one stop shop' for local Carers support information and advice</p>	<p>Raise staff awareness of the remit of local Carers Service/ Centres</p> <p>Staff inform Carers about their local Carers Service/ Centre</p>	<p>Start April 2016</p> <p>Start April 2016</p>	<p>Carers Service/ Centres record number of Carers seeking information / support/ advice</p> <p>Carers Service/ Centres record source of referral</p>	<p><b>LEADS:</b> <u>BCBC Local Authority Group Manager &amp; Carers Development Officer</u>  <u>CCS Local Authority Lead Officer Carers</u>  <u>NPT CBC Local Authority Commissioning Officer - 3rd Sector</u>  <u>ABMU - Planning &amp; Partnership Managers</u>  <u>Bridgend Carers Centre - Manager</u>  <u>Swansea Carers Centre - Manager</u>  <u>NPT Carers Service - Manager</u>                      Local Health and Social Care 3<sup>rd</sup> Sector Organisations</p>	<p>Carers Service/ Centre Service Level Agreements (SLA)</p> <p>2016/17 Allocation                      Swansea – Carers Centre pt information Officer                      Bridgend – Carers Centre 3hrs Media Officer</p>

Page 206

EXPECTED OUTCOME FOR CARERS IN THE ABMU AREA

A) Carers can access up to date information at the right time and from the right place

	GOALS	ACTION	TIMESCALE	MONITORING	RESPONSIBILITY	RESOURCES
A.3	<i>Information - source</i> Carers can access information and support about welfare benefits	Carers Service/ Centres either directly provide or signpost Carers to information and support about welfare benefits	By April 2016 <i>monitor on quarterly basis</i>	Number of Carers who have received/ been signposted to Welfare Benefits information and support.	<b>LEADS:</b> <u>BCBC Local Authority Group Manager &amp; Carers Development Officer,</u> <u>CCS Local Authority Lead Officer Carers</u> <u>NPT CBC Local Authority Commissioning Officer – 3<sup>rd</sup> Sector</u> <b>IN PARTNERSHIP WITH:</b> <u>Bridgend Carers Centre - Manager</u> <u>Swansea Carers Centre - Manager</u> <u>NPT Carers Service – Manager</u>	NPT Carers Service – Joint Health and Local Authority SLA Bridgend Carers Centre - Joint Health and Local Authority SLA Swansea Carers Service – SLA 2016/17 Allocation Bridgend – Carers Centre pt Benefits Officer
A.4	<i>Information - source</i> Carers can access training which supports them with their caring role or own well-being	Carers Service/ Centres either directly provide or signpost Carers to training	By April 2016 <i>monitor on quarterly basis</i>	Number of Carers who have received/ signposted to training  Report - Carers feedback about training	<b>LEADS:</b> <u>BCBC, CCS and NPT CBC Local Authorities</u> <u>Learning Training &amp; development Managers</u> Community Occupational Therapists <b>IN PARTNERSHIP WITH:</b> <u>Bridgend Carers Centre - Manager</u> <u>Swansea Carers Centre - Manager</u> <u>NPT Carers Service – Manager</u>	SCWDP training plan  OT Training room at Cimla
A.5	<i>Provide info &amp; Support</i> Carers can access local information sessions, mutual support groups or well-being activities	Carers Service/ Centres either directly provide or signpost Carers to sources of mutual support or activities	By April 2016 <i>Monitor on quarterly basis</i>	Number of Carers who have received/ be signposted to groups or activities.  Number and type of activity facilitated by Carers Service/ Centre	<b>LEADS:</b> <u>Bridgend Carers Centre - Manager</u> <u>Swansea Carers Centre - Manager</u> <u>NPT Carers Service - Manager</u>	NPT Carers Service – Funding gap Swansea and Bridgend Carers Service part funded by SLA & external funding 2016/17 Allocation Bridgend Carers, Café 2016/17 ABMU Wide – regional event

**EXPECTED OUTCOME FOR CARERS IN THE ABMU AREA**

**B): Carers are identified by staff who recognise their needs, provide them with appropriate information and signpost them to relevant services**

	<b>GOALS</b>	<b>ACTION</b>	<b>TIMESCALE</b>	<b>MONITORING</b>	<b>RESPONSIBILITY</b>	<b>RESOURCES</b>
B.1	<p><i>Identify Carers</i> Each partner organisation has a named strategic lead for Carers</p>	Identify a senior officer from partner organisations to take on 'Carers Lead' role	By End Oct 2016	List of Carers Leads	<p><b>LEADS:</b> <u>BCBC Local Authority</u> Group Manager &amp; Carers Development Officer <u>CCS Local Authority</u> Lead Officer Carers <u>NPT CBC Local Authority</u> Head of Integrated Community Services <u>ABMU - Planning &amp; Partnership Managers</u></p> <p><b>IN PARTNERSHIP WITH:</b> <u>Bridgend Carers Centre - Manager</u> <u>Swansea Carers Centre - Manager</u> <u>NPT Carers Service - Manager</u>, Local Health and Social Care 3<sup>rd</sup> Sector Organisations</p>	None required
B.2	<p><i>Identify Carers</i> 'Carers Champions' raise team awareness and disseminate information. Increase the number of 'Carers Champions' in ABMU hospital and primary care settings and in Local Authority Social Work Teams</p>	<p>Recruit 'Carers Champions'</p> <p>Role description, training and arrange regular peer support</p> <p>Review impact of 'Carers Champion' post with teams</p>	<p>By March 2017 <i>review numbers quarterly</i></p> <p>First session by Oct 2016 then quarterly</p> <p>By March 2017</p>	<p>List of Carers Champions</p> <p>Number of sessions and attendees</p> <p>Report – feedback from Carers Champions, staff and Carers</p>	<p><b>LEADS:</b> <u>BCBC Local Authority</u> Group Manager &amp; Carers Development Officer <u>CCS Local Authority</u> Lead Officer Carers <u>NPT CBC Local Authority</u> Head of Service, Commissioning Officer, Learning Training &amp; development Manager <u>Communications &amp; Engagement Officer</u> <u>ABMU - Planning &amp; Partnership Managers</u></p>	<p>Staff time</p> <p>Carers Champion role description</p> <p>Training materials ( e-learning)</p>

Page 208



**EXPECTED OUTCOME FOR CARERS IN THE ABMU AREA**

**B): Carers are identified by staff who recognise their needs, provide them with appropriate information and signpost them to relevant services**

	<b>GOALS</b>	<b>ACTION</b>	<b>TIMESCALE</b>	<b>MONITORING</b>	<b>RESPONSIBILITY</b>	<b>RESOURCES</b>
B.3	<p><i>Identify Carers</i></p> <p>There will be an increase in the number of ABMU and Local Authority staff who have undertaken Carers / Young Carers Awareness training</p>	<p>LA and ABMU include Carer Aware in training plans</p> <p>Promote uptake through regular intranet bulletins</p> <p>Carers Aware e-learning to be updated</p>	<p>By end Dec 2016</p> <p>By end Dec 2016 <i>Monitor on quarterly basis</i></p>	<p>Outlined in Organisations training programme for 16/17</p> <p>Number of staff starting and completing each course</p>	<p><b>LEADS:</b> <u>BCBC Local Authority - Learning Training &amp; development Manager</u>  <u>CCS Local Authority - Learning Training &amp; development Manager</u>  <u>NPT CBC Local Authority- Learning Training &amp; development Manager</u>  <u>ABMU - Training department</u></p>	<p>Carers Aware and Young Carers Aware e-learning available ~ will be amended in due course to reflect SSWB Act</p>
B.4	<p><i>Identify Carers</i></p> <p>Carers Aware e-learning will be available to local 3<sup>rd</sup> sector staff</p>	<p>ABMU training dept make Young/ Carers Aware e-learning available to 3<sup>rd</sup> sector organisations via learning@nhs.wales</p>	<p>By end Dec 2016</p> <p><i>Monitor on quarterly basis</i></p>	<p>Number of staff starting and completing each course</p>	<p><b>LEADS:</b> <u>ABMU - Training department</u>  <u>BCBC Local Authority - Learning Training &amp; development Manager</u>  <u>CCS Local Authority - Learning Training &amp; development Manager</u>  <u>NPT CBC Local Authority- Learning Training &amp; development Manager</u></p>	<p>Carers Aware and Young Carers Aware e-learning package available – to be updated for SSWB Act in due course</p>
B.5	<p><i>Identify Carers</i></p> <p>In depth training is available (building on e-learning) to staff on specific Carers issues</p>	<p>Local Authority and ABMU training dept incorporate specialist Carer issues training into training plans</p>	<p>By end June 2016</p> <p>Monitor on annual basis</p>	<p>Number of training sessions/ events</p> <p>Number of staff starting and completing each course</p>	<p><b>LEADS:</b> <u>BCBC Local Authority - Learning Training &amp; development Manager</u>  <u>CCS Local Authority - Learning Training &amp; development Manager</u>  <u>NPT CBC Local Authority- Learning Training &amp; development Manager</u>  <u>ABMU Training department</u></p>	<p>SCWDP training plan</p>

Page 209

**EXPECTED OUTCOME FOR CARERS IN THE ABMU AREA**

**B): Carers are identified by staff who recognise their needs, provide them with appropriate information and signpost them to relevant services**

	<b>GOALS</b>	<b>ACTION</b>	<b>TIMESCALE</b>	<b>MONITORING</b>	<b>RESPONSIBILITY</b>	<b>RESOURCES</b>
B.6	<p><i>Provide info &amp; Support</i> As they can be a first point of contact Staff in Primary Care identify and signpost Carers to information and support</p>	<p>Continue awareness raising programme/ RCGP toolkit</p> <p>Carers Service/ Centres continue to engage with Primary Care</p>	<p>By end June 2016</p> <p>Monitor on quarterly basis</p>	<p>Number of GP practices contacted</p> <p>Number of Carers signposted/ referred to Carers Service by GP Practices</p> <p>Feedback from GP practices</p> <p>Feedback from Carers</p>	<p><b>LEAD:</b> <u>ABMU</u> - <i>Planning &amp; Partnership Managers</i></p> <p><b>IN PARTNERSHIP WITH:</b> <u>Bridgend Carers Centre</u> - <i>Manager</i> <u>Swansea Carers Centre</u> - <i>Manager</i> <u>NPT Carers Service</u> - <i>Manager</i></p>	<p>NPT Carers Service – Service Level Agreement</p> <p>Bridgend Carers Centre – Service Level Agreement</p> <p>Swansea Carers Centre – Grant funded but need to identify resources to continue in 16/17.</p> <p><i>2016/17 Allocation Bridgend – Carers Centre, GP &amp; Pharmacy Hours</i></p>

Page 210

**EXPECTED OUTCOME FOR CARERS IN THE ABMU AREA**

**C) Carers are engaged and consulted regarding any decisions made during their journey through health and social care services that affect them or the person they care for**

	<b>GOALS</b>	<b>ACTION</b>	<b>TIMESCALE</b>	<b>MONITORING</b>	<b>RESPONSIBILITY</b>	<b>RESOURCES</b>
c.1	<p><i>Identify Carers</i> Carers input and needs are formally recognised.</p> <p>Staff are aware of and promote Carers rights to their own assessment</p> <p>Carers are routinely considered as partners in care by all staff and as such Staff address issues of confidentiality and share information with Carers</p>	<p>The support provided by Carers is recorded in the Care Assessment</p> <p>Carers needs are identified and recorded in the Care or in a Carers Assessment</p> <p>Staff are made aware of and use the Information Sharing and Confidentiality guide and attend related training</p>	<p>By end March 2017</p> <p><i>Monitor on annual basis</i></p>	<p>Feedback from Carers</p> <p>Number of Carers identified in SU assessment</p> <p>Number of Completed Carers Assessments</p> <p>Feedback from Carers</p>	<p><b>LEADS:</b> <u>BCBC Local Authority</u> <i>Group Manager &amp; Carers Development Officer</i> <u>CCS Local Authority</u> <i>Lead Officer Carers</i> <u>NPT CBC Local Authority</u> <i>Safeguarding &amp; Quality Manager</i></p>	<p>Part of the implementation of the SSWB Act</p> <p>'Business as usual'</p> <p><i>2016/17 Allocation</i> <i>NPT – Carers Service CRT post</i></p>
c.2	<p><i>Provide info &amp; Support</i> Carers have a point of contact when in a crisis</p>	<p>Staff inform Carers of actions/ contacts for dealing with a crisis</p>	<p>By end June 2016</p> <p><i>Monitor on annual basis</i></p>	<p>Feedback from Carers</p>	<p><b>LEADS:</b> <u>BCBC Local Authority</u> <i>Group Manager &amp; Carers Development Officer</i> <u>CCS Local Authority</u> <i>Lead Officer Carers</i> <u>NPT CBC Local Authority</u> <i>Commissioning Officer – 3rd Sector</i> <u>ABMU - Planning &amp; Partnership Managers</u> <b>IN PARTNERSHIP WITH</b> <u>Bridgend Carers Centre – Manager</u> <u>Swansea Carers Centre – Manager</u> <u>NPT Carers Service – Manager</u></p>	<p>Carers Emergency Card scheme</p> <p>Current information</p> <p>Social Services Contact Centres</p>

**EXPECTED OUTCOME FOR CARERS IN THE ABMU AREA**

**C) Carers are engaged and consulted regarding any decisions made during their journey through health and social care services that affect them or the person they care for**

	GOALS	ACTION	TIMESCALE	MONITORING	RESPONSIBILITY	RESOURCES
c.3	<p><i>Engage &amp; Consult</i></p> <p>Carers can engage formally or informally on service development, planning or review on areas which affect them or the person they support</p>	<p>Create or maintain opportunities within each partner organisations to involve Carers in strategic service developments and in reviewing services</p>	<p>By end March 2017</p> <p><i>Monitor on annual basis</i></p>	<p>List meetings where Carers representatives are invited to attend</p> <p>List other opportunities of Carers to provide opinion/ feedback</p> <p>Feedback from Carers</p>	<p><b>LEADS:</b> <u>BCBC Local Authority</u>  <u>Group Manager &amp; Carers Development Officer</u>  <u>CCS Local Authority</u>  <u>Lead Officer Carers</u>  <u>NPT CBC Local Authority</u>  <u>Commissioning Officer – 3<sup>rd</sup> Sector Communications &amp; Engagement Officer</u>  <u>ABMU - Planning &amp; Partnership Managers</u>  <u>Bridgend Carers Centre - Manager</u>  <u>Swansea Carers Centre - Manager</u>  <u>NPT Carers Service – Manager</u>                      Local Health and Social Care 3<sup>rd</sup> Sector Organisations</p>	<p>As 15/16</p>

Page 212

**EXPECTED OUTCOME FOR CARERS IN ABMU AREA**

**D) All Carers are offered a Carers Assessment ensuring their needs are identified and addressed**

	GOALS	ACTION	TIMESCALE	MONITORING	RESPONSIBILITY	RESOURCES
d.1	<p><i>Assessment</i></p> <p>There is an increase in the number of Carers who take up the offer of having their own Assessment or Support Plan review</p>	<p>A system is in place to routinely offer a Carers Assessment and review of support plan on an annual basis unless Carer declines</p>	<p>By end March 2017</p> <p><i>Monitor on quarterly basis</i></p>	<p>Number of Carers Assessments reviewed</p> <p>Feedback from Carers</p>	<p><b>LEADS</b> <u>BCBC Local Authority</u>  <u>Group Manager &amp; Carers Development Officer</u>  <u>CCS Local Authority</u>  <u>Lead Officer Carers</u>  <u>NPT CBC Local Authority</u>  <u>Safeguarding &amp; Quality Manager</u></p>	<p>System to automatically flag up review date</p>

**EXPECTED OUTCOME FOR YOUNG CARERS LIVING IN THE ABMU AREA**

**E) Young Carers are identified and provided with appropriate information, assessment and support** *This in addition to A1,A2,A4,A5 &A6*

	<b>GOALS</b>	<b>ACTION</b>	<b>TIMESCALE</b>	<b>MONITORING</b>	<b>RESPONSIBILITY</b>	<b>RESOURCES</b>
E.1	<i>Identify Carers</i> There are clear arrangements/ plans or strategy documentation in place to identify and support Young Carers across service areas	Produce or update local Plans or strategy documentation to identify and support Young Carers	By Dec 2016	Plans or strategy documentation  Distribution list of Plans or strategy documentation  Feedback from Young Carers	<b>LEADS:</b> <u>BCBC Local Authority</u> <i>Lead Officer Young Carers</i> <u>CCS Local Authority</u> <i>Lead Officer Young Carers</i> <u>NPTCBC Local Authority</u> <i>Principal Officer CYP &amp; Commissioning Officer CYP</i> <b>IN PARTNERSHIP WITH:</b> <u>BCBC/ CCOS/ NPT CBC Local Authority</u> ABMU and 3 <sup>rd</sup> Sector organisations	
E.2	<i>Assessment</i> Young Carers are provided with age appropriate assessments which are regularly reviewed.	In line with the Social Services and Well-Being Act, Young Carers are provided with an assessment of their needs.	By June 2016 <i>Monitor quarterly</i>	Number of Young Carers who have been assessed or reviewed  Number of Young Carers who have had a service as a result of being assessed  Feedback from Young Carers	<b>LEADS:</b> <u>BCBC Local Authority</u> <i>Lead Officer Young Carers</i> <u>CCS Local Authority</u> <i>Lead Officer Young Carers</i> <u>NPTCBC Local Authority</u> <i>Principal Officer CYP &amp; Commissioning Officer CYP</i> <b>IN PARTNERSHIP WITH:</b> Bridgend Young Carers Project Swansea Young Carer Project NPT Young Carers Project	Age appropriate Carers Assessment tool
E.3	<i>Provide info &amp; Support</i> Young Carers can access advocacy services	Provide / signpost to Advocacy Services which Young Carers can access	By March 2017	Number of Young Carers accessing Advocacy Services	<b>LEADS:</b> <u>BCBC Local Authority</u> <i>Lead Officer Young Carers</i> <u>CCS Local Authority</u> <i>Lead Officer Young Carers</i> <u>NPTCBC Local Authority</u> <i>Principal Officer CYP &amp; Commissioning Officer CYP</i>	Advocacy Service <i>funding will need to be secured</i>

**EXPECTED OUTCOME FOR YOUNG CARERS LIVING IN THE ABMU AREA**

**E) Young Carers are identified and provided with appropriate information, assessment and support** *This in addition to A1,A2,A4,A5 &A6*

