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(Tel: 01443 864243 Email: [kaucz@caerphilly.gov.uk](mailto:kaucz@caerphilly.gov.uk))

**Date: 26th November 2014**

Dear Sir/Madam,

A meeting of the **Health Social Care and Wellbeing Scrutiny Committee** will be held in the **Sirhowy Room, Penallta House, Tredomen, Ystrad Mynach** on **Tuesday, 2nd December, 2014** at **5.30 pm** to consider the matters contained in the following agenda.

Yours faithfully,

A handwritten signature in blue ink that reads 'Chris Burns'.

**Chris Burns**  
INTERIM CHIEF EXECUTIVE

## A G E N D A

- 1 To receive apologies for absence.
- 2 Declarations of Interest.  
Councillors and Officers are reminded of their personal responsibility to declare any personal and/or prejudicial interest (s) in respect of any item of business on this agenda in accordance with the Local Government Act 2000, the Council's Constitution and the Code of Conduct for both Councillors and Officers.

To approve and sign the following minutes: -

- 3 Health, Social Care and Wellbeing Scrutiny Committee held on 21st October 2014 (minute nos. 1-12)
- 4 Consideration of any matter referred to this Committee in accordance with the call-in procedure.
- 5 To receive a verbal report from the Cabinet Member for Social Services.

A greener place Man gwyrddach



To receive and consider the following Cabinet reports\*: -

6 Charging for Telecare Services. (Cabinet 12/11/14).

*\*If a Member of the Scrutiny Committee wishes for the above Cabinet report to be brought forward for discussion at the meeting please contact Sharon Kauczok, Committee Services Officer, Tel no. 01443 846243 by 10.00am on Monday, 1st December 2014.*

To receive and consider the following Scrutiny reports: -

7 CSSIW Annual Performance Evaluation for 2013-2014.

8 Shopping Service.

9 Draft Savings Proposals 2015/16.

10 Performance Management 2014/15.

11 Deprivation of Liberty.

12 To record any requests for an item to be included on the next available agenda.

To receive and note the following information items\*: -

13 Annual Report for Mental Health.

14 Summary of Members' Attendance - Quarter 2 - 1st July 2014 - 30th September 2014.

*\*If a Member of the Scrutiny Committee wishes for any of the above information items to be brought forward for discussion at the meeting please contact Sharon Kauczok, Committee Services Officer, Tel. No. 01443 864243, by 10.00 am on Monday, 1st December 2014.*

**Circulation:**

Councillors: L. Ackerman (Chair), Mrs E.M. Aldworth, A. Angel, G. Bevan, L.J. Binding, Mrs P. Cook (Vice Chair), Mrs J. Gale, L. Gardiner, N. George, C.J. Gordon, Mrs P. A. Griffiths, G. J. Hughes, A. Lewis, S. Morgan, J.A. Pritchard and A. Rees

Users and Carers: Mr C. Luke, Mrs J. Morgan, Miss L. Price and Mrs M. Veater

Aneurin Bevan Health Board: Mrs B. Bolt (Divisional Director Primary Care and Networks)

And Appropriate Officers





## HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD AT PENALLTA HOUSE, TREDOMEN,  
YSTRAD MYNACH ON TUESDAY, 21ST OCTOBER 2014 AT 5.30 P.M.

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PRESENT:

Councillor L. Ackerman - Chair  
Councillor Mrs P. Cook - Vice Chair

Councillors:

Mrs E.M. Aldworth, A.P. Angel, Mrs J. Gale, N. George, C. Gordon, Mrs P. A. Griffiths, G.J. Hughes, S. Morgan, J.A. Pritchard, A. Rees.

Together with:

D. Street (Corporate Director Social Services), G. Jenkins (Assistant Director Children Services), J. Williams (Assistant Director Adult Services), M. Jones (Finance Manager), J. Jones (Democratic Services Manager), S.M. Kauczok (Committee Services Officer).

Users & Carers: Mr C. Luke, Miss L. Price and Mrs M. Veater MBE.  
Aneurin Bevan University Health Board: Mrs S. Crane.

### WELCOME

The Chair welcomed representatives of PricewaterhouseCoopers, Torfaen County Borough Council and Newport City Council to the meeting.

#### 1. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillors Mrs G. Bevan, L. Binding, L. Gardiner and R. Woodyatt; Mrs B. Bolt (ABUHB), Mrs J. Morgan (Users and Carers).

#### 2. DECLARATIONS OF INTEREST

Councillor L. Ackerman declared an interest in agenda items 6 and 9 in that her mother is in receipt of care.

Councillors Mrs P. Cook, C. Gordon and Mrs E.M. Aldworth declared an interest in agenda item 10 as they have relatives who receive the Telecare service. Mrs M. Veater also declared an interest in agenda item 10 as she receives the service herself.

### **3. MINUTES**

RESOLVED that the minutes of the following meeting be approved as a correct record and signed by the Chairman: -

1. Health, Social Care and Wellbeing Scrutiny Committee held on 9th September 2014 (minute nos. 1-12).

### **4. CONSIDERATION OF ANY MATTER REFERRED TO THE SCRUTINY COMMITTEE IN ACCORDANCE WITH THE CALL-IN PROCEDURE**

There had been no matters referred to the Scrutiny Committee in accordance with the call-in procedure.

### **5. REPORT OF THE CABINET MEMBER**

Councillor R. Woodyatt, Cabinet Member for Social Services, had tendered his apologies for the meeting. There was therefore no Cabinet Member's report on this occasion.

### **SCRUTINY REPORTS**

Consideration was given to the following: -

### **6. PRESENTATION - ABUHB STROKE SERVICE REDESIGN UPDATE**

The Chair welcomed Michelle Graham, Martin Lane and Alison Shakeshaft, representing the ABUHB Stroke Service Redesign Project Team, who had been invited to give an update on the implementation of the stroke service redesign project.

It was noted that stroke is the leading cause of adult disability in Wales and the third most common cause of death after cancer and heart disease. Approximately 900 strokes occur every year in the ABUHB area. ABUHB's vision is to help people minimise the risk of having a stroke and where stroke does occur, to provide the best quality care and support to maximise survival and return to independence as quickly as possible.

The key features of the ABUHB new model for stroke services in Gwent are: an increased focus on prevention; a centre of excellence for hyper-acute care and early rehabilitation; community based Early Supported Discharge services; fewer inpatient stroke rehabilitation units providing specialist rehabilitation; ongoing general rehabilitation, complex care planning and palliative care in a local hospital or home setting as appropriate and multi-agency support for life after stroke and secondary prevention.

It is proposed that stroke patients will receive specialist care in a centre of excellence that meets clinical standards. Access to specialist care will be more equitable and consistent and stroke patients will be able to return home sooner with Early Supported Discharge which improves outcomes and patient/carers satisfaction.

Following a scoping and feasibility study, which commenced in February 2013, the preferred model was approved by ABUHB on 28th May 2014. The proposed outline model consists of one hyper-acute stroke unit, a community Neuro Rehab Team and specialist stroke rehabilitation units. General rehabilitation/complex care management would be undertaken at local hospitals and there would be greater emphasis on primary and secondary prevention.

Moving towards the implementation phase, questionnaires had been circulated to 500 residents in Gwent outlining the proposed changes. A Community Neuro Rehab Team had been established and there is ongoing engagement with CHC's, local authority scrutiny committees, the Frailty Programme, NCN's, the public, staff, 3rd sector groups and Powys HB. The next steps include the development of a stroke website, commencement of ESD via the Community Neuro-rehabilitation Service, ongoing engagement/appraisal of the preferred interim model and a move towards implementation of the preferred interim option, early 2015.

The Chair thanked the officers for their informative presentation and during the course of the ensuing discussion matters were raised in relation to the following: -

A Member queried whether thrombolysis (a very effective treatment if a patient is seen quickly as it can break down and disperse a clot that is preventing blood from reaching the brain) could be rolled out to other hospitals. Officers responded that as the stroke patient needs to be seen by a clinician quickly and have a scan, the number of places where the treatment could be administered is limited.

Arising from questions raised in relation to staffing levels within stroke units and Welsh Ambulance Service targets, it was noted that work with the Welsh Ambulance Service was ongoing and a decision had recently been taken to ring fence stroke beds at the Royal Gwent and Nevill Hall Hospitals. Much work had been undertaken in terms of the future bed model and the intention was that there would be stroke wards in the right place with more staff available.

Members were advised that stroke passports would be drawn up with patients and their families. The interactive document is designed to help stroke patients feel fully informed and engaged in their recovery and to link information provided by NHS, social and voluntary services, especially after they are discharged from hospital. The passport would cover the different stages of the stroke journey, early (hospital) treatment, rehabilitation and life after a stroke.

The Chair thanked Michelle, Alison and Martin for their attendance and contribution to the meeting.

## **7. BUDGET MONITORING REPORT (MONTH 5)**

The report summarises the projected financial position for the Social Services Directorate based on information available as at month 5 of the 2014/15 financial year. The report also identifies the 2014/15 savings targets that have been achieved by the Directorate and the progress that has been made towards delivering the targeted savings that have not yet been achieved.

Members were advised that the projected underspend must be viewed in the context of an anticipated cut in WG funding for the forthcoming financial year which is likely to restrict the amount of additional funding available to meet demographic pressures in 2015/16 and require budget cuts within the directorate.

The 2014/15 revenue budget settlement for Social Services included targeted savings of £2.062m. The projected overspends and underspends take account of these savings targets. Progress made against the individual savings targets included in the £2.062m is summarised in paragraph 4.7.2 of the report.

Of the £2.062m directorate savings target for 2014/15, £1.848m will be delivered in 2014/15 with a further £0.184m delivered in 2015/16 as a result of actions already taken. This leaves just £30k of savings to be identified within the direct care management structure. It was noted that although the actual savings delivered in 2014/15 fall short of the £2.062m target, there will be no need to draw upon service reserves as other underspends are anticipated in 2014/15.

In response to questions raised by Members in relation to the savings targets set out in the table at paragraph 4.7.1, Officers explained that it had been possible to identify certain posts for deletion following a review of services. Where underspends had been identified in certain areas these would help to deal with any additional demand on services, for example, during a hard winter. In terms of the reference in SS25 to the Woodland Day Project, which ended on 31st July, Officers advised that this had been a small project in Wattsville used by residents of Torfaen. The service users had since been re-located.

Sam Crane, ABUHB, indicated that she would like to report back to the Scrutiny Committee in the future on the good work that is taking place around integrated working.

Reference was made to the projected underspend of £334k under Fostering and Adoption and a Member queried whether the support offered to families through the Special Guardianship and Residence Orders could be sustained in the event of the increasing financial challenges.

It was moved and seconded that the recommendations contained in the report be approved. By a show of hands this was unanimously agreed.

Members noted the projected underspend of £2,131k for 2014/15 together with the progress made against the savings targets included in the 2014/15 budget settlement for the Directorate.

## **8. DEPRIVATION OF LIBERTY SAFEGUARDS**

This report was requested at a previous meeting of the Scrutiny Committee by Councillor L. Binding. Due to unforeseen circumstances Councillor Binding was unable to attend the meeting and it was therefore agreed to defer the report to the next meeting of the Scrutiny Committee.

## **9. EXTERNAL REVIEW OF THE GWENT FRAILTY PROGRAMME**

Members received a presentation on an independent review undertaken of the Gwent Frailty Programme. In order to obtain an external perspective on the effectiveness of the Frailty programme the Gwent Frailty Joint Committee agreed to commission an external review which, following a tendering exercise, was undertaken by Cordis Bright Ltd. The report summarises the key findings and recommendations of the review and explains how the recommendations have been considered and will be implemented.

The Assistant Director highlighted the key issues from the review which evaluated whether the Gwent Frailty Programme is delivering the objectives set out in the original business case and whether they are still fit for purpose i.e. is the service provision effective; what is the impact on other systems; is it going in the right direction and does it have the correct information for decision-making and service planning.

A copy of the full report is attached as an appendix to the report. The report is very thorough in its examination of the impact of the Gwent Frailty Programme and provides a series of recommendations. The summary provided in pages 6-20 of the review outlines the 20 main recommendations identified by Cordis Bright. Following receipt of the draft report these recommendations were considered by both the Frailty Joint Committee and the Operation Co-ordinating Group and the responses from both groups are recorded in column 3 of the table. In addition a more detailed explanation of the recommendations and responses are contained in paragraphs 6.11.1 to 6.11.36.

Particularly significant recommendations are to appoint a senior leader for the programme; to review the governance structure, including terms of reference and membership of the joint committee / OCG and to ensure that all areas are providing a consistent service with a similar skill mix (although the posts do not have to be identical) and available at a minimum at the times set out in the core standards (in particular until 7pm). Clearly the appointment of the senior leader will be key in ensuring the recommendations of the review are implemented. The implementation will also be overseen by the revised governance structure.

The Chair thanked the Assistant Director for the informative presentation. During the course of the ensuing discussion, a Member queried whether the term 'frailty' could be perceived as being negative and contradicts what is actually being achieved. It was noted that some service users are put off by the 'frailty' label and dislike being referred to as frail.

Several Members sought further information with regard to the tendering exercise and the cost to undertake the review. Officers confirmed that the tender exercise, which had been undertaken by the Procurement Service, had attracted no interest from public sector organisations. The cost of the review (£33k) had been jointly funded by the Frailty Programme through the participating Authorities and the Programme itself is supported by repayable Welsh Government Invest to Save funding of £7.3 million which is being used to "pump prime" the development of services.

Reference was made to the eligibility criteria for referral, which differs across the Gwent Authorities. A Member felt that the description in paragraph 3.4.6 was too general and that there should be more emphasis on falls and their prevention. In this context, reference was made to a valuable screening service which had been provided in the past for the over 75's, which had ceased when the funding from Welsh Government had come to an end.

In terms of future scrutiny, Members were advised that the appointment of a senior leader for the programme employed by ABUHB, will be key in ensuring the recommendations of the review are implemented. The implementation will also be overseen by the revised governance structure and fed back into existing scrutiny arrangements.

A Member expressed concern with regard to the reference in Recommendation 4, to implement the Medical Model across all local authority areas and stressed the need for there to be more emphasis on how people are going to be looked after in the community. The Assistant Director advised that there is currently inconsistency of service across Gwent and that reference to the Medical Model was more to do with clinical governance.

Another Member referred to the excellent Community Resource Team (CRT) initiative and queried how public awareness of it could be raised. Officers agreed that more work was needed on the promotional aspect of this initiative.

The Chair thanked Members and Officers for their contributions to the debate. It was agreed that an update report would be presented to the Scrutiny Committee in due course.

## **10. CHARGING FOR TELECARE SERVICES**

Councillors P. Cook, E. M. Aldworth and C. Gordon declared an interest and left the meeting during consideration of this item. Mrs M. Veater also declared an interest in this matter.

The report proposed a charging policy for Telecare services that would ensure the service is financially sustainable, whilst minimising the impact upon service users.

During 2013/14, Housing Services began a programme of decommissioning the hardwired Telecare equipment based in group housing schemes. On removal of the hardwired equipment, service users have the option to transfer to a lifeline arrangement (dispersed unit) with Social Services. However, many of the hardwired units are located in properties

occupied by less vulnerable people who are unlikely to choose to receive a replacement dispersed unit. This will lead to a reduction in contributions from service users and in the service level agreement charge receivable from Housing Services. This in turn will lead to a budgetary shortfall for the 2014/15 financial year and beyond.

Existing service users living in private accommodation currently pay a maximum of £4.30 per week for their dispersed units. Whereas, existing service users accommodated in group housing schemes currently pay a maximum of £3.10 per week for their hardwired alarms. When these hardwired systems are replaced with dispersed units, service users in public housing group schemes will be paying less than those in private accommodation for what will then be the same service.

Where service users are in receipt of Council Tax Benefit or Housing Benefit they are entitled to a subsidy from the Supporting People Team, which currently stands at £2.48 per week. This is significantly higher than other Welsh Authorities and has been challenged by the Supporting people Regional Collaborative Committee. If this subsidy is reduced it will add to the budgetary pressure within the Telecare service.

The issues highlighted in paragraphs 4.2, 4.3 and 4.4 of the report create a financial pressure for the Telecare Service of around £88k. However, at the same time, a surplus of £65k will be created within the Adult Social Services Supporting People budget as result of the proposed reduction in the Supporting People subsidy to £1.50. It is proposed that this surplus should be vired into the Telecare Service leaving a net shortfall of around £23k.

An inflationary increase of 3% with indefinite protection for existing service users would only raise around £5k in additional income and would not address the inequity between private and public sector service user charges. It is therefore proposed to implement a 3% inflationary increase on the 2013/14 charges but to limit the protection offered to existing service users so that they will only experience a maximum increase of 50p per week each year until they reach parity with new service users.

During the course of the ensuing discussion Members sought details of the rental costs of the Telecare Service which is based at Parc Penrhos, Caerphilly together with information on how the system operates.

It was moved and seconded that the recommendations in the report be approved. By a show of hands they were unanimously agreed. It was therefore recommended to Cabinet that: -

1. The charges identified in the table in paragraph 4.9.1 be implemented with effect from 1st January 2015 in order to maximise income while allowing a reasonable lead in time.
2. The Supporting People Team pay £1.50 per dispersed unit towards the weekly charge for service users in receipt of council tax benefit through the 2014/15 financial year. This will be reviewed for the 2015/16 financial year.
3. £65k be vired on a permanent basis from the Adult Services Supporting People budget into the Telecare Services budget.
4. Existing service users' charges continue to increase by £0.50 per week each year until they reach parity with charges for new service users.

## **11. REQUESTS FOR ITEMS TO BE INCLUDED ON THE NEXT AVAILABLE AGENDA**

The following requests were received.

1. Councillor Gale referred to a previous request she had made for information relating to a private hospital in her ward. Due to the sensitive nature of the information requested, it was agreed that the Corporate Director Social Services would arrange to discuss the matter with Councillor Gale on a one to one basis.
2. A request was made for an update on the feasibility of Members making rota visits to private care homes.
3. Mrs Veater requested a progress report on the Carers' Strategy with particular reference to how the funding is being used. It was agreed that the Corporate Director Social Services would discuss this matter with ABUHB with a view to a report being prepared for a future meeting.

The Democratic Services Manager informed Members that the draft Forward Work Programme for the Scrutiny Committee was on the Council's website for consultation. The work programme for the next 3 months would be formalised following consideration at the Scrutiny Leadership Group on 29th October 2014.

## **12. ITEMS FOR INFORMATION**

The following item was received and noted without discussion.

1. Rota Visits by Members to Social Services Establishments: 1st April 2014 to 30th September 2014.

The meeting closed at 19.35 pm.

Approved as a correct record subject to any amendments agreed and recorded in the minutes of the meeting held on 2nd December 2014.

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CHAIR

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## HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE - 2ND DECEMBER 2014

**SUBJECT: CSSIW ANNUAL PERFORMANCE EVALUATION FOR 2013-14**

**REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES**

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### **1. PURPOSE OF REPORT**

- 1.1 To advise elected Members of the Annual Performance Evaluation Report for 2013/14, which has been completed by the Care and Social Services Inspectorate (CSSIW) as part of the Inspectorate's response to the Annual Council Reporting Framework.

### **2. SUMMARY**

- 2.1 As Members will be aware from previous reports, in June 2009 the then Welsh Assembly Government issued Statutory Guidance on the Role and Accountabilities of the Director of Social Services. The Guidance sets out a requirement for the Director of Social Services to report annually to the Council on the performance of Social Services functions and plans for further improvement.
- 2.2 The Annual Council Reporting Framework, which governs the production of the Annual Director's Report, requires CSSIW to review each local authority and provide an analysis of the Annual Director's Report and its supporting evidence.

### **3. LINKS TO STRATEGY**

- 3.1 Statutory Guidance on the Role and Accountabilities of the Director of Social Services (Welsh Assembly Government, June 2009).
- 3.2 Annual Council Reporting Framework (Social Services Improvement Agency 2009).
- 3.3 Local Authority Social Services Inspection, Evaluation and Review Framework (Care and Social Services Inspectorate, April 2009).

### **4. THE REPORT**

- 4.1 The introduction of the Annual Council Reporting Framework placed a responsibility on local authorities to analyse the effectiveness of the Social Services that they provide. In order to do so, it is an expectation of the Framework that CSSIW will review and analyse each local authority's Annual Report and its supporting evidence.
- 4.2 CSSIW have produced the appended Annual Performance Evaluation Report to summarise the conclusions that the Inspectorate has reached following analysis of the Annual Director's Report produced by Caerphilly County Borough Council for 2013/14. Within the report, CSSIW has identified what it believes are the key areas for improvement and areas for improvement for the local authority.

4.3 The areas for improvement in the report will be included in the respective Service Delivery Plans for 2014/15 and progress will be reported to Scrutiny committee as part of our performance management updates.

## **5. EQUALITIES IMPLICATIONS**

5.1 There are no equalities implications arising from this report.

## **6. FINANCIAL IMPLICATIONS**

6.1 The Annual Performance Evaluation Report 2013/14 does not have any specific financial implications for the local authority.

## **7. PERSONNEL IMPLICATIONS**

7.1 There are no specific personnel implications arising from the Annual Performance Evaluation Report 2013/14.

## **8. CONSULTATIONS**

8.1 All consultation feedback was incorporated into our response to the Draft Performance Annual Evaluation Report.

## **9. RECOMMENDATIONS**

9.1 Elected Members are requested to note the contents of the Annual Performance Evaluation Report 2013/14.

## **10. REASONS FOR THE RECOMMENDATIONS**

10.1 Statutory guidance requires the Director to present the Annual Performance Assessment Report to Elected Members.

## **11. STATUTORY POWER**

11.1 Statutory Guidance on the Role and Accountabilities of the Director of Social Services (WAG June 2009).

Author: Dave Street, Corporate Director Social Services  
Consultees: Social Services Senior Management Team

Appendices:  
Appendix 1 Annual Performance Evaluation Report 2013/14

## **Annual Review and Evaluation of Performance 2013 - 2014**

**Local Authority: Caerphilly County Borough Council**

**This report sets out the key areas of progress and areas for improvement in Caerphilly County Borough Council Social Services for the year 2013- 14**

### **Summary**

In 2013-2014 Caerphilly Social Services built on its previous good performance and explored opportunities to further develop services to reflect local need and respond to national legislative change.

There were new appointments to the senior management team and the council achieved permanent appointments to the posts of director and assistant director for both children's and adult services. This has provided a more secure platform on which the department can make progress and develop services.

The director's report provides a comprehensive picture of the current status of social services in Caerphilly. This includes reflection on the previous year's priorities and achievements and areas for development in the year ahead. The report sets out how priorities within the council's single integrated plan align with the Social Services and Wellbeing (Wales) Act 2014 and describes how the council will continue to develop its services to meet the requirements of the Act. This is reflected in the priorities identified for the coming year.

A review of services has started and there has been a focus on beginning to make the transition to new working arrangements. This included exploration of new ways of working to meet demographic change, future legislative requirements and financial challenges. There is continuing commitment to consolidating and improving the quality of current provision.

Consultation about change and development has been undertaken and the council continues to develop methods for seeking people's views regarding services.

The report outlines plans for integration of health and social care services in relation to services for older people with complex needs in a general context, as well as specific areas of collaboration highlighted for further development.

Links to the corporate policy to support equality and the Welsh language are provided within the report and there is evidence of progress towards meeting the



requirements of “More than Just Words”, the Welsh Government’s strategic Framework for Welsh Language Services in Health and Social Care.

The director reports that social services managed to end 2013-14 with an under spend of £1.9m and is planning for further savings of 2.06m in 2014-15. The council reports that these savings will be achieved through efficiency savings and a review of discretionary services.

**Response to last year’s areas of improvement**

<b>Area for improvement</b>	<b>Progress</b>
Continue to develop awareness with practitioners of the options available for use of the shared lives project.	Inspection of the adult placement service provided evidence that this service was being extended to include people with a range of needs. This included people outside the traditional learning disability services including older people and sessional support.
Continue to seek out and develop methods to identify and engage carers.	The council has continued to develop methods for engaging with carers although performance indicators demonstrate a slight dip in persons offered an assessment. There has however been an increase in young carers provided with a service.
Identify and collate resources for staff to signpost and continue to develop citizen centred care	The council has commenced compilation of resources for signposting and appointments secured to drive this forward.
Ensure statutory visits to looked after children take place as required	Performance indicators demonstrate that the percentage of statutory visits that have taken place within statutory timescales increased from 74% to 95.5%.
Secure a permanent appointment to the post of director of social services	A permanent appointment was made in Autumn 2013

**Visits and inspections undertaken during the year**

- National Review of Commissioning for Social Care in Wales 2013.
- National Inspection of Safeguarding and Care Planning of Looked after Children and Care Leavers who exhibit vulnerable or risky behaviours 2014, ('looked after children inspection').

- CSSIW met with senior officers via quarterly engagement meetings to review performance and progress against areas identified in the 2012/13 ACRF evaluation.
- Site visit to the Joint Workforce Development Team.
- Site visit to the Childrens Contact and Referral Team.
- Meeting with carers groups.
- Attendance at provider meetings.
- Observation of scrutiny and corporate parenting meetings.

#### **Areas for follow up by CSSIW next year**

- Review progress on the development of new systems, teams and structures.
- Mechanisms for quality and audit and monitoring outcomes
- Integration and joint initiatives with health
- CSSIW will contribute to a WAO led review to examine whether councils are effectively supporting older people to live independently, including through joined up working across health and social care.

## **Performance**

### **Shaping services**

The council has developed a single integrated plan 'Caerphilly Delivers 2013 - 2017' in conjunction with local and regional partners. This includes analysis of current and projected needs within the borough and sets out a range of strategies for improving and developing services.

The development of signposting for people to alternative support and advice has continued. Additional resources have been secured for a limited period (a year) which have been used to appoint two community connector posts to develop neighbourhood networks. This should strengthen local knowledge and resources and the director indicates that this will contribute to development of the council website to provide wider public information.

### **Adults**

In line with local and national strategies there has been a focus on reviewing services to ensure that people are supported to maximise their independence and a drive to ensure that people are enabled to remain within their own community. This has included a regional approach with strategies being developed by health and social care partners to meet the needs of people with a learning disability and those with mental health issues. This has identified the need for specialist support and education to improve care provision. The analysis highlights the specialist needs of the aging population of persons with learning disability. The need for



additional support and education is highlighted to ensure these needs can be met locally. Progress with implementation of these strategies has been slow. However, a joint systems review of mental health services across the Gwent area was undertaken to explore how this agenda can be taken forward. Discussion with partners across health and social care in Gwent continue about the potential for integration and a pilot for this has started in Caerphilly. The results of this will be monitored through CSSIW's engagement meetings and site visits.

While there are commissioning strategies in place for mental health, learning disability and physical and sensory impairment services, the council's self assessment for CSSIW's national review of commissioning advised that there is not a similar strategy in place for older people's services.

The authority has however, included provision for older people as part of a wider systems review undertaken early in the year. This has resulted in the establishment of a locally based multi disciplinary team with close links to health. The inclusion of a community connector within this team has resulted in development of local networks to promote independence. Early anecdotal evidence about the impact of this development is positive. This has also included exploring new ways of working with independent providers to provide flexible user led service. The successful initial pilot is being extended for a further 6 months and the team is to become part of the wider locality team for older person services.

The decrease in older people supported in the community from 151.7 to 121 per 1000 of the population may indicate early success of promoting independence.

The recent development of an integrated health and social care centre in Rhymney for both health and council staff will provide an opportunity to continue to build on and develop integrated working. Measures should be put in place to monitor the success of this.

## **Children**

The year 2013-2014 saw the continued development of children's services. This included the co location of preventative services alongside the contact and referral team. Staff reported this to be a positive move for communication between teams during CSSIW's site visit.

Restructuring of children's services has seen the development of a 16 plus team to improve the focus of work with care leavers. This included strengthening relationships with housing and third sector partners. CSSIW'S inspection of looked after children found that young people found this to have been a positive step in supporting them. The council will need to monitor the outcomes achieved.

The council's children's residential home was moved to a, purpose built building which provides a semi independent flat enabling young people to be supported



towards becoming independent. CSSIW's regulatory inspection of this service was positive.

Work continued throughout the year to take forward the development of the new regional adoption service (hosted by Blaenau Gwent) which came to fruition in March 2014. The council will need to work closely with the regional partners to review and develop the service provided.

The council set targets to increase the number of foster carers recruited to the in-house fostering service. Whilst there was success in this ongoing campaign the target wasn't fully achieved.

### **Areas of progress**

- The council has successfully worked with others to implement the regional adoption service.
- Commencing pilot of mental health strategy.

### **Areas for improvement**

- The council should develop the commissioning strategy for older people.

### **Getting help**

The council's website provides a wide range of information regarding social services and provides links for additional advice and support including clear contact details.

The five authorities within the region (previously Gwent) have in conjunction with Aneurin Bevan University Health Board developed a carer's strategy and this has included producing carer's information packs for each council. These were readily available at events within the borough and adult carers have used services and advice from this resource. The council had also developed a carer identity card in case of emergency, although assessment of the effectiveness of this had not yet been undertaken. A designated support worker for carers was employed and has worked with social work teams to improve carer awareness. The director's report is clear in setting out the department's goals in recognising and continuing to develop support carers in their roles.

### **Adults**

Arrangements for getting help from adult services are clearly set out on the council's website. This includes an outline of the range of services provided. The director's report indicates that development of the local resources for this site is underway to reflect development of neighbourhood networks.



Work has been undertaken in the last year to review the structure and systems within adult services including referral and assessment. The review has resulted in the new local service (referenced previously). This team is using new rationalised methods of referral and assessment. This is being kept under close review to inform service and system development.

The council has maintained the previous year's performance in terms of assessment and review, adult care plan reviews slightly decreased in number, but remains above the national average.

The numbers of delayed transfers of care due to social care reasons has increased and the council remains in the lower quartile in Wales. The reasons for this have been discussed in engagement meetings and include the challenge of having to liaise with several different acute hospitals. While closer working relationships with the health service have been forged to provide community based services, further consideration of how to improve performance in the timely discharge of people from hospital should be undertaken. A task and finish group with representatives from health and social services has recently been set up to examine this and develop communication between discharging hospitals and social services.

## **Children**

The way to get help from children's services is clear- with a single point of access. CSSIW's site visit to the contact and referral team found clear systems and processes for referral to locally based teams. Staff had identified options for signposting people for alternative advice and support. The co-location of preventative services offered potential to further develop mechanisms for support.

Childrens services have seen continued strong performance in assessment and plans for permanence (100% performance maintained from the previous year). The year 2013-2014 saw a drop in performance in relation to statutory visits undertaken to looked after children, there has been good progress made in improving this to 99.2% completed within timescales. While there has been an overall decrease in referrals to children's services those that proceed to allocation for initial assessment have increased from 67.1% to 79.9%. In addition, the number of open cases allocated to someone other than a social worker has decreased significantly from 32% to 19.9%. Case management oversight by qualified staff may be having an impact on re-referrals as these have decreased by 2.5%.

CSSIW's review of looked after children's services found that care and pathway planning was positive and inclusive of children and young people as well as a range of professionals involved in their support. This in turn contributed to the development of an outcomes based approach for this group.



## **Areas of progress**

The council has:

- improved performance in undertaking statutory reviews of looked after children within timescales; and
- Developed a 16 plus team to provide a focus on longer term outcomes for young people leaving care services.

