

DELIVERING CHANGE TOGETHER

West Wales Regional Partnership Board Annual Report 2017-18



This Annual Report has been produced in compliance with requirements within Part 9 of the Social Services and Wellbeing (Wales) Act, as set out in Sections 33 to 35, Chapter 5 of the Statutory Guidance:

The Partnership Arrangements Regulations require Regional Partnership Boards to prepare a report on the extent to which the board's objectives have been achieved. This report must be submitted to Welsh Ministers. The first report must be submitted by 1 April 2017.

The report must be published and should include:

- Members of the Regional Partnership Board
- Information on how the board has met its objectives, including relevant supporting management information (e.g. financial and other reports)
- Details of the partnership arrangements in place to respond to the joint population assessment and priority areas, including any supporting groups or structures
- How the board has engaged directly with service users, or groups representing service users (e.g. citizen panels)
- Information on how the partnership arrangements have contributed to improved outcomes and delivery of services to respond to the joint population assessment and priority areas (including information on how resources have been effectively utilised)
- Information on the statutory provision used e.g. Section 33 agreement (NHS (Wales) Act 2006), or informal arrangements underpinned by a written agreement.

The report should be produced in English and Welsh and there will be a need to translate into other languages if a reasonable request for translation is made. Similarly, there will be a need to translate into braille, easy read form, etc. if a reasonable request for such translation is received.

The Report also reflects additional guidance on the production of Annual Reports produced by Welsh Government in March 2018. This includes a change to the publication date which is now 30 June each year.

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Foreword

Welcome to the second Annual Report of the West Wales Regional Partnership Board, which provides an overview of our work over the past year, delivered under Part 9 of the Social Services and Wellbeing (Wales) Act.

As outgoing Chair of the Board, I am delighted to say that we have made considerable progress since we published our first Annual Report in March last year. In that Report we outlined the Board's strategic priorities and set out a number of commitments against each and the vast majority of these have been delivered. In response to our Population Assessment, which we also completed in March 2017, we have adopted further priorities in relation to carers, the Welsh language and workforce and have identified specific actions in relation to each, including an important commitment to develop an integrated workforce strategy across social care and health. This will be key to delivering the change we all want to see over the coming years.

A major part of our programme has been the work undertaken to establish pooled fund arrangements for care homes for older people across local government and the NHS, meeting a particular statutory requirement within Part 9. Whilst for 2018-19 this will be a virtual arrangement with budgets retained by each partner, we will for the first time have shared oversight of investment across the region and will also receive regular activity reports on a regional basis. This will enable us to compare performance across West Wales and learn lessons from each other. Alongside this, we have made considerable progress towards a shared service contract and integrated monitoring arrangements. These changes will bring obvious advantages to care home providers and will ultimately help us work better together to improve the quality and range of care available to people in the region.

Another key focus has been on prevention, with work undertaken to evaluate approaches across West Wales, including in relation to Information, Advice and Assistance, and to develop a regional preventions framework. The Regional Partnership Board will be considering the outcomes from this work over the coming months.

The Regional Partnership Board and wider West Wales Care Partnership have both matured over the past year, with a growing level of openness and trust underpinning the work we do together. Our first Area Plan, published in March and setting out clear strategic objectives shared across our organisations, is testament to this. Key to successful delivery will be effective engagement with citizens, care providers, not as an afterthought but throughout the process of change, ensuring the solutions we adopt are co-produced and meet the needs and aspirations of everyone across our communities. The role of our excellent service user and carer representatives on the Board is vital, but we also need robust mechanisms for wider engagement and establishing these is a priority moving forward.

I now hand the reigns of Chair to Councillor Jane Tremlett of Carmarthenshire County Council. Jane's wide experience and commitment to person-centred care mean she is well-placed to steer the next phase, as is the Board to build on its strong foundations in 2018-19.



Sue Darnbrook





The Social Services and Wellbeing (Wales) Act 2014

The Social Services and Wellbeing (Wales) Act 2014 (SSWBWA) came into force in 2016. It provides a legislative framework for care and support based upon the principles of:

- Supporting people to achieve their own wellbeing
- Putting people at the centre of their care and support and giving them a voice in terms of the support they receive
- Involving people in the design and delivery of services
- Developing services that help prevent, delay or reduce the need for ongoing care and support
- Promoting not for profit delivery models such as social enterprises and cooperatives
- Collaboration across agencies in the provision of care and support and integration of services where appropriate

Part 9 of the SSWBWA requires local authorities to cooperate with relevant partners including the NHS in the provision of care and support. It allows the establishment of partnership arrangements and pooling of funds across local authorities and Local Health Boards (LHBs) for the discharge of shared functions. The ultimate aim of effective collaboration is that people receiving care and support can say:

'My care is planned by me with people working together to understand me, my family and carer (s), giving me control, and bringing together services to achieve the outcomes important to me'.

Part 9 also requires the establishment of Regional Partnership Boards (RPBs) in each of the seven LHB areas across Wales. Bringing together senior representatives from partner agencies across the statutory, independent and third sectors in their area, RPBs are primarily responsible for:

- Improving outcomes for people needing care and support and their carers
- Promoting the integration of key services e.g. for older people, learning disability, carers and children with complex needs
- Establishing partnership arrangements for specific services and supporting pooled funding arrangements where appropriate
- Ensuring appropriate arrangements are in place to meet core statutory duties under the SSWBWA such as provision of Information, Advice and Assistance and advocacy

2. The West Wales RPB

The West Wales RPB was established in June 2016. The region covered by the Board is coterminous with the boundary of Hywel Dda University Health Board (HDdUHB) and includes the council areas of Carmarthenshire, Ceredigion and Pembrokeshire.