	<b>GOALS</b>	<b>ACTION</b>	<b>TIMESCALE</b>	<b>MONITORING</b>	<b>RESPONSIBILITY</b>	<b>RESOURCES</b>
E.4	<p><i>Provide info &amp; Support</i> There is specific age appropriate information available for Young Carers</p>	<p>Make age appropriate information available to Young Carers</p>	<p>By March 2017</p> <p><i>Consult with Young Carers about their information needs</i></p>	<p>Feedback from Young Carers.</p>	<p><b>LEADS:</b> <u>BCBC Local Authority</u> <u>Lead Officer Young Carers</u> <u>CCS Local Authority</u> <u>Lead Officer Young Carers</u> <u>NPTCBC Local Authority</u> <u>Principal Officer CYP &amp; Commissioning Officer CYP</u> <u>ABMU</u> <u>Bridgend Young Carers Project</u> <u>Swansea Young Carer Project</u> <u>NPT Young Carers Project</u></p> <p>Health &amp; Social Care 3<sup>rd</sup> Sector Orgs</p>	<p>Young Carers information booklet and posters available <i>need to be updated in line with SSWB Act</i></p> <p>Further funding will need to be identified to produce further copies of these materials</p>
E.5	<p><i>Provide info &amp; Support</i> There is specific age appropriate support available including groups</p>	<p>Directly provide or signpost Young Carers to sources of support</p>	<p><i>Monitor on quarterly basis</i></p>	<p>Number of Young Carers who have received/ be signposted to groups or activities.</p> <p>Number and type of activity facilitated by Young Carers Projects</p> <p>Feedback from Young Carers</p>	<p><b>LEADS</b> <u>BCBC Local Authority</u> <u>Lead Officer Young Carers</u> <u>CCS Local Authority</u> <u>Lead Officer Young Carers</u> <u>NPTCBC Local Authority</u> <u>Principal Officer CYP &amp; Commissioning Officer CYP</u> <b>IN PARTNERSHIP WITH</b> <u>Bridgend Young Carers Project</u> <u>Swansea Young Carer Project</u> <u>NPT Young Carers Project</u></p>	<p>Service level Agreements with Young Carers Projects</p>

Page 21 of 41

**EXPECTED OUTCOME FOR YOUNG CARERS LIVING IN THE ABMU AREA**

**E) Young Carers are identified and provided with appropriate information, assessment and support** *This in addition to A1,A2,A4,A5 &A6*

	<b>GOALS</b>	<b>ACTION</b>	<b>TIMESCALE</b>	<b>MONITORING</b>	<b>RESPONSIBILITY</b>	<b>RESOURCES</b>
E.6	<i>Engage &amp; Consult</i> The views and opinions of Young Carers are at the core of the Carers Partnership Board	Create opportunities for Young Carers to get their voices heard. feedback to Carers Partnership Board	By March 2017  <i>Young Carers feedback as and when available but at least annually</i>	Report – Young Carers Feedback  Carers Partnership Board Work plan	<b>LEADS</b> <u>BCBC Local Authority</u> <i>Lead Officer Young Carers</i> <u>CCS Local Authority</u> <i>Lead Officer Young Carers</i> <u>NPTCBC Local Authority</u> <i>Principal Officer CYP &amp; Commissioning Officer CYP</i> ABMU, Bridgend Young Carers Project Swansea Young Carer Project NPT Young Carers Project, local Health and Social Care 3 <sup>rd</sup> Sector Organisations	As 15/16
E.7	<i>Provide info &amp; Support</i> There is specific age appropriate training which supports Young Carers well-being or in their caring role	Directly provide or signpost Young Carers to training	<i>Monitor on quarterly basis</i>	Number of Young Carers who have received/ be signposted to training  Number and type of training activity facilitated by Young Carers Projects  Feedback from Young Carers	<b>LEADS:</b> <u>BCBC Local Authority</u> <i>Lead Officer Young Carers</i> <u>CCS Local Authority</u> <i>Lead Officer Young Carers</i> <u>NPTCBC Local Authority</u> <i>Principal Officer CYP &amp; Commissioning Officer CYP</i> <b>IN PARTNERSHIP WITH</b> Bridgend Young Carers Project Swansea Young Carer Project NPT Young Carers Project	Service level Agreements with Young Carers Projects

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# **Neath Port Talbot Children and Young People Services**

## **Draft Young Carers Strategy**

**2017 - 2020**

## **1. Introduction**

This is the draft Neath Port Talbot County Borough Council (NPTCBC) Young Carers Strategy which aims to improve the lives of young carers and their families in Neath Port Talbot.

In Neath Port Talbot (NPT) we are committed to working to improve the ways in which we provide support to our young carers. The NPT Young Carers Strategy has been drafted in response to the Social Services and Wellbeing (Wales) Act 2014 (SSWB), which came into force in April 2016.

The Act will transform the way in which social services in Wales are delivered. It promotes people's independence and gives them more choice and control in their lives. The SSWB Act provides the legal framework for improving the well-being of those people in need of care and support, including Carers who may require support. It gives Carers equivalent rights to those that they provide care to and applies to carers of all ages including; young carers, young adult carers and adult carers. The Act stipulates "If the carer is a child, the assessment must have regard to his or her developmental needs and the extent to which it is appropriate for the child to provide the care. If the carer is a young adult carer aged between 16 and 25 the assessment must include an assessment of any current or future transitions the carer is likely to make into further or higher education, employment or training and have due regard to what the young adult carer wishes to participate in."

The Act repeals the majority of existing Community Care legislation and consolidates all other carers legislation, including:

- The Carers (Recognition and Services) Act 1995
- The Carers and Disabled Children Act 2000
- The Carers (Equal Opportunities) Act 2004
- The Carers Strategies (Wales) Measure 2010

In NPT, we want to ensure that every young carer achieves their full potential and has positive emotional and physical wellbeing. We want to identify and significantly reduce the numbers of children and young people who are undertaking inappropriate caring roles. We want to reduce the number of families who rely on the care of a young person for their unmet care needs.

The impact young carers have on the quality of life of the individuals they care for is immeasurable. We are aware that as the complexity of need and the numbers of people requiring care increases that it magnifies the potential consequences for the quality of life of these young carers.

It is therefore crucial that partner organisations in NPT work together to recognise, value and support our young carers. The purpose of this Strategy is to provide a framework for this work over the next three years. The Young Carers Strategy will build on the successes of the

Carers Strategy (Wales) Measure 2010 and the NPT Joint Carers Commissioning Strategy 2015 – 2018.

This Strategy is a working document and will be reviewed on a yearly basis to ensure that it remains fit for purpose and remains focussed on the needs of young carers living within NPT.

## **2. Purpose of the Strategy**

The purpose of the NPT Young Carers Strategy is to improve the lives of young carers and their families in Neath Port Talbot.

We want to identify and reduce the numbers of children and young people who are undertaking inappropriate caring roles. We want to reduce the numbers of families who rely on the care of a young person for their unmet care needs because this impacts negatively on a young person's emotional and physical well-being. We want to ensure that every young carer in NPT has the resources and support necessary to achieve their full potential and lead a life away from their caring role.

The commitment of young carers to their cared-for person means that their own individual needs are sometimes neglected. They may find it difficult to socialise with their peers or to find people who understand the practical difficulties of their daily life. It is important to recognise the needs of young carers and their right to be young people as well as carers.

The strategy has been developed in line with the Carers Strategy (Wales) Measure 2010, the NPT Joint Carers Commissioning Strategy 2015 – 2018 and the Social Services and Wellbeing (Wales) Act 2014 (SSWB). It sets out the commitment, vision and principles in Neath Port Talbot County Borough Council to enable the commissioning of appropriate needs led services for young carers and their families.

## **3. Definition of a Young Carer**

The Social Services and Well-being (Wales) Act 2014 came into force in April 2016 and includes significant changes for carers. The Act has a new definition of a Carer;

‘a person who provides or intends to provide care for an adult or disabled child.’

This removes the previous requirement that a carer must be providing 'a substantial amount of care on a regular basis'.

The Act provides for new rights for Carers and places new duties on local authorities in Wales. Councils must now offer a Carer's Assessment to any carer where it appears that the carer has a need for support, irrespective of their age. This is an important change, as previously a carer could only request a carer's assessment.

For the purposes of this Strategy, the definition of a young carer is ‘a child or young person up to the age of 25, from any ethnic or social background, who provides or intends to provide care for an adult or disabled child.’ The person they provide care for may be a parent, a sibling, another family member, a friend or neighbour. The person they provide care for does not need to be residing in the same household as the young carer. The cared-for person may have a physical disability, mental ill health, learning disability, substance misuse issues, frailty or old age. The care they provide may be practical, physical and/or emotional.

While the Strategy takes into account carers up until the age of 25 it is important to note that there is disparity between those carers from 0-18 years of age and carers who are aged 18 -25. Notably carers under the age of 18 are considered to be children under the law while 18-25 young carers are legally considered to be adults. Both groups will have similar needs however there will be a marked difference in areas such as higher education and employment for young adult carers.

#### **4. Vision and Principles**

The new Act places an increasing emphasis on Local Authorities to provide support to people in ways that will enable them to live independently within their own communities, maximise their choice and independence and give them greater control over the services they receive. In line with NPT’s Family Support Strategy (2015 - 2018) and Early Intervention and Prevention Strategy (2014 - 2017) the Council has made a commitment to promote and improve the health and wellbeing of the children and families that it works with by providing needs led and outcome focussed services.

Many of our children, young people and families will require the support of a carer to enable them to live more independently. This Strategy sets out what we need to do over the next 3 years to support our young carers to achieve this including; understanding and addressing their needs as well as those of the cared-for person.

In line with this, we have identified the following principles, which will underpin our approach to service delivery and shape the outcomes for our young carers;

##### **Identification**

Young carers can be very difficult to identify as they often don’t recognise that they are providing care, particularly if the cared-for person is a family member. There can be stigma attached to the label of a young carer, which many will not want to identify with as it can set them apart from their peers and bring unwanted attention. We need to work with partner organisations to identify young carers and their unique needs so that we can ensure that they receive appropriate support.

##### **Access to information**

Section 17 of the new Act places a duty on Local Authorities to establish an Information, Advice and Assistance (IAA) service. In NPT, we are currently developing our Family Information Service to meet this statutory obligation. We need to ensure that young carers know who to contact in respect of IAA and that there is adequate information and sign posting facilities in place to ensure that young carers know what services are available to them and know how to access those services.

### **Decision Making**

Young carers should have a choice in the services that they can receive support from. The new Act places a duty on Local Authorities to offer a Carer's Assessment to any carer where it appears that the carer has a need for support, irrespective of their age. We need to develop a holistic approach to assessment specifically for young carers, which takes into account their unique needs, their personal circumstance, their caring role and identifies the resources and services required to support them. Further to this, we need to link the young carers assessment to the cared-for person's assessment, as this will lead to better identification of young carers.

### **Service Integration**

While young carers themselves will have needs as a result of their caring role so too will the cared-for person. It is vital that we recognise the needs of the both the carer and the person they care for so that appropriate services and resources can be put in place to meet their needs. This can only be achieved by working with partner agencies such as Health and Education to ensure that young carers needs are met in schools, colleges and health centres etc.

### **Inclusion**

Young carers often become isolated from their peers through the nature of their caring role. For example, they may not be able to socialise outside of school if they have caring duties in the evening. If the cared-for person requires more immediate support they may be unable to school or college. We need to ensure that appropriate support services such as respite for the cared-for person and suitable transport are in place to enable the young carer to lead a life independent of their caring role.

## **5. Strategic Context**

The NPT Young Carers Strategy fits in with the requirements of local and national policy and plans. The SSWB Act came into force in April 2016 and places a new emphasis on how Local Authorities and partner agencies should work together to deliver integrated services. It highlights the need for earlier intervention and an increase in the need for community based preventative services to enable people to maintain their independence. It provides the legal framework for improving the well-being of people in need of care and support, including Carers who may require support.

The Act gives Carers equivalent rights to those that they provide care to and applies to carers of all ages including; young carers, young adult carers and adult carers. The Act repeals the majority of existing Community Care legislation and consolidates all existing carers legislation, including:

- The Carers (Recognition and Services) Act 1995
- The Carers and Disabled Children Act 2000
- The Carers (Equal Opportunities) Act 2004
- The Carers Strategies (Wales) Measure 2010

The Act provides a set of standards, regulations and a code of practice, which this Strategy takes into account. In particular, it now gives carers the same entitlement to a support assessment as the person they provide care for.

The Wellbeing of Future Generations (Wales) Act 2015 brings strategic relevance to how Local Authorities and public bodies make decisions. It places an emphasis on Local Authorities and other public bodies to work together in a more sustainable and cohesive approach. The Act means that public bodies need to be look at preventative solutions when making decisions for people and communities and that it needs to involve the people living in local communities when planning for the future.

## **6. Young Carers in NPT**

Neath Port Talbot County Borough has a population of over 137,000 and has an above average level of deprivation. 31% of our local areas are amongst the top 20% deprived areas of Wales, with 33% of people reporting they have a limiting long term illness compared to 27% across Wales. In addition, there is more people claiming severe disability allowance than the average across all other Welsh authorities.

Young carers in NPT are a diverse group. Care may be provided on a long or short term basis depending on the nature of the needs of the cared-for person e.g. care needed as a result of a car accident versus the care needed to support someone with a debilitating illness. Young carers may be providing care for a parent, a sibling or other family member. They may not necessarily be residing in the same household as the person that they provide care for. Some may be the primary care giver whilst others may share the responsibility with other family members, particularly in the case of sibling carers.

The 2011 Census showed that there are 370, 230 carers in Wales, of this 28,657 have been identified as young carers under the age of 25. Further to this, Wales has the highest percentage of young carers under the age of 18 UK wide.

There has been an increase in the numbers of young people up the age of 18 providing unpaid care in Wales between 2001 and 2011. In comparison to the UK average Wales shows the

highest proportion of young carers (2.6%) under 18 years providing unpaid care. In 2001 this figure was 10,741 and the 2011 Census saw this increase to 11,555.

The table below shows the profile of young carers in NPT, including projections to 2015:

	2011	2015
Children aged 0-15 providing 1-19 hours of unpaid care	296	308
Young people aged 16-24 providing 1-19 hours of unpaid care	832	743
Children aged 0-15 providing 20-49 hours of unpaid care	50	51
Young people aged 16-24 providing 20-49 hours of unpaid care	199	178
Children aged 0-15 providing 50+ hours of unpaid care	51	53
Young people aged 16-24 providing 50+ hours of unpaid care	158	141
<b>Total population aged 0 to 24 providing unpaid care</b>	<b>1,586</b>	<b>1,474</b>

*Figures are taken from the Census 2011 reference LC3304EW 'Provision of unpaid care by age'. This dataset provides estimates that classify usual residents of England and Wales by provision of unpaid care and by age. The estimates are as at census day, 27 March 2011.*

Young carers under the age of 18 are particularly vulnerable as under the law they are legally classed as children. They will have needs unique to their age in terms of peer socialisation and education opportunities. Young adult carers (18 – 25) will have different needs particularly around transition to adulthood, access to higher education and employment opportunities. This Strategy takes into account the varying needs of young carers and has developed measures to identify and meet these needs.

The role of caring can impact negatively on the lives of children and young people. Young carers will be more likely to disengage with education and employment opportunities. They will have limited time for social and leisure activities, which can alienate them from their peers. Young carers may feel isolated by the stigma of their caring role. The negative impact of caring means that young carers are more likely to experience ill health and emotional difficulties. In NPT, we want to work effectively with our young carers and partner organisations to develop the necessary supports to increase life opportunities outside of the caring responsibilities.

## **7. Outcomes for Young Carers**

In line with the requirements of the SSWB Act NPT are currently reviewing our services for young carers. The currently commissioned service has been designed to provide targeted support to build the resilience of young carers. It is focussed on providing support at an early stage and aims to prevent and reduce escalation of need.

We have identified the following outcomes that need to be developed to ensure that we are meeting the needs of our young carers:

- 1) Identification
- 2) Access to information
- 3) Decision making
- 4) Service integration
- 5) Inclusion

The following provides an outline of what we have achieved so far and what we need to do. Once the Young Carers Strategy has been consulted on, we will develop an Action Plan detailing accountability, timescales and resources required to implement any further changes.

### **Identification**

We want to ensure that young carers are identified and that the role they undertake is recognised and valued by professionals and partner agencies. Further to this, we want to identify what is important to our young carers and what services and resources they need to lead a more fulfilled life. In order to achieve this we need to raise the profile of young carers and work with other organisations to identify and understand their unique needs.

#### **What has been achieved so far:**

- Our commissioned services have created an awareness and identification training tool which they have delivered to Adult Social Care and Children and Young People Services staff
- Our commissioned service has developed promotional literature on its services and distributed same to statutory and non-statutory organisations, with a particular emphasis on education and health services such as schools and GP's
- A Population Needs Assessment has been completed by Western Bay, which provides a more robust account of the Local data set.

#### **What we need to achieve:**

- To roll out identification and awareness training to relevant staff in statutory and non-statutory organisations
- Work more closely with our education and health colleagues to identify young carers in their respective services, particularly teachers, health visitors and GP's



- Work with our Adult Social Care and Children and Young People Services social workers to identify young carers at the point when they are undertaking assessments of need of the cared-for person
- Raise the profile of the young carers service among community organisations and youth services
- Children and Young People Services has recently developed a Pilot Young Carers Assessment, which takes into account the views of the young person and gives them more say in what services are provided to them

### **Access to information**

Under the SSWB Act Local Authorities are required to establish an Information, Advice and Assistance service. We want to ensure that young carers have access to information that is relevant to their needs and that the IAA service is equipped with the knowledge of services and resources available locally so that they can inform, advise and signpost to appropriate services.

### **What has been achieved so far:**

- The ABMU Carers Partnership Board (ABMU CPB) developed ‘Valuing Carers - ABMU Carers Partnership Carers Information and Consultation Strategy 2013 – 2016’. The purpose of which is to ensure ABMU Health Board, Local Authorities and non-statutory partners work together to inform and consult with Carers when accessing their respective services
- Following on from the Valuing Carers Strategy ABMU CPB have developed a Transition Plan from April 2016 – March 2017 to lead into the implementation of the new SSWB Act
- The ABMU CPB has established a Young Carers Subgroup to support the implementation of the transition plan
- NPTCBC is in the process of developing its Family Information Service to meet the requirements of the IAA service
- Partner agencies are currently on the requirements of the NPT Population Needs Assessment as required by the SSWB Act. This will ensure that we have the appropriate population and service data to effectively plan for future services and identify any gaps in provision

### **What we need to achieve:**

- We need to continue to work collaboratively with health, education and non-statutory organisations to continue and build on the successful work of the ABMU CPB and Young Carers Subgroup
- We need to work towards achieving the outcomes of the Transition Plan to ensure successful implementation of the recommendations of the new Act
- We need to work with and develop our Family Information Service so that it has the resources required to provide information and signposting facilities for young carers

- We need to continually review our Population Needs Assessment so that it reflects current and future need
- To regularly consult with all stakeholders on any decision making and long term service planning for young carers
- To continually update all stakeholders with any new developments in resources and/or services for young carers
- To develop a young person version of the Strategy with the assistance and consultation of Young Carers.
- To achieve more young person friendly marketing material surrounding Young Carer services which encourages Young People to be aware of what is available to individuals who are Young Carers or unidentified Young Carers.