## **Areas for improvement**

The council should:

- Interrogate the reasons for delayed discharge and put in place strategies to monitor and improve the progress of this.

## **The services provided**

The council retains a number of in house services for children and adults as well commissioning services from external providers.

The director's report references the drive to collaborate with a range of partners to develop current services and explore new ways of working.

A clear policy and procedure for complaint management is in place and this is reported departmentally and at corporate level. Good quality of complaint investigation was illustrated by two referrals to the Ombudsman that were not progressed as the council was viewed to have investigated appropriately.

The council has strategies in place to support people to receive services in their language of need. Staff training and support for Welsh learners is available and this was evident at CSSIW's site visit to the joint learning development team.

## **Adults**

Quality of internal and commissioned services is monitored closely by the contracts monitoring team and regular meetings for service providers are facilitated. These have provided an opportunity to share new service developments and provide a platform to improve quality of provision for example continued roll out of education regarding dementia care.

Regulatory inspections of the council's own services has been generally positive, notably the provision of dementia care and the adult placement service (Shared Lives) which the council hosts on behalf of the wider Gwent region. Inspection of commissioned services for older persons – particularly for those requiring nursing

care has illustrated some areas of poor quality. This is monitored closely by the commissioners via their provider performance process and the council has taken strong action where services have failed to improve.

While there is a decrease in the numbers of people receiving care within care home settings the council retains some internal care provision including care homes for older people the director is clearly sighted on the increasingly complex needs of older people. The lack of specialist provision is an area which has been considered more widely with both health and regional local authority partners.

## **Children**

The council maintains nursery provision providing Flying Start services, regulatory inspection of these services provided positive feedback regarding the quality of the services provided and support available from the council to develop this.

The council recognises the valuable role played by carers. The director's report references collaborative work undertaken to raise awareness of carers resulting additional young carers being identified. A review of support for young carers had been undertaken and this year saw an increase of assessments offered to young carers, back to 100% from a dip last year at 96.9%. In addition to this, the number of carers provided with a service has increased. Maintaining this performance will assist in maintaining peoples independence while recognising the need for supporting for young carers in their own right.

Performance indicators demonstrate that the number of placement changes for children and young people looked after by the council has increased and CSSIW's inspection of looked after children's services also identified this as an area for improvement. This was an area that social services had already noted for priority in 2013-2014. CSSIW's inspection found that, although there was a range of foster placements, the carers did not always have the skills to effectively safeguard the young people who exhibit vulnerable and risky behaviours. The council has made the continued recruitment of foster carers as a priority, including consideration of a regional marketing strategy led by South East Wales improvement Collaborative. The council need to consider methods to support and enhance the skills of carers to meet the needs of this small but complex group.

## **Areas of progress**

The council has:

- Put in place measure to identify carers and improve carer support mechanisms.



## **Areas for improvement**

The council should:

- Continue to develop methods for supporting and developing skills of foster carers.

## **Effect on people's lives**

### **Adults**

Local arrangements for adult safeguarding are well established with clear pathways for referral. The addition of a permanent appointment of registered nurse to the team has increased capacity for investigation of referrals which include health care concerns (there has previously been delay in this).

The council falls in to the lower quartile for of referrals where risk has been managed and the council needs to explore, understand and respond to the reasons for this performance. Oversight of adult safeguarding has moved into regional arrangements. The Gwent Wide Adult Safeguarding Board includes five regional authorities aligned to the health board footprint and a broad range of partners and this is currently chaired by the council.

The current sub groups of the board have provided a drive for training staff across five local authorities as well as independent sector providers. The Board has undertaken a review of its terms of reference, structures and membership and recently appointed a development officer to support progress with this. Making progress with the actions arising from this review should be made a priority. This should provide a firm foundation to support new safeguarding legislation from Welsh Government and drive forward the development of new opportunities for shared learning between partners and promote consistency in determining thresholds and management of risk.

Contract monitoring has been developed to include consideration of the outcomes for people using services. Ongoing development of methods for collating and measuring outcomes for people receiving new services is an area which will need to evolve alongside the development of new provision.

### **Children**

In children's services there is a commitment to improvement of the quality of safeguarding and services provided to support children and young people. Oversight of children's safeguarding has moved into new regional arrangements. The South East Wales Children Safeguarding Board has now been established for

over a year. The board has a comprehensive strategic plan in place along with the structure to support this. Locally this includes learning and development groups. The last year has seen the council improve performance in its response to safeguarding with group meetings held increasing from 95% to 98 %.

There has been a significant rise in the number of children on the child protection register from 167 last year to 216 in 2013-14. Review of the contributory factors to this should be undertaken.

CSSIW's inspection of looked after children established that structures were in place to support safeguarding and staff were skilled and aware of their responsibilities.

The council has focussed and been successful in enhancing educational achievement for young people although there was a slight dip in school attendance for secondary school pupils. Evidence that there is a longer term strategy to continue to drive up achievement was demonstrated by increased numbers of and young people with personal education plan in place (up by 10% from the previous year).

### **Areas of progress**

The council has:

- continued to improve educational progress for children and has strategies in place to maintain this; and
- Developed methods for assessing outcomes for older people.

### **Areas for improvement**

The council should:

- examine factors contributing to the rise in children placed on the register; and
- Continue to develop outcome measure for new services.

## **Capacity**

### **Delivering Social Services**

The director's report provides clear information regarding departmental finances and the implications for future service provision.

The report describes the 2013-14 underspend of 1.9m and puts this in the context of future changes in that this provides a basis of a better position for future savings. This includes the need for continued savings set out for the current year (2014-2015) at 2.06m.



Reconfiguring services and exploration of new ways of working to deliver social services has started to reflect national and local strategies. The director has identified potential areas for savings in the future and provides clear direction in his report regarding this.

The establishment of the joint workforce development team with Blaenau Gwent has provided an opportunity to build a platform for staff learning and development for the full range of staff employed by social services, as well as providing support to the independent sector. CSSIW received positive feedback from social work staff and external employees that we met during our reviews and regulatory inspection regarding access to ongoing education and training. Ongoing development of the service based on a training needs analysis was evident from site visits and provider meetings we attended. The director highlights the need for ongoing review and workforce development within his report.

Recruitment to key positions to underpin new strategies supporting the prevention agenda had been undertaken and successful bids for additional funding sought to pursue this further.

CSSIW's inspection of looked after children found that staff were well motivated, skilled and well supported by the management structure to deliver the service. The inspection found that quality assurance arrangements could be improved to fully capture learning from independent reviews. The director reflects this as an area for continued improvement in his report.

### **Areas of progress**

The council has:

- commenced reconfiguration of services in line with national strategies; and
- Implemented the joint workforce development team.

### **Areas for improvement**

- The council should continue to develop method/frameworks for quality review.

### **Providing direction**

The permanent appointment to director and assistant director posts has brought stability to the department's senior management team. Internal appointments to cover these posts in the interim provided a level of consistency through what could potentially have been an unstable period.

CSSIW's looked after children inspection and other site visits have found that in general there is clarity regarding roles and responsibilities at all levels within social services.

In addition, there is evidence of clear lines of communication between education and social services with staff on the ground and at director level.

The wider need to make progress with integrated working between health and social care is reflected at a corporate level with a joint scrutiny committee for health and social care.

There is corporate commitment towards social services. This is demonstrated by the regular attendance of the member at engagement meetings with the CSSIW. Performance management systems are in place; these include regular reporting to scrutiny committee and council. Work has been undertaken to drive up the challenge and participation within scrutiny meetings and to strengthen corporate parenting.

The findings of CSSIW's inspection of looked after children indicated that while at a corporate level there was oversight and commitment to children and young people, additional work should be undertaken to collate a specific profile of those with risky behaviours.

The corporate parenting panel includes representation from a range of internal and external partners. This commitment, alongside the newly formed Childrens and Families partnership board (led by health and including education), should provide a strengthened approach to managing information for all partners in meeting children and young people's needs.

Social services work constructively with the regulator and responded constructively to the verbal feedback from the inspection of looked after children -putting in place measures for improvement prior to the report being issued.

#### **Areas of progress**

- The council has responded positively to recommendations from inspection.

#### **Areas for improvement:**

- The council should continue to develop mechanisms to improve corporate oversight.



## HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 2ND DECEMBER 2014

**SUBJECT: SHOPPING SERVICE**

**REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES**

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### **1. PURPOSE OF REPORT**

- 1.1 To provide members with additional information on the discretionary shopping service, as part of the agreed budget strategy for 2015/2016.

### **2. SUMMARY**

- 2.1 The report provides an update on the option of ceasing provision of the shopping service unless there are exceptional circumstances. By identifying and developing a range of low and no cost community options to which individuals can be sign posted to meet their needs. At a previous special scrutiny committee held on 16<sup>th</sup> October 2014 members requested additional specific information on the shopping service. This information is for members to consider prior to a report being presented to Council. The report also provided information on the survey, which has been re-run and sent to users of the shopping service only.

### **3. LINKS TO STRATEGY**

- 3.1 The budget strategy agreed by Council in February 2014 required estimated savings of £6.5m for the 2015/16 financial year and £6.9m for 2016/17. This estimate has since been revised following advice from the Minister for Local Government that Local Authorities should model scenarios based on a cut in Welsh Government funding of up to 4.5%, rather than the previously notified indicative cut of 1.5%. This has the potential to increase the savings requirement to £15.1m for 2015/16 and £15.0m for 2016/17.

### **4. THE REPORT**

- 4.1 At a previous special scrutiny held on the 16<sup>th</sup> October 2014 members indicated they wished to receive further information on the option of developing a range of no and low cost options to meet peoples needs for a shopping service by promoting their independence and giving them choice and control over where their provisions are purchased and how they are delivered. Members also wished to consider an option of tendering for a specific shopping service.
- 4.2 Since the original special scrutiny in July, work has been done to validate the number of people in receipt of a shopping service. Information taken from the SWIFT IT data base indicates that 124 people have an identified need of shopping met by a commissioned service.

- 4.3 One FTE member of staff has successfully been appointed to fixed term engagement officer post until 31<sup>st</sup> March 2015. This post will develop knowledge of local communities and services available from local shops, large supermarkets, local eateries who deliver meals, independent agencies who provide shopping services, alternatives such as milk and more to provide individuals with a range of options to meet their needs. This information will also be provided to assessment care Management staff who undertaken assessment and reviews.
- 4.4 Care providers currently undertake the shopping service for individuals, with this service primarily being commissioned from the independent sector at a cost of circa £13.50 per hour. In 12 cases the service is provided by the in-house Home Assistance Reablement Team (HART). Shopping is always provided as part of a care package. A review of a range of providers has indicated prices to individuals for this service vary and on average would be £12.00 per hour. This is unlikely to generate savings that are required.
- 4.5 Those people currently in receipt of a shopping service would be reviewed and assisted to utilise other networks to meet their needs. If there were exceptional circumstances shopping could still be commissioned on a spot contract.

## **5. EQUALITIES IMPLICATIONS**

- 5.1 An equalities impact assessment will be completed for the cabinet report as part of MTFP proposals

## **6. FINANCIAL IMPLICATIONS**

- 6.1 Ceasing provision of a shopping service unless there are exceptional circumstances could generate savings of £88k based on current numbers. However, the service could not be withdrawn until suitable alternatives were identified for individuals so it is likely that only around £40k of this saving would be delivered in 2014/15.

## **7. PERSONNEL IMPLICATIONS**

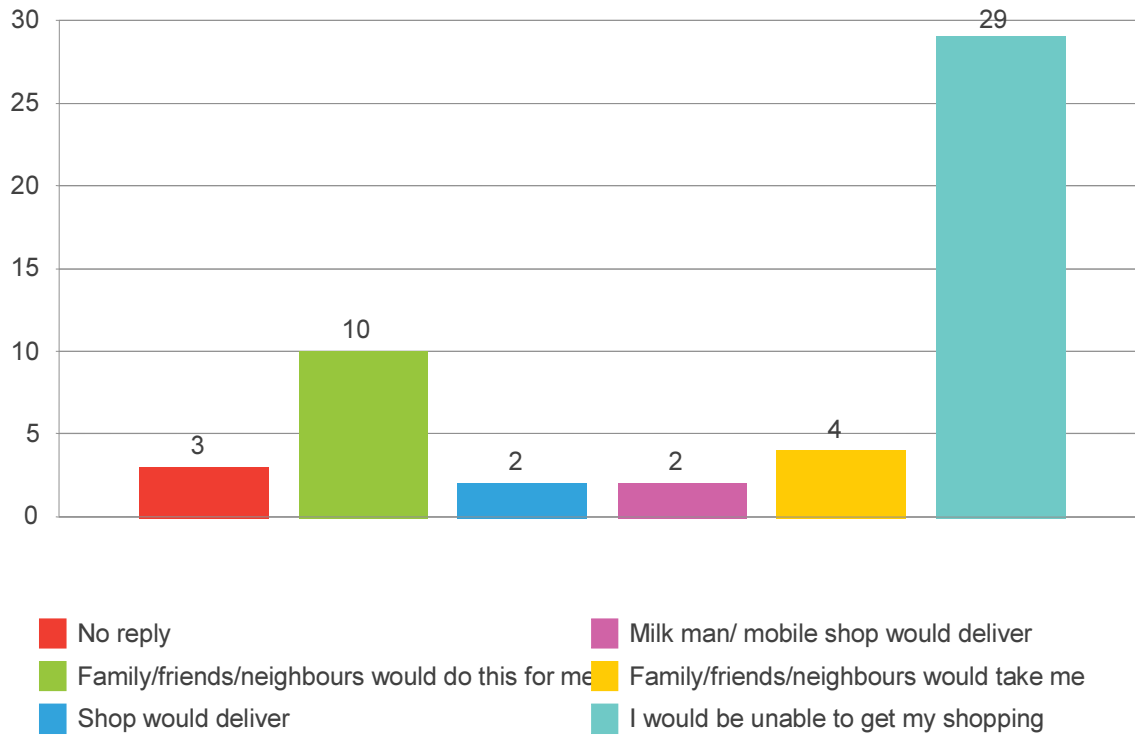
- 7.1 There would be very limited impact on HART employees given the low number of people they support.

## **8. CONSULTATIONS**

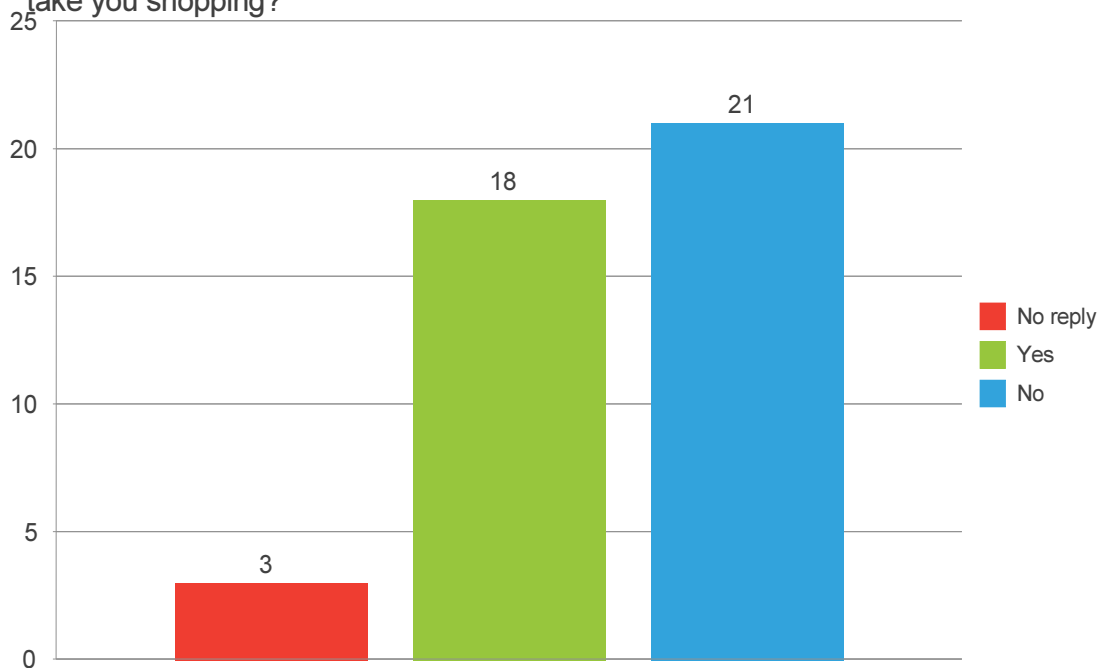
- 8.1 A survey was sent to people currently in receipt of discretionary shopping service to gain their views on the proposals.
- 8.2 124 surveys were distributed, 42 were returned which equates to a 34% response.
- 8.3 Results to questions on shopping service are illustrated below:



If the council no longer provided a shopping service what would you do?  
**Please tick all that apply.**



Would you be willing to pay for someone to do your shopping or take you shopping?



In addition 13 further comments were made regarding the shopping service. These cover both questions for example

- Some people indicated they already paid for their shopping as part of their care package, and people are happy with the service.

8.4 A full copy of the survey responses is available in appendix 1.

## **9. RECOMMENDATIONS**

- 9.1 Members of the scrutiny committee are asked to consider the proposal for this discretionary service to cease and people be sign posted to appropriate options, unless there are exceptional circumstances.

## **10. REASONS FOR THE RECOMMENDATIONS**

- 10.1 To ensure that the views of the Scrutiny Committee are considered on this discretionary service prior to this matter being referred to Council

## **11. STATUTORY POWER**

- 11.1 Local Government Act 1972.

Author: Jo Williams, Assistant Director Adults  
Consultees: Social Services Senior Management Team  
Cllr Robin Woodyatt, Cabinet Member Social Services  
Adult Services Divisional Management Team  
Mike Jones, Interim Financial Services Manager  
Shaun Watkins, Acting HR Manager  
Gail Williams, Interim Head of Legal Services and Monitoring Officer

Background Papers:  
Scrutiny Report Shopping Service 17<sup>th</sup> July 2014  
Scrutiny Report Shopping Service 16<sup>th</sup> October 2014

Appendices:  
Appendix 1 Survey Analysis

Help us shape your services

Questionnaire for People who use the  
Shopping Service October 2014

### **SURVEY ANALYSIS**

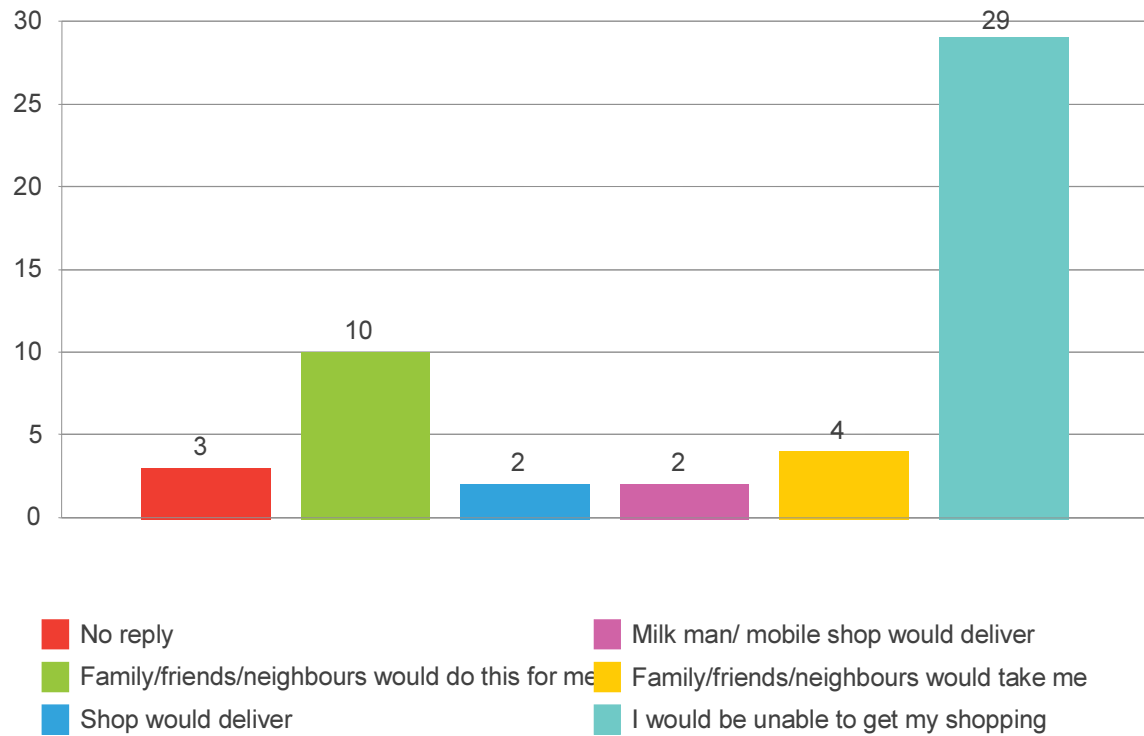
**124 questionnaires were sent**

**42 questionnaires returned**

**This equates to a 34% response rate**

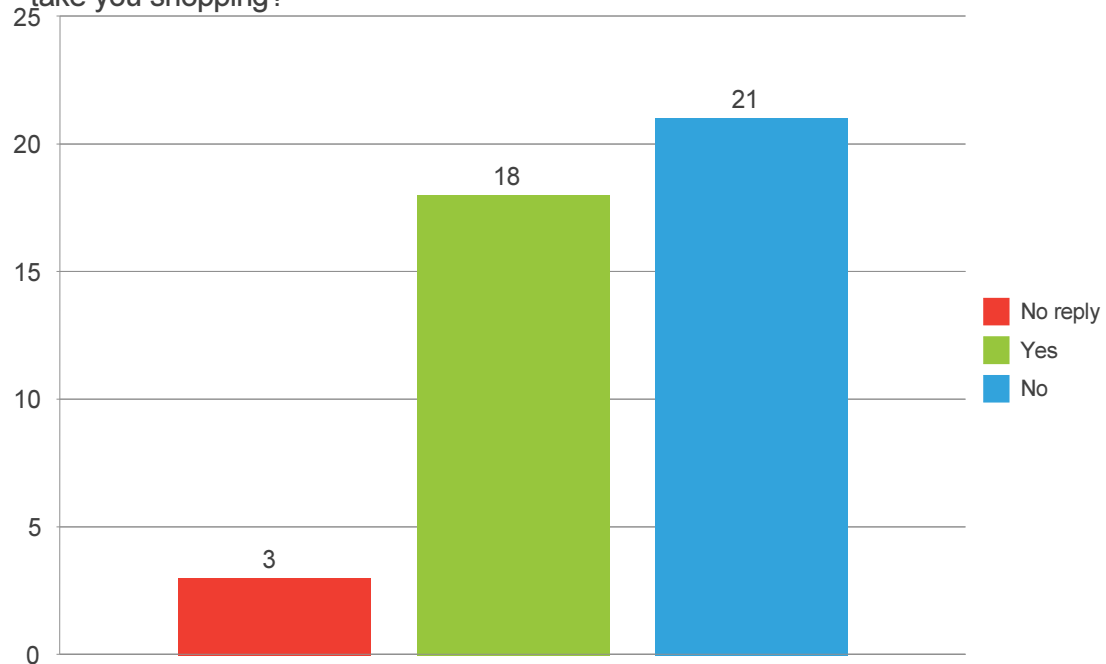
### Q1

If the council no longer provided a shopping service what would you do?  
Please tick all that apply.



### Q2

Would you be willing to pay for someone to do your shopping or take you shopping?



**Q3**

**Any other comments:**

Depends how much

House bound, family member does shopping

Very reluctantly. This is very unfair after working until my illness

I already pay

Will depend on the cost

Got no one to take me shopping or get it for me, if you took this service off me I would not be able to leave the house, as my legs are very bad and I have to have someone with me and as I live on my own I have no one

The carers take me shopping once a week, very happy with this service.  
Thank you

But I couldn't pay more than I pay now

Crossroads care does my shopping

Bedroom Tax

A carer took me once and I'm unable to go owing to my disability. I am already paying for my shopping to be done in my assessment

Shopping is done by Care Providers - Thank you

I am very happy with Village Domestic who provide my banking, shopping and Domestic

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## HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE - 2ND DECEMBER 2014

**SUBJECT: DRAFT SAVINGS PROPOSALS 2015/16**

**REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES & SECTION 151  
OFFICER**

- 
- 1.1 The attached report was considered by Cabinet on the 29<sup>th</sup> October 2014.
  - 1.2 The report provides details of the Provisional 2015/16 Local Government Settlement along with an updated Medium Term Financial Plan for the period 2015/16 to 2017/18. The report also presents details of proposed savings for 2015/16 totalling £12.208m and a proposal to increase Council Tax for 2015/16 by 3.9%.
  - 1.3 Following consideration of the report Cabinet:-
    - 1.3.1 Endorsed the proposed package of 2015/16 savings totalling £12.208m, as detailed in Appendices 2 to 6 of the report.
    - 1.3.2 Agreed that the savings proposals should be subject to a further period of consultation prior to final 2015/16 budget proposals being presented to Cabinet in January 2015 and to Council in February 2015.
    - 1.3.3 Supported the proposal to increase Council Tax by 3.9% for the 2015/16 financial year to ensure that a balanced budget is achieved.
  - 1.4 As part of the ongoing consultation on the savings proposals, the Health Social Care & Well Being Scrutiny Committee is asked to consider and comment upon the proposals in Appendix 4 of the attached report.

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Appendices:  
Appendix 1 – Report and Appendices to Cabinet 29<sup>th</sup> October 2014

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## CABINET – 29TH OCTOBER 2014

**SUBJECT: DRAFT SAVINGS PROPOSALS FOR 2015/16**

**REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES & SECTION 151 OFFICER**

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### 1. PURPOSE OF REPORT

- 1.1 To provide Cabinet with an updated Medium-Term Financial Plan (MTFP) reflecting the Provisional 2015/16 Local Government Financial Settlement announced by the Welsh Government (WG) on the 8th October 2014.
- 1.2 To present Cabinet with details of draft savings proposals for the 2015/16 financial year to allow for a further more focussed period of consultation prior to a final decision in February 2015.

### 2. SUMMARY

- 2.1 The report provides details of revised savings requirements for the period 2015/16 to 2017/18 based on the WG Provisional 2015/16 Local Government Financial Settlement.
- 2.2 The report also provides details of draft savings proposals for 2015/16 totalling £12.208m.

### 3. LINKS TO STRATEGY

- 3.1 The budget setting process encompasses all the resources used by the Council to deliver services and meet priorities.

### 4. THE REPORT

#### 4.1 Headline Issues in Provisional Settlement

- 4.1.1 Published on the 8th October 2014, the key points of the Provisional 2015/16 Local Government Settlement for Wales are: -

- There have been three transfers into the settlement totalling £0.346m and three transfers out totalling £0.200m. Details are provided in paragraph 4.1.2
- The provisional Aggregate External Finance (Revenue Support Grant (RSG) and Redistributed Non-Domestic Rates) for Caerphilly CBC for the 2014/15 financial year is a reduction of 3.4% i.e. **a cash decrease of £9.087m.**
- As in previous years, WG have, through the RSG formula, placed a requirement on Local Authorities to include provision of a 1% protection for schools based on the percentage applied by Central Government to WG's block grant. For 2015/16 this represents a 0.6% increase for schools.

- No indicative settlement figures have been provided by WG for 2016/17 and 2017/18.
- The capital allocations available to Caerphilly CBC in the RSG and from the General Capital Grant have increased by £7k from the previous year.

4.1.2 Table 1 provides details of transfers in and out of the WG financial settlement: -

Table 1 – Transfers In/Out 2015/16

	<b>£m</b>
<b>Transfers In: -</b>	
Local Government Borrowing Initiative – 21 <sup>st</sup> Century Schools	0.133
Integrated Family Support Service	0.173
Autistic Spectrum Disorder	0.040
<b>Transfers Out: -</b>	
Student Finance Wales	(0.153)
Food Safety Controls	(0.030)
National Adoption Service	(0.017)
<b>TOTAL</b>	<b>0.146</b>

4.1.3 Table 2 provides details of other passported grants included in the WG financial settlement: -

Table 2 – Other Passported Grants 2015/16

	<b>£m</b>
Local Government Borrowing Initiative – 21 <sup>st</sup> Century Schools	0.171
Council Tax Reduction Scheme	(0.106)
Private Finance Initiative	(0.202)
<b>TOTAL</b>	<b>(0.137)</b>

4.1.4 It is proposed that the above (both the increases and decreases in funding) are passed directly to those services that they relate to.

## **4.2 Updated Medium-Term Financial Plan (MTFP)**

- 4.2.1 Cabinet will recall that the MTFP agreed by Council on the 26th February 2014 identified an estimated savings requirement of £6.5m for 2015/16 and £6.9m for 2016/17. This was based on an indicative reduction in WG funding of 1.34% for 2015/16 and, in the absence of further guidance from WG, an assumed reduction of a further 1.34% for 2016/17.
- 4.2.2 On the 24th June 2014 the Minister for Local Government and Government Business wrote to all Local Authorities in Wales informing them that there would be a significant shift in the likely financial settlement for 2015/16 and beyond. The Minister advised Authorities to consider how they would respond to a cut in funding of up to 4.5%.
- 4.2.3 Cabinet received a report on the 16th July 2014 outlining the impact of a cut in funding of 3% and 4.5%. Cabinet were advised that a 3% cut would increase the savings requirement for the two-year period 2015/16 and 2016/17 from the current planning level of £13.4m to £22.2m. A cut of 4.5% would increase the savings target to £30.1m.
- 4.2.4 Whilst the cut of 3.4% in the 2015/16 provisional settlement is better than the potential worst-case scenario of 4.5%, it still presents an extremely challenging financial position. It is also likely that austerity will remain for at least the medium-term and on this basis the MTFP has been updated for the three-year period 2015/16 to 2017/18 with an assumed reduction in WG funding of 3.4% for each of the three years. The updated position is attached as Appendix 1 and this shows a total savings requirement of £39m as summarised in Table 3: -

Table 3 – Cash Savings Targets

Year	Annual Cash Savings Target £m	Cumulative Cash Savings Target £M
2015/16	12.866	12.866
2016/17	14.030	26.896
2017/18	12.105	39.001

### 4.3 2015/16 Budget Proposals

- 4.3.1 The proposals contained within this report would deliver a balanced budget for 2015/16 on the basis that Council Tax is increased by 3.9%. Table 4 provides a summary: -

Table 4 – Summary

Paragraph	Description	£m	£m
4.3.2	Whole Authority Cost Pressures	2.886	
4.3.4	Inescapable Service Pressures	2.462	
4.3.5	Reduction in WG Funding	9.087	
4.4	Draft Savings Proposals 2015/16		12.208
4.5	Council Tax Uplift (3.90%)		2.227
	<b>TOTAL</b>	<b>14.435</b>	<b>14.435</b>

- 4.3.2 The whole Authority cost pressures totalling £2.886m are set out in Table 5 below (cost pressures for schools are excluded as the full cash pledge growth has been provided): -

Table 5 – Whole Authority Cost Pressures

	£m
Pay excluding Teachers and other school staff @ 1%	1.131
Living Wage increase (assumed at 20p per hour)	0.164
Non pay inflation 1.5% (net of 1.5% fess & charges increases)	1.432
Supported Borrowing (Capital Financing)	0.150
Transfers in/out and other passported grants	0.009
<b>TOTAL</b>	<b>2.886</b>

- 4.3.3 The updated MTFP includes an assumed pay award of 1% for 2015/16. Cabinet will be aware that the pay settlement for the current financial year is still subject to agreement and this has the potential to impact on the level of savings required.