Membership of the Board (see Figure 1) exceeds the statutory minimum requirements set out within the SSWBWA, for example by having Cabinet Members from the three local authorities around the table where the Act only requires one. We also have two service users on the Board, where the statutory requirement is for one. We currently have one vacancy for the position of national third sector representative, following the resignation of Tracy Price in October 2017. We are looking to fill this position as soon as possible.

Figure 1

Sue Darnbrook (Chair)	Stratogic Director Caro Drotoction and
Sue Dallibrook (Chair)	Strategic Director Care, Protection and Lifestyle, Ceredigion County Council
Jonathan Griffiths	Director of Social Services and
Johathan Gillian	Leisure, Pembrokeshire County
	Council
Steven Griffiths	Carer representative
Judith Hardisty	Vice Chair, Hywel Dda University
	Health Board
Councillor Tessa Hodgson	Cabinet Member for Social Services,
	Pembrokeshire County Council
Councillor Catherine Hughes	Cabinet Member for Care, Assurance
	and Housing Services, Ceredigion
	County Council
Sarah Jennings	Director of Partnerships and Corporate
	Services, Hywel Dda University Health
	Board
Hazel Lloyd Lubran	Chief Officer, Ceredigion Association
	of Voluntary Organisations
Melanie Minty	Policy Officer, Care Forum Wales
Jake Morgan	Director of Communities,
=	Carmarthenshire County Council
Jill Paterson	Director of Primary Care, Community
	and Long Term Care, Hywel Dda
	University Health Board
Alan Thomas	Service user representative
Cathryn Thomas	Assistant Director, Social Care Wales
Councillor Jane Tremlett (Vice Chair)	Executive Board Member for Social
	Care and Health, Carmarthenshire
Laura a Tadau	County Council
James Tyler	Service user representative

We are committed to providing appropriate support to all members of the RPB to ensure they are clear about their role and empowered to make a meaningful contribution to its work. In 2017-18 our focus has been on supporting user and carer representatives through a series of tailored briefings prior to, and debrief sessions following, the formal meetings of the Board. We will look to build on this over the coming year through a series of externally-facilitated development sessions for all members of the RPB.

"By being on the board, I am helping to get the voice of users heard"

James Tyler, service user representative

"Being part of the board is very satisfying knowing that people higher up than me are actually listening to the end users of the services they are designed for"

Alan Thomas, service user representative

The RPB meets about once every two months. In 2017-18 meetings took place on 19 May 2017, 28 July 2017, 27 October 2017 and 16 February 2018. A meeting scheduled to take place on 8 December 2017 was cancelled due to anticipated low levels of attendance.

Agendas and minutes of all meetings are available to the public via the following link: http://www.wwcp.org.uk/west-wales-regional-partnership-board-agendas-and-minutes/

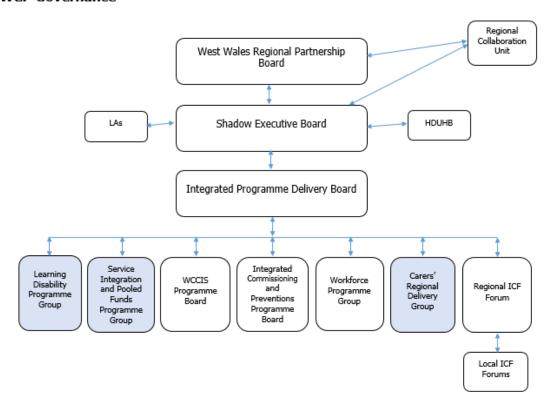
Over the past year we have established a Shadow Executive Board comprising officer members of the RPB from each of the statutory partner agencies, which facilitates joint decision-making in relation to specific duties in relation to partnership and collaboration placed on the UHB and the local authorities by the SSWBWA. The Shadow Board will oversee the virtual pooled fund for care homes which will be effective from April 2018. We will look to consolidate these arrangements in the coming year, using powers under Part 9 of the SSWBWA, so that they provide a robust infrastructure for integration and funding partnerships under the direction of the RPB.

A series of programme boards sit underneath the RPB, each providing oversight of specific workstreams (see Section 4 below for further details). Our Integrated Programme Delivery Board brings together senior managers from all partner agencies to consider all aspects of the partnership's programme, identify strategic links across workstreams and consider future priorities. A dedicated regional forum has been established to oversee delivery of programmes funded through the Integrated Care Fund (ICF) in West Wales.

Our current governance structure is set out in Figure 2 below.

Figure 2

WWCP Governance



3. Partnership Support

Part 9 of the SSWBWA requires partners to provide sufficient resources to support the work of regional partnerships. In West Wales Carmarthenshire County Council hosts a small Regional Collaboration Unit (RCU) which:

- Provides strategic advice and support to the RPB and services its meetings
- Provides programme management for a range of activity across the region supporting the RPB's identified priorities (see below)
- Coordinates the regional Intermediate Care Fund (ICF) programme

Funding for the RCU comes from a Regional Partnership Fund, a regional pool formed from:

- Funding available originally through the Welsh Government's Delivering
 Transformation Grant which was transferred to local authorities via the Revenue
 Support Grant in 2017-18, and
- A small top-slice of the ICF

Further information on the ICF is provided in Section 5.

