Annual Report 2016-2017

Foreword

It is our pleasure to present the first Annual Report of the West Wales Care Partnership, outlining our achievements over the past year which stand us in good stead for accelerating the pace of integration and transformation across the region over the coming period.

The Social Services and Wellbeing (Wales) Act emphasises the importance of cooperation and partnership working in ensuring that the right care and support is available to people who need it and that carers get appropriate levels of support. The West Wales Care Partnership is founded on the belief, shared by all partners, that by doing things together across the statutory, third and independent sectors we can be both more efficient and responsive to the needs of citizens in our region. We also acknowledge the contribution that citizens themselves can and should make in shaping care and support and providing insight into what works and areas that need further improvement. We are particularly proud to have 2 users and 1 carer on our Regional Partnership Board and are already benefiting from their perspective as we develop our regional programme. However, this is just a start and a priority for next year will be to establish robust arrangements for engaging with citizens, by using existing fora and developing new approaches, to ensure that they can directly influence how care and support is delivered in this part of Wales.

We can be proud of the foundations that have been laid since the Act came into force a year ago. The Regional Partnership Board is now fully operational and has identified 5 strategic priorities which reflect its statutory duties and will be instrumental in driving an ambitious programme of change across West Wales. Sitting below the Regional Partnership Board, the Integrated Programme Delivery Board brings together senior officers from each partner agency and will be key in maintaining momentum and providing detailed scrutiny of progress. Our attention will turn shortly to the development of our first area plan in response to our population assessment; this will provide a clear, public statement of the partnership's direction in addressing the opportunities and challenges that we have identified.

We look forward to the next phase of our journey and would like to take this opportunity to thank all those involved in the partnership for their commitment and professionalism, on which we know we can continue to rely as we move forward.

Sue Darnbrook
Chair, West Wales
Regional Partnership Board

Councillor Simon Hancock
Vice Chair,
West Wales Regional Partnership Board

1. Introduction

The Social Services and Wellbeing (Wales) Act 2014 (SSWBWA) became law in April 2016. The Act provides a new legislative framework for Wales, aimed at improving the wellbeing of people who need care and support and carers who need support. Its core principles provide a basis for changing the shape of services and the way in which they are delivered.

Social Services and Wellbeing (Wales) Act: Core Principles

Voice and control: Putting individuals and their needs at the centre of their care, and giving them a genuine voice in terms of the care and support they receive

Prevention and early intervention: Improving preventative services within the community to help reduce the need for long term care

Wellbeing: Supporting people to achieve their own wellbeing and measuring the effectiveness of the care and support provided

Co-production: Developing joint working between different practitioners and people to plan and deliver care and support

Cooperation, partnership and integration: Improving the efficiency and effectiveness of service delivery and providing coordinated, person-centred care and support

Under Part 9 of the SSWBWA local authorities are required to cooperate with a range of partners in the planning and provision of care and support. Specifically, the Act enables local authorities and Local Health Boards to establish formal partnership arrangements and set up pooled funding arrangements to make best use of available resources and support person-centred, integrated models of care.

To help drive effective collaboration, the Act requires the establishment of Regional Partnership Boards (RPBs) covering Local Health Board areas and bringing key partners together with users and carers to plan and develop services. RPBs are expected to:

- Support strategic planning in their area
- Manage and develop services
- Ensure the delivery of effective care and support that meets the needs of local people

RPBs also have a duty to prioritise the integration of a range of services, including those for:

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Carers, including young carers
- Integrated Family Support Services
- Children with complex needs due to disability or illness

In response to these requirements, the West Wales RPB was established in June 2016. The Board's area is coterminous with Hywel Dda University Health Board and covers the local authority areas of Carmarthenshire, Ceredigion and Pembrokeshire. In taking forward the integration agenda, the RPB is building on strong foundations of collaboration and a number of existing collaborative arrangements across the region, some of which extend into the neighbouring area of Powys and include:

Adoption Mid and West Wales: A regional partnership formed in 2014 which brings together adoption services in Carmarthenshire, Ceredigion, Pembrokeshire and Powys which ensures consistency of provision, supports service improvement, complements the work of local adoption teams and is part of the all-Wales National Adoption Service

Regional Safeguarding Boards for adults (CWMPAS) and children (CYSUR): These Boards span West Wales and Powys and bring together professionals from a range of agencies to protect individuals from abuse, neglect and other kinds of harm and to prevent such instances from arising

Regional Procurement Hub for learning disability, physical disability and mental health high cost placements: Hosted by Pembrokeshire County Council, the hub manages the procurement process for high cost placements on behalf of partner agencies across West Wales and Powys, providing efficiencies and enabling partners to work in a collaborative, open and transparent manner with the independent sector for the benefit of service users

West Wales Adult Placement: A scheme covering the West Wales area which provides long-term, short-term and respite care and support to vulnerable adults in the homes of specially recruited families and people living in the community

Advocacy for children: Delivery of a regional contract spanning West Wales and Powys and meeting the requirements of the SSWBWA for independent professional advocates to be provided where necessary to help individuals participate fully in the care and support process

The creation of statutory partnership arrangements under the SSWBWA has provided a catalyst for the further integration and transformation of services in West Wales.

2. West Wales Care Partnership and the Regional Partnership Board

Preparations for establishing the new West Wales Care Partnership and RPB began in early 2016. A shadow Board was established and the Institute of Public Care (IPC) engaged to work with partners to consider the statutory duties of the RPB, agree membership arrangements and develop terms of reference.

The RPB met for the first time on 16 June 2016 and subsequent meetings took place on 15 September 2016 and 15 December 2016.

Board membership

An early imperative for the RPB was getting the right people around the table to ensure that it could genuinely reflect a range of interests and perspectives and drive transformational change. To achieve this, it was agreed to go beyond the minimum membership required under the Act. For example, it was felt appropriate to have Cabinet Members from each of the local authorities on the RPB rather than just one. The opportunity was also undertaken to invite a senior representative of the Care Council to sit on the Board, thus providing a valuable perspective on workforce matters and a future link with Social Care Wales, which will come into being on 1 April 2017.

Similarly, partners were clear that appointing just one service user and one carer would potentially place unreasonable expectations on those individuals to represent a diversity of experiences and views from across the region. Accordingly, two service users have been appointed, one with direct experience of learning disability services and the other with a long term health condition necessitating regular interface with a range of local health services. Initially one adult carer has been appointed to the Board but recruitment of a young adult or parent carer is being actively pursued in order to provide a wider perspective both of the challenges faced by carers and potential solutions.

In terms of statutory partners, the three Directors of Social Services are joined on the RPB by the Chair and an Executive Director from Hywel Dda University Health Board. The private sector is represented through Care Forum Wales, and the third sector by the Chief Officer of Pembrokeshire Association of Voluntary Services and the Director of Carmarthenshire and Pembrokeshire MIND.

