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AGENDA

Committee	COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE
Date and Time of Meeting	WEDNESDAY, 5 OCTOBER 2016, 5.00 PM
Venue	COMMITTEE ROOM 4 - COUNTY HALL
Membership	Councillor McGarry (Chair) Councillors Ali Ahmed, Carter, Ralph Cook, Chris Davis, Magill and Sanders

Time approx.

1 Apologies for Absence

To receive apologies for absence.

2 Declarations of Interest

To be made at the start of the agenda item in question, in accordance with the Members' Code of Conduct.

3 Minutes (Pages 1 - 10)

To approve as a correct record the minutes of the previous meeting.

4 Cardiff & Vale Dementia Three Year Plan (2014/2017): Progress Report (Pages 11 - 78) 5.00 pm

- (a) Cllr Elsmore Cabinet Member (Health, Housing and Wellbeing) will be in attendance and may wish to make a statement;
- (b) Tony Young Director Social Services and Amanda Phillips Assistant Director Adult Services will be in attendance to answer Members' questions;
- (c) Dr Suzanne Wood, Cardiff & Vale Public Health Board, will be in attendance to answer Members' questions;
- (d) Members question and answer session.

- 5 **Assessment Thematic Item** (*Pages 79 - 122*) 5.45 pm
- (a) Councillor Susan Elsmore, Cabinet Member for Health, Housing and Wellbeing will be in attendance and may wish to make a statement;
- (b) Tony Young Director Social Services, Sarah McGill, Director Communities, Housing and Customer Services, Amanda Phillips Assistant Director Adult Services and Jane Thomas, Assistant Director Communities and Housing will be in attendance to give a presentation and to answer Members' questions;
- (c) Members' question and answer session.
- 6 **Committee Business report including Correspondence update** 7.00 pm
(*Pages 123 - 140*)
- 7 **Way Forward** 7.10 pm
- 8 **Date of next meeting**

The next meeting of the Community & Adult Services Scrutiny Committee is scheduled to take place on Wednesday 2nd November at 5.00pm in CR4, County Hall, Cardiff.

Davina Fiore

Director Governance & Legal Services

Date: Thursday, 29 September 2016

Contact: Andrea Redmond, 029 2087 2434, a.redmond@cardiff.gov.uk

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

7 SEPTEMBER 2016

Present: County Councillor McGarry(Chairperson)
County Councillors Ali Ahmed, Carter, Chris Davis, Lomax,
Magill and Sanders

21 : APOLOGIES FOR ABSENCE

There were no apologies for absence

22 : DECLARATIONS OF INTEREST

A declaration of interest was received from Councillor Lomax as he is a resident in Council Owned Sheltered Accommodation.

23 : MINUTES

The minutes of the meeting held on 6 July 2016 were agreed as a correct record and signed by the Chairperson.

24 : CABINET RESPONSE TO COMMITTEE'S INQUIRY 'HOW TO REDUCE CRIME AND DISORDER IN THE NTE IN A TIME OF AUSTERITY'

The Chairperson welcomed Cllr Dan De'Ath Cabinet Member (Skills, Safety and Engagement) and Jon Day Economic Development Manager to the meeting.

The Chairperson invited the Cabinet Member to make a statement in which he thanked the Committee for the thorough and forensic inquiry; he noted that Cardiff was considered relatively safe as issues were dealt with well when they arose; there was a long history of partnership working in Cardiff too. Most recommendations had been accepted and some partially accepted. Currently Cardiff was in the process of developing a Night Time Economy Strategy with partners that would inform the vision and show shared understanding; an action plan would then be developed to follow on from this. The Cabinet Member explained that he was now the Night Time Economy Champion, he also sits on the Safer and Cohesive Programme Board; he added that there was lots of good work being done with Bar and Door Staff.

Members were reminded that there was £250k for the Night Time Economy from the BID business plan, there was partnership working between the Council and the Police on how this money would be spent.

The Chairperson thanked the Cabinet Member and Officer and invited questions and comments from Members:

- Members were grateful for the comprehensive response to recommendations and were pleased to hear that there was now a Cabinet Member as the Night Time Economy Champion and sought clarification on where the issue would sit as it crosses both Economic Development and other Directorates. The Cabinet Member advised that it would sit with the City Centre/BID team under the Director of Economic Development, with the Leader and CEX being involved through the Public Service Board.
- Members asked for a timescale for the Strategy to be ready and were advised that there was no date as yet as it was a work in progress. Members were concerned that Cardiff had not provided input into the Welsh Government Plan.
- Members asked for views on the Late Night Levy. The Cabinet Member gave his personal view that he would want the BID to settle in first; there were questions around the practicality of the levy and other cities had not seen the money come in as expected; he felt that the BID was the most appropriate vehicle but that the levy would be looked at. With regard to timescale the Cabinet Member stated that the BID should settle first so it would not be in the next few years. Officers added that a levy would raise funds directly for the Police etc. to use whereas the BID would enable co-design of how money is used.
- Members sought clarification on what businesses are involved with the BID and were advised that the BID represents all businesses in the City Centre, including Hotels, Retail and Bars etc.
- Members asked how funding requirements would be addressed and were advised that it would be a shared vision working with partners not just about funding but also about how to police the city centre. Members were advised that the work of the inquiry would inform this work.
- Members noted that recommendation 11 was partially accepted and sought reassurance that this would be considered and were advised that it would.

AGREED – That the Chairperson on behalf of the Committee writes to relevant Cabinet Members, Directors and officers thanking them for attending the Community and Adult Services Scrutiny Committee on 7 September 2016 and to convey the observations of the Committee when discussing the way forward.

25 : PRE-DECISION SCRUTINY: ADVICE AND SUPPORT RECOMMISSIONING

The Chairperson welcomed Cllr Dan De’Ath Cabinet Member (Skills, Safety and Engagement) Sarah McGill, (Director of Communities, Housing and Customer Services) Jane Thomas (Assistant Director of Communities and Housing) and Sam Harry (Category Manager Commissioning & Procurement) to the meeting.

The Chairperson advised that this item enabled Members to carry out pre-decision scrutiny of the Recommissioning of Advice and Support Services, prior to

consideration at Cabinet in September. Members were advised that Councillor De'Ath was attending for the gender specific support services element of the report only; officers were dealing with the other aspects of the report in Councillor Elsmore's absence.

The Chairperson reminded Committee that they had received confidential information (Appendix G to the Cabinet Report which was at Appendix 1 in their papers) and therefore part of the meeting would be held in private, in closed session and Members were not permitted to ask questions relating to Appendix G until the closed session.

The open session would start with a presentation covering the overarching elements of the proposals. The presentation then had a section on each area of proposals, which would be taken in stages, Members could ask questions on each area before moving on.

The Chairperson invited the Director to make a statement in which she stated that this was a very substantial piece of work, with lots of detail which was why it had been broken into sections. With reducing resource, it was important that things were put in place to make the best use of resources for the best possible outcomes for clients.

The Chairperson invited overarching questions and comments from Members:

- Members sought reassurance that the phased approach would not mean an element of ambiguity for those tendering for service provision in both categories. Officers advised that each phase relates to specific contracts that exist at the moment, it hasn't been split and officers were already waiting to recommission services in the second phase.
- Members asked about the rationale for such a scale down of providers' overall and the rationale behind the timescales; as these are based on predictions on the supported people grant being reduced, but still waiting on the Welsh Government Settlement and wondered whether it would be better to wait until next year when these would be known. Officers explained that they had given considerable consideration to the numbers of providers, economies of scale were needed to protect services to clients; it would enable more expertise and the joined up nature of services would allow more flex. Cuts would be made from April 2017 and, if made, if not the flex would allow for more money to be added if available. The Director added that it was all about sustainability in a time of year on year cuts; contracts needed to be of a size that can manage the situation.
- Members discussed mental health provision in both generic and specific services and wanted to exercise caution that there may be economies of scale and better expertise by not splitting these services.
- Members asked if there was an expectation that the providers may have an umbrella arrangement to take away the risk from the Council. Officers stated that yes this was the expectation and that they have been very specific that this could be 1 provider or consortia, it was open to all.

Gender Specific

The Chairperson invited the Cabinet Member to make a statement in which he noted the work that was being done with many groups including Women's Aid and service users and noted that the service was for men too.

Members were provided with a presentation on Recommissioning of Gender Specific Services; the Chairperson invited questions and comments from Members:

- Members considered Generalised Workers and sought reassurances that expertise would remain in relation to IDVA's as conviction rates are increasing. Officers agreed it was important to keep the expertise and noted that the organisation should also have a legal expertise. Currently there are IDVA's and floating support workers, not all staff would be generic, some would work across but expertise would remain.
- In relation to Stakeholders, members considered that the CPS and Ministry of Justice could be included as they have key roles; Officers thought that this was a good suggestion.
- Members considered the issue of pets needing to be considered and noted that the Dogs Trust will foster dogs. Officers agreed that was an important consideration and that also it was important to move people swiftly into accommodation where they can take their pets, rather than into a refuge.
- In relation to target hardening, Members noted that it was not just the perpetrator but also the family, friends and local community that needed to be considered. Officers considered that this was a major issue; they met with the police who have domestic violence expertise and noted that each case was very different and that sometimes it was not suitable for people to stay if family were in the area.
- Members welcomed and understood the joining up of services. Members noted from the presentation that the contract would have 4 different components and asked if there would be an evidence base for the proposed service provision at set up. Officers stated that they have looked at research and work undertaken in other Councils, there would be changes based on what is happening elsewhere but it wouldn't be too prescriptive.
- With reference to the Safe Lives Report, Members had previously sought reassurance that underrepresented groups would be included so that they have an equal opportunity to the service provision. Officers advised that all staff are trained and know to ask questions if they think something is wrong, this included hard to reach groups.
- Members asked in relation to economies of scale, what mechanisms were in place to ensure these would be achieved in relation to providers' overheads such as back office/management costs etc. Officers explained it would be a competitive process and if a provider's management costs were too high then they wouldn't be very competitive. Officers added that they would expect to see how the organisation was organised especially if it was consortia, they would need to be innovative.

- With regards to consultation, members considered that at a tendering workshop then the comments would be positive as people would not want to spoil any future chances at successful tender if they made negative comments. Officers disagreed and stated that they have worked with providers for over a year on the gateway project and they have ongoing dialogue with regards to services, they didn't consider that providers would have held back if there were real issues; officers were confident it was a fair consultation and that all were consulted.
- Members discussed the One Stop Shop and considered it was important that it would be well advertised, but discreet and safe. There would also be other ways of accessing the service such as phone calls and emails.
- Members noted the importance of regular reviews going forward; officers stated that this was a real opportunity to join up services and flex them over time; it would be very difficult to flex if there were separate contracts; the reviews would take place as part of the contract management.
- Members noted there were currently 68 units and asked how this would change and also sought what the price/quality split would be and how officers could ensure there would be no race to the bottom. Officers explained that a unit is 1 person being supported at any one time; with regard to size, officers weren't suggesting a reduction but that economies of scale would mean more robust services; there would be a minimum number to be supported to meet statutory regulations. Officers advised that there would be a 50/50 price/quality split, with specific quality into services to avoid race to the bottom, each element would be looked at to pick up on the quality aspect.
- Members asked for the numbers of male victims and were advised that the report states that current users of the service are 2.23% male and 97.77% female; but noted that these are indicative figures.
- The Chairperson asked that Committee are afforded the opportunity to undertake pre-decision scrutiny of the final Cabinet Decision and officers agreed to bring the item back to committee when the specifics are finalised.

The Chairperson invited Gwendolyn Sterk from Welsh Women's Aid to the meeting and to make her presentation, in which she stated that she welcomed being involved in the consultation and ongoing discussions; Welsh Women's Aid had produced guidance on Commissioning on these specific services; it was a needs led approach that needed to be sustainable. It was added that Cardiff was in a unique position in that there had been good specific services in place for some years however there were still some gaps in sexual violence currently. Ms Sterk stated that she would advocate consortia to build on expertise.

Members were advised that the Act would likely increase the already high demand. Male provision needed to be proportionate but not prejudice gender specific/responsive women only services. Ms Sterk added that she would be willing to work/engage with the CPS and Ministry of Justice if required.

It was noted that there needed to be a clear understanding of what a Refuge was, in that it is not just accommodation but also supports needs and is a holistic service.

With regards to providers' overheads, Ms Sterk stated that most have very low overheads as they are very small organisations.

In relation to the price/quality split, Ms Sterk expressed her concern over the 50/50 split as Welsh Government have a higher percentage based on the quality element.

The Chairperson thanked Ms Sterk for the contribution to the meeting and invited questions and comments from Members:

- Members discussed Refuges and the numbers of people that are turned away from them and asked if the short term capacity was an issue for Women's Aid. Ms Sterk advised that it was a huge concern which she was raising on a National level as women often move across authorities.

Generic & Older People Floating Support

Members were provided with a presentation on Generic and Older People Floating Support; the Chairperson invited questions and comments from Members:

- Members discussed Wardens in supported living accommodation and were advised that wardens were not being removed, the issue was where they were funded from i.e. via the rent; this would be up to individual landlords.
- Members wondered if there would be a disproportionate effect on small providers and whether it was conducive to social enterprise and how this would be balanced; even though Members understood it made sense from a contract point of view. Officers advised that they need to ensure that the position is sustainable with reducing budgets; it was no longer possible to carry on with lots of small arrangements in place; there needed to be a drive to deliver services in a difficult position.
- Members asked what work was doing done to ensure that the niche skills of small organisations would not be lost if provision was awarded to consortia and how would money be saved by this approach. The Director advised that in the tendering process it would be made very clear that skills would need to be available. With regard to savings, current vacancies in current service provision stand at 100+; it was expected that services would be delivered more broadly to people at home through one set of arrangements and therefore providing economies of scale.
- Members sought reassurance that Generic Floating Support workers would cover individuals with other needs as picked up in their EIA; officers explained that Generic Floating Support workers would also be able to cover low level mental health issues where no services were engaged.
- Members were concerned that there may be gaps between phase 1 and phase 2; officers explained that they were recommissioning generic services and that specialist services would remain, they would specify those who need

expertise and identify some who are hard to engage so would ask for more specialist knowledge in these areas, as well as providing for others.

- With reference to Older Peoples Gateway, Members were advised that the Independent Living Service would feed into it and also into floating support

The Chairperson welcomed the Regional Committee representatives for providers and landlords, Frances Beecher, Ceri Meloy, Mark Sheridan and Philip Richardson, to the meeting and invited questions and comments from Members:

- Members sought views on the presentations that had been given at the meeting. Mark Sheridan stated that previously they had taken cuts in an ad hoc way and the strategic approach now being taken was welcomed. He added that they had not heard enough information to determine whether there would be a race to the bottom. Finally, he stated that there were concerns over management costs, as to set up consortia would cost money.

Ceri Meloy stated that she had concerns over reduced staff, TUPE transfer, redundancies etc. She added that information at the tender stage was often not sufficient to put in a competitive tender.

Phillip Richardson stated that the numbers of providers would reduce from 14 to 2, and had concerns with what would happen if 1 went into performance measures/administration; and what the Council could do to step in/whether 1 provider could cope.

Frances Beecher stated that it had been positive that the providers' representatives were able to come to committee and be open and honest and not negatively judged by the Council. She considered that cutting from 14 to 2 was too much and that consortia seemed the way forward. However, she did not consider that it would provide economies of scale; there had been cuts over the last 5 years and no more cuts could be sustained, but providers can still provide the skills and expertise. She added that she considered the timescales too challenging and requested an extension for proper service user involvement.

- Members made reference to the consultation and asked if representatives were invited to the consultation workshops. Frances Beecher said that they were but noted that all the people in the room were in competition with each other so they could only be open to a certain extent. Mark Sheridan said that some views had not been taken on board but they did feel able to raise concerns.

In closing, Frances Beecher requested that Committee recommend that the number of providers is more than 2; that providers certainly support consortia but that it wouldn't provide economies of scale; they recognised that less money meant less units and requested that the timescales be extended until summer 2017 to allow for proper and full consultation.

The Chairperson invited officers back the table to respond to comments made:

The Director stated that with regard to numbers of providers, that it was just the generic support that was being considered and that the specialist providers would remain. If contracts were found to be not working, then the Council would be able to step in and cancel them; Consortia was an option but it couldn't be a requirement, the Council would encourage SME's to work together, however they do it, and that Consortia was a lengthy and legal process; Timescales would be discussed in closed session; there were currently 100+ unused units therefore the reduction in units of support was a way of addressing this; evidence from the Gateway had been invaluable and had told officers that in some cases support had been ongoing for too long, so monitoring was crucial to continue to provide support services in the City.

Advice Services

Members were provided with a presentation on Advice Services and the Chairperson invited questions and comments from Members:

- Members were concerned that more and more support was provided in-house and in particular providing advice and wondered if there was any information available on the cost of Council provided advice versus contracted out advice. Officers stated that they had undertaken an exercise to see if they could have provided the services in-house and it could have been done, there were the added pension contributions but Council staff are paid less than providers. The Director added that there were no concerns regarding the quality of the advice but there needed to be a choice and the Council can't bid for external funding whereas providers can.
- Members were concerned over reliance on external funding this may not be sustainable/replaceable. Officers stated that this was always a risk in the current climate.
- Members asked if having to attend tribunals would be included in the contract and were advised that it was not as it was not in the current arrangements either.

The Chairperson welcomed Sheila Hendrickson-Brown from C3SC to the meeting and invited her to make her presentation, in which she thanked Committee for the opportunity to attend the meeting. She recognised that there were significant financial challenges and there was a need to respond to services going forward, and that there had been gaps in some services. She noted that lots of the responses had been supply sided rather than demand sided and there could be an analysis of who were not accessing services and whether this was contributing to social exclusion. Members were advised that volunteers had not been mentioned but should be fully considered. Feedback from third sector members in Cardiff had been positive as Cardiff has been seen to seek out and address challenges, however there needed to be an ongoing dialogue regarding innovative services in a challenging environment.

The Chairperson invited Officers back to the table to respond to comments.

- Members were advised that there are 70 volunteers who work in the Hubs.
- Officers do look to identify people who may need services and signpost them when they can.

- Service User Consultation was not specifically about the changes because the service would not be reducing but there are ongoing customer satisfaction surveys undertaken providing very positive feedback on both Council and contracted out services.

The Chairperson invited questions and comments from Members:

- Members asked how Cardiff compares to the rest of the UK with regards to advice services and were advised that it was very difficult to compare as there were very many different approaches.
- Members asked if people who have been referred for specialist services had been consulted and officers advised that they had received high satisfaction feedback for all services.

The Chairperson informed Members and the public that the Committee would now go into closed session to consider confidential information- therefore members of the public were asked to leave the room.

The meeting reconvened in open session to discuss the way forward and it was:

AGREED – That the Chairperson on behalf of the Committee writes to relevant Cabinet Members, Directors and officers thanking them for attending the Community and Adult Services Scrutiny Committee on 7 September 2016 and to convey the observations of the Committee when discussing the way forward.

26 : COMMITTEE BUSINESS

The Correspondence to and from the Committee was outlined and noted.

Members were advised that on 28 June 2016, the Committee met in forum mode to consider items and issues for inclusion on the potential work programme for the forthcoming municipal year. At the meeting, Members considered a wide range of possible items, including suggestions from Members and officers, performance reports, pre-decision items, policy review & development work and monitoring reports, which could be included in the Committee 2016-17 work programme. Members were asked for their views on whether to triage budget issues under the Performance Panel and then bring to Committee; after discussion on the potential workload, it was considered that this would be the best option as to add budget issues to the committee agendas would remove the welcome flex the agendas currently had.

Members views were sought on the draft work programme; Members asked when they would be able to scrutinise the Gypsy & Traveller report and were advised that it would depend on the date it goes to Cabinet but there would be pre-decision.

In general Members were happy with the work programme as it stood and were grateful for the flex it had to enable other issues to be considered if and when needed; Members wished to thank Angela Holt for her hard work in compiling the work programme.

RESOLVED: To

- i. Note the content of the correspondence schedule.
- ii. Approve the proposed work programme.

27 : DATE OF NEXT MEETING

It was noted that the next meeting of the Community and Adult Services Scrutiny Committee was scheduled to take place on 5 October 2016 at 5.00pm in CR4, County Hall, Cardiff.

**CITY AND COUNTY OF CARDIFF
DINAS A SIR CAERDYDD**

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

5th OCTOBER 2016

**PROGRESS REPORT: CARDIFF AND VALE DEMENTIA THREE YEAR
PLAN (2014/15 – 2016/17)**

Purpose of Report

1. To provide Members with information on the progress made in implementing the Dementia Three Year Plan for Cardiff and the Vale of Glamorgan, which was developed by Cardiff Council, the Vale of Glamorgan Council, the Cardiff and Vale University Health Board and Third sector partners, whilst engaging with service users and carers. It was agreed by these partners in 2014.
2. The following documents are attached as appendices:
 - a. **Appendix A** – Year 2 report on the Dementia Three Year Plan;
 - b. **Appendix B** – Cardiff and Vale Dementia Three Year Plan;
 - c. **Appendix C** – Cardiff North Dementia Friendly Community Action Plan;
 - d. **Appendix D** – Cardiff wide Dementia Friendly Community Action Plan.

Background

3. Statistical analysis to estimate the predicted increase in the numbers of people with dementia in Cardiff and the Vale of Glamorgan shows that the numbers will increase by 54% between 2012 and 2030. In Cardiff, it is estimated that there will be just over 5,000 people suffering from dementia by 2030.
4. The Cardiff and Vale Dementia 3 Year Plan was developed to address the needs of people with dementia and their carers, to help them live as well as possible with the consequences of the illness, as well as preparing for future increases in the number of people suffering from dementia related illnesses.