4. RPB Strategic Priorities

In 2016 the Board adopted five strategic priorities, which are as follows:

- Integrated Commissioning
- Service integration and pooled funds
- Information, Advice and Assistance/ Prevention
- Implementation of the Welsh Community Care Information System (WCCIS)
- Transformation of Mental Health and Learning Disability Services

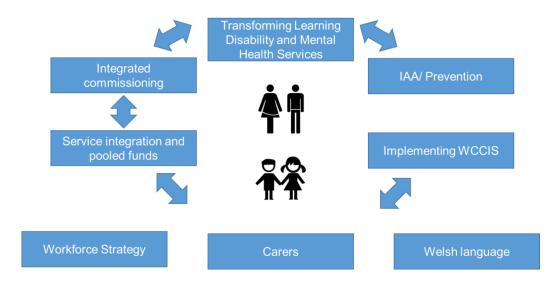
In response to the Population Assessment undertaken in 2016-17, two further priorities were adopted. These are:

- Carers
- Welsh language

Building a sustainable and appropriately-qualified and skilled workforce is a key enabler to delivering the identified priorities. Accordingly, the RPB has adopted workforce as a final strategic priority, with a commitment to working across sectors to develop and deliver and integrated Workforce Strategy for care and support in West Wales.

There is a clear inter-dependence between each of the priorities, as illustrated in Figure 3. A common driver across each of the priorities is keeping citizens at the centre of everything we do.

Figure 3



The RPB has identified sponsors from within its membership for each of the priorities to provide sustained strategic leadership, clear accountability and a sustained focus on delivery, with operational oversight provided by individual programme boards.

The programmes are being taken forward within the wider context set by regional initiatives such as HDdUHB's 'Transforming Clinical Services' programme (more information available at:

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8 &ved=oahUKEwjLxY-

<u>orb3bAhXKvxQKHSS1AKoQFggsMAA&url=http%3A%2F%2Fwww.wales.nhs.uk%2Fsitesplus%2F862%2Fpage%2F92263&usg=AOvVawoJXY3mjQlRR7rrsX4PTS3x</u>) and national drivers including the recent report from the Parliamentary Review of Health and Care in Wales (available at:

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=oahUKEwj-

vpDRrb3bAhWGxxQKHSyaDkEQFgguMAE&url=https%3A%2F%2Fbeta.gov.wales%2Fsites%2Fdefault%2Ffiles%2Fpublications%2F2018-01%2FReview-health-social-care-report-final.pdf&usg=AOvVaw1lwuab1_tJDli_Jtjq3gUN)

In our 2016-17 Annual Report we set out high level objectives for each of the original five strategic priorities and identified next steps in relation to each. Progress to date against these steps is set out below. Our achievements over 2017-18 provide a strong foundation on which to build as we take these priorities forward into the coming financial year.

Integrated commissioning

W	/e said we would	We have			
•	Develop or review regional statements of intent for key services	 Reviewed the Statement of Intent for Learning Disability Services as part of the Transforming Learning Disability programme 			
•	Develop regional area plan in response to the Population Assessment	 Published our first Area Plan (see section 6) 			
•	Produce further regional market positon statements	 Commissioned the development of a regional market position statement for Learning Disability Services, which is nearing completion and will be published in Summer 2018 			
•	Move towards regional service contracts	 Aligned existing contracts for care homes for older adults, supporting 			
•	Develop regional care standards and quality assurance frameworks, including escalating concerns	policies and quality assurance frameworks as an interim stage prior to adopting a single regional contract from April 2019 Committed to further discussions across partner agencies regarding the feasibility of integrating commissioning functions at regional level			

We said we would	We have		
Develop a regional approach to 'growing' social enterprise, cooperatives, user-led and third sector services	 Worked with national partners including Wales Cooperative Centre and regionally with the County Voluntary Councils (CVCs) to scope possible approaches Undertaken a detailed assessment of the contribution of the third sector to prevention and the overall resilience of the sector in West Wales Identified actions to increase the resilience of the sector, for consideration by the RPB in Spring 2018 Committed in principle to the establishment of a regional third sector 'hub', working alongside the CVCs, to take forward this work over the coming period 		
Establish a strategic provider forum to support an ongoing conversation with providers about future service models	 Engaged with providers over the possible role and operation of such a forum Developed a costed proposal for a regional 'Innovations Forum', for consideration by the RPB in Spring 2018 and implementation by the Summer 		
Build skills through regional training and development programmes	 Commissioned the New Economics Foundation to deliver initial training module on outcomes-based commissioning through co-production, which took place in early 2018 Started work with training managers in the local authorities to develop an ongoing training programme for 2018-19 		

Service integration and pooled funds

We said we would	We have		
 Progress the integration of older people's services in 	 Agreed to implement the Integrated Pathway for Older 		
Carmarthenshire and establish	People (IPOP) in Carmarthenshire,		
pooled fund arrangements	providing a mechanism for developing new, integrated		
	models of care across the pathway		

We said we would	We have		
	 Agreed to establish a similar pilot in Pembrokeshire 		
Establish pooled fund arrangements for care home functions for older people across the region	Established arrangements for a virtual regional pooled fund for care homes for older people, as a first step towards a fully operational pooled fund for all adult care homes which will be in place from April 2019		
 Explore further opportunities for integration and pooled funds in other service areas 	 Identified other areas for service integration and pooled funds, including Integrated Family Support Services, complex needs and Community Equipment Services. These areas will be taken forward in 2018-19 		