West Wales RPB: Membership

Sue Darnbrook (Chair)	Strategic Director Care, Protection and Lifestyle, Ceredigion County Council
Councillor Simon Hancock (Vice Chair)	Cabinet Member for Adult Services, Health and Wellbeing and Equalities, Pembrokeshire County Council
Jake Morgan	Director of Communities, Carmarthenshire County Council
Jonathan Griffiths	Director of Social Services and Leisure, Pembrokeshire County Council
Councillor Jane Tremlett	Executive Board Member for Social Care and Health, Carmarthenshire County Council
Councillor Catherine Hughes	Cabinet Member for Care, Assurance and Housing Services, Ceredigion County Council
Bernadine Rees OBE	Chair, Hywel Dda University Health Board
Jill Paterson	Interim Executive Director for Commissioning, Primary Care and Therapies and Health Sciences, Hywel Dda University Health Board
Sue Leonard	Chief Officer, Pembrokeshire Association of Voluntary Services
Tracey Price	Director, MIND Carmarthenshire and Pembrokeshire
Melanie Minty	Policy Officer, Care Forum Wales
Martyn Pengilley	Care Council for Wales
Steven Griffiths	Carer representative
Alan Thomas	Service user representative
James Tyler	Service user representative

Strategic priorities

The RPB has adopted 5 strategic priorities which are underpinned by the following core principles:

- Accelerating the pace of integration across the region in response to the opportunities presented by the SSWBWA
- Supporting innovation and sharing of effective practice

- Building on evidenced success in different parts of the region
- Supporting a 'once for all' approach wherever possible
- Optimising capacity, skills and knowledge available across the region

Progress is already being made in each of the priority areas and detailed programme plans are being developed to take the work forward. Further details on these and other areas of work on which the RPB is leading are provided below.

Priority 1: Integrated Commissioning

High level objective:

Develop integrated approaches across the commissioning cycle, including strategic planning, needs assessment, market facilitation, procurement and contract management and review.

Progress to date:

- Initial West Wales population assessment completed
- Regional market position statements produced for older people's services, learning disability services and services for children with complex needs
- Audit of residential and nursing home capacity undertaken
- Assessment of commissioning capacity and skills across the region undertaken

Next steps:

- Developing or reviewing regional statements of intent for key services
- Developing regional area plan in response to the population assessment
- Producing further regional market position statements
- Moving towards regional service contracts
- Developing regional care standards and quality assurance frameworks, including escalating concerns
- Developing a regional approach to 'growing' social enterprise, cooperatives, user-led and third sector services
- Establishing a strategic provider forum for the region to support an ongoing conversation with providers about future service models and how these might be implemented
- Building skills through regional training and development programmes

Priority 2: Pooled funds

High level objective:

Develop local and regional partnership arrangements, supported by pooled funds, to drive integrated commissioning and delivery.

Progress to date:

- Programme for full integration of older people's services in Carmarthenshire underway

Next steps:

- Progressing the integration of older people's services in Carmarthenshire and establishing pooled funding arrangements
- Establishing pooled funding arrangements for care home functions for older people across the region
- Exploring further opportunities for integration and pooled funds in other service areas

Priority 3: Information, Advice and Assistance (IAA)

High level objective:

Establish high quality IAA services across West Wales

Progress to date:

- Baseline audit of pre-SSWBWA arrangements for IAA arrangements in each local authority area undertaken
- Enhanced IAA services in place across West Wales
- Dewis information portal adopted by the region
- Links established between Dewis and the third sector service directory, Infoengine

Next steps:

- Regional launch of the Dewis information portal and promotion across sectors
- Development of a medium-term implementation plan for Dewis which will include creating links and ensuring alignment with other initiatives such as 111 and Family Information Services
- Developing consistent regional standards for IAA services
- Evaluating the impact of different approaches to IAA across the region and sharing best practice

Priority 4: Implementation of the Welsh Community Care Information System (WCCIS)

High level objective:

Implement WCCIS (a nationally developed, integrated care management system for social care and community health services) across the 3 local authorities and Hywel Dda University Health Board.

Progress to date:

- WCCIS live in Ceredigion from August 2016
- Strategic commitment to adopt WCCIS by Carmarthenshire County Council, Pembrokeshire County Council and Hywel Dda UHB
- Regional implementation manager appointed

Next steps:

- Undertaking a full options appraisal for implementation of WCCIS across the region
- Developing a regional implementation plan
- Contributing to national governance arrangements and influencing ongoing system design to ensure it is fit for purpose, cost effective and delivers tangible benefits for service users and carers

Priority 5: Transformation of Mental Health and Learning Disability Services

High level objective:

Remodel mental health and learning disability services in West Wales so that they offer enhanced 24/ 7 care and support, move away from institutional care, promote independence and embrace 'progression' principles

Progress to date:

- Extensive engagement over future shape of mental health service provision in the region, resulting in a preferred future model incorporating a single point of access function, regional assessment and treatment units and 24/7 community mental health centres in each county
- Establishment of a regional 'learning disability redesign' programme which will review current service models, remodel assessment and respite provision, reduce reliance on institutional care and increase the range of housing and support options across the region. This work will be informed by a regional Statement of Intent for learning disability services produced in 2014

- Completion of regional market position statement for learning disability services

Next steps:

- Public consultation on the mental health services model, starting May 2017
- Consulting with stakeholders on vision for learning disability services, including a stakeholder workshop in Spring 2017

Delivering the change

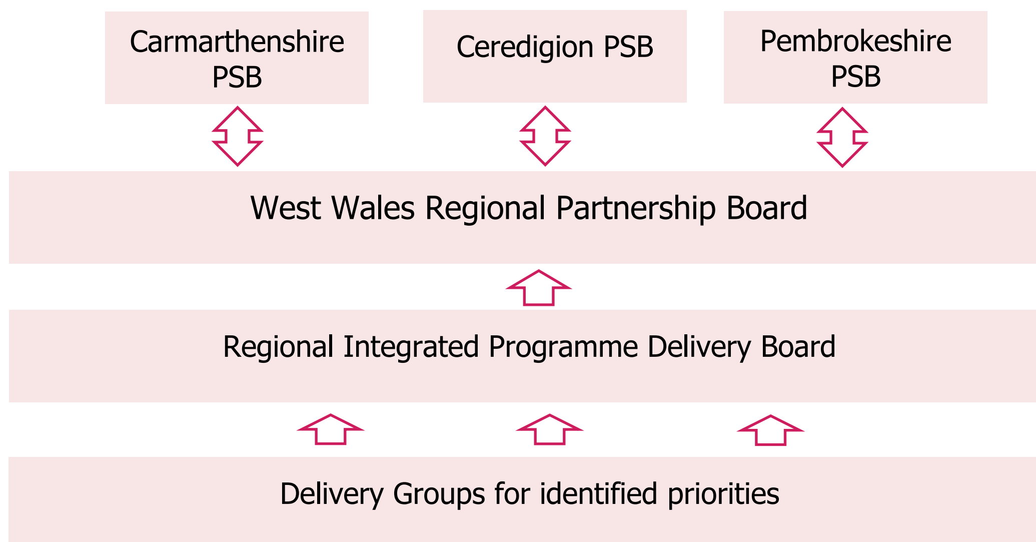
To ensure clear leadership and sustained momentum in delivery of its priorities, the RPB has identified a 'pace setter' agency for each priority which, due to existing work, is well placed to lead on implementation and share learning across the region. Funding from the Welsh Government's Delivering Transformation Grant (DTG) and Intermediate Care Fund (ICF) has been identified to support delivery of the priorities and dedicated programme management capacity is being put in place.