5. The Three Year Plan builds on existing national strategic documents regarding dementia. The National Dementia Action Plan outlines four key strategic themes and the Three Year Plan is structured around these:

- Making structural changes to economic, cultural and environmental conditions;
- Improving infrastructure and access to services for all;
- Strengthening communities; and
- Strengthening individuals.

6. The Three Year Plan fits within the Older Person's Framework and Statement of Intent¹, considered previously by this Committee in April 2014 and September 2015. Each statutory organisation has included appropriate elements of the Three Year Plan in their respective plans, for example:

- a. Cardiff Council Corporate Plan 2016-18 contains the following commitment: *'Work to make Cardiff a recognised Dementia Friendly City by March 2018'*;
- b. Cardiff & Vale Local Public Health Plan 2016-2019 contains a commitment to *'deliver'* and *'evaluate the Three Year Plan'* and to *'review actions for 2017/18 and beyond'*;
- c. Ageing Well in Cardiff Local Delivery Plan has, as one of its five areas of focus, *'Building and promoting dementia supportive communities'* and reinforces the Council's commitment to *'implementing Cardiff Council assigned actions contained within the 3 year dementia action plan'*;
- d. Cardiff Council Strategy for Health and Social Care Directorate Older People's Services 2014/17 contains the following: *'Addressing the needs of people with dementia and their carers by joint working with partner organisations to fulfil the actions identified within the Cardiff and Vale Dementia 3 year plan 2014-2017'*.

¹ Signed up to by Cardiff Council, the Vale of Glamorgan Council and Cardiff & Vale University Health Board,

7. The Three Year Plan sets out a number of key actions for partners to undertake, including:
 - a. Establishing a pilot 'dementia supportive community' in Cardiff West. This is defined by the Alzheimer's Society as '*one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them*';
 - b. Further consideration be given to developing 'accommodation with care' models to allow the Council and the UHB to jointly commission different forms of supported living for people with young onset dementia;
 - c. Joint health and social care training in dementia and other joint initiatives such as telehealth and telecare.

8. The implementation of the Three Year Plan has been overseen by a Dementia Taskforce², with six subgroups as follows:
 - a. Dementia Champions Network;
 - b. Monitoring and Evaluation;
 - c. Service Development and Finance;
 - d. Communications and Engagement;
 - e. Training and Development;
 - f. Medicines Management Group.

Progress Report

9. The Dementia Three Year Plan end of Year 2 progress report is attached at **Appendix A**. This provides:
 - a. Pages 8-19: a synopsis of the work undertaken by each of the Taskforce subgroups, as well as a summary of their planned work for 2016-17;
 - b. Pages 20-21: an overview of performance against agreed measures, in 2015/16;

² with representatives from the Cardiff and Vale University Health Board, Vale of Glamorgan Council, Cardiff Council, Third Sector Councils for Cardiff and the Vale of Glamorgan, Nexus, Alzheimer's Society, Carers and Cardiff Metropolitan University

- c. Pages 22-23: a summary of the achievements since the start of the Plan;
- d. Page 24: a list of the work to be undertaken in 2016/17.

10. The End of Year 2 progress report shows that many of the actions timetabled for Years 1 and 2 have been achieved. In particular, the progress report states that good progress has been made in the following headline areas:

- a. Promoting healthy living initiatives in dementia and increasing public awareness and understanding of dementia;
- b. Ensuring timely diagnosis of dementia;
- c. In-patient dementia care.

11. The End of Year 2 progress report shows that there are actions from Year 2 that remain to be achieved and states that these will be prioritised for action during Year 3 (page 24) alongside the planned Year 3 actions. These are:

- a. To develop standard guidance on how to conduct an anti-psychotic review;
- b. To audit length of stay for people with dementia;
- c. To implement Dementia '2 minutes of your time' Carers survey³ widely;
- d. To further develop DGH⁴ Liaison Psychiatry for Older People Service, in particular to ensure a presence in unscheduled care;
- e. To develop the Carers Education Pathway.

12. The Year 3 key actions due to be undertaken in 2016/17 are:

- a. To develop respite opportunities by assessing need and then rolling out the new opportunities;
- b. To increase the opportunities for different respite opportunities and publicise them;
- c. To increase opportunities for people with dementia to die at their place of choice;
- d. Roll out of dementia supportive communities pilots, with evaluation of the pilots and consideration given to integrating these across all Cardiff and Vale communities;

³ This is a survey of carers experiences whilst the person they care for is in hospital

⁴ DGH = District General Hospital e.g. University Hospital of Wales (Heath) and University Hospital Llandough

- e. To develop primary care Quality and Outcomes Framework 15 month review to a standardised template and train primary care clinicians;
- f. To re-audit the prescribing of anti-psychotics in people with dementia;
- g. To develop the quality of residential and nursing care home placements if appropriate and consider supported living options;
- h. To develop Memory Team capacity further to cope with increasing demand;
- i. To roll out training in non-pharmacological methods in behaviour management and to ensure that this covers health and social care staff in pilot areas.

13. Cardiff Council does not have an input into any of the outstanding actions from Year Two. With regard to Year Three, Cardiff Council has an input into six of the planned actions, listed above as a, b, c, d, g and i. Cardiff Council does not have an input into the planned actions listed above as e, f and h, which will be undertaken by Health.

Dementia Friendly Communities

14. In order to achieve city wide Dementia Friendly status, the six Neighbourhood Partnerships are being used to facilitate conversations, co-ordinate responses and ensure partners are working locally to meet the Dementia Friendly status qualifying objectives. This work is being captured in a local plan, as a subsection of the Neighbourhood Partnerships' main action plans. An example of one of these, for the Cardiff North Neighbourhood Partnership, is attached at **Appendix C**, with the city wide plan, which will collect progress from each of the individual areas to demonstrate the city wide approach, attached at **Appendix D**.

Way Forward

15. At the meeting, Councillor Susan Elsmore, Cabinet Member for Health, Housing and Wellbeing may wish to make a statement. Members will have the opportunity to ask questions of the following officers:
- Tony Young – Director of Social Services

- Amanda Phillips – Assistant Director of Social Services - Adults
- Dr. Suzanne Wood – Consultant in Public Health Medicine, Cardiff & Vale UHB

16. External witnesses from Nexus⁵, Cardiff & Vale Action on Mental Health and from the Alzheimer’s Society have also been contacted to ask if they wish to pass comments to Members, either in writing or by attending the Committee Meeting.

Legal Implications

17. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

Financial Implications

18. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are

⁵ Nexus involves those who use older people’s mental health services and their carers to have say in the way that those services are planned, run and developed.

implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

RECOMMENDATIONS

The Committee is recommended to:

- I. Consider the information provided in the report, appendices and at the meeting
- II. Agree any comments and observations committee wishes to make to the Cabinet.

DAVINA FIORE
Director of Governance and Legal Services
29 September 2016

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Dementia 3 Year PLAN

**Cardiff and Vale End of Year 2
(2015-2016) Report**

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Foreword



From the Chair of Cardiff and Vale Dementia Taskforce

Two thirds of the way through our 3 year Strategic Plan for Dementia Services it is appropriate that this, our Second year Report, is framed in terms of “looking back” and “looking forward”.

Looking back over each of the four strategic themes adopted from the National Dementia Plan we are able to record achievements and improvements over the past year. Notable successes to date have been increases in the number of Dementia Friends, and of Dementia Champions (now present in every Clinical Board). Equally pleasing is the number of staff of both health and social care services who have received training in the care of patients and clients with dementia. This and the production of Guidance on Anti Psychotic Prescribing and the development of a Memantine Pathway represent major advances.

In improving access to services, especially diagnostic services progress has been more difficult to achieve. The worsening waiting times and waiting list numbers for the Memory Team Clinic have been a major focus of concern for the Taskforce, though even here we can record that the number of patients presenting with severe dementia at diagnosis has reduced.

However looking forward there are exciting further developments in the pipeline with pilot projects on Dementia Friendly Communities, and on Primary Care Diagnostic clinics about to be established. The latter it is hoped will reduce the pressure on the Memory Team.

As I noted last year we have been set a mountain to climb in achieving services that truly meet the needs of both patients and carers but, I am confident that by the sustained efforts of all the agencies and personnel involved we have progressed well above “base camp” and with sustained support from both statutory and voluntary agencies we will continue on the way to the “summit”!

Deirdre J Hine DBE FFPH FRCP

Taskforce Member Organisations

- **Cardiff and Vale University Health Board**
- **Vale of Glamorgan Council**
- **City of Cardiff Council**
- **Glamorgan Voluntary Services**
- **Cardiff Third Sector Council**
- **Nexus**
- **Alzheimer's Society**
- **Carers**
- **Cardiff Metropolitan University**



Introduction

The Cardiff and Vale Dementia 3 Year Plan was developed in 2014 for people with dementia and their carers, in order that they can live well with dementia.

The Plan was jointly developed between Cardiff and Vale University Health Board (UHB), City of Cardiff Council, Vale of Glamorgan Council, and Third Sector Partners (including service user and carer representation). It addresses the needs of people with dementia and their carers, as well as serving future population growth. In order to achieve this, a multi-agency response was required.

The plan builds on previous national strategic documents, including:

- The National Dementia Plan for Wales
- National Dementia Vision
- How To Improve Dementia Guide
- 'Together for Mental Health' (the national mental health strategy)

It also builds on local frameworks including the Mental Health Service User and Carer Involvement Framework and the Charter for Mental Health which incorporates a recovery and re-ablement ethos.

The Three Year Plan was launched in July 2014 by the Minister for Health and Social Services Professor Mark Drakeford AM; Mr Adam Cairns, Chief Executive Officer of Cardiff and Vale UHB; Councillor Susan Elsmore; Mrs Mary Thomas, who was diagnosed with early onset dementia at the age of 54 and Mary's carer Mr Graham Thomas. The launch took place at Cardiff Metropolitan University, home to the National Centre for Product Design and Research, which has provided expertise in developing user focussed services and problem solving in the development of the plan.

This End of Year report provides an update on progress made by the Dementia Three Year Plan in its second year of implementation (2015-16). It will highlight key achievements made as well as areas in need of improvement over the remaining lifespan of the plan from 2016-2017.

Background

Much has been achieved nationally and locally for people with dementia and their carers. However gaps remain and we need to plan for the future predicted increase in numbers of people with dementia across Cardiff and the Vale. It is estimated that the number of people suffering with dementia in Cardiff and Vale will increase by 53% between 2013 and 2030.

Diagnosis rates for dementia in Cardiff and Vale as well as nationally has been historically low. This is a key priority in the Three Year Plan. In 2015, the diagnosis rate was 50% in Cardiff and Vale, which meant that half of people with dementia are undiagnosed. Across Wales as a whole only 43% of people with dementia were diagnosed. Steps are therefore being undertaken within the community as part of the Three Year Plan to improve people's awareness of dementia and how to signpost to appropriate agencies if they suspect cognitive impairment. Such as the work done as part of the dementia supportive communities initiative, which continues to make community members more aware of dementia, more inclusive of people with dementia, and able to signpost as appropriate.

Services and agencies available for people with dementia remain a key priority and work continues with both the statutory and the Third sector. The statutory sector includes the Memory Team, Mental Health Services for Older People (MHSOP), Local Authority provision, and Community Resource Teams (CRTs). In the third sector there is ongoing co-ordination and engagement work undertaken by Nexus, Cardiff Third Sector Council (C3SC) and Vale Centre for Voluntary Services (VCVS).

The Cardiff and Vale Three Year Plan is organised around four strategic themes identified in the national dementia plan. These are:

Making structural changes to economic, cultural and environmental conditions

In order to support people with dementia and their carers, the environment in which they live in needs to be inclusive and dementia-aware. One way of doing this is to create what has been coined a 'dementia supportive community'. This is defined by Alzheimer's Society as: 'one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them'. In Cardiff and the Vale two community pilots to create dementia supportive communities are underway, one in Barry and one in Cardiff West, with hopes to roll this out across Cardiff and Vale in future.

Improving infrastructure and access to services for all

Diagnosing people with dementia in a timely fashion is critical to ensure that treatment and support is given at the earlier rather than the later stages of the illness. Earlier diagnosis can enable people to be cared for at home for longer as carers can be linked into informal support networks and formal networks for advice, guidance and signposting to formal assessment in their own right.

The Memory Team provides a diagnostic and early support service for people with suspected dementia. Later in the illness the person may need access to MHSOP or Local Authority Social Services for additional support and advice. Most everyday care and support may be given by primary care and a variety of Third Sector organisations.

Strengthening Communities

It is important to ensure that the public have an awareness and understanding of dementia. To a certain extent, the national Dementia Vision created some visibility of the condition. However, more can be done locally to create awareness. Primarily this will be achieved through the dementia supportive communities work. Alzheimer's Society delivered 337 Dementia Friends sessions in the first two years of the Three Year Plan and created over 4,752 Dementia Friends and 134 Dementia Champions across Cardiff and Vale. There is also ongoing work by the Third sector to raise awareness at events and through campaigning activities, for example Alzheimer's Society provides awareness training to a range of organisations and professional groups, including GPs, Private Sector, Public Sector, and both statutory and Third Sector bodies. However, we all have a role to play in awareness-raising. In the longer term it will be advantageous to develop 'an army' of volunteers for people with dementia to enhance their support in the community.

Strengthening Individuals

Following a diagnosis of dementia it is important that the person with dementia and their carers have access to good quality information to enable them to understand and come to terms with the diagnosis and to be able to access support with ease. The Memory Team have a series of information leaflets written to meet the needs of individuals with dementia and their carers. The Alzheimer's Society was commissioned to provide an information pack, but supplementary information may be needed for some people, for example, on the Mental Capacity Act, Advance Decisions to Refuse Treatment and Lasting Power of Attorney, and on the variety of care options available. Cardiff and Vale Action for Mental Health (CAVAMH) produce 'Directions' the hand book of Older People's Mental Health Services in Cardiff and the Vale of Glamorgan The Mental Health Services for Cardiff and the Vale of Glamorgan provide information on older people's mental health services including legal matter such as the Mental Capacity Act. Seeking the views of people with dementia and their carers is critical to improving care and support within this process.

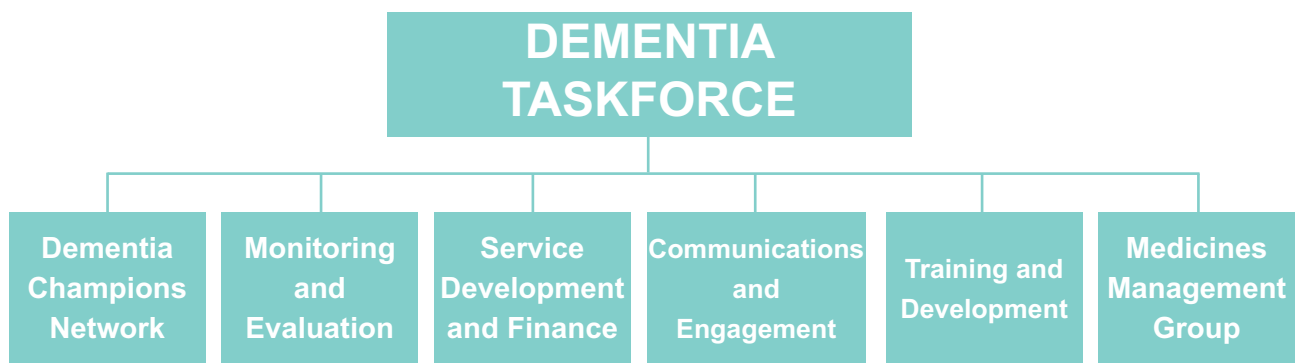
Delivery of Cardiff and Vale 3 Year Plan

Overview of the Dementia Taskforce Sub-groups

The joint Taskforce has brought together health, local authority and third sector partners, patients and carers to develop the Dementia Three Year Plan to help people avoid, delay and better cope with dementia.

Following the launch of the Plan, the Taskforce identified six sub-groups to take forward key actions, each chaired by a member of the Taskforce (Figure 1).

Figure 1: Dementia Taskforce and Sub-Group Structure



Dementia Champions Network

Chair: Professor Marcus Longley
(Vice Chair, Cardiff and Vale University Health Board)



Purpose of the group

The Dementia Champions Network was set up in October 2014 as a way of mobilising change across the Health Board in the way we support people with dementia and their carers. Dementia Champions are there to remind colleagues of the needs of people living with dementia, and to encourage us all to think of simple steps and small changes to meet those needs better. A Dementia Champion aspires to be a dementia advocate or 'agitator', to challenge and influence others, to provide input into service developments and evaluation, to be knowledgeable and experienced in dementia care, and to mainstream and integrate dementia care in all that we do. This means being the main point of contact for patients, carers and families in relation to dementia care, in their clinical area; co-ordinating and signposting people; providing dementia education and awareness; using well-evidenced best practice; and leading by example.

We now have Champions in every Clinical Board, and are rapidly extending their reach into every aspect of the care we provide.

Looking back

Since the launch of the Dementia Champions Network there have been several business meetings. Good progress has been made since then. Key achievements include:

- The creation of a project plan for the 'measures of success' for the first year, with all achieved except a Dementia Champion on each ward/service area.
- The development of the Dementia Champions role descriptor.
- The creation of a dementia awareness questionnaire for staff which was trialled by Specialist Services, with a report pulled together to find out where most misconceptions were for training purposes. The questionnaire was launched electronically in the Weekly Round up on 20th July and there have been over 230 attempts so far.
- The Dementia Champions designed a dementia training framework, and this has been incorporated into the Dementia Toolkit.
- The Dementia Champions have created a Dementia Toolkit for staff, which can be found on: <http://www.cardiffandvaleuhb.wales.nhs.uk/dementia-training-and-development>
- A mini-audit of Dementia care in the general hospital setting, in preparation for formal audit in the future.

In December 2015, there was a Dementia Champions Network workshop to reflect on what had gone well in the year and where further work was needed. The findings were as follows:

- Progress to Date: Dementia Care Bundle; effective networking; people starting to listen; more integrated provision; better understanding through training; increased confidence of staff in dealing with dementia; Dementia Friends training/champions cascaded.
- Further Improvements needed: release of time for staff to do dementia awareness training; higher profile for dementia training; improving staff access to a computer to do the dementia awareness e-learning module; make champions' work more visible e.g. on ward boards; work more on engagement with carers; map training provision and uptake.

Looking forward

A new work programme for 2016 has now been adopted to address the issues above. The Champions are very conscious of the fact that the changes envisaged in the Dementia Plan still require a lot of developmental work, and that active support from clinical leaders and staff at all levels is crucial. Great progress is being made, and the Champions will continue to make a strong contribution.



Launch of the Three Year Plan, July 2014



CASE STUDY: Dementia Friendly Communities

Background

Dementia friendly communities is a programme developed by Alzheimer's Society which facilitates the creation of dementia-friendly communities across the UK. The programme aims to engage with everyone from governments and health boards to local businesses and front line staff with the aim of sharing the responsibility for ensuring people living with dementia feel understood, valued and able to contribute to their communities. A dementia friendly community can be described as:

'A city, town or village where people with dementia are understood, respected and supported, and confident they can contribute to community life. In a dementia-friendly community people will be aware of and understand dementia, and people with dementia will feel included and involved and have choice and control over their day-to-day lives.' – Alzheimer's Society, 2013

Cardiff and Vale pilot areas

Cardiff West and Barry were chosen as the dementia friendly communities pilot areas for Cardiff and Vale in 2014. Steering groups were established for each of the pilot areas consisting of a variety of partner organisations including: Alzheimer's Society, Cardiff and Vale University Health Board, Public Health Wales, City of Cardiff Council, Vale of Glamorgan Council, Cardiff Third Sector Council, Glamorgan Voluntary Services, a variety of third sector organisations, carers and volunteers.

Representatives from key partner organisations were invited to attend the first Dementia Champions training in order to be able to deliver Dementia Friends* sessions across the pilot areas. Funding was secured through the Cardiff West Neighbourhood Partnership fund to establish a Memory Cafe in Pentreban Community Centre and associated activities including 'Singing for the Brain' and 'Life Stories'.

Throughout 2014 and 2015 Dementia Friends sessions were delivered across Cardiff and Vale and Glamorgan to a variety of professional groups, community groups and community members, and both steering groups developed a variety of plans for dementia related activities. In October 2015, both pilot areas submitted action plans to Alzheimer's Society to be formally recognised as working towards becoming dementia friendly communities.

Working towards becoming dementia friendly communities

Cardiff West and Barry were formally recognised as working towards becoming dementia friendly communities in December 2015. As a requirement of the recognition, every six months, the respective steering groups must demonstrate that they are working towards the following seven criteria:

1. A local structure is in place to maintain a sustainable dementia friendly community
2. People are identified to take responsibility of driving forward the work to support the community to become dementia friendly, and that individuals, organisations and businesses are meeting their stated commitments
3. A plan is in place to raise awareness about dementia in key organisations and businesses within the community that support people with dementia
4. People living with dementia have a strong voice within their communities
5. The work around dementia maintains a high profile to increase reach and awareness to different groups in the community
6. Plans are focussed on a number of key areas that have been identified locally
7. Plans or systems are in place to update the progress of communities after six months and one year

The two steering groups report back to an overarching Cardiff and Vale steering group, established to oversee the work on dementia friendly communities, and to support new areas wishing to work towards the recognition process. Progress is then reported directly to the Local Service Board.