- 4.3.4 It is incumbent upon Council to set a realistic budget each year. Table 6 provides details of those 2015/16 inescapable service commitments/pressures that have been identified and require consideration in respect of funding: -

Table 6 – Inescapable Service Pressures and Other Service Commitments

	£m
Council Tax Reduction Scheme additional liability	0.332
Waste Management contingency	0.240
Contact Centre, Bargoed – Running costs	0.075
Meeting the Schools pledge	0.665
Social Services Demographics	1.000
Proposal for Waste Transfer Station (Ty Duffryn)	0.150
<b>TOTAL</b>	<b>2.462</b>

4.3.5 The WG Provisional Settlement has decreased the available funding by 3.4% for the 2015/16 financial year, representing a cash reduction of £9.087m for Caerphilly CBC.

#### 4.4 2015/16 Draft Savings Proposals

4.4.1 The budget strategy agreed by Council on the 26th February 2014 consisted of 2 main strands. The first of these was further savings proposals for Members to consider in respect of up to 3% efficiency savings. These efficiency targets required savings of circa £5m and would be applied to those statutory and essential services that the Authority has to deliver. The second strand of the agreed budget strategy was a review of discretionary services with a view to identifying savings proposals totalling over £8m. A series of Special Scrutiny Committee meetings have taken place during recent months to consider savings proposals.

4.4.2 Since the announcement by the Minister for Local Government and Government Business on the 24th June 2014 a significant amount of work has been undertaken within each Directorate to identify further savings proposals to address the worsening financial outlook.

4.4.3 The work to identify savings has been led by the Corporate Management Team (in consultation with appropriate Cabinet Members), working with Heads of Service with support from colleagues in Finance. Service Managers have also been involved to ensure that all options that are deliverable for 2015/16 have been considered.

4.4.4 For 2014/15, General Fund balances of £800k were earmarked to make good any shortfall where savings were due to be delivered part way through the financial year. The very late announcement of the Provisional Settlement for 2014/15 and the significant movement in the savings target from the original indication left very little option but to set-aside this funding to support the delivery of savings. This is not now the case, a strong message has been given by WG that austerity and cuts to RSG are to be expected up until 2020, the Authority should plan accordingly to address the anticipated budgetary shortfall.

4.4.5 The Authority has determined at Council, in recent years, to keep the General Fund reserves at a level of circa £10m, which is 3% of the net revenue budget. There could be an opportunity to release balances for one-off expenditure but the use of balances does not and will never be able to reduce an overall savings target. Balances can be used to defer a saving for a short period (less than a year) but this is not a good use of these funds. It is therefore proposed to maximise the impact of the use of any "excess" General Fund balances by utilising them for Capital/Invest to Save Schemes. This will ensure a lasting legacy for service users of the Borough and will improve service provision, rather than defer a saving that will ultimately have to be taken a short period later. It will also enable the Authority to provide match funding for grant related capital schemes i.e. 21st Century Schools, convergence and lottery.

4.4.6 Appendices 2 to 6 provide details of the proposed savings for the 2015/16 financial year. Table 7 provides a summary: -

Table 7 – Summary of Proposed 2015/16 Savings

	£m
Whole Authority "corporate nature"	3.957
Education & Lifelong Learning	0.809
Social Services	3.128
Environment	2.852
Corporate Services	1.462
<b>TOTAL</b>	<b>12.208</b>

4.4.7 Cabinet should note that savings proposals that do not have a direct impact on services users or the public have been categorised into a single line for each Directorate in Appendices 2 to 6. These proposals consist in the main of vacancy management, budget realignment and minor changes to service provision. Much of the detail of these proposals will have been presented to the Special Scrutiny Committees held during recent months. Across all

Directorates these savings proposals total £6.627m, which represents 54.3% of the total savings identified of £12.208m. Members at Special Scrutiny Committees were supportive of these types of savings proposals.

- 4.4.8 Some savings proposals will have a part-year impact in 2015/16 but will deliver significant further savings in 2016/17. The most notable of these are the following: -

Table 8 – Main Proposals with 2015/16 Part-Year Impact

<b>Saving Proposal</b>	<b>2015/16 Saving £m</b>	<b>2016/17 Savings £m</b>
Street Lighting – New technology to achieve energy efficiencies.	0.100	0.350
Review of Customer Services	0.125	0.125
Reduction in Street Cleansing	0.100	0.200
Closure of Ty Pontllanfraith	0.100	0.600
<b>TOTAL</b>	<b>0.425</b>	<b>1.275</b>

- 4.4.9 There will be a requirement to fund ‘one-off’ capital expenditure for some of the above and there will be an opportunity to utilise ‘excess’ General Fund balances.
- 4.4.10 Cabinet is asked to endorse the proposed package of savings totalling £12.208m as detailed in Appendices 2 to 6 and to agree that the proposals should now be subject to a further period of consultation prior to final 2015/16 budget proposals being presented to Cabinet in January 2015 and Council in February 2015.

#### **4.5 Council Tax Implications 2015/16**

- 4.5.1 The Medium Term Financial Plan approved by Council on the 26th February 2014 included indicative increases to Council Tax for 2015/16 and 2016/17 of 2.35%.
- 4.5.2 The savings requirement to deliver a balanced budget for the 2015/16 financial year is £12.866m and savings proposals totalling £12.208m are presented in this report. This leaves a shortfall of £658k and it is proposed that this is met by increasing Council Tax by 3.9% for the 2015/16 financial year. This would result in Council Tax Band D being set at £992.02 per annum (an increase of 71p per week).

### **5. EQUALITIES IMPLICATIONS**

- 5.1 Budget decisions at this level affect every resident in the County Borough, regardless of their individual circumstances and backgrounds.
- 5.2 A full impact assessment has not been undertaken on all of the draft savings proposals, however assessments will be made on all individual reports and projects during the financial year. This is in order to ensure that decisions that affect different individuals and groups are assessed at an appropriate and relevant level and at the correct stage in the process.
- 5.3 Consultation with residents, when done in accordance with the Council’s Public Engagement Strategy and the Equalities Consultation and Monitoring Guidance, also ensures that every resident, regardless of circumstances, has the opportunity to have their views heard and considered in the Council’s decision-making process.
- 5.4 The list of proposed savings appended to this report does contain high-level narrative around the possible impact of some proposals and this will provide a starting point for assessments when specific areas are being looked at to provide savings.

## **6. FINANCIAL IMPLICATIONS**

- 6.1 As detailed throughout the report.

## **7. PERSONNEL IMPLICATIONS**

- 7.1 It is impossible to conceive that savings of £39m over three years could be achieved without substantial reductions in staffing. The fact is that by the end of year three the Council will have to become a significantly smaller organisation, in some respects offering a reduced range of services.
- 7.2 The Council has always prided itself on seeking to avoid compulsory redundancies at all costs, and this general ambition remains. However, given the new situation in which the Council finds itself nothing can be guaranteed.
- 7.3 Where staff reductions are required the Council will firstly try to achieve the reduction through 'natural wastage' and not filling vacancies. It is unlikely, however, that staff turnover over a three-year period would be sufficient to deal with the likely numbers involved.
- 7.4 The Council has a policy on redeployment, which would be the next preferred option. Thereafter, the Council has recently adopted a number of policies, which will enable us to invite applications for voluntary severance. These will be applied on a service by service basis to assist with restructuring or 'downsizing' within those services rather than on an Authority-wide basis as this would run the danger of creating vacancies in the wrong areas and with the wrong skill sets to accommodate those displaced and requiring redeployment.
- 7.5 The budget strategy for the next three years is likely to require a more proactive approach to restructuring than we have seen in most areas and some difficult decisions will undoubtedly be needed to prioritise roles and functions, as the Authority itself develops a more focussed approach to priorities among its various services.

## **8. CONSULTATIONS**

- 8.1 Appendices 2 to 6 identify where proposals that affect service users have been debated at Special Scrutiny meetings. It is acknowledged that it is difficult for Members to form a view as to whether to support a saving or not without an appreciation of the bigger picture. Overall, recommendations made to date by Special Scrutiny Committees have not delivered savings that would come close to the required target. Moving forward, the draft budget proposals included in this report will be discussed at a Members' Seminar event on the 3rd November 2014 with a further Seminar to be held in January 2015. This will allow an informed discussion and debate in the context of the whole Authority position. Following Cabinet on the 29th October 2014 this report will also be scheduled for discussion at the next available Scrutiny Committee meetings as part of the consultation process.
- 8.2 The extent of the savings required by the Authority in the next 3 years is estimated at £39m and the majority of frontline reductions in spend will need a lead in time prior to implementation. Officers will try to minimise the impact of the cuts on the public facing areas of service adopting more innovative ways of delivering services. It must be emphasised though that no innovative / different ways of working will bridge the budgetary shortfall. The Authority's services will reduce over the next 3 years and staff numbers will also reduce over that same period.
- 8.3 The Authority has undertaken a public budget consultation in recent months focussing on those areas that members of the public see as priority services that should be protected from cuts wherever possible. A total of 1705 surveys were completed and the three service areas identified as most important were Libraries, Sport & Leisure and Public Bus Services. The draft savings proposals for 2015/16 have little impact on these service areas.

- 8.4 The draft 2015/16 savings proposals as presented in this report will be subject to a further period of consultation during the next 3 months. Details of the outcome of this will be included in the final budget proposals reports to be presented to Cabinet in late January 2015 and to Council in February 2015.

## **9. RECOMMENDATIONS**

- 9.1 Cabinet is asked to: -
- 9.1.1 Endorse the proposed package of 2015/16 savings totalling £12.208m, as detailed in Appendices 2 to 6.
- 9.1.2 Agree that these savings proposals should now be subject to a further period of consultation prior to final 2015/16 budget proposals being presented to Cabinet in January 2015 and to Council in February 2015.
- 9.1.3 Support the proposal to increase Council Tax by 3.9% for the 2015/16 financial year to ensure that a balanced budget is achieved (Council Tax Band D being set at £992.02).

## **10. REASONS FOR THE RECOMMENDATIONS**

- 10.1 The Council is required annually to approve proposals to set a balanced budget, agree a Council Tax rate and update its Medium Term Financial Plan.
- 10.2 Council is required to put in place a sound and prudent financial framework to support service delivery.

## **11. STATUTORY POWER**

- 11.1 The Local Government Acts 1998 and 2003.

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Consultees: Corporate Management Team  
Cllr Keith Reynolds, Leader  
Cllr Barbara Jones, Deputy Leader & Cabinet Member for Corporate Services  
Cllr Christine Forehead, Cabinet Member for HR & Governance / Business Manager  
Gail Williams, Interim Head of Legal Services & Monitoring Officer  
David A. Thomas, Senior Policy Officer (Equalities and Welsh Language)

Background Papers:  
Provisional Local Government Settlement (8th October 2013)

Appendices:  
Appendix 1 Updated Medium-Term Financial Plan 2015/16 to 2017/18  
Appendix 2 2015/16 Draft Savings Proposals – Whole Authority  
Appendix 3 2015/16 Draft Savings Proposals – Education & Lifelong Learning  
Appendix 4 2015/16 Draft Savings Proposals – Social Services  
Appendix 5 2015/16 Draft Savings Proposals – Environment  
Appendix 6 2015/16 Draft Savings Proposals – Corporate Services

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## Updated Medium-Term Financial Plan 2015/16 to 2017/18

## APPENDIX 1

Provisional LG Settlement (08/10/14)

Description	2015/16 £m	2016/17 £m	2017/18 £m
Aggregate External Finance (AEF)	(9,087)	(8,784)	(8,491)
Council Tax @ 2.35%	1,569	1,598	1,642
<b>Total Funding</b>	<b>(7,518)</b>	<b>(7,186)</b>	<b>(6,849)</b>
Pay 1.0%, 1.0%, 1.0%	1,131	1,131	1,131
Living Wage (assumes pledge funds schools)	164	164	164
Non-Pay Inflation (1.5% p.a.)	1,672	1,672	1,672
Non-Pay Inflation (1.5% p.a.) - Fees and Charges	(240)	(240)	(240)
Capital Financing	150	150	150
Transfers In/Out	146	0	0
Other Passported Grants	(137)	0	0
<b>Sub-Total</b>	<b>2,886</b>	<b>2,877</b>	<b>2,877</b>
<b>Service Pressures/Additional Funding</b>			
CTRS Additional Liability @ 2.35%	332	339	347
Welfare Reforms LA Costs	0	100	100
Waste Management Contingency	240	0	0
Contact Centre, Bargoed - Running costs	75	0	0
Schools Pledge	665	628	632
Social Services Demographics	1,000	1,000	1,000
Employer NI Increase (April 2016) - Excludes schools	0	1,600	0
Proposal for Waste Transfer Station (Ty Duffryn)	150	0	0
Other Service Pressures	0	300	300
<b>Sub-Total</b>	<b>2,462</b>	<b>3,967</b>	<b>2,379</b>
<b>Total Shortfall</b>	<b>12,866</b>	<b>14,030</b>	<b>12,105</b>

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<i>Description</i>	<i>Potential Saving</i>	<i>Impact narrative</i>	<i>Impact</i>	<i>Committee</i>
<b>WHOLE AUTHORITY COSTS</b>				
General - Savings that have no direct impact on service users	2,312			
Apprentice/trainee costs - reduce budget to £150k and supplement with use of earmarked reserves	345	Minimal impact upon public and service users	Low	Scrutiny 17/6 supported a phased reduction to £150k p.a by 17/18 using reserves. A review of reduced scheme to be undertaken prior to 17/18
Assistance to voluntary sector	30	11% of total budget	Low	A further report will be presented to Scrutiny and Cabinet.
Project Gwyrdd	1,169	Previously agreed by full council		Previously agreed by full council
HMRC Mileage Rate - Reduction in mileage rate from 50p to 45p. £135k full year saving	101	17 Welsh Local Authorities have already adopted the approved HMRC rate (45p). A further 3 Authorities are considering this for 2015/16.		Scrutiny 24/9 - Members requested that this be deferred for one year to April 2016.
<b>TOTAL WHOLE AUTHORITY COSTS</b>	<b>3,957</b>			

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<i>Description</i>	<i>Potential Saving</i>	<i>Impact narrative</i>	<i>Impact</i>	<i>Committee</i>
<b>EDUCATION &amp; LIFELONG LEARNING</b>				
General - Savings that have no direct impact on service users	692			
Public Libraries - Review of opening hours (tapered delivery linked to present banding & population profiles) - Full year saving £134k	67	Potential minor impact on public	Low/Med	Scrutiny 19/6 supported in principle a reduction in opening hours.
Recoupment (SEN Out of County / LAC / Inter Authority)	50	Could be a risk due to volatility of placements	Medium	
<b>TOTAL EDUCATION &amp; LIFELONG LEARNING</b>	<b>809</b>			



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Description	Potential Saving	Impact narrative	Impact	Committee
<b>SOCIAL SERVICES</b>				
General - Savings that have no direct impact on service users	1,568			
Reduction of 3 social workers per division with the intention to achieve by vacancy management	219	This will be achieved through vacancy management.	High	Scrutiny 16/10 - Clarification was requested in respect of the "opportunity to consider the future of vacant posts". Officers explained that this related to the recently approved Children's Services restructure.
Removal of £1m demographic growth for 15/16.	1,000	Current Social Services revenue budget projections for 2014/15 indicate an underspend. In light of these projections the £1 million demographic growth funding will not be required for 2015/16. Due to the volatility of demand on Social Services this does present a potential risk. However, if there are any resulting overspends in 2015/16 these will be met from service reserves.	Low/Med	
Independent Sector Domiciliary Care - Elderly - Review of shopping service.	40	Alternative services will need to be explored with service users	Medium	Scrutiny 17/7 - Officers to explore options which would ensure the service is delivered where absolutely necessary. Scrutiny 16/10 - Members requested further information on potential impact on existing service users
Meals on wheels - Increase of £1 per meal.	88	Potential for reduced take up	Medium	Scrutiny 17/7 - Proposal supported by Members. Scrutiny 16/10 - Members recommended increase of £1.50 which would result in a saving of £132k
Own Day Care - Review of day centre provision. Full Year saving £255k	128	Relocation of service provision within the same community	Medium	Scrutiny 17/7 - Officers to explore options of a mixture of service reconfiguration and targeted day services. Scrutiny 16/10 - Members supported proposal to reconfigure services to ensure no impact on service users.
Home Assistance and Reablement Team (H.A.R.T.) - Review of domiciliary care provision. This to include vacancy management, shopping, laundry, sitting, single handed hoisting, telecare options and other community support etc.	85	Task and Finish Group to be established to review options.	Medium	Scrutiny 16/10 - One Member raised concerns that this area has borne the brunt of savings required in recent years. Officers explained that there are plans for options in this area to be considered by a Task and Finish Group.
<b>TOTAL SOCIAL SERVICES</b>	<b>3,128</b>			

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<i>Description</i>	<i>Potential Saving</i>	<i>Impact narrative</i>	<i>Impact</i>	<i>Committee</i>
<b>ENVIRONMENT</b>				
<b>REGENERATION, PLANNING &amp; ECONOMIC</b>				
General - Savings that have no direct impact on service users	530			
Removal of Bargoed ice rink from December 2015.	20	Reduced events availability to local residents that visit the ice rink	Low	Scrutiny 01/10 - Not accepted
Community Regeneration - Area Forum Budget removal. Utilise reserves of £162k over next few years	72	Minimal impact as these schemes are additional to core maintenance provision. In addition some wards/partnership areas do not spend the allocation hence the £162k reserve. Impact would be reduction in small community schemes delivered and the availability of funds to provide match funding for community facilities.	Low	Scrutiny 01/10 - Not Accepted
<b>TOTAL REGENERATION, PLANNING &amp; ECONOMIC</b>	<b>622</b>			

Description	Potential Saving	Impact narrative	Impact	Committee
<b>ENGINEERING DIVISION</b>				
General - Savings that have no direct impact on service users	179			
Highways Operations - Street Lighting energy reduction option - use of new technologies/part management lighting. Full year saving £450k	100	A combination of options will generate £450k saving in full year. This may require some part-night lighting in residential areas. This will require up front investment of £700k + £200k. This contributes to Council's carbon reduction targets. Consultation may not be required if the new technologies being reviewed can achieve the savings required. The use of new technologies will reduce the need/amount of part-night lighting required. No effect on jobs.	Medium	Scrutiny 12/6 - Members requested further information.
Highways Operations - Reduction in planned carriageway resurfacing budget (20% of budget).	300	Reduction in revenue budget will defer investment in Council's largest asset for future years. No consultation required, possible reduction in workforce, depends on capital budget support.	Medium	Scrutiny 12/6 - Further information requested
Highways Operations - Reduction in planned footway resurfacing budget (12% of budget).	60	Reduction in revenue budget will defer investment in Council's largest asset to future years. No consultation required, possible reduction in workforce, depends on capital budget support.	Medium	Scrutiny 12/6 - Further information requested
Highways Operations - Gully Reed Bed recycling. Increase income by promoting facility to other authorities and private sector	10	Additional promotion with adjoining authorities to increase use of facility needed. Relies on winning new customers. No formal consultation required. No effect on jobs.	Low	Scrutiny 12/6 - Supported
Highways Operations - Reduce highways reactive maintenance budget by 4%.	50	Budget will need close monitoring to ensure reduction in planned maintenance does not significantly increase reactive maintenance which could also increase third party claims. No consultation required. This will result in 1 no loss of job within NCS which will be achieved through vacancy management.	Medium	Scrutiny 12/6 - Further information requested
Highways Operations - Reduce highway/land drainage planned maintenance budget by 11%	30	Reduction will slow down investment in the infrastructure that deals with climate change. No formal consultation required. This will contribute to an aggregated reduction in jobs within NCS (0.6 FTE). This will be achieved through vacancy management.	Medium	Scrutiny 12/6 - Not supported
Reduce gritting routes from 9 to 8.	60	Route optimisation being undertaken to provide an option to reduce routes from 9 to 8 but still keep existing coverage. No consultation required. No effect on jobs.	Low	Scrutiny 12/6 - Further information requested
Highways Operations - Reduce 'aids to move budget' by 25% (road markings/signs/crossing points).	25	Small reduction in current work levels. Minimal risk. No consultation required. No direct effect on jobs. However, will add to an aggregated reduction in overall budgets which will result in job reductions (0.5 FTE). This will be achieved through vacancy management.	Low	Scrutiny 12/6 - Supported

<i>Description</i>	<i>Potential Saving</i>	<i>Impact narrative</i>	<i>Impact</i>	<i>Committee</i>
Highways Operations - Reduction in highways/land drainage reactive maintenance budget by 4%.	20	Difficult to assess impact as budget is weather susceptible. No consultation required. This will contribute to an aggregated reduction in jobs within NCS (0.4 FTE). This will be achieved through vacancy management.	Medium	Scrutiny 12/6 - Not supported
Highways Operations - Reduction in structures and retaining walls budget by 10%.	50	Only the highest priority work is currently being undertaken. This will need to continue and some key priorities may need to be delayed. No consultation required. This will contribute to an aggregated reduction in jobs within NCS (0.5 FTE). This will be achieved through vacancy management.	Low	Scrutiny 12/6 - Further information requested
Highways Operations - Remove financial support for Christmas lighting in towns and villages.	35	Historic anomalies in amounts of funding to various bodies. No formal consultation required. No impact on jobs. No risk in removing budget. Community councils/town councils will need to arrange their own funding.	Low	Scrutiny 12/6 - Supported but a list of areas affected to be provided
Highways Operations - Highways adoption and agreement fees. Increase in fees	15	Raise fees in line with neighbouring councils. No public consultation required. No effect on jobs.	Low	Scrutiny 12/6 - Supported
Transport Engineering - Cease holding events in pay & display car park sites. Events lead to loss of car park income	20	Either events cover loss of income, are held in other locations or are not held. No public consultation required. No effect on jobs.	Low	Scrutiny 12/6 - Supported subject to further liaison with Planning & Regeneration
Transport Engineering - Car park tariffs. Increase car parking charges by typically 10p per hour	30	Similar actions are being considered by other councils. Formal notification procedure required. No negative effect on jobs. No public consultation required.	Low	Scrutiny 12/6 - Further information requested
Transport Engineering - Management of off-street car parks - increase excess charge notice penalty	25	No impact on service. No effect on jobs.	Low	Scrutiny 12/6 - Increase supported but further information required re Sunday charging
Transport Engineering - Management of off-street car parks - introduce Sunday charges	10	No impact on service. No effect on jobs. Public consultation required.	Low	Scrutiny 12/6 - Further information required
Passenger Transport - Concessionary pass replacements. Increase charges - currently £5 for second and subsequent - revise to £5 for first and £10 for subsequent replacements	7	No impact on service. No consultation required. No effect on jobs.	Low	Scrutiny 12/6 - Supported
Review of Passenger Transport Services - Full year impact £150k	24	No effect on jobs. Public consultation required.	Medium	Scrutiny 12/6 - Further information requested
<b>TOTAL ENGINEERING DIVISION</b>	<b>1,050</b>			



Description	Potential Saving	Impact narrative	Impact	Committee
<b>PUBLIC PROTECTION</b>				
General - Savings that have no direct impact on service users	22			
Licensing - Income - Increase fees.	8	Fees will be increased to recover costs as appropriate. This will result in increased cost to the service user and may lead to a fall in take up of the service.	Low	Scrutiny 4/9 -Supported
Registrars - Income - Increase fees.	10	Fees will be increased to recover costs as appropriate. This will result in increased cost to the service user and may lead to a fall in take up of the service.	Low	Scrutiny 4/9 -Supported
Health Improvement Officer - 1 vacant post (0.6 FTE) & Senior Health Improvement Officer - 1 vacant post (1 FTE).	77	The Health Improvement Team strategically leads and delivers the local response to Health Challenge Wales and Change 4 Life Interventions as well as contribution to our Corporate Health activities. The Team consists of 5.4 FTE with 1.8 FTE delivering the Healthy Schools Programme and funded by grant. Deleting 1.6 FTE will significantly impact upon the capacity of team, as 1 post is the Senior Officer. Alternative line management arrangements will need to be put in place.	Medium	Scrutiny 4/9 Agenda Item 3(1) Appendix 3 - Further information requested.
Enforcement - Environmental Health Officer - 1 vacant post (1 FTE).	45	Reducing the 3 EHOs within the General Environmental Health Team to 2 will extend the time taken to deal with and investigate service requests. The Team protects public health and quality of life by dealing with complaints of nuisances or hazards to health. E.g. noise, defective drains and sewers, investigation of odours, and bonfires etc. They deal with filthy and verminous premises, and travellers sites, and are also involved in problems of pest infestations, straying animals and irresponsible dog ownership. They also enforce in relation to littering, dog fouling and fly tipping activities.	Medium	New saving proposal.
<b>TOTAL PUBLIC PROTECTION</b>	<b>162</b>			

Description	Potential Saving	Impact narrative	Impact	Committee
<b>COMMUNITY &amp; LEISURE SERVICES</b>				
General - Savings that have no direct impact on service users.	338			
Parks & Playing Fields - Cessation of summer "Bands in the Park" events programme	2	Little or no impact on appearance of County Borough but there may be a small number of complaints given the limited audience that typically enjoy these events.	Low	New saving proposal
Residual Waste - Charging for all replacement containers.	60	Provides clarity over existing policy. Generally low impact.	Low	Scrutiny 30/7 - Suggested cabinet consider further.
Street Cleansing - Reduced cleaning on bank holidays. Cleansing will be reduced to same levels as weekends.	13	The only cleansing that will occur on bank holidays will be early mornings in town centres	Medium	Scrutiny 30/7 - Supported
Street Cleansing - Reduction in weed removal budget. Reduced contribution to winter rear lane grubbing out team.	100	May result in increases in complaints from the public if weather conditions support weed growth	Med/High	Scrutiny 30/7 - Supported
Parks and Playing Fields - 2nd phase of the removal of flower beds in parks & open spaces.	40	Phase 1 completed in 2014/15 without any real issues	Low	Scrutiny 30/7 - Supported
Parks and Playing Fields - Reduction in playing field maintenance. Remove 2 fertilizer applications & cease end of season renovation works	30	Officers have considered an alternative option involving cessation of regular pitch marking and handing over pitch marking responsibility to clubs (subject to consultation). The saving would be the same but some pitch renovation could then be undertaken.	Medium	Scrutiny 30/7 - Could not support without first consulting with local clubs & Town Councils in order to explore all avenues & funding options
Parks and Playing Fields - Increase outdoor facility charges by 20%.	20	The Scrutiny members suggested that Officers examine options to only increase adult fees while keeping junior fees at current levels. If this strategy is employed the options are as follows:- <ul style="list-style-type: none"> <li>• Increase of 40% in adult fees = additional £27k income</li> <li>• Increase of 45% in adult fees = additional £31k income</li> <li>• Increase of 50% in adult fees = additional £34k income</li> <li>• Increase of 100% in adult fees = additional £69k income</li> </ul>	Medium	Scrutiny 30/7 - Members suggested freeze for juniors but further increase for adults.
Cwmcarn Leisure Centre - Centre closed - handover of facility to school	25	Consulting with key stakeholders. Negotiations ongoing with school regarding principle, but capital liability issues still to be resolved. This will be subject to a further report.	Low	Scrutiny 30/7 - Members supported option not to reopen as a leisure centre.
Parks and Playing Fields - Review park ranger service to reduce from 18 to 12.	40	Can be accommodated by not engaging agency staff in the Spring of 2015	Medium	Scrutiny 30/7 - Subject to consultation with Trade Unions and Town Councils, Members happy to support
Street Cleansing - Reduce number of pedestrian sweepers operated by 1.	14	Rationalisation of the number of small sweepers will reduce the ability to cover the whole borough, other than for specific periods.	Low	Scrutiny 30/7 - Supported
Parks and Playing Fields - Cessation of litter picking at 14 parks on Saturdays.	12	May result in increased littering (particularly in spring/summer). Potential for increase in public complaints.	Medium	New saving proposal

<i>Description</i>	<i>Potential Saving</i>	<i>Impact narrative</i>	<i>Impact</i>	<i>Committee</i>
Parks and Playing Fields - Removal of Barrier Attendants at 5 locations	14	Car parks (at parks) will remain open. May result in increased littering and anti-social behaviour after hours.	Medium	New saving proposal
Sport & Leisure - Closure of Bedwas swimming pool on Sundays.	10	Level of use can be accommodated at Caerphilly Leisure Centre.	Low	New saving proposal
Sport & Leisure - Average price increase of 5% on leisure centre fees	100	Additional cost of 5% to users e.g.: Swim from £3.05 to £3.20 - Gym from £4.25 to £4.45	Low/Med	New saving proposal
Waste Strategy & Operations - Closure of Civic Amenity Sites for 2 days/week + 1 hour on other days	100	Obvious reduction in availability to public. Closure days would be staggered across all sites.	Medium	Scrutiny 30/7 - This option was suggested by Scrutiny committee.
Waste Strategy & Operations - Reduction in cleansing budget. Full year impact £300k	100	<ul style="list-style-type: none"> <li>•The full year proposed saving represents 7.4% of the total cleansing budget of £4.075m with the part year saving representing 2.45%</li> <li>• The process needs careful management involving Corporate HR as it will inevitably mean a reduction in the number of staff.</li> <li>• There will be a significant impact in the cleanliness of the county borough.</li> <li>• An increase in back office and Contact Centre workload could result from an increase in public complaints.</li> <li>• Given the time constraint in identifying additional savings there has been limited consultation with Trade Unions, Contact Centre etc.</li> <li>• Contact Centre Service Level Agreement for nappy waste &amp; missed collections will need to be reviewed and replaced with a 7 day response.</li> </ul>	High	New saving proposal
<b>TOTAL COMMUNITY &amp; LEISURE SERVICES</b>	<b>1,018</b>			
<b>TOTAL ENVIRONMENT</b>	<b>2,852</b>			

<i>Description</i>	<i>Potential Saving</i>	<i>Impact narrative</i>	<i>Impact</i>	<i>Committee</i>
<b>CORPORATE SERVICES</b>				
General - Savings that have no direct impact on service users	986			
Withdrawal of 'additional help for pensioners with their Council Tax' funding.	246	The majority of Authorities in Wales are proposing to withdraw this funding for 2015/16. Withdrawal of the funding for this scheme may need to be monitored in terms of impact and pensioners who fall into arrears may need to be signposted to other forms of support from sources within the Council and from external partners in the voluntary sector.	Low	Scrutiny 17/6 - Further information requested. Scrutiny 24/9 - Supported 50% withdrawal of funding in 2015/16 with remainder of funding being withdrawn in 2016/17.
Communications Unit - Cease to deliver a twinning function.	5		Low	Scrutiny 17/6 - Supported
Review of Customer First - Full year impact estimated at £250k, part year impact 15/16	125	This will be subject to a separate report. No significant impact for 2015/16 as part year. Will involve reducing opening hours in all Customer First centres but no closures.	Low/Med	
Closure of Ty Pontllanfraith - Full year impact £600k, part year impact in 15/16	100	The details of this proposal were presented to the Special Policy & Resources Scrutiny Committee on the 17th June 2014.	Low	Scrutiny endorsed the principle to begin consultation on the proposal
<b>TOTAL CORPORATE SERVICES</b>	<b>1,462</b>			

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## HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 2ND DECEMBER 2014

**SUBJECT: PERFORMANCE MANAGEMENT 2014/15**

**REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES**

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### **1. PURPOSE OF REPORT**

- 1.1 To inform Scrutiny Committee of the position in relation to the performance management figures for both Adult Services and Children's Services for the period up to September 2014.