A regional Integrated Programme Delivery Board (IPDB) sits below the RPB and comprises second-tier representatives from the partner agencies. The IPDB oversees the development of implementation plans for each priority and monitors progress, providing exception reports to the RPB as necessary. It also provides a catalyst for practice sharing and joint working across the region in relation to key requirements under the SSWBWA. Examples include the development of a shared strategic preventions framework for the region and ongoing evaluation of different operating models for IAA.

Links are being developed with the 3 Public Service Boards (PSB) in each of the local authority areas to ensure synergy between the priorities and objectives of the partnership and wider wellbeing goals being developed in response to the Wellbeing of Future Generations (Wales) Act 2015 (WFGWA). The RPB has also identified the need to strengthen links with existing regional arrangements in relation to mental health, substance misuse and Supporting People. This will be taken forward over the coming period. Strategic links with relevant collaborations such as the Mid Wales Health Care Collaborative and A Regional Collaboration for Health (ARCH) will also be maintained.

A Regional Collaboration Unit, hosted by Carmarthenshire County Council, provides strategic advisory and programme support to the partnership. The Unit is funded principally through the DTG, which from April 2017 will transfer to local authorities via the revenue support grant. To meet the requirement within Part 9 of the Act that partners provide sufficient resources to support partnership arrangements, the 3 local authorities have agreed to pool their respective allocations within a single regional fund.

West Wales Care Partnership, current structure



Embedding the new regional arrangements

Investment has been made in supporting all members of the partnership to fully understand their role and the statutory duties placed upon the RPB. A particular focus has been on enabling user and carer representatives on the RPB to understand the legislative context and become familiar with the objectives under each of the strategic priorities. A comprehensive induction programme has been followed up by detailed briefings in advance of RPB meetings and debrief sessions to discuss outcomes of the meetings and how these might be disseminated more widely to user and carer groups in the region.

A joint development session was held for members of the RPB and IPDB in March 2017, providing an opportunity for:

- Shared discussion around the purpose of the partnership and its statutory responsibilities
- Reflection on progress made by the partnership so far and key areas for improvement
- Exploration of the relationship between the 2 Boards
- Consideration of key messages from the population assessment (see below) and how these would be addressed by the forthcoming area plan

Follow-up sessions will be scheduled in the coming year in order to further embed the new arrangements, optimise the performance of both Boards, review progress against the strategic priorities and identify additional areas for regional focus.

3. Intermediate Care Fund

The Welsh Government's Intermediate Care Fund (ICF) has been in place for 3 years. In 2016-17 has brought £7.8 million into the region to support:

- Improved coordination between social services, health, housing, education and the third and independent sector
- Strengthening the resilience of the unscheduled care system
- Promoting and maximising independent living opportunities (including ensuring increased provision of timely home adaptations), in response to referrals from health and care services
- Supporting recovery and recuperation by increasing the provision of reablement services, at home and in the community through step-down/ convalescence facilities

Funding is available for schemes supporting frail and older people, people with learning disabilities and children with complex needs.

In West Wales the ICF programme for 2016-17 comprises 3 components, or themes, which reflect shared principles underpinning our approach to intermediate care.

These are as follows:

- Prevention in the Community
- Reablement at the Core
- Reducing Admissions, De-escalation and Accelerating Discharge. These support frail older people, people with learning disability and children with complex needs

Workstreams within the programme focus mainly on implementing innovative service models, but also include the development of integrated, regional commissioning arrangements for a range of services. Examples include:

- Provision of multi-professional teams at each of the general hospitals in the region (Assessing Alternatives to Admission (AA2A) at Bronglais in Aberystwyth, Transfer of Care and Liaison Team (TOCALS) at Glangwili in Carmarthen and Prince Phillip in Llanelli and Multi-Agency Support Team (MAST) at Withybush in Haverfordwest) which work to prevent avoidable admissions of frail elderly people and accelerate safe discharge into the community where a spell in hospital has been necessary
- Innovative cross-sector care such as the Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT), led by a third sector collaborative coordinated by Pembrokeshire Association of Voluntary Services, which provides transport and settling support for older people following discharge from hospital and coordination of time-limited low level support including housing adaptations
- Feasibility study into the setting up of a regional complex needs panel for children and regional commissioning arrangements, building on the outcomes of a regional market position statement undertaken in 2015

- Fundamental remodelling of learning disability services in Pembrokeshire, supporting a shift away from institutional care and improved communications and engagement with users
- Establishment of sensory services for people with learning disability in Carmarthenshire
- Development of third sector-led therapeutic services for people with learning disability and complex needs, including arts, crafts and dance therapies

A robust governance structure is in place to support the programme. Detailed project initiation and reporting templates have been produced for all projects setting out key objectives, expected outcomes, financial profiles and key milestones. A Memorandum of Understanding has been signed by all partners and sets out expectations and accountabilities of the various stakeholders in delivering and monitoring the programme.

Whilst there is evidence of significant activity in relation to existing schemes, work is ongoing to improve mechanisms for monitoring and reporting on impact and project outcomes. Taking on board recommendations from the external evaluation of the year 1 programme undertaken during 2015, a shared performance and outcomes framework is being developed, which will facilitate scrutiny by the RPB and inform future reports to Welsh Government.

Close third sector involvement in the ICF initiatives is integral to their success. Projects such as PIVOT, Care and Repair and Community Support Workers in Pembrokeshire, Third Sector Integration Facilitators in Ceredigion and Community Resilience Coordinators in Carmarthenshire, demonstrate the value added to communities by organisations that have understanding and knowledge of the needs of the communities they work within, are engaged with some of the hardest to help and maximise the resources offered by a range of volunteers.