**Dementia Friends* is a dementia awareness training session developed by Alzheimer's Society. By training Dementia Champions to deliver Dementia Friends sessions, the aim is to 'transform the way the nation thinks, acts and talks' about dementia and develop greater awareness amongst the population.



Dementia Friendly Communities Event, December 2015

Service Development and Finance

Chair: Conrad Eydmann
(Head of Partnership Strategy and Commissioning,
Cardiff and Vale University Health Board)



Purpose of the group

The Service Delivery and Finance sub group, following a restructure and development process in 2014/2015, has a remit to identify and address the priorities and pressures across treatment, care and support services for dementia.

The group is chaired by Conrad Eydmann, and has representation from across all key stakeholders including the UHB (Mental Health, Medicine and Primary Care clinical boards), both local authorities, the Third Sector, and service carer representatives.

Looking back

The group has followed up its work on establishing a user, carer and staff-led outcomes framework in 2014/15 with work to embed the necessary responsibilities and actions into frontline services. Each of the UHB clinical boards now has a bespoke matrix of actions and responsibilities that will collectively ensure progress to achieving the outcomes that matter most to those who use the services.

The top priority has been to address the pressures on waiting times for a dementia diagnosis, with the Memory Team recording a waiting time of over 30 weeks and over 500 individuals waiting for a diagnosis at the time of writing. Proposals are currently in place for non-recurrent resources that will enable this waiting list to be cleared over a 12 month period. Those same proposals also include additional resources to enable the Memory Team to maintain the increased caseload as a result of the increased number of diagnoses.

Developing primary care services has also been a key component of this year's work programme, and a case study is included in this report that highlights the achievements in this area.

In March 2016, the group submitted proposals to the Health Board and both local authorities in order to access Integrated Care Funding (ICF) as a means of addressing the waiting times pressures, and to sustain the primary care development work that is underway. A decision on these resources is expected early in the new financial year.

Looking forward

The work to embed dementia into primary care services and settings will remain the main priority for 2016/17. There will also be a sustained focus on ensuring that the commitments to eliminate the waiting time for diagnosis are followed through. GP dementia diagnosis clinics will be running from April through to July 2016. The group are confident that the ICF funding proposals will enable this pilot to be extended until 2018, as well as providing the necessary resources to eradicate the Memory Team waiting list by the end of the 2016/17 financial year.

CASE STUDY: Ty Enfys Residential Care Home

The Service Development and Finance Group has been overseeing a new project this year that aims to provide additional liaison, training and support to nursing and residential homes, using additional funding from the Welsh Government. This has included surveying operational practices and staff knowledge levels, as well as organising training and development for staff to increase their skills in relation to dementia identification and management.

Members of the Health Board's Nursing Home Liaison Team within Mental Health Services for Older People have demonstrated an exemplary level of commitment to delivering this project within a very short deadline, and have become ambassadors for improving how nursing and residential homes respond to the needs of residents with dementia and their carers.

As part of this work, one Nursing Home in particular has stood out as an example of best practice, when considering how patients with dementia are cared for and supported. Ty Enfys residential home represents the gold standard in responding to dementia related needs in this sector.

Here, we interview Candace Rowlands and Emma Murdoch, the nurses who have delivered the liaison care home project, in order to gain an insight into how Ty Enfys excels at supporting people with dementia.

Q. *Could you set the scene for us by describing Ty Enfys for us in terms of its location, how many residents live there, how many staff work there, and how long it has been operational in Cardiff?*

A. Ty Enfys is a privately owned care home by Hallmark Care Homes group. The home is situated in the Pentwyn area of North Cardiff and opened in 2006. The home has accommodation for 100 residents and offers residential, nursing and dementia care.

The home has approximately 90 care staff – 2 employment unit managers, 38 general registered nurses, 3 senior carers and 72 care assistants. Other teams include receptionists, chef, kitchen assistants, housekeeping, maintenance and a lifestyle team.

The home registered manager, Ms. Sujjata Singh (RGN), is very passionate about supporting people living with dementia. She holds a diploma in Dementia care and has built strong links with the Cardiff and Vale Alzheimer's Society. The home supports the Alzheimer's Society by hosting weekly patient and carer groups and regularly fundraises on their behalf.

Q. *What are the unique features about the way staff in this home manage dementia?*

- A. The most significant factor is the way Sujjata leads and nurtures a caring and supporting environment for people living with dementia. Sujjata encourages her team to approach care delivery with empathy, compassion and understanding.

Q. *What are the main success factors that make this home so good at responding to dementia?*

- A. In general the team are motivated in not only person centred approaches, but are open to new strategies and techniques in order to enhance their care. They work inclusively with supporting community services embracing collaborative working and are always open to discussion and exploration in elements of dementia care and education.

The team in Ty Enfys have weekly motivation meetings where they discuss approaches to engagement and activity with their residents. This is when they evaluate already established approaches and look to identify new proposals that can be explored as projects. Individual team members are assigned these projects, and are encouraged to pursue areas in which they have a personal interest. They are then responsible for taking the project forward in terms of research, planning activity and implementation.

Q. *What practices would you see as the most important in this home that should be duplicated everywhere else?*

- A. The team at Ty Enfys have made it their mission that by the end of 2016, ALL team members will become Dementia care champions having completed the training with the Alzheimer's Society. This is something that ideally all residential homes should aspire to.

Q. *If you had to name one critical factor in the success of Ty Enfys, what would it be?*

- A. The emphasis on positive person-centred care is an important element to their approach. The team spend time building on resident's abilities, personalities and strengths to enhance general well being. They use both formal and informal activity as an opportunity of therapy, using board methods of communication to encourage engagement.



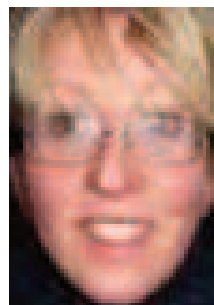
Ty Enfys, courtesy of <http://www.hallmarkcarehomes.co.uk/care-homes/cardiff/ty-enfys/>

Communications and Engagement Sub-group

Chairs:

Helen Joy (Nexus Involvement Officer, CAVAMH)

Dr Suzanne Wood (Consultant in Public Health Medicine, Cardiff and Vale University Health Board)



Purpose of the group

In July 2014, the Dementia Taskforce agreed that in order for the actions within the Dementia Three Year Plan to be implemented, that a Communications and Engagement Sub-group required formation. Communications and engagement between dementia agencies and service users, carers and the general public is critical to the success of the Dementia Three Year Plan. The purpose of forming a Dementia Communications and Engagement Sub-group is to ensure that there is dialogue between the public and dementia agencies to ensure that the services that people receive are right for them. The idea is to create a continuous feedback loop that is meaningful and in accessible formats.

The Communications and Engagement Sub-group will continue as a formal agenda item on the Nexus Carer Involvement Group (CIG), meeting bi-monthly, feeding back into the Mental Health Services for Older People and Mental Health Partnership Board fora.

Looking back

During 2014/15 the group devised a Communications Plan, which was signed up to by the Taskforce. This outlined how best we communicate with our community on this issue of dementia.

Since then, the group also reviewed the information given out at the time of diagnosis and made some recommendations for improvement. A major part of this is the Directions magazine which is currently being revised and reissued thanks to funding apropos the Dementia Taskforce. The pack will also contain suggestions on positive engagement with people experiencing dementia such as memory boxes, scrapbooks and ID cards. The UHB dementia website has also been updated with supportive information and stories by carers for other carers.

Looking forward

During the next year we would like to broaden the reach of information to the community about dementia. This will be done by creating a fuller website on the condition for service users, carers and the wider community. The information pack given out at the time of diagnosis will also be modified to improve the information given out at this time. We will continue to increase our reach and enhance the dialogue with the community and services.

Training and Education Sub-Group

Chair: Jo Finch (Workforce Development & Training Manager,
City of Cardiff Council)



Purpose of the group

The Training and Development Sub-group was set up because there is a real need within health and social care to ensure that the training and development needs of staff who come into contact with people with dementia are met. It is recognised by the sub-group that depending on the frequency and interaction of staff with people with dementia and their carers, that different training and development needs are required. The sub-group is formed of the training leads from Cardiff and Vale UHB, City of Cardiff Council, Vale of Glamorgan Council, and an academic lead.

Looking back

The wider Taskforce has identified a need to develop a menu of opportunities and support options for nursing and residential homes starting with literature and advice through to supported improvement planning and staff training and development. As a part of the care home liaison project, the distribution of baseline questionnaires to staff to enable prioritisation of those most in need was conducted.

We have continued to roll out Dementia awareness training and basic skills training for health and social care (including private sector) staff. This training is based on a modular approach and covers areas from 'What is Dementia' through to behaviours.

The Dementia Reablement Training Programme has now been written and a training manual has been distributed to all 22 local authorities in Wales. The manual contains training notes for facilitators based on the four day presentation modules. These will be distributed via the SSIA.

Work has commenced in rolling out a Dementia Training Programme and we held sessions for Occupational Therapists, reablement staff and home care staff from October 15 through to March 16 after which we will review the way forward for roll out in 2016/17.

Looking forward

For 2016/17, we will continue the development and agreement of a cross-departmental dementia staff skills and competencies training and development plan that incorporates generic skills and competencies for all service delivery environments; and increasingly specialised skills and competencies in areas of service with an increased likelihood of the presence of a dementia diagnosis amongst service users.

We will review the way forward for the Dementia Training Programme roll out in 2016/17.

Medicines Management Sub-Group

Chair: Vicki Gimson (Mental Health Pharmacist, Cardiff and Vale University Health Board))



Purpose of the group

The Medicines Management Sub-group was formed in response to the increasing demands of the medicines management agenda in particular the need to provide guidance on the management of acute behavioural and psychological disturbance (BPSD) in people with dementia. The group is co-run with Clare Clement, Primary Care Pharmacist and meets on a quarterly basis.

Looking back

Development of an antipsychotic checklist and appropriate prescribing guidance

The rationale for development was based on recommendations by Professor Banerjee in his “Time for Action” report in 2009. It concerned the use of antipsychotic medication which are often used as a first line response to manage behavioural difficulty in dementia rather than second line treatment when other non-pharmacological approaches have failed.

The checklist was piloted in Mental Health Services for Older People and St David’s/University Hospital of Wales. Roll out and official launch is anticipated for May 2016. The checklist and guidance is now available to access online through the Cardiff and Vale Prescribing Formulary. Graham Shortland, our Medical Director, has promoted the work through a recent bulletin of “Have you Heard?” Hard copies of the duplicate forms will be available shortly for use on wards. A plan to audit the use of the checklist uptake is currently being devised.

Care Home Pilot - Antipsychotic Review

After initial setbacks in getting the second Care Home Pilot off the ground, the model has now been improved and is proving to be very successful. A prescribing mental health pharmacist has joined the dementia liaison nurse and together work as a team to review antipsychotic medication in a specific nursing home. Timely changes in antipsychotic medication are being made by the prescribing mental health pharmacist. Also the dementia liaison nurse has been working closely with staff at the nursing home to up-skill them in the appropriate management of service users with behaviour that challenges and the appropriate use of the Challenging Behaviour Scale. This is used to review patients prior to their antipsychotic review.

Work continues with an aim to link these reviews to the GP regular 3 monthly reviews to allow both parties to work together which will allow a seamless handover of responsibilities when the pilot is finished.

Review of Memantine prescribing pathway

A Memantine pathway and guidance has now been approved and is available to view online through the Cardiff and Vale Prescribing Formulary pages. It has now become a 'specialist initiated' drug rather than hospital only prescribed which means GPs can take over the prescribing once the patient has been stabilised on it.

Looking forward

- Launch the antipsychotic checklist onto wards.
- Devise an audit tool to monitor the antipsychotic checklist.
- Audit the Care Home Pilot.
- Develop a "How-to guide" for GPs when reviewing antipsychotics.

Monitoring and Evaluation Sub-group

Chair: Kimberley Cann (Specialty Registrar in Public Health, Cardiff and Vale Public Health Team)



Purpose of the group

The Monitoring and Evaluation Sub-Group was established to monitor the implementation of actions within the Three Year Plan, making sure that progress is being made and flagging up areas where action or improvements are needed. The group includes members from Cardiff and Vale UHB, City of Cardiff Council, and the Vale of Glamorgan Council and operates as a virtual group.

Looking back

The Monitoring and Evaluation Framework is aligned to the four strategic themes of the Dementia Three Year Plan. For each strategic theme there are 'Measures of Success', with a baseline measure and target to compare against. Data from each lead organisation is sought on a quarterly or annual basis to enable us to monitor the Measures over time. Each Measure of Success is designed to be SMART: specific to the intended changes, measurable and unambiguous, attainable or achievable, relevant and time bound. The Monitoring Framework adopts a traffic light rating or 'Red, Amber, Green (RAG)' system a visual cue to performance (see the Performance section).

We have met with a few challenges over the last year. The data on the number of calls to C2C who were signposted to the Alzheimer's Society and the number of referrals by the Independent Living Support Service are no longer available due to organisational changes. But we hope to be able to get this information directly from the Alzheimer's Society in future. The average waiting time between referral and initial assessment by the Memory team has also been increasing due to staff shortages but work is underway to tackle this.

Looking forward

The Sub-group will continue to monitor progress being made across the four strategic themes over the final year of the Three Year Plan and escalate any issues to the Taskforce when needed. The Measures of Success are continually being refined and improved to make them as meaningful and useful as possible. In 2016, we hope to start a regular audit of the Memory Team's work to capture the availability of psychosocial interventions for people living with Dementia in Wales and their care partners. We will also be looking to further refine the measure of group activities undertaken in clinical areas to make it more meaningful.

Performance during 2015/16

The Monitoring Framework (Figure 2) demonstrates the wide range of activities currently undertaken by the Taskforce and the six sub-groups across the four strategic themes. Performance information helps the Taskforce to objectively identify how well its services are being delivered, to what extent outcomes are being achieved, and where improvements need to be made.

The 'Measures of Success' identified by the Monitoring and Evaluation Sub-group show welcome improvements for the year for some indicators (coded green), with anticipated declines in performance for others (coded in red).

Monitoring and Evaluation Framework key:










-  Significant issues and target not being met
-  A problem with performance but being dealt with by lead organisation.
-  Performing as expected
-  Data unavailable / RAG rating not applicable

Figure 2: Dementia Three Year Plan Monitoring Framework

	Measure	Target	Baseline	Progress from April 2015 - March 2016	Performance
Making structural changes to economic, cultural and environmental conditions	Number of Dementia Friends sessions delivered (Cardiff and Vale)	Continuous improvement	83 sessions delivered (2014)	217 sessions delivered	
	Number of Dementia Friends and Dementia Champions created (Cardiff and Vale)	Continuous improvement	1007 Friends and 55 Champions created (2014)	3118 Friends and 77 Champions created	
	Number of calls to C2C (contact and assessment) signposted to the Alzheimer's Society	Continuous improvement	0	Not currently available	
	Referrals made to 3rd sector by the Independent Living Support Service (the Gateway)	Continuous improvement	0	Not currently available	
	Number of staff trained in 'Making Every Contact Count'	Continuous improvement	163 (2013/14)	384	

	Measure	Target	Baseline	Progress from April 2015 - March 2016	Performance
Improving infrastructure and access to services for all	% of people with dementia with a diagnosis	Continuous improvement	45.6% (2013)	49.5% (2015)	
	% of people with severe dementia at time of presentation to memory services	<5%	8% (Q1 2015)	4% (Q1 2016)	
	Number of people with an established dementia diagnosis who are aged under 65	100% of young onset dementia patients to be known to services ¹	(new measure)	123 (Apr)	
	Average waiting time between receipt of referral and initial assessment by the CVUHB Memory team	6 weeks	16 weeks (Apr 2015)	29 weeks (Apr 2016)	
	% of patients diagnosed with dementia who have been offered a formal specialist review in last 12 months	100%	Approx 40% (Dec 2014)	44% (100% are now offered or have been referred on)	
	% of people diagnosed with dementia who have had a face-to-face care review in the last 15 months in Wales	tba	84.4% (2013)	82.0% (2015)	
	% of residents with a diagnosis of dementia prescribed an anti-psychotic (in pilot project area)	Continuous improvement	30 patients in pilot area (Jan 14)	25% (n=16) (Jan-Mar 2016)	
	% of residents with an antipsychotic review within the last 3 months (in pilot project area)	Continuous improvement	10% in pilot area (n=3) (Jan 14)	56% (n=6) (Jan-Mar 2016)	
	Percentage of residents with a diagnosis of dementia on an antipsychotic for longer than 9 months (in pilot project area)	Continuous improvement	70% in pilot area (n=21) (Jan 2014)	22% (n=14) (Jan-Mar 2016)	
	Percentage of carers satisfied with care received in NHS Dementia in-patient unit	2.5% higher than baseline in 1 year 5% higher in year 2	90% (Apr 2014)	100% with standard of treatment; 84% with ward environment (Jul-Dec 2015)	
Group activities undertaken in clinical areas	Continuous improvement	(new measure)	Currently being refined		
Strengthening Communities	Number of Dementia Friends sessions delivered (Cardiff and Vale)	Continuous improvement	83 sessions delivered (2014)	217 sessions delivered	
	Number of Dementia Friends and Dementia Champions created (Cardiff and Vale)	Continuous improvement	1007 Friends and 55 Champions created (2014)	3118 Friends and 77 Champions created	
	Number of calls to C2C (contact and assessment) signposted to the Alzheimer's Society	Continuous improvement	0	Not currently available	
Strengthening Individuals	Referrals made to 3rd sector by the Independent Living Support Service (the Gateway)	Continuous improvement	0	Not currently available	
	Number of staff trained in 'Making Every Contact Count'	Continuous improvement	163 (2013/14)	384	

¹ Known via Memory Clinic follow up post diagnosis (Primary List) and mental health Care Coordination (Secondary MH care list). Daffodil projects 115 people aged 40-64 with early onset dementia in 2015; 120 in 2020.

Conclusion

The Cardiff and Vale Dementia Three Year Plan was launched two years ago and we are over half way through now. This second end of year report from the Taskforce demonstrates the progress that has been made over the last two years. The Taskforce continues to work in a coordinated manner to drive and deliver tangible and measureable change and improvement in dementia services in Cardiff and Vale over the three year period.

The Monitoring and Evaluation Framework highlights areas where improvements have been made in dementia service delivery and since the start of the Three Year Plan. Headline areas where good progress is being made include:

Promoting healthy living initiatives in dementia and increasing public awareness and understanding of dementia

The development of Dementia Supportive Communities across Cardiff and the Vale of Glamorgan has made good progress during 2015/2016 with over 3,100 Dementia Friends and 77 Dementia Champions created as part of Alzheimer's Society Dementia Friends Strategy. This is a big increase on last year (over 1,600 Friends and 57 Champions) and will help the public to become more aware and have a greater understanding of dementia as well as create a more inclusive environment for people with dementia and their carers.

This year 384 professionals received Making Every Contact Count (MECC) training which aims to embed health improvement as a systematic element of service delivery. It is hoped that these staff will opportunistically identify individuals who wish to make changes to a lifestyle behaviour, provide basic information and signpost to appropriate local resources. Providing information and access to support for risk factors for dementia, such as smoking cessation, healthy eating, physical activity and sensible drinking, should help to lower the risk of dementia developing.

Ensuring timely diagnosis of dementia

The diagnosis stage is important as it is a gateway to effective care and support. The person who has been diagnosed with dementia, and their family, know the cause of the changes that have worried them and they have a chance to get back in control of their lives by understanding their condition, what the future might hold and plan accordingly. Prior to the start of the Three Year plan, the rate of diagnosis in Cardiff and Vale was 45.6% (2013). In 2015, this reached to 49.5%; showing a year-on-year improvement since the start of the Three Year Plan.

When we started recording in January 2015, 8% of those diagnosed with dementia presenting to the Memory Team had severe dementia. Since July 2015 this has consistently met the target of being under 5%. This means that more people with dementia are being seen before the disease becomes severe and may be able to start drug or psychological treatments earlier.

In-patient dementia care

A survey of carer's experiences of the NHS Dementia in-patient unit has been started. Sample sizes are small and the questions are in the process of being refined, but the initial results are promising. From July to December 2015, 100% of carers who filled out the survey were satisfied with the standard of care received by the person that they cared for. This is an improvement on the previous 72% of carers in January to June 2015. During July to December, 100% of carers were also satisfied that the person they cared for was treated with dignity and respect. This is also an improvement on 86% of carers in the previous 6 months and meets the target.

One area of service delivery is currently coded as red indicating significant issues and targets not being met:

Average waiting time between receipt of referral and initial assessment by the CVUHB Memory team

This issue is currently being addressed through the Service Development and Finance Sub-group.