### **2. SUMMARY**

- 2.1 Members will be aware from previous reports / presentations that Adult Services and Children's Services have a range of performance indicators. Some of these indicators are national indicators determined by Welsh Government while other are local indicators that have been created by senior managers to oversee areas not covered by the national indicators.
- 2.2 This report provides the position in terms of performance information up to the end of September 2014.

### **3. LINKS TO STRATEGY**

- 3.1 The performance indicators attached support the Directorate in meeting the range of objectives set out in the Single Integrated Plan, Corporate Plan, Improvement Objectives, the Director Of Social Services Annual report and the Adult's and Children's Service Improvement plans.

### **4. THE REPORT**

- 4.1 As previously stated, both the Adult Services and Children's Services Divisions have a range of national and local indicators that oversee the work of the divisions. The targets are set at the start of each financial year and managed via the authority's Ffynnon system. The targets are a mix of national indicators set by Welsh Government (SCA's and SCC's) and local indicators (ASPI's). Performance figures for Adult and Children's Services as at September 2014 are attached as Appendix 1 of this report.
- 4.2 Performance against the indicators is monitored on a monthly basis, initially by the respective Divisional Management Teams and then by the Directorate's Senior Management Team before going onto Corporate Management Team. This allows senior managers to identify any potential difficulties and take corrective action where possible.
- 4.3 In terms the position as at September 2014, this can be summarised as follows.



#### 4.3.1 Adult Services

Adult Services have a total of 15 national and local indicators. There are several indicators where further comment is warranted:

<u>Indicator</u>	<u>Comment</u>
SCA / 001 & ASPI 63	Members will be aware that delayed transfers of care has and continues to be a challenging area for the authority. The position at September 2014 is indicating improved performance but it is accepted that we are now entering a particularly challenging time of year and this will need to be monitored closely.
ASPI 02	Delays in this area are primarily due to the occupational therapy team who are currently carrying two vacancies. Other areas are Older People Mental Health and Substance Misuse. Delays in this area are currently being examined in more depth.
ASPI 17 & ASPI 18	Members will be aware of the difficulty of validating performance against these measures as the Adult Mental Health Teams are putting the information into Epex (the Health system).

#### 4.3.2 Children's Services

Children's Services have a total of 47 national and local indicators. Once again performance remains. However, there are several indicators where further comment is warranted:

<u>Indicator</u>	<u>Comment</u>
SCC/025	This indicator is currently amber due to incorrect recording.
CSPI 01	186 children were 0-4 and were not seen alone. Therefore out of a possible 519 children, 258 were seen a lone by a worker. This equates to 69%.

4.4 At previous Scrutiny Committees, Members have asked for All Wales comparators. Comparators for 2013/14 are attached as Appendix 2 of this report.

### **5. EQUALITIES IMPLICATIONS**

5.1 An equalities impact assessment hasn't been completed at this time as this report is for information only.

### **6. FINANCIAL IMPLICATIONS**

6.1 There are no direct financial implications arising from this report.

### **7. PERSONNEL IMPLICATIONS**

7.1 There are no direct personnel implications arising from this report.

### **8. CONSULTATIONS**

8.1 All comments from consultations are reflected in the main body of the report.

## **9. RECOMMENDATIONS**

9.1 Members are asked to note the content of this report.

## **10. REASONS FOR THE RECOMMENDATIONS**

10.1 The report gives the detail on the actual performance of Adult and Children's Services against the national and local performance indicators for the period up to September 2014.

## **11. STATUTORY POWER**

11.1 Local Government Act 2000.

Author: Dave Street, Corporate Director Social Services  
Consultees: Councillor Robin Woodyatt, Cabinet Member, Social Services  
Jo Williams, Assistant Director, Adult Services  
Gareth Jenkins, Assistant Director, Children's Services  
Steve Harris, Acting Head of Corporate Finance  
Colin Jones, Head of Performance & Property Services  
Ioan Richards, Performance Development Officer

### Appendices:

Appendix 1 - Adult & Children's Services PI Table – March 2014

Appendix 2 - All Wales Comparators 2013/14

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# Social Services - Adult Services

## National Performance Indicators

Title	Actual	Target	Intervention	RAG	Previous Month	Previous years Actual	Result 12 Months Ago	Comment
SCA/001 - Rate of DTOC for social care reasons aged 75 plus	9.86	8.00	11.00	↑	10.32	9.32	11.01	0 Delays for Social Care Reasons
SCA/002a - The rate of older people supported in the community aged 65 or over per 1,000 population aged 65 or over	120.97	125.00	135.00	↓	118.00	151.67	130.52	3738 Service users
SCA/002b - The rate of older people supported in care homes aged 65 or over per 1,000 aged 65 or over	17.38	21.00	22.50	-	17.67	19.41	18.32	537 service users
SCA/019 - % Of adult protection referrals completed where the risk has been managed	84.40	90.00	80.00	↑	84.10	89.30	81.5	249/295

## Public Accountability Measures

Title	Actual	Target	Intervention	RAG	Previous Month	Previous years Actual	Result 12 Months Ago	Comment
SCA/007 - The percentage of clients whose care plans should have been reviewed that were reviewed during the year	93.90	95.00	83.00	↑	92.70	93.40	92.6	2034/2167
SCA/018a - % of adult carers who were offered an assessment	89.60	90.00	79.00	↑	89.30	90.00	88.3	1246/1390
SCA/020 - The percentage of adult clients who are supported in the community during the year	92.04	90.00	85.00	↑	91.85	91.90	91.54	6960/7562

# Social Services - Adult Services

## Local Performance Indicators

Title	Actual	Target	Intervention	RAG	Previous Month	Previous years Actual	Result 12 Months Ago	Comment
ASPI 02 - Number of adults waiting for an assessment outside of the timescale (28 days)	112.00	70.00	105.00	↓	103.00	60.00	153	112 service users
ASPI 03 - The % of adult services assessments started on time	80.00	85.00	75.00	↑	78.90	72.80	73.3	5730/7160
ASPI 17 - % Mental Health reviews started on time (18-64)	74.80	90.00	75.00	↓	78.90	80.20	82.1	244/326
ASPI 18 - % Mental health assessments started on time	81.50	85.00	75.00	↓	81.90	83.60	85.4	914/1121
ASPI 21 - % Variance spend on allocated budget		0.00	0.50		2.72	0.90		Reported bi-monthly.
ASPI 24 - % of all adult reviews started on time	77.20	85.00	75.00	↑	77.00	78.50	79.3	2333/3022
ASPI 42 - Number of people awaiting personal care for more than 14 days	0.00	0.00	5.00	−	0.00	0.00	0	0 service users
ASPI 63 - The number of DTOC for Social Care Reasons	0.00	8.00	11.00	−	4.00	19.00		The actual number of delayed transfers of care for social care reasons.

# Social Services - Children's Services

## National Performance Indicators

Title	Actual	Target	Intervention	RAG	Previous Period	Previous years Actual	Result 12 Months Ago	Comment
SCC/002 % of LAC with one or more changes of school	2.00	13.70	15.00	⬇️	1.90	8.30	5.2	4/203
SCC/004 % of LAC who have had more than 3 placements during the year	3.90	10.00	12.00	⬇️	4.10	9.50	4.6	10/258
SCC/011b % assessments - child seen alone by Social Worker	41.30	40.00	38.00	⬆️	40.90	42.70	41.1	291/705 However, SWs completed 557 IAs - 150 of these were not seen alone by a SW and were children aged 0-4. Of the possible 407 children they could have seen alone, 291 were seen alone =71.5%
SCC/033d % of former LAC in contact at age of 19	100.00	100.00	90.00	⬇️	100.00	100.00	100	14/14
SCC/033e % of former LAC in suitable accommodation at 19	100.00	95.00	85.40	⬇️	100.00	93.30	100	14/14
SCC/033f % of former LAC in educ/training/employment at 19	50.00	50.00	40.00	⬇️	54.50	60.00	54.5	7/14
SCC/037 Average external qualifications points score for LAC		200.00	158.00		238.00	238.00		Annual Indicator
SCC/041a % of eligible children that have pathway plans	100.00	100.00	89.00	⬇️	100.00	100.00	99.3	132/132

## Public Accountability Measures

Title	Actual	Target	Intervention	RAG	Previous Period	Previous years Actual	Result 12 Months Ago	Comment
SCC/001a % of LAC that began with a care plan in place	100.00	100.00	90.00	⬆️	98.00	100.00	100	54/54
SCC/011a % assessments - child seen by Social Worker	74.30	60.00	50.00	⬇️	76.10	77.30	76.7	524/705
SCC/025 % of statutory visits to LAC due in the year that took place	82.50	90.00	80.00	⬇️	96.60	95.50		790/957
SCC/030a % of young carers who were assessed	100.00	95.00	76.40	⬇️	100.00	100.00	100	Barnardo's Data 13/13
SCC/045 The percentage of reviews of looked after children, children on the Child Protection Register and children in need carried out in line with the statutory timetable	92.00	87.00	78.30	⬇️	93.20	96.60	92.5	1029/1119

# Social Services - Children's Services

## Service Improvement and Local Performance Indicators

Title	Actual	Target	Intervention	RAG	Previous Period	Previous years Actual	Result 12 Months Ago	Comment
CSPI 01 The % of initial assessments that were completed in the year where there is evidence that the child has been seen alone by the social worker or support worker	46.50	50.00	45.00	↓	48.90	50.90	49	358/705 186 of these children were aged 0-4 and were not seen alone. Therefore out of a possible 519 children, 358 were seen alone by a worker = 69.0%
CSPI02 The percentage of initial assessments that took place in the year where there is evidence that the child has been seen by a social worker or support worker	93.00	90.00	80.00	↑	92.90	93.40	93.3	656/705
SCC/001b % of LAC with a plan for permanence at due date	100.00	100.00	89.90	↓	100.00	100.00	100	36/36
SCC/006 % of referrals made within 1 working day.	99.90	100.00	90.00	↓	100.00	100.00	100	849/850
SCC/007a % of referrals allocated to a social worker for initial assessment	76.90	67.00	60.00	↓	77.90	79.90	82.2	655/850
SCC/007b % of referrals allocated to non-social workers for initial assessment	19.10	28.00	35.00	↓	18.20	14.60	14.3	162/850
SCC/010 % of repeat referrals within 12 months.	22.60	23.50	27.20	↑	22.90	24.30	23.9	192/850
SCC/013ai % of children with an allocated social worker - Children on CPR	100.00	100.00	89.90	↓	100.00	100.00	100	209/209
SCC/013aaii % of children with an allocated social worker - LAC	100.00	100.00	89.90	↓	100.00	100.00	100	251/251
SCC/013aiii % of children with an allocated social worker - Children in Need	72.20	65.00	58.40	↓	71.80	78.60	77.6	868/787
SCC/013bi % of children allocated to someone other than a social worker - Children on CPR	0.00	0.00	10.10	↓	0.00	0.00	0	0/209
SCC/013bii % of children allocated to someone other than a social worker - LAC	0.00	0.00	10.10	↓	0.00	0.00	0	0/251
SCC/013biii % of children allocated to someone other than a social worker - Children in Need	27.30	35.00	38.60	↓	26.90	19.90	21.1	215/787
SCC/014 % of initial child protection conferences held within timescale	98.60	96.00	89.00	↓	99.10	100.00	100	137/139
SCC/015 % of initial core group meetings held within timescale	98.40	96.00	76.80	↓	100.00	98.00	98.2	123/125
SCC/016 % of reviews of children in need plans carried out in accordance with the statutory timetable	86.80	90.00	80.00	↓	89.30	94.60	86.4	472/544



# Social Services - Children's Services










## Service Improvement Data

Title	Actual	Target	Intervention	RAG	Previous Period	Previous years Actual	Result 12 Months Ago	Comment
SCC/020 % of LAC who have been to see a dentist		87.00	78.30			85.10		Annual Indicator
SCC/021 % of LAC reviews carried out within statutory timescales	94.00	90.00	80.00	▬	94.00	97.50	96.9	264/281
SCC/022a % attendance of LAC in primary schools		96.00	86.40		96.00	96.00		Annual Indicator
SCC/022b % attendance of LAC in secondary schools		90.00	80.00		90.80	90.80		Annual Indicator
SCC/024 % of LAC receiving a PEP within 20 school days	95.20	85.00	76.50	▬	100.00	95.20	86.7	20/21
SCC/030b % of young carers who were provided with a service	100.00	90.00	71.90	▬	100.00	96.90	90.6	Barnardo's Data 13/13
SCC/034 % of children on CPR whose cases were reviewed	99.70	98.00	88.00	⬆	99.60	95.20	99.6	293/294
SCC/035 % of LAC achieving the Core Subject Indicator at KS2		78.57	59.28		71.40	71.40		Annual Indicator
SCC/036 % of LAC achieving the Core Subject Indicator at KS3		41.66	28.33		42.90	42.90		Annual Indicator
SCC/039 % of health assessments for Looked after children		98.00	85.40			92.20		Annual Indicator
SCC/040 % of LAC who were registered with a GP	100.00	99.00	89.90	▬	100.00	100.00	100	124/124
SCC/041b % of eligible children with a personal advisor	100.00	100.00	89.90	▬	100.00	100.00	100	164/164
SCC/042a % of initial assessments completed within 7 working days	97.40	85.00	73.00	▬	97.20	89.20	86.4	685/703
SCC/042b The average time taken to complete initial assessments that took longer than 7 working days to complete.	18.00	15.00	13.00	▬	17.00	15.00	15.7	321/18
SCC/043a % core assessments carried out within 35 working days.	92.50	87.00	77.00	⬆	92.00	95.50	94.4	368/398
SCC/043b The average time taken to complete core assessments that took longer than 35 days	54.00	50.00	55.00	⬇	52.00	53.00	52	1619/30
SCC/044a % of LAC who were permanently excluded		0.00	10.10		0.00	0.00		Annual Indicator
SCC/044b Average no. of days spent out of school for LAC		5.50	7.50		7.40	7.40		Annual Indicator



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**Analysis of National Strategic Indicators (NSI) and Public Accountability Measures (PAM)  
For 2013/14 - Social Services**



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Our performance key shows:		
Current year results compared to previous year results		 Worse than the previous year
		 Same as the previous year
		 Better than the previous year
		 Performance maintained at best it can be
		<b>N/A</b> Data not available or comparable – see individual comments for explanation

Ref	Description	2012/13		2013/14			
		Our Result	Position in Wales	Target	Our Result	Position in Wales	All Wales Average
SCA001	The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over (NSI) <i>Improvement Direction: Lower result is better</i>	9.32 days	20 <sup>th</sup> out of 22	8 Days	11.99 Days	22 <sup>nd</sup> out of 22	4.70



Ref	Description	2012/13		2013/14			
		Our Result	Position in Wales	Target	Our Result	Position in Wales	All Wales Average
	There were a total of 158 delays for Social Services reasons in 2013/14 compared to 121 in 2012/13. In 2013/14 our performance declined to 11.99 days compared to 9.32 days the previous year. Our position in Wales has decreased from 20 <sup>th</sup> to 22 <sup>nd</sup> . We are also above the all Wales average of 4.70 days. This indicator is post-populated with information, which is taken from the HOWIS (Health of Wales Information Service) system, operated by the Local Health Board, and consequently the information cannot be validated.						
SCAO 02a Page 68	The rate of older people (aged 65 or over) supported in the community per 1,000 population aged 65 or over at 31 March <b>(NSI)</b> <b>Improvement Direction: Higher result is better</b>	151.67	1 <sup>st</sup> out of 22	145	120.97	3 <sup>rd</sup> out of 22	74.48
	Although the rate of older people has reduced slightly, we continue to be a top performing authority. The service continues to focus on the signposting of people to community-based services, increasing the use of frailty services, volunteers and community connectors. The WG guidance for this PI does not include these services. 3,738 were supported in 2013/14 compared to 4,524 in 2012/13. In 2013/14 our performance declined slightly to 120.97 compared to 151.67 the previous year. Our position continues to be significantly above the Welsh average.						


Ref	Description	2012/13		2013/14			
		Our Result	Position in Wales	Target	Our Result	Position in Wales	All Wales Average
SCA0 02b	The rate of older people (aged 65 or over) whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March (NSI) <b>Improvement Direction: Lower result is better</b>	19.41	7 <sup>th</sup> out of 22	21	17.57	6 <sup>th</sup> out of 22	19.84
😊	In 2013/14 there were 543 older people supported in care homes compared to 579 in 2012/13. In 2013/14 our performance has improved slightly to 17.57 compared to 19.41 the previous year. Our position has improved from 7 <sup>th</sup> to 6 <sup>th</sup> in Wales. We are performing slightly better than the All Wales Average.						
SCA0 19	The percentage of adult protection referrals completed where the risk has been managed (NSI) <b>Improvement Direction: Higher result is better</b>	89.3%	18 <sup>th</sup> out of 22	90%	90.59%	19 <sup>th</sup> out of 22	94.45%



Ref	Description	2012/13		2013/14			
		Our Result	Position in Wales	Target	Our Result	Position in Wales	All Wales Average
	Of the 340 adult protection referrals completed in 2013/14, 308 referrals had their risk managed. The remaining are as a result of the alleged victims, not wishing to proceed with the POVA process, and therefore managing the risks themselves. Our position in Wales has gone from 18 <sup>th</sup> to 19 <sup>th</sup> in Wales and we are also below the all Wales average.						
SCAO 07 Page 70	The percentage of clients with a care plan at 31 March whose care plans should have been reviewed during the year <b>(PAM)</b> <b>Improvement Direction: Higher result is better</b>	93.4%	3rd out of 22	95%	92.72%	4 <sup>th</sup> out of 22	81.1%
	Our position in Wales has gone from 3 <sup>rd</sup> to 4 <sup>th</sup> , and we continue to perform well above the all Wales average.						
SCAO 18a	The percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year <b>(PAM)</b> <b>Improvement Direction: Higher result is better</b>	90.0%	13 <sup>th</sup> out of 22	90%	88.24%	15 <sup>th</sup> out of 22	85.8%



Ref	Description	2012/13		2013/14			
		Our Result	Position in Wales	Target	Our Result	Position in Wales	All Wales Average
	There were 1,454 carers aged 18+ known to social services in 2013/14 and 1,283 were offered assessments or reviews in their own right. We performed slightly worse than last year. Our position in Wales has gone from 13 <sup>th</sup> to 15 <sup>th</sup> , but we are still above the all Wales average.						
SCAO 20	The percentage of adult clients who are supported in the community during the year (PAM) <i>Improvement Direction: Higher result is better</i>	91.87%	1st out of 22	90%	91.9%	1 <sup>st</sup> out of 22	86.33%
	Out of the 7,676 adult clients, 7054 were supported either in the community in 2013/14 and performed slightly better than last year. Our position remains 1 <sup>st</sup> in Wales and above the all Wales average.						
SCCO 02	The percentage of children looked after at 31 March who have experienced one or more changes of school, during the period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March. (NSI) <i>Improvement Direction: Lower result is better</i>	6.0%	1st out of 22	8%	8.3%	2 <sup>nd</sup> out of 22	13.8%





Ref	Description	2012/13		2013/14			
		Our Result	Position in Wales	Target	Our Result	Position in Wales	All Wales Average
	Out of the 218 looked after children of compulsory school age, 18 children experienced 1 or more changes of school in 2013/14 compared to 14 out of 232 children in 2012/13. As a result we have gone from 1 <sup>st</sup> to 2 <sup>nd</sup> in Wales, but we are still performing better than the all Wales average.						
SCC0 04	The percentage of children looked after on 31 March who have had three or more placements during the year. <b>(NSI)</b> <b>Improvement Direction: Lower result is better</b>	6.9%	5 <sup>th</sup> out of 22	6.2%	9.4%	13 <sup>th</sup> out of 22	8.3%
	Of the 276 looked after children 26 had 3 or more placements during the year. Compared to 21 out of the 304 in 2012/13. Although performance has got worse there are particular issues regarding WG data requirements. On the 1st April all LAC children are counted as having had 1 placement move even if they are in long-term placements. A planned return home, or a move to an adoptive placement are also counted despite ending the child's period of being looked after. Our position in Wales has gone from 5 <sup>th</sup> to 13 <sup>th</sup> and we are performing worse than the all Wales average.						
SCC0 11b	The percentage of initial assessments that took place during the year where there is evidence that the child has been seen alone by the Social Worker. <b>(NSI)</b> <b>Improvement Direction: Higher result is better</b>	36.9%	13 <sup>th</sup> out of 22	45%	42.7%	13 <sup>th</sup> out of 22	42.9%

Ref	Description	2012/13		2013/14			
		Our Result	Position in Wales	Target	Our Result	Position in Wales	All Wales Average
	Compared to the 1,998 initial assessments completed in 2012/13, 1,804 were completed in 13/14. Of those there was evidence that 770 children were seen alone by a social worker compared to 737 in 2012/13. We remain 13 <sup>th</sup> in Wales and are slightly below the all Wales average.						
SCCO 33d	The percentage of young people formerly looked after with whom the authority is in contact at the age of 19. <b>(NSI)</b> <i>Improvement Direction: Higher result is better</i>	100%	1 <sup>st</sup> out of 22	100%	100%	1 <sup>st</sup> out of 22	93.4%
Page 73 ★	All of the 19 yr olds formerly looked after, were still in contact by the Authority in 2013/14. We have maintained our position as 1 <sup>st</sup> in Wales out of the 22 local authorities and we are also above the all Wales average.						
SCCO 33e	The percentage of young people formerly looked after with whom the authority is in contact, who are known to be in suitable, non-emergency accommodation at the age of 19. <b>(NSI)</b> <i>Improvement Direction: Higher result is better</i>	95.8%	11 <sup>th</sup> out of 22	95.8%	93.3%	9 <sup>th</sup> out of 22	92.7%

Ref	Description	2012/13		2013/14			
		Our Result	Position in Wales	Target	Our Result	Position in Wales	All Wales Average
	Out of the 30 young people, 28 were in suitable non-emergency accommodation at the end of 2013/14. We performed slightly worse than last year, but have improved from 11 <sup>th</sup> to 9 <sup>th</sup> in Wales and are performing above the all Wales average. It should be note that each year, the cohort of 19 year olds change, which impacts on the % figures, reported. In 2012/13 there were 24 19 year olds. Of those 23 were in suitable non-emergency accommodation. Therefore in 2013/14 the drop in % terms equates to 1 young person.						
SCC0 33f Page 74	The percentage of young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19. <b>(NSI)</b> <b>Improvement Direction: Higher result is better</b>	75%	5 <sup>th</sup> out of 22	75%	60%	9 <sup>th</sup> out of 22	54.8%
	Out of 30 young people, 18 are engaged in education, training & employment. The remaining young people are in contact with the 16 Plus Service and are actively being encouraged to engage in meaningful day time activities. We performed slightly worse than last year and have gone from 5 <sup>th</sup> to 9 <sup>th</sup> in Wales. However, we are still performing above the all Wales average. Again it should be noted that the cohort of 19 year olds change on an annual basis thereby impacting the % reported. In 2012/13 there were 24 19 year olds. Of those 18 were engaged in education, training and employment. It could be therefore, that performance has remained static in 2013/14.						

Ref	Description	2012/13		2013/14			
		Our Result	Position in Wales	Target	Our Result	Position in Wales	All Wales Average
SCC0 37	The average external qualifications point score for 16 year old looked after children, in any local authority maintained learning setting. <b>(NSI)</b> <b>Improvement Direction: Higher result is better</b>	157	20 <sup>th</sup> out of 22	198	238	15 <sup>th</sup> out of 22	262
	27 Looked after children aged 16, received 6,428 points with an average point score of 238.07 (All 2280 pupils aged 15 on the 31st August attained 1,037,296 points with an average score of 454.95). Our performance has improved compared to last year and we have moved from 20 <sup>th</sup> to 15 <sup>th</sup> in Wales. However, we are performing slightly below the all Wales average of 262.						
SCC0 41a	The percentage of eligible, relevant and former relevant children that have a pathway plans in place. <b>(NSI)</b> <b>Improvement Direction: Higher result is better</b>	99.3%	11 <sup>th</sup> out of 22	99%	100%	1 <sup>st</sup> out of 22	89.2%
	All of the 145 eligible, relevant and former relevant children had pathways plans in place as required. In 2013/14 our performance improved to 100% compared to 99.3% the previous year. Our position in Wales has increased from 11 <sup>th</sup> to 1 <sup>st</sup> . We are still above the all Wales average of 89.2%.						

Ref	Description	2012/13		2013/14			
		Our Result	Position in Wales	Target	Our Result	Position in Wales	All Wales Average
SCC0 01a	The percentage of first placements of looked after children during the year that began with a care plan in place. <b>(PAM)</b> <i>Improvement Direction: Higher result is better</i>	100%	1 <sup>st</sup> out of 22	100%	100%	1 <sup>st</sup> out of 22	90.9%
★	For the past 5 years 100% of 1st placements for looked after children have begun with care plans in place. There has been a decrease in the looked after children population with 92 first placements in 2013/14 compared to 122 in 2012/13. We have maintained our position as 1 <sup>st</sup> in Wales out of the 22 local authorities and we are also performing above the all Wales average.						
SCC0 11a	The percentage of initial assessments that took place during the year where there is evidence that the child has been seen by the Social Worker. <b>(PAM)</b> <i>Improvement Direction: Higher result is better</i>	67.5%	20 <sup>th</sup> out of 22	60%	77.3%	15 <sup>th</sup> out of 22	78.9%
😊	Of those 1,804 initial assessments completed in the year, 1,394 had evidence to show the child had been seen by a social worker. We have performed better than last year and have gone from 20 <sup>th</sup> to 15 <sup>th</sup> in Wales. However, we are still performing slightly below the all Wales average.						

Ref	Description	2012/13		2013/14			
		Our Result	Position in Wales	Target	Our Result	Position in Wales	All Wales Average
SCC0 25	The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations. <b>(PAM) Improvement</b> <b>Direction: Higher result is better</b>	74.0%	17 <sup>th</sup> out of 22	90%	95.5%	2 <sup>nd</sup> out of 22	85.3%
	There were 1,501 statutory visits to Looked After Children due in the year and 1,434 took place in accordance with regulations. This is an improvement on last year's performance, as a result we have moved from 17 <sup>th</sup> to 2 <sup>nd</sup> in Wales and performed above the all Wales average.						
SCC0 30a	The percentage of young carers known to social services who were assessed during the year. <b>(PAM)</b> <b>Improvement Direction: Higher result is better</b>	96.9%	14 <sup>th</sup> out of 22	95%	100%	1 <sup>st</sup> out of 22	85.9%
	All of the 65 young carers known to social services in 2013/14 received assessments. This is an improvement on last year's performance, as a result we have moved from 14 <sup>th</sup> to 1 <sup>st</sup> in Wales and performed above the all Wales average.						

Ref	Description	2012/13		2013/14			
		Our Result	Position in Wales	Target	Our Result	Position in Wales	All Wales Average
SCC0 45	The percentage of reviews of looked after children, children on the child protection register and children in need carried out in line with the statutory timetable. <b>(PAM)</b> <i>Improvement Direction: Higher result is better</i>	90.6%	8th out of 22	87%	96.6%	3 <sup>rd</sup> out of 22	89.6%
😊 Page 78	A total of 2131 children had their care plans reviewed within the statutory timescales. Of those children 2207 plans are due for review in the year. Of the 2,207 children 649 were looked after children of which 633 had plans reviewed, 523 were on the child protection register with 519 having plans reviewed and 1,035 were children in need, 979 of those had their plans reviewed. This is an improvement on last year's performance, as a result we have moved from 8 <sup>th</sup> to 3 <sup>rd</sup> in Wales and performed above the all Wales average.						

Source: Data Unit Wales – How did we do? 2013-14 Performance Information version dated 20/21 August 2014





## HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 2ND DECEMBER 2014

**SUBJECT: DEPRIVATION OF LIBERTY**

**REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES**

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### **1. PURPOSE OF REPORT**

- 1.1 To inform elected members of the changes in case law involving authorising deprivations of liberty for people in care homes and in the community.

### **2. SUMMARY**

- 2.1 On the 2014, the Supreme Court, considered 2 cases concerned with potential deprivations of liberty. These cases were:
- P (by his litigation friend the Official Solicitor) (Appellant) v Cheshire West and Chester Council and another (Respondents)
  - P and Q (by their litigation friend, the Official Solicitor) (Appellants) v Surrey County Council (Respondent)
- 2.2 In the above ruling the Supreme Court clarified the criteria for judging whether the living arrangements made for a person who lacks capacity amounts to a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights.
- 2.3 The ruling has many implications for how the Mental Capacity Act is interpreted and used and for the situations in which people can be lawfully deprived of their liberty.

### **3. LINKS TO STRATEGY**

- 3.1 Compliance with statutory responsibilities.

### **4. THE REPORT**

- 4.1 The application of the Mental Capacity Act 2007, and the Deprivation of Liberty Safeguards (DOLS) subsequently incorporated into the Act, is complex and complicated, and as such has been subject to interpretation by practitioners and the courts since its enactment. The Act, including the Deprivation of Liberty Safeguards, is currently under review by the Law Commission, which is due to report in 2017.
- 4.2 The above judgement, known as the “Cheshire West” case, has introduced a revised test about the meaning of a deprivation of liberty. The Supreme Court has now clarified that there is a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights when the following applies when the person is:

- Under the continuous supervision and control (and the care provided is imputable to the state),
  - Is not free to leave, and
  - The person lacks the capacity to consent to these arrangements.
- 4.3 As a result of the judgement the following circumstances are no longer relevant to the test of deprivation:
- The person's compliance or lack of objection,
  - The relative normality or quality of the placement ("a gilded cage is still a cage"), and
  - The reason or purpose behind the placement or restriction.
- 4.3.1 The latter circumstances influenced previous practice and contributed to low numbers of individuals considered to have been deprived of their liberty. The low numbers of deprivations have been highlighted in successive Annual Monitoring Reports on DoLS leading to an all Wales Inspection of DoLS practice to be conducted by Welsh Government in 2014.
- 4.4 There are 5 guiding principles in considering whether people lack mental capacity:
1. There is a presumption that people have capacity. Capacity is also issue and time specific.
  2. People are empowered to contribute to the process and helped in whatever way possible to engage.
  3. The foolish are not necessarily incapable.
  4. Decisions are taken in the best interest of the individual, and
  5. The least restrictive options are pursued.
- 4.5 There are different processes when considering deprivation of liberties depending on where the person lives. For people who live at home or in community settings, e.g. supported living placements, deprivations of liberty can only be authorised by the Court of Protection. For people who live in care homes, or are currently occupying a bed on a hospital ward, the deprivation can be authorised by a Supervisory Body. This authority is a Supervisory Body for people who now live in a care home setting. Care homes (and hospital wards) are known as Managing Authorities under the Act and, as the authority has its own care homes, this local authority is a Managing Authority. Thus this authority is, therefore, both a Supervisory Body and a Managing Authority under Deprivation of Liberty Safeguards.
- 4.6 To respond to deprivations of liberty in care homes Caerphilly is part of a Pan Gwent Consortium where assessments are coordinated through a small DoLS Team managed by Aneurin Bevan University Health Board (ABUHB). Before the Supreme Court judgement the team comprised 2 Best Interest Assessors (BIA's) supported by casual staff and administration. The original funding for the team was through grant funding for DoLS from Welsh Government, the responsibility for DoLS resides with each local authority and ABUHB individually. Subsequent to the judgement authorisation was given to recruit 2 additional BIA's from existing resources. Further funding has recently been agreed to increase the staffing by 6 FTE with agreement for each statutory body to contribute funding for a further BIA including associated training costs.
- 4.7 The Supreme Court judgement is recognised as having a significant increase in the demand for assessing for potential deprivations of liberty. Actual numbers are difficult to estimate due to the individual nature of people's circumstances and care provided, and there are variations in estimates across local authority areas in England and Wales. Within Caerphilly we estimate that potentially 776 people may be deprived of their liberty based on the Supreme Court ruling (see 4.2 & 4.3 above). This is broken down into 459 people in long-term care placements, and 132 people who live in supported living type settings and 185 people in the community.