In addition to integrated approaches, co-production and cost savings delivered by the larger projects, some of the smaller initiatives within the programme have delivered significant benefits in terms of efficiency and effectiveness. The Health and Social Care Worker project in Carmarthenshire, which began by upskilling care workers in a single care home in Llanelli to manage non-complex wounds, thereby releasing time spent by district nurses, is now being rolled out across the county. Staff are also being trained in peg feeding and additional training opportunities are being identified. With a comparatively small outlay of £20,000 not only has it improved outcomes for residents, but has also improved staff morale and retention rates amongst the care workers.

Capital funding also supported enhancements to community equipment, refurbishment of accommodation to support improved learning disability services and innovative technology solutions including predictive software for GPs and IT enhancements to support agile working for health staff, amongst a range of other technical solutions.

Case Study: PIVOT (Pembrokeshire)

Mr B is an 81 year old retired dairy farmer who lives at home with his wife; he suffers from a degenerative muscle disease as well as Parkinson's Disease. He has had a recent visit to A&E following a fall and although there is family close by, they too are older and have health issues; children are grown and live away.

Following a recent fall and a day in A&E Mr B and his wife were referred to the PIVOT scheme.

A&E identified there could be issues and risks at home and also that the wife would really benefit from further help and guidance in order to care for her husband and to keep him in the safe family environment. Mrs B was clearly under a lot of strain and quite tired, Mr B was up a lot at night with continence issues and there was just one visit from a carer a day.

There were risks of safety identified within the property, and Mr B was also missing the camaraderie of his fellow retired farmers.

Following the PIVOT visit matters at home changed for the better, allowing Mrs B to have support and some respite for Mr B, also the house was made safer. A full house safety check took place; extra rails and equipment were put in place, to make the chances of a fall and readmission to A&E less likely. A referral to the local Parkinson's group gave Mrs B extra help and guidance in order to support her husband, and whilst at the Parkinson's club/society Mr B had access to a specialist Parkinson's nurse and was able to chat to others with similar health issues to himself.

A referral to the local authority for an OT update had also been made, following this the 'Nightgale service/nurse' had been out and provided continence aids for the night, making Mrs B's life far easier, she is getting more sleep and far less washing. They are also considering more carers to visit in order to lessen Mrs B's workload.

A referral was made to Crossroads and Mr & Mrs B are on the waiting list for more care and respite in order to give Mrs B a break.

PIVOT also contacted the local office of the National Farmers Union to see if they could help – it was Mr B's wish that once in a while he goes to Mart to see his old farmer colleagues and see the livestock. The NFU were more than willing to help, a Mart visit is being organized, the NFU are providing transport, and a strong young farmer to transport Mr B and guide him in his wheelchair. This gives Mr B a dream day out and Mrs B a little respite.

PIVOT also provided Mrs B with the Carers registration form and advised completion and to pass it to the GP – now that this is in place the GP and surgery support network are aware of Mrs B as a carer and can aid and advise when needed.

Case study: Health and social care worker project (Carmarthenshire)

An 83 year old male resident J.O., had experienced recurrent pressure areas to heels since admission 2012. District nurses were visiting the care home daily to redress the wound. The heels would improve to a point but then deteriorate quickly until he was at a grade 4 pressure area.

After care home staff received the day's training/awareness provided through the project, and by working alongside the district nurses to redress the gentleman's heels, a plan of action was put in place. This included turning the resident on an air flow mattress and elevation of his legs so they were not touching any surface and an air flow was introduced to aid healing,

J.O. would also propel himself his wheelchair, using his feet to get about. A raiser was ordered for one foot to ensure that the heel was floating over it. With advice and support from the Occupational Health J.O. was reminded daily to place his other foot on the plate. A footstool was provided in his bedroom to allow him to elevate his legs but maintain his independence to get around.

J.O. was more compliant with the advice provided by care home staff since he knew them and a trusting relationship had been established. A new care plan was devised by the manager and senior support worker to allow all staff to follow instructions on how to care for his heels. They have now improved to such an extent that nurses are checking his condition just once a week. As a result J.O. has greater levels of independence including being able to take a bath when supervised.

Case study: Ceredigion Assessing Alternatives to Admission (A2AA)

During the 9:30am AA2A meeting within the Clinical Decision Unit (Bronglais General Hospital), it was identified that a gentleman had arrived at A&E the previous evening at 23:30 and had subsequently been moved to the CDU after a fall at home. The patient was concerned about how he would manage at home following the fall.

The AA2A agreed that the occupational therapist team member would lead the case by having the 'What Matters to Him' conversation.

At 9:40 the initial assessment took place where it became evident that this gentleman had lost confidence from his fall and was concerned he would fall again if returning home. The occupational therapist carried out an assessment which made it evident that the gentleman was independent in all activities of daily living, but it was appropriate to refer into the 3rd Sector Core Community Resource Team to access agencies such as the British Red Cross to support confidence building. The occupational therapist discussed with patient having a pendant alarm at home, however he declined this as he did not want to put a land line telephone in to his property because of the cost.

The patient returned to his own home at approximately 15:30 (within 24 hours).

The AA2A team followed patient up at home the next day with a telephone call at home, he had visited his local shop for some small food supplies and the 3rd Sector Core Community Resource team had arranged to visit him again the next day.

Detailed quarterly reports on delivery of the West Wales ICF programme are submitted to Welsh Government. Further information is available from the Regional Collaboration Unit – contact details provided at the end of the report.

4. Integrated Family Support Services

Integrated Family Support Services (IFSS) have been established across Wales under the Children and Families (Wales) Measure 2010. They provide holistic support to families that have complex needs arising from issues relating to parental substance misuse, mental health problems or mental illness, learning disabilities or domestic violence, helping them stay together by encouraging them to take positive steps to improve their lives. This is achieved through a seamless approach across child and adult services and with Local Health Boards, ensuring shared responsibility and greater accountability in the provision of support for families. RPBs have a duty to promote the integration of family support using the IFSS model and for ensuring that statutory requirements in relation to IFSS are met across their area.

Integrated Family Support Teams (IFSTs), which bring together health and social care professionals, have been in place in each of the 3 local authority areas in West Wales since 2012. Local teams are built around a shared structure that reflects requirements stipulated under the Measure, with some local variations that reflect local population, levels of need and wider service arrangements.

A regional IFSS partnership is in place, which includes the Powys area, with Ceredigion County Council as the lead partner. In this role the Council facilitates a regional IFSS managers' group which provides an action learning environment for those involved in the delivery of IFSS and coordinates quarterly reporting on progress to the regional partnership and Welsh Government.