Information, Advice and Assistance/ Prevention

W	We said we would We have		
•	Launch Dewis in West Wales, promote it across sectors and develop a medium-term implementation plan to embed the portal and link it with other initiatives such as 111 and Family Information Systems	 Provided additional resources for local authorities to work with partners in accelerating the input of information onto Dewis and the third sector service directory, Infoengine Developed technical links between Dewis and Infoengine to enable sharing of service information across the systems Established a regional Dewis/Infoengine Group to develop a medium-term implementation plan Committed to a formal launch of Dewis/Infoengine in 2018-19 	
•	Develop consistent regional standards for Information, Advice and Assistance Services and evaluate different approaches across the region	Commissioned a detailed assessment of preventative services in West Wales, including Information, Advice and Assistance, in West Wales and the development of a regional preventions framework supported by consistent standards. Findings to be considered by the RPB in Spring 2018	

Implementation of WCCIS

We said we would	We have
 Undertake a full options appraisal for implementation of WCCIS across the region 	 Undertaken an initial options appraisal and developed an indicative, medium-term
Develop a regional implementation plan	 implementation plan Established regional governance to oversee the development and delivery of the plan Initiated pilots in Ceredigion to trial joint use of WCCIS by health and local government Undertaken a detailed gap analysis comparing WCCIS functionality with that of existing systems to quantify risks and benefits and identify areas for further development

Transformation of Mental Health and Learning Disability Services

We said we would	We have		
Complete public consultation on the recommended model for Mental Health Services	 Co-designed a future model for Mental Health Services, informed by learning from extensive engagement, international evidence and public consultation Identified opportunities for alignment with wider services through the 'Transforming Clinical Services' programme Obtained HDdUHB's approval of the model and established a regional Mental Health Implementation Group to oversee delivery 		
 Consult with stakeholders on a vision for Learning Disability Services, including a stakeholder workshop in Spring 2017 	 Held a regional stakeholder workshop involving commissioners, managers, providers and user representatives, which has informed the development of workstreams to take forward transformation and integration in the region 		

The RPB has also identified a range of actions to take forward in relation to its additional priorities, building on existing activity across the region. Details are provided below.

Carers

We have		We will		
•	Established a reconstituted regional Carers' Delivery Group with representation from the four statutory partner agencies, which reports directly to the RPB	 Facilitate ongoing dialogue between the RPB and Carers' Delivery Group to ensure that support for carers is robust and effective Take regular reports from the Carers' Delivery Group to the RPB 		
•	Developed a Carers' Delivery Plan for 2018-19, which reflects the findings of the Population Assessment and includes a range of activity including the development of a regional service framework and consolidation of existing schemes to raise awareness of carers and address their specific needs	 Implement actions within the Carers' Delivery Plan Ensure that carers' issues are addressed appropriately in wider programmes being taken forward by the RPB 		

Workforce

W	'e have	We will			
•	Established a regional Workforce Strategy Group chaired by the RPB Sponsor and comprising workforce, training and service managers	th F	Review membership of the Workforce Strategy Group and use the new regional Innovations forum to engage with the sector workforce issues		
•	Introduced regional arrangements to manage delivery of the Social Care Wales Workforce Development Programme (SCWWDP), which supports a range of activities aimed at enhancing career pathways for care and support staff and upskilling them to help them deliver new and integrated ways of working	a fu d	trengthen regional arrangements nd ring-fence a proportion of the unding for workforce levelopment in support of the PB's strategic priorities		
•	Undertaken a provisional scoping exercise for a regional workforce strategy	e a w	Use the outcomes of the scoping exercise to inform development of fully integrated regional evorkforce strategy for care and upport		

Welsh Language

We have		W	We will	
•	Welsh Language forums in place	•	Esta	

 Welsh Language forums in place across the region which support the implementation of local standards and embedding of the 'active offer' for people wanting to receive care and support through the medium of Welsh Establish a regional Welsh
 Language Forum to share
 experience, learning and
 evidenced effective practice, thus
 enhancing the experience of
 people wanting to receive care and
 support through the medium of
 Welsh

5. ICF

The Welsh Government's ICF supports the development of integrated models of care and support across social services, health, housing and the third and independent sectors. The focus of the ICF, which was introduced in 2014-15, is to enable older people to maintain their independence and to support improved outcomes for people with learning disabilities, people with autism, carers and children with complex needs.

In 2017-18 the ICF provided the West Wales region with £6.5 million in revenue funding and £1.3 million in Capital. From this total allocation:

- £318K was made available to support the establishment of an Integrated Autism Service, based on a nationally agreed service model and aimed at improving diagnosis and providing joined up support for children and adults with autism and their carers. A further £184K was ring-fenced to support implementation of the WCCIS across the region
- A regional top-slice of £579K was applied, providing capacity for the coordination and monitoring of the programme, funding for several cross-regional initiatives including (1) the establishment of a Behavioural Intervention Service providing enhanced support to children and young people with learning disabilities who also exhibit challenging behaviour and their families, carers and teachers, and (2) capacity within the RCU to support delivery of the RPB's strategic priorities
- Remaining resources were distributed proportionately across the three local authority areas on a population basis

Over the past four years the ICF has enabled partners to develop and implement a range of innovative and integrated service models, improving outcomes for people needing care and support and their carers and reducing pressures on the health and care system in the region. Funded programmes have brought together a range of partners, with the third sector playing an active role in the development and delivery of new approaches. Along with delivery against the strategic priorities outlined in Section 4, the ICF programme helps ensure that the RPB meets its statutory duties in relation to the integration of care and support for a range of population groups.