- 4.8 The judgement has significant implications for local authorities and Health Boards:
- 4.8.1 For those people in care homes and hospitals (including Continuing NHS Health Care) who require an authorised DoLS involves a complex assessment process (6 assessments ranging from an age requirement to complex needs assessments and best interest assessments and decisions). This has to be done at least annually for each resident and on each significant change in circumstances.
  - 4.8.2 For those in community settings – their case would need to go to the Court of Protection. These cases are currently reviewed four monthly at the Court of Protection for the first year and then annually if there are no objections; if there are objections then 4 monthly. This has significant implications for current social work practice specifically in increased complexity and time management, should numbers increase substantially.
  - 4.8.3 Those people who fund their own care, and lack mental capacity are also subject to the same provisions if they are resident in a care home and will need to be assessed by social workers to ensure they have not been inappropriately placed in long-term care by family members or others who lack the necessary legal decision making powers to do so.
  - 4.8.4 The capacity of Gwent Deprivation of Liberties Safeguarding Supervisory Body is insufficient to manage the demand. This situation is replicated across all Local authorities and Health Boards in Wales, and those in England who have responsibilities.
  - 4.8.5 The current waiting list (25/9/2014) stands at 700+ across the Health Board and 5 Local Authorities to manage the risks a screening tool has been implemented to identify those individuals at greatest risk in order to prioritise their assessment over those who would normally not have fallen within the criteria of the safeguards.
  - 4.8.6 The level of required increased advice and activity around cases, particularly those going to the Court of Protection, has implications for Legal Services.
  - 4.8.7 Taking Court of Protection legal proceedings and defending challenges to these illegal detentions will be expensive and no budget exists for this volume of work.
  - 4.8.8 There is a risk of litigation, particularly in cases where we may have taken action to protect people by care arrangements where families are not in agreement with our actions, or has implications for them e.g. potential breaches of the Convention of Human Rights on the right to family life.
  - 4.8.9 There is a lack of capacity in the Court of Protection and with the official solicitor's office to deal with this many cases coming forward. The fact that the Court of Protection does not have capacity to deal with issues does not excuse the Council from having to make applications. The Court of Protection is working on a fast tracked "paper process" for non-contested cases, although each application will still require the authorisation of a judge.
  - 4.8.10 There are significant issues for the authority in relation to our Managing Authority status as we provide residential care and the community resources identified above. The ruling will mean that we will have services for people suffering from dementia where everyone receiving that service will be deprived of their liberty under DoLS e.g. dementia care homes.
  - 4.8.11 The ruling substantially changes the practice requirements for social workers both in knowledge, training, and complexity. This is significantly so where applications to the Court of Protection are involved. Given the numbers of cases identified and the increases in practice requirements social work capacity and training resources will be required.

Welsh Government has not yet issued guidance in relation to the management of these increased applications.

- 4.8.12 The Association of Directors Social Services (ADSS) have met with Welsh Government and agreed to work closely with Department of Health (DoH) and Association of Directors Adult Services (ADASS), Welsh Government is already represented on the national steering group.
- 4.8.13 It was agreed to set up Welsh steering group and an expert network group. Who will be responsible for developing an action plan which training, streamlining process and forms, mapping needs, advise to care homes using CSSIW web site, risk management and development of an audit tool.

## **5. EQUALITIES IMPLICATIONS**

- 5.1 There are no equalities implications arising from this report.

## **6. FINANCIAL IMPLICATIONS**

- 6.1 Financial implications to date are £58,587 per organisation for recruitment of additional staff with associated training.
- 6.2 There are other financial implications detailed in the body of the report, significantly around the provision of an appropriate number of Best Interest Assessors, legal support and court fees, training for staff on mental capacity as well deprivations of liberty (currently being arranged with the Workforce Development Team), and on social work resources particularly those supporting people who live in the community.

## **7. PERSONNEL IMPLICATIONS**

- 7.1 There are no personnel implications arising from the report.

## **8. CONSULTATIONS**

- 8.1 All consultations are included in this report.

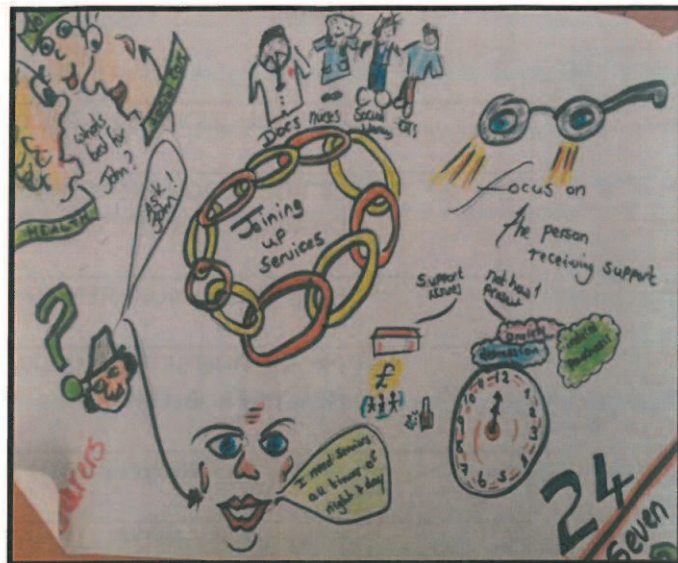
## **9. RECOMMENDATIONS**

- 9.1 Elected members note the changes in the case law and the implications for practice and resources.

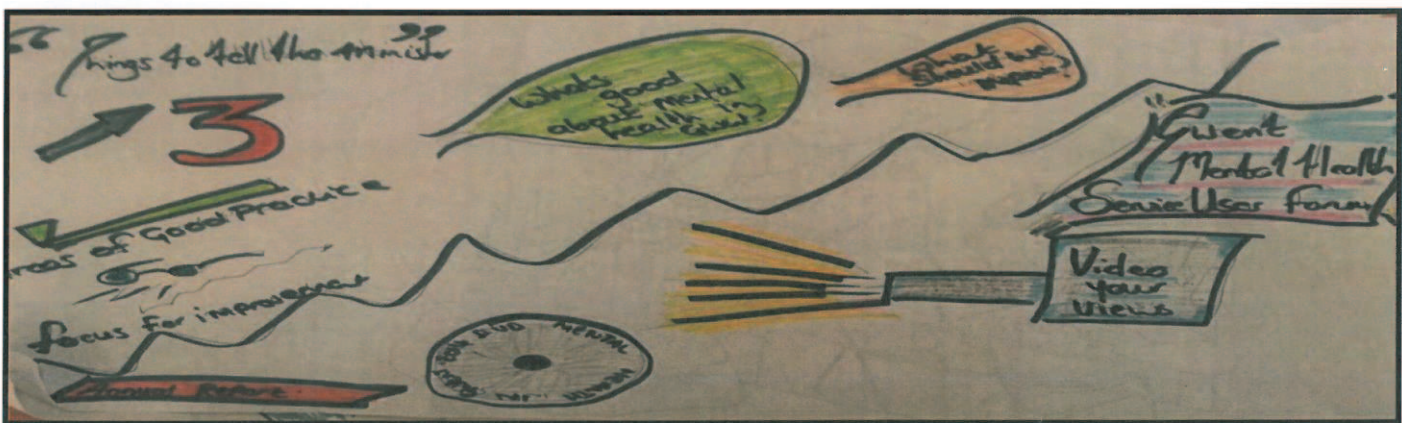
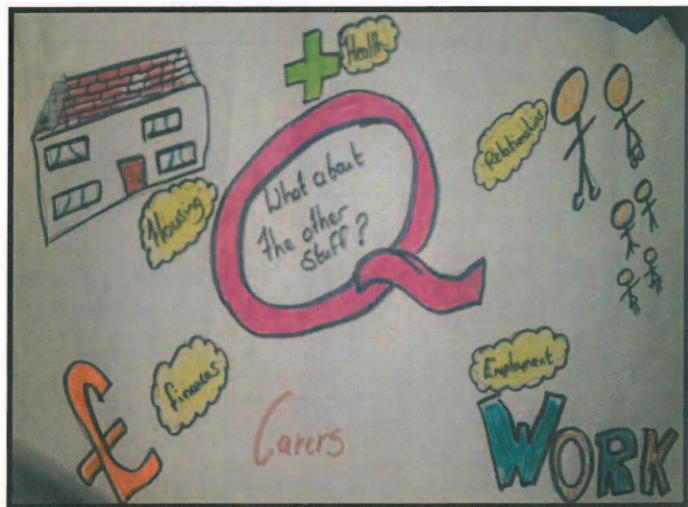
Author: Stephen Howells, Service Manager for Older People  
Consultees: Dave Street, Director of Social Services  
Jo Williams, Assistant Director, Adult Services  
Senior Management Team  
Cllr Robin Woodyatt Cabinet Member Social Services

Appendices:  
Appendix 1 - A National Review of the Deprivation of Liberty Safeguards





**GWENT MENTAL HEALTH & LEARNING DISABILITY  
LOCAL PARTNERSHIP BOARD  
ANNUAL REPORT**



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## 1. INTRODUCTION FROM THE GWENT SERVICE USER FORUM

Firstly we would like to say how pleased we are as service users of mental health services across Gwent to be given an opportunity to inform this annual report, where we have been able to share with you our experiences, thoughts, feelings and ideas. We feel that the Gwent Service User Forums provide us, and carers of services users, with a safe environment to have our voices heard, each and every one of us, actively participating in the development and evaluation of the services that we ourselves receive.

Working in such close partnership with ABUHB and the Councils in Gwent, not only provides us with opportunities to tell those who provide the services we receive what needs improvement and what isn't working, but also a platform to showcase all the good work and support that is being provided and received across Gwent; supporting service users through recovery and enabling us to live active and fulfilled lives.

As you read through the service user elements of this annual report, many of the experiences are negative ones – highlighting what needs to change or be developed. However, as service users we feel that the very nature of us being able to share these experiences and ideas for development provides us with a fantastic opportunity to move forward collaboratively and effectively, with service providers to get services right.

At the end of a productive day at Deri Community Centre, we – service users & carers, had agreed on a number of key priorities that we felt were emerging themes throughout the day, those that then provided us with areas that we felt were required to be developed. These were:

- Funding – More services are required such as 'out of hours.' Concerns were also raised regarding lack of staff, day centres closing do to funding cuts which are the areas where people receive peer support.
- Education – To tackle the stigma associated with mental health by providing education to schools, housing associations, GPs, employers and the media in general.
- Support – more crisis support systems and better coordination of support in Primary care.

As already mentioned, service user involvement & working in partnership with ABUHB and the Councils isn't only about highlighting the gaps. We need to regularly let people know what works well, what we like and what we need more of. Below are three strengths that came from discussions at Deri, positive areas that we feel work well and are effective contributors to us feeling supported. They are:

- Third sector support
- Development of early intervention
- Peer support

We are pleased our views are strong throughout this report.

*Developed by Linda Williams and Laura Morgan – Service User Development Officers based on the views shared by service users in Gwent*

## **2. INTRODUCTION FROM THE CHAIR OF THE GWENT MENTAL HEALTH & LEARNING DISABILITY PARTNERSHIP BOARD**

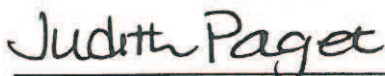
On behalf of the Mental Health & Learning Disability Partnership Board, I am pleased to present our 2<sup>nd</sup> Annual Report against the National Strategy: Together for Mental Health.

The last year has once again seen a significant amount of work pass through the Mental Health & Learning Disability Partnership Board that has responded to both the National Agenda and our local priorities. It is not however been without its challenges, a number of pressures have presented a challenge for partners locally in considering where to invest their time and priority as they redesign services for the full population.

It is exciting that this Annual Report has been compiled by Service Users, carers, and staff alike... through this approach there is a very good reality check, that tells us how it is from the lens of people both receiving and delivering our services. It is clear as you read this report that there are times when Service Users and staff share common views on the successes and areas for development, yet others where there remain very different perspectives. In knowing where these differences lie, we have a clear focus on the work that needs to be done over coming months and which will improve experiences and perspectives. The majority of examples cited throughout the approach are age inclusive.

Last year we committed to undertaking many developments. The production of this Annual Report has been a useful reflection in assessing whether we have done what we said we would do. I am pleased to say that for the majority of areas we have, and many examples of good practice are shared through this report.

I look forward to the year ahead, and know that the new Chair of the Partnership Board Simon Burch of Monmouthshire Council will continue to steer the Partnership Board with a clear and firm emphasis on ensuring Service Users are not only at the heart of this Annual Report, but also at the heart of service delivery and service improvement.



**Judith Paget**

**Interim Chief Executive Aneurin Bevan University Health Board  
Chair of the Mental Health & Learning Disability Partnership Board**



### 3. HOW THIS ANNUAL REPORT HAS BEEN PREPARED

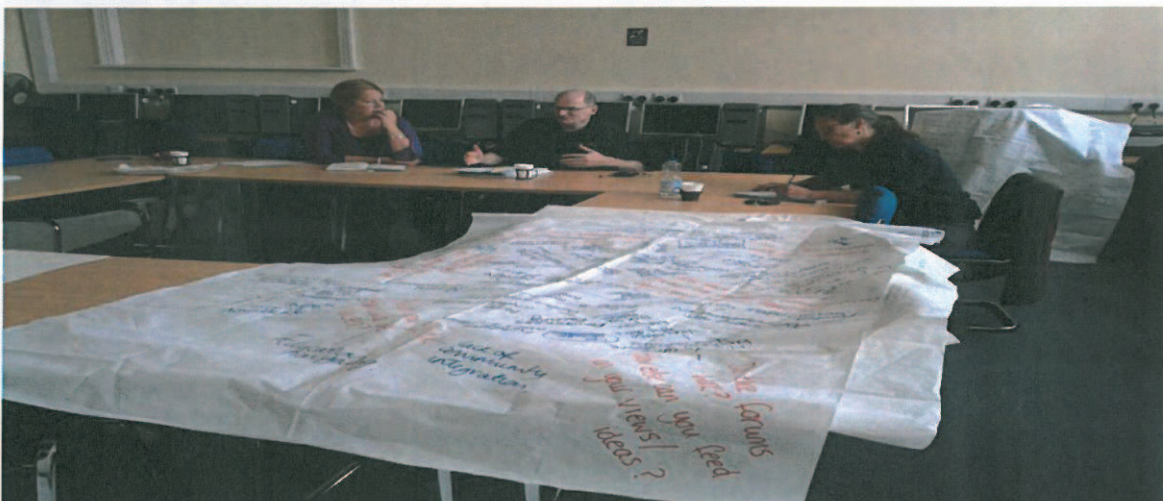
This Annual Report has been co-produced between people who have a mental health issue and people who provide services that support good mental health/well-being. Whilst it looks like a traditional Annual Report, it has not been developed in a traditional way. We are proud of the approach we have followed and want to share that with you.

On the 19<sup>th</sup> August 2014, approximately 80 Service Users and carers from across Gwent, met in a community hall in Deri, Caerphilly to discuss what they thought had been particularly good about mental health in Gwent in the past year, and what they believed should be priorities for the next year.

The approach that was used to gain views was one of World Café, where discussions were held about each area within the National Strategy. Service Users and carers had the opportunity to visit each table, and were asked to draw or write their views that could be captured within the Annual Report. This session was also recorded and there was opportunity for individuals to speak individually if they wanted. A DVD that illustrates the process followed to inform the report is currently being finalised and will be shared on completion.

A number of Service Users also came forward to assist in the writing of the Annual Plan. All of the information was considered by a small group, and Service Users alongside the service user development officers then wrote sections for each chapter within the Annual Report. It is clear that Service Users and staff do not always share the same perceptions of their services and this gives us some further areas of focus for the coming year.

As this Annual Report covers the whole of Gwent via 6 statutory organisations and 5 Unitary Authority areas, it does not mean to be exhaustive but simply highlights some aspects of the work of the Mental Health & Learning Disability Partnership Board over the past year. It offers a range of updates from a variety of perspectives, and responds to Welsh Government's request for updates in particular areas. It reflects the priorities and areas of preferred updates from people who use the service and their carers and finally it presents areas of good practices that staff have selected to be included within the Annual Report. A more detailed update on progress with each of the areas contained within the National Strategy is attached at Annex A.





## **4. PROMOTING BETTER MENTAL WELL-BEING & PREVENTING MENTAL HEALTH PROBLEMS**

### **4.1 SUMMARY**

Well-being is positively associated with a range of positive health and social outcomes. Individuals who report higher levels of well-being tend to be more involved in social and civic life, to have better family and social relationships and to be more productive at work

The Gwent Mental Health and Learning Disability Partnership Board has adopted a broad approach which emphasises the importance of positive mental health as an integral part of overall health and well-being. Action is therefore focussed on building resilience, protecting and promoting mental health at an individual and population (community) level, at each stage of the life course. Emphasis is also placed on ensuring the early identification of those at risk of poor mental health and early identification of and intervention for those with a mental illness.

This approach will support resilient communities which help people to 'feel good and function well', the two elements of well-being as defined by the New Economics Foundation (2008).

With this in mind, there is an emphasis to ensure that as much activity as possible related to community well-being takes place in communities. Our vision is one which sees the wide range of community activities that are already underway through communities first, housing associations, voluntary activities etc, including aspects of mental well-being (e.g. 5 ways to well-being, tackling stigma) or indeed just recognising how being an active member of the community and meeting an individual's own aspirations for this has a significant contribution to make to individual well-being.

### **4.2 WHAT SERVICE USERS HAVE TOLD US ABOUT WELL-BEING**

#### **Views from the Gwent Service User Forum**

The benefits of the promotion and prevention of mental health illness are increasingly recognised with growing evidence of the burden of the disease and costs to the economy; however, mental health remains a low priority. Research indicates good mental well-being improves the quality of life, strengthens life and coping skills, improves emotional resilience as well as increasing self-confidence and self-esteem. At the forum, Service Users provided feedback about what they felt helps to promote better mental health, and what assists to prevent illness, and also suggested areas for improvement. Some of the feedback provides evidence to support the five ways to wellbeing. These are simple daily activities that can contribute to increased mental wellbeing which have been researched and developed by the New Economics Foundation (NEF). These activities are grouped in the areas of connecting with others, giving/doing something worthwhile, taking notice of your environment, lifelong learning and the importance of taking regular exercise.

At the Gwent Service User Forum, many suggested that good understanding and normal relationships really helped, especially interactions with the public in general. Several users talked about the importance of being with others who experience similar issues as a big help and provided them with the peer support they needed. Research suggests strong evidence that feeling close to and valued by other people is a fundamental human need and makes it clear that social relationships are critical for functioning well in society. Many users



highlighted social interaction with other humans was very comforting and extremely important to combat the social isolation to which many felt their illness contributed and is a symptom of. Further to this, users suggested that their local communities needed educating to develop greater knowledge and understanding towards mental illness and to develop more resilience, caring attitudes, patience and capacity for inclusion.

Service Users stated day centres such as Kensington Court and Hafal, provided them with numerous opportunities to get out of their homes, to visit and to avoid 'duvet days' so they could experience some form of social interaction. However, some expressed genuine anxieties about the future of these sanctuaries as the prospects of spending cuts may mean reduced avenues for connecting with others. These serious concerns appeared to generate feelings of being forgotten about, uncared for and also not mattering; and seemed an area that may potentially set people back, lead to a worsening in mental health and in turn increasing the risks to their mental well-being. Others stated they received good care and understanding from their family units, but not so much in their local neighbourhoods mainly because of the fear of being stigmatised.

Users described information, advice and guidance about healthy eating and the importance of regular exercise really helped to keep themselves in a good frame of mind. Others commented that walking the dog, being with animals and pets, and being outside in the fields or walking in the park on a sunny day helped them so much; others said their hobbies helped such as gardening. There is evidence that moderate levels of regular exercise can be considered as a viable mean of treating depression and is associated with lower rates of depression and anxiety amongst all age groups of the general public and is also regarded as essential for slowing age-related cognitive decline.

*Written by Elspeth Samuel on behalf of the Gwent Service User Forum*

#### **4.3 WHAT WELSH GOVERNMENT WANT TO SEE**

Specifically Welsh Government has asked for an update in the following areas:

- Promoting mental well-being in the broader population- including resilience in children and dementia prevention lifestyles in the elderly.
- Improving the physical health of people with mental illness.

#### **4.4 REGIONAL RESPONSE**

##### **4.4.1 PROMOTING MENTAL WELL-BEING IN THE BROADER POPULATION- INCLUDING RESILIENCE IN CHILDREN AND DEMENTIA PREVENTION LIFESTYLES IN THE ELDERLY.**

- *Community wide initiatives*

The Gwent Mental Health and Learning Disability Partnership approach to community resilience is the Five Ways to Well-being programme.

Five Ways to Well-being provides a framework for mental health promotion in the Gwent area:

- Connect
- Give
- Keep learning
- Take notice of the world around you
- Be active



Work/progress throughout the past year has built on that previously reported and includes the development and expansion of the Five Ways to Well-being network (a virtual network initially with a focus on adults but now including children and young people). It also includes the development and implementation of a Gwent wide training programme. A workshop is planned to be held in each Unitary Authority area in the coming year. Over 250 individuals from a range of statutory and third sector organisations have been trained and are members of the network.

In the last year, primary care professionals in Gwent have undertaken training on brief intervention that included the Five Ways to Well-being component.

In order to raise awareness, the Gwent Five Ways to Well-being website has been promoted and resources widely distributed, the link is: [www.publichealthwales.org/gwentfiveways](http://www.publichealthwales.org/gwentfiveways).

- ***Suicide and Self harm Prevention***

During March 2014 and in preparation for the new suicide and self harm prevention action plan for Wales (Talk To Me 2), the Aneurin Bevan Public Health Team organised a workshop to consider how partners can best work together to take forward the suicide and self harm prevention plan. The workshop was attended by over 30 individuals from a range of services including staff from Accident & Emergency, Welsh Ambulance, third sector providers and Welsh Government. A further workshop is planned for Autumn 2014 (depending on the release date of the plan) to consider next steps.

A specific example of work aimed to increase community resilience can be seen in the Caerphilly County Borough through the Communities First Mental Health Service. It is the only Community First structure in Wales that includes Communities' First Mental Health officers and works with people of all ages, who present with low level mental health issues to promote their well being. This is not a 'one to one' service but a 'self help' service encouraging people to establish networks in their own communities, these groups include:

- Bereavement and Loss
- Anxiety and Depression
- Gardening
- Ladies Singing sessions
- Mothers with young children (post natal depression)
- Advice and Information and sign posting for Mental Health Services

- ***Children***

Aneurin Bevan Public Health Team are working with key partners including ABUHB and Healthy School leads in Gwent to implement the **School Children's Health Improvement Programme (SchIP)**. The programme (based on the model being implemented in Cardiff and the Vale of Glamorgan) aims to ensure that children and young people have the necessary knowledge, skills, values and attitudes that equip them to lead safe, healthy lives. Key elements of the programme include the development of health profiles describing the health needs of children and young people in Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen and supporting schools and partners to adopt an evidence based approach to promoting the health of children and young people across a range of issues (consistent with the Welsh Network of Healthy Schools Scheme National Quality Award).



The South East Wales Safeguarding Children's Board has also undertaken some useful work in respect of suicide and self harm in the last year. Interested parties may wish to consider more detail by accessing: <http://www.sewsc.org.uk/professionals/protocols-guidance-and-useful-documents/>

**SET** - The SET (Safe Exercise Together) programme was adapted from the LEAP project (Loughborough Exercise Activity Programme) for adults. The aim of group is to provide youngsters with both a practical and theoretical knowledge base to help them overcome unhelpful/compulsive exercise and provide them with positive coping strategies. The group programme runs for 10 weeks and each session lasts 2.5 hours. The age range is 11-18years.

- **Dementia**

Partners in Gwent have established the first Dementia Board in Wales. One of the priorities of the Board is a focus on community based Dementia initiatives. Some of these are highlighted here:

**Monmouthshire Local Area Co-ordination Scheme** - This is an approach that originated in - Western Australia and has been implemented in parts of England and Scotland. The approach is based on establishing local co-ordinators within communities who work with people who may have required social services. By connecting with people early-on, building on their strengths and helping to form and build local connections, they help people find their own lasting solutions. The approach has been piloted in Abergavenny and Caldicot and includes working with people with dementia.

**Healthy Lifestyle choices as a means of preventing Dementia** - Vascular Dementia is the second most common form of dementia (following Alzheimer's disease). It is caused by reduced blood flow to the brain. Unlike other forms of dementia, many cases of vascular dementia can be prevented. It is important that this work starts at childhood and early adulthood and should aim to increase fitness, avoid obesity- cardiovascular disease and risk factors for vascular dementia. The *Living Well, Living Longer* programme being implemented in Gwent, is a cardio vascular disease screening programme. The programme aims to tackle inequalities in health, targeting the areas of greatest need to identify people at greatest risk of cardio vascular disease, to support them to stop smoking and to commence appropriate treatment interventions at the earliest opportunity. A number of smoking cessation programmes are currently being planned and/or implemented in Gwent (in addition to those provided by Stop Smoking Wales), including the delivery of Community Pharmacy Smoking Cessation services and a Hospital Smoking Cessation Service for in-patients at the Royal Gwent Hospital and Nevill Hall Hospital.

In addition to the Living Well Living longer work, the Gwent Substance Misuse Area Planning Board has also undertaken an alcohol needs assessment and has recognised the need to consider as a priority, alcohol use and its contribution to dementia.

#### **4.4.2 IMPROVING THE PHYSICAL HEALTH OF PEOPLE WITH MENTAL ILLNESS**

Within the Gwent area, there are a number of examples of good practice that we would share in respect of improving the physical health of people with a mental illness.

**Improving the physical health of mental health Service Users Toolkit:** The evaluation of the use of a *Toolkit* to promote the physical health of mental health Service Users has been carried out during the last year. As a result, a bespoke brief intervention training programme for mental health and learning disability professionals is currently being developed for implementation this year. It is envisaged that the programme will include a *train the trainer* element to ensure sustainability.

#### **4.5 SUMMARY OF CHAPTER.**

Partners have made steady progress in this area in the past year. It is clear too from service user feedback that this is a very important area and is where there are many ideas at both individual and group level. A key issue for Service Users appears to be the provision of day time activities. This is an area which will be considered further in the coming year.



## **5. A NEW PARTNERSHIP WITH THE PUBLIC**

### **5.1 SUMMARY**

We know that the environment in which we live and the way that we connect with our community is a factor in good mental well-being. We know too that people with a mental health need and those that surround them are experts in their own lives. Our vision has been to see mental well-being as a shared responsibility, that sees a strong voice from people and their loved ones who have used our services, and one which is truly committed to real involvement from all who have a stake in good mental health.

### **5.2 WHAT SERVICE USERS TOLD US ABOUT THIS THEME**

#### **A NEW PARTNERSHIP WITH THE PUBLIC**

##### **Views from the Gwent Service User Forum**

Themes emerging from discussions at the Gwent Service User Forum around a new partnership with the public were dominated by the issue of stigma leading to isolation and a lack of engagement with communities; inconsistent and 'hit and miss' support from health workers, (in particular GPs); how supported, engaged, and confident people felt with third sector and day centre provision; and the continued need for changes in attitudes through better education, positive and constructive media reports, and raising awareness.

Stigma can be regarded as a perceived negative attribute that causes someone to de-value or think less of another person. Stigma and discrimination towards those with mental health problems is acknowledged as a widespread and stubborn issue which can result in people feeling isolated, prejudiced and discriminated against, misunderstood and unsupported. Despite numerous initiatives aiming for better understanding of mental illness in order to try to break down negative social perceptions and behaviour, Service Users at the pan Gwent forum reported this still to be the case.

Initially, one of the first responses was 'what is stigma?', which might be interpreted that the term 'stigma' is not fully understood by some Service Users. On a service user level, prejudice and discrimination experienced may not be described as 'stigma' as such, but more in terms of how people experience daily relationships and social interactions in their local communities. Service Users reported isolation from their geographical communities as well as a lack of engagement, communication and social interaction. Users commented that 'we don't' engage and that 'people are afraid to talk to me'. They also said they felt a burden of having to explain time and time again about their issues, only for 'people to stop being my friend', 'people not talking to me', 'my neighbours ignore me because they think I'm strange', 'they're scared of me', 'they think I'm mad', and 'they don't understand'.

People rarely communicating and socialising with their neighbours has been reported as a growing social phenomena but it may appear that the social isolation already felt by mental health Service Users is experienced more acutely with feelings they are excluded,



shunned and don't belong in their neighbourhoods on the grounds of their illness. In contrast, Service Users reported how great they value peer support. They stated they find a welcoming like-minded and comforting community from their Local Authority 'day centres' by being with peers and making new friends who become their 'new family'. They also said they had confidence and trust in the staff. Some commented they received more help and engagement from third sector 'support groups', 'self help groups', and from organisations such as Hafal and Mind, than the statutory services. Some said they only engaged with third sector providers with some saying, that this was because response from other services (e.g GP counsellors) was poor while waiting lists for more effective help were extremely long. There were some concerns mentioned about day centre staff doing more paperwork than previously, leading to users feeling staff interact less with clients. Some clients felt so much more work was being put on staff, that there was less time for them to talk to them. Users felt it was not the fault of the staff but was due to Local Authority cuts and increasing staff workloads which left users feeling less supported and not listened to enough as a result.

The media was talked about as a vehicle which frequently highlights and publicises statistics about how commonly mental illness is experienced, backed up with numerous examples of celebrities personal stories. Service Users suggested the internet, TV soaps and radio are good tools to publicise mental health issues. They also called for better education from a young age, more understanding and events to raise awareness of the detrimental effects that negative attitudes and behaviours have on people who already experience low self esteem, prejudice, and high levels of social isolation. Some Service Users said the daily tabloids did not help when they sensationalise reports of violence, stalking, and attacks which they say were perpetuated by people 'with a history of mental health problems'.

In regard to consultations and forums between providers and users, many said these were very useful, as it was 'nice' to meet and be supported by people with familiar stories and similar experiences. However, there was doubt expressed about how strong an impact their views and 'voice' would have upon actual action and provision in terms of how services would change for the better.