### **Decision Making**

We want to ensure that young carers have a say in how services are developed to meet their needs. We want to give young carers more control over their lives and we want them to feel listened to. To achieve this we will need to include young carers in the planning of services and resources. We will need to capture their needs and identify a range of support services and resources to meet these needs.

#### **What has been achieved so far:**

- In 2012, NPTCBC engaged an external consulting group to undertake a local vulnerable family's needs mapping exercise. The data from this exercise was used to commission a range of family support services, including a specific young carers service.
- The commissioned service is monitored on a quarterly basis and has set KPI's with measurable outcomes for young carers
- The commissioned service monitor and record equality and diversity information on all young carers who access the service, which is used to inform service delivery
- The commissioned service capture feedback from every young carer that accesses their service which is used to improve services and resources

#### **What we need to achieve:**

- To work with statutory and non-statutory organisations and communities to identify local resources that our young carers can avail of
- All services need to work together to continually update the information required for NPT's Population Needs Assessment so that information captured is always relevant to need
- To regularly consult with all stakeholders on any decision making and long term service planning for young carers

## **Service Integration**

We want to work together with our young carers, the cared-for person, families and other organisations to ensure that our services can be developed and delivered in a holistic approach. We want to maximise our current pool of resources and plan effectively together for future need.

### **What has been achieved so far:**

- The ABMU CPB has established a Young Carers Subgroup to support the implementation of the transition plan to meet the requirements of the new Act
- Work is currently being undertaken with all partner agencies to ensure that there is adequate provision of services and support to meet the legislative requirements of the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2015
- NPT is currently working with partner agencies and Third Sector colleagues to fulfil the requirements of the Population Needs Assessment. This will determine current need and local service provision which will underpin our long term commissioning framework
- The Think Family Partnership is a multi-agency group whose purpose is to improve outcomes for children, young people and their families. It promotes joined up working, which informs collaborative commissioning processes

### **What we need to achieve:**

- To work collaboratively across the ABMU region to ensure that services are developed in line with the new Act, with a particular emphasis on Part 9 of the Act which calls for partnership working and more integration of care and support services
- To develop an integrated approach to the commissioning and planning of services and resources, including working with Welsh Government funded programmes such as Families First and with health and education services
- To develop a more cohesive working relationship between Adult Social Care services and Children and Young People Services to ensure that service provision is joined up, with particular regard to respite services
- To monitor the needs and resources captured in the Young Carers Assessment's to inform future commissioning priorities, including identifying gaps in provision
- To continue to review service provision to ensure that it can meet the needs of our young carers and that it meets the requirements of local and national legislation and plans

## **Inclusion**

We want to ensure that young carers do not become isolated from their peers through the nature of their caring role. We want them to be able to access education and employment

opportunities. We want to provide young carers with the opportunity to socialise and retain their hobbies and interests. We want to provide support to aid the transition of young carers from childhood to adulthood.

**What has been achieved so far:**

- In 2015-16, our commissioned service provided support services to 41 young carers in NPT. From April to September 2016 they have worked with a further 26 young carers.
- Our commissioned service has completed 65 young carers assessments since April 2015. These assessments inform the service needs of young carers such as group activities, 1-1 issue based sessions, overnight residential breaks, youth clubs and social activities. They also signpost to other services where there is an identified need
- Our commissioned service are working collaboratively with education, health and social services to highlight the needs of the young carers who they assess so that support can be put in place to help young carers achieve their potential

**What we need to achieve:**

- We need to monitor the information gathered through the Young Carers Assessment so that it informs service planning
- We need to work holistically with health and education agencies so that there is a multi-agency response to the resources and services developed for young carers
- Where possible we need to provide services within young carers communities so that they can access them more frequently
- Social care services need to work in a more streamlined manner to ensure that there is adequate respite services in places for the cared-for person, so that the young carer can have a break from their caring responsibilities
- We need to work with local employment and training agencies to develop service delivery so that young carers can access the same education and work opportunities as their peers
- To map out existing services and service demand within rural areas of Neath Port Talbot where inclusion for Young Carers is difficult and therefore develop services to meet demand.

**8. Implementation and Monitoring**

The delivery of this Young Carers Strategy will require partnership working between statutory and non-statutory organisations in Neath Port Talbot.

Children and Young People Services will facilitate a Young Carer Leadership Group, with key partners to implement an operational and Strategic action plan against the 5 outcomes set out in this Strategy, which will include priorities of need, accountability, resources,

timescales and success criteria. Performance indicators will be developed, which we will use to monitor the progress and outcomes of the Strategy.

A Young Carer Stakeholder Group will be established, which will set a platform for Young carers to be at the forefront of the implementation of this strategy and to communicate their voice surrounding the outcomes identified. This Young Carer Stakeholder group will consist of Young Carers being able to inform awareness raising, marketing and profile of identified and unidentified Young Carers within the Neath Port Talbot Borough.

The active involvement of young carers, families and partner agencies in the monitoring, evaluation and review of this Strategy and the Action Plan will be integral to its success. We will regularly consult with stakeholders to ensure that the Strategy and its Action Plan is relevant to local need.

Neath Port Talbot Children and Young People Services will be responsible for the monitoring of the Young Carers Strategy and Action Plan. The Strategy will be reviewed on an annual basis and an update report will be provided to the NPT Social Care, Health and Wellbeing Cabinet Board.

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## NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

**Social Care, Health & Wellbeing Cabinet Board  
8th March 2018**

### **REPORT OF THE HEAD OF COMMISSIONING AND SUPPORT SERVICES – A. Thomas**

#### **Matter for Monitoring**

**Wards Affected: ALL**

#### **Report Title**

Quarterly Performance Management Data 2017/18 - Quarter 3  
Performance (1<sup>st</sup> April 2017 – 31<sup>st</sup> December 2017).

#### **Purpose of the Report**

To report performance management data for Quarter 3 (1<sup>st</sup> April 2017 to 31<sup>st</sup> December 2017) for Social Services, Health & Housing Directorate. This will enable the Social Care, Health and Wellbeing Cabinet Board and Scrutiny Members to discharge their functions in relation to performance management.

#### **Background**

Failure to produce a compliant report within the timescales can lead to non-compliance with our Constitution. Also failure to have robust performance monitoring arrangements could result in poor performance going undetected.

#### **Financial Impact**

No financial impact.

#### **Equality Impact Assessment**

This report is not subject to an Equality Impact Assessment.

## **Workforce Impacts**

No workforce impact.

## **Legal Impacts**

This Report is prepared under Section 15(3) of the Local Government (Wales) Measure 2009 and discharges the Council's duties under sections 2(1), 3(2), 8(7) and 13(1).

This progress report is prepared under:

The Local Government (Wales) Measure 2009 and discharges the Council's duties to "make arrangements to secure continuous improvement in the exercise of its functions".

The Neath Port Talbot County Borough Council Constitution requires each cabinet committee to monitor quarterly budgets and performance in securing continuous improvement of all the functions within its purview.

## **Risk Management**

Failure to produce this report could result in undetected poor performance throughout Adult Social Care, Health and Housing.

## **Consultation**

No requirement to consult.

## **Recommendations**

Members monitor performance contained within this report.

## **Reasons for Proposed Decision**

Matter for monitoring. No decision required.

## **Implementation of Decision**

No decision required.

## **Appendices**

Appendix 1 - Quarterly Performance Management Data 2017/18 Quarter 3 Performance (1<sup>st</sup> April 2017 – 31<sup>st</sup> December 2017).



## **Officer Contact**

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**Quarterly Performance Management Data 2017/18 – Quarter 3 Performance (1<sup>st</sup> April 2017– 31<sup>st</sup> December 2017)**

**Report Contents:**

**Section 1: Key Points**

**Section 2: Quarterly Performance Management Data and Performance Key**

**Section 3: Quarterly Compliments/Complaints Data and Performance Key**

**Section 4: Adult Services High Level Measures (HLM)**

**Section 5: Direct Payments End to End Times**

## **Section 1: Key Points**

### **Adults Services:**

There has been an improvement in performance in relation to the number of assessment and care plans undertaken which have fallen, this can be attributed to an increase in the number of referrals that are diverted to third sector organisations. In turn this has led to a fall in the number of adults who are in receipt of social care. Work is also underway to reduce unallocated cases, particularly those who are unallocated and are not receiving any other support from social services. There has also been improvement in delayed transfers of care and we are currently putting action plans in place to deal with the volume of care plan reviews needed and expect this area of performance to improve over the next few months.

### **Homelessness**

Prevention work continues to be prioritised by the service hence the increase in positive outcomes where cases do not progress to become homeless and assistance is successful prior to that stage. A Final Duty is accepted where all other duties have not been successful (subject to criteria). Cases that progress to a final S75 duty are low. This is down to a combination of agreements with local RSL's, our in house Social Lettings Agency and good working relationships with local private landlords which enables us to successfully house applicants prior to reaching a S75 final duty.

**Section 2: Quarterly Performance Management Data and Performance Key**

**2017/18 – Adult Services & Complaints**  
**Quarter 3**  
**Performance (1<sup>st</sup> April 2017 – 31<sup>st</sup> December 2017)**

	<b>Performance Key</b>
☺	Maximum Performance
↑	Performance has improved
↔	Performance has been maintained
V	Performance is within 5% of previous years performance
↓	Performance has declined by 5% or more on previous year's performance - Where performance has declined by 5% or more for the period in comparison to the previous year, an explanation is provided directly below the relevant performance indicator
—	No comparable data (data not suitable for comparison / no data available for comparison)
▒	No All Wales data available for comparison

# 1. Social Care – Adult Services

No	PI Reference	PI Description	NPT Actual 2015/16	NPT Actual 2016/17	All Wales 2016/17	NPT Quarter 3 2016/17	NPT Quarter 3 2017/18	Direction of Improvement	
1	PAM/024	Percentage of adults satisfied with their care and support	N/a New						
<i>This measure will be taken from the Adult and Carer's citizen survey for 2017-18 which will not be available until Q4.</i>									
2	PAM/025	The rate of people kept in hospital while waiting for social care per 1,000 population aged 75+	4.36	3.88	2.80	4.59	2.29 (29 of 12,665)	—	
<i>Pre 6<sup>th</sup> April 2016 this indicator included all clients aged 18yrs+. From 2016/17 Welsh Government guidance (received February 2017) stated that this indicator should include clients aged 75yrs+ only. As a result of this change, caution should be taken when making like for like comparisons with previous years data.</i>									
Page 237	PAM/026	Percentage of carers that feel supported	N/a New						
<i>This measure will be taken from the Adult and Carer's citizen survey for 2017/18 which will not be available until Q4.</i>									
4	PI/1	No. of adults who received advice or assistance from the information, advice and assistance service during the year	N/a New	2,342		3,116	2,243	—	
<i>Reduction is due to changes in the way that the data is now collected. Previous figure included information referrals which have now been removed due to a change in Welsh Government guidance. As a result of this change, caution should be taken when making like for like comparisons with previous years data.</i>									
5	PI/2	No. of assessments of need for care and support undertaken during the year;	N/a New	1,548		1,115	625	↑	
6	PI/2(i)	<i>Of which, the number of assessments that led to a care and support plan</i>	N/a New	1,206		887	510	↑	

7	PI/3	No. of assessments of need for support for carers undertaken during the year;	N/a New	355		257	220	↑
8	PI/3(i)	<i>Of which; the number of assessments that led to a support plan</i>	N/a New	16		14	7	↑
9	PI/4	No. of carer assessments that were refused by carers during the year	N/a New	73		50	90	↑

*PI/3, 3(i), PI/4; It is difficult to gauge performance on carer's assessments; each carer identified is offered an assessment however it is the individuals choice as to whether they accept the offer. In all cases carer's are provided with information on the various avenues of support available to them. The focus of the Carers Service is to provide information, advice and assistance therefore not many carers assessments lead to a service.*

10	PI/5	No, of assessments of need for care and support for adults undertaken during the year whilst in the secure estate;	N/a New	0		0	0	↔	
Page 238	PI/5(i)	<i>Of which; the number of assessments that led to a care and support plan</i>	N/a New	0		0	0	↔	
	12	PI/6	No. of requests for re-assessment of need for care and support and need for support made by and adult during the year	a) <i>In the secure estate</i>	N/a New	0	0	0	↔
				b) <i>All other adults and carers</i>	0	0	0	↔	
	13	PI/6(i)	<i>Of which, the number of re-assessment undertaken on;</i>	a) <i>In the secure estate</i>	N/a New	0	0	0	↔
b) <i>All other adults and carers</i>				0	0	0	↔		
14	PI/6(ii)	<i>Of which; the number of re-assessments that led to a care and support plan or a support plan on;</i>	a) <i>In the secure estate</i>	N/a New	0	0	0	↔	
			b) <i>All other adults and carers</i>	0	0	0	↔		

15	PI/7	No. of care and support plans and support plans that were reviewed during the year.	N/a New	2,004		1,225	973	↓
16	PI/7(i)	<i>Of which; the number of plans that were reviewed within timescale</i>	N/a New	1,050		688	559	↓
Action plans are being put in place to increase review performance during the year and targets are in the process of being set within teams which will be monitored closely.								
16 Page 239	PI/8	No. of requests for review of care and support plans and support plans for carers before agreed timescales made by an adult during the year	N/a New	9		Systems were being developed to capture this data	0	—
	PI/8 (i)	Of which, the number of reviews undertaken	N/a New	9		Systems were being developed to capture this data	0	—
18	PI/9	No. of adults who received a service provided through a social enterprise, co-operative user led or third sector organisation during the year	N/a New	0		Systems were being developed to capture this data	0	—
19	PI/10	No. of adults who received care and support who were in employment during the year	N/a New	16		14	4	—
20	PI/11	No. of adults with a care and support plan who received adult social care during the year e.g. Homecare, Day Care, Respite, Reablement, Adaptations, Direct Payments, Adult Care Homes, Telecare etc.	N/a New	2,567		3,169	3,054	↑

21	PI/12	No. of adults who paid the maximum weekly charge towards the cost of care and support or support for carers during the year	N/a New	46		38	40	↑
22	PI/13	No. of adults who paid a flat rate charge for care and support or support for carers during the year	N/a New	2,033		3,068	2,512	↑
23	PI/14	No. of adults who were charged for care and support or support for carers during the year	N/a New	2,262		2,667	2,528	↑
Information from PI/13 and PI/14 is provided directly from Finance who invoice on an ad-hoc basis, therefore this figure will be sporadic throughout the year. A decrease in both can also be attributed to a fall in the number of people receiving adult social care this quarter.								
24	Measure 18	The percentage of adult protection enquiries completed within 7 days	N/a New	N/a		Systems were being developed to capture this data	91.9% (102 of 111)	—
Page 249	Measure 19	The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	4.36	3.88	2.80	4.59	2.29 (29 of 12,665)	—
	Measure 20a	The percentage of adults who completed a period of Reablement and have a reduced package of care and support 6 months later	N/a New		28%	Systems were being developed to capture this data	25.5% (12 of 47)	—
27	Measure 20b	The percentage of adults who completed a period of Reablement and have no package of support 6 months later	N/a New	N/a	72.3%	Systems were being developed to capture this data	21.3% (10 of 47)	—
28	Measure 21	The average length of time in calendar days, adults (aged 65 or over) are supported in residential care homes	N/a New	819 (477 of 390,757)	800.8	786	786 (494 of 388,111)	↔
29	Measure 22	Average age of adults entering residential care homes	N/a New	83 (184 of 15,290)	82.8	84	84 (141 of 11,789)	↔



30	Measure 23	The percentage of adults who have received advice and assistance from the information, advice and assistance service and have not contacted the service for 6 months	N/a New	Systems being developed to capture this data	67.7%	Systems being developed to capture this data	—
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*Awaiting development of the IAA service to be able to report this measure. (Alternative is a manual exercise which would involve counting 1,000's of records each quarter which we do not have the capacity to undertake).*

## 8. Homelessness

No	PI Reference	PI Description	NPT Actual 2015/16	NPT Actual 2016/17	All Wales 2016/17	NPT Quarter 3 2016/17	NPT Quarter 3 2017/18	Direction of Improvement
Page 241	PAM/012 (PAM)	Percentage of households successfully prevented from becoming homeless	52.2%	55% (196 of 359)		Not measured in this period	73.5% (50 of 68)	—
	HOS/003 (Local)	The percentage of households for which homelessness was successfully relieved	45.7%	42% (180 of 425)	41%	28%	39.3% (65 of 165)	—
	HOS/004 (Local)	The percentage of those households for which a final duty was successfully discharged	54.5%	65% (63 of 97)	81%	36%	73.6% (14 of 19)	—
	HOS/005 (Local)	The overall percentage of successful outcomes for assisted households	45.8%	50% (439 of 881)	54%	32.7%	51% (129 of 252)	—

**Nb\* Please note that all Quarter 3 2017/18 Homelessness Performance Indicators are solely for this period only (1<sup>st</sup> October to 31<sup>st</sup> December 2017) and are not cumulative from the 1<sup>st</sup> April 2017. This is due to difficulties with the system used to capture this data.**

**Section 3: Quarterly Compliments/Complaints Data and Performance Key**

**ADULT & BUSINESS SUPPORT SERVICES ONLY**  
**2017/2018 – Quarter 3 (1<sup>st</sup> April 2017 – 31<sup>st</sup> December 2017) – Cumulative data**