The RPB signs off our ICF programme annually and receives regular progress reports. A Partner Agreement, signed by each of the statutory partner agencies, sets out our governance arrangements for the Fund.

Our regional ICF Forum, which was established this year, meets monthly and provides a vehicle for sharing experience and outcomes from different ICF-funded models across the region and identifying opportunities for upscaling successful programmes.

A key challenge for partners is how we transfer successful programmes funded through the ICF into core delivery, and adjust budgets to support new ways of working. Initiatives such as HDdUHB's 'Transforming Clinical Services' programme, a clinically-led, fundamental review of healthcare in West Wales, will provide a once-in-a-generation opportunity for this to happen over the coming period.

We also recognise the need to improve arrangements for measuring the impact of the ICF programme in key areas such as keeping people at home for longer, achieving timely and safe discharge for people who have been admitted to hospital and avoiding the need for people to be readmitted in the future. Work has commenced under the auspices of the ICF Forum to develop a regional outcomes framework which will help us achieve this, and we hope to formally launch the framework in 2018-19.

Case Study: CUSP project, Carmarthenshire

The aim of the CUSP project is to provide coordinated support by the third sector to support people aged 18 + to live well and independently. It is led by the British Red Cross and is aimed at people who are on the cusp of needing care and support from statutory services, when often a small set-back could tip someone 'over the edge'. People supported by CUSP receive an assessment from the British Red Cross, who will then identify community resources, provision and other assets that are available within their community to help them build resilience.

A 78 year old woman living alone in semi-rural Carmarthenshire was referred to CUSP following the breakdown of her relationship with her son, which meant that she had no one to do her shopping, including for food and other essentials. British Red Cross did an emergency shop for her and then engaged a local domiciliary care agency to do her shopping each week for a nominal fee. Benefits to the woman include maintained independence, reduced risk of malnutrition and reduced isolation due to the befriending support offered by agency workers who bring her shopping to her each week.

Case Study: Active and Connected Communities, Pembrokeshire

The Active and Connected Communities project in Pembrokeshire aims to recruit volunteers to develop community social groups and activities to alleviate isolation for individuals in the County. It works closely with the County Council's community connectors to identify gaps and develop new activity.

S is a 33 year old male with a learning disability living alone in the County. Although able to remain independent with the support of a social worker, S had a growing sense of isolation, being reluctant to go out alone and with no

friends or family living nearby. He was referred to the project and a worker met with him and his social worker to discuss his interests and hobbies and any past experiences on which he could draw to help him get more involved in his community. It was ascertained that S had a keen interest in the outdoors and had previously volunteered for a conservation charity.

As a result of the conversation, S was linked up with Tir Coed, a local charity and social enterprise that engages people with woodlands, supporting the development of skills to enable them to improve woodlands for everyone. S was engaged by Tir Coed and now volunteers with the project twice a week. Asked about how he had benefited from this, S remarked 'Being told about Tir Coed and the other group was really good. It made me feel listened to and hopeful that there was something I could do to get out. I like going to Tir Coed and it gives me something to look forward to.'

Case Study: Maintaining independence through provision of accommodation-based solutions, Ceredigion

This project is funded through the Integrated Care Fund (ICF) and was developed specifically to provide accommodation based solutions in rural communities and add value to West Wales Care and Repair (WWC&R) services for vulnerable clients including older people with complex needs and long term conditions such as dementia; people with learning disabilities; children with complex needs due to disability or illness and carers. It also links into a range of ICF funded programmes such as Accessing Alternatives to Admission, Community Falls Clinic and a third sector Community Resource Team.

The project has two strands:

- A home based visiting service to assess and advise on safety issues and affordable warmth options within the home, followed up with an advice letter and agreed repairs via grants and additional agreed services
- Assessment and referrals for Emergency Repair Assistance Grant that enables elderly and vulnerable people to remain within their homes through the provision of essential repair and delivery of care packages carried out to improve housing standards and access roads that will safeguard their health and safety and maintain independence.

As well as identifying hazards in the home, there is opportunity to undertake a 'what matters' conversation with the citizen, which will identify further opportunities to signpost and refer to other third sector or other services as appropriate.

The Housing Health Cost Calculator (HHCC) is used to calculate the health costs of hazards in the homes and the associated savings to the NHS and wider society gained by making improvements. From previous Emergency Repair Assistance provided, it is known that the primary needs-led demand for

assistance include electrical works, heating systems, leaking roofs, replacement windows and doors. When such works are entered into the HHCC database, a calculation is provided of the savings to the NHS from carrying out these works in preventing admissions into hospital.

The examples listed below serve to demonstrate the specific needs of clients in more rural and dispersed communities that have been supported by the project and the value added to the services provided by WWC&R:

Example 1: An elderly lady had taken in a lodger with mental health problems who had a carer. However, the carer ceased to call due to the condition of the property, the floor to the kitchen had dry rot and was in a dangerous condition. The ERA covered the cost of the new floor and covering, replacement window in the kitchen and two storage heaters in the living room. The cost of the works was £3,000, resulting in a saving of £344 with a payback period of 8 months.

Example 2: Involves an elderly gentleman living on his own. The Grants Unit was contacted as he had a leak in the roof. Following the Technical Officer's visit it was established that the leak was from a loose water pipe in the attic which the Officer tightened. The water leak had caused an electric fault and half the house was left in darkness with no electricity. The ERA was approved to undertake the electrical work at the property. The cost of the works were £3,000, the cost saving to the NHS was £311 which resulted in a 9 month payback.