IFSS structures in West Wales

Carmarthenshire	Ceredigion	Pembrokeshire
• Team Manager (1 FTE) • Senior Practitioners (3 FTE) • Mental health practitioner (1 FTE) • Administrator (1 FTE)	• Consultant social worker (1 FTE) • Health specialist (0.8 FTE) • Social worker (1 FTE)	• Consultant social worker (1 FTE) • Health specialist - Substance misuse (1 FTE) • Senior social worker (1 FTE) • Senior project worker (0.8 FTE)

5 core outcomes have been identified for the service, which are as follows:

- **Outcome 1** – Provide advice and consultation to referring social workers representing vulnerable families
- **Outcome 2** – Provide appropriate assessment, support and intervention to families
- **Outcome 3** – Contribute to families being able to stay together
- **Outcome 4** – Develop the skills and knowledge of the workforce
- **Outcome 5** – Demonstrate sustainable change within families

Progress against these outcomes is monitored using a range of performance indicators. Performance as at 31 December 2016 (the latest reporting period for which data is available) is set out below:

OUTCOME 1 Totals

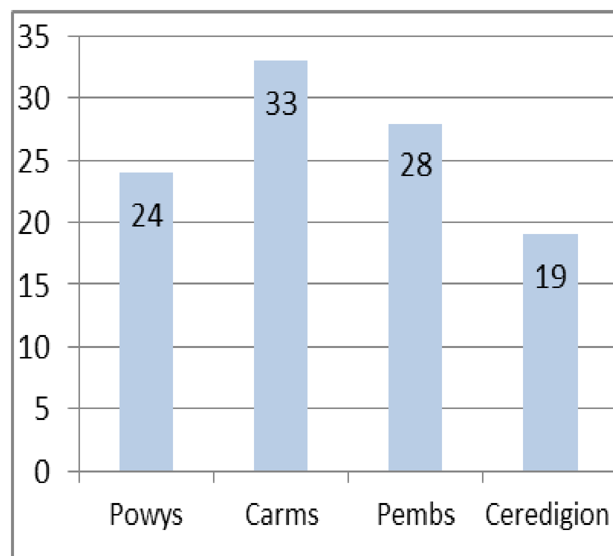
The IFSS will provide advice and consultation to referring social workers representing vulnerable families

Number of new families referred: 104

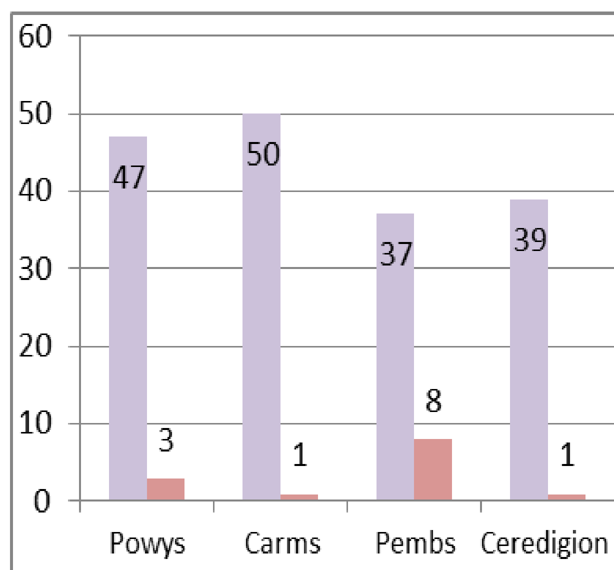
Number of children in families referred: 173

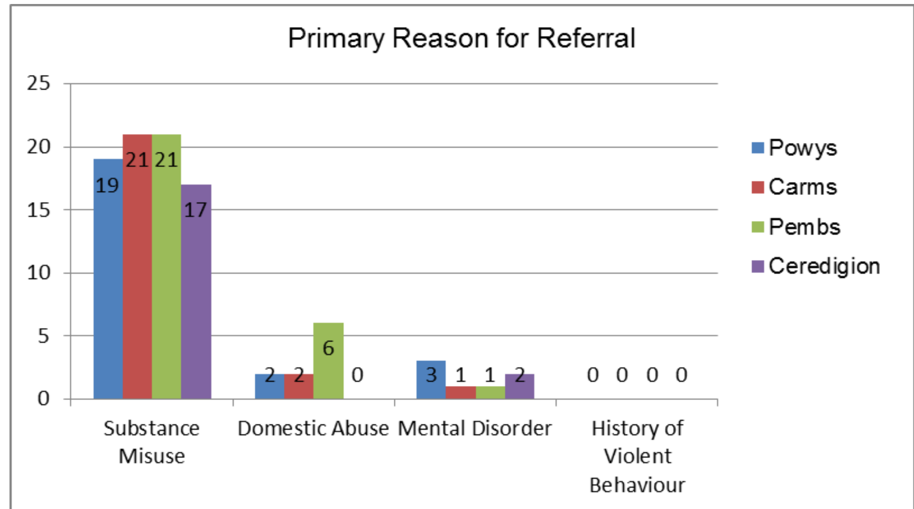
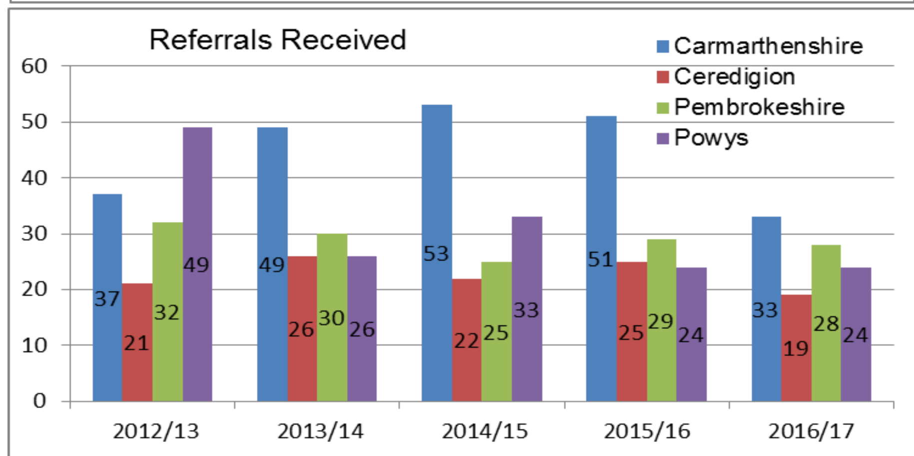
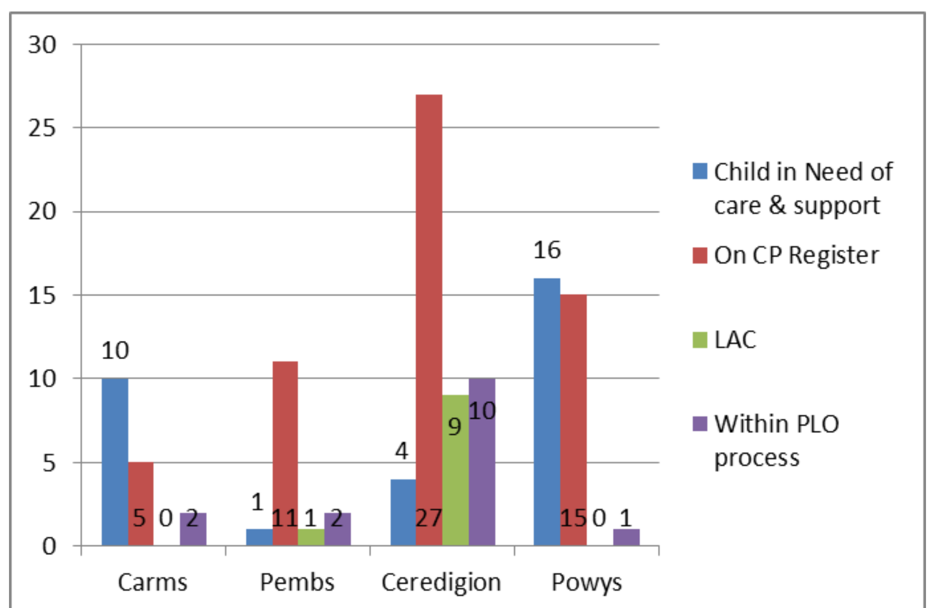
Number of Unborn children in families referred: 13