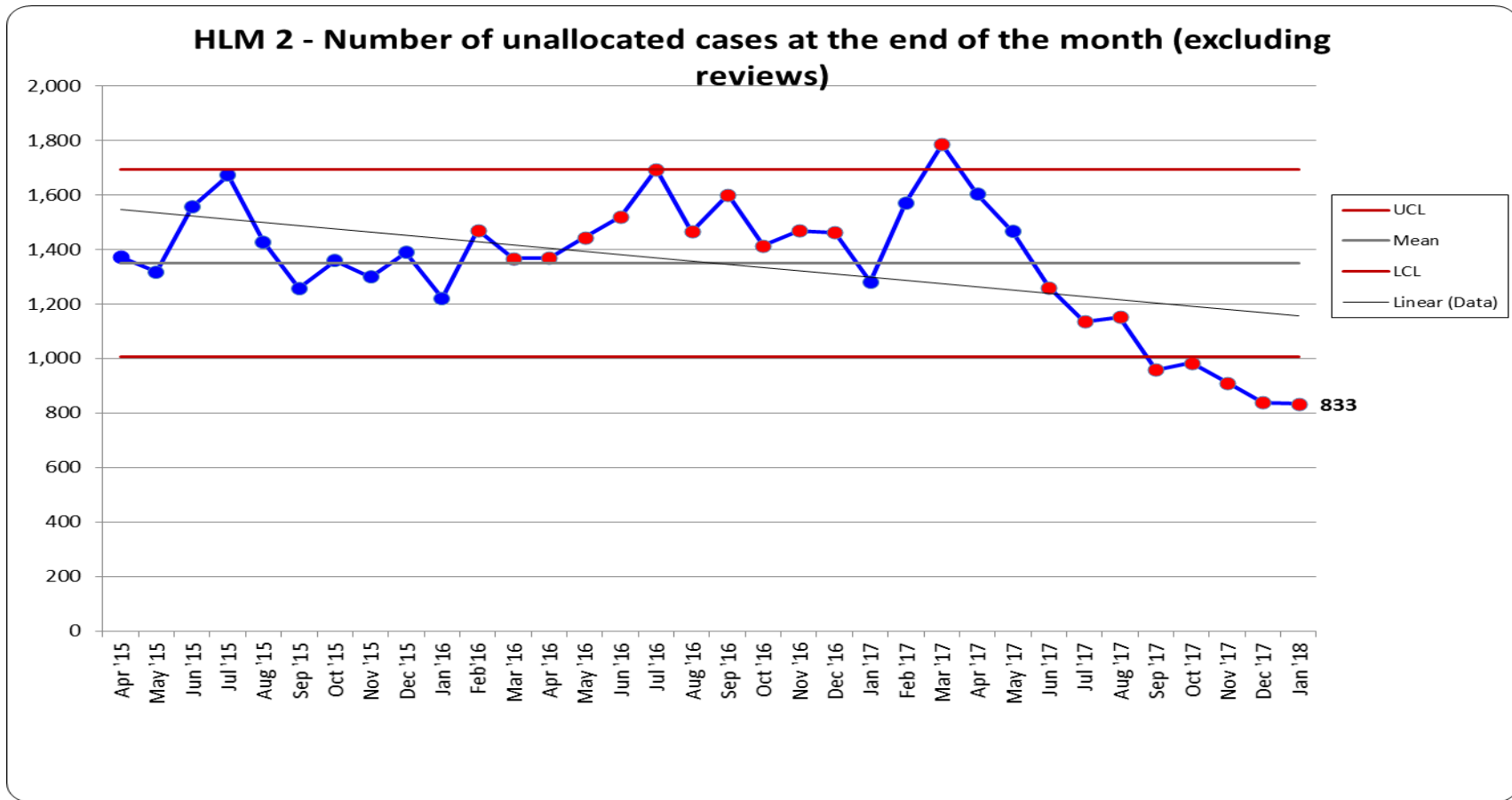
	<b>Performance Key</b>
↑	Improvement : Reduction in Complaints / Increase in Compliments
↔	No change in the number of Complaints / Compliments
v	Increase in Complaints but within 5% / Reduction in Compliments but within 5% of previous year
↓	Increase in Complaints by 5% or more / Reduction in Compliments by 5% or more of previous year

Page 22

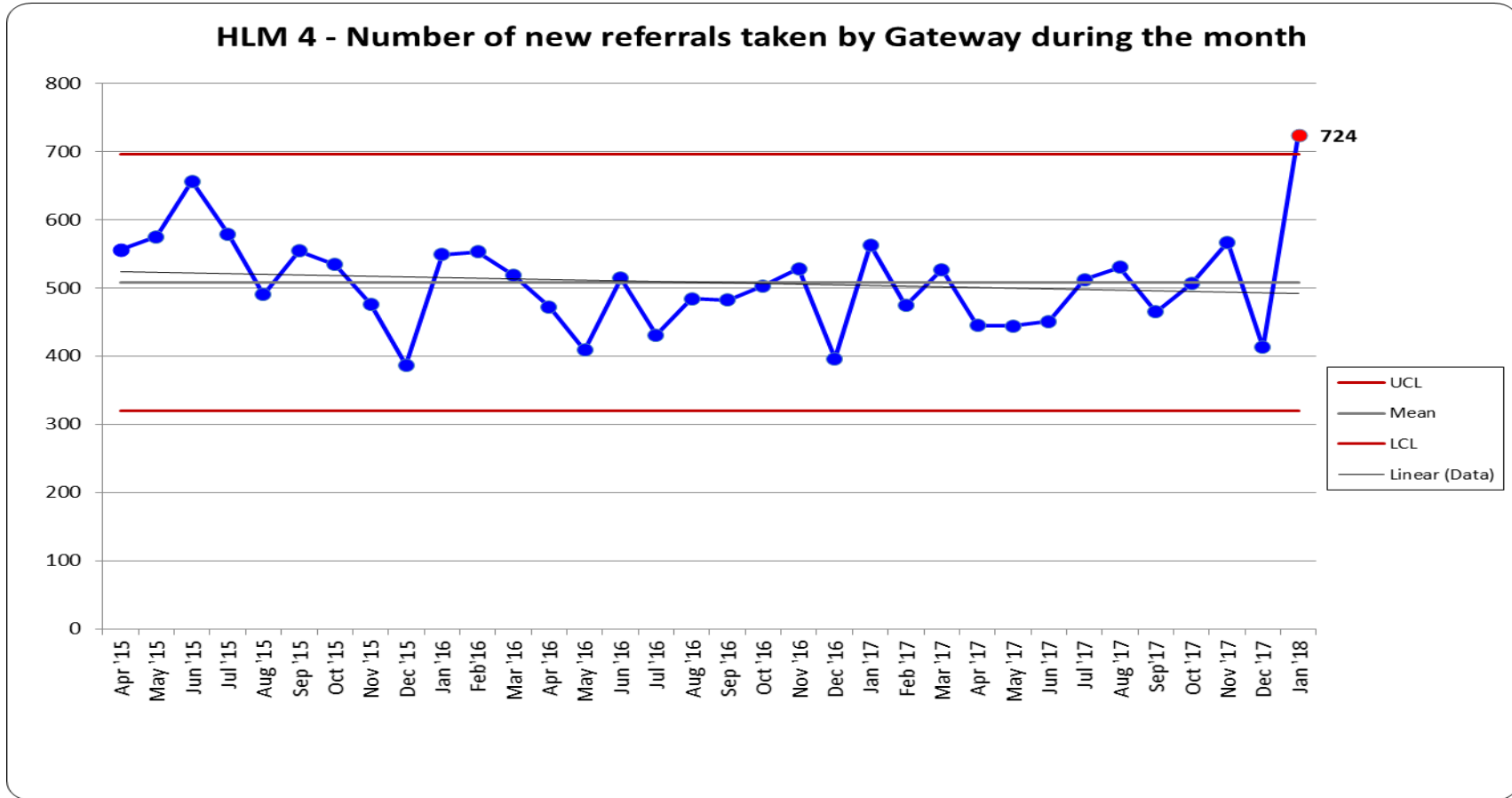
	<b>PI Description</b>	<b>Full Year 2016/17</b>	<b>Quarter 3 2016/17</b>	<b>Quarter 3 2017/18</b>	<b>Direction of Improvement</b>
1	<b><u>Total Complaints - Stage 1</u></b>	37	26	11	↑
	a - Complaints - Stage 1 upheld	14	8	4	
	b - Complaints - Stage 1 <u>not</u> upheld	10	10	3	
	c - Complaints - Stage 1 partially upheld	2	2	1	
	d - Complaints - Stage 1 other (incl. neither upheld/not upheld; withdrawn; passed to other agency; on-going)	11	6	3	

No	PI Description	Full Year 2016/17	Quarter 3 2016/17	Quarter 3 2017/18	Direction of Improvement
2	<b><u>Total Complaints - Stage 2</u></b>	2	2	1	↑
	a - Complaints - Stage 2 upheld	1	0	0	
	b - Complaints - Stage 2 <u>not</u> upheld	0	1	0	
	c- Complaints - Stage 2 partially upheld	1	1	1	
Page 243	<b><u>Total - Ombudsman investigations</u></b>	0	0	0	↔
	a - Complaints - Ombudsman investigations upheld	-	-	-	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	-	-	-	
4	<b>Number of Compliments</b>	25	9	52	↑
<p><b>Narrative</b>  <b>Stage 1</b> – there has been a significant <b>decrease</b> in the number of complaints received during the 3<sup>rd</sup> quarter 2017/18 (when compared to 2016/17) from <b>26 to 11</b>; the service continues to strive to resolve complaints on an informal basis, which may account for the decrease in the numbers. The Complaints Team will continue to monitor future quarters to ascertain any trends.</p> <p><b>Stage 2</b> – there has been a <b>decrease</b> on the previous year to <b>1 (from 2)</b> during the 3<sup>rd</sup> quarter; as there continues to be a stronger emphasis on a speedier resolution at ‘informal’ and ‘Stage 1’ levels.</p> <p><b>Compliments</b> – the number of compliments has <b>increased</b>; this can be attributed to an improvement in reporting from services receiving praise and thanks. The Complaints Team will continue to raise the profile for the need to report such incidences.</p>					

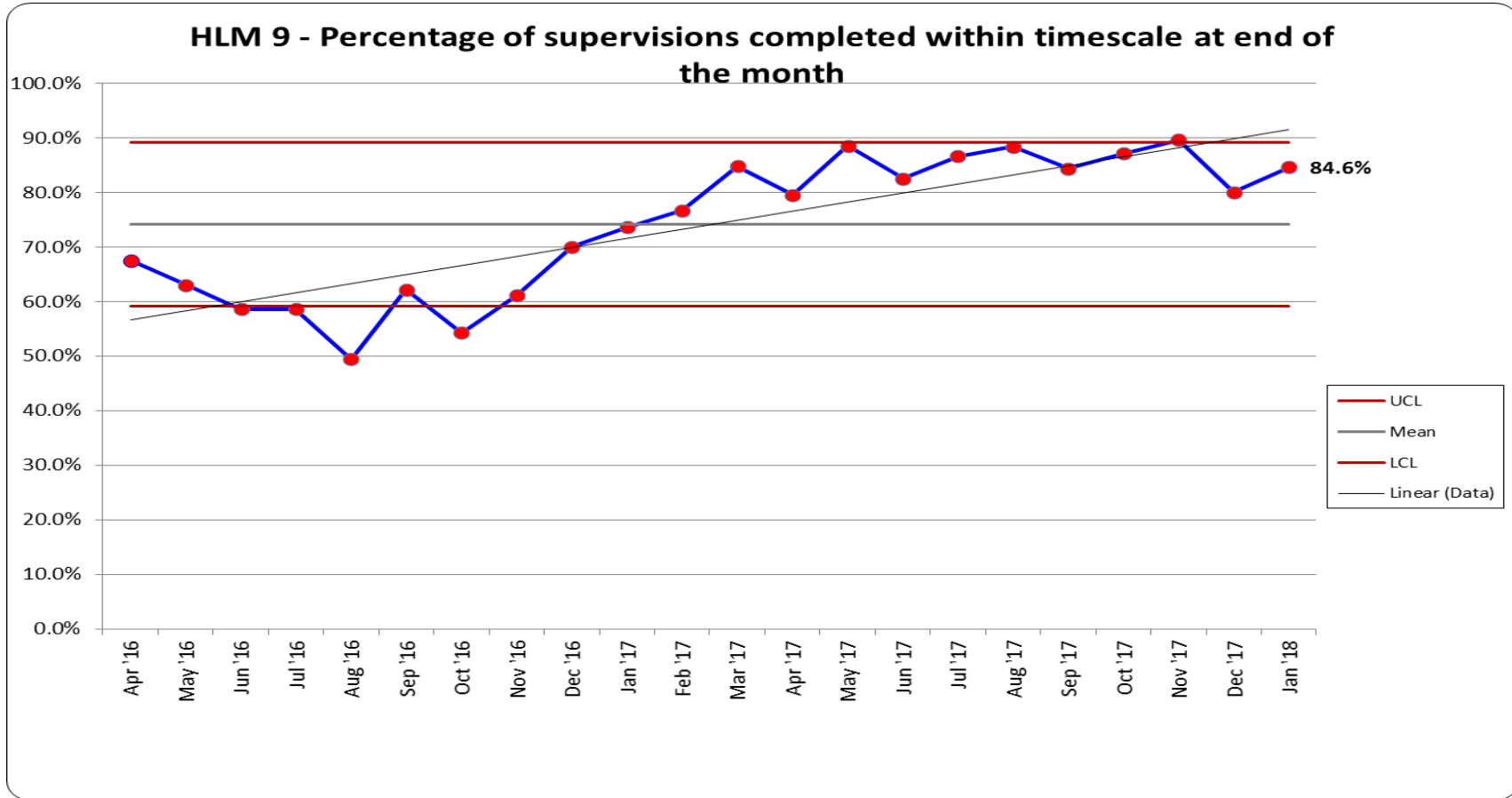
**Section 4: Adult Services High Level Measures (HLM)**



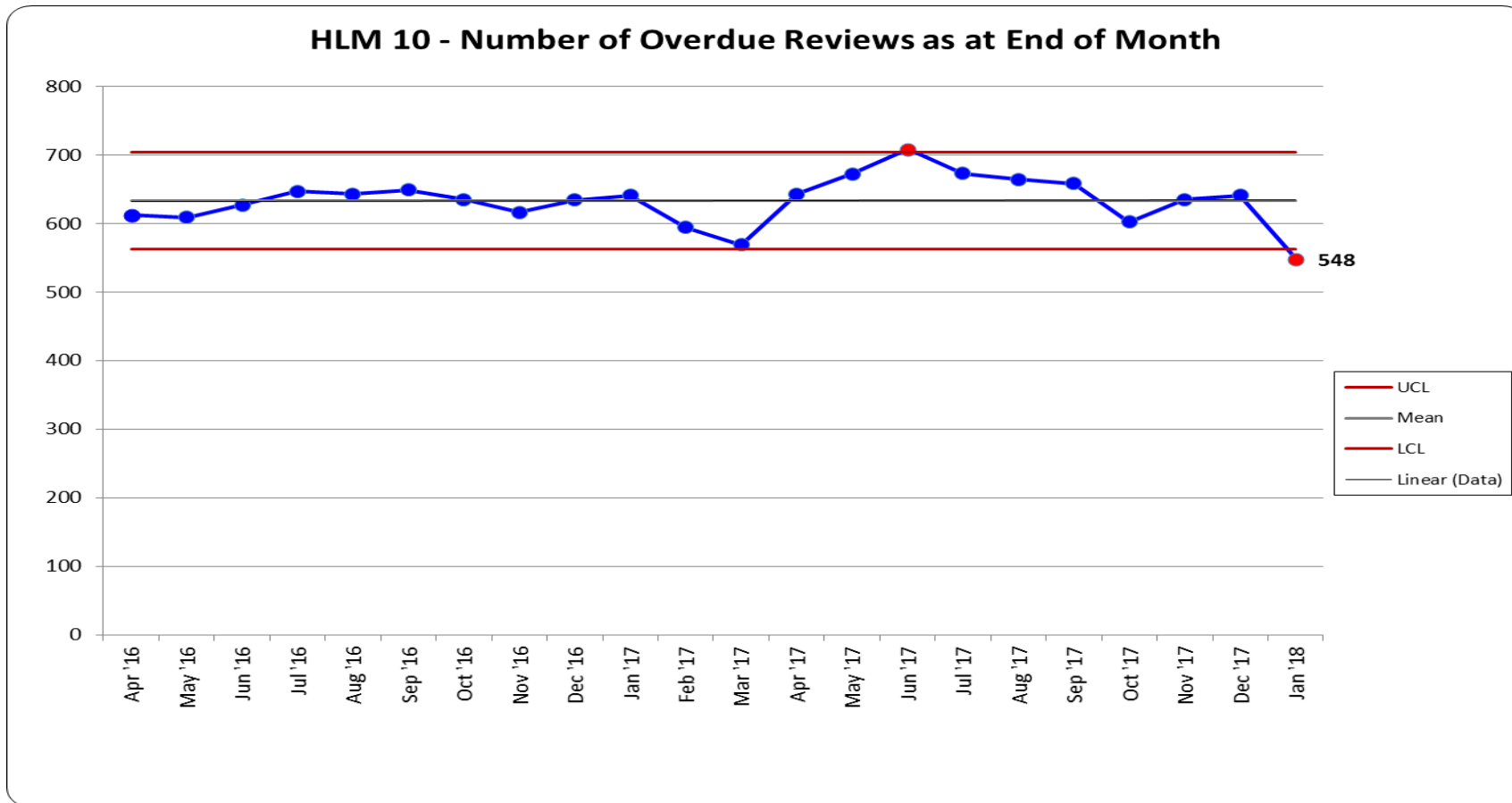
**HLM 2** – Numbers on waiting lists/unallocated for all teams at the end of each month excluding reviews. Please note that clients be showing as unallocated for more than one team. Of the 833 unallocated cases for January 2018, 276 of these are currently receiving social work support.



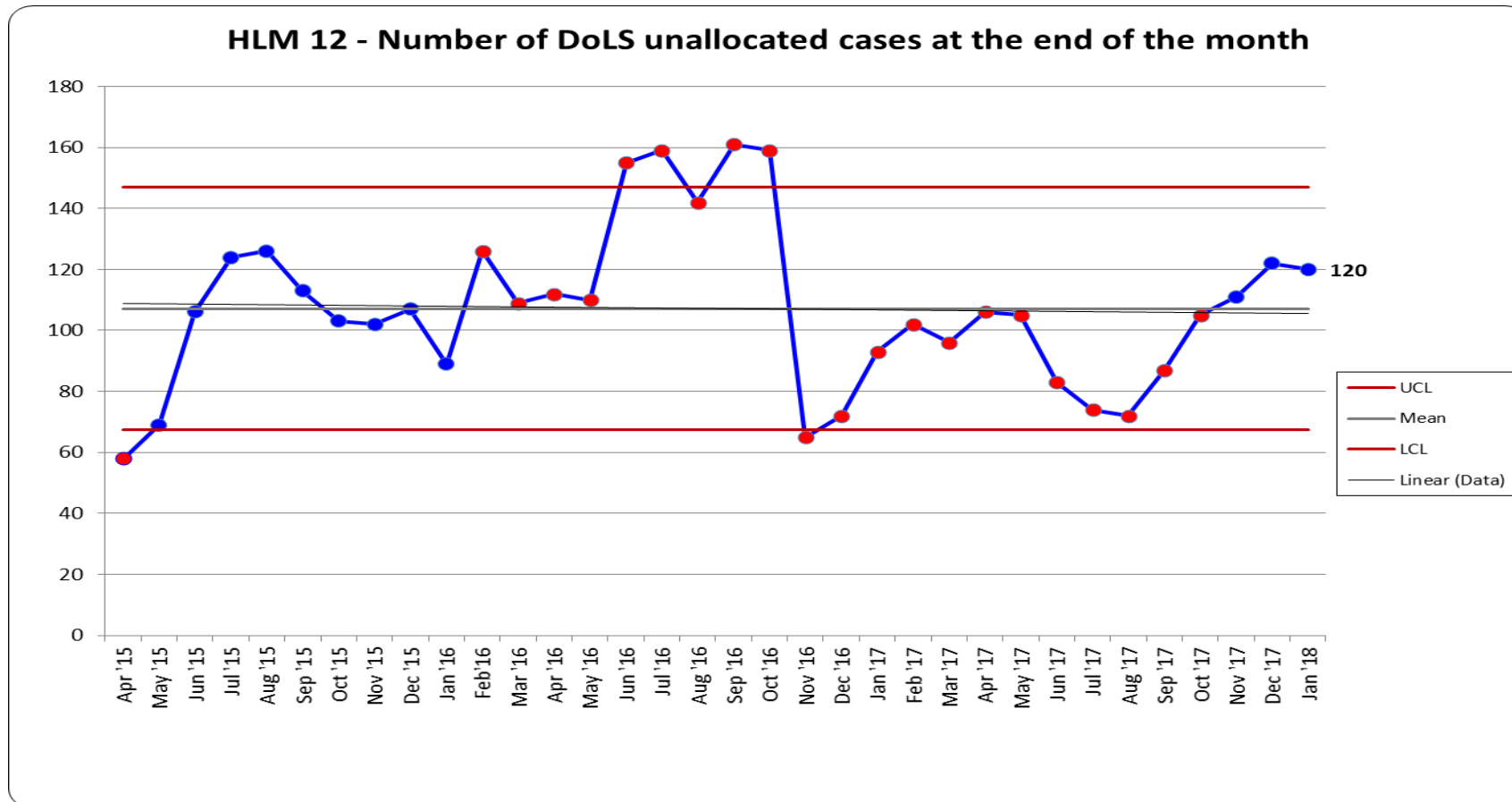
**HLM 4** – New referrals taken by Gateway during the month. These are clients which are not open to us at the time of referral.