Example 3: An elderly lady who was taken into care, whose property was filthy and verminous. The Community Wellbeing Section undertook the cleaning of the property while the property was vacant. The oil was stolen, resulting in the oil tank and boiler being damaged. The ERA covered the cost of replacing the oil line and re-commissioning of the boiler. This enabled the lady to return from hospital. The cost of the works came to £3000, with a £585 cost saving to the NHS, resulting in a payback period of 5 months.

Example 4: An elderly gentleman in hospital was ready for discharge, and a care package was being drawn up, however the access to his property had been deemed unsafe. The works undertaken included the preparing of the drive and resurfacing and providing timber rails either side of the bridge. Without this intervention the gentleman would not have been able to return home.

WWC&R operate an administrative charge to the client of £45/£50 on the Handyperson scheme which generates income and contributes to the long term sustainability of the service. In addition clients are offered a Pay Private Service for works that exceed the £300 threshold if they are ineligible for referral into the local authority housing service. Grants provided by the local authority are issued with the lifetime recharge i.e. upon sale or transfer of the property the value of the grant works becomes repayable.

6. West Wales Area Plan

Section 14A of the SSWBWA requires LHBs and local authorities to produce joint Area Plans once every five years, setting out how they will work together to address the findings and recommendations of regional Population Assessments. These Plans need to set out a shared approach to prevention, Information, Advice and Assistance, development of alternative delivery models and delivery of services through the medium of Welsh.

The first Area Plan for West Wales was published in March 2018 and covers the period 2018-23. The Plan was produced jointly by the three local authorities, HDdUHB and other partners in the region. The RCU took a lead in the development the Plan, under the instruction of the RPB. A cross-agency advisory group was engaged throughout the process and the Plan was approved by the RPB in February 2018, prior to endorsement by the 4 statutory partners.

The Plan seeks to address the gaps and areas for improvement across services that were identified in our Population Assessment which we published in March 2017. Alongside population and service data, the views expressed by citizens through the consultation exercise undertaken for the Population Assessment were fed into the development of the Plan. It is an important document that provides a clear framework for partners for integrating and transforming care and support and is a public statement of our intentions, to which users, carers and communities more generally are invited to hold us to account. We intentionally made the Plan succinct so that it would be accessible to the range of people and organisations that have an interest in how care and support is provided now and how we want to change it in the future.

The Plan contains a number of high level objectives, reflecting the strategic priorities of the RPB detailed in Section 4 above and set out along a three stage preventative care and support pathway which includes the following components:

Prevention Stage 1: Helping people to stay well and independent within the community for example through (1) making information available in accessible formats enabling people to make appropriate choices and maintain personal health and wellbeing, (2) understanding the value from a young age of regular exercise, (3) healthy eating and the need to socialise regularly, (4) linking people with well-being hubs and (5) informal support within their communities and further development of supported living services

Prevention Stage 2: Helping people maintain independence through provision of targeted support that prevents the need for people to be admitted to hospital or long-term residential care, or supports timely discharge such as (1) domiciliary care, (2) housing adaptations, (3) 'turnaround' services at the front door of hospitals, (4) rapid response services, (5) 'step-up', 'step-down' and reablement services, (6) extra care, (7) supporting families and parents to reduce adverse childhood experiences (ACEs) which can have life-long effects, and (8) building on the work of the Integrated Family Support Service to work with and support the most vulnerable children and families in Wales

Prevention Stage 3: Ensuring people receive, where appropriate, outcomes-focused long-term care and support for example through ongoing health and/ or social care in residential settings, with a focus on supporting independence, building on strengths and improving outcomes for individuals over time, working to reduce unnecessary levels of care

As the Plan was developed, we worked with the three Public Service Boards in the region to identify links between our objectives and those included in their Wellbeing Plans. We will continue to work in this way as the plans are implemented, to ensure synergy and avoid duplication. Similarly, we have begun to establish links with forums such as the Substance Misuse Area Planning Board and Mid Wales Joint Committee for Health and Social Care (which is overseeing the remodelling of health services in the mid-Wales area). Finally, we will ensure that implementation of initiatives such as the 'Transforming Clinical Services' programme and regional strategy for Violence Against Women, Domestic Abuse and Sexual Violence reflects the strategic commitments within the Area Plan.

The RPB will receive regular reports on delivery against the Area Plan. We will expand the regional outcomes framework being developed in support of the ICF programme to help us monitor its overall impact.

The landscape in which care and support operates is constantly changing. We therefore recognise that the Area Plan needs to be a 'live' document, which can be reviewed and amended as circumstances change over the next five years. To help with this, we worked with the Local Government Data Unit to develop a regional Data Platform which went live in March. This contains an interactive version of the Plan alongside a wide range of population and service data, which will be updated on a regular basis and available for use by partners to inform commissioning and service development. The Data Portal and Area Plan can be accessed via the following link http://www.wwcp-data.org.uk.

7. Developing a co-productive approach

Our Area Plan contains a commitment to working with all relevant stakeholders, including citizens, service users, carers and providers of care and support, in implementing our strategic objectives. This involves more than just consulting people about specific issues or planned changes; rather it is about involving them meaningfully at all stages and in all aspects of service development and delivery. This is a key principle within the SSWBWA and represents a fundamental change from traditional approaches. It will take time to get right.

Over the past year we have been laying foundations to support a co-productive approach in West Wales. Proposals have been developed to establish a regional Innovations Forum which will bring together providers across the statutory, third and independent sectors on a regular basis, to consider generic issues such as how we can best support the development of social enterprises, cooperatives and user-led services, and opportunities for the development and improvement of care and support for specific groups within the population. In keeping with requirements under Part 2 of

the Act, the Innovations Forum will place a strong emphasis on social value (essentially optimising benefits to individual and community wellbeing and the environment), as we develop and deliver new models of care and support.