In years 1 and 2 of the Project Plan the following key actions have now been achieved:

- Pilot dementia supportive community areas implemented and both received recognition status
- Roll out of Making Every Contact Count
- Telecare/telehealth strategies being implemented
- Dementia Champions Network developed
- '10 minutes of your time' survey widely implemented (within a Mental Health inpatients setting)
- Existing training provision scoped across health and social care, and a future model created
- SPIDER project in reablement services completed
- Mini audit of general hospital inpatients
- Single point of access for urgent and emergency referrals within Mental Health created
- Anti-psychotic checklist and dementia drugs pathway ratified and launched
- The refocusing model, within current resource limitations, is fully applied

Looking forward to 2016/17

In addition to the actions being taken forward by the sub-groups, the following outstanding actions from the Year 2 Project Plan will be prioritised for action during Year 3 of the Three Year Plan. Specifically these are:

- To develop standard guidance on how to conduct an anti-psychotic review
- To audit length of stay for people with dementia
- To implement Dementia '2 minutes of your time' Carers survey widely
- To further develop DGH Liaison Psychiatry for Older People Service, in particular to ensure a presence in unscheduled care
- To develop the carers education pathway

Year 3 of the Project Plan comprises the following key actions:

- To develop respite opportunities by assessing need and then rolling out the new opportunities
- To increase the opportunities for different respite opportunities and publicise them
- To increase opportunities for people with dementia to die at their place of choice
- Roll out of dementia supportive communities pilots, with evaluation of the pilots and consideration given to integrating these across all Cardiff and Vale communities
- To develop primary care Quality and Outcomes Framework 15 month review to a standardised template and train primary care clinicians
- To re-audit the prescribing of anti-psychotics in people with dementia
- To develop the quality of residential and nursing care home placements if appropriate and consider supported living options
- To develop primary care Quality and Outcomes Framework 15 month review to a standardised template and train primary care clinicians
- To develop Memory Team capacity further to cope with increasing demand
- To roll out training on non-pharmacological methods in behaviour management and to ensure that this covers health and social care staff in pilot areas





Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



Vale Centre for Voluntary Services
Canolfan Gwasanaethau Gwirfoddol y Fro



Cardiff Third Sector Council
Cyngor Trydydd Sector Caerdydd



cavamh

Gweithredu dros Iechyd Meddwl Caerdydd a'r Fro
Cardiff and Vale Action for Mental Health

CARDIFF AND VALE DEMENTIA 3 YEAR PLAN (2014/15 to 2016/17)

Introduction

This Cardiff and Vale Dementia 3 Year Plan has been developed for people with dementia and their carers, in order that they can live well with dementia. It has been jointly developed between Cardiff and Vale UHB, City of Cardiff Council, Vale of Glamorgan Council and Third sector partners (including service user and carer representation). It will address the needs of people with dementia and their carers over the next three years, as well as serving future population growth. In order to achieve this, a multi-agency response including service users and carers is required.

The Plan builds on previous national legislation and strategic documents, including: the Mental Health Measure, the Dementia Action Plan for Wales, national Dementia Vision, How to Improve Dementia Guide, 'Together for Mental Health' (the national mental health strategy) and Stronger in Partnership. It also builds on local frameworks, including: The Mental Health Service User and Carer Involvement Framework and the Charter for Mental Health which incorporates the recovery and re-ablement ethos.

Certain actions within this Plan form part of the new partnership framework 'Meaningful and Purposeful Lives, Framework for Older People: Cardiff and the Vale of Glamorgan 2014 – 2019'. This framework builds on the strong foundations of the Wyn campaign, and aims to progress an integrated agenda across the UHB, two local authorities and our Third sector partners around healthy ageing and person-centred models of care. The framework covers six themes including: healthy living; information, support, resources and advocacy; timely assessment; information and guided care about services; co-ordinated Health and Local Authority services; and quality long-term care and support options.

Background

Much has been achieved both nationally and locally for people with dementia and their carers. However, gaps remain and we need to plan for the future predicted increase across health, social care and the Third sector. Estimates of future projections show that for all ages across Cardiff and the Vale of Glamorgan, numbers will increase by 53% between 2013 and 2030. The proportional increase will be larger in the Vale of Glamorgan due to the larger increase in the elderly population size, see Figure 1a and 1b.

There is also an increasing trend of people with learning disability living longer and therefore having an increasing need with respect to dementia care.

Figure 1a: Predicted increase in numbers with dementia in Cardiff

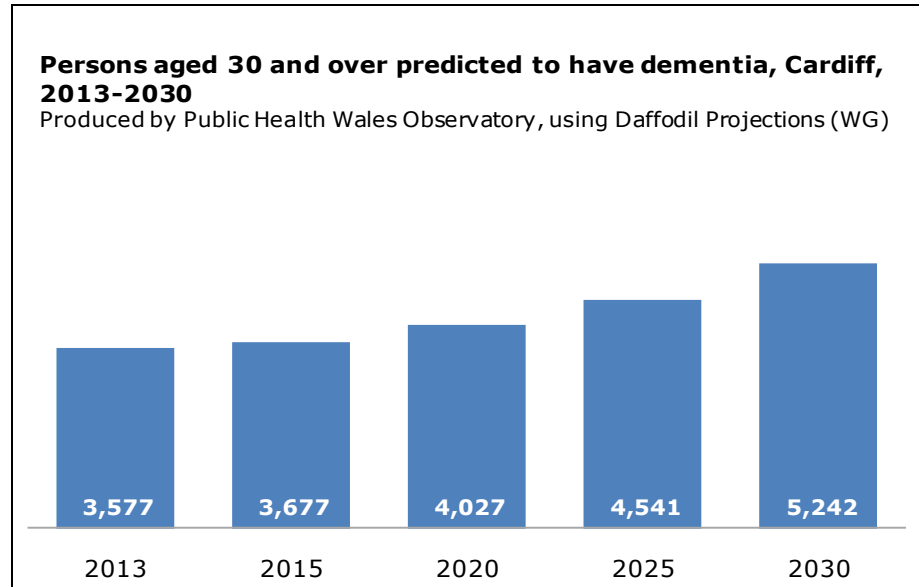
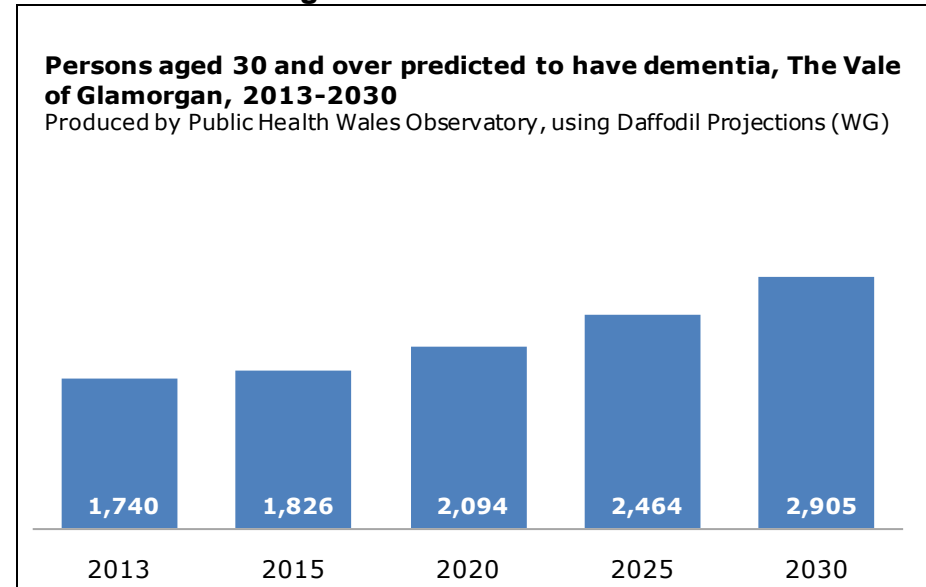


Figure 1b: Predicted increase in numbers with dementia in the Vale of Glamorgan



Under-diagnosis remains an issue within Cardiff and the Vale and also nationally. The current diagnosis rate is 46% in Cardiff and the Vale, which means that over half the cases are undiagnosed. Nationally, the picture is worse at a diagnosis rate of 39%. Figure 2 shows a map of the number of people on the GP register, diagnosed with dementia, and the number of people in the community estimated to have dementia. Therefore steps need to be taken within the community to ensure that people are more aware of dementia and how to signpost to appropriate agencies if they suspect cognitive impairment. An example of this is through the dementia supportive communities initiative, whereby community members are more aware of dementia, more inclusive of people with dementia and able to signpost as appropriate.



Figure 2: Dementia Map

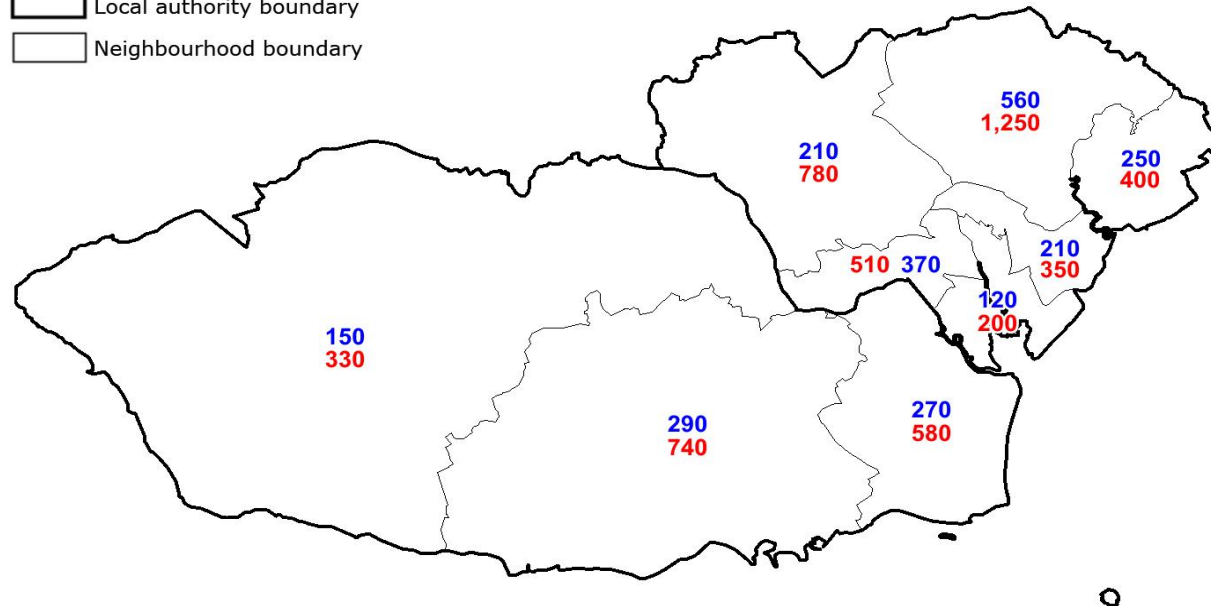
People with dementia, 2010 / 2012

Neighbourhood management areas in Cardiff and The Vale of Glamorgan

150 Blue labels show numbers of people on QOF dementia registers (2012)

330 Red labels show numbers of people estimated to have dementia (2010)

-  Local authority boundary
-  Neighbourhood boundary



Produced by Public Health Wales Observatory, using Daffodil (WG), MYE (ONS), Audit+ (NWIS)
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A variety of services and agencies are available for people with dementia and their carers. This includes the statutory (Memory Team, Mental Health Services for Older People, Local Authorities and Community Resource Teams) and Third sector (Alzheimer's Society, Age Connects etc). Within the Third sector there is a co-ordination and engagement role provided by CAVAMH, C3SC and VCVS. Services being developed will be as inclusive as possible for people presenting with a primary dementia need, for example for people with learning disability. The planning process for the future will need to include the UHB Western Vale expansion and will need to be adjusted according to population size.

The national dementia action plan outlines four key strategic themes, which will be outlined in more depth in the local context below:

1. Making structural changes to economic, cultural and environmental conditions
2. Improving infrastructure and access to services for all
3. Strengthening communities
4. Strengthening individuals

- **Making structural changes to economic, cultural and environmental conditions**

In order to support people with dementia and their carers, the environment in which they live in needs to be inclusive and dementia-aware. One way of doing this is to create what has been coined a 'dementia supportive community'. This is defined as: 'one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them' according to the Alzheimer's Society. It is planned that two such community pilots will take place, one in Barry and one in Cardiff West, prior to further roll out across Cardiff and the Vale. This forms an action under theme two of Cardiff and Vale's 'Framework for Older People', that older people along with their carers will know where they can receive information, support, resources and advocacy in the community to live independently at home for as long as possible.

Another action within this theme is the Communities Around Wyn project, which focuses on supporting frail older people to live well and independently in their community, through improving access to information and services to address some of the factors that lead them to become less independent and eventually to the need for care. The project primarily focuses on social factors which impact upon older people's independence. This can mean, for example, arranging support for people with shopping; making the house safe which can include, changing light bulbs, home heating and insulation; social support where the Third sector can engage with people to combat loneliness; as well as healthcare. The project will harness the knowledge and experience of a wide range of public and Third sector workers who have contact with older people as part of their daily work to deliver this campaign. It is envisaged that the training for advisors, who work for a variety of agencies going into people's homes, will include dementia awareness. The role of Community Resource Teams and associated dietetic service provision is invaluable in supporting

individuals to meet their nutritional needs, alongside day units, day hospitals and luncheon clubs, as people with dementia are more susceptible to malnutrition.

In addition, the Independent Living Project being developed in Cardiff aims to enable people to stay in their own home, access joined up and effective services across a wide range of organisations and take a proactive approach to preventing the need for care and hospital admissions. Independent Living Officers will take a holistic approach to supporting older people in their homes and help them to access the services they need to live independently. It is envisaged that these officers will also undertake dementia awareness training. Elements of the Independent Living Project will make a significant contribution to addressing specific issues such as dementia. For instance, home safety devices could be offered and installed in homes which will assist in monitoring movements of those people with dementia. The Community Alarm Team would be contacted through these devices if the person's movements are considered to be putting them at risk.

The prevention of dementia is important and some dementias share the same risk factors as heart disease. Therefore providing information and access to support on smoking cessation, healthy eating, physical activity and sensible drinking is relevant to this agenda. Pertinent action to support older people with these issues forms part of theme one of the 'Framework for Older People'.

This includes Making Every Contact Count (MECC), which was originally developed by NHS Yorkshire and the Humber¹ and aims to embed health improvement as a systematic element of service delivery i.e. the 'industrialisation' of behaviour change. The approach looks to ensure that people can make informed choices.

'The emphasis of the programme is not about telling people how to live but rather that their choices are at least informed'

A four level competency framework has been developed by NHS Yorkshire and Humber to underpin a programme of graded intervention, ranging from basic awareness-raising through to advanced behaviour change support. At level 1 of this framework (the lowest level), staff opportunistically identify individuals who wish to make changes to a lifestyle behaviour, provide basic information and signpost to appropriate local resources. This is termed a 'healthy chat'. It is not intended that this should add to an already busy workload, but rather to provide staff with the skills and knowledge to discuss health improvement when opportunities arise.

¹ Making every contact count (webpage) Available at:

http://www.yorksandhumber.nhs.uk/what_we_do/improving_the_health_of_the_population/making_every_contact_count/

Within Cardiff and the Vale, a pilot has already commenced and full roll-out is anticipated by April 2015. The Healthy Schools initiative looks at healthy living in school children and awareness-raising of dementia features in the 50+ healthcheck website.

Seeking the views of people with dementia and their carers is critical to improving care and support within this process. This process will be supported by a European project called SPIDER. This project will run between January 2014 and July 2015 and engage with staff, service users and carers. The activity will involve service design workshops, service prototyping and the development of pilot projects through SPIDER, all supported by staff from Cardiff Metropolitan University.

- **Improving infrastructure and access to services for all**

Diagnosing people with dementia in a timely fashion is critical to ensure that treatment and support is given at the earlier rather than the later stages of the illness and this can enable people to be cared for at home for longer especially as earlier diagnosis can link carers into informal support networks and formal networks for advice, guidance and signposting to formal assessment in their own right. The Memory Team provides a diagnostic and early support service for people with suspected dementia. Later in the illness the person may need access to Mental Health Services for Older People or Local Authority Social Services for additional support and advice. Most everyday care and support may be given by primary care and a variety of Third Sector organisations.

For some people diagnosed with a dementia, symptomatic treatment may be appropriate. This may take the form of an Acetylcholinesterase Inhibitor or Memantine. Carers are entitled to a carer's assessment and access to group and psychological support. As the illness progresses behavioural problems may emerge. Evidence shows that routinely giving anti-psychotics to treat behavioural symptoms can be detrimental to health: where someone presents with behaviours that challenge, a careful assessment should be undertaken in order to identify an appropriate non-pharmacological method. Non-drug interventions include: cognitive stimulation, memory strategy groups and post-diagnostic groups. There may also be some potential in cognitive rehabilitation if proven beneficial in ongoing clinical trials.

Everyone has a role to play in improving the infrastructure for people with dementia. This includes rapid access for and discharge home of patients in the District General Hospital, medical and surgical wards alike. Looking after the emotional and physical needs of people with dementia requires more time and staffing levels need to reflect this. Whilst people with dementia are inpatients, they need to be prevented from falling, getting delirium or becoming malnourished. A recent Royal College of Psychiatrists audit of Cardiff and Vale wards showed some failed level 1 standards, which are basic requirements on a hospital ward. We need to aim to pass these at the next audit. Staff training in this area needs to be widespread and to include: primary care, secondary care and

social care which includes domiciliary care, care home and day care staff/providers. It goes without saying that the inpatient unit for people with dementia must also pass the required standard and currently the Mental Health Services for Older People Directorate has reached this and is aiming for Accreditation for In-patient Mental Health Services (AIMS)² accreditation with Excellence.

Dementia may also present in the younger years (under 65), and services need to be developed that are shaped around this younger age group. The community younger onset dementia service is near completion, and the inpatient unit is being established in Barry Hospital. However, accommodation with care models such as supported living needs further consideration, with jointly commissioned services for people with young onset dementia.

Dementia can also be a significant additional component of the care and treatment of adults with learning disabilities. The action plan below is deliberately inclusive of all service user groups and covers all protected characteristics. The cultural needs of people accessing services also needs to be considered.

Furthermore, the physical health of people with dementia is paramount. Whilst there is primary care cover for mental health inpatient units, out-of-hours nursing cover needs review. Everyone needs to have care as close to home as possible, a commissioning options paper will determine the best course of action as currently placements are out-of-area.

- **Strengthening communities**

It is important to ensure that the public have an awareness and understanding of dementia. To a certain extent, the national Dementia Vision created some visibility of the condition. However, more can be done locally to create awareness. Primarily this will be achieved through the dementia supportive communities work. The Alzheimer's Society will be rolling out their Dementia Friends Strategy from March 2014. There will also be an ongoing role within the Third sector to raise awareness at events and through campaigning activities, for example the Alzheimer's Society provides Awareness Training to a range of organisations and professional groups, including GPs, Private Sector, Public Sector and both statutory and Third Sector bodies. However, we all have a role to play in awareness-raising. In the longer term it will be advantageous to develop 'an army' of volunteers for people with dementia to enhance their support in the community.

² More information on AIMS accreditation can be found on: <http://www.rcpsych.ac.uk/quality/qualityandaccreditation/psychiatricwards/aims.aspx>

To ensure that the workforce is better equipped to support people with dementia, a training strategy will be developed for the Health and Social Care settings, to include Dementia Awareness as well as POVA and Dignity and Respect training. This will then be rolled out from April 2015. Furthermore, medical training needs reviewing to enhance the content of dementia management and to promote awareness of dementia and the levels of support required. Support also needs to be commissioned to support Nursing and Residential Care home and Domiciliary Care providers where staff find it difficult to provide care for those whose behaviour challenges. This can be achieved through having a named speciality contact to whom registered managers can refer for guidance with care planning and for support for staff who work in these settings.

When someone is in crisis, they need to have a responsive service that will support them to manage their condition as appropriate, therefore the Community REACT team has been established. Further work is required to fully establish a single point of referral for urgent and emergency referrals.

Joint planning with service users and carers, the Third sector and across the public sector is essential for this to happen successfully. A recovery, person-centred agenda will ensure that we are on track, as per the Cardiff and Vale Recovery Charter.

- **Strengthening individuals**

Following a diagnosis of dementia it is important that the person with dementia and their carers have access to good quality information to enable them to understand and come to terms with the diagnosis and to be able to access support with ease. The Memory Team have a series of information leaflets written to meet the needs of individuals with dementia and their carers. The Alzheimer's Society was commissioned to provide an information pack, but supplementary information may be needed for some people, for example, on the Mental Capacity Act, Advance Decisions to Refuse Treatment and Lasting Power of Attorney and on the variety of care options available. Cardiff and Vale Action for Mental Health produce 'Directions' the hand book of Older People's Mental Health Services in Cardiff and the Vale of Glamorgan which includes a supportive guide for carers living with people with dementia. The Mental Health Services for Cardiff and the Vale of Glamorgan provides information on older people's mental health services including legal matters such as the Mental Capacity Act. Seeking the views of people with dementia and their carers is critical to improving care and support within this process.

Furthermore, in addition to written information, an important part of the support provided for people with dementia and their carers is psychosocial. The Memory Team offer psycho-therapeutic groups for people with dementia in partnership with Solace and the Alzheimer's Society. Alzheimer's Society provides: an Advocacy Service and a Dementia Support service (including home visiting,

advice and guidance); therapeutic group activities including Singing for the Brain and Life Stories programme and community based programmes including Dementia Cafes. Solace provides support to carers and social activities for people with dementia and their families, in addition to education and training.

Activities and workshops undertaken through the SPIDER project will support this information work, providing planning tools that will help stakeholders to better provide information consistently across the region.

The role that carers play is frequently underestimated. However, recognition of their role was highlighted through the Welsh Carers Measure. Locally, a Cardiff and Vale Carers Strategy has been developed which sets out the needs for all carers. Carers should be routinely offered a carer's assessment and then if need arises, services to include psycho-educational support. A carers' educational pathway will be developed to ensure that carers have access to learning and support at all stages of the pathway. This will be further supported by the SPIDER project, which will focus on the design of supporting services provided to informal carers to those with dementia.