**HLM 9 – Percentage of completed supervisions of caseload holding staff within 28 working days at the end of each month.**

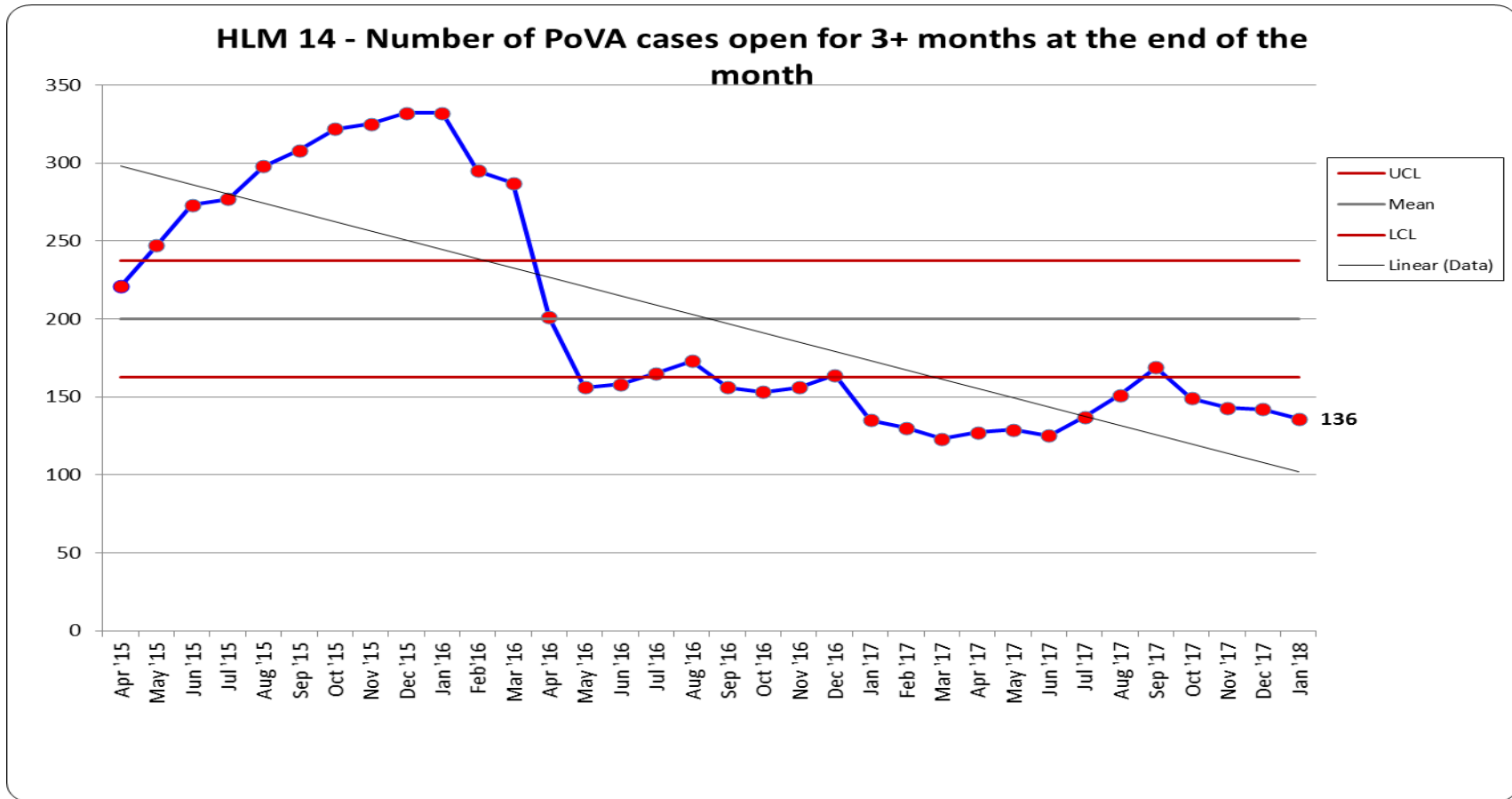


**HLM 10** – Shows all reviews which are overdue as at the end of each month. There is a statutory requirement to review service users care plans within a 12 month period.

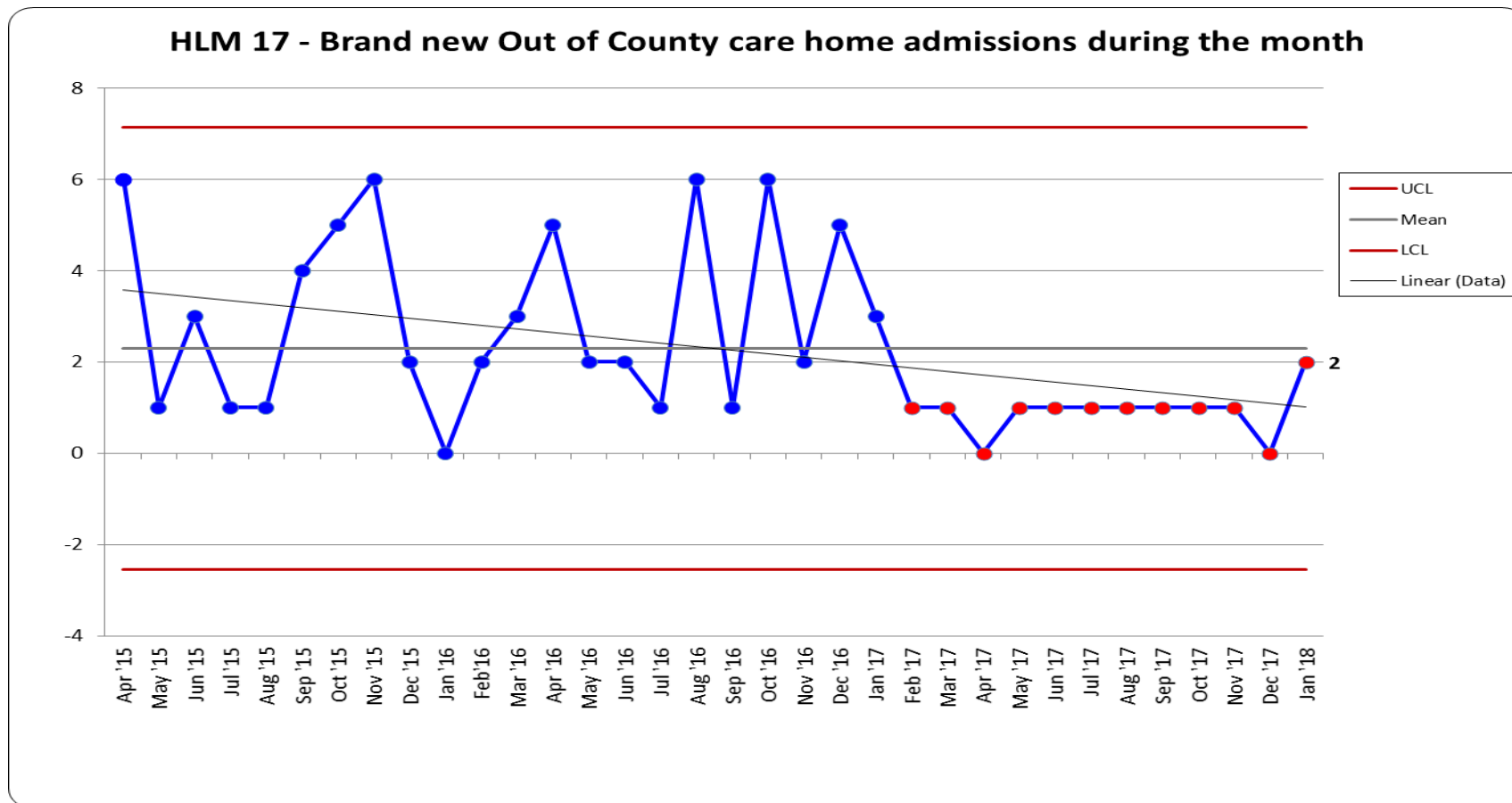


**HLM 12** – Deprivation of Liberty Safeguards (DoLS) cases which are showing as unallocated at the end of each month. Even though there is a backlog it is worth noting that cases do not technically breach unless they are not assessed within timescale following allocation according to Welsh Government regulations. All referrals are risk assessed and urgent cases are dealt with as a priority. We are not in a unique position and are managing the unprecedented demand created by the Cheshire West judgement in 2014 as best as we can and are arguably in a better position than most other authorities.

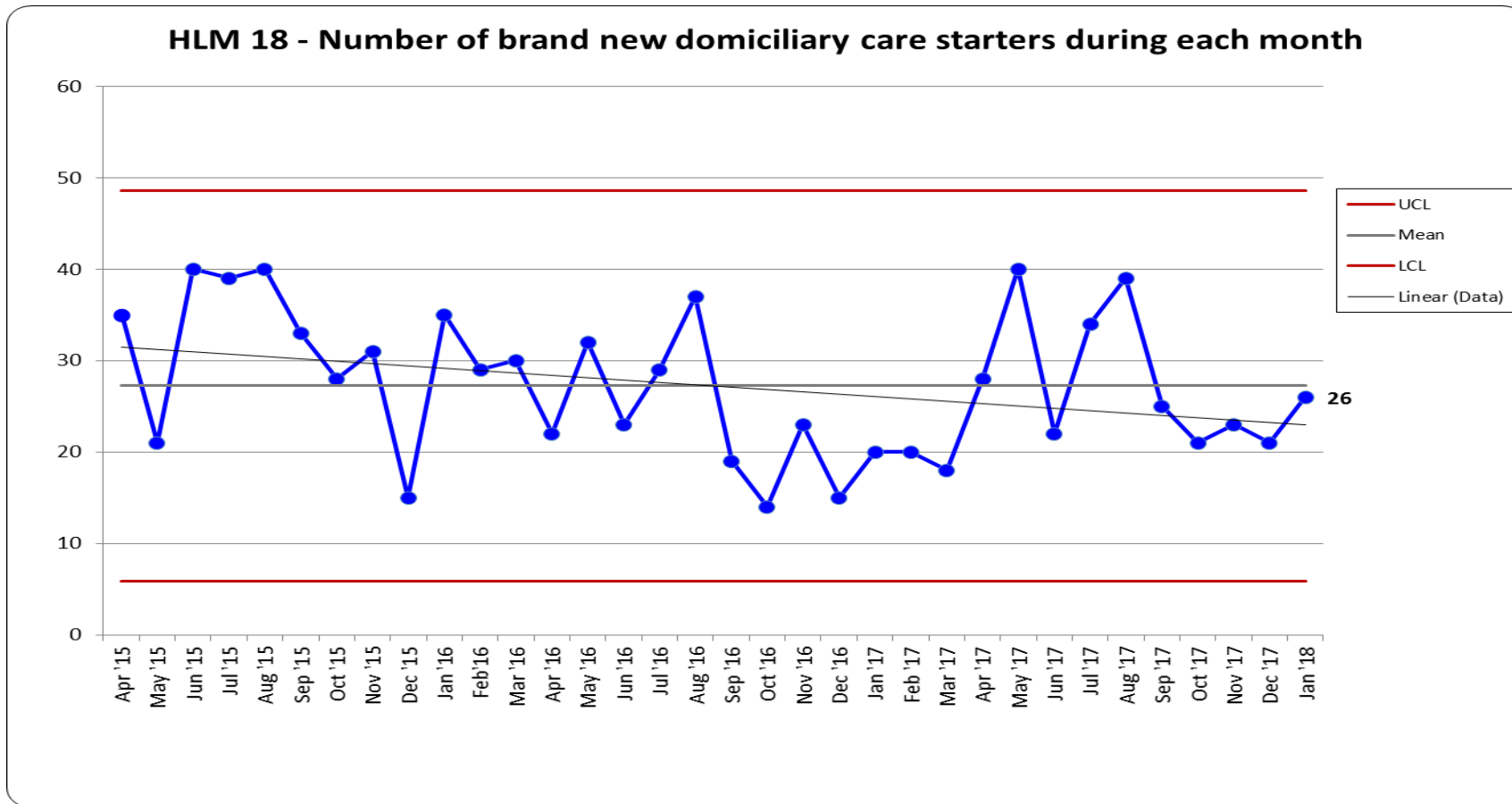




**HLM 14** – Number of Protection of Vulnerable Adults (PoVA) cases open for 3+ months at the end of each month. This figure will decrease to 0 and no longer be a High Level Measure as a new Adults at Risk process has been in place from 1st September 2017 which replaces and is different to the ‘old’ PoVA process.



**HLM 17 – Brand new residential and nursing care home **Out of County** admissions aged 18yrs+ during each month (Excludes respite, supported living, residential reablement, in county and border homes). The associated costs are as follows: Cwrt Enfys £441.18 p.w. / Hencoed Cwrt £570 p.w. (The standard rate within Neath Port Talbot is £538 p.w.)**

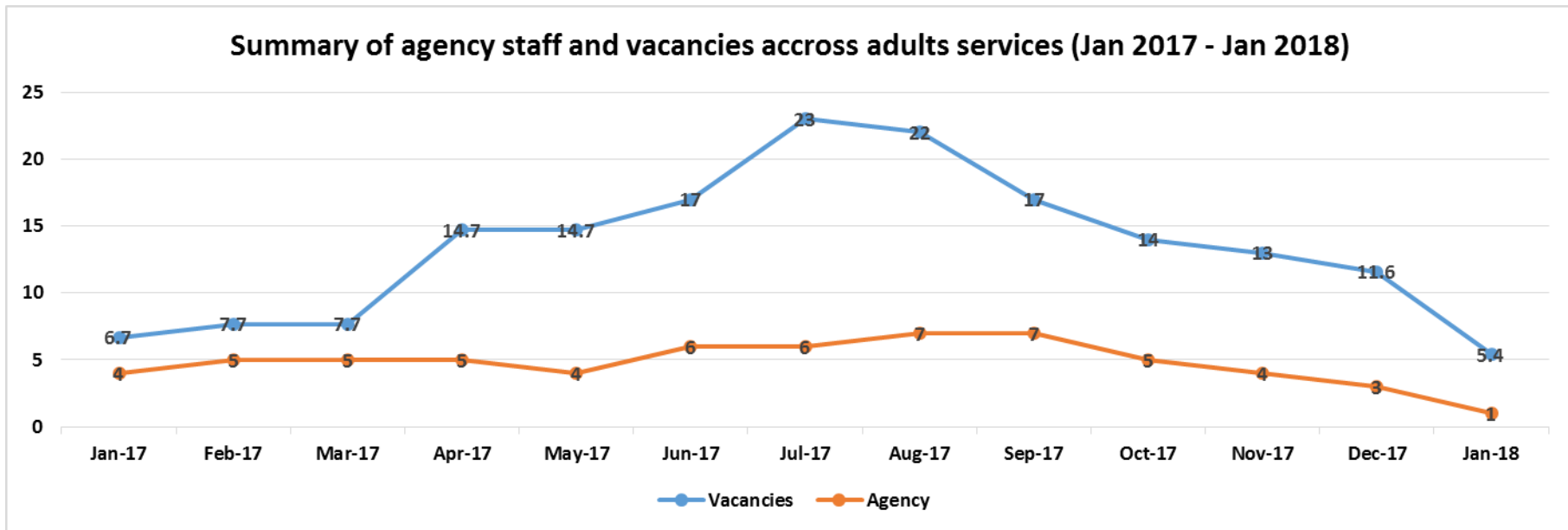


**HLM 18 – Brand new internal and external Home Care starters aged 18yrs+ during each month.**



NB. A significant increase in vacancies in 2017 was linked to additional 6 x peripatetic Social workers being created and additional posts following the re-structure of the Safeguarding Team. The vacancies also include the Reablement Service from April 2017 onwards and they weren't included in the initial measures.

- **HR2 – Priority Indicator – Summary of Agency Staff and Vacancies across the service from January 2017 – January 2018**



Agency 1 – Direct Payments/WILG (Welsh Independent Living Grant) work - left at end January 2018.

## Section 5: Direct Payments End to End Times

Period: 1<sup>st</sup> October 2017 to 31<sup>st</sup> December 2017

Number of new starters	Timescales (Working days)	SW assessment to DP request	DP request to receipt of DP (DP start date)
<b>29</b> <i>(24 Adults/5 Children)</i>	<b>Shortest</b>	9 days	4 days
	<b>Longest</b>	213 days	183 days
	<b>Average</b>	87.2 days	48.9 days

*\*Please note that the timescales above have been calculated using the 24 Adult Direct Payments new starters only.*

## **SOCIAL CARE, HEALTH AND WELL BEING CABINET BOARD**

### **REPORT OF THE HEAD OF COMMISSIONING AND SUPPORT SERVICES**

**– A. THOMAS**

**8<sup>th</sup> March 2018**

#### **SECTION C – MATTER FOR MONITORING**

**WARD(S) AFFECTED: ALL**

#### **CHILDREN AND YOUNG PEOPLE SERVICES – 3<sup>RD</sup> QUARTER (2017-18) PERFORMANCE REPORT**

##### **Purpose of Report**

The purpose of the attached documentation is to advise Members of Performance Management Information within Children and Young People Services (CYPS), for the 3<sup>rd</sup> Quarter Period (April 2017 – December 2017); the Monthly Key Priority Indicator Information (December 2017) and Complaints Data (April 2017 – December 2017).