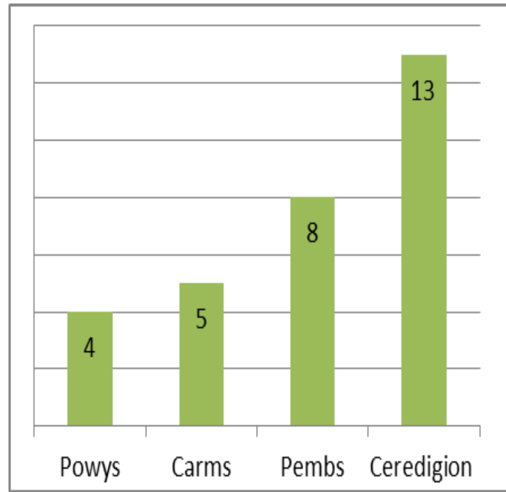
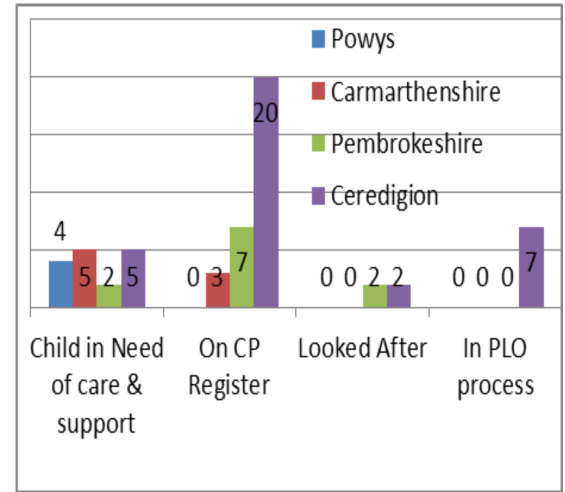
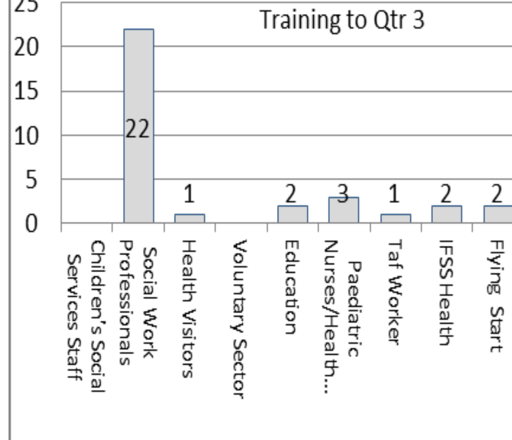
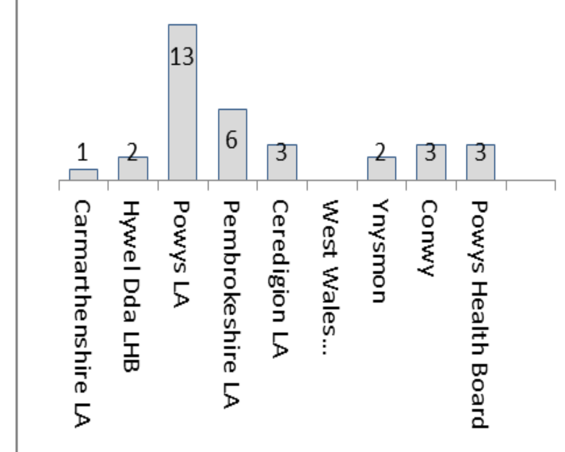
New families referred



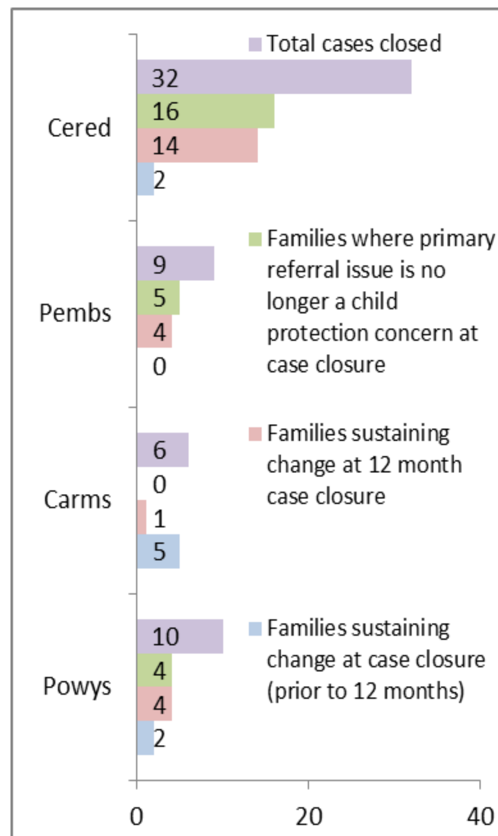
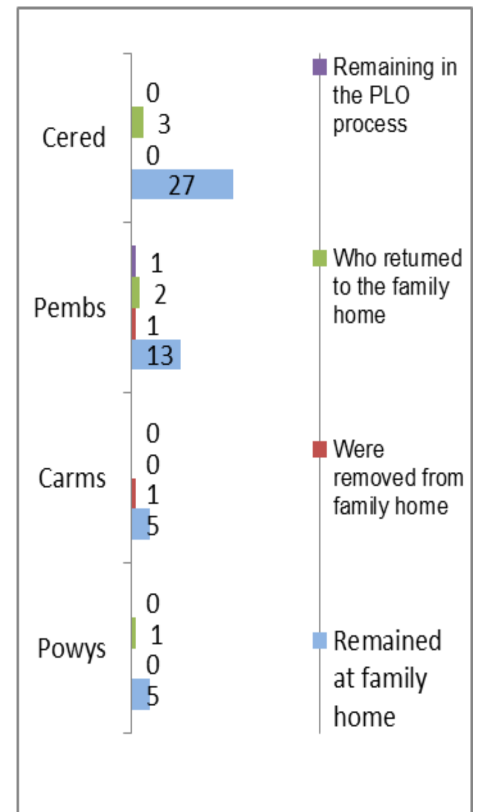
Number of children & unborn children in new families referred