*Written by Elspeth Samuel on behalf of the Gwent Service User Forum*

### **5.3 WHAT WELSH GOVERNMENT WANT TO SEE**

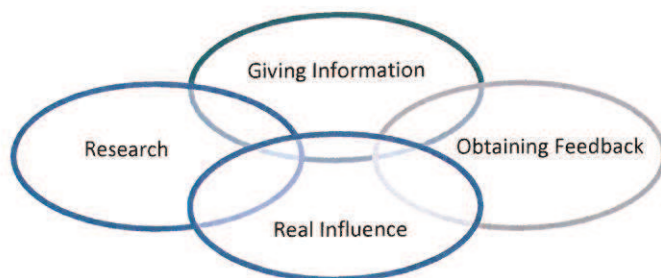
- Local approaches to service user and carer engagement
- Welsh language provision
- Addressing issues of equality and diversity.
- Tackling stigma and discrimination

### **5.4 REGIONAL RESPONSE**

#### **5.4.1 LOCAL APPROACHES TO SERVICE USERS AND CARER ENGAGEMENT**

Partners in Gwent have agreed an approach of engagement and involvement that spans the following 4 areas:





This model will form the basis of the service user engagement strategy that will be developed in Gwent in the coming year. During the last year, the following are examples of activities in each of these areas.

- **Giving information** - The Eating Disorder Service in ABUHB have developed a DVD to share information with Service Users. This has been very positively received and includes information from a service user themselves. Information is also routinely provided to patients re their right to service re-entry under part 3 of the measure.
- **Obtaining feedback** - A Service User satisfaction questionnaire has been undertaken using the All Wales NHS experience questionnaire. A total of 121 responses were received with the overall position being that of those who took part, the majority of Service Users are positive about the care they receive and how decisions regarding their care are made. They reported good experiences in respect of care planning and decision making, and areas for improvement in the environment and communications.
- **Real influence** - The Gwent Forensic strategy (1<sup>st</sup> in Wales) undertook extensive consultation with stakeholders including service holders in order to inform the priorities of the forensic service in coming years. This enables Service Users, staff and broader stakeholders to have real influence on the shape and priorities of the forensic service.
  - Service Users have been part of the recent recruitment process for the Service User Development Officer, holding real influence on what kind of skills and abilities the post-holder should have.
- **Research**- a research project has been undertaken, and supported by the University of Glamorgan and the mental health research network. The aim of the study was to consider whether Service Users were actively engaged in mental health delivery and development, and was a specific case study in the Blaenau Gwent area. The findings from the research will be incorporated within the overall service user involvement strategy being developed within Gwent.

Service Users are of course always included in decisions regarding their care due to the care and treatment planning process. Research undertaken to consider Service Users perspective of the effectiveness of this reported very positive findings.

During the past year, the capacity to properly engage with Service Users has been much reduced within Gwent due to high levels of sickness in our service user development officers. This has now been addressed and in recognition of the need to increase activity in this area, a further Service User Involvement Officer has been appointed. The small team will seek to implement a wide range of service user activities linked to both the national work program and local priorities as



they emerge. Central to this approach will be the development of a service user and carer engagement strategy and the development of an expert reference group. The Reference group will aim to ensure that the voices of those who engage through various fora across Gwent, are not lost. The reference group will enable a strong and informed voice into both the National and Local Partnership Boards.

#### 5.4.2 WELSH LANGUAGE PROVISION

All organisations that comprise the Mental Health & Learning Disability Partnership are compliant with the requirements for Welsh language. Partners in Gwent however recognise that the number of people identifying themselves as having a first language as Welsh is relatively small, moreover that there are many other languages that will need to be recognised, particularly in the Newport area which is the distribution centre for people seeking asylum, and where other languages may be dominant. Also we should consider the needs of people who may be for example deaf and where British Sign Language (BSL) may be their first language. Partners will seek to respond to the language needs of individuals as they arise, drawing on expertise across the area to support this (ie local translators).

#### 5.4.3 ADDRESSING ISSUES OF EQUALITY AND DIVERSITY

By the very nature of mental health, it could be assumed that those experiencing a mental health issue are vulnerable within our society. As such we have sought over the last year to build consistency of service delivery across all areas in Gwent.

Some examples of good practice we would share through this Annual Report are:

- **Mental Health and Deafness Steering Group** - Partners in Gwent have also established a mental health and deafness steering group. The group are developing an action plan to take forward a variety of local issues, and have within the last year undertaken an audit across all mental health teams in Gwent (children, adult and older adults to establish the baseline of awareness and practice within teams).
- **Community Inclusive Activities** - There are also examples of good practice in respect of tackling stigma and discrimination, which includes the Inside Out Art and Performance project. Inside Out Cymru is a voluntary organisation that provides community art experiences across Gwent, and seeks to ensure that people with the mental health issue are included and indeed positively targeted as part of their programs, ensuring that people with a mental health issue are supported within the activities, yet the broader community are too fully engaged. The approach seeks to reduce stigma and discrimination and aids the ability of people to connect with their community.
- **Shana Bashana Event** - Over 120 people from a range of Newports diverse communities attended an event aiming to end the stigma surrounding mental illness in June of this year. Activities at the unique event included singing, dancing and hearing from people living with mental health problems, as well as guest speakers, workshops and information stands. The event was organised as part of the Shana Bashana project - Urdu for 'Shoulder to Shoulder', which is funded by Time to Change Wales, the first national campaign to end the stigma and discrimination faced by people with mental health problems, and delivered by Newport Mind's Ashianna women's group the Ashianna women's group, based at Newport Mind. The Ashianna group aims to increase discussion and awareness of mental health issues, particularly among Newport's black and minority ethnic communities.

#### **5.4.4 TACKLING STIGMA AND DISCRIMINATION**

Implementation of Time to Change Wales is ongoing and work is building on that reported in the first annual plan. Aneurin Bevan University Health Board, Gwent Police, Torfaen County Borough Council and other members of the Local Service Board have signed the Time to Change Wales organisational pledge this Autumn. Work is still being progressed in Blaenau Gwent, Caerphilly, Monmouthshire and Newport councils.

#### **5.5 SUMMARY OF CHAPTER**

Partners locally place strong emphasis on the co-production of good mental health and well-being. Service Users clearly demonstrated the sustained challenge of discrimination and stigma, and the ability to build relationships with people who understand them and their needs.



## 6. A WELL DESIGNED FULLY INTEGRATED MODEL OF CARE

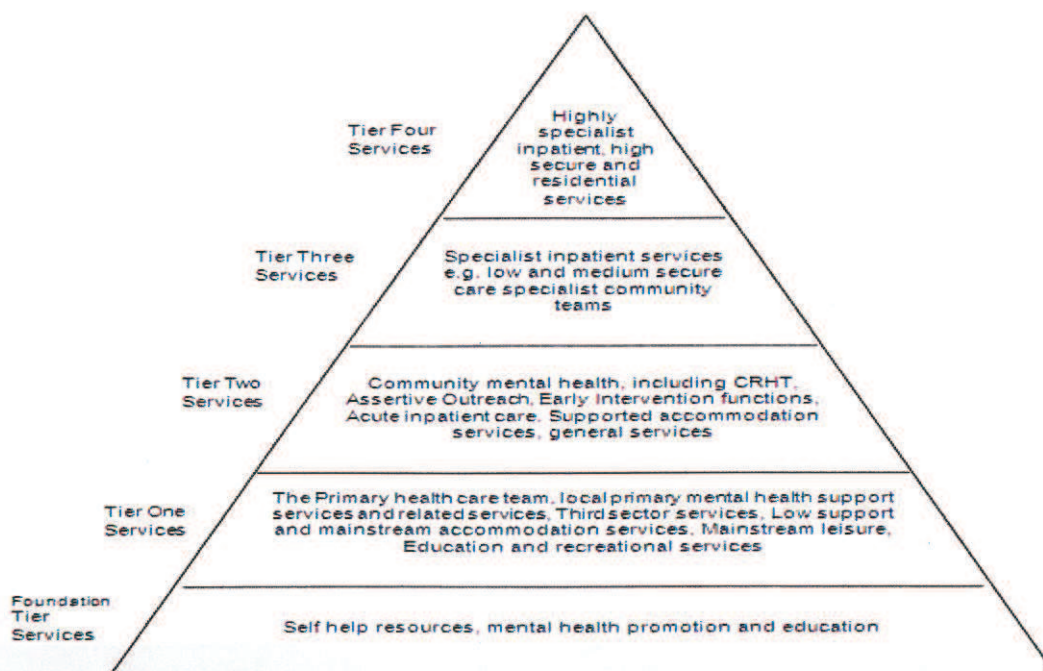
### 6.1 SUMMARY

As a Partnership Board, we have been consistent in our aspirations that services that we provide should have Service Users truly at the centre of their own care, receiving evidence based interventions at the earliest possible stage which are easily accessed and delivered in a timely, flexible and responsive manner. In fact we believe and have previously cited that services by all providers in the Gwent area, should be simplified and integrated, arranged around people and not organisations, and therefore provided across the public, third sector and independent organisations, utilising the assets that exist in the communities that people live. Our design principles are worth repeating:

- recognise the dignity of individual Service Users, respecting and valuing their diversity as well as acknowledging their major role in the process of planning and developing services.
- be grounded in respect for all those people who engage with these services, not only those using them but also their supporters and carers.
- provide practical advice and information for Service Users and their carers need as well as developing a consistently high quality, comprehensive package of care and support which minimises bureaucracy.
- make sure that the best and most effective treatments are widely and consistently available.
- be open to everyone providing age-appropriate care and support. It responds to people on the basis of need not age, ensuring that people with mental health problems are not discriminated against and have their mental health needs met.
- be delivered through a person centred approach. This value base will be consistent across all service areas.
- be based on the best evidence and be informed by (as well as informing) relevant research and development.
- be of high quality, safe and with clear processes for safeguarding.
- be focussed on interfaces between parts of the service to ensure this is smooth for the service user accessing them.

We see the provision of services to people with poor psychological well-being or mental illness as a single system, regardless of provider. We also aspire to enhanced collaboration between organisations at a population level that have an impact on good mental well-being ie housing, education etc, and therefore position our services in the wider system of community health and development.

Our model is developing all of the time, however as the basis for development we utilise the national service model for the mental health whole system:



Whilst though the remainder of this chapter is structured in a way that responds to the areas that Welsh Government have requested, it is worth while considering some of the developments and areas of good practices that have been undertaken along these tiers in the past year:

Foundation Tier Services	<ul style="list-style-type: none"> <li>• Wide availability of Five ways to Well-being resources.</li> <li>• Development of model (on paper) as to what a super group self help programme may look like.</li> </ul>
Tier One Services	<ul style="list-style-type: none"> <li>• Secured funding for computers to increase access to community based CBT in a variety of settings</li> <li>• Changed contract voluntary sector providers to ensure they can roll out broader than the unitary authority areas that they originated in.</li> <li>• Consistent use of recovery and beyond model (anxiety management, stress management, anger awareness and counselling) in all five boroughs in Gwent.</li> <li>• Workshops run with primary mental health services and third sector providers in their area in each of the unitary authority areas in Gwent to facilitate increased joint working and awareness of available services.</li> <li>• Excellent “market” place event in Blaenau Gwent bringing together a number of partner organisations that contribute in some way to mental health services (majority of which were related to support and help in a much broader arena than just mental health).</li> </ul>
Tier Two Services	<ul style="list-style-type: none"> <li>• Review of Community Mental Health Services demand, capacity and service user experience.</li> <li>• Review of assertive outreach team in respect of its efficiency and</li> </ul>



	<p>effectiveness.</p> <ul style="list-style-type: none"> <li>• Use of Vanguard methodology to develop a new team and approach to work with people with a mental health issue- LEAP.</li> <li>• Development of a tool to assist clinicians and managers to manage their case loads in community mental health teams.</li> </ul>
Tier Three Services	<ul style="list-style-type: none"> <li>• Development of safe ward initiative within PICU.</li> <li>• Development and consolidation of a new female ward (Bellevue).</li> <li>• Together for a safer future and integrated forensic mental health strategy for Gwent- the very 1<sup>st</sup> forensic strategy within Wales.</li> </ul>
Tier Four Services	<ul style="list-style-type: none"> <li>• Within the year an outline of how services for people with a complex need has been undertaken and will be progressed as a needs assessment and workshop within the coming year.</li> </ul>

## 6.2 WHAT SERVICE USERS TELL US

### Views from the Service User Forum

Service Users shared positive experiences of support received by third sector organisations. Although Service Users & carers felt that key pieces of work were being “picked up” by mental health organisations & support services within the third sector, they spoke extremely positively of that support & how some of those services were a “god send”. It was clear that third sector were a key element in supporting those services users engaged within primary care, however it was also highlighted that there needed to be a focus on developing this support within primary care, ensuring Service Users are able to access “the right person at the right time”. A number of poor experiences with GPs were shared.

Core primary care services support continued to be the focus of some frustration. Service Users described GP support as “pot luck” – highlighting inconsistency in GP knowledge & understanding of mental health & the support available for Service Users. Some services users described GP’s as “amazing” and “very understanding”, however the ability to see that same GP when required was very rare, adding to the stress and anxiety of the service user. Comments such as “Doctors appointments are too long to wait for”, “not enough time with GP”, were repeatedly being voiced by Service Users. There was also a feeling that GPs needed more awareness of alternative services that were in their community “GP’s don’t recognise how good MIND or voluntary sector is”

Service Users shared experiences of “waiting too long” for specialist services, such as counselling, and in the meantime being “left high & dry”. Service Users felt that services needed to be “proactive not reactive”, offering support to people before they reach crisis.

In discussing Out of Hours care & support, Service Users shared experiences of “answer machine messages not being responded to”, and stated that “Phone numbers are useless if no one delivers with services”. Service Users continually identified a need for an emergency mental health line, “rather than resorting to 999”. There was a strong indication from Service Users that Out of Hours services were not as good as they could be and they felt that this is when ‘it breaks down’. There is suggestion that some Service Users go to extremes to access support (i.e. getting arrested or turning up at Accident & Emergency Departments). Service Users felt small changes to primary care support could dramatically reduce Service Users re-entering services unnecessarily.



Further suggestions from this discussion focussed on the need for an emergency mental health service. Service Users expressed concerns around bank holidays and weekends. "Mental health is 24/7 – the service should mirror the need".

Suggestions for improvement from Service Users were:

- Better resources for GP's to effectively support Service Users & the need to look at increasing the capacity of specialist services (talking therapies) making them more accessible.
- Emergency care & crisis response – the requirement of an emergency service for mental health.

*Written by Laura Morgan on behalf of the Service User Forum*

### 6.3 WHAT WELSH GOVERNMENT WANT TO SEE

Welsh government specifically requested update on:

- Service innovations to improve quality and safety
- Access to psychological therapy
- Ongoing implementation of the measure
- Out of hours/ crisis services
- Action to respond to the WAO/HIW report on CAMHS and transition.
- Early diagnosis of dementia (response to the Andrew's report)
- Progress towards a co-morbid substance misuse pathway

### 6.4 REGIONAL RESPONSE

#### 6.4.1 SERVICE INNOVATIONS TO IMPROVE QUALITY AND SAFETY

There are a number of service innovations that have been developed within the last year to improve quality and safety. This Annual Report will not have the potential to present all of them however the following are shared as examples of developments that have been achieved.

- **Integration**

One of the main areas of focus of the Mental Health & Learning Disability Partnership Board in Gwent during the last year has been on integrating care. The partnership has remained committed to the following description of integration:

*'integrated care is one in which I can plan my care with people who work together to understand me and my carers, allow me control and bring together services to achieve the outcomes important to me'*

The Partnership Board has over the past 3 years been exploring the best model to pursue integration. It had originally pursued an ambitious programme where integration would have been enabled at three distinct levels (service delivery, management structure and governance). It has however more recently decided that it will pursue the service delivery level in the first instance. It has therefore featured in the last year heavily on a whole system review of mental health services, applying the Vanguard Methodology.

- ***LEAP Team – A New way of working with people with a mental health need***

This spring, over 70 senior directors, operation and service / team leaders from multiple stakeholders took part in a full service review facilitated through Vanguard Whole system management methodologies. As part of the review, participants spoke to Service Users, carers and staff, and also observed our existing systems by taking part in multi disciplinary teams or working within the duty desk. They also considered patients files and looked at the processes that were running within the existing mental health system.

Through doing this, they then designed new systems principles on which mental health provision should be based putting the service user at the centre of support, pulling teams and services in around them where appropriate.

A team called LEAP (Listen, Engage, Act and Participate) has been established in the North of Caerphilly County Borough and is currently working with 3 GP practices to test a new way of working with people with mental health needs. The team comprises of a group of differing roles and skills and includes a Support Worker, an Occupational Therapist, a Social Worker, a Mental Health Nurse, a Psychologist, and rapid access to a Psychiatrist. The team is taking all referrals from the GP practices and piloting what a team without boundaries could achieve if it were to work with patients in a different way. From the pilot thus far, it is clear that the majority of people that are presenting to primary care (GPs) with a mental health need appear to have an underlying structural or social need. As such the new team has worked with people to address the issue sitting behind their presentation (e.g: depression, anxiety) and has facilitated the individual to access services that deal with the underlying cause as well as to the presenting factor.

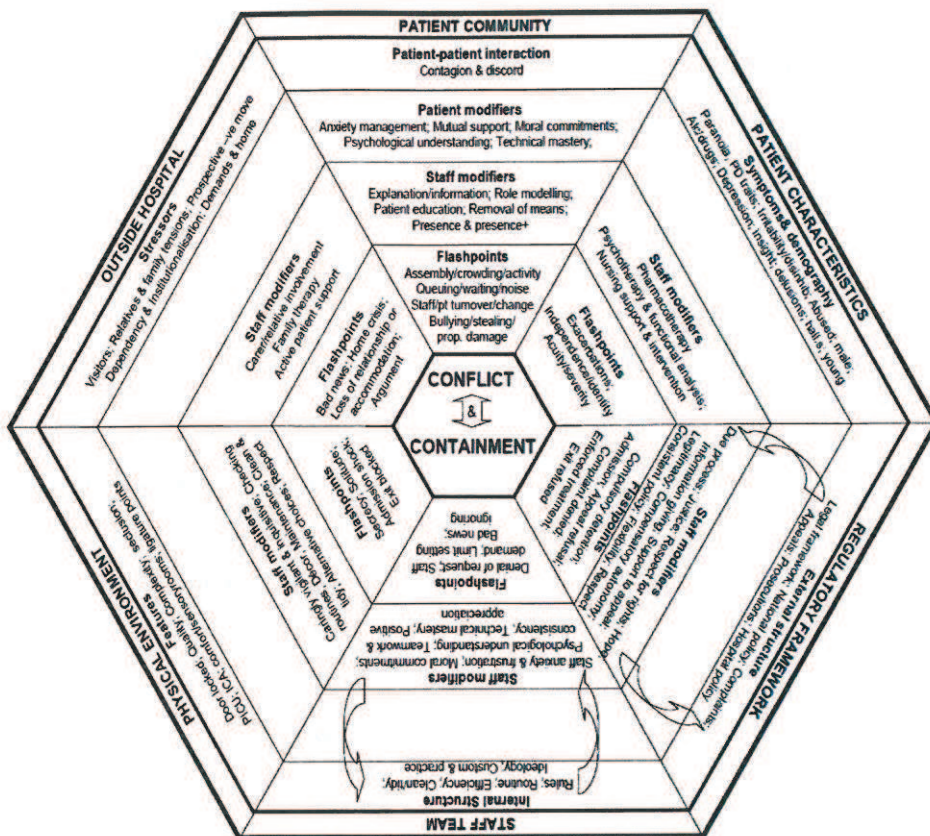
It is hoped working in a more integrated approach, listening to the service user will see a decline in numbers of Service Users entering into secondary care and provide a more medical-social model to service user practice and support.

The pilot has helped us to learn a considerable amount about the primary/ secondary care divide and indeed the interfaces between our existing secondary care services. This is an area we would like to share with Welsh Government in respect of the development of further guidance around community based mental health teams. Our approach has been one of recovery and person centred outcomes. It appears to be having a significant effect and has the potential to change the way in which we deliver services, how responsive we are in the delivery of those services, and indeed the skill mix of teams that support people with a mental health need.

- ***Safe Ward Initiative***

A specific example of where services have been modified to improve quality and safety is on the intensive care unit within St Cadocs Hospital. Staff within the unit have developed a safe ward initiative as follows:





Two examples of specific note are a *discharge message tree* and the *getting-to-know-you folder*.

*The discharge message tree* enables Service Users that have had a stay in the intensive care unit to offer messages about their care, about the unit and a variety of other issues. The tree itself has been painted and developed by a service user and is used regularly by patients leaving the Unit. Staff on the ward are collating the information that comes from this tree as a means of continued service improvement.

*The getting-to-know-you folder* has information about every staff member that works or visits PICU, along with their picture and some general information about them (eg a favourite football team, or TV programme). The basis of this initiative is one of mutual disclosure and exchange.

- **Liaison Service**

A Nurse Liaison role, has been developed as a vital link between District General Hospitals, medical wards and Community Mental Health Teams. The service has been developed for adult, older adult and learning disability clients. The approach has helped staff across the varying disciplines to recognise issues of delirium, mental health and has improved communication and planning across service areas.

- **Children**

A **Childrens Partnership Board** made of representatives from each of the Statutory Organisations in Gwent has been created in order to develop integrated physical and mental health care services. The Partnership is currently working through its joint priorities, however is likely to

include a model for integrated children centres with Local Authority and child health to ensure a service that has emotional well being and mental health as a fundamental component of services.

The **Skills for living service**, focuses on the mental health needs of looked after children. Evidence suggests that young people leaving care are more likely than their peers to:

- Engage in substance misuse (DoH, 2009)
- Spend time in prison (Social Exclusion Unit 2002)
- Be unemployed and living in poverty (Barn and Mantovani, 2007)
- Be homeless within six months of leaving care (Coombes, 2004)
- Be a teenage parent (30 per cent are parents by the time they leave care, Richard and Lelliott, 2003)

The service has recently been successful in obtaining project funding, supported by Local Authority and Health Board funding to continue to deliver the service.

- **Older People**

**Reduction of Anti-Psychotics** - Good work has been undertaken in the last year in respect of the reduction of antipsychotics in older people's care. Efforts have been made to review the use and ensure that antipsychotics are only prescribed when other approaches have failed. There has been training and education across residential nursing homes in order to ensure that the risks of prescribing and administering antipsychotics are understood. A number of homes within the Gwent area have reduced the use of antipsychotics following the series of training and education sessions and found other ways to manage behaviours that challenge.

**Dementia Friendly Environments** – Gwent has a Dementia Friendly Environments group which focuses on building knowledge and skill across the area in relation to dementia friendly environments. Key issues include understanding of sensory difficulties that co-exist with dementia, build a knowledge base in relation to developing physical environments, reducing the potential for unnecessary spending, improving patient safety and increasing the quality of in-patient stays.

**Technology & Well-Being** – Money has been secured to develop a range of resources to deliver 'failure free activities' on in-patient units, in-line with target 5 of the Dementia Intelligent Targets. A pilot pack of technology resources including ipads, ipods, light projectors, reminiscence DVD packs, and aromatherapy equipment has been developed and will initially be piloted on one ward with a robust evaluation framework as to its impact and outcomes for patients. Subject to a successful evaluation, a Gwent wide and South Powys roll out programme will be enabled.

- **Dementia**

A **Dementia training package** has been developed to support the care of people with dementia on in-patient wards. This training includes specialist courses and one day workshops. Examples of these are:

- Palliative care for people with dementia;
- The development of the "Butterfly Scheme"
- A staff toolkit that is being cascaded right away across the Health Board's wards.



The training has given clinicians across a range of professions increased skill, which has enabled them to improve the quality of care that they provide for individuals.

**Improvements in memory services** have been seen in many areas of Gwent. The work is being collaboratively led between the Alheimers Society and the Aneurin Bevan University Health Board. The joint approach ensures an increase in the amount of people with memory problems who are able to be assessed and enables a faster response to accessing evidenced based treatments.

The **“Butterfly Project”** has been adopted in all Older Peoples Residential EMI Care Homes in Caerphilly and Blaenau Gwent County Borough Council areas. This helps to focus on cultural change across the whole system in order to develop a person centred and relationship focused approach. In addition all managers within this service area are currently undertaking the Dementia Matters training. This training is also actively underway within Monmouthshire County Council.

#### **6.4.2 ACCESS TO PSYCHOLOGICAL THERAPIES**

During the past year, it has been a challenge within the Gwent area to achieve the Tier 1 targets relating to primary mental health services. This is been due to a variety of factors:

- The different models of care across Wales resulting in measurement of target times not been consistent across the varying models.
- A need for increased access to psychological therapies within Gwent.

This section therefore outlines work that has been planned within the current year that is likely to be achieved in the forth coming period and relates to how access to psychological therapies would be increased.

- Building therapeutic capacity at Tier One to reduce demand at Tier Two  
We will be making a significant investment in training PCMHSS staff in trauma and mindfulness based approaches (EMDR and MBCT) to reduce demand on Tier Two services
- Building capacity to deliver psychological therapies in the wider workforce  
The PTMC is committed to improving access to psychological therapies by increasing the skill base of the wider workforce across mental health services. It will be coordinating a workstream to ensure that training of the wider workforce leads to implementation and is delivered with appropriate quality safeguards (eg regular supervision).
- Increasing the availability of NICE recommended psychological therapies  
People using psychological therapy services across ABUHB are able to access the majority of NICE recommended interventions. However, the investment in training has enabled us to address gaps where these have been identified.
- Taking a cross sector approach to training  
It is hoped that some of the training initiatives (for example, introductory workshops on DBT skills and Acceptance and Commitment Therapy) can be offered to our cross sector colleagues, building links with and capacity within our foundation tier services.

#### **6.4.3 ONGOING IMPLEMENTATION OF THE MEASURE- INCLUDING CO-PRODUCTION OF CRITICAL TREATMENT PLANS AND QUALITY ISSUES**

The four parts of the measure continues to be implemented within the Gwent area. The following outlines some of the key achievements and areas for improvement in each part over the past year:



**Part 1: Development of Primary Mental Health Services-** Gwent was ambitious in its model for the development of Primary Mental Health Services and sought to ensure that there were teams of primary care practitioners working alongside General Practice delivering services in clusters that were aligned with locality network models.

This service has seen significant demand and as a service that sees everybody that is referred to it (unlike some models in Wales where clients have to opt in and then engage in telephone triage) it has been overwhelmed by the extent of demand. As such there is the need to better manage demand and also use existing capacity within the rest of the system (example: Third sector provision). There is also potentially the need for partners to pause and reflect on the model that it put in place and how this fits with the overall system. Whilst partners in Gwent remain committed to the model that they developed and believed this to be truly in the spirit of the measure, the focus and pressure on the achievement of Tier 1 targets may mean that this needs to be revisited.

**Part 2- Care & Treatment Planning** The number of people with a Care and Treatment Plan in Gwent has increased. The emphasis in Gwent in the last year and indeed in the forth coming one, is on the quality of the care and treatment plan. The LEAP project has tested a new way of working in respect of care and treatment planning, It has not used the assessment process that sits before the care and treatment plan, however has used the recovery STAR and outcomes model through which it has a meaningful conversation with Service Users. The care and treatment plan is then only developed from a meaningful conversation and reflects what the outcomes would be for the individual that has been stated through their words and not related to a structured form.

**Part 3- Re-entry to the service.** The number of Service Users re-entering mental health services across Wales has not been excessively high. As such there has been increased attention paid to cascading information relating to how Service Users can have access to service. One example of good practice within the Gwent area relates to multi-agency partnership which is in place in the Caerphilly County Borough, and seeks to support secondary care Service Users with re-entry to the service, where necessary but also preventing relapse and promoting recovery in order to prevent unnecessary demand in this area.

**Part 4- Extending Independent Mental Health Advocacy.** The introduction of Part 4 has been received positively by patients and professionals. The Measures provides a continuum of advocacy support when patients move from formal to informal status and vice versa. This has resulted in an 100% increase in activity for the service. Aneurin Bevan University Health Board has recently undertaken a re-tendering process for this service. As a result a new Provider has been commissioned to provide this service. This means that a further exercise of awareness raising and training will be carried out across the Aneurin Bevan University Health Board foot print which will prove beneficial to both patients and professionals in understanding their rights and obligations under this measure.

#### **6.4.4 OUT OF HOURS/ CRISIS SERVICES/ SECTION 136-SAFETY AND RISK MANAGEMENT**

- **Section 136 – Safety & Risk Management**

During the past year, the use of police custody suites as ‘a place of safety’ to detain individuals who appear to the police to be mentally disordered and in a public place has come under increased national scrutiny across England and Wales. Welsh Government required the Health Board and its partners ( LA’s , Police, ambulance, third sector ) to consider the findings in ‘A



Criminal Use of Police Cells' and to refocus efforts to understand the regional ( Pan Gwent ) context and performance in respect of S136. The section 136 Suite is an all age facility.

The Gwent S136 group was refreshed with a new chair, revised membership and a revised terms of reference; reporting to the Gwent Mental Health & Learning Disability Partnership Board. A work programme is in place that identifies the strategic priorities that will enable partners to develop a better understanding of performance in respect of S136 and to collaborate across partners to deliver improved performance. To date the group have:

- Engaged with ABCi Team who are supporting a piece of work to better understand the Gwent data.
- Piloting a solution to a place of safety for children and young people so they are not detained in police custody suites, this has involved providing clinicians with appropriate training to meet the needs of C&YP and commitment from CAMHS clinicians to support adult clinicians in the assessment process.
- Developed and delivered training on the S135 & 136 MHA (1983) to senior staff across partner organisations.
- Commenced development of a training package for frontline police officers to raise awareness of mental distress, mental disorder , access to information to assist with decision making and risk assessment, information on alternative options of support in the community, it is intended that this will be ready in the Autumn.

Work of the group in the coming year will include a review of the Gwent multi agency procedure for S135/136 to ensure it remains current and fit for purpose. A formal information sharing protocol (WASPI) will also be developed and consideration given to a single point of contact.

- ***Out of hours (OOH's)***

The Division currently operates a centralised OOH's service which is based at Talygarn Hospital. There are also three crises Home Treatment services; they are based in Torfaen, Caerphilly and Newport (these cover the whole of Gwent between 9am and 9pm). Feedback from patients has resulted in the need to once again review this service. A wide ranging stakeholder group has been established in order to consider a review of the service with a view to finding a sustainable solution moving forward. A preferred option for the future will be presented early in 2015.

- ***Crisis Services***

The Health Board has consistently met its Crisis Resolution Home Treatment Team Targets in the past year. It continues to strive to sustain this level of performance throughout 2015.

#### **6.4.5 ACTION TO RESPOND TO THE WAO/HIW REPORT ON CAMHS AND TRANSITIONS**

One of the two main priorities for the Aneurin Bevan University Health Board and its Mental Health & Learning Disabilities Board is the transition/interface issues. CAMHS is represented/organised alongside Health Board Partners in sub-groups to address Emergency Liaison responses, this includes Eating Disorders and Deliberate Self Harm and the associated transition from CAMHS to Adult Learning Disabilities or Adult Mental Health Services.

#### **6.4.6 EARLY DIAGNOSIS OF DEMENTIA/ DEMENTIA IN THE GENERAL HOSPITAL SETTING (RESPONSE TO THE ANDREWS REPORT)**

ABUHB has undertaken an assurance check in respect of Trusted to Care (the Andrews report) which was a review into the quality of care for older people at the Princess of Wales and Neath Port Talbot hospitals, and developed a framework of assurance and on-going audit as a result. The approach has brought together many differing teams and directorates with peer audit across clinical areas taking place. A number of audit tools have been developed and implemented focussing on the 4 key areas of continence, nutrition and hydration, medicines management and dementia.