##### **Executive Summary**

This report provides an outline of performance against a set of statutory Welsh Government Performance Indicators for CYPS, which were introduced as part of the Social Services and Well-Being (Wales) Act 2014. In addition, this report also outlines performance against the CYPS Key Performance Indicators, which were agreed by Members at the Children, Young People and Education (CYPE) Committee on 28<sup>th</sup> July 2016.

##### **Background**

1. Following agreement by Members at CYPE on 28<sup>th</sup> July 2016, the Quarterly Performance Monitoring Report has been devised to enable Members to monitor and challenge specific areas of performance within CYPS. The report also takes into account a change in reporting obligations to Welsh Government in terms of the statutory performance indicators.

### **Financial Impact**

2. Not applicable.

### **Equality Impact Assessment**

3. None Required

### **Workforce Impacts**

4. Not applicable

### **Legal Impacts**

5. This progress report is prepared under:
  - i) Local Government (Wales) Measure 2009 and discharges the Council's duties to "make arrangements to secure continuous improvement in the exercise of its functions".
  - ii) Neath Port Talbot County Borough Council Constitution requires each cabinet committee to monitor quarterly budgets and performance in securing continuous improvement of all the functions within its purview.

### **Risk Management**

6. Not applicable

### **Consultation**

7. No requirement to consult

### **Recommendations**



8. Members monitor performance contained within this report

### **Reasons for Proposed Decision**

9. Matter for monitoring. No decision required

### **Implementation of Decision**

10. Not Applicable

### **List of Appendices**

11.

**Section 1** - Performance Management Information within Children and Young People Services for the Period (April 2017– December 2017).

**Section 2** – Monthly Key Priority Performance Indicator Information (position as at December 2017)

**Section 3** – Complaints and Compliments Data (April 2017 – December 2017)

**Section 4** – Child Protection Registration & De-Registration Data (1<sup>st</sup> January 2017 – 31<sup>st</sup> December 2017)

**Section 5** – Overview of Quarter 3 Quality Assurance Audits (October 2017 – December 2017)

### **List of Background Papers**

None

### **Officer Contact**

David Harding - Performance Management Team

Telephone: 01639 685942

Email: [d.harding@npt.gov.uk](mailto:d.harding@npt.gov.uk)

## Section 1: Quarterly Performance Management Data and Performance Key

### 2017-2018 – Quarter 3 Performance (1<sup>st</sup> April 2017 – 31<sup>st</sup> December 2017)

**Note:** The following references are included in the table. Explanations for these are as follows:

**(PAM) Public Accountability Measures** – a revised set of national indicators for 2017/18. Following feedback from authorities the revised performance measurement framework was ratified at the Welsh Local Government Association (WLGA) Council on 31 March 2017. These measures provide an overview of local government performance and how it contributes to the national well-being goals. This information is required and reported nationally, validated, and published annually.

**All Wales** - The data shown in this column is the figure calculated using the base data supplied by all authorities for 2016/2017 i.e. an overall performance indicator value for Wales.

**(Local)** Local Performance Indicator set by the Council and also includes former national data sets (such as former National Strategic Indicators or Service Improvement Data – SID's) that continue to be collected and reported locally.

	Performance Key
😊	Maximum Performance
↑	Performance has improved
↔	Performance has been maintained
∇	Performance is within 5% of previous year's performance
↓	Performance has declined by 5% or more on previous year's performance - Where performance has declined by 5% or more for the period in comparison to the previous year, an explanation is provided directly below the relevant performance indicator.
–	No comparable data (data not suitable for comparison / no data available for comparison)
	No All Wales data available for comparison.

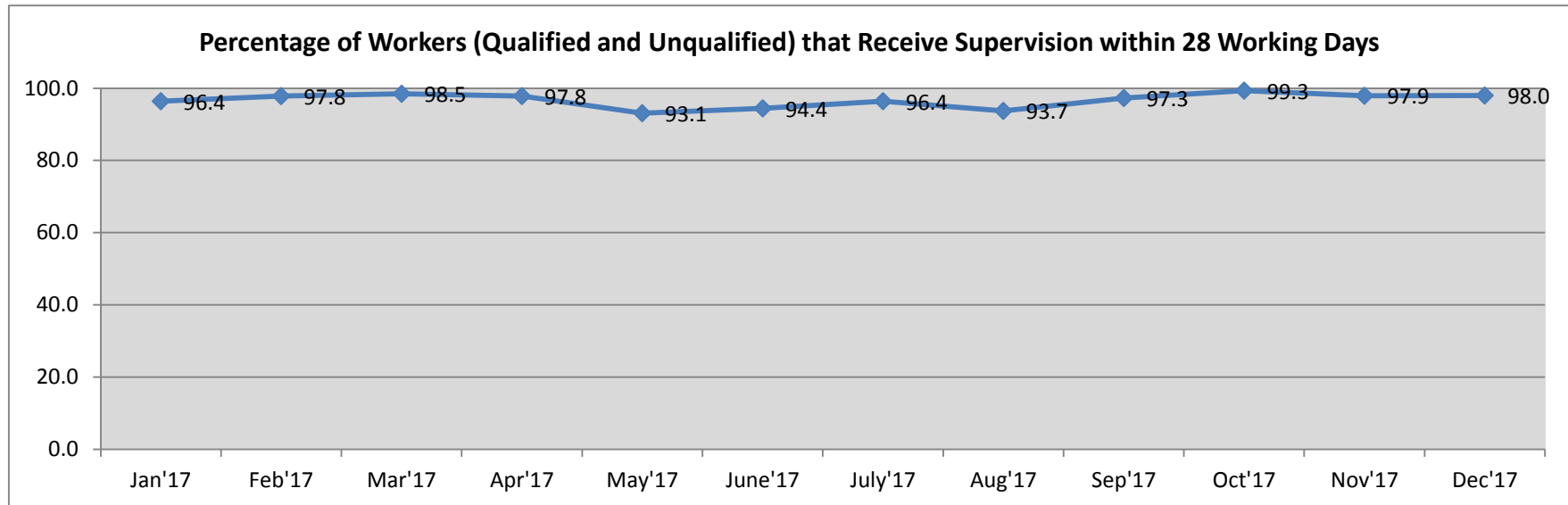
## Social Care – Children’s Services

No	PI Reference	PI Description	2015/16 Actual	2016/17 Actual	All Wales 2016/17	Quarter 3 2016/17	Quarter 3 2017/18	Direction of Improvement
1	PI 24	The percentage of assessments completed for children within 42 days from point of referral	n/a - new	97.6% (1197 out of 1226)	<b>90.8%</b>	98.9% (871 out of 881)	97.8% (4225 out of 4322)	v
2	PI 25	The percentage of children supported to live with their family	n/a - new	60.9% (598 out of 982)	<b>69.2%</b>	64.2% (629 out of 979)	62.7% (626 out of 998)	v
3	PI 26	The percentage of Looked After Children returned home from care during the year	n/a - new	14.8% (78 out of 527)	<b>13.6%</b>	<b>Reported Annually (Populated by WG)</b>		—
4	PI 27	The percentage of re-registrations of children on the local authority Child Protection Register	n/a - new	7.8% (18 out of 230)	<b>6.3%</b>	5.3% (9 out of 169)	6.2% (11 out of 177)	v
Page 261	PI 28	The average length of time (in days) for all children who were on the Child Protection Register during the year	n/a - new	233.1 days	<b>245.1 days</b>	212 days	288.3 days	↓
		This PI is subject to regular fluctuation, as all children will remain on the Child Protection Register for as long as is deemed necessary by a Multi-Agency Panel.						
6	PI 29a	The percentage of children achieving the core subject indicators at key stage 2	n/a - new	59.2% (29 out of 49)	<b>56.5%</b>	<b>Reported Annually (Populated by WG)</b>		—
7	PI29b	The percentage of children achieving the core subject indicators at key stage 4	n/a - new	17.5% (10 out of 57)	<b>14.2%</b>	<b>Reported Annually (Populated by WG)</b>		—
8	PI 30	The percentage of children seen by a dentist within 3 months of becoming looked after	n/a - new	8.8% (3 out of 34)	<b>59.4%</b>	<b>Reported Annually</b>		—
9	PI 31	The percentage of Looked After Children at 31 <sup>st</sup> March registered with a GP within 10 working days of the start of their placement	99.3%	99.5% (183 out of 184)	<b>91.7%</b>	<b>Reported Annually</b>		—

10	PI 32	The percentage of children looked after at 31 March who has experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March.	9.4%	10.2% (22 out of 215)	12.7%	Reported Annually	—
11	PI 33 (PAM)	The percentage of children looked after on 31 March who has had three or more placements during the year.	8.8%	4.4% (17 out of 384)	9.8%	Reported Annually (Populated by WG)	—
12a	PI 34	The percentage of all care leavers who are in education, training or employment continuously for 12 months after leaving care	n/a - new	63.0% (29 out of 46)	52.4%	Reported Annually	—
12b	PI 34	The percentage of all care leavers who are in education, training or employment continuously for 24 months after leaving care	n/a - new	44.8% (13 out of 29)	47.1%	Reported Annually	—
13	PI 35	The percentage of care leavers who have experienced homelessness during the year	n/a - new	1.1% ( 3 out of 271)	10.6%	Reported Annually	—

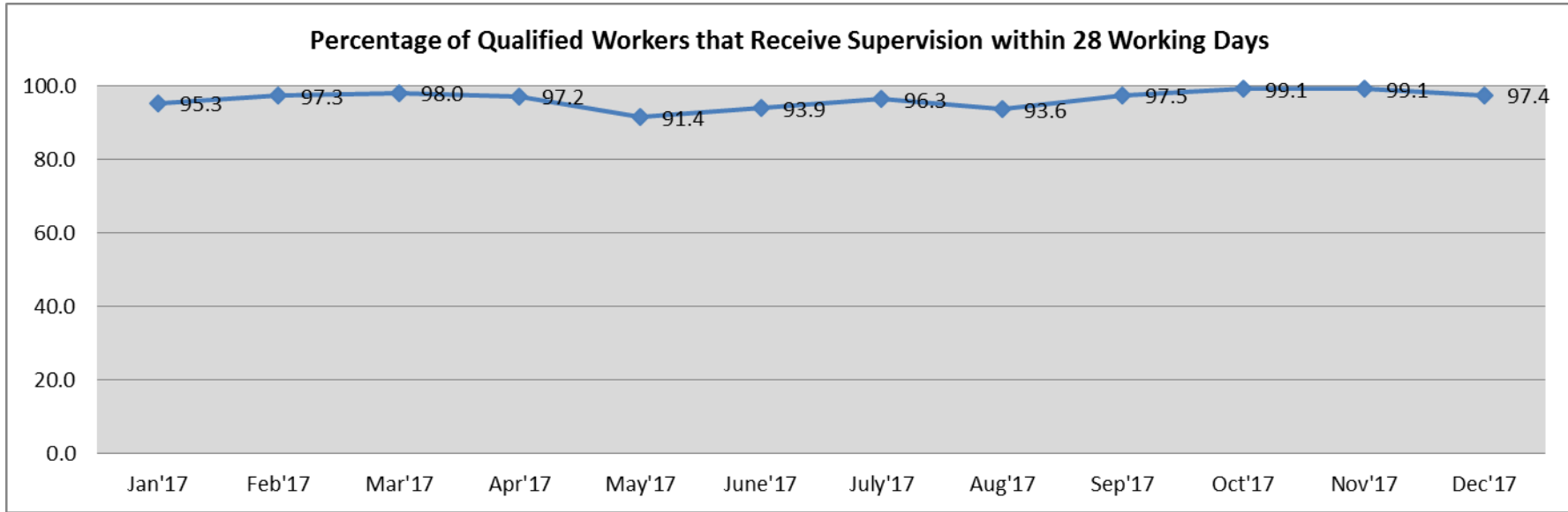
## Section 2 - Key Priority Performance Indicators (December 2017)

- **Priority Indicator 1 – Staff Supervision Rates**



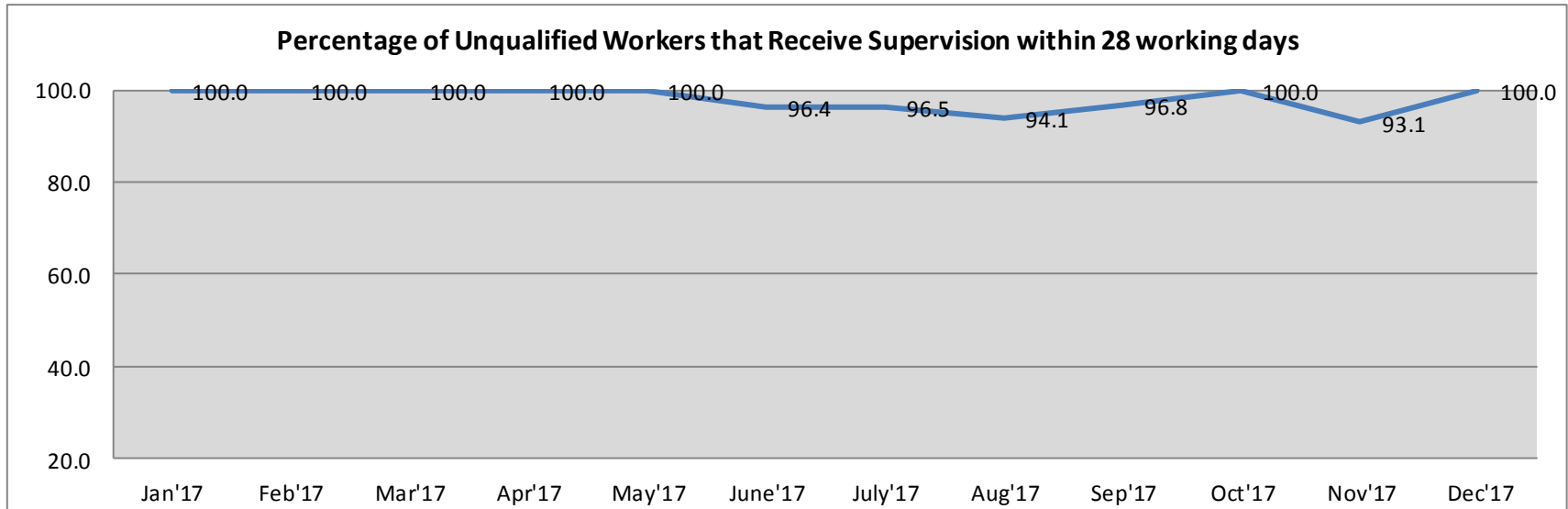
Page 263

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
<b>Performance Indicator/Measure</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
The % of Qualified and Unqualified Workers that receive Supervision within 28 working days	<b>96.4</b>	<b>97.8</b>	<b>98.5</b>	<b>97.8</b>	<b>93.1</b>	<b>94.4</b>	<b>96.4</b>	<b>93.7</b>	<b>97.3</b>	<b>99.3</b>	<b>97.9</b>	<b>98.0</b>
Number of workers due Supervision	<b>140</b>	<b>139</b>	<b>134</b>	<b>135</b>	<b>145</b>	<b>142</b>	<b>138</b>	<b>144</b>	<b>152</b>	<b>147</b>	<b>142</b>	<b>148</b>
Of which, were undertaken in 28 working days	<b>135</b>	<b>136</b>	<b>132</b>	<b>132</b>	<b>135</b>	<b>134</b>	<b>133</b>	<b>135</b>	<b>148</b>	<b>146</b>	<b>139</b>	<b>145</b>



	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
<b>Performance Indicator/Measure</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
The percentage of Qualified Workers that receive Supervision within 28 working days	95.3	97.3	98	97.2	91.4	93.9	96.3	93.6	97.5	99.1	99.1	97.4
Number of workers due Supervision	107	110	98	107	116	114	109	110	121	116	113	117
Of which, were undertaken in 28 working days	102	107	101	104	106	107	105	103	118	115	112	114





	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
<b>Performance Indicator/Measure</b>	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The percentage of Unqualified Workers that receive Supervision within 28 working days	100	100	100	100	100	96.4	96.5	94.1	96.8	100	93.1	100
Number of workers due Supervision	33	29	31	28	29	28	29	34	31	31	29	31
Of which, were undertaken in 28 working days	33	29	31	28	29	27	28	32	30	31	27	31

- **Priority Indicator 2 – Average Number of Cases held by Qualified Workers across the Service**

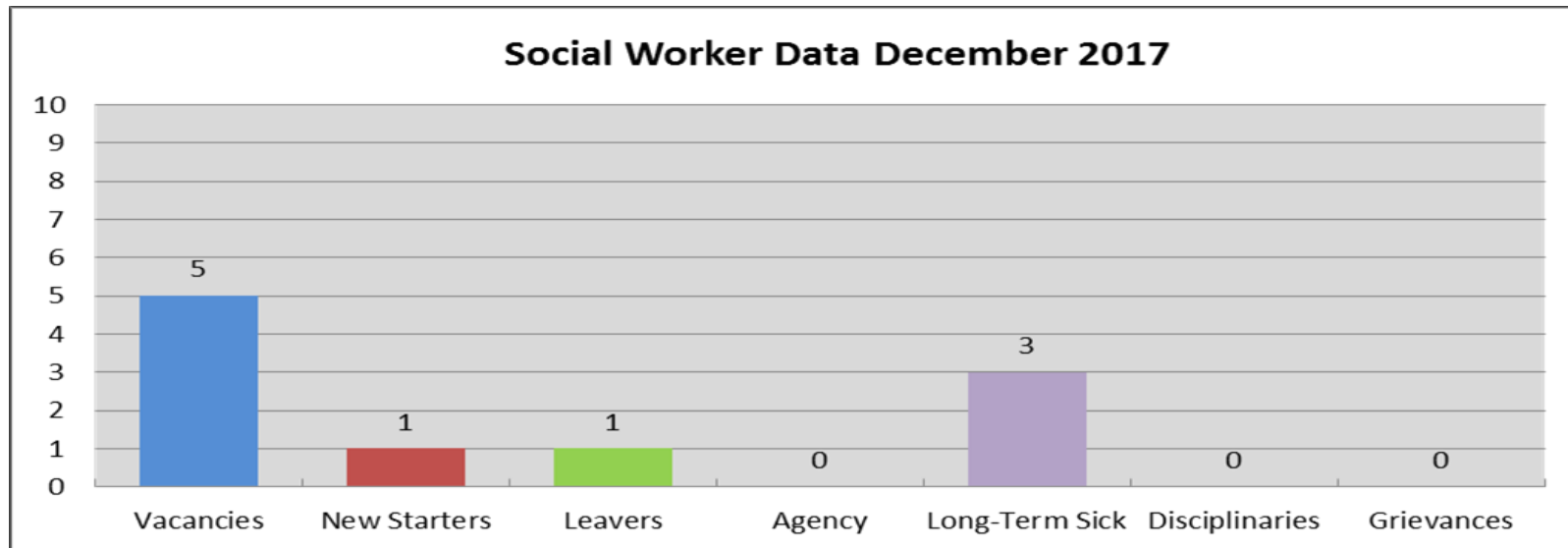
<b>As at 31st December 2017</b>	<b>Workers, including Deputy Team Managers</b>					
<b>Team</b>	<b>Available Hours</b>	<b>FTE Equivalent</b>	<b>Team Caseload</b>	<b>Highest Worker Caseload</b>	<b>Lowest Worker Caseload</b>	<b>Average Caseload per Worker</b>
Cwrt Sart	284.0	7.7	95.0	14	5	12.4
Disability Team	495.5	13.4	202.0	22	5	15.1
LAC Team	419.0	11.3	169.0	17	7	14.9
Llangatwg	374.0	10.1	139.0	19	1	13.8
Sandfields	363.0	9.8	97.0	15	6	9.9
Route 16	271.0	7.3	42.0	10	3	5.7
Dyffryn	321.0	8.7	106.0	17	4	12.2
Intake	380.0	10.3	131.0	22	2	12.8
<b>Totals</b>	<b>2,907.50</b>	<b>78.6</b>	<b>981.00</b>			
<b>Average Caseload - CYPS</b>				<b>17.0</b>	<b>4.1</b>	<b>12.5</b>

Page 266

Please Note:

1. The above figures include cases held by Deputy Team Managers and Part-Time Workers.
2. The 'Available Hours' do not include staff absences e.g. Sickness, Maternity, Placement, unless cover is being provided.