Additional proposals have been developed for the creation of regional mechanisms for engaging with citizens – not just those receiving care or support and carers because everyone has a stake in caring communities. These include the establishment of a standing panel from which individuals will be invited to participate in shaping specific services, and piloting web-based systems to engage more generally with the wider community through ongoing 'digital conversations'.

Both proposals will be considered by the RPB early in 2018-19, with a view to establishing the arrangements as soon as practicable. We will report on progress and outcomes in the next Annual Report.

8. Integrated Family Support Services (IFSS)

Integrated Family Support Services (IFSS) were 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 LHBs, 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.

In March 2018, the Carmarthenshire IFSS had 3 staff, Ceredigion 2 and Pembrokeshire 3. The Powys service had 4.

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 for the Year ending 31 March 2018 is set out in Figures 4 to 8 below:

Figure 4

OUTCOME 1 Totals

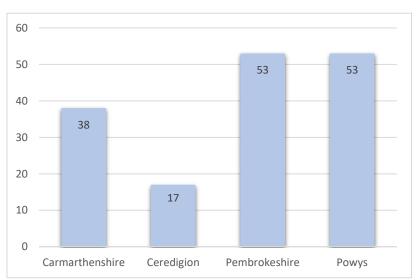
The IFSS will provide advice and consultation to referring social workers representing vulnerable families

Number of new families referred: 161

Number of children in families referred: 286

Number of Unborn children in families referred: 26

New families referred



Number of children & unborn children in new families referred

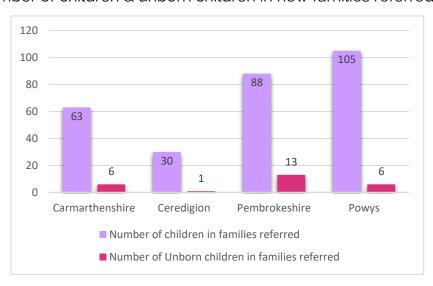
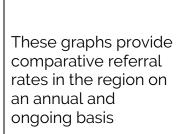
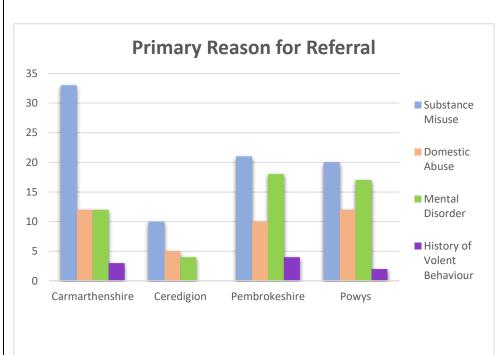
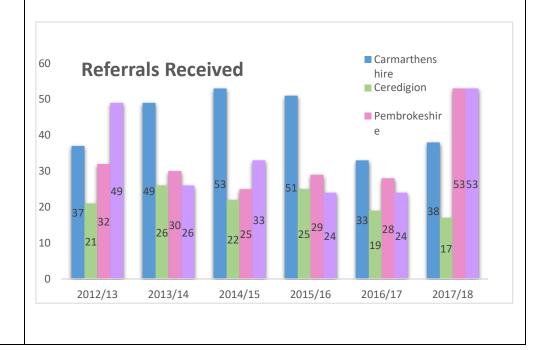


Figure 4 cont.







OUTCOME 2 Totals

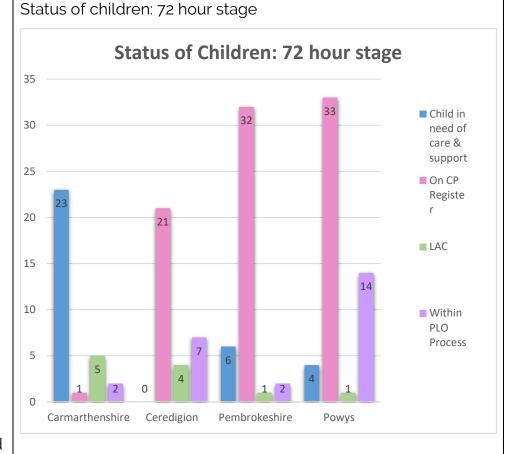
The IFSS will provide appropriate assessment, support and intervention to families

Number of families commencing 72 hour stage is 76

The status of the 113 children when starting 72 hour stage

(Children may have more than one status)

- Children in Need of care & support: 33
- Children on CPR:87
- Children Looked After: 11
- Children in PLO process: 25



OUTCOME 3 Totals

The IFSS will contribute to families being able to stay together

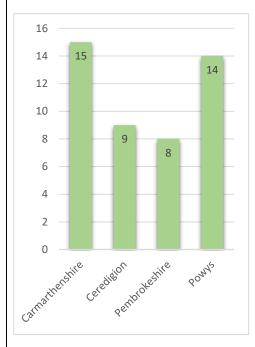
Number of families commencing Phase 2: 46

The status of the 52 Children when starting phase 2

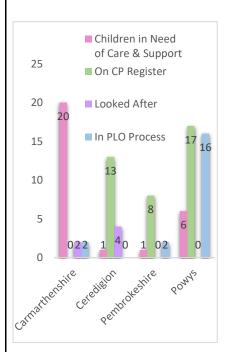
(Children may have more than one status)