This graph provides comparative referral rates in the region on an annual and ongoing basis;	 
OUTCOME 2 Totals The IFSS will provide appropriate assessment, support and intervention to families Number of families commencing 72 hour stage is 53 The status of the 99 children when starting 72 hour stage (Children may have more than one status**)** • **Children in Need of care & support: 31** • **Children on CPR: 58** • **Children Looked After: 10** • **Children in PLO process: 15**	**Status of children: 72 hour stage** 

OUTCOME 3 Totals **The IFSS will contribute to families being able to stay together** Number of families commencing Phase 2: 30 The status of the 52 Children when starting phase 2 (Children may have more than one status) • Children in Need of Care & Support: 16 • Children on CPR: 30 • Children Looked After: 4 • Children in PLO process: 2	Families commencing Phase 2  	Status of Children: Phase 2 
OUTCOME 4 Totals **The IFSS will develop the skills and knowledge of the workforce** Number of single day programmes facilitated: 4 Number of 4 day programmes facilitated: 1 Number of staff attending Wider Workforce training: 33	 	

Training Evaluation scores			
Possible total score	Actual total score	Category	Average score out of 5
15	14.95	Helpful	100%
15	14.65	Clear	98%
15	14.95	Valuable	100%
		Recommend	100%

OUTCOME 5 Totals	Outcomes at case closure (end of Phase 2)	Status of children at case closure (end of Phase 2)
The IFSS will demonstrate sustainable change within families Total Cases Closed: 57 Number of families sustaining change in cases closed prior to twelve months: 9 Number of families sustaining change at 12 month case closure: 23 Number of families where the primary referral issue is no longer a child protection concern at case closure: 25 Number of children in families closing Phase 2 who: (Children may have more than one status) Remained at the family home: 50 Were removed from the family home: 2 Returned to the family home: 6 Remained in the PLO process: 1	 	

During 2016-17 IFSS has been further embedded across the region, with an extension to referral criteria to meet the requirements of the Social Services and Wellbeing Act and improved alignment with other core services in each local authority area. Specific achievements include:

- Retention of the vast majority of children within the family home at the end of the IFSS intervention
- Improved interaction with courts in determining the best course of action for individual children (Carmarthenshire)
- Incorporating the IFSS strengths-based approach into generic training on the requirements of the Act in relation to assessment (Ceredigion)
- Development of a pilot 'brief intervention' model which supports families subject to the Child Protection process in developing their own safety plan to take to the Child Protection Conference (Pembrokeshire)

The journeys of families whose IFSS intervention has come to a close are regularly captured so that the impact of the service can be evaluated and successful practice shared across the region and beyond. Sample case studies are provided below.

Carmarthenshire IFSS supported a couple with a history of substance misuse who were expecting a baby. The mother had 2 children who had been put up for adoption and the father a teenage child with whom he had limited contact due to their substance misuse. During the pregnancy the couple were supported in their goal of becoming substance free and a safety plan was developed which identified a range of protective measures. Members of their extended families were identified to provide informal support in their journey. As the IFSS intervention was nearing its completion, the baby had been born and was thriving whilst the mother was in part-time employment and had resumed indirect contact with her other 2 children.

Ceredigion IFSS received a referral following an overdose of prescribed medicines by a grandmother who was sole carer for her three grandchildren. Through the support of the IFSS, the grandmother was able to resolve a number of long-term emotional issues which had led to a dependency on the prescription drugs. Regular respite arrangements were put in place alongside a programme of counselling for the grandmother. At the end of the IFSS intervention, she had stopped misusing her medication and had markedly improved mental health. The children were well cared for and happy at home.

Pembrokeshire IFSS received a referral involving a family comprising a mother, stepfather and 2 young sons. The mother had been drinking heavily and the stepfather was condemning of her behaviour. With input from the IFSS the father recognised how he could provide his partner with positive, non-confrontational support which would help her overcome her dependence on alcohol. As a result of the intervention, the children reported that the parents were arguing less and they were less anxious at home. This was providing a real motivation for the mother to make ongoing changes to her lifestyle.

Detailed quarterly reports on delivery of the Mid and West Wales IFSS are submitted to Welsh Government. Further information is available from the Regional Collaboration Unit – contact details provided at the end of the report.

5. Prevention and building community resilience

The RPB is clear that the ethos of prevention – supporting people at an early stage to help themselves and achieve positive outcomes and avoiding the need for long-term care, must lie at the heart of everything that it does. Even where long-term care is required by an individual, this should be provided in a way which supports enablement and promotes independence as far as possible. In ensuring that all programmes are based on preventative principles, the partnership can draw on a

range of innovative approaches to prevention that are being developed in different parts of the region. These include:

- Development of a preventions strategy and community resilience framework in Carmarthenshire, based on core principles of compassion, connection and connectivity
- Establishment of a third sector alliance in Ceredigion, which will optimise and coordinate low level care and support and facilitate the delivery of IAA services within the community
- Roll-out of a preventions strategy in Pembrokeshire which will provide community connectors to sign-post people to support in the community and build capacity, establish high quality IAA services and support the development of social enterprise, cooperatives and user-led services across the county

Regional mapping of preventative services is underway to support improved consistency and to facilitate sharing of effective practice. Services available will be promoted through the Dewis and Infoengine portals.

6. Carers

The RPB also recognises the importance of providing appropriate support for carers and delivering this in an integrated way across the region. The Carers' Strategies (Wales) Measure 2010 placed a requirement on LHBs and local authorities to work in partnership to develop regional information and consultation strategies for carers. Welsh Government provided funding to support the development of these strategies. The SSWBWA supersedes the Measure and 2017-18 will be a transitional year with residual funding to support the regional strategies. The opportunity has been taken as a result of these changes to revise existing regional governance, with a new carers' delivery board brought directly within the remit of the partnership. This will enable the RPB to provide strategic direction and allocate funding as required to support the carers agenda. Future developments will build upon a strong foundation of innovative partnership working in Mid-Wales, supporting flagship initiatives such as the accredited Investors in Carers (IiC) scheme run in GP practices, secondary care settings, pharmacies and schools and aimed at improving the help and support provided to carers. IiC has led to a significant increase in the number of carers identified across the region and a 40% increase in GP referrals for carers needing additional support between 2015 and 2016.