Finally, good quality end of life care needs to be in place, where people die at their place of choice, at home instead of hospital where appropriate. This requires active involvement of appropriate palliative care services, district nurses and General Practitioners in line with the 'Together for Health - Delivering End of Life Care Plan'.

Action Plan

This 3 year action plan follows the objectives set out in the National Dementia Action Plan, divided by the four strategic themes outlined above.

Each objective states what has been achieved to date, the outstanding actions, who will lead on delivering the outstanding actions and by when, recognising that some actions need to be delivered jointly.

1. Make structural changes to economic, cultural and environmental conditions

Objective	Actions to date	Outstanding actions	Lead	Milestone
1.1 Promote healthy living initiatives in dementia	Local: <ul style="list-style-type: none"> Pilot of Making Every Contact Count since March 2013, training social care, UHB, Third Sector and Housing Association staff. 	1.1.1 Roll out the independent living initiatives set out in the Wyn campaign (now the Wyn Programme) 1.1.2 Roll out of dementia supportive communities pilots, with evaluation of the pilots and consideration given to integrating these across all Cardiff and Vale communities 1.1.3 Roll out of Making Every Contact Count	Wyn Programme Cardiff West Older People's Group and Barry Dementia Supportive Communities Group Cardiff and Vale UHB (Public Health)	Roll out to pilot areas from March 2014 Pilots to be complete by Summer 2014. Full roll-out by March 2017. Pilot completed. Roll out by April 2015
1.2 Promote dementia research	Local: <ul style="list-style-type: none"> Launch SPIDER project with Cardiff Council and UHB staff National: <ul style="list-style-type: none"> Research into national provision of reablement services 	1.2.1 Undertake SPIDER project research into dementia reablement services and support for informal carers 1.2.2 Roll out a stakeholder workshop programme as outlined in the SPIDER project to inform future service design and innovation activities.	Cardiff Metropolitan University (PDR) SPIDER Project	SPIDER project to take place between January 2014 and July 2015

		1.2.3 Undertake study and research visit to Sligo (EIRE) and Geel (BEL) for comparative study into dementia specific services through SPIDER	SPIDER Project	
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2 Improving infrastructure and access to services for all

Objective	Actions to date	Outstanding actions	Lead	Milestone
2.1 Ensure a timely diagnosis	National: <ul style="list-style-type: none"> NICE Dementia Guideline updated to extend Acetylcholinesterase Inhibitors prescribing to Memantine Local: <ul style="list-style-type: none"> Shared care protocol for Acetylcholinesterase Inhibitors developed (although not all GPs subscribe to it). GP DES training ongoing in partnership with Alzheimer's Society, CAVAMH and PMHSS. 	2.1.1 To develop Memory Team capacity further to cope with increasing demand.	Cardiff and Vale UHB (Memory Team)	Increased capacity and reduced waiting time for Memory Team by March 2017
		2.1.2 To develop primary care Quality and Outcomes Framework 15 month review to a standardised template and train primary care clinicians.	Cardiff and Vale UHB (Memory Team)	Template fully rolled out by March 2017
		2.1.3 To promote and provide a menu of training opportunities for GPs, to	Directly Enhanced Service (DES) Steering Group	Ongoing

		include awareness of social care and other support initiatives		
2.2 Ensure appropriate use of anti-psychotic medication	<p>Local:</p> <ul style="list-style-type: none"> • Anti-psychotic prescribing audit undertaken by all GP surgeries • Pilot project aiming to undertake anti-psychotic review clinics in a chosen Care Home undertaken and analysed. • Pilot project aiming to produce standard guidance on how to conduct an anti-psychotic review being undertaken in one Care Home – due to commence in October 2013. • Audit of new prescriptions for anti-psychotic medication in patients diagnosed with dementia undertaken in an in-patient setting – due for completion by November 2013. 	<p>2.2.1 Develop anti-psychotic initiation policy</p> <p>2.2.2 To develop standard guidance on how to conduct an anti-psychotic review.</p> <p>2.2.3 To promote the positive learning from the two pilots and the agreed guidance, across Cardiff and the Vale.</p> <p>2.2.4 To re-audit the prescribing of anti-psychotics in people with dementia</p>	<p>Cardiff and Vale UHB (MHSOP)</p> <p>Cardiff and Vale UHB (Primary care pharmacy/MHSOP)</p> <p>Cardiff and Vale UHB (Primary care pharmacy – for GPs; MHSOP – for Care Home staff)</p> <p>Cardiff and Vale UHB (Primary Care Pharmacy)</p>	<p>Policy created by March 2015</p> <p>Guidance created by July 2014</p> <p>March 2015</p> <p>March 2017</p>

	<ul style="list-style-type: none"> Falls prevention procedures for in-patient settings include guidance on medications associated with increased falls. Same guidance available for primary, community and intermediate care. 			
2.3 Ensure appropriate alternatives to anti-psychotic medication are available	<p>Local:</p> <ul style="list-style-type: none"> Alternatives to anti-psychotic medication are being explored in the two pilot Care Home areas. 	<p>2.3.1 To roll out training on non-pharmacological methods in behaviour management and to ensure that this covers health and social care staff in pilot areas</p> <p>2.3.2 To support carers to understand behaviour that challenges and to develop alternative and positive management strategies</p>	<p>Cardiff and Vale UHB (Clinical Boards) and Local Authorities</p> <p>Alzheimer's Society</p>	<p>Fully rolled out by March 2017</p> <p>Ongoing</p>
2.4 Improve dementia care in general hospital and social care environments and reduce length of stay	<p>Local:</p> <ul style="list-style-type: none"> Butterfly scheme implemented across UHL and UHW in some clinical areas Cognitive impairment pathway developed and piloted. 	<p>2.4.1 To implement recommendations from Royal College of Psychiatrists Audit</p> <p>2.4.2 To identify multi-disciplinary dementia leads</p>	<p>Cardiff and Vale UHB (Clinical Boards)</p> <p>Cardiff and Vale UHB (Clinical</p>	<p>Implemented by March 2015</p> <p>Leads identified by</p>

	<ul style="list-style-type: none"> • Falls prevention and management procedures reference need to take into account the ability of a patient to understand and retain information and to identify their cognitive state. • Falls resources and tools all reference dementia and Mental Capacity Act and recognise the inter-dependency of falls, restraint and provision of 1:1 support. • Estates have worked with the RNIB to make the best use of materials and colours to prevent falls on wards. • Nutritional screening and swallowing training undertaken across the UHB by Dietetic service and Swallowing Team. • Protected mealtimes training undertaken across UHB. 	<p>2.4.3 To identify dementia leads for the Butterfly scheme</p> <p>2.4.4 To take the development and testing of the dementia pathway to inform its future development.</p> <p>2.4.5 To review anti-psychotic prescribing for all people with dementia</p> <p>2.4.6 To consider cognitive and sensory impairment design standards as wards and care facilities are refurbished</p> <p>2.4.7 To ensure appropriate staff to patient ratios</p> <p>2.4.8 To audit length of stay for people with dementia and to consider whether in-reach rehabilitative services can support people with</p>	<p>Boards)</p> <p>Cardiff and Vale UHB (Clinical Boards)</p> <p>Cardiff and Vale UHB (Clinical Boards)</p> <p>Cardiff and Vale UHB (Clinical Boards)</p> <p>Cardiff and Vale UHB (Clinical Boards/Estates) and Social Care Commissioners</p> <p>Cardiff and Vale UHB (Clinical Boards)</p> <p>Cardiff and Vale UHB (Clinical Boards), Wyn Programme and Social Care</p>	<p>June 2015</p> <p>Leads identified by June 2015</p> <p>Ongoing</p> <p>System in place by March 2015, then ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Routine audit achieved by March 2015, then ongoing</p>
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	<ul style="list-style-type: none"> Mealtime service provision includes texture modified meals across the UHB. 	<p>dementia to enable temporary stays at time of crisis in care facilities.</p> <p>2.4.9 To implement Dementia '2 minutes of your time' Carers survey widely</p> <p>2.4.10 To ensure there is an easily understandable route for access to appropriate agencies and Social Care services</p> <p>2.4.11 To ensure that nutritional screening and awareness of swallowing difficulties happens on all wards</p> <p>2.4.12 To ensure that protected mealtimes are undertaken across the UHB</p>	<p>Commissioners</p> <p>Cardiff and Vale UHB (Clinical Boards)</p> <p>Local Authorities and Third Sector</p> <p>Cardiff and Vale UHB (Clinical Boards)</p> <p>Cardiff and Vale UHB (Clinical Boards)</p>	<p>All carers to be offered the survey by March 2015</p> <p>March 2015</p> <p>Ongoing (audit by Dietetics)</p> <p>Ongoing</p>
2.5 Improve dementia care in the mental health hospital setting	<p>Local:</p> <ul style="list-style-type: none"> All acute MHSOP beds and day services transferred to purpose built accommodation in UHL Falls prevention and 	<p>2.5.1 To peer review all wards to gain AIMS accreditation with Excellence</p> <p>2.5.2 To roll out the ethos of person-centred dementia care using quality</p>	<p>Cardiff and Vale UHB (MHSOP)</p> <p>Cardiff and Vale UHB (MHSOP) and Local Authorities</p>	<p>Excellence achieved by March 2015</p> <p>March 2016</p>

	<p>management procedures reference need to take into account the ability of a patient to understand and retain information and to identify their cognitive state.</p> <ul style="list-style-type: none"> Falls resources and tools all reference dementia and Mental Capacity Act and recognise the inter-dependency of falls, restraint and 1:1 support. 	<p>improvement vehicles such as DCM or CSSIW 'SOFI' tool, targeting extended assessment wards and specialist nursing and residential care homes for people with dementia</p> <p>2.5.3 To fully apply the refocusing model</p> <p>2.5.4 To widely implement '10 Minutes of your time' carers survey</p>	<p>Social Care staff as part of support reviews incorporating feedback from CSSIW</p> <p>Cardiff and Vale UHB (MHSOP)</p> <p>Cardiff and Vale UHB (MHSOP)</p>	<p>July 2014</p> <p>July 2014</p>
2.6 Improve services for people with younger onset dementia	<p>Local:</p> <ul style="list-style-type: none"> Younger onset dementia community service phased development near completion, supported by continuing healthcare repatriation. Younger onset dementia continuing healthcare inpatient unit being established in St Barucs ward, Barry Hospital under continuing healthcare repatriation. 	<p>2.6.1 To develop respite opportunities by assessing need and then rolling out the new opportunities</p> <p>2.6.2 To develop the quality of residential and nursing care home placements if appropriate and consider supported living options.</p> <p>2.6.3 Development of Extra Care in the Vale as a less restrictive alternative; and further alternatives in</p>	<p>Cardiff and Vale UHB (MHSOP) and Assessment teams for people with learning disabilities</p> <p>Social Care Commissioners</p> <p>Local authorities by commissioning new provision and considering the</p>	<p>Assess need by March 2016 and roll out by March 2017.</p> <p>Adequate provision by March 2017</p> <p>Extra Care Facility open in July 2014</p>

	<ul style="list-style-type: none"> Ensuring that Extra Care design and services and tenancy allocation protocols can facilitate take up for people with dementia. Ty Hapus facility is available in Barry for people with Younger Onset Dementia and their carers. 	Cardiff.	development of more supported living alternatives to long term care	September 2014
2.7 Improve continuing healthcare processes	<p>National:</p> <ul style="list-style-type: none"> Awaiting new All Wales CHC Policy revision. <p>Local:</p> <ul style="list-style-type: none"> Need to review eligibility criteria for MHSOP extended psychiatric assessment beds provision 	2.7.1 To review previous work on continuing healthcare	Cardiff and Vale UHB (MHSOP)	March 2015
		2.7.2 To continue exploring repatriation opportunities	Cardiff and Vale UHB (MHSOP)	Ongoing
2.8 Improve access to intermediate care	<p>Local:</p> <ul style="list-style-type: none"> Co-location of home care and community resource service 	2.8.1 To develop dementia champions and dementia training in Community Resource Teams	Community Resource Teams	Developed by March 2015
		2.8.2 To review Day Hospital and Day Care provision across partner agencies	Cardiff and Vale UHB (MHSOP) and Local Authorities	July 2015
		2.8.3 To ensure that relevant staff have dementia training	Local Authorities	Ongoing

		(home care and day services) through SSIA funded project		
2.9 Improve physical health for people with dementia	Local: <ul style="list-style-type: none"> Salaried GP service established across Mental Health Clinical Board inpatient units, providing cover for acute and chronic physical illness. 	2.9.1 To review out-of-hours cover for acute medical decline in people with dementia. 2.9.2 To further develop DGH Liaison Psychiatry for Older People Service, in particular to ensure a presence in unscheduled care. 2.9.3 To develop primary care Quality and Outcomes Framework 15 month review to a standardised template and train primary care clinicians	Cardiff and Vale UHB (MHSOP) Cardiff and Vale UHB (MHSOP) Cardiff and Vale UHB (Memory Team)	July 2014 March 2015 Template fully rolled out by March 2017
2.10 To improve the care for people with alcohol related brain injury	Local: <ul style="list-style-type: none"> Currently out-of-area placements are in place for people alcohol related brain injury. Commissioning Options paper being created within 2013/14. 	2.10.1 To consolidate the alcohol related brain injury service so that health and social care will be integrated.	Substance Misuse Commissioner	Consolidation by March 2016

3 Strengthening communities

Objective	Actions to date	Outstanding actions	Lead	Milestone
3.1 Increase public awareness and understanding of dementia	National: <ul style="list-style-type: none"> Dementia Vision published by Welsh Government created visibility 	3.1.1 To create two dementia supportive communities pilots, one in Cardiff, one in the Vale	Cardiff West Older People's Group and Barry Dementia Supportive Communities Group	Pilots to be complete by Summer 2014. Full roll-out by March 2017.
	Local: <ul style="list-style-type: none"> Alzheimer's Society has developed a volunteer inclusion programme to include BME Befrienders, Telephone Befrienders (for carers), Dementia champions and Community Befrienders. 	3.1.2 To increase public awareness of dementia through campaigns, education programmes and events and the Dementia Friend's initiative	Alzheimer's Society, working with UHB and Local Authorities for joint campaign	Ongoing
	<ul style="list-style-type: none"> Nexus has engaged minority ethnic communities and veterans to raise awareness about access to services, in partnership with the statutory and Third sector. 	3.1.3 To create a volunteer army for people with dementia	Cardiff and Vale UHB (Volunteers lead) in liaison with Third sector, joining up with Local Authority VCS/Third Sector Strategy	Ongoing
3.2 Improve the skills of the workforce in dementia care and	National: <ul style="list-style-type: none"> Dementia care training initiative (2011-12) 	3.2.1 To develop a training strategy for dementia within the Health and Social Care settings, to include POVA,	Cardiff and Vale UHB Training Lead and Local Authority Training	Training strategy developed by March 2015

<p>support</p>	<p>established two training officer posts to: scope training availability, build a resource of materials and develop a Train the Trainers programme (time limited).</p> <ul style="list-style-type: none"> • Dementia care advisor posts established across Health Boards to provide additional clinical posts with the aim of providing training in addition to specific client and carer supports (in Cardiff and Vale targeted at vulnerable groups) <p>Local:</p> <ul style="list-style-type: none"> • 'Providing Care for Individuals with Dementia' course established (6 days), aimed at skills development for non-specialist staff (Agored Cymru accredited) • Achieving psychological well-being course (6 days) established to support development of Level A psychological skills (PIG 	<p>Dignity and Respect.</p> <p>3.2.2 To spread the training of 'Providing Care for Individuals with Dementia' and Psychological Well-being courses across the DGH setting and appropriate training across care homes</p> <p>3.2.3 To review and enhance dementia training within the medical, nursing and social work undergraduate programmes</p>	<p>leads</p> <p>Cardiff and Vale UHB (Clinical Boards) and Local Authorities, using SCDWP grants for health and social care training</p> <p>Universities</p>	<p>Ongoing from April 2015</p> <p>Ongoing</p>
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	<p>2012)</p> <ul style="list-style-type: none"> Joint training on dementia and falls prevention and management provided for trauma nurses. 			
3.3 Improve community crisis intervention	<p>Local:</p> <ul style="list-style-type: none"> First phase Community REACT service established in MHSOP (crisis and out-of-hours service) Single point of access for urgent and emergency referrals (in development) 	3.3.1 To fully establish a single point of referral for urgent and emergency referrals	Cardiff and Vale UHB (MHSOP)	Single point of referral fully established by March 2015.
3.4 Ensure effective joint planning and commissioning	<p>Local:</p> <ul style="list-style-type: none"> Development of a commissioning strategy specifically for services for people living with dementia. 	<p>3.4.1 Formation of the Dementia Taskforce (linked to the Mental Health Partnership Board, Health Services Management Board, Learning Disabilities Strategic Board and People, Performance and Delivery)</p> <p>3.4.2 To review joint commissioning arrangements</p>	<p>All relevant agencies, service users and carers</p> <p>Local Authorities and Cardiff and Vale UHB</p>	<p>Dementia Taskforce fully functional by April 2014.</p> <p>Joint commissioning arrangements reviewed by</p>

4 Strengthening individuals

Objective	Actions to date	Outstanding actions	Lead	Milestone
4.1 Provision of accessible, thorough and good quality information for those with a diagnosis of dementia and those who care for them	<p>National:</p> <ul style="list-style-type: none"> Alzheimer's Society commissioned to publish and information pack for clients and carers. Now available in services which diagnose and offer support (online information and advice sheets already available) Book Prescription Wales service now has books for people living with cognitive impairment and their carers. UK-wide dementia helpline, including text message service for clients and carers <p>Local:</p> <ul style="list-style-type: none"> Alzheimer's Society run psycho-therapeutic support groups in their Day Care Provisions, Singing for the 	4.1.1 To review information pack further to ensure that content includes: Mental Capacity Act; Advance Decisions to Refuse Treatment; Lasting Power of Attorney information; and Mental Health Measure information on Primary Care Mental Health Support	Cardiff and Vale UHB (MHSOP Practice Development Unit) in liaison with Nexus, CAVAMH and Alzheimer's Society.	Packs complete by March 2015
		4.1.2 To monitor appropriate usage of information packs by diagnostic agencies and replenish stock as required.		
		4.1.3 To signpost to Directions Handbook as appropriate.	All diagnostic agencies	Ongoing

	<p>Brain, Life Stories, Film Club and Dementia Cafes.</p> <ul style="list-style-type: none"> • Solace carers support service offers information and support on request or referral. • Directions Handbook for Carers – a supportive guide and directory about Older People’s Mental Health Services, produced by CAVAMH. • Mental Health Services Directory produced by CAVAMH 			
4.2 Ensure active carer role and carer support	<p>National:</p> <ul style="list-style-type: none"> • Carers Measure • Mental Health Measure – ensures carers are consulted during Care and Treatment planning. <p>Local:</p> <ul style="list-style-type: none"> • Psycho-educational support for carers audited and 	<p>4.2.1 To develop carers education pathway</p> <p>4.2.2 To engage service users and carers within the multi-agency Dementia Taskforce and in service developments, as appropriate</p>	<p>Cardiff and Vale UHB (MHSOP Practice Development Unit)</p> <p>Nexus</p>	<p>Pathway developed by March 2015</p> <p>Ongoing</p>

	<p>publicised</p> <ul style="list-style-type: none"> • Services which offer individual counselling and support audited and publicised • CAVAMH and the GP counselling service produced a booklet of counselling services. • Alzheimer's Society run the CRISP programme, Carers' Support Group. • Cardiff and Vale Carers Strategy (implemented as part of the Carers Measure) • Dementia Carers Implementation Group (part of Intelligent Targets work) • Nexus Carer and Service User Involvement Development Project. 	<p>4.2.3 To increase the number of carers for people with dementia accessing information on relevant Part 1 of the Measure services</p> <p>4.2.4 To increase the opportunities for different respite opportunities and publicise them</p>	<p>Local Authorities</p> <p>Local Authorities (joint commissioning)</p>	<p>Ongoing</p> <p>Opportunities increased and publicised by March 2017</p>
4.3 Increase housing options	<p>Local:</p> <ul style="list-style-type: none"> • Development of Extra Care Facility in the Vale and 	4.3.1 To map and deliver additional supported housing opportunities for people with dementia.	Local Authorities	March 2015

	ensuring that Extra Care design and services and tenancy allocation protocols can facilitate take up for people with dementia.			
4.4 Maximise use of telecare and assistive technology	Local: <ul style="list-style-type: none"> Evidence of increased uptake of telecare across adult services in Cardiff and the Vale 	4.4.1 To develop a telecare strategy and aim to co-ordinate with telehealth (using funding from RCF to commission and create telecare, including 'Just Checking')	Local Authorities	First Report – June 2014 New Strategy - September 2014
4.5 Improve dementia care in the home	Local: <ul style="list-style-type: none"> C1V is the named point of contact for information and signposting. The ICT service and MHSOP links CPNs into the Care Home setting. 	4.5.1 Dementia awareness training and basic skills training for health and social care (including private sector) provider staff. 4.5.2 Dementia champions developed within CRTs with strengthened liaison with MHSOP	Cardiff and Vale UHB and Local Authorities Community Resource Teams	Enhanced Plan via SSIA and SPIDER by June 2014 Roll out from July 2014 Champions developed by June 2014
4.6 Appropriate end of life care	National: <ul style="list-style-type: none"> All Wales Integrated Care Priorities for the Last Days of 	4.6.1 To review the All Wales Integrated Care Priorities for the Last Days of Life	Cardiff and Vale UHB (jointly between MHSOP, Palliative Care,	Pathway reviewed by March 2015