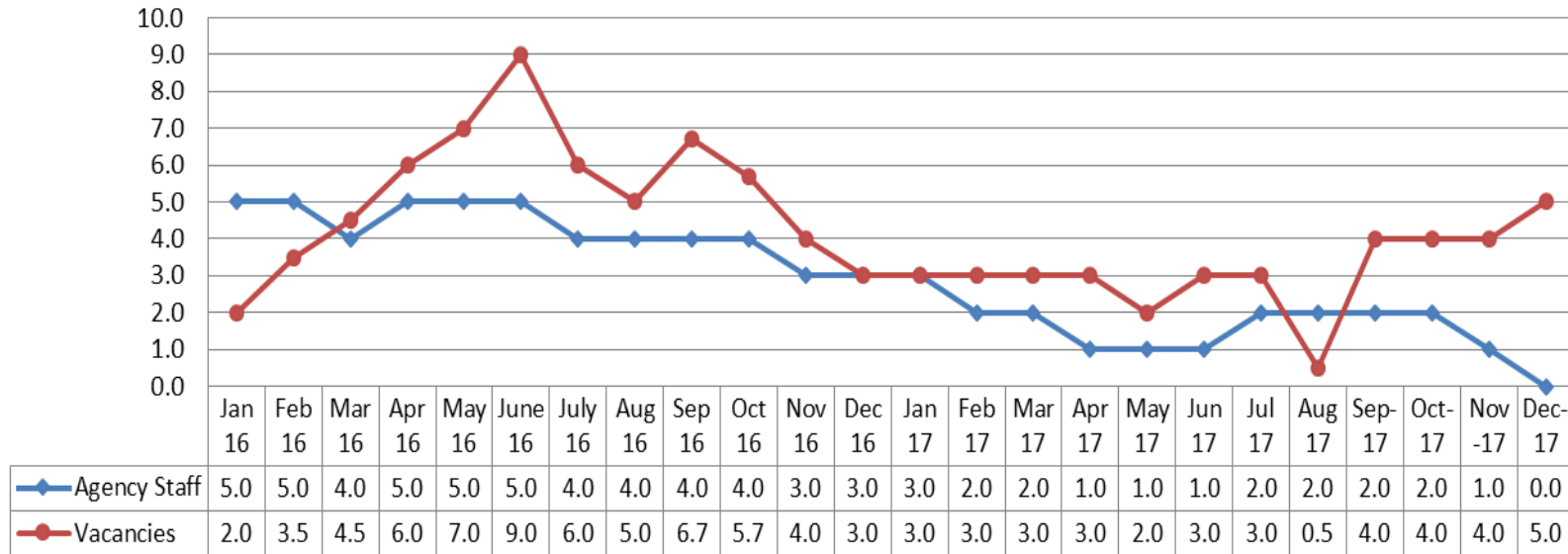
- **Priority Indicator 3 – The Number of Social Worker Vacancies (including number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service**



	Team Manager	Deputy Manager	Social Worker	Peripatetic Social Worker	IRO	Consultant Social Worker	Support Worker	Total
<b>Vacancies</b>		1	4					5
<b>New Starters</b>					1			1
<b>Leavers</b>			1					1
<b>Agency</b>					0			0
<b>Long-Term Sick</b>			3					3
<b>Disciplinarys</b>								0
<b>Grievances</b>								0

## Summary of Agency Staff and Vacancies across the Service

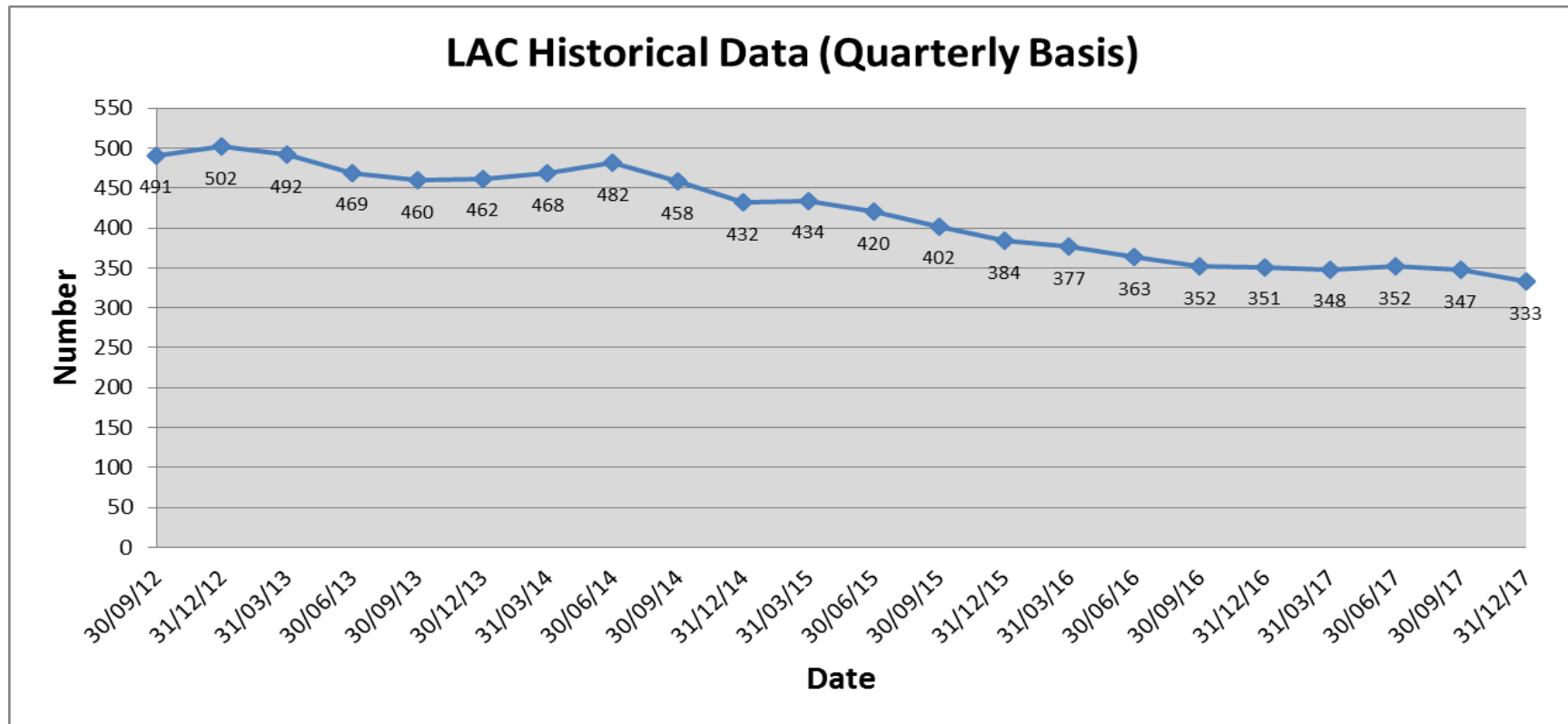
**Summary of Agency Staff and Vacancies Across the Service  
(January 2016- December 2017)**



- **Priority Indicator 4 – Thematic reports on the findings of Case file Audits (reported quarterly)**

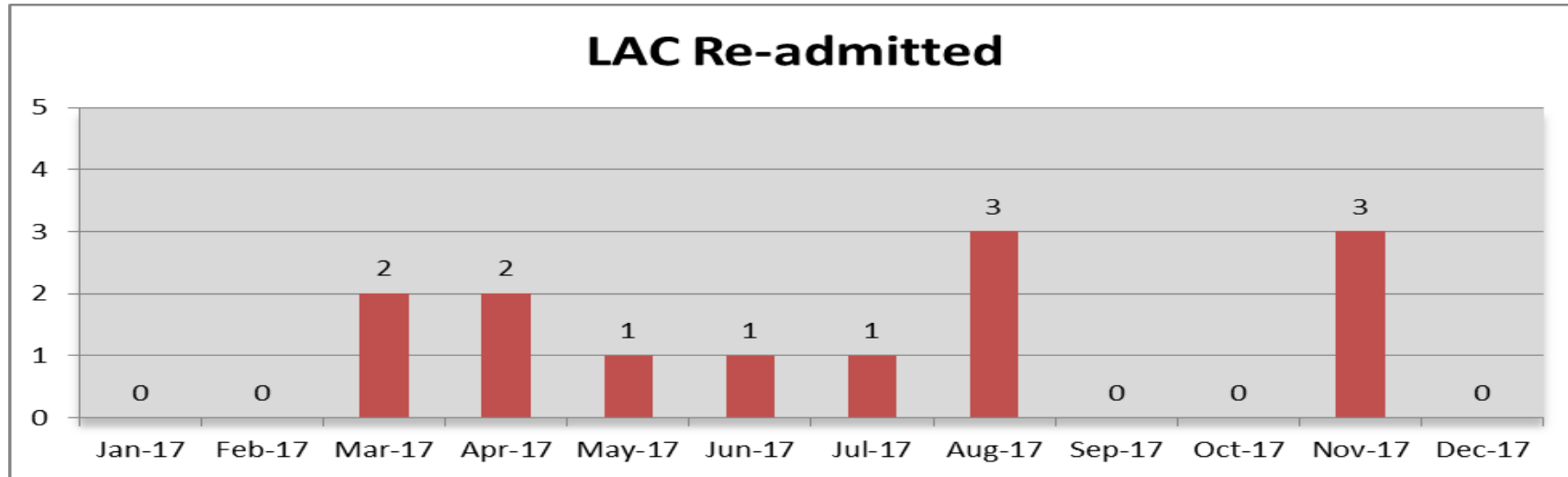
There is an audit programme in place which facilitates the scrutiny of various aspects of activity within Children and Young People Services. A summary of the Audit activity undertaken during the period 1<sup>st</sup> October – 31<sup>st</sup> December 2017 is provided in **Section 4** of this report.

- **Priority Indicator 5 – Number of Looked After Children (Quarterly)**



**LAC as at 31/01/2018 = 329**

- **Priority Indicator 6 – The Number of children who have been discharged from care and subsequently re-admitted within a 12 month period.**



Date	Number Re-admitted
January 2017	0
February 2017	0
March 2017	2
April 2017	2
May 2017	1
June 2017	1
July 2017	1
August 2017	3
September 2017	0
October 2017	0
November 2017	3
December 2017	0

## November 2017

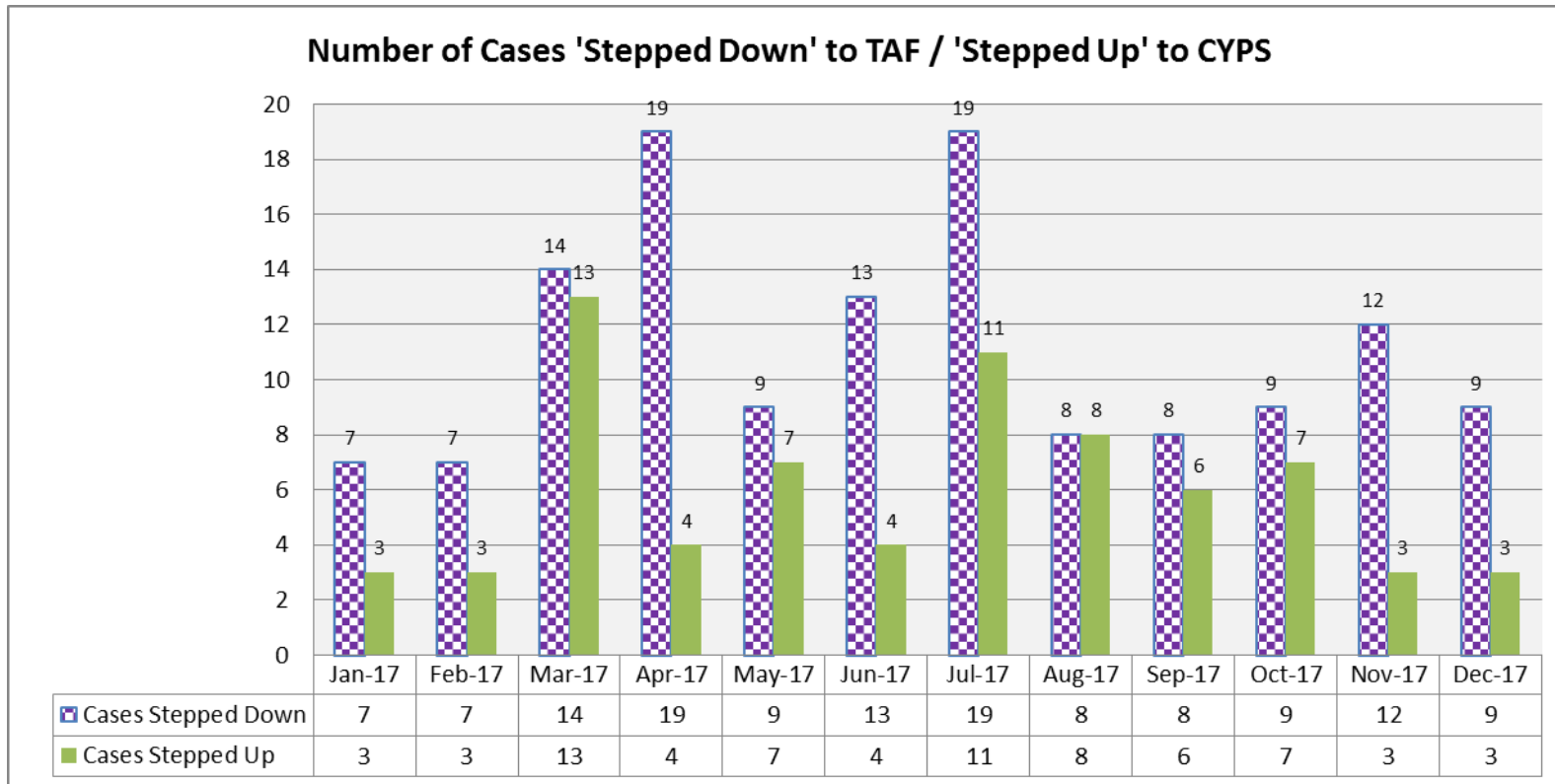
Child "A" had originally entered into care as a result of a serious assault against Child 'A's mother and was subsequently arrested on 21/05/17. In-light of this offence and being subject to a 12 month Referral Order for a previous assault on an adult male with a knife, Child "A" remained on remand until the court date (14/06/17). This had led to a short period in care and then being discharged into custody as a result of being sentenced to a 12 month Detention and Training Order, including a custodial element. However, following the conclusion of the custodial element on the 14/11/17, Child "A" was re-admitted into care with the approval of Principal Officer and Head of Service as a result of not having any appropriate family members to reside with and taking into account significant risks of recidivism.

Child "B" was re-admitted on an emergency basis on Tuesday 14<sup>th</sup> November. This followed increased acrimony between Child "B" and the child's mother and a subsequent arrest for criminal damage towards the mother's property. Child "B" returned home on Monday 20<sup>th</sup> November as the agreement from Head of Service at this time was that intensive work was needed with the family to rehabilitate the child at home and prevent admission into long term foster care.

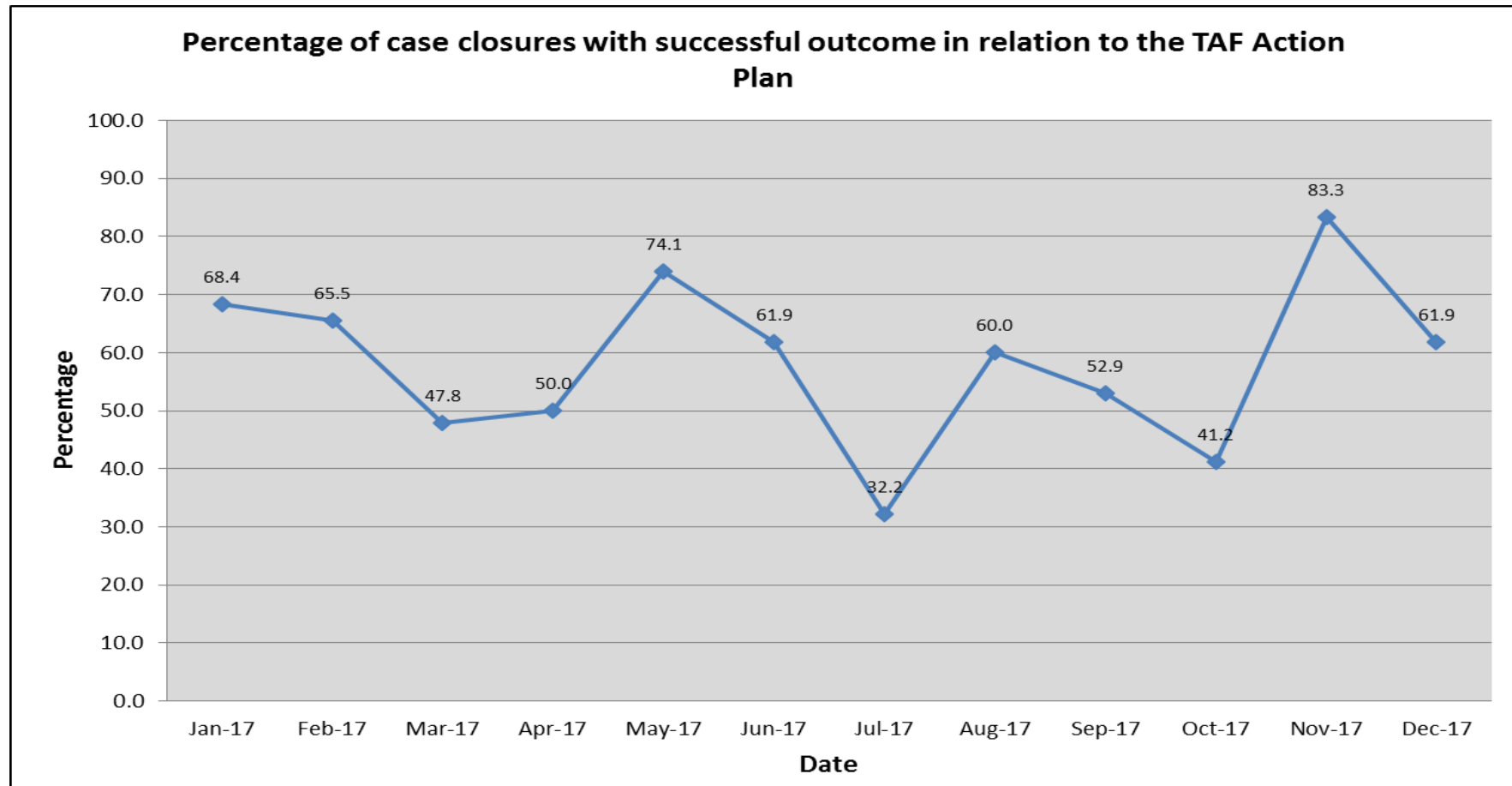
Child "C" has been Fostered on a friends and family arrangement since 4 years of age until an SGO was granted in May 2016. Child "C" has behavioral difficulties and the family needed some space after an incident within the home. Child "C" was placed overnight in foster care and returned home the following day.