- Children in Need of Care & Support: 28
- Children on CPR: 38
- Children Looked After: 6
- Children in PLO process: 20

Families commencing Phase 2



Status of Children: Phase 2



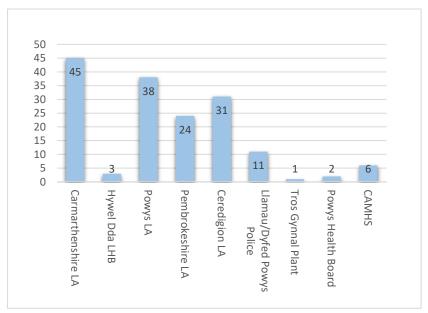
OUTCOME 4 Totals

The IFSS will develop the skills and knowledge of the workforce

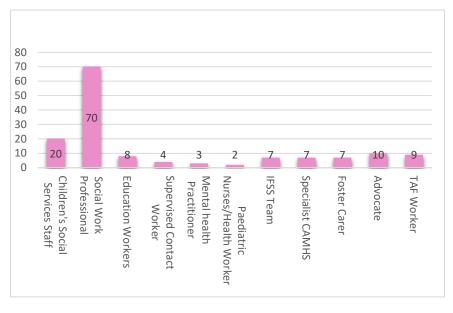
Number of single day programmes facilitated: 12

Number of 4 day programmes facilitated: 4

Number of staff attending Wider Workforce training: 161 Professional Backgrounds of Staff Attending IFSS Wider Workforce Training



Organisations of Staff Attending IFSS Wider Workforce Training



OUTCOME 5 Totals

The IFSS will demonstrate sustainable change within families

Total Cases Closed: 64

Number of families sustaining change in cases closed prior to

twelve months: 15

Number of families sustaining change at 12 month case closure: 21

Number of families where the primary referral issue is no longer a child protection concern at case closure: 28

Number of children in families closing Phase 2 who:

(Children may have more than one status)

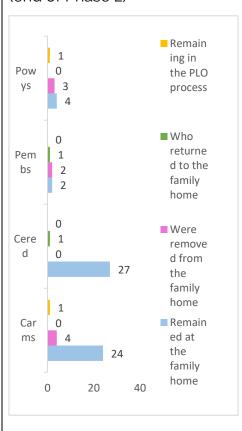
Remained at the family home: 57

Outcomes at case closure (end of Phase 2)



Status of children at case closure

(end of Phase 2)



Were removed from the family home: 9	
Returned to the family home: 2	
Remained in the PLO process: 2	

During 2017-18 IFSS has been further embedded across the region. Specific achievements include:

- Retention of the vast majority of children within the family home at the end of the IFSS intervention
- Positive feedback from supported families and social workers about the IFST intervention (Ceredigion)
- A consistent level of referrals with a reduced staff compliment (Carmarthenshire)
- Intensive IFST support preventing children from becoming 'looked after' and returning 'looked after' children to their homes (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 received a referral for a 20 year old mother and two young children. Mother has a history of substance misuse and most of her friendship circle misuse drugs. When 19, she had been on life support following drug misuse. Her partner had been recalled to prison. Following the birth of her youngest baby, she and the child were placed in parent/baby foster placement for eight weeks, assisted by the IFST. Intensive work took place during the placement and continued at home. The case was closed and the mother has since met Welsh Government staff to talk about her experiences and the beneficial impact of IFST involvement. The family has agreed to take part in a project to develop a film describing their experiences, for the West Wales Care Partnership.

Ceredigion IFSS dealt with a case where a young boy, aged 7, was taken from his mother's care by police. The boy was initially placed with his grandparents, with the support of IFSS, and then returned to his mother and has remained in her care. The IFST intervention gave intensive practical support, allowing the opportunity for longer term causes of the breakdown to be addressed. While the boy's behaviour remains challenging, the mother can see a future relationship as a mother with her son. The boy is responding to consistent boundaries and the need for a specialist placement has been avoided.

Pembrokeshire IFSS received a referral for a mother who had been arrested for neglect, having been found unconscious as a result of substance misuse. The two children's names were placed on the Child Protection Register. The mother had been in an abusive relationship and the IFST practitioner took time to help the mother to understand the situation, using a person-centred approach, looking at the strengths available to her. As a result of the support provided, she made a number of changes, including ending an abusive relationship, moving home and building her resilience, to enable her to once again look after her children independently. The children have now been taken off the Child Protection Register.

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.

9. Looking forward

As we move into 2018-19, the RPB can have confidence in strong foundations on which to build in continuing the transformation and integration of care and support in Wales. We are at a crucial stage in our journey in which we have significant opportunities to accelerate the pace of change. This will involve:

- **Consolidation** for example, extending pooled funding arrangements to additional service areas and developing our approach to prevention
- Innovation testing out new models and approaches to care and support and upscaling these where positive impacts can be evidenced
- Co-producing involving all stakeholders in the design, delivery and review of care and support in West Wales
- Mainstreaming successful approaches within our core services, through programmes such as 'Transforming Clinical Services'
- Taking a radical and regional approach wherever possible in response to the challenges within the Parliamentary Review
- Sustained, collaborative leadership developing the RPB and wider partnership further and championing the principles of integration

Our Area Plan provides the high level route-map for continued change. We look forward to reporting on our further progress in our next Annual Report.

For further information:

Visit the West Wales Care Partnership's website at www.wwcp.org.uk

Email us at wwcp@carmarthenshire.gov.uk

Or

Phone us on 01267 228756



West Wales Care Partnership
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