	<p>Life issued to guide end of life care</p> <ul style="list-style-type: none"> • Dignity in care guidance issued by NMC, RCN and CNO • Fundamentals of care audit in place across all health settings. <p>Local:</p> <ul style="list-style-type: none"> • Together for Health – Delivering End of Life Care Plan created and signed off at UHB Board level. 	<p>4.6.2 To increase opportunities for people with dementia to die at their place of choice</p>	<p>Medicine and Primary, Community and Intermediate Care)</p> <p>Cardiff and Vale UHB (Jointly between MHSOP, Palliative Care, Medicine and Primary, Community and Intermediate Care)</p>	<p>Increased opportunities by March 2017</p>
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Cardiff North Dementia Friendly Community Action Plan

Priority	Actions	Lead	Measure	Review Date
<p>Help address the issues of Dementia within the Cardiff North area</p> <p>Ensure the right local STRUCTURE is in place to maintain a sustainable dementia friendly community.</p>	<ul style="list-style-type: none"> Establish the number of people in the area with dementia Create a specific Cardiff North subgroup. Membership to include: Local Authority, Public Health Wales, Local Health Board, Public Services, Third Sector, 50+ Forums, Community Representation, People With Dementia, Carers and Private Businesses. Identify potential Dementia Friends Champions in Neighbourhood Partnership area and train them (via Alzheimer's Society) to deliver Dementia Friends awareness sessions. 	<p>Public Health Wales</p> <p>Neighbourhood Partnership Officer</p>	<p>Approx. number of people identified</p> <p>Sub-group established with relevant partners</p> <p>Number of Dementia Friends in Cardiff North trained</p>	<p>30th March 2016</p>
<p>Identify leads-CHAMPIONS - to take responsibility for driving forward the work to support your community to become dementia friendly</p>	<ul style="list-style-type: none"> Identify Dementia advocates within communities and organisations who will advocate for dementia work going forward and be the link for the Cardiff North. Dementia Friendly Communities to progress actions. Identify Lead and Chair of Cardiff North Sub-group who will also regularly attend the Cardiff and Vale overarching Dementia Friendly Communities steering group 	<p>Sub-group/Alzheimer's Society</p> <p>Sub-group</p>	<p>Champion identified</p> <p>Lead/Chair identified</p>	<p>30th March 2016</p>

<p>Have a plan to raise AWARENESS about dementia in key organisations and businesses within the community that support people with dementia To ensure a better understanding of dementia and an appreciation of the condition.</p>	<ul style="list-style-type: none"> • Circulate information on Dementia, Dementia Friendly activities and training sessions to Cardiff ... network on a regular basis • Use existing mechanisms e.g. Local Authority Newsletters, websites, third sector communication channels to share information around Dementia, Dementia Friendly activities and training sessions • Promote related support days/events etc including Dementia Awareness Week, World Alzheimer's Month • Roll out of Dementia Friends Awareness sessions to key target partners 	Neighbourhood Partnership Officer/Subgroup/Public Health Wales	<p>Partners report increased awareness of Dementia and Dementia Friendly Activities</p> <p>Number of Dementia Friends Awareness Sessions held.</p>	30th March 2016
<p>Develop a STRONG VOICE for people with dementia living in your communities. This will give your plan credibility and will make sure it focuses on areas people with dementia feel are most important</p>	<ul style="list-style-type: none"> • Ensure existing carer's forums are linked to Dementia Friendly Community through representative on sub group • Engage people with dementia and carers living in the community to analyse and highlight the key issues that need addressing 	Neighbourhood Partnership Officer/Subgroup/Public Health Wales/ Local Authority Equalities Officer	Partners report people with Dementia and carers feel engaged and represented.	30th March 2016
<p>Focus your plans on a number of key areas that have been identified locally</p>	<ul style="list-style-type: none"> • Regular items and updates on 50+ Forums and relevant Partnership forums/meetings • Ensure plans are aligned to Cardiff and Vale UHB 3 Year Dementia Plan • Ensure plans are aligned to the principles identified in Ageing Well in Wales 	Neighbourhood Partnership Officer/Subgroup/Public Health Wales/ Local Authority Equalities Officer	Plans are aligned and relevant forums/meetings feel they are kept up to date	30th March 2016

	<ul style="list-style-type: none"> • Work to identify future priorities, targets and potential issues 			
<p>Have in place a plan or system to UPDATE THE PROGRESS of your community after six months and one year.</p> <p>To participate in the recognition process you will need to set out how you intend to report on progress towards becoming dementia friendly at the six-month stage and self-assess on an annual basis.</p>	<ul style="list-style-type: none"> • Liaise with Alzheimer’s Society Dementia Friends Regional Support Officer to monitor numbers of Dementia Friends and Dementia Friend Champions in Cardiff North • Share “Best Practise” between the Neighbourhood Partnership Area sub-groups • Circulate relevant Dementia Friends /Alzheimer’s Society surveys and research projects to appropriate groups across Cardiff North. • Coordinate and provide regular updates with all partners to Alzheimer’s Society when actions have been achieved, in order to demonstrate relevant progress against the action plan. 	Neighbourhood Partnership Officer/Subgroup	Progress is monitored and updated	30th March 2016

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Cardiff City Wide Dementia Friendly Community Action Plan

Priority	Actions	Lead	Measure	Review Date
<p>Help address the issues of Dementia within the six Neighbourhood Partnership areas</p> <p>Ensure the right local STRUCTURE is in place to maintain a sustainable dementia friendly community.</p>	<ul style="list-style-type: none"> Establish the number of people in each Neighbourhood Partnership area with dementia Create a specific subgroup in each of the Neighbourhood Partnership areas. Membership to include: Local Authority, Public Health Wales, Local Health Board, Public Services, Third Sector, 50+ Forums, Community Representation, People With Dementia, Carers and Private Businesses. Identify potential Dementia Friends Champions in Neighbourhood Partnership area and train them (via Alzheimer's Society) to deliver Dementia Friends awareness sessions. 	<p>Public Health Wales</p> <p>Neighbourhood Partnership Officer</p>	<p>Approx. number of people identified</p> <p>Sub-group established with relevant partners</p> <p>Number of Dementia Friends in Cardiff trained</p>	<p>31st March 2016</p>
<p>Identify leads-CHAMPIONS - to take responsibility for driving forward the work to support your community to become dementia friendly</p>	<ul style="list-style-type: none"> Identify Dementia advocates within communities and organisations who will advocate for dementia work going forward and be the link for each Neighbourhood Partnership area to progress action to become a Dementia Friendly Community Identify Lead and Chair for each sub-group who will also regularly attend the Cardiff and Vale overarching Dementia Friendly Communities steering group to update on progress 	<p>Sub-group/Alzheimer's Society</p> <p>Sub-group</p>	<p>Champion identified</p> <p>Lead/Chair identified</p>	<p>31st March 2016</p>

<p>Have a plan to raise AWARENESS about dementia in key organisations and businesses within the community that support people with dementia</p> <p>To ensure a better understanding of dementia and an appreciation of the condition.</p>	<ul style="list-style-type: none"> • Circulate information on Dementia, Dementia Friendly activities and training sessions in each Neighbourhood Partnership areas network on a regular basis • Use existing mechanisms e.g. Local Authority Newsletters, websites, third sector communication channels to share information around Dementia, Dementia Friendly activities and training sessions • Promote related support days/events etc including Dementia Awareness Week, World Alzheimer's Month • Roll out of Dementia Friends Awareness sessions to key target partners 	<p>Neighbourhood Partnership Officer/Subgroup/Public Health Wales</p>	<p>Partners report increased awareness of Dementia and Dementia Friendly Activities</p> <p>Number of Dementia Friends Awareness Sessions held.</p>	<p>31st March 2016</p>
<p>Develop a STRONG VOICE for people with dementia living in your communities. This will give your plan credibility and will make sure it focuses on areas people with dementia feel are most important</p>	<ul style="list-style-type: none"> • Ensure existing carer's forums are linked to Dementia Friendly Community through representative on the six Neighbourhood Partnership sub groups • Engage people with dementia and carers living in the community to analyse and highlight the key issues that need addressing 	<p>Neighbourhood Partnership Officer/Subgroup/Public Health Wales/ Local Authority Equalities Officer</p>	<p>Partners report people with Dementia and carers feel engaged and represented.</p>	<p>31st March 2016</p>
<p>Focus your plans on a number of key areas that have been identified locally</p>	<ul style="list-style-type: none"> • Regular items and updates on 50+ Forums and relevant Partnership forums/meetings • Ensure plans are aligned to Cardiff and Vale UHB 3 Year Dementia Plan • Ensure plans are aligned to the principles identified in Ageing Well in Wales • Work to identify future priorities, targets and potential issues 	<p>Neighbourhood Partnership Officer/Subgroup/Public Health Wales/ Local Authority Equalities Officer</p>	<p>Plans are aligned and relevant forums/meetings feel they are kept up to date</p>	<p>31st March 2016</p>

<p>Have in place a plan or system to UPDATE THE PROGRESS of your community after six months and one year.</p> <p>To participate in the recognition process you will need to set out how you intend to report on progress towards becoming dementia friendly at the six-month stage and self-assess on an annual basis.</p>	<ul style="list-style-type: none"> • Liaise with Alzheimer’s Society Dementia Friends Regional Support Officer to monitor numbers of Dementia Friends and Dementia Friend Champions in each of the Neighbourhood areas • Share “Best Practise” between the Neighbourhood Partnership Area sub-groups • Circulate relevant Dementia Friends /Alzheimer’s Society surveys and research projects to appropriate groups in each of the Neighbourhood partnership areas • Coordinate and provide regular updates with all partners to Alzheimer’s Society when actions have been achieved, in order to demonstrate relevant progress against the action plan. 	Neighbourhood Partnership Officer/Subgroup	Progress is monitored and updated	31st March 2016
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**CITY AND COUNTY OF CARDIFF
DINAS A SIR CAERDYDD**

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

5 OCTOBER 2016

**SOCIAL SERVICES AND WELL BEING (WALES) ACT 2014:
IMPLEMENTATION OF ASSESSMENT DUTIES AND RESPONSIBILITIES**

Purpose of Report

1. To provide Members with background information to inform their scrutiny of whether the requirements of the Social Services and Well Being (Wales) Act 2014 (*hereafter referred to as the Act*) regarding assessments of adults and their carers are being delivered and adhered to by the Council and partners.

2. This report sets out the following:
 - a. A summary of the Council's responsibilities under the Act with regard to assessment, including an outline of the required assessment process;
 - b. A summary of the views from the Third Sector with regards to what they believe the Act means regarding assessment;
 - c. An overview of the systems and processes that have been put in place in Cardiff to meet the new assessment requirements, including work with partners;
 - d. An outline of available information regarding clients and carers, pre and post implementation of the assessment requirements of the Act; and
 - e. An overview of relevant assessment issues raised previously by CSSIW Inspectors at a national level.

3. The following documents are attached as appendices:
 - a. **Appendix A** – Age Cymru '5 elements of assessment' table;
 - b. **Appendix B** – Cardiff Council Assessment flowcharts;
 - c. **Appendix C**– Service Level Agreement for First Point of Contact;

d. **Appendix D** – Preventative Services Board performance scorecard.

Summary of the requirements of the Act with regard to Assessment

4. Part 3 of the Act deals with assessing the needs of individuals, which covers both service users and carers. Local authorities have a duty to assess a person who appears to need care and support. They may need care and support because of serious illness, physical disability, learning disability, mental health problems, dependence on alcohol or drugs or frailty because of old age. The Act sets out the following principles to be followed:

- a. Any individual with a care and support need has a right to an assessment regardless of the level of need or person's financial resources;
- b. The presumption is that an adult is best placed to judge their own well-being;
- c. The aim is to promote an adult's independence where possible;
- d. The assessment will establish a plan for how an individual will achieve personal outcomes – based on the principles of co-production, shared power to plan and deliver support, with all partners having a vital contribution in meeting personal outcomes;
- e. The assessment process starts when a person accesses the information, advice and assistance service;
- f. A single practitioner can undertake the assessment when no additional specialist advice is needed;
- g. Assessments must include assessing needs which are being met by carers and must take into account whether a person's carer is able and willing to provide care now or to do so in the future;
- h. Assessments must now comply with safeguarding and protection rules, and establish whether there is a reasonable cause to suspect an adult is at risk and if so "*act immediately and without delay*";
- i. Carers have the same rights to assessments as those they care for;
- j. The assessment must be completed in partnership with the individual with a focus on the personal outcomes they want to achieve;
- k. The assessment must be proportionate to the presenting needs of the individual;

- I. The assessment must be completed in line with the requirements of the national assessment and eligibility tool.

National Assessment and Eligibility Tool

5. The assessment must be recorded using the national assessment and eligibility tool which comprises:
 - a. The national minimum core data set;
 - b. An analysis structured around the following five elements:
 - The person's circumstances
 - The person's personal outcomes
 - Barriers to achieving those outcomes
 - Risks to the person or to other persons if those outcomes are not achieved
 - The person's strengths and capabilities
 - c. The actions to be taken by the local authority and other persons to help the person achieve those outcomes;
 - d. A statement of how the practitioner assesses the identified action will contribute to the achievement of the personal outcome or otherwise meet needs identified by the assessment.

The national eligibility criteria for care and support

6. The Care and Support (Eligibility) (Wales) Regulations 2015 set out national eligibility criteria for care and support for adults and carers. There are four conditions which must all be met for eligibility status to be conferred. These are:
 - a. Person's Circumstance: need arises from physical or mental ill-health, age, disability, dependence on alcohol or drugs or other similar circumstance;
 - b. Specified Outcomes: need relates to one or more of the outcomes specified (please see list below);
 - c. Ability to meet the need alone: the person is not able to meet that need either alone or with the care and support of others who are willing to

provide that care and support or with the assistance of services in the community to which the adult has access; and

- d. Achievement of Personal Outcomes: the person is unlikely to achieve one or more their personal outcomes unless the local authority provides or arranges care and support to meet the need or the local authority enables the need to be met by making direct payments.

7. The specified outcomes measured include:

- a. managing and maintaining nutrition, such as being able to prepare and eat food and drink;
- b. maintaining personal hygiene, such as being able to wash themselves and their clothes;
- c. managing toilet needs;
- d. being able to dress appropriately, for example during cold weather;
- e. being able to move around the home safely, including accessing the home from outside;
- f. keeping the home sufficiently clean and safe;
- g. being able to develop and maintain family or other personal relationships, in order to avoid loneliness or isolation;
- h. accessing and engaging in work, training, education or volunteering, including physical access;
- i. being able to safely use necessary facilities or services in the local community including public transport and recreational facilities or services; and
- j. carrying out any caring responsibilities, such as for a child.

8. The assessment '*should be proportionate to the request and/or the presenting need*¹', which means that local authorities do not have to complete a full assessment for cases where the person can achieve their outcomes by the provision of Information, Advice and Assistance or preventative services.

¹ Code of Practice, Part 3, section 16

9. Key points to remember are:

- a. The eligibility status is conferred on the individual need and not the person;
- b. An individual may have some care and support needs deemed as eligible and not others;
- c. A person's changing circumstances can impact on eligibility at any time.

Needs assessments and local authority funding

10. Once a local authority has established that a person has needs that meet the national eligibility criteria for care and support, it has to make sure that these needs are met. This includes:

- a. A care and support plan, or in the case of a carer with eligible needs, a support plan; and
- b. An assessment to see if the person has to contribute financially and how much that would be.

11. If a person's needs do not meet the national eligibility criteria, the local authority still has to give that person information and advice on what provision might be available in the community to support them, including preventative services.

12. Assessment will conclude with one of the following:

- a. There are no care and support needs to be met;
- b. Needs can be met through the provision of information, advice or assistance;
- c. Needs can be met through the provision of preventative services;
- d. A more comprehensive care and support assessment is required, which may include more specialist assessments;
- e. Needs can be met, wholly or in part, by the individual themselves (with or without the assistance of others);
- f. Other matters can contribute to the achievement of the personal outcomes, or otherwise meet the needs;

- g. Needs can only be met through a care and support plan, or a support plan (*needs are eligible*); or
- h. The local authority considers it necessary to meet the needs in order to protect the person from abuse or neglect or a risk of abuse or neglect or, in the case of a child, other harm or risk or such harm.

13. If a person disagrees with a needs assessment or the care and support plan, there are ways that decisions can be challenged or they can make a complaint.

Third Sector views regarding the Act and assessment

14. As part of the information review in relation to this topic, a number of documents from third sector support agencies were considered. These were:

- a. Age Cymru – Factsheet 41w, “Social Care Assessments for Older People with Care Needs in Wales”;
- b. Carers Wales – “Assessments – a Guide to getting an Assessment in Wales from April 2016”;
- c. Alzheimer’s Society – “Assessment for Care and Support in Wales”.

15. Much of the information in these documents sets out the main duties under the Act, including eligibility criteria, support for carers, financial assessments and charging, Information Advice and Assistance, care planning, reviews and complaints. The documents also set out clearly what an individual can do to prepare for an assessment and what is likely to happen during an assessment. These documents can be made available to Members on request, as they are too long to be included with this report. Attached at Appendix A is an extract from the Age Cymru guide, which sets out in detail the “five main elements of the assessment process.

Overview of Cardiff Council’s systems and processes re assessment

16. There has been significant work undertaken to ensure Cardiff Council systems and processes are designed to reflect the requirements of the Act and that staff are trained in the new approaches required. With regard to the assessment

process, **Appendix B** contains the flowchart used to explain the process to clients and carers and the flowcharts used by staff.

17. These flowcharts show that the Council is following the requirements of the Act with regard to Information, Advice and Assistance being offered at the first stage, with consideration given as to whether a proportionate or full needs assessment is required. In Cardiff, Information, Advice and Assistance is offered via the following routes:

- a. Website (Council and link to Dewis Cymru);
- b. Mobile App;
- c. Telephone (First Point of Contact);
- d. Face to Face contact.

18. There is a Service Level Agreement (SLA) in place between Adult Social Services and the Communities, Housing and Customer Services Directorate, for the First Point of Contact service, which sets out the elements and commitments to provide a consistent Information, Advice and Assistance service; this is attached at **Appendix C**. The aim of the First Point of Contact service is *'to provide a gateway to preventative services, enabling customers to receive an appropriate level of intervention before being referred to statutory services²*

19. The First Point of Contact ensures staff have the 'what matters' conversation with customers, helping them to remain independent where possible. Staff can refer on to other preventative services and signpost to support available in the community or from other partners, such as Health and Third Sector organisations. Where appropriate, a proportionate assessment is completed by First Point of Contact officers. If a full assessment is required, the client will be referred onwards to receive an assessment by either a Social Work Assistant or Social Worker, depending on the complexity of the case, with a resultant Care and Support Plan.

² Point 4.2, Appendix C

20. The SLA contains a diagramme showing the staffing structure, at Appendix 1 of **Appendix C**; this shows that ICF³ funding is being used to provide 2 additional FTE social workers for 12 months. The SLA states that:

*'the First Point of Contact is comprised of appropriately trained and skilled Contact Officers with the support of co-located qualified Social Workers who, through working closely together, will process new enquiries, promoting the use of early intervention, community and third sector services where relevant to enable individuals to remain as independent as possible.'*⁴

21. Where appropriate, the First Point of Contact (FPOC) service can refer on to the wider Preventative Services in the Communities, Housing and Customer Services Directorate, which consists of seven teams:

- a. First Point of Contact
- b. Independent Living Service – visiting officer team
- c. Occupational Therapy
- d. Disabled Facilities Service
- e. Accommodation solutions/ Stepdown
- f. Day Opportunities team
- g. Joint Equipment Service.

22. The flowcharts at **Appendix B** show that cases are also signposted to other teams as appropriate, depending on the level of needs to be met, as follows

- a. Cases where the needs can be met through preventative services are referred on to the CRT (Community Resource Teams) or OT (Occupational Therapy Teams).
- b. Cases where the needs can only be met through a full care and support plan package are referred on to the appropriate social services team, depending on the presenting need.

³ Intermediate Care Fund

⁴ Point 4.2, Appendix C

23. With regards to training, the regional implementation team has worked with external trainers and local authority ‘change champions’ to ensure that staff receive both awareness raising training sessions and bespoke training. The awareness raising training used the national training materials prepared by the Care Council for Wales⁵ whilst the bespoke training used examples of local flowcharts and forms, including the new assessment tool. 193 practitioners attended the bespoke local training, over 23 half day sessions.

Information regarding clients and carers

New clients - since the implementation of the Act

24. There have been 1,847 assessments of new adult service users under the auspices of the Act since April 2016, of which 1,484 were carried out by First Point of Contact and 363 were carried out via other routes, such as the learning disabilities team, mental health services for older people team or the emergency duty team.⁶

	First Point Of Contact	Other Route	Total
18-64	393	71	464
65+	1,068	292	1,360
Not recorded	23	0	23
Total	1,484	363	1,847

⁵ Principles in Practice, the resource for frontline workers on applying the principles of the Act has been made available on the Care Council for Wales’s website <http://www.ccwales.org.uk/learning-resources-1/principles-in-practice/>. It includes videos and case studies, to support the Social Services Well-being Act.