- **Priority Indicator 7 – The Number of Cases ‘Stepped Down / Stepped Up’ between Team Around the Family (TAF) and CYPS**



- **Priority Indicator 8 – The percentage of Team Around the Family cases that were closed due to the achievement of a successful outcome in relation to the plan: –**



**Section 3: Compliments and Complaints – Social Services, Health & Housing – Children’s Services ONLY**

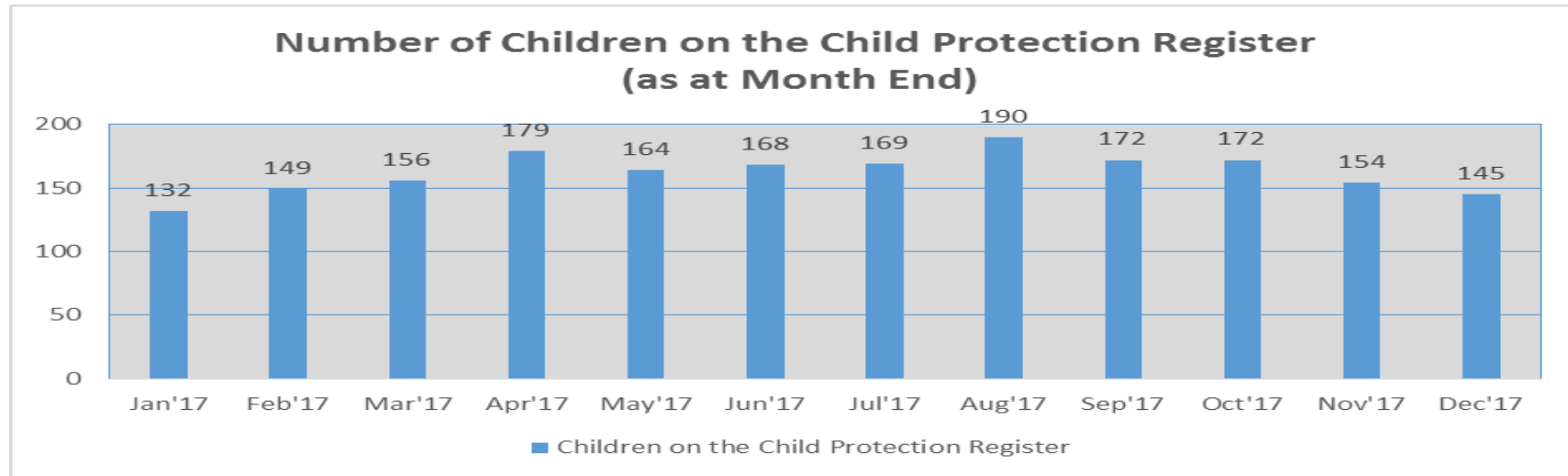
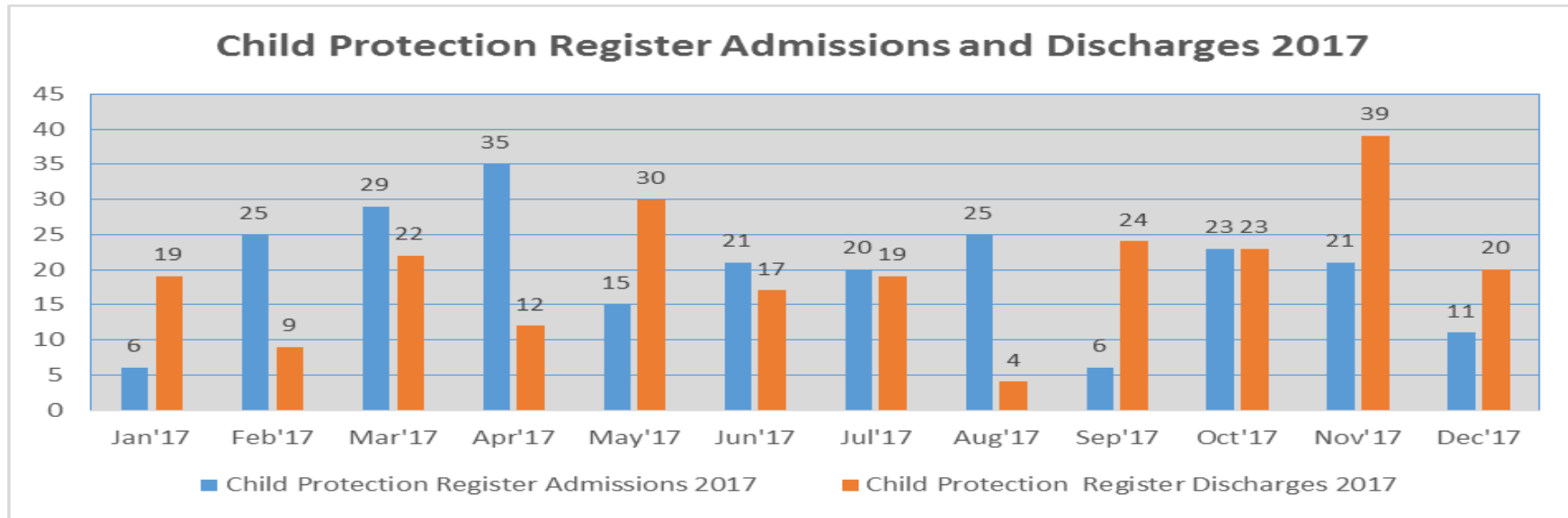
**2017-2018 – Quarter 3 (1<sup>st</sup> April 2017 – 31<sup>st</sup> December 2017) – Cumulative data**

	<b>Performance Key</b>
↑	Improvement : Reduction in Complaints / Increase in Compliments
↔	No change in the number of Complaints / Compliments
v	Increase in Complaints but within 5% / Reduction in Compliments but within 5% of previous year.
↓	Increase in Complaints by 5% or more / Reduction in Compliments by 5% or more of previous year.

Page 275	<b>PI Description</b>	<b>Full Year 2016/17</b>	<b>Quarter 3 2016/17</b>	<b>Quarter 3 2017/18</b>	<b>Direction of Improvement</b>
1	<b><u>Total Complaints - Stage 1</u></b>	<b>19</b>	<b>15</b>	<b>18</b>	↓
	a - Complaints - Stage 1 upheld	7	5	3	
	b - Complaints - Stage 1 <u>not</u> upheld	4	3	4	
	c - Complaints - Stage 1 partially upheld	2	2	2	
	d - Complaints - Stage 1 other (incl. neither upheld/not upheld; withdrawn; passed to other agency; on-going)	6	5	9	

No	PI Description	Full Year 2016/17	Quarter 3 2016/17	Quarter 3 2017/18	Direction of Improvement
2	<b><u>Total Complaints - Stage 2</u></b>	2	1	2	↓
	a - Complaints - Stage 2 upheld	0	0	0	
	b - Complaints - Stage 2 <u>not</u> upheld	1	1	1	
	c- Complaints - Stage 2 partially upheld	1	0	0	
Page 276	<b><u>Total - Ombudsman investigations</u></b>	0	0	0	↔
	a - Complaints - Ombudsman investigations upheld	-	-	-	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	-	-	-	
4	<b>Number of Compliments</b>	23	19	10	↓
	<p><b>Narrative</b></p> <p><b>Stage 1</b> – the number of complaints received during the 3<sup>rd</sup> quarter 2017/18 (when compared to 2016/17) have seen a slight increase from <b>15</b> to <b>18</b>. The Service continues to prioritise resolution at a local level; however this is not always achievable or appropriate and formal process is followed. The Complaints Team will continue to monitor future quarters to ascertain any trends.</p> <p><b>Stage 2</b> – similarly, there has been an increase from <b>1</b> to <b>2</b> at Stage 2 during the first three quarters; despite the strong emphasis on a speedier resolution at ‘local’ and ‘Stage 1’ levels this is not always possible.</p> <p><b>Compliments</b> – the number of compliments have seen a <b>decrease</b>, the Complaints Team will continue to raise the profile for the need to report such incidences of praise and thanks.</p>				

**Section 4: Child Protection Registration / De-Registration Data (1<sup>st</sup> January 2017 – 31<sup>st</sup> December 2017)**



# Quality Assurance Audits

## Quarter 3 – Audit Overview Report

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### *Quality Assurance Audits*

Quality Assurance Audits take place on a monthly basis within Children and Young People Services. This report gives an overview of the thematic audits undertaken in quarter 3, what is working well, what we will improve and by what methods.

An audit sub group meets weekly to monitor progress and create thematic audit tools for use each month. Each tool devised is circulated and ratified at the Children's Services Managers Group prior to audits being completed. Audit days take place once a month in the Quays IT room with team managers collectively auditing and analysing the themes arising.

### *Audits Completed*

During this quarter there have been four thematic audits completed:

<b>Audit Theme</b>	<b>Month Completed</b>	<b>Cases Audited</b>
Assessments	Oct 2017	51
Supervision Audits – Principal Officer	Oct 2017	20
One contact in a 6 month period with no further action outcome	Nov 2017	80
Multiple contacts received all with no further action outcome	Dec 2017	42

### *What are we doing well?*

We've identified through the audit process what is working well and have highlighted many good working practices evident across the Social Services IT System.

**In the CYPs Assessment Audit we found that:**

- In 82% of the cases audited the reason for assessment is concise and not a repetition of the referral
- In 82% of the cases audited where it was appropriate to do so, the child/young person was seen alone as part of the assessment
- We evidenced in 85% of the cases audited the dates the child/young person was seen during the course of the assessment
- We evidenced in 92% of the cases audited the dates that parents/carers/other family members were seen, with 72% of assessments including the views parents
- Auditors felt that in 89% of the cases audited the assessment was child/young person centred
- In 92% of the cases audited there was consistency in the names referred to in the assessment e.g. Mrs Jones, Claire, Mum – all same person (not alternating between each one)
- In 81% of the cases audited the assessment was evidence based and not relied solely on being self-reported by a parent
- In 88% of the cases audited there was a clear analysis from the social worker along with use of the risk analysis tool
- In 92% of the cases audited the team manager comments were clearly recorded
- In over three quarters of the cases audited appropriate priority risks and strengths were identified in relation to the personal outcomes identified

**In the Supervision Audit – Principal Officer:**

- All supervision notes were being stored safely and securely by team managers
- 80% of staff files across Children and Adults Services that were audited had a supervision agreement on file dated within 12 months
- In three quarters of the supervision files each part of the personal supervision section was completed with clear actions identified
- 80% of the staff files audited the supervision records were signed by both the supervisor and the supervisee
- Regular supervisions are taking place across the service and has provided good management oversight although there were some isolated examples of supervisions not being held within 28 days without clear explanation in the supervision document
- In 85% of the cases audited there is a balance of cases reflective of the staff member's experience
- In 90% of the Children Services staff supervision files the supervision report was included with the supervision notes
- In 75% of the cases audited the relevant case supervisions were included as part of the file
- In 75% of the cases audited there was discussion around the plan in line with outcomes identified

**In the “one contact in a 6 month period with no further action outcome” audit we found that:**

- 96% of the decisions made were made within 24hrs of receiving the contact (excl. weekends)
- All decisions were entered on the system within 24 hrs of the decision being made (excl. weekends)
- The managers decision making was clearly recorded in 90% of the contacts received
- Neath Port Talbot Social Services index checks were evident on all the cases audited.
- Auditors felt that there was good contact with partner agencies to aid in the decision making

- The volume of letters being sent to parents requesting them to contact the department has significantly decreased from the previous audit
- Auditors felt that proportionate decisions were made in the majority of cases and overall the thresholds were of a consistent standard.

**In the “multiple contacts received all with no further action outcome” audit we found that:**

- The decision making was clearly recorded on the third and subsequent contacts in 95% of the cases audited
- It was clear in over two thirds of the cases audited who undertook the actions/enquiries, this was highlighted as an area to improve in the previous audit
- Auditors felt there was good evidence of enquiries being undertaken to assist in the decision making process
- Auditors felt that contacts were being logged and counted as a contact appropriately in over three quarters of the cases audited

*What will we improve?*

1. We will ensure that we evidence the use of any tools, instruments or scales that were used during the course of an assessment
2. We will revise and standardise the information given to families at the start of an assessment being undertaken
3. We will ensure that all assessments are completed within 42 working days
4. Genograms and consent forms will be more evident on the system
5. We will ensure that the system records who has undertaken index checks on contacts coming into the Single Point of Contact Team
6. Ensure that in all cases where it is appropriate, the referrer of a contact is notified in writing of the decision/outcome
7. We will review how contacts are logged on the system so that we avoid counting contacts as no further action if they do not meet the criteria as being an appropriate contact
8. We will consider in the Quality Assurance Group if we need to audit a cohort of cases such as those submitted on the SPOC referral form as there was a high number of PPN’s included in the contact audit, these are not submitted on the referral form so is difficult to audit how effective the referral form is
9. We will continue to drive on with the unification of the two supervision policies to have an



integrated approach to supervising staff across Children and Adult Services

10. We will ensure there is a fair balance of personal supervision and case specific supervision
11. We will improve on the reflection of previous actions highlighted in supervision sessions
12. Personal/Plan outcomes will be discussed routinely in supervision sessions
13. We will ensure that for cases that we receive multiple contacts on within 12 months, the decision making clearly references that it is the third or more contact received and the rationale for not opening at each juncture

### *How will we do this?*

- Through developing the IT system to reflect and record the information we want to evidence
- By changing, communicating and reinforcing to staff processes and procedures to follow
- By holding training sessions for staff on specific areas of the system where new processes have been introduced
- By direct feedback on individual cases to the responsible team manager and case worker
- By looking at the way we encourage engagement and participation of children, young people and their parents/carers
- Through circulation of audit tools to all practitioners to enable them to have an understanding of the areas auditors are looking at which will become evident in future audits on the same topic
- By discussing and ratifying proposed changes and improvements through the Practice Improvement Group which is attended by a representative from all teams
- By circulating the thematic audit reports to all staff for their information
- By having a transparent quality assurance audit process in place which is responsive to suggestion and change

### *What have we learnt?*

In this third quarter we have identified clear areas in each of the audit themes that we will improve, work is being undertaken to achieve this and will be guided by the Quality Assurance Group. The Quality Assurance Group is responsible for allocating lead officers to complete actions and for reviewing the progress of these actions. We have evidenced in the completed audit tools on individual cases good working practices and embedded principles throughout the service.

Overall in the assessments audit the quality and content of the assessments were of a very good standard, enabling the reader of the assessments to get a good understanding of the reason for assessment and the decision making. The majority of assessments were clearly child centred and were focussed on priority risks and

strengths in relation to the identified outcomes. However we were also able to highlight areas that we will improve to raise the standard of the assessments even higher as in some of the cases it was clear that the use of tools, instruments and scales were being used but not always recorded within the assessment.

What was pleasing about the “one contact in a 6 month period with no further action outcome” audit was that almost every decision was made within 24hrs of receiving the contact and all were recorded on the system within 24hrs of the decision being made. There was also clear manager decision making in the majority of the cases audited, giving the reader a good understanding of why the contact was not progressing further, screening managers were making proportionate decisions on the contacts received. The audit did highlight the volume of Police Notifications coming through which may not necessarily need to be counted as a contact, this has an effect on some of the audit tool questions as they are not applicable in relation to PPN’s, such as letter to referrer, consent, essential information and evidence on referral of child/young person views, etc.

In the supervision audit undertaken by principal officers we have good evidence that supervision is taking place consistently, staff have a balance of cases reflective of their experience and both supervisor and supervisee were following the correct supervision process. A new supervision policy has been devised emanating from the previous audit recommendations which will unify the two previous policies, this will be in place in early 2018.

In the “multiple contacts received all with no further action outcome” audit we have demonstrated again that the decision making on the contacts was clearly recorded on the third and subsequent contacts in almost all of the cases audited, and it was clear there were thorough and detailed enquiries being undertaken by the Single Point of Contact Team. Due to the high volume of Police Notifications received as mentioned above, this does impact on some of the audit questions as they are more relevant to those received on the referral form, therefore we will consider if we need to audit referrals received on the referral form in a subsequent audit.

To promote reflective learning within the service, the good practice and areas for improvement identified within each audit and the individual case file audit forms will be shared with the appropriate Team Managers and the workers involved in the case, this is done either on a 1:1 basis or through group sessions.

### *Next Steps?*

Our effective auditing process is identifying key themes on good practice and areas we will improve, post audit we have mechanisms in place for following through on actions identified. Actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed at each Quality Assurance Group, this allows us to monitor desired outcomes and progress. This gives a transparent view on the service, what we recognise is working well, what we will improve, how we will do it and when it will be in place. All audit tools and reports are disseminated to the teams within Children and Young People Services, this provides staff with information on good practice and areas for improvement and it also provides a visual tool for staff that can be referenced in the everyday tasks completed. There is a Team Manager and Performance Management Group that meets bi-weekly, part of this group’s remit is to focus on audit actions that are ratified in the Quality Assurance Group, this is a succinct process which is currently working well to proactively drive forward changes. As the audit process is well established across Children and Young People Services, the Quality Assurance Group will also be taking forward lessons learned from other sources such as the citizen survey, staff survey and complaints/compliments received.

**Quality and Audit Coordinator – Mel Weaver**

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