#### **6.4.7 PROGRESS TOWARDS A CO-MORBID SUBSTANCE MISUSE PATHWAY**

Senior consultant representation has been made in all Wales discussions on the development of a co-morbid in substance misuse pathway. A workshop has also recently been held within the ABUHB area which was facilitated by Phil Chick and focussed on co-morbidities within substance misuse. Following the publication of the framework, its implementation will be part of the complex needs sub-group of the Area Planning Board.

#### **6.4.8 VOLUNTARY SECTOR AS EQUAL PARTNERS IN THE DELIVERY OF HEALTH AND SOCIAL CARE SERVICES.**

It is widely recognised that Third Sector Organisations in Gwent play a significant role in the delivery of community focused mental health services that are vital in supporting the recovery of people experiencing symptoms of poor mental well-being. Consequently, the Health Board and Local Government Partners commit a significant amount of funding to commissioning the Third Sector to provide a range of services, such as information and advice; counselling and skills focused therapeutic activity, to support the implementation of the Integrated Mental Health Strategy for Gwent.

To respond to increasing demand and changing needs the Local Mental Health and Learning Disability Partnership Board are committed to working collaboratively to review and redesign the provision of Third Sector Mental Health services across Gwent to:

- Ensure a comprehensive and co-ordinated range of high quality community focused service provision
- Provide equitable access to services across the Health Board footprint
- Use scarce resources in the most effective and efficient way possible
- Respond to changing demands, priorities and policy (for example, implementation of the measure and responding to the impact of welfare reform)
- Ultimately ensure we have the right services are in the right place at the right time to meet the needs of those experiencing poor mental health.

Adopting a partnership approach, the Local Partnership Board secured additional resources (via the Regional Collaborative Fund) allowing the strengthening of the multi-agency Commissioning Work-stream to support the progression and development of collaborative opportunities for the commissioning of third sector mental health services across Gwent. Committed to the principles of co-production, workshops with third sector organisations, commissioners and practitioners have been held to develop a shared understanding of mental health needs and evidence across Gwent, and identify priorities and gaps in service provision to shape proposals for the future of third sector mental health services in Gwent.



Responding to community needs, a number of organisations have started to provide services in wider areas than the locality in which they were originally commissioned and have taken the opportunities to develop new and innovative programs as a result. Some examples of this are shared below:

- Open Spaces, Open Minds (OSOM) is an innovative project providing green space and environmental activities for a diverse range of community members living with mental health conditions, throughout Newport and Blaenau Gwent. The project's unique selling point will be access to and engagement of forensic referrals via the Aneurin Bevan University Health Board. One of the hardest to reach communities within the mental health spectrum, forensic referrals represent mental health Service Users with learning difficulties, or associated disabilities, who have a history of, or are at risk of engaging in, offending behaviour. Growing Space and project partners will proactively engage participants in planning and delivering community-led environmental projects. The primary aim being to build the capacity of marginalised communities affected by mental health. This will be achieved through increasing physical activity, improving personal resilience, building community networks and tackling real barriers to social inclusion, participation and reducing reoffending. The secondary benefits include the regeneration and revitalisation of community spaces for all. Effecting a positive impact on mental well-being through communities feeling more secure and being more sustainable. Furthermore, taking ownership and developing pride in your locality has been directly proven to increase community cohesion.

## **6.5 SUMMARY OF CHAPTER**

Partners locally, continue to progress an ambitious programme of development and redesign across all four levels of the national service model for mental health. There is still much further to go, with many developments being further driven by Service User views.

## 7. ONE SYSTEM TO IMPROVE MENTAL HEALTH

### 7.1 SUMMARY

It is clear that a number of environmental factors have an impact on an individual's mental well-being and often contribute to the breakdown of an individual's mental health

### 7.2 WHAT SERVICE USERS TELL US ABOUT THIS THEME

#### ONE SYSTEM TO IMPROVE MENTAL HEALTH

Housing, finances & employment are all factors that can have significant impacts on peoples' mental health & well-being. Service Users shared how lack of communication & co-ordination support often lead to relatively small issues escalating into full crisis, when simple interventions such as someone to speak on their behalf, could have prevented such crisis. One service user told us that they had "been evicted from property due to benefits stalled – anxiety – loss of property & personal items". The fear that they "may have to move out of area/borough away from friends/family & support networks". These discussions and comments led to some Service Users feeling unsupported with their mental health "my housing people don't get my mental health". Some services users identified feelings of "benefit agencies being desensitized from mental health reality and the problems this brings"

Discussions around work and volunteering led to a few positive experiences of how "volunteering keeps us well/ balanced/sane", however when discussion arose around paid work and Service Users experiences with job centres, it was very different.

Service Users felt that there was a lack of support for job searches, and they were being "set up to fail" due to assumptions of competencies i.e. literacy / online capabilities. These assumptions also led to Service Users facing issues with filling in "extensive and complicated" forms, requiring additional time and support. That is currently being "picked up by third sector services".

Feelings of "stress and anxiety from being pressured to look for work" and "ATOS assessments extremely anxiety causing".

It was clear from these discussions that Service Users felt a need for further support & coordination. Such support may prevent Service Users re-entering crisis and instead being supported to manage day to day issues.

Therefore key themes that emerged from this topic were:

- Housing & Finance – More understanding in services that support wider parts of their life i.e. housing and finances).
- Advocacy support
- Much better communication/collaboration between services

*Written by Laura Morgan on behalf of the Service User Forum*



### 7.3 WHAT WELSH GOVERNMENT WANT TO SEE

- Housing .
- Education.
- Employment- meaningful day for older people.

### 7.4 REGIONAL RESPONSE

#### 7.4.1 HOUSING

There are a number of areas of good practice in the housing arena that we would wish to share with you within this Annual Report:

- ***In One Place***

There is a growing expectation from the Welsh Government that public services will work in a more collaborative way, identifying and exploiting opportunities to work together to improve services for the people of ways. This challenge was set down by ministers at the Healthy Home, Healthy Lives conference in November 2011. The In One Place programme seeks to respond to this challenge and is a collaboration of 5 Local Governments in Gwent, the Aneurin Bevan University Health Board and the 9 Housing Associations. A Special Purpose Vehicle (SPV) has been developed that enables a collaborative approach to responding to the accommodation needs of people with complex health and social care needs, enabling procurement processes to be streamlined where appropriate. It is a multi-agency program board and many discussions relate to accommodation needs of people with a mental health or learning disability.

The first professional network meeting was held on the 7<sup>th</sup> April 2014 with the first project being outlined soon after. In One Place programme currently has 15 projects underway, the majority of which are seeking to support individuals with a mental health issue.

- ***Getting to know you sessions***

The Mental Health & Learning Disability Division of ABUHB has recently taken the lead on 5 getting to know you sessions, one in each Unitary Authority area in Gwent. The purpose of the sessions was to bring Housing Association Staff together with Community Mental Health Teams, to strengthen relationships, share knowledge and make contact that will benefit Service Users onwards. The sessions will hopefully support the views shared by Service Users that 'my housing people don't get my mental health'.

- ***Housing Developments in Caerphilly (Ty Osborne & Ty Iscoed)***

An eight bedded unit with 24 hrs support for Adult Mental Health Service Users has been developed in the Caerphilly County Borough. Ty Osborne House, developed with a view to achieving independence, and supporting people to move onto obtaining their own tenancies is a collaboration between Caerphilly County Borough Council and Gofal.

Ty Iscoed in Caerphilly County Borough has successfully commissioned 3 assessment beds for Older People with Dementia, following a period of illness, hospital discharge or family breakdown. It brings together a multi disciplinary team to assess the needs with a view to optimising their ability to live independently. This is done in safe, comfortable environment away from a hospital

setting, to enable them to gain back their confidence and readjust to a more formal setting, before returning home or to establish the most appropriate placement.

#### **7.4.2 EDUCATION**

The Widening Access, Research and Mentoring (W.A.R.M.) learning group is an established approach for working with mental health service user groups. The model developed from the early widening participation work by the University of Wales, Newport, in 2008, and is a peer led (or co-produced) initiative which engages existing Service Users through a combination of recovery and widening participation models. This combination uses flexible research led curriculum alongside a multi-partnered and supported learning environment. This combined approach supports a strength's based model which in turn encourages groups/individuals to explore their learning – thus working with their existing skills – while still being able to access clinical/pastoral support. The main aims for engagement are to raise confidence, opportunity and aspiration through learning while developing supported pathways for progression across community – including into higher level learning – one of the key actions in the Together For Mental Health Delivery Plan (2012-2016). Central to this approach is the support of service user groups as well as key service and education providers.

W.A.R.M. currently works with approximately 25 students where benefits have been significant. This includes improvements in their mental health and well-being with some moving into employment, voluntary work and into higher education (both at an undergraduate level and local study). All those students who remain at W.A.R.M. suggest that their positive sense of well-being increases as a result of continued engagement as well as an increase in their aspiration for a future. There have been research papers published which evidences not only the work of W.A.R.M. – these research papers are also co-authored by those who are typically Service Users. What makes W.A.R.M. all the more interesting – is the group is an independent and formally constituted group and as such receives no formal funding.

#### **7.4.3 EMPLOYMENT/ MEANINGFUL DAY FOR OLDER PEOPLE**

Ash Park is a centre catering for adults with age related mental health needs providing respite for carers and day care for people with dementia. The Centre is operated by Community Options and based at Ysbyty'r Tri Chwm Community Hospital in Ebbw Vale supporting up to 10 individuals each day. The small enthusiastic team are committed to providing a high quality reliable service and have excellent links with the Community Mental Health Social Work Team, Community Psychiatric Nurses and the Day Hospital.

Those who attend are supported to participate in whatever activities they choose to, including;

- Reminiscence, both in groups and individually ( e.g. making life story books)
- Gentle exercise;
- Craft activities (including themes appropriate to seasonal events)
- Musical activities and entertainment;
- Mental stimulation (e.g. Crosswords and quizzes)
- Sports activities (e.g. skittles, boccia)
- Outings to local pubs/restaurants and regular user consultation;



An independent review of the service highlighted a range of responses from those who access the service. Enjoyment was the most common theme.

#### ***Family Employment Initiative Pilot***

Growing Space have set up the Family Employment Initiative (FEI) pilot project in partnership with the Coalfields Regeneration Trust and Tai Calon. It is designed to help the hardest to reach workless residents with mental health issues in the most deprived wards of Blaenau Gwent.

The FEI project works with families and individuals who have been affected by mental illness to break down barriers to employment. The project targets specific areas in deprived communities and provides support and links to existing services which offer advice and support through engagement on Green space improvement projects.

The Pilot project will proactively work with families and individuals in developing a green space improvement project in the Community, Growing Space will work alongside the local Community in selecting and developing a green space project by developing a supportive co-working relationship, making them aware of the opportunities that are available in the area, particularly the potential new jobs at the Circuit of Wales. It will provide a 'menu of support' tailored to specific needs and requirements of the community.

#### ***Working with people in a different way***

In July 2014 a joint experiment between CCBC and ABUHB to establish a pilot team called Listen Engage Act and Participate Team (LEAP) consisting of: CPN, Social Worker, Psychologist, Psychiatrist and Support Worker to look at using a different approach to respond to referrals from GP's in a defined area. The objective is to break down barriers between services, professionals and Service Users providing a collaborative approach with a speedier and better outcome for the service user. Feedback thus far from all involved, has been very positive and an evaluation will be undertaken during October 2014.

What has been clear is that majority of presentations in the North Caerphilly area during this period have been presentations of distress or crisis often with a structural or social issue at the base of the individual's need. To this end team members have worked with individuals in a person centred way and sort to identify within the issue behind the presenting need and support them to access the relevant support to address these issues as opposed to been pulled further into the medical system.

The approach was commissioned by the 5 Local Authorities and the Health Board, and is now being considered for roll in other areas of Gwent.

## **7.5 SUMMARY OF CHAPTER**

Recognising the environmental factors that impact on individuals' well-being such as housing, leaving and connecting is a key factor in avoiding crisis. There is a lot of good work underway, yet clearly from our Service User feedback, still some way to go. This is a clear area of focus in 2015.

## **8. DELIVERING FOR MENTAL HEALTH**

### **8.1 SUMMARY**

It is important that services (whether statutory or voluntary) work together to support better mental well-being and provide services when people need them. Our infrastructure therefore needs to be strong.

### **8.2 WHAT WELSH GOVERNMENT WANT TO SEE**

- Early Learning from the Core Data set pilot
- Prudent healthcare within mental health
- The work of your Local Partnership Board
- Innovations within the workforce

### **8.3 REGIONAL RESPONSE**

#### **8.3.1 EARLY LEARNING FROM THE CORE DATA SET PILOT**

No significant progress has been made in this area in the last year, however partners are ready to respond to the need to develop an outline plan for implementation by the October deadline.

#### **8.3.2 PRUDENT HEALTHCARE WITHIN MENTAL HEALTH**

The LEAP team are very much guided by the principles of prudent healthcare. The team's working principles encourage Service Users to self manage their illness, whilst ensuring that the service user is not drawn too deep into secondary mental health care. The Leap team want to encourage Service Users to manage their own recovery and look for pathways to recovery where there is more of an emphasis on the social model of mental and physical wellness with less reliance on a medical solution to recovery.

With growing awareness of evidence based interventions there have been further efforts to ensure that treatment is appropriate, effective and offers good value for money. For example, ensuring the appropriate investigations are carried out before treating memory problems. Also, use of evidence based generic prescribing, watchful waiting, cognitive interventions rather than medication, education for carers, respite to avoid inpatient admissions, use of befriending etc. These interventions are designed to use existing resources more effectively and only when other interventions have proved ineffective, or are unavailable.

#### **8.3.3 THE WORK OF YOUR LOCAL PARTNERSHIP BOARD**

The Gwent Mental Health and Learning Disabilities Partnership Board has now been in existence for over three years. The last year has proved challenging in respect of securing attendance across all partners to the partnership board however work on both the National Strategy and Local Strategy continue to be progressed. There has been a recent 'refresh' session of the Local Partnership Board and a number of new members have been invited. The Partnership board is clear in its priority for the coming year which is the integration of mental health services at a service delivery level.



#### 8.3.4 INNOVATIONS WITHIN THE WORKFORCE

There are a number of areas where innovations have been shown within our workforce model over the past year. These include:

- The creation of new staff roles.
- Flexibility within role and scope

***The Development of new staff roles*** – There are a number of good examples of where roles have been extended or modified to respond to emerging needs within Gwent:

***An advanced nurse practitioner role*** has been established to work within the Caerphilly county borough, the role was developed in response to an inability to recruit sufficient levels of medical staffing. The person will be competent to cover out physical health examinations, mental health assessments and will also often be prescribing. The person will also be developing links across the community and mental health adult directorate and also spend time working in the medical assessment unit developing relationships and offering mental health expertise.

***An Occupational Therapist role*** has been developed in Monmouthshire, working within Monnow Vale to work across both re-enablement services and the day hospital. This is proven to be very effective and the Occupational Therapy (OT) services are looking to create similar roles within the Royal Gwent Hospital as opportunities arise.

***Responsible Clinician*** - A Nurse Consultant within our personality Disorder service has become the responsible clinician (RC) for our Personality Disorder service.

***Flexibility within role and scope*** - Teams have been flexible and keen to adjust their roles according to the needs of patients. One example is the close liaison between adult and older people's team in South Powys and community teams supporting the memory service, liaison and inpatient wards when necessary. There is also a rotation now approach to OT provision in adult physical, adult and older adult mental health that seeks to develop practitioners with dual skills who can deliver holistic interventions to people with a dual diagnosis. There has been a commitment from the care of the early teams to begin job planning consultant roles with sessions within old age psychiatry.

## 9. LOOKING INTO 2015 .....EMERGING PRIORITIES

The Partnership Board's fixed priorities for the coming year are:

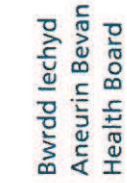
- Integration at a service delivery level using the Vanguard approach.
- Increase in access to psychological therapies.
- Further developing the service user and carer involvement approach.

Priorities shared from the Service User Forum are:

- Better resources for GP's to effectively support Service Users & the need to look at increasing the capacity of specialist services (talking therapies) making them more accessible.
- Emergency care & crisis response – the need for an emergency service for mental health and better Out of Hours provision.
- Housing & Finance – More understanding in services that support wider parts of their life (ie housing and finances)
- Increase advocacy support
- Much better communication/collaboration between services (eg housing)
- Increased support for carers

The Partnership Board remains committed to hearing the views of service users and using this to drive quality and service improvement. We look forward to reporting further progress in 2015.





# Gwent Mental Health & Learning Disability Local Partnership Board







**CHAPTER 1: PROMOTING BETTER MENTAL WELLBEING AND PREVENTING MENTAL HEALTH PROBLEMS**

Area	Action Required	Position	Improvement Approach/Training and Development	Delivery Lead
<p><b>Outcome 1: Population wide physical and mental wellbeing is improved; people live longer, in better health and as independently as possible for as long as possible.</b></p>				
<p>1.3 To improve the mental wellbeing and physical health of people with mental illness.</p>	<p>Public Health Wales (PHW) to give guidance on the National Exercise Referral Scheme (NERS) to reinforce importance of referrals of patients with mental illness by <b>April 2013</b>.</p>	<p>Local action will depend on guidance provided by PHW.</p>	<p>PHW to ensure relevant training offered to co-ordinators and exercise professionals.</p>	<p><b>Community well-being group</b>  <b>Sarah Aitken</b></p>
<p><b>Outcome 2: People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis</b></p>				
<p>2.1 To improve resilience of children and young people</p>	<p>Local Health Boards (LHBs) and partners to ensure use of All Wales Maternity</p>	<p>This has been completed and is now part of the routine</p>	<p>Cardiff University maternal mental health learning programme module</p>	<p><b>Divya Sakhuja</b></p>

	Record to identify women at risk of postnatal depression or psychosis. <b>Ongoing from October 2012.</b>	antenatal booking process.	for Midwives to be used across Wales.	Alison Lewis  Chris O'Connor
	LHBs to develop and put in place protocols for referral for advice from GPs or specialist services in place for obstetric services in Wales. Protocols in place.	Awaiting Response		Deb Jackson
	PHW to ensure settings involved in the <i>Healthy and Sustainable Pre-School Scheme</i> achieve the national award criteria for mental and emotional health, wellbeing and relationships by <b>September 2014.</b>	Ongoing. Led nationally (PHW). Local PH team supporting Healthy Schools co-ordinators.		Community well-being group  Sarah Aitken
	PHW to ensure local healthy school	Ongoing. Led nationally (PHW).		Community well-being group



	<p>schemes support schools in implementing the mental and emotional health and well being indicators as part of the <i>Welsh Network of Healthy School Schemes National Quality Award (NQA)</i> by <b>December 2015</b>.</p>	<p>Local PH team supporting Healthy Schools co-ordinators.</p> <p>Five Ways to Wellbeing pilot undertaken by 2 Healthy Schemes. Awaiting feedback.</p> <p>Consultation re resources for children &amp; young people undertaken.</p> <p>Five Ways incorporated into a Gwent Youth Resource Pack promoting the health of young people.</p>		<p><b>Sarah Aitken</b></p>
	<p>PHW to work with Mind Cymru to support and expand the Youth Mental Health First Aid (YMHFA) Scheme. <b>Ongoing.</b></p>	<p>Between Oct 2013 and Sept 2014, 42 individuals have been trained.</p>		<p><b>Sarah Aitken</b></p>

	<p>LHB, LAs and Third Sector to ensure that family focused interventions deliver improved public mental health and wellbeing, most notably</p> <ul style="list-style-type: none"> <li>• Flying Start</li> <li>• Families First</li> <li>• Integrated Family Support Service.</li> </ul> <p><b>Ongoing.</b></p>	<p>Awaiting response</p>	<p><b>Directors of Social Services</b></p>
<p>WG to ensure that Communities First programmes establish links with Local Primary Care Mental Health Support Services (LPMHSS)</p> <p><b>Ongoing.</b></p>	<p>Links have been established between PCMHSSs and Communities First programmes, with patients often signposted to CF programmes. In the Caerphilly LA area, work is ongoing to develop closer operational links between the</p>		<p><b>Liz Andrew</b></p> <p><b>Luke Jones</b></p>



2.2 To improve resilience for adults and older adults.		<p>Caerphilly PCMHSS and the local Communities First programmes, who employ Mental Health Officers.</p>	
	<p>PHW to work with Mind Cymru to support and expand the Mental Health First Aid (MHFA) Scheme. <b>Ongoing.</b></p>	<p>Between Oct 2013 and Sept 2014, 293 people have been trained.</p>	Sarah Aitken
2.3 To improve resilience of communities.	<p>All agencies to identify contribution of third sector on mental wellbeing and resilience and to consider how joint working can further complement statutory provision. <b>Ongoing.</b></p>	<p>A review of third sector commissioning arrangements for MH Services is currently on-going. Stakeholders (third sector organisations / staff groups &amp; SU's) have participated in workshops to progress collaborative working opportunities and develop a MH third Sector service model for Gwent that</p>	<p>Claire Harding  Commissioning Group</p>

<p>2.4 To further reduce levels of suicide and serious self harm.</p>	<p>LAs, LHBs, Welsh Ambulance Service, NHS Trust, Third Sector, Police and Prison Services to develop person centred responses to manage and reduce the number of episodes of serious self harm in Wales. <b>Ongoing.</b></p>	<p>is underpinned by the principles of wellbeing and resilience.</p>	<p>LHBs, LAs, Third Sector and Criminal Justice Agencies to continue working in context of the 2012 PHW review of <i>Talk to Me</i> Suicide and Self-harm Action Plan. LHBs and LAs to embed and mainstream MHFA and ASIST rollout training</p>	<p><b>Sarah Aitken</b></p>
<p>Initial meeting of Gwent Suicide and Self Harm prevention planning group has taken place. Workshop took place in March, during which priorities were discussed. Further action to be taken on receipt of <i>Talk to Me</i>.</p> <p>145 individuals trained to date re ASIST.</p>				



**Chapter 2: A New Partnership with the Public**

**Outcome 4: People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.**

<p>4.1 To reduce inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services.</p>	<p>LHBs and LAs to routinely meet their obligations under the Public Sector Specific Duties (Wales) addressing the diverse needs of their local populations in service redesign and commissioning. <b>Ongoing.</b></p>	<p>Obligations under the PSSD are routinely considered under commissioning arrangements and EQIA's will be undertaken as part of redesign process as the needs of those with protected characteristics are considered.</p>	<p>NHS Equality Unit to ensure that awareness is raised on the mental health needs of those with protected characteristics under the Equality Act and to identify, promote and disseminate good practice.</p>	<p><b>All Partnership Board Members</b></p>
<p>LHBs to carry out and publish Equality impact assessments on service delivery plans. <b>Ongoing.</b></p> <p>LHBs and LAs to provide</p>	<p>PHW to provide guidance and signposting information for LHBs and LAs on dealing with Service Users with</p>			<p><b>All</b></p>



	culturally appropriate assessment, responding to communication and translation needs. <b>Ongoing.</b>		protected characteristics by <b>December 2013.</b>	All
<b>Outcome 5: Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.</b>				
5.1 To ensure that Welsh speakers receive services through the medium of Welsh when needed and to increase language capacity in the workforce.	NHS and Social Services to ensure that principles of the Welsh Language Strategic Framework including the 'active offer' are mainstreamed into service delivery. <b>Ongoing.</b>	All parties comply with Welsh language regulations.	LAs and LHBs to deliver language awareness training for all staff coming into contact with people with mental health problems.	All
<b>Outcome 6: People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.</b>				
6.1 To ensure that people of all ages are better informed about mental health and mental illness, with age appropriate information being available.	LHBs and LAs, together with Third Sector Partners, to ensure that Mental Health Service User Development Officers (MHSUDOs) maintain up to date web based	A web based directory has been completed and is being updated twice yearly. The directory can be accessed via the	Public Health Wales, through its contract with MIND Cymru to ensure an increase in people trained in MHFA and YMHA by 2016.	Commissioned from GAVO



	<p>directories of local mental health services and information available and to share these with appropriate organisations such as C.A.L.L. and NHS Direct Wales.  <b>Ongoing from October 2013.</b></p>	<p>GAVO website.</p>	
<p><b>Outcome 7: People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.</b></p>			
<p>7.1 To ensure that there is a concerted effort to sustainably reduce the stigma and discrimination faced by people with mental health problems.</p>	<p>Mind, Hafal and Gofal to lead the three Time to Change Wales (TTCW) work streams: social marketing and use of the media, training Service Users in leadership roles and community activities.  <b>2012 to 2014.</b>  <b>NOTE: NEXT STEPS TO BE IDENTIFIED FOLLOWING END OF PROGRAMME REVIEW IN 2014.</b></p>	<p>Senior level commitment within ABUHB has been established and a board session by TTCW delivered. PH and the Workforce development team have planned a training implementation programme throughout the organisation. This programme has commenced and 6</p>	<p><b>Public Health</b></p>

	<p>NHS and LAs to act as exemplar employers providing mentally healthy workplaces in their support to staff and tackling stigma and discrimination in their service delivery. <b>Ongoing</b></p>	<p>Awaiting Response</p>	<p>LHBs and LAs to identify TTCW Champions to raise the profile of mental health across their organisations, drive out discrimination and address stigma amongst staff by <b>December 2012.</b></p>	<p><b>Ann Bentley</b></p>

training sessions have taken place to date. Preparation is being made for ABUHB to sign the TTCW pledge.

<b>Outcome 8: People feel in more control as partners in decision making about their treatment and how it is delivered</b>		
<p>8.1 To ensure that Service Users feel listened to and are fully involved in decisions about their own care.</p>	<p>LHBs and LAs to ensure active participation of Service Users and carers in the development, delivery and review of their Care and Treatment (in line with Part 2 of the Mental Health (Wales) Measure 2010. <b>Ongoing from June 2012.</b></p> <p>LHBs to provide Service Users and their carers with opportunities to discuss and agree service and treatments options. <b>Ongoing.</b></p>	<p>Over 85% of qualified staff have attended the Mental Health Measure training, which is based on the University of Lincoln materials. Ongoing sessions are being provided.</p> <p>Service user evaluation pilot study is currently being arranged which will capture Service Users experience of care and treatment planning.</p> <p>The CTP audit is considering whether the views of the</p>
<p>Training on care and treatment planning using the prescribed materials produced by Lincoln University to all Care Co-ordinators by <b>end 2013.</b></p>	<p><b>Kelly Griffiths</b></p>	<p><b>Andrew Hopkins</b></p> <p><b>Julie Hall</b></p> <p><b>Liz Andrew</b></p> <p><b>Luke Jones</b></p>
<p>Voluntary sector working as part of Mental Health Action Wales to provide training for Service Users to enable them to play a full role in the development of their Care and Treatment.</p> <p>LHBs to implement good practice guidance and</p>		



<p>8.2 To ensure that relevant patients access Independent Mental Health Advocacy (IMHA).</p>		<p>service user have been captured as part of care and treatment planning.</p>	<p>training for staff working with Service Users to help them understand treatment options available. (Standard 9 <i>Doing Well, Doing Better</i>). <b>Ongoing.</b></p>	
	<p>LHBs and LAs together with IMHA services to implement Part 4 of the Mental Health (Wales) Measure 2010 for newly eligible patients. <b>Ongoing.</b></p>	<p>IMHA service is currently being provided across the ABuHB footprint.</p>	<p>Independent Mental Health Advocacy providers to ensure the availability of appropriately trained advocates to meet the new statutory duties on LHBs and LAs within the Mental Health (Wales) Measure 2010. <b>Ongoing from 2013.</b></p>	<p><b>Beverley Davies</b></p>



<b>Outcome 9: Families and carers of all ages are involved in assessments for support for their caring roles.</b>			
9.1 To ensure support for families and carers through implementation of the Carers (Wales) Measure 2011.	LHBs and Trusts in conjunction with partner LAs to draw up local Carers Information and Consultation Strategies by <b>October 2012</b> .	Carer's strategy developed. Carer's board developed and chaired by Nurse Director. Carer's posts being appointed to.	Colleen Bright  Catherine Gregory
<b>Outcome 10: People of all ages and communities in Wales are effectively engaged in the planning, delivery and evaluation of their local mental health services.</b>			
10.1 To ensure that Service Users of all ages and their families and carers are fully involved in service development.	LHBs and LAs to agree and put in place robust arrangements for engaging Service Users and carers of all ages in the design, delivery and monitoring of local services by <b>Sept 2013</b> .	The Gwent Mental Health and Learning Disability Partnership Board has adapted an approach to engagement that spans a continuum from information, feedback, influence and research.  It is establishing a stakeholder voice forum and continues to have a Gwent Service User Forum.	MHSUDOs to develop mechanisms to ensure active engagement in local planning mechanisms of people of all ages by <b>February 2013</b> . (Standard 5 Doing Better Well Doing Better guidance e  Commissioned from GAVO

	<p>WG and LHBs to ensure active engagement of Service Users and carers on Mental Health Partnership Boards at national and local levels – <b>Ongoing from March 2013.</b></p>	<p>A further role for Service user development officer has recently been made available.</p> <p>Representation at the local level, however more difficult to achieve with all wanting to be part of the National work.</p> <p>More emphasis to be given here in the coming year.</p>	<p>NLIAH (MHAW) to provide support for Service Users and carers involved in National and Local Partnership Boards. <b>Ongoing.</b></p> <p>NLIAH to organise and MHAW to facilitate an annual standing conference on service user and carer anticipation from <b>Ongoing from October 2013.</b></p>	
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**CHAPTER 3 : A WELL DESIGNED, FULLY INTEGRATED NETWORK OF CARE**

**Outcome 11: Service Users experience a more integrated approach from those delivering services.**

<p>11.1 To ensure that public services work together to provide an integrated approach.</p>	<p>LAs, LHBS and third sector to further develop integrated services provision and to review care pathways against the aspirations of <i>Together for Mental Health</i> by <b>December 2013</b>.</p>	<p>The Vanguard Initiative is developing a new working model where Service Users entering into the secondary care services are supported by a team of professionals who will work as an integrated team to listen to and support the needs of the services user.</p> <p>The initial pilot is currently being evaluated with</p> <p>A plan to initiate similar service as the basis of integration across Gwent</p>	<p>Care Council Wales to review its qualification framework for social care workers. SSIA to establish a development network. WG to undertake a review of post-qualifying training for social workers with a view to national standards for Continuous Professional Education.</p>	<p><b>Claire Harding</b></p> <p><b>Vanguard</b></p>
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	<p>LAs to work together with the NHS to enact new duties from implementation of the Social Services Act. <b>Timescale to be confirmed under regulation.</b></p>	<p>Awaiting Response</p>		<p><b>Director of Social Services</b></p>
<p>11.2 To ensure effective transition between adult and CAMHS Services.</p>	<p>LHBs, working with LAs and Third Sector, to develop plans to manage transition for young people effectively by <b>November 2013.</b></p>	<p>A transition policy is in use (and can be found on the ABHB intranet) between adult and children services. The policy aims to minimise delays in service delivery and ensure seamless transition. It is essential to have a strategic and operational approach to transition planning, so that there is a clear understanding of roles and responsibilities of Children's Services and Adult Services</p>	<p>1000+ lives programme collaborative for First Episode Psychosis and Eating Disorders to support delivery of evidence based treatments for early intervention and increased access for young people (NLI AH) in <b>2013.</b></p>	<p><b>Andrew Hopkins</b></p> <p><b>Alison Lewis</b></p> <p><b>Janine Jones</b></p>