7. Workforce

The RPB is clear that delivery of its priorities is dependent upon an appropriately skilled, sustainable workforce that is able and equipped to work across traditional boundaries to support the new models of care and support required under the SSWBWA. This will require a strategic collaborative approach across partner agencies in relation to recruitment and retention, development of new roles and skills and professional development. Effective deployment of available resources, such as those provided by the Welsh Government's Social Care Workforce Development Programme (SCWDP) and the Care Council for Wales' Social Care in Partnership (SCiP) fund will be a key enabler in achieving this.

Early steps taken by the Partnership have included the appointment of a Regional Workforce Coordinator who has worked on the strategic alignment of the SCWDP and SCiP programmes, piloting an innovative action learning programme with independent sector care managers and improved engagement with stakeholders across sectors in relation to the workforce agenda. The feasibility of developing a joint workforce strategy for the partnership moving forward is being explored, with initial fieldwork underway to elicit the views of key stakeholders.

8. Dementia

Work is underway to develop a regional dementia strategy, drawing on local initiatives including dementia-friendly communities and which will link with the national strategy recently released for consultation by Welsh Government. This will also address the issues highlighted in the recent report from the Older People's Commissioner for Wales – 'Dementia: More than just memory loss?'

9. Population Assessment

Section 14 of the SSWBWA places a duty on local authorities and LHBs in each partnership area to put arrangements in place to undertake an assessment of the need for care and support and the support needs of carers. Population assessments have to be carried out once in every local government electoral cycle and the first must be published by 1 April 2017.

Production of the initial population assessment has been a key focus for the partnership over the past year. Carmarthenshire County Council acted as lead partner, whilst the IPDB formed a joint committee which agreed the process for undertaking the assessment, allocated resources to support it and monitored

progress. The statutory partners agreed a memorandum of understanding committing them to participate as required in the production of the assessment.

An external programme manager was appointed to coordinate the process between June and December 2016. Thematic groups were established comprising representatives of partner agencies in the statutory sector and, where feasible, the third sector. Each thematic group focused on one of the following areas:

- Carers
- Children and young people
- Health and physical disabilities
- Learning disabilities and autism
- Mental health
- Older people
- Sensory impairment
- Violence against women, domestic abuse and sexual violence

Detailed assessments were undertaken in each of these areas using a common template. The assessments included:

- An analysis of the current population within the region and projected demographic trends
- Anticipated need for care and support (and in the case of carers, need for support), including preventative services
- Assessment of the care and support currently available
- Gaps in current provision and areas for improvement

A key consideration within the assessment was the provision of services through the medium of Welsh.

A variety of quantitative data from a range of sources, including Daffodil Cymru, Public Health Wales, Welsh Government statistics and the 2011 census, was used to inform the assessment. Whilst it was only possible to include a selection within the report, a regional repository is under development which will provide the full range of available data for future use by the partnership. Obtaining the views of people who need, or may need care and support and their carers was a priority. We worked with the 3 Public Service Boards (PSBs) in the region to include a series of relevant questions in a residents' survey run over the summer to inform wellbeing assessments required under the Wellbeing of Future Generations (Wales) Act 2015. This was followed up by a series of engagement events in the early autumn at which attendees were given a further opportunity to share their views and concerns.

The separate assessments were brought together in a single report which was approved by the RPB in December 2016 and thereafter endorsed by the 4 statutory partners. Key findings of the assessment include:

- That the need for care and support in West Wales is set to increase markedly over the coming decades, due for example to dramatic rises in projected

numbers of older people and an increase in the number of younger people with complex needs
- That challenges exist in relation to building a robust and sustainable workforce to deliver the required change
- That radical changes in the way in which care and support is provided will be necessary if demand is going to be met and the best wellbeing outcomes achieved for individuals
- That the rural nature of the region raises particular challenges, for example in relation to ensuring equitable access to care and support and in addressing the effects of social isolation
- That a preponderance of retired people moving into parts of the region presents potential opportunities in terms of building networks of community support
- That firm foundations exist which can be built upon in developing new models of care and support and benefits to be gained in driving transformation in an integrated way across organisations and the region

The population assessment report can be viewed via the following link: http://www.wwcp.org.uk/wp-content/uploads/2017/03/West-Wales-Population-Assessment-March-2017.pdf

Section 14A of the Act requires local authorities and LHBs to produce area plans setting out the range and level of services they propose to provide or commission in response to the population assessment. In West Wales initial work has begun on the area plan, which will focus on areas of 'collaborative advantage', where an integrated approach is considered vital in addressing the needs that have been identified. This provides the opportunity to test the RPB's existing strategic priorities and refine them as necessary. Care will also be taken to align the plan with those being developed by individual partners, including the UHB's Annual Plan and, importantly, with wellbeing plans being constructed by PSBs in response to their wellbeing assessments under the WFGWA.

Whilst the population assessment provides, for the first time, a comprehensive, regional evidence base for the partners in relation to need, current provision and areas for improvement, we recognise that the process followed in undertaking the assessment can be improved for future iterations. In particular, we need to improve the level and quality of engagement with a range of stakeholders, including residents and care providers and will look to start this process as we develop the area plan.

10. Citizen engagement

The SSWBWA requires RPBs to engage directly with citizens in the development and delivery of integrated services. The appointment of user representatives and engagement with the public on the population assessment is just part of a wider drive by the West Wales RPB to ensure that the voices of local citizens are heard and responded to in all aspects of its work. Following exploratory work commissioned in

2015 which looked at possible models of engagement, we are exploring the feasibility of establishing a citizens' panel of community representatives, including people who need care and support, carers and others with whom the RPB would engage on a regular basis to test its priorities and hear a range of views on the future of care and support in the region. Such an arrangement would sit alongside a number of user groups and forums already in place in the region with whom the RPB would also seek regular interaction. The development of a clear plan for implementing these arrangements will be an early priority for the RPB in 2017-18. This will form part of a wide-ranging communications strategy which will be finalised by mid-2017 and which will ensure that partners and the public are kept up to date on the partnership's work and its outcomes and given the opportunity to influence the regional programme at regular intervals.

Further information

For further information on the work of the West Wales Care Partnership and any items contained within this report please visit the partnership website at www.wwcp.org.uk or contact Martyn Palfreman, Head of Regional Collaboration on 01267 228978 MJPalfreman@carmarthenshire.gov.uk