		<p>within the Aneurin Bevan University Health Board.</p> <p>This policy applies to all professionals who work directly or indirectly with young people who have healthcare needs and their families/ carers who are aged 14 to 18 years.</p> <p>The Early Intervention in Psychoses Service works closely with CAMHS to facilitate the early detection of possible psychoses together with the provision of the appropriate clinical responses. A number of Service Users have</p>		
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		<p>CAMHS team members as Care Coordinators but are also accessing the EIS.</p> <p>A Consultant Clinical Psychologist, with the EIS, and a Hafal Recovery Worker are leading a youth initiative in conjunction with the voluntary sector in Torfaen to support early detection and intervention.</p> <p>The Continuing Health Care Team are in the process of appointing a Transition Worker to minimise the need for young people to have care provided in 'specialist' placements, within the independent sector</p>		
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<p>11.3 To ensure substance misuse co-occurring with mental health problems is managed effectively.</p>		<p>and often distant from their homes and support networks.</p>		
	<p>Each Substance Misuse Area Planning Board (SMAPB) and Local Mental Health Partnership Board (LMHPB) to have in place clear protocols and integrated pathways between mental health and substance misuse services, in line with the Service Framework <i>Meeting the Needs of People with a Co-occurring Substance Misuse and Mental Health Problems</i> by <b>March 2013.</b></p>	<p>The Co-occurring Treatment Framework is currently being revised by Welsh Government (two consultants in ABUHB on the National Working Group). The document is about to go out to consultation.</p>	<p>To be confirmed</p>	<p><b>APB/ GSSMS Julia Lewis</b></p> <p><b>Andrew Hopkins</b></p> <p><b>Gill Richardson</b></p> <p><b>Colleen Bright</b></p>

	<p>Develop guidance to ensure early identification and an effective response by mental health and substance misuse services to new and emerging trends of drug usage by <b>March 2013</b>.</p>	<p>This has not been progressed to date whilst awaiting the APB new Treatment Framework.</p>		<p><b>Julia Lewis</b></p> <p><b>Andrew Hopkins</b></p> <p><b>Gill Richardson</b></p> <p><b>Colleen Bright</b></p>
<p>11.4 To improve access to CAMHS expertise in Youth Offending Teams.</p>	<p>LHBs to ensure that All Youth Offending Teams (YOTs) have designated time from an appropriate CAMHS professional and access to forensic CAMHS. <b>Ongoing from March 2013.</b></p>	<p>Forensic CAMHS service in place since January 2012. Service comprises of a multidisciplinary team. YOT have access to the multidisciplinary forensic team, referrals accepted from YOT to specialist CAMHS</p>	<p>Women and Children's division/ Measure Leads</p>	<p><b>Janine Jones</b></p>



<p>11.5 To improve physical and mental health care for those with chronic conditions including mental health problems.</p>	<p>LHBs to ensure effective liaison services to assure needs for people with mental health problems in the DGH setting are met.  <b>Ongoing from April 2014.</b></p> <p>LHBs to provide physical health liaison to assure physical healthcare needs in mental health settings are met.</p>	<p>A Liaison service is currently operating between 9-12pm in the Royal Gwent Hospital. This service runs 7 days a week.</p> <p>Nevill Hall Hospital has a Liaison service from 9-3pm daily Mon-Friday</p> <p>There is a Liaison service for all Community Hospitals, Royal Gwent Hospital and Nevill Hall Hospital for Older adult mental Health services</p> <p>Older adult mental health wards at Ysbyty Ystrad Fawr.</p>	<p><b>Alison Lewis</b></p> <p><b>Benna Waites</b></p> <p><b>Chris O'Connor</b></p> <p><b>Perry Attwell</b></p>
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		<p>Ysbyty Aneurin Bevan and St Woolos Hospitals have access to Advanced Nurse Practitioners or Community physicians.</p> <p>There is a plan to ensure Old age consultation in Ysbyty Ystrad Fawr provide sessions to mental health.</p>	
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**Outcome 12: People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.**

12.1 To ensure the expansion of primary care mental health services.	<p>LAs and LHBs to implement Primary Care Schemes in conjunction with third sector where appropriate and in line with the requirements of Part 1 of the Mental Health (Wales) Measure 2010. <b>Ongoing from</b></p>	<p>PCMHSSs are operational in each of the five LA areas within Gwent. There is an ongoing programme of training for PCMHSS staff that is largely based on the NLIH curriculum for Primary Mental</p>	<p>NLIH to develop a curriculum for Primary Care Mental Health Workers PCMHWS by year end <b>2012-13</b>. Each LHB to ensure competent workforce trained to delivering the range</p>	<p><b>Liz Andrews</b>  <b>Luke Jones</b>  <b>Claire Harding</b></p>
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	<p><b>October 2012.</b></p>	<p>Health Workers. Practitioners will be commencing a programme of learning relating to conducting assessment and delivering interventions in Autumn 2014.</p> <p>Workshops have been held in each Unitary Authority area with the Local Primary Mental Health Teams plus the voluntary sector providers on the patch to increase relations and onward management and development.</p>	<p>of interventions within a formal supervision structure including those commissioned from other sectors.</p>	
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<p>12.2 To ensure that patients are supported to access their rights for re-assessment with regard to the Mental Health (Wales) Measure 2010, when required.</p>	<p>LHBs and LAs to establish systems in conjunction with Third Sector where appropriate to ensure that eligible patients are aware of their rights to reassessment in line with Part 3 of the Mental Health (Wales) Measure 2010 by <b>October 2012</b>.</p>	<p>The LHB's and Local Authorities have jointly agreed via the CTP board a discharge plan that is provided to all patients on discharge. This plan informs eligible patients of their right to request a reassessment in line with Part 3 of the mental health measure.</p>	<p><b>Kelly Griffiths</b></p>
<p>12.3 To improve access to and provision of Psychological Therapies.</p>	<p>a. WG to commission Improving Access by Psychological Therapies Review in Wales by December 2012.</p> <p>b. LHBs and LAs to review cross sector staff competencies in delivering psychological therapies and undertake gap analysis by June 2013.</p>	<p>The final report was submitted to Welsh Government by Health and Social Research Ltd, Cardiff at the end of March 2013.</p> <p>Mapping exercise been undertaken at the ABUHB level and has contributed to the National profile. Work to take this forward will be enabled via the PTMC</p>	<p><b>Benna Waites</b></p> <p><b>Kathryn Walter</b></p>



<p>12.4 To ensure effective access for children and young people to CAMHS services.</p>	<p>c. Each LHB to constitute a Psychological Therapy Management Committee (PTMC) to advise on local mechanisms to take forward and develop psychological therapy services in line with WG Policy guidance and to take into account the baseline review. <b>Ongoing from June 2013.</b></p> <p>d. Each LHB to ensure competent cross sector workforce trained to deliver the range of interventions within a formal supervision structure. <b>Ongoing</b></p> <p>LHBs and LAs to ensure that they have in place pathways to provide appropriate have been specialist inpatient and</p>	<p>A Psychological Therapy Management Committee is well-established in Gwent.</p> <p>Curricula for staff working in local primary mental health support services developed by NLIAH working with AGORED, launched in June 2013.</p> <p>New referral/pathway Criteria launched in January 2014 Referrers provided with a guidance document which can also</p>	<p>Children's Lead in Local Government, Gary Hicks and Sian Millar</p>	<p><b>Janine Jones</b></p> <p><b>Mark Griffiths</b></p>
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	<p>community CAMHS (e.g. CIIT FACTS) for children with mental health problems. <b>Ongoing from October 2012.</b></p>	<p>be found on intranet.  Awaiting WG approval following bid submitted for Assertive Outreach Team, no decision has been made on the approval currently.</p>	
<p>LHBs to ensure that inappropriate admissions of those under 18 to adult wards reduced. LHB to designate a ward with appropriate staff training safeguarding checks in place for unavoidable admissions by <b>Dec 2012.</b></p>	<p>CAMHS admissions age 16yrs and 17yrs are admitted to a holding bed at Ty Cyffanol until an appropriate bed is found.  Staff have received training and have appropriate CRB checks</p>		<p><b>Mark Griffiths</b>  <b>Perry Attwell</b>  <b>Andrew Hopkins</b></p>

<p>12.5 To ensure veterans receive services appropriate for their mental health needs.</p>	<p>LHBs to continue to commission and/or provide specialist community Health and Well Being Services for veterans in each area. <b>Ongoing.</b></p>	<p>The Veterans NHS Wales have two part time Veteran Therapists working within ABUHB, covering Gwent and South Powys</p>	<p>Rob Johnston</p>
<p>Develop care pathways for veterans to access substance misuse services by <b>March 2013.</b></p>	<p>Pathways have been developed between the ABuHB Veteran NHS Wales and Gwent Specialised Substance Misuse Service.  A member of GSSMS attends the Local Veterans Clinical Network.</p>	<p>Rob Johnston and Substance Misuse Lead</p>	<p>Max Bergmanski</p>



	<p>LHBs to establish Armed Forces Forums and Mental Health Clinical Networks. <b>Ongoing from December 2012.</b></p>	<p>Both Clinical Network and Armed Forces Forum have been established in ABUHB</p>	
<p>12.6 To ensure appropriate and timely interventions for people in custody.</p>	<p>The All Wales Veterans Health and Wellbeing Service (AWVHWBS) steering group to work with LHBs and other partners to develop and implement a multi-agency pathway for veterans requiring mental health services. <b>Ongoing.</b></p>	<p>The National Steering Group continues to work with its partners across Wales, through quarterly meetings in Cardiff.</p>	
	<p>LHBs to commission and/or provide prison mental health / CAMHS services in accordance with the</p>	<p>PCMHSS input is provided to the two prisons (HMP Prescoed and HMP Usk) within the</p>	<p><b>Liz Andrews</b> <b>Bobby Bolt</b></p>



		published guidance by <b>October 2014.</b>	Gwent region.		<b>Mark Griffiths</b>
		LHBs to develop a care pathway for those who need to receive care or secure provision, away from their local area by <b>2013.</b>	Pathways information for people with high risk has been drafted.		<b>Janine Jones</b>
					<b>Brian Collings</b>
					<b>Andrew Hopkins</b>
<b>Outcome 13: Service user experience is improved; safety, protection and dignity are ensured and embedded in sustainable services.</b>					
<b>13.1</b> To ensure Service Users of all ages are safeguarded from harm while accessing mental health services.		LHBs and LAs to work together with third sector to implement safeguarding legislation and policies. <b>Ongoing.</b>  Services to review arrangements as the Social Services Wales Bill become law.	Commissioned services are subject to all Wales safeguarding procedures under contractual terms and conditions.	LHBs and LAs to adopt & share learning from published child practice reviews, POVA cases and relevant reviews by WAQ, HIW, CSSIW, Estyn and NCISH.	<b>All Commissioners</b>

	<b>Timescale to be confirmed.</b>			
13.2 To ensure that services are planned and delivered based on safety, dignity and respect	LHBs, LAs and Third Sector to provide services that strive to improve the experience of all Service Users in line with <i>Doing Well, Doing Better. Ongoing.</i>	Service provision within Gwent aims to improve the experience of all Service Users. There are regular feedback mechanisms that offer insight to how well we are doing this. E.g.: Gwent Service User forum and CHC revised Primary Mental Health Services.		<b>Partnership Board</b>
13.3 To improve in-patient environment in mental health services, ensuring care is appropriately balanced between inpatient and community services.	LHBs to ensure plans in place to ensure inpatient facilities are provided in modern, fit for purpose environments.	There is a clear capital programme documented however progress is sometime restricted by availability of funds.	LAs, LHBs and third sector to undertake joint training on care and treatment planning to include Health, Social Care and Housing teams	<b>Hazel Jenkins</b>



	<p>LAs, LHBs and third sectors to develop joint local strategies to reduce delays in transfers of care, rates of admission to mental health beds - including repeat admissions - within 28 days by <b>April 2014</b>.</p>	<p>Awaiting response</p>	<p>training together to implement effective admission and discharge processes within care pathways by <b>April 2014</b>.</p>	<p><b>Directors of Services &amp; Mental Health General Manager</b></p>
	<p>LHBs and LA to ensure Crisis Resolution Home Treatment / Community Intensive Intervention support available for people of all ages within and out of hours by <b>December 2012</b>.</p>	<p>In place</p>		<p><b>Andrew Hopkins</b></p> <p><b>Julie Hall</b></p>
<p>13.4 To improve older people's mental health services, ensuring they are based on clinical need rather than age, with transitions managed effectively.</p>	<p>LAs and LHBs to have in place integrated assessment and care management systems and processes based on clinical need, ensuring dignity care and respect.</p>	<p>The Older Adult and Adult Directorates have produced a referral protocol to address this issue. This now needs to be formally endorsed and put into operation :-</p>	<p>NHS, LA and Third Sector staff, including Primary Care Mental Health workers who come in contact with older people, to receive training to ensure they recognise and</p>	<p><b>Julie Hall</b></p> <p><b>Andrew Hopkins</b></p> <p><b>Nahla Jamil</b></p>

		<p>Functional Referrals</p> <p>(As a general rule people with a straightforward mild to moderate functional illness) would be referred to the Primary Care Mental Health Service for assessment and/or short-term intervention, irrespective of age.</p> <p>People with a more complex and/or severe functional presentation would be referred directly to either Adult or Older Adult services depending on their needs (more detail available on request)</p>	<p>respond to signs and symptoms of mental illness such as depression and other functional illness, dementia and co-morbid conditions in older people by <b>April 2013</b>.</p>	<p><b>Pauline Ruth</b></p>
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<p>13.5 To improve dementia care, including for younger individuals, in all settings across Wales.</p>	<p>LHBs and partners to implement the WG National Dementia Vision document, including young onset dementia services <b>Ongoing.</b></p>	<p>There is a Dementia Board in Gwent that is a Multi-agency and seeks to take forward the National Dementia vision and local priorities.</p>	<p>All Part 1 PCMHs staff trained to assess for memory loss and common mental health conditions in the elderly by <b>January 2013.</b></p>	<p><b>Denise Llewellyn</b></p>
<p>LHBs to implement 1000 lives + dementia Intelligent Targets. <b>Ongoing.</b></p> <p>All newly diagnosed people provided with Alzheimer's Society Dementia information packs. <b>Ongoing.</b></p> <p>LHBs and LAs to ensure access to specialist advice available to all care homes in their area. <b>Ongoing.</b></p>	<p>5 target area OAMH intelligent targets working groups have developed work plans and progressed multiple pilots, ie standardised practices for referral and assessment in MAS, evaluations of initiatives such as dental assessment, policy and training developed and written to support psychological failure free activity, person centred care, systems physical health assessment, review and standardisation of dementia drugs and anti</p>			
			<p><b>Julie Hall</b></p>	
			<p><b>Hazel Jenkins</b></p>	
			<p><b>Lorraine Edmunds</b></p>	
			<p><b>Pauline Ruth</b></p>	

		<p>psychotic drugs, carers support mechanisms.</p> <p>Activity is now developed, Communicated and supported via the sub groups of the dementia board work streams.</p> <p>Ongoing</p>		<p><b>Sarah Aitken</b></p> <p><b>Virginia Morgan</b></p>
<p>PHW to ensure that books on dementia are available in every public library through Book prescription Wales. <b>Ongoing.</b></p>				

<p>13.6 To review Eating Disorder Services for all ages.</p>	<p>LHBs to commission and complete review of the pattern and cost effectiveness of inpatient eating disorder treatment across all ages services by <b>end 2013</b>.</p>	<p>Stakeholder events were scheduled for September and October 2013 to enable feedback to be considered for the Options Appraisal of Tier 4 Services. These were however cancelled with no further dates being scheduled.</p>	<p>NLIAH to develop 1000+ lives programme to drive improvements in delivery of Eating Disorder Framework during <b>2013</b>.</p>	<p><b>Gerrard McCullagh</b></p>
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	<p>LHBs to develop services in line with outcome of review and Eating Disorders: A Framework for Wales by end <b>2015</b>.</p>	<p>NLIAH and 1000+ Lives programme in conjunction with PHW is conducting a survey of outcome measures across Wales for those patients receiving treatment within Tier 3 Eating Disorders Services. It is hoped that this data will be available in September 2014.</p>		
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**Outcome 14: Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.**

<p>14.1 To ensure that services are based on a recovery and re-enablement approach supporting people to gain more control over their lives.</p>	<p>LHBs and LAs to ensure that Care and Treatment Plans for Service Users embed the principles of recovery and re-enablement, where appropriate, from <b>October 2012.</b></p> <p>LHBs and LAs to ensure that individual service user views of what recovery means to them become a core part of Care and</p>	<p>HIW and NLIAH</p> <p>A 2 day Recovery training package has been developed and delivered to over 100 members of qualified staff.</p> <p>The training is delivered jointly with a service user. By intensively working with Service Users listen to understand their current status and mindset the Initiative will work to</p>	<p>All Care Co-ordinators are competent in using recovery and other relevant skills through Care and Treatment Planning training, using Lincoln University materials.</p> <p>Service Users to act as trainers for professional staff to support cultural change.</p>	<p><b>Kelly Griffiths</b></p>
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	<p>treatment Planning.  <b>Ongoing from October 2013.</b></p>	<p>develop an effective model where Service Users are empowered to take control of their situations.  Practitioners and Service Users will work together to develop achievable goals towards a realistic timeframe towards recovery and discharge</p>	
<p>LHBs and LAs to provide support for children in addressing issues of attachment and developmental problems. <b>Ongoing</b></p>	<p>Awaiting Response</p>		<p>Janine Jones   Mark Griffiths   Directors of Social Services (Children Leads)</p>

	<p>For people with dementia, LHBs, third sector and LAs to provide services that support them to maintain independence for as long as possible, sustaining quality of life. Ongoing.</p>	<p>ABUHB and partners commission several services from third sector providers for people living with dementia and their carers. The services adopt a well-being ethos and community based approach aiming to support individuals and carers to manage their condition and remain independent for as long as possible.</p>	<p><b>Chris Meadows and Directors of Social Services</b></p>
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CHAPTER 4: ONE SYSTEM TO IMPROVE MENTAL HEALTH

Area	Action Required	Position	Improvement Approach/Training and Development	Delivery Lead
<p><b>Outcome 15: People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.</b></p>				
<p>15.1 To ensure that people with mental health problems have access to advice and support on financial matters</p>	<p>LHB and LA staff to establish links and contacts with debt advice services to assist people in managing their finances. <b>Ongoing from April 2013.</b></p>	<p>A study of current service capacity and gap analysis has been undertaken and several areas of good practice and lack of service have been identified. A directory of debt advice providers has been established and cascaded out to all nursing teams across Gwent.</p> <p>Our new LEAP team has established excellent connections</p>		<p><b>Directors of Social Services and Divisional Director, Mental Health and Learning Disability, ABUHB</b></p>



		with citizens' advice bureau and continues to build on this relationship.		
15.2. To improve mental wellbeing by improving the condition of housing.	LAs and registered social landlords to improve the conditions of homes by achieving the Welsh Housing Quality Standard by <b>2020</b> .	All Registered Social Landlords have already met or are well on the way to achieving the WHQS.		<b>John Keegan</b>
	LAs and LHBs to develop plans for joint working and developments on housing and associated services incorporating mental health as a priority by <b>June 2013</b> .	There is no set template for this to happen but in Gwent the In One Place programme is now funded and underway and RSL's are being approached to help for housing solutions for people with mental health and other issues who are		<b>John Keegan</b>

<p>15.3 To reduce homelessness and help people with mental health problems sustain tenancies.</p>	<p>LAs to implement Supporting People Programme Guidance ensuring that commissioning decisions take account of mental health needs. <b>Ongoing.</b></p>	<p>currently placed 'out of county'.</p> <p>The needs of people with mental health problems are met through Supporting People contracts which aim to support them to maintain their tenancies. These teams work across agencies to help coordinate efforts for practical support to ensure such people do not become homeless and if they do to help them secure appropriate accommodation.</p>	<p><b>Angela Lee</b></p> <p><b>Elke Winton</b></p>
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	<p>LAs and LHBs to develop plans for joint working and developments on housing and associated services, incorporating mental health as a priority by <b>June 2013</b>.</p>	<p>ABUHB is a partner organisation in the 'In One Place' initiative developed to provide innovative accommodation solutions through a partnership approach.</p> <p>Under the Integrated MH Strategy for Gwent a number of workshops / awareness sessions have been planned / held to forge closer links between health and housing allowing increased communication, sharing of experiences between MH professionals and housing providers.</p>	<p><b>In One Place Programme Manager</b></p>
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	<p>LHBs to provide senior representation on Supporting People Programme Regional Collaboration Committees by <b>December 2012.</b></p>	<p>A senior manager from the Health Board sits on the Gwent Supporting People Programme Regional Collaboration Committee.</p>	<p><b>Claire Harding</b></p>
	<p>Social landlords (local authorities that still own their own housing and registered social landlords) take into account the needs of people with mental health problems when discharging their landlord functions. <b>Ongoing.</b></p>	<p>All landlords work closely with LA Housing Services, Social Care and Supporting People Teams to identify need, and incorporate this into needs mapping and planning for either services or building developments.  Many RSL's provide specific training for dealing with tenants with Mental Health issues e.g. Mental Health First Aid courses.</p>	<p><b>John Keegan</b></p>



		<p>Operatives (i.e. trades staff) and frontline housing staff are trained to help identify people with MH problems and to understand how and where to refer them to.</p> <p>Staff participate in Community safety Groups and POVA to help identify vulnerable tenants and offer them appropriate support.</p>	
<p>15.4 To ensure vulnerable groups have equitable access to safer homes</p>	<p>Professionals, Fire and Rescue Services and LHBs to promote safe homes through fire safety and slips and trips initiatives. <b>Ongoing.</b></p>	<p>All internal communal areas now have regular fire inspections and these will pick up issues from inappropriate storage of material to</p>	<p>Staff awareness of where there is heightened risk for home fire or falls for vulnerable individuals (such as those with dementia) and of</p>
			<p><b>John Keegan</b></p>

<p>15.5 To improve skills for employment and help young people progress into employment.</p>	<p>Providers of the work based learning Traineeship Programme to utilise the mandatory 'Tracio' tool developed by WG to track improvements in skills in self</p>	<p>fire-extinguishers to functionality of fire-doors. Landlords work closely with the fire service to ensure there are adequate safety drills etc in the event of a fire. Vulnerable people have access to emergency cords. Properties now have hard-wired CO2 detectors and fire alarms. New properties are DDA complaint. All landlords have to have an up to date Gas safety certificate.</p>	<p>the need to share information on those individuals with the Fire and Rescue Service and other relevant agencies. This will ensure appropriate action is taken to mitigate the risks where possible.</p>	
		<p>Awaiting Response</p>	<p>Staff who delivers Traineeship programmes trained in the use of Tracio to measure learners' achievement of 'soft skills' and to identify and support</p>	<p><b>Ann Bentley</b></p>

	<p>confidence, self esteem working with others and motivation. <b>Ongoing.</b></p>		<p>learners at risk of dropping out.</p>	
<p>15.7 To improve support for people with mental health and substance misuse problems in higher education.</p>	<p>Universities to ensure that plans for widening access to higher education include support for learners with mental health / substance misuse problems.</p>	<p>There are now inclusivity policies as well as support mechanisms and training provided for all academic staff and school managers across the 3 main universities in the South East of Wales. Universities also give guidance to pastoral tutors on key indicators of mental health and substance misuse for staff and students.</p>	<p>Higher Education Funding Council for Wales (HEFCW) to require universities' tuition fee plans to reflect the principles of Together for Mental Health and include provision of appropriate support services.</p>	
<p>15.8 To ensure that the physical health needs of people with a mental illness are recognised and better met.</p>	<p>LHBs and PHW to ensure that general health promoting initiatives are signposted for people in contact with</p>	<p>Pilot project undertaken to promote the physical health of the mental health Service Users.</p>		<p><b>Virginia Morgan</b></p>



	<p>mental health services from <b>Ongoing from April 2013.</b></p>	<p>Evaluation currently being undertaken. Programme of multi-topic brief intervention developed and delivered to mental health practitioners 6 sessions held and 91 individuals trained.</p>	
<p>15.9 To promote employment opportunities for people with mental health problems.</p>	<p>WG, LAs and the NHS Wales to act as exemplar employers in developing workplaces that support mental wellbeing, and both recruit and retain people with lived experience of mental illness, by <b>Ongoing from March 2014.</b></p>	<p>Awaiting response</p>	<p>Formulation of policies to promote mentally healthy workplaces including policies to make reasonable adjustments to assist people to gain and retain employment.</p> <p><b>Anne Phillimore</b> <b>Ann Bentley</b></p>
<p>15.10 To promote the health and well-being of the people of Wales by enabling people to access information from libraries to promote, manage and improve their health status throughout their lifetime.</p>	<p>LA library services and public libraries to work with PHW to promote <b>BPW. Ongoing.</b></p>	<p>Awaiting response</p>	<p>BPW promoted to public and professionals. <b>Directors of Social Services</b></p>



**Outcome 16: Staff across the wider workforce recognises and responds to signs and symptoms of mental illness and dementia.**

<p>16.1 All staff across the public sector to promote a culture that is respectful and experienced as empowering.</p>	<p>LHBs, LAs and Third Sector to ensure all their services embed a culture of dignity and respect. <b>Ongoing.</b></p>	<p>ABUHB is in the process of signing up to become a Mindful Employer, with representatives from Time to Change Wales coming in to the organisation to speak to all of the Divisional Management teams, and other senior teams to get across their messages at this high level. Both these measures relate to how to pay more attention to the existing mental health issues of colleagues.</p>	<p>HR Leads</p>
<p>LHBs and LAs with their partners to ensure that all relevant staff in the wider workforce receive training in mental health awareness raising, addressing stigma and discrimination and know how to get specialist support when they need it. <b>Ongoing.</b></p>			

<p><b>Outcome 17: Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering.</b></p>			
<p>17.1 To ensure a sustainable skilled workforce that helps people improve health as well as treat sickness</p>	<p>LHBs to develop sustainable and affordable workforce plans to support the delivery of <i>Together for Mental Health</i>. <b>Ongoing.</b></p>	<p>The Mental Health and Learning Disability Division has a 3 year delivery plan which is both costed and detailed in respect of its workforce.  Reviews of many parts of the system have been undertaken during 2014 e.g: CMHTS, AOT and establishment of our Vanguard Initiative.</p>	<p><b>Ann Bentley</b></p>
	<p><b>Ongoing.</b></p>	<p>Personal Development Plan (PDPs) for all staff with annual appraisal process. <b>Ongoing.</b></p>	<p><b>Alison Lewis</b></p>
		<p>Personal Development Plan (PDPs) are in place for the majority of staff via the PADR process.</p>	



	LHBs, LAs and Third Sector to adopt evidence based team working with an emphasis on clinical networks and locality teams.	Vanguard work progressing and helping us to achieve this.	All clinical staff engaged in 1000 Lives and trained in methodologies.	Claire Harding
<b>In addition, the following actions will provide assurance that the aims of Together for Mental Health are being delivered:</b>				
19.1 To ensure that appropriate arrangements are in place to oversee the implementation of <i>Together for Mental Health</i> at national and local levels.	LHBs to put in place local multi-agency partnership arrangements on LHB footprint levels by <b>January 2013</b> .	Partnership Board been in place since 2011		Claire Harding
19.2 To ensure that the appropriate infrastructure is in place to measure progress in delivering the key actions of <i>Together for Mental Health</i> .	WG to work with the Third Sector, NHS and LAs to develop a set of outcomes indicators from a service user lens by <b>December 2013</b> .	Welsh Government	Indicators to be tested through selected pilot sites across all ages in <b>2013</b> for national roll out in <b>2014</b> .	Welsh Government
	Local partnership boards to routinely consider unmet need in the planning and delivery of services <b>Ongoing from 2015</b> .			Partnership Board







## HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 2ND DECEMBER 2014

**SUBJECT: SUMMARY OF MEMBERS' ATTENDANCE – 1ST JULY 2014 TO  
30TH SEPTEMBER 2014**

**REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES AND SECTION 151  
OFFICER**

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### **1. PURPOSE OF REPORT**

- 1.1 To report Members' levels of attendance at scheduled meetings of Caerphilly County Borough Council.

### **2. SUMMARY**

- 2.1 The report details the attendance of Members at scheduled meetings throughout the Quarter 1st July to 30th September.

### **3. THE REPORT**

- 3.1 Appendix 1 details Members' attendance for quarter 2 (1st July 2014 to 30th September 2014), at the following meetings:

- Council;
- Cabinet;
- Scrutiny Committees;
- Planning Committee;
- Audit Committee;
- Democratic Services Committee; and
- Sustainable Development Advisory Panel.

- 3.2 The information is compiled from attendance sheets signed by Members at these meetings.

- 3.3 The appendix also allows for a comparison with the same period in the preceding two years. When making comparisons to previous quarters/years, please note that overall averages given are the weighted average to reflect the number of meetings in each quarter.

- 3.4 Details for the next quarter (1st October 2014 to 31st December 2014) will be reported to the next appropriate meeting of the Scrutiny Committee.

### **4. EQUALITIES IMPLICATIONS**

- 4.1 There are no specific equalities implications arising as a result of this report.

**5. FINANCIAL IMPLICATIONS**

5.1 There are no specific financial implications arising as a result of this report.

**6. PERSONNEL IMPLICATIONS**

6.1 There are no specific personnel implications arising as a result of this report.

**7. CONSULTATIONS**

7.1 None.

**8. RECOMMENDATIONS**

8.1 That Members note the content of the report.

**9. REASONS FOR THE RECOMMENDATIONS**

9.1 To inform Members of attendance levels at scheduled meetings of Caerphilly County Borough Council from the Annual Meeting of Council, 2014.

Author: C. Evans (Committee Services Officer)

Background Papers:  
Member attendance sheets

Appendices:  
Appendix 1 Schedule of Members' Attendance 2012 to 2015

## Quarterly Summary of Attendance Levels (Percentages)

### AGM to AGM

	2012-2013					2013-2014					2014-2015				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Council	89	88	85	81	84	87	82	82	88	85	84	84			84
Crime & Disorder		38		59	59		69		94	82		81			81
Education For Life	75	78	66	69	72	72	75	69	75	73	66	65			66
Health, Social Care & Wellbeing	88	75	85	88	84	75	66	78	69	72	75	73			74
The Living Environment															
Regeneration															
Regeneration and Environment	69	77	71	88	76	69	63	81	84	74	81	80			81
Policy & Resources	81	88	71	79	77	69	78	84	85	79	78	77			78
Planning Committee	75	83	80	74	78	75	82	85	89	83	85	75			80
Audit Committee		58	50	42	48	83	75	67	83	77	58	83			71
Democratic Services Committee		44	63	69	60	69		69	75	71	88	75			82
Sustainable Development Advisory Panel	73	45	64	45	61	64	64		64	64		82			82
<b>Average Attendance per quarter</b>	<b>78</b>	<b>67</b>	<b>71</b>	<b>71</b>	<b>74</b>	<b>74</b>	<b>72</b>	<b>77</b>	<b>81</b>	<b>76</b>	<b>77</b>	<b>86</b>			<b>82</b>
Cabinet	90	94	93	88	91	95	82	92	93	91	93	93			93

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