⁶ Information provided by Adult Social Services

25. Attached at **Appendix D** is the scorecard report taken to the Preventative Services Board, which provides the following information on the 1,484 assessments which have gone through the First Point of Contact:
- a. The percentage where calls are resolved by the First Point of Contact team by provision of information and advice compared to the percentage where calls are referred on to Independent Living Visiting Officers or Adult Social Care;
 - b. The monthly referrals from First Point of Contact to the Independent Living Visiting Officers and the number of these passed on to Adult Social Care;
 - c. The monthly referrals for urgent Disabled Facilities Grant;
 - d. The monthly referrals from First Point of Contact to Adult Social Care;
 - e. The number of cases dealt with by Housing Resettlement Officers, broken into DTOC cases and Step Down;
 - f. New referrals to brokerage following assessment, broken into those referred by First Point of Contact and other referrals;
 - g. Domiciliary Care and Direct Payments to people over 65 years old who are in the following service user categories: Older People, Physical Disabilities and Mental Health Services for Older People; and
 - h. The average hours and average age for domiciliary care provision for service users over 65 years old.
26. This information shows that, since the introduction of the Act in April 2016, there has been: a steady increase in the percentage of new cases resolved by providing information and advice; an increase in the numbers of new cases referred to Independent Living Services Visiting Officers; a steady number of new cases referred to Adult Social Care; and a decrease in the number of new referrals from Adult Social Care to the brokerage team to commission a package of care, following contact with First Point of Contact. However, the overall number of brokerage referrals is increasing due to the number of referrals from routes other than the First Point of Contact.

Trends in Adult Social Services clients

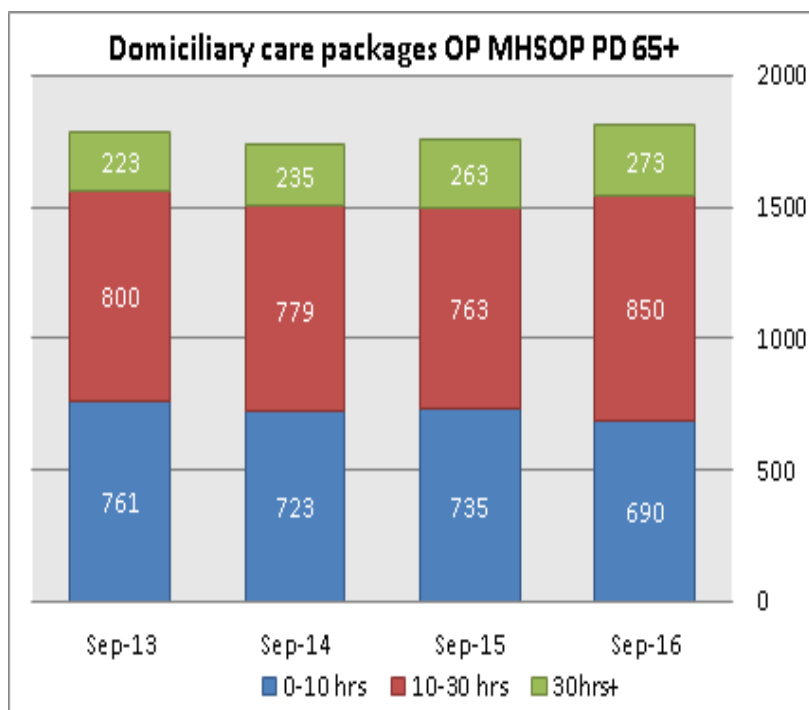
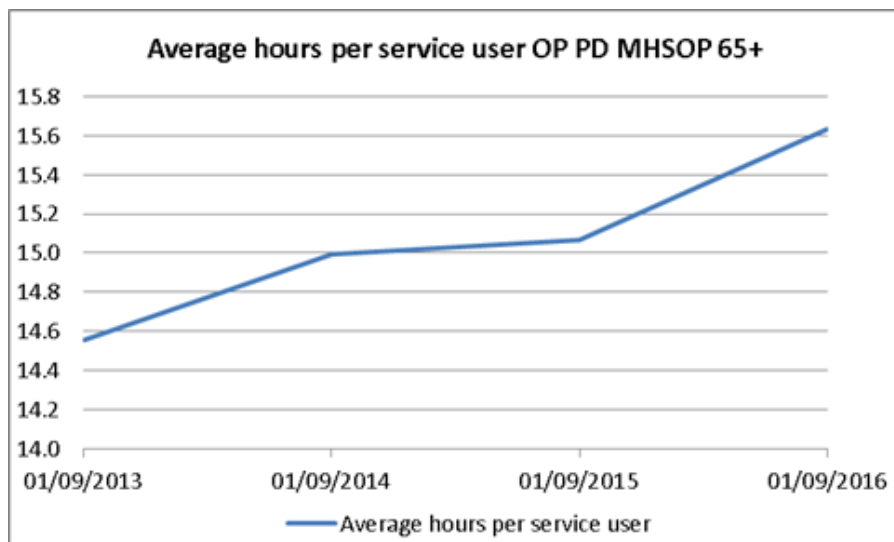
27. The total number of clients on Adult Social Services caseloads as at 31st March 2016 was 7,771. This has increased to 7,880 as at 26th September 2016 and is broken down into the following service user categories:

Service User Category (as at 26/9/16)	Total
Carer (Adult)	138
Learning Disability	1,159
Mental Health	1,299
Mental Health for Older People	39
Older People	3,757
Other	126
Physical Disability	1,275
Substance Misuse	87
Total	7,880

28. The table below shows the number of new service users each year who are over 65 years olds in the Older People, Physical Disabilities and Mental Health Services –Older People client groups. It shows a reduction between 2012 and 2015 in the number of new clients. It also shows their average age and the average hours and shows a reducing trend in the average hours, which has continued post- implementation of the Act.

Dom Start Year 2	Count of Person ID	Average of Dom Start Age	Average of Hours
2012	768	83.2	12.7
2013	774	83.4	11.7
2014	649	82.9	11.7
2015	666	83.0	11.0
2016 pre act	215	84.9	11.0
2016 post act	261	84.1	10.5

29. Adult Social Services has provided the following information with regard to the average hours of care for all service users, existing and new, who are over 65 years olds in the Older People, Physical Disabilities and Mental Health Services – Older People clients groups. Data includes both domiciliary care and direct payments and is as at the date on the x axis:



30. These graphs show that there has been a slight increase in the overall number of clients since September 2013 and that packages over ten hours are increasing,

with those over 30 hours also increasing. The average amount of hours has increased from just under 14.6 in September 2013 to just over 15.6 in September 2016.

Migrating existing cases to the new Act

31. Every client is entitled to an annual review. For cases due a review since the implementation of the Act, the Review Team is re-assessing based on the assessment processes of the Act, outlined above. The table below shows the position as at 26th September 2016 with regard to the status of Adult Social Services cases:

Status	%
Cases assessed using SSWB Act criteria	37%
Cases assessed using Integrated Assessment (introduced in 2014)	42%
Cases assessed using Unified Assessment (pre-2014)	19%
Cases currently awaiting assessment	2%

32. All of the above information, taken together, indicates that the First Point of Contact team is helping the Council to be compliant with the Act by making information, advice and assistance and preventative services accessible and is resolving a high proportion of cases before they reach adult social care. However, the high level of presenting needs results in a steady number of cases reaching adult social services that require care and support packages. As people live longer with growing complex needs, the need for more hours of care and support is increasing, which explains why the average hours for all clients are increasing overall even though the average hours for new service users is decreasing (for those who are over 65 years olds in the Older People, Physical Disabilities and Mental Health Services –Older People clients groups).

33. The above findings need to be considered within the context of managing the existing demographic growth in Cardiff, which has been one of the fastest growing cities in the U.K. in recent years, including an increasing number of older people. The fact that there has only been a slight increase in the number of cases requiring a care and support package during this time of growth indicates that demand is being managed. The projections for further demographic growth in Cardiff indicate the scale of the challenge facing the Council and its partners in continuing to manage demand:

Projected demographic growth by client group⁷

Percentage Population Increase in Cardiff	5 years (to 2020)	15 years (to 2030)
Total population aged 65+	10%	39%
Total population aged 85+	12%	48%
Population aged 18+ with a learning disability	5%	18%
Population aged 16+ with a mental disorder	5%	18%
Population aged 18+ with a limiting long term illness	7%	26%
Population aged 25-59 misusing drugs	7%	16%

Carers

34. There have been 264 carers' assessments since the introduction of the Act⁸. The total number of known carers as at 26th September 2016 is 3,007, of whom 138 are on the Adult Social Services caseload.

⁷ Information provided by Adult Social Services, taken from Adult Social Services Position Statement 2015/16

⁸ Information provided by Adult Social Services 26 September 2016

Locality Working

35. During the work programming discussions, Members expressed a wish to explore how the proposed locality working model, due to be piloted in Llanishen, would fit into the assessment process. The locality working model is focused on the following areas:
- a. Building and enhancing community resilience by working with the community to promote sustainable community groups;
 - b. Supporting independence; and
 - c. Reducing social isolation.
36. The first stage of the project is to map local services such as sheltered housing, hubs, day opportunities, home care and health services and build relationships with service providers in all sectors, with a view to maximising opportunities and activities for residents. The next stage is to identify where services can be delivered via mobile/ remote clinics in sheltered housing, hubs, or other potential venues for joint working, with the aim of sharing Health strategies for future wellbeing and delivering joint models. Running in tandem with these stages, the aim will be to provide locally based home care, with a focus on reablement to improve independence and wellbeing and linking people with their communities.
37. It is anticipated that the benefits of this process will be:
- a. Overcoming barriers to sharing information, within the local authority and Health
 - b. Solutions are outcome focused
 - c. More integrated working with Health
 - d. Shared goals with Social Care, working in partnership to deliver services
 - e. Better appreciation and understanding of roles across all sectors improving relationships and outcome
 - f. Speedier access to health related services.

Overview of relevant assessment issues raised previously by CSSIW

Inspectors

38. In 2015, the CSSIW undertook two major reviews into Adult Social Care within Newport City Council and Powys County Council. Whilst these reviews were undertaken prior to the implementation of the Social Services and Wellbeing Act, they may give useful pointers into what is expected to be in place to deliver an effective adult social care system. In relation to the assessment process, some key findings were as follows:

- The need for few social services entry points, in order to ensure consistency in individuals' experiences regardless of which door they come through.
- Clearly defined pathways to avoid numerous handoffs, delays in assessments and reviews and a lack of continuity.
- Allocation of referrals should be based on who is best placed to assess the individual and not workforce capacity
- Documentation used should support an outcome focused way of working.
- Risk assessments, contingency planning and a positive risk enablement approach should feature in assessments.
- Carers' assessments should take place.

Way Forward

39. At the meeting, Councillor Susan Elsmore, Cabinet Member for Health, Housing and Wellbeing may wish to make a statement. Members will have the opportunity to ask questions of the following officers regarding the assessment process and the locality working pilot:

- Tony Young – Director of Social Services
- Amanda Phillips – Assistant Director of Social Services – Adults
- Sarah McGill – Director of Communities, Housing and Customer Services
- Jane Thomas – Assistant Director of Communities and Housing.

40. As part of the scoping exercise for this scrutiny, Members identified that they particularly wished to ask questions on the following:

- a. What have been the strengths/pros of the new system?

- b. What have been the issues/weaknesses of transferring to new ways of working?
- c. How has the Council supported staff to new ways of working?
- d. What has been the impact of the new ways of working on service users, carers, families, advocates, partners and staff?
- e. What are the future plans/initiatives that will be put in place to continue to improve this work?
- f. How does the Locality Working Model (due to be piloted in Llanishen) fit into the above?

41. The following external witnesses have been contacted to invite them to contribute to the scrutiny discussion, either in writing or in person:

- Bernard McDonald – Area Manager Cardiff, CSSIW
- Simon Hatch – Director, Carers Trust Wales.

Legal Implications

42. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

Financial Implications

43. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

RECOMMENDATIONS

The Committee is recommended to:

- I. Consider the information provided in the report, appendices and at the meeting
- II. Agree any comments and observations committee wishes to make to the Cabinet.

DAVINA FIORE
Director of Governance and Legal Services
29 September 2016

Age Cymru – the “five main elements of the assessment process:

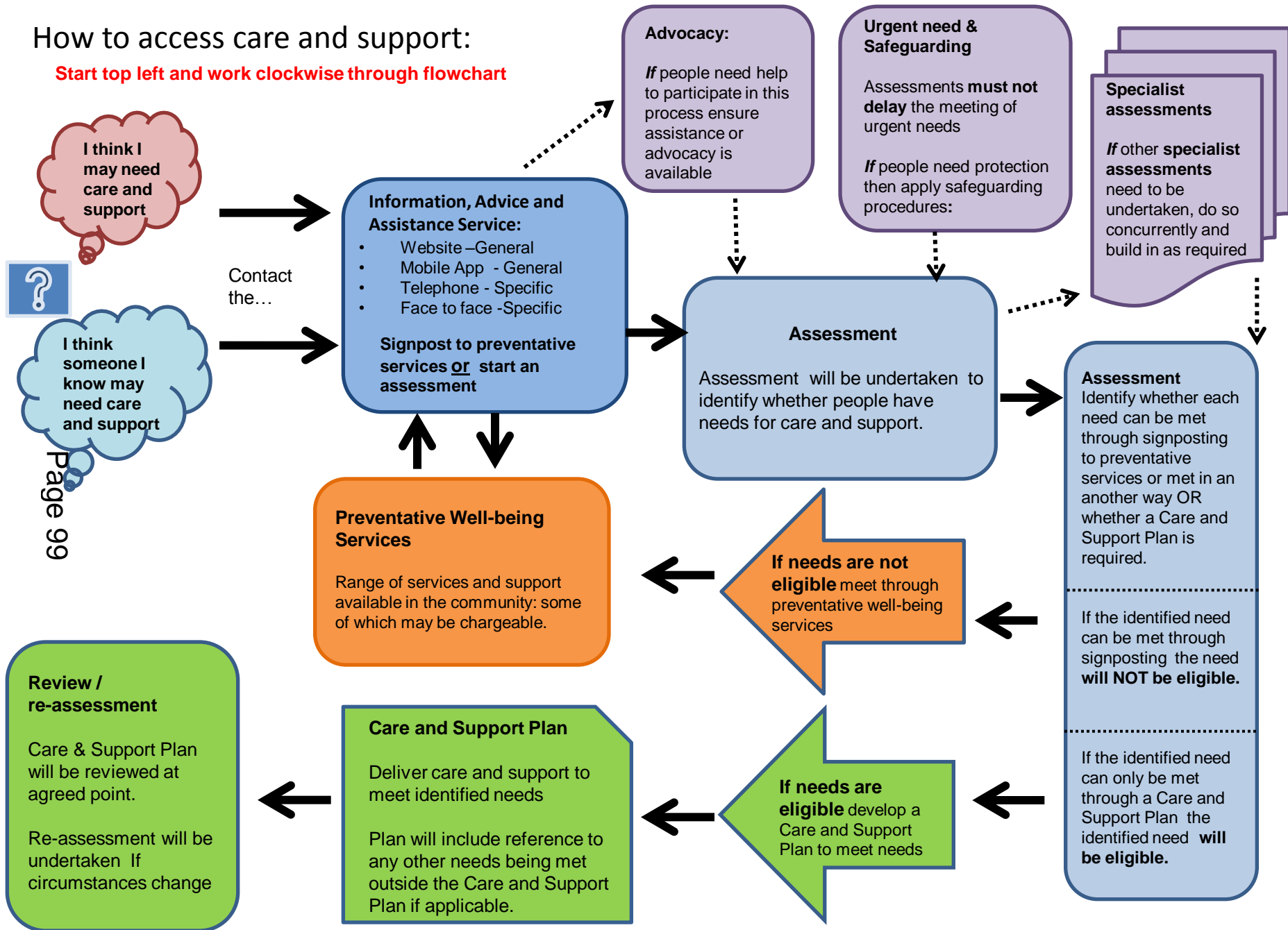
<p><i>“The person’s circumstances”.</i></p>	<p>Examples of issues that may demonstrate a need for care and/or support services include:</p> <ul style="list-style-type: none"> • Someone is/will be unable to carry out basic personal care activities (e.g. getting out of bed, washing, dressing, bathing). • Someone is unable/is unlikely or will not have the opportunity to achieve or maintain “a reasonable standard of health”. • Someone is/will be unable to carry out “basic household activities and daily routines” (e.g. shopping, cleaning). • If the person is a carer, they are unable, or are likely to become unable, to provide some or all of the necessary assistance to the person they care for. <p>Note: The local authority’s analysis of the presenting needs shouldn’t be considered in isolation, but in the context of <i>“the effect that the needs have on the person or family concerned and/or by reference to the person’s [unique] circumstances. The process of determining eligibility must also take account that individual needs may form part of a combination of needs that affect the person concerned”</i></p>
<p><i>The individual’s “personal outcomes”</i></p>	<p>People’s personal outcomes must be identified during the assessment. Although these will be unique to each person, they will relate to the wellbeing definitions in the Act.</p> <p><i>“To meet the eligibility criteria for local authority provided or arranged” services, someone’s care and support needs must relate to the following personal outcomes (it can be seen that these overlap somewhat with the ‘person’s circumstances’ element above):</i></p> <ul style="list-style-type: none"> • “ability to carry out self-care or domestic routines [and to] communicate; • protection from abuse or neglect; • involvement in work...or in leisure activities; • maintenance or development of family or other significant personal relationships; • development and maintenance of social relationships and involvement in the community” (including “caring responsibilities for a child”)
<p><i>Any barriers to the individual achieving their personal outcomes</i></p>	<p>“A person is facing barriers to achieving their personal outcomes if something related to the individual’s condition or circumstances, or something outside their control, is preventing them from meeting [the] outcomes. In defining a barrier the assessment will need to take account of:</p> <ul style="list-style-type: none"> • The information presented by the person, and/or their family or carer, and other agencies...about their needs...resources and risks. • The professional judgement of the worker and their

Age Cymru – the “five main elements of the assessment process:

	<p>knowledge of the services or support which would be likely to be most useful to the individual and/or their family or carer [and] local information and guidance about available services”.</p>
<p><i>Any risks to the person (or to other persons) if their personal outcomes are not achieved</i></p>	<p>“An evaluation of risk is essential to determining a need for care and support”.</p> <p>“When exploring potential risks to meeting personal outcomes the practitioner and the individual should together consider the time-scale, predictability and complexity of the issues that are presented”.</p> <p>For example, “it is possible for individuals to have several low risk elements which in themselves would not pose a threat to achieving personal outcomes, but the combination and how the risks interact will result in a more serious threat”.</p> <p>“The determination of eligibility must be informed by an appreciation of the balance between ensuring that the health and safety of vulnerable adults and other people is not put at risk; against curtailing the choice, autonomy and independence of particular individuals. To manage this balance [and assist social services staff to make] decisions under uncertainty, the assessment has to be undertaken jointly with the user and will be led by their preferences and wishes in relation to achieving and enhancing their ability to meet their personal outcomes”.</p> <p>Note: “This analysis may, but may not, lead to a requirement for a care and support plan that includes understanding and anticipating activities which will invoke risk either to the individual and/or others and developing an action plan that can manage the situation appropriately”</p>
<p><i>“The person’s strengths and capabilities”.</i></p>	<p>The local authority should take into account the skills and capacity of the person themselves, as well as from their family, friends or the wider community, “that can be marshalled to meet their needs and promote their wellbeing”.</p> <p>“It is the function of the assessment and care and support planning process to identify these personal resources, enable the individual to make best use of them, and maximise the contribution they make to achieving personal outcomes”.</p> <p>“People’s needs fluctuate and circumstances change and the assessment process must provide for [social services staff] to look for and anticipate those changes” – the guidance suggests that “the pattern of: <i>“these needs I can meet/these needs I need help with”</i> will vary over time and circumstance for each person”. The assessment process must take this into account when eligibility decisions are reached.</p>

How to access care and support:

Start top left and work clockwise through flowchart



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IAA Assessment Path

Information

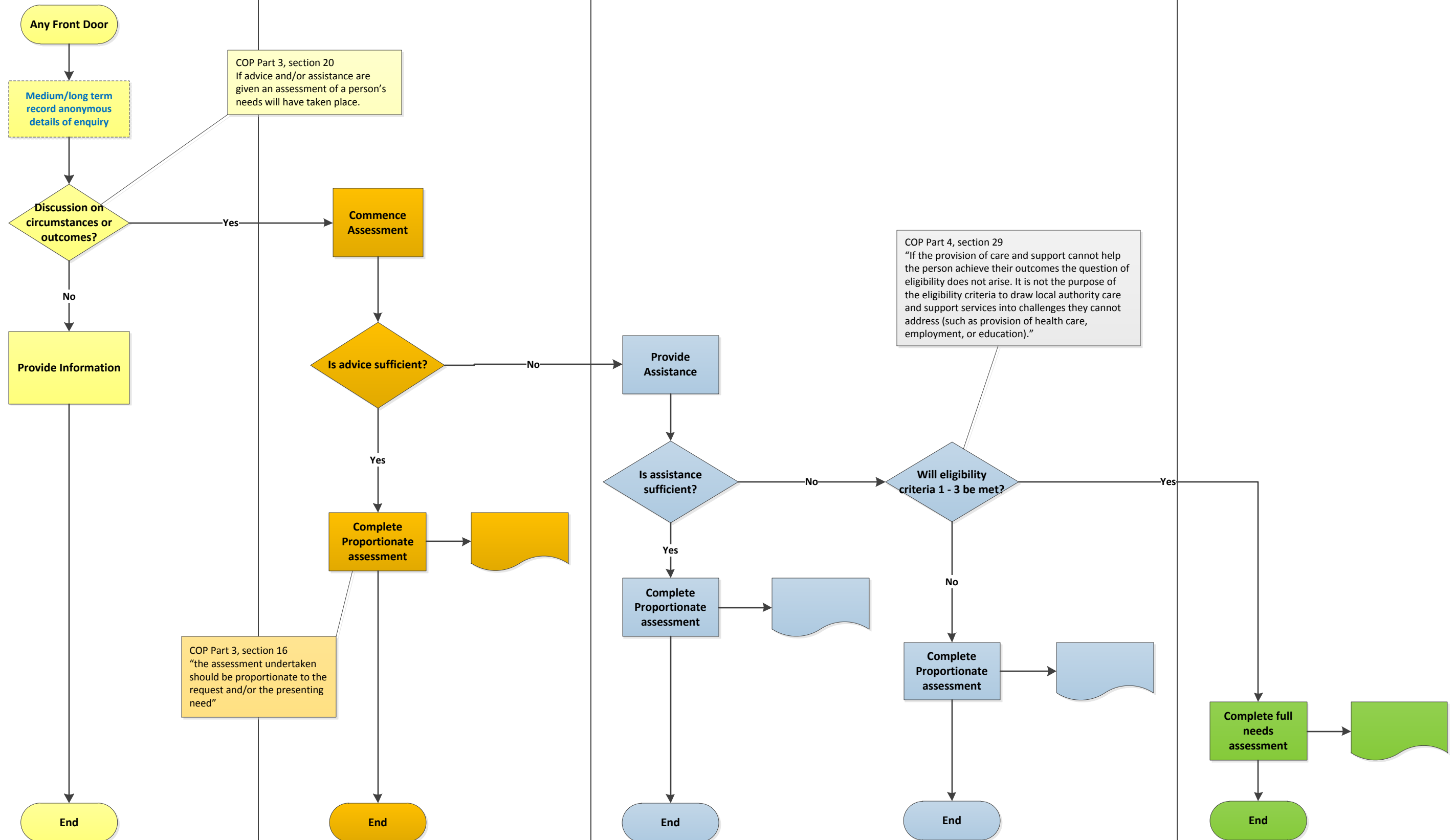
Advice

Assistance

Care and Support

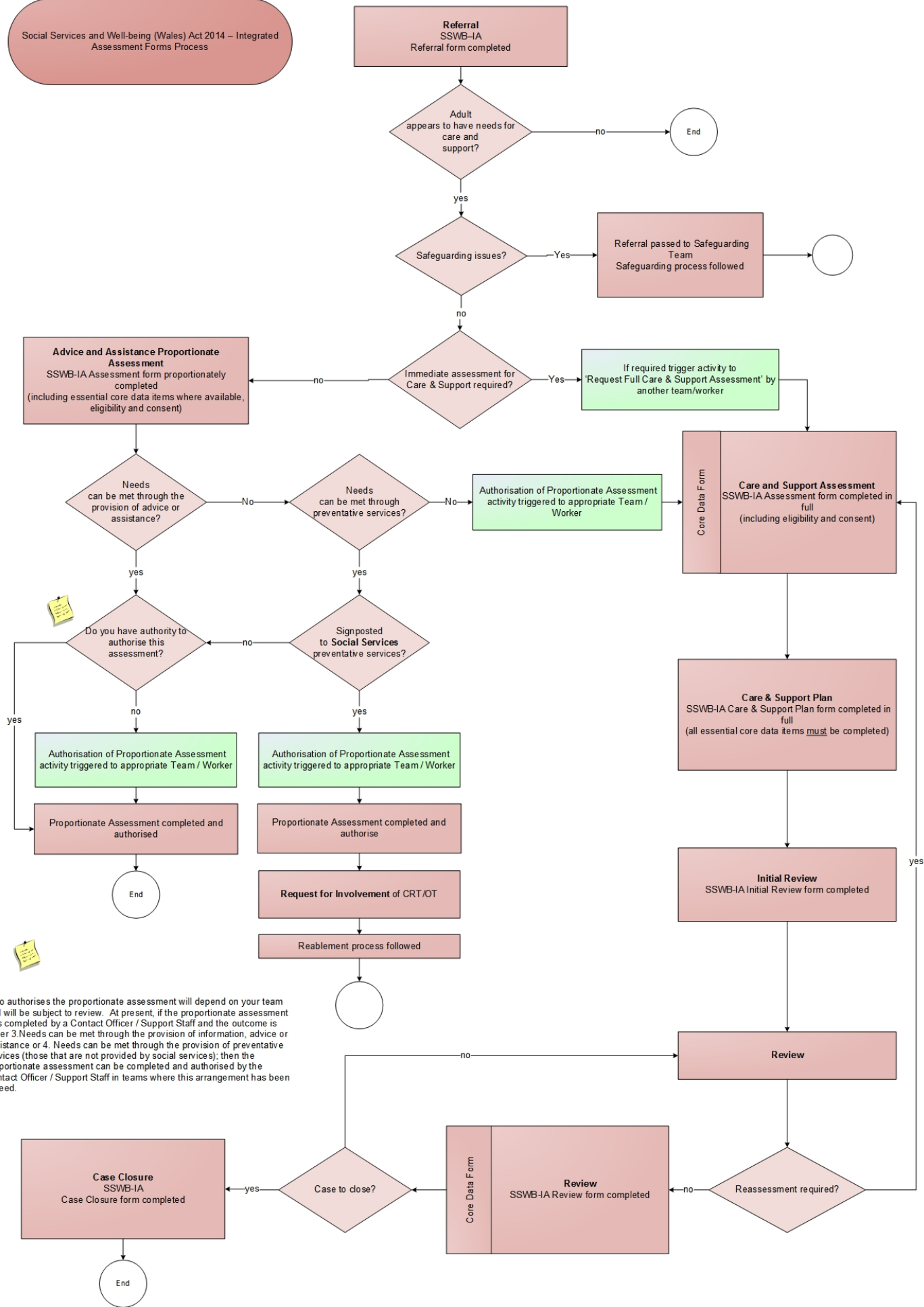
The information, advice and assistance service is central to the success of the transition to the care and support system under the Social Services and Well-being (Wales) Act. It is an opportunity to change the perception of social care and support services in Wales. It **must** promote early intervention and prevention to ensure that people of all ages can be better supported to achieve their personal outcomes, and explore options for meeting their care and support needs. It should be considered to be a preventative service in its own right through the provision of high quality and timely information, advice and assistance. COP Part 2, section 297

Staff working within the (IAA) service will conduct assessments. Staff will have conducted an assessment when they have explored the five elements of the National Assessment and Eligibility Tool with the individual set out in the code of practice on Part 3. Staff conducting assessments must use the National Assessment and Eligibility Tool, however proportionate that approach may be. COP Part 2, section 315



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Social Services and Well-being (Wales) Act 2014 – Integrated Assessment Forms Process



Who authorises the proportionate assessment will depend on your team and will be subject to review. At present, if the proportionate assessment was completed by a Contact Officer / Support Staff and the outcome is either 3. Needs can be met through the provision of information, advice or assistance or 4. Needs can be met through the provision of preventative services (those that are not provided by social services); then the proportionate assessment can be completed and authorised by the Contact Officer / Support Staff in teams where this arrangement has been agreed.

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**Service Level Agreement (SLA)
City of Cardiff Council**



**First Point of Contact Service,
Communities, Housing & Customer Service Directorate**

and

**Adults' Social Services,
Social Services Directorate**

Effective Date: 01-09-2016

Document Owner: Carolyne Palmer

Version

Version	Date	Description	Author(s)
0.1	04-05-2016	SLA Workshop – Initial Draft	Jacob Choudry-Ball, Ruth Evans, Carlyne Palmer, Dawn Harries, Gina Tindall
0.2	26-05-16	Updated to include the first round of feedback	Jacob Choudry-Ball, Ruth Evans, Carlyne Palmer, Dawn Harries, Gina Tindall
0.3	01-07-16	Updated to include further feedback from social services	Jacob Choudry-Ball, Ruth Evans
0.4	20-07-16	Updated to include further feedback from social services and communities	Jacob Choudry-Ball
0.5	25-07-16	Updated to include further feedback on section 8	Jacob Choudry-Ball
0.6	17-08-16	Feedback from Social Services Director and Assistant Director (Adults')	Jacob Choudry-Ball

Approval

(By signing below, all Approvers agree to all terms and conditions outlined in this Agreement.)

Approvers	Role	Signed	Approval Date
Tony Young	Director of Social Services		
Sarah McGill	Director of Communities, Housing & Customer Service		

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1 Terms & Abbreviations

FPoC	First Point of Contact – for the purpose of this document FPoC specifically refers to Adult Services
HC&CS	Housing, Communities & Customer Service
SSWBA	Social Services and Well-being (Wales) Act 2014
WFGA	Well-being of Future Generations (Wales) Act 2015
WLSR	Welsh Language Standards Regulations
IAA	Information, Advice and Assistance (under the SSWBA)
OT	Occupational Therapy

2 Agreement Overview

This Agreement represents a Service Level Agreement (“SLA” or “Agreement”) between **(Adults’) Social Services** and **Housing, Communities & Customer Service** for the provision of a First Point of Contact (FPoC) to provide a first step for the information, advice and assistance (IAA) process to the citizens of Cardiff. The provision of an IAA service is expected to reduce the demand on statutory functions.

This Agreement remains valid until superseded by a revised agreement mutually endorsed by the stakeholders.

This Agreement outlines the parameters of all services covered as they are mutually understood by the primary stakeholders. This Agreement does not supersede current processes and procedures unless explicitly stated herein.

The following Service Provider and Customer will be used as the basis of the Agreement and represent the primary stakeholders associated with this SLA:

Service Provider: Housing, Communities & Customer Service

Customer: Social Services

For a summary of the responsibilities of each of the parties involved, see Section 8, Service Agreement.

3 Stakeholders

The list below contains the stakeholders who must be engaged with regarding any changes to this Agreement. Following the signing of this Agreement, the Document Owner will be responsible for communications with the individuals below:

Social Services

Director of Social Services

Assistant Director of Social Services (Adults’)

Operational Manager for Adults’ First Contact & Assessment

Housing, Communities & Customer Service

Director of Housing, Communities & Customer Service

Assistant Director of Housing & Communities

Operational Manager for Prevention Services

These individuals will then be responsible for communicating any relevant changes within their respective areas of work.

4 Purpose, Goals & Objectives

4.1 Agreement Purpose and Objective

The purpose of this Agreement is to ensure that the proper elements and commitments are in place to provide a consistent IAA service.

The goal of this SLA is to obtain mutual agreement between Social Services and Housing, Communities & Customer Service on how the FPoC will operate, be managed and report on its activity.

The primary objective of this Agreement is to provide a clear reference to service ownership, accountability, roles and responsibilities.

4.2 Mission Statement

The Mission Statement below describes the function of the FPoC and the scope of the work undertaken by the team. The Statement defines what the FPoC will aim to achieve and will influence the Service Development Plan.

“The First Point of Contact exists to provide a ‘gateway’ to preventative services, enabling customers to receive an appropriate level of intervention before being referred to statutory services. Where the identified outcomes cannot be met by preventative or early help services, the First Point of Contact will initiate a timely referral to social services. The First Point of Contact serves as the Council’s response to the Information, Advice and Assistance requirements under the Social Services and Well-being (Wales) Act 2014 by acting as a connection point between individuals and the services which are most applicable to their needs.

The First Point of Contact is comprised of appropriately trained and skilled Contact Officers with the support of co-located qualified Social Workers who, through working closely together, will process new enquiries, promoting the use of early intervention, community and third sector services where relevant to enable individuals to remain as independent as possible.

The First Point of Contact is a specialised telephony service, not an administrative function. The staff are utilised efficiently, making the best use of their time, knowledge and skills to provide a proportionate response to the enquirer.”

4.3 Service Management

The structure of the FPoC is shown in the diagram below (Appendix I). The diagram shows the line management of the FPoC posts. Solid black lines show direct line management responsibility, dashed black lines show communication/reporting links and solid red lines are notes which include the responsibilities and accountabilities for decision making.

Note: This structure diagram is still in draft, the Document Owner will be responsible for including the final and updated versions as they are created.

The day-to-day management of the FPoC will ensure that there is an appropriate level of resilience to cover sickness / absence / leave etc. The FPoC will be responsible for creating and maintaining a Business Continuity Plan for the IAA service.

Social Services will be responsible for ensuring resilience of the Social Workers supporting the FPoC. These Social Workers will provide a supervisory role over the information and advice provided by the Contact Officers. This can be done, for example, through; listening in on calls, informal conversations with the Contact Officers, speaking to callers directly etc. The Social Workers will be actively involved in the decision making process around new contacts and referrals. The Social Workers play a vital role in taking responsibility for upholding the authority's duty of care at the FPoC.

The FPoC will be responsible for transferring cases appropriately, and within agreed timescales, to social services, who provide a vital role in upholding the authority's duty of care to the citizens of Cardiff.

5 Statutory Requirements

5.1 Social Services and Well-being (Wales) Act 2014

The Codes of Practice for Part 2 of the SSWBA outline the requirements of the IAA service. The FPoC, under HC&CS, must adhere to the Codes of Practice (for the specific requirements of the IAA service, see Part 2 Codes of Practice, pages 62-71) and where requirements are not currently met, the FPoC must have a Service Development Plan in place which details how the unmet requirements will be added to the service in the future.

The effectiveness/performance of the IAA service must be reported on. Details of how performance should be measured are in the Part 2 Codes of Practice, pages 71-72. Under the SSWBA, the Director of Social Services has overall responsibility of the IAA service and must report annually on its progress. **HC&CS will be responsible for providing performance information to Social Services at regularly agreed intervals, as**

specified in section 7.2, in order to support the Director uphold their duties under the SSWBA. The FPoC will run reports from the appropriate ICT systems (Mitel and CareFirst, and other systems which may be in use in the future including, but not limited to, SAP CRM and SAP BCM). This information will then supplement the Population Needs Assessment (page 75, Part 2 Codes of Practice), which is the responsibility of the regional partnership board.

Pages 73-74 of the Part 2 Codes of Practice detail the recording requirements of the IAA service. These also link in with the National Assessment and Eligibility Tool and the Core Data Set (pages 14-15 in the Part 3 Codes of Practice). When information is offered, a record of the enquiry must be made. When advice is offered, as much of the Core Data Set as possible must be completed. The FPoC will be responsible for recording this information.

The SSWBA came into force on 6 April 2016.

Links to the Codes of Practice of the SSWBA are in the Reference List, point 1.

5.2 Welsh Language

The SSWBA outlines the requirement for the IAA service to be actively offered in Welsh. A strategic framework has been produced by Welsh Government (Reference List, point 2) to address this requirement.

The Welsh Language requirements of the IAA are also impacted upon by the Welsh Language Standards Regulations (Reference List, point 3). Under the WLSR, all communications with the citizens of Cardiff will need to be offered in Welsh, and their preferences recorded for future communications. Both the FPoC and Social Services will share the responsibility of offering and providing an IAA service in Welsh. The FPoC must make arrangements to ensure resilience of the Welsh Language service to cover sickness / absence / leave etc. (for example through the utilisation of Welsh speakers in Connect 2 Cardiff).

5.3 Further Legislation

In addition to the requirements outlined above, the FPoC will also adhere to all other relevant legislation including, but not limited to:

- Well-being of Future Generations (Wales) Act 2015
- Data Protection Act 1998
- Equalities Act 2010
- Violence against Women, Domestic Abuse and Sexual Violence Act 2015

6 Periodic Review

This Agreement is valid from 1 September 2016 outlined herein and is valid until further notice. This Agreement should be reviewed at a minimum once per financial year; however, in lieu of a review during any period specified, the current Agreement will remain in effect.

The Document Owner is responsible for facilitating regular reviews of this document. Contents of this document may be amended as required, provided mutual agreement is obtained from the primary stakeholders and communicated to all affected parties. The Document Owner will incorporate all subsequent revisions and obtain mutual agreements / approvals as required.

In addition to the core content of the SLA, the Document Owner is also responsible for ensuring any appendices, links and references are kept up to date.

Document Owner: Carlyne Palmer
Review Period: Yearly (12 months)
Previous Review Date: N/A
Next Review Date: 01-09-2017

7 Service Specification

7.1 Service Provision

The core hours of the IAA service are:

08:30 – 17:00 Monday to Thursday, 08:30 – 16:30 Friday

Calls received outside of these hours will be directed towards the Emergency Duty Team.

During these core hours the FPoC will provide the following:

- A telephony service, operating during the hours stated above, promoting early intervention and prevention in relation to Independent Living and providing information and advice to the citizens of Cardiff.
- As above, with the addition of responding to emails, written letters (and potentially as the service develops), text messages and web enquiries.

Processing 'service delivery' calls (those which relate to an open case, or an individual already known to Social Services) is not a function of the FPoC. Any calls of this nature which do arrive at the FPoC must adhere to the Service Delivery Process, Appendix II.

Note: This process is still in draft, the Document Owner will be responsible for including the final and updated versions as they are created.

7.2 Reporting

The FPoC will be responsible for reporting on the performance of the IAA service to Social Services. This will take place through the following forums:

- Quarterly, **to the Adult Services Management Team (ASMT) meetings**, to assess overall performance of the service
- Monthly operational meetings to assess the day-to-day management and development of the service
- Monthly performance reporting

The information reported must include user feedback that captures how well the service has performed. This information should demonstrate the level of success of the prevention and early intervention provided by the FPoC, in appropriately signposting users away from statutory services.

Measures should be developed alongside the Social Services' Quality Assurance Framework.

7.3 Performance

In providing an IAA service, the FPoC will aim to achieve an, as yet to be agreed, score relating to an overall cumulative performance target for the year. The Document Owner will be responsible for including the detail on this target as it is agreed.

If the FPoC is not performing effectively, an investigation will need to be carried out to assess why the FPoC is not meeting expectations. A plan will be created which will outline how the service will be improved. Issues identified as part of the investigation will be addressed. The plan will include agreed timescales for improvement and will be implemented, and its progress monitored.

The work of the Council in relation to this Agreement will be subject to normal audit procedures.

The Service Development Plan (see section 7.5) should include the setup of a Quality Assurance Framework. This would be a collaborative process, between the Contact Officers and the Social Workers. The Contact Team Manager can audit the call quality, in relation to customer service, and the Social Workers can audit the quality of the assessments / referrals made. **These audits should be undertaken jointly, in the same**

forum. The FPoC currently holds team review meetings – the Quality Assurance Framework can form part of these meetings.

The assessments undertaken as part of the IAA process will be authorised by Social Services (passed over from the FPOC). These assessments should be authorised within a mutually agreed timescale.

7.4 Equipment

All equipment used by the FPoC to provide an IAA service is owned by HC&CS. HC&CS will retain responsibility for the upkeep and replacement of this equipment as needed to enable the staff at the FPoC to carry out their jobs effectively.

7.5 Service Development

The FPoC, along with Social Services, will hold joint responsibility for putting together a Service Development Plan. This plan will detail how the IAA service will be developed over a 12-month period. The plan should consider the growth of the service, based on demand as well as change to accommodate process improvement.

In the first instance, the plan should take into account any future changes to the service, such as assessing the viability of the integration of the FPoC and the OT contact team through collaborative working.

The plan should outline how new Contact Officers will be inducted and trained. This should involve shadowing both the more experienced Contact Officers and the Social Workers both out in the field and within FPOC.

8 Service Agreement

The following detailed service parameters are the responsibility of Housing, Communities & Customer Service, Social Services and the Document Owner in the ongoing support of this Agreement.

In support of this Agreement, Housing, Communities & Customer Service will:

- Provide a consistent IAA service from the FPoC as outlined in the Service Specification.
- Ensure staff are fully trained and that appropriate supervision and quality checking is in place.
- Produce and maintain a Business Continuity Plan.
- Ensure that information is recorded at the FPoC in line with the SSWBA.

- Ensure that relevant performance information is collected which can be reported on.
- Maintain reporting links with Social Services as detailed in the Performance section.
- Lead on an investigation into the performance of the FPoC if expectations of the service are not being met.
- Ensure, in collaboration with Social Services, that a Welsh Language IAA service can be provided, and that appropriate links are made to provide resilience and cover.
- Produce and action a Service Development Plan for the FPoC.
- Take line management responsibility for the Dewis Systems Administrator post (to be co-located with the FPoC) through the ILS Service Manager.
- Provide an occupational therapy service which supports the citizens of Cardiff to live independently.
- **Develop mutually agreed performance indicators which can demonstrate the success of the outcomes provided at the FPoC.**

In support of this Agreement, Social Services will:

- Ensure that any predicted increases in demand, for example due to a crisis or any other incident, are promptly communicated to the FPoC.
- Provide a consistent social work presence at FPoC ensuring that all officers based in the service are fully trained on preventative approaches.
- Ensure that any changes within Social Services, in relation to the provision of services or processes and procedures are promptly communicated to the FPoC.
- Provide ultimate oversight and accountability of the **service provided at the FPoC, where they relate to individuals with Care and Support needs.**
- Maintain supervision and direct line management responsibility for the Social Workers co-located with the FPoC.
- **Collaborate with the FPoC to enable the modification and production of** reports through CareFirst relating to the performance and activity of the FPoC.
- Provide the training required by the FPoC staff in relation to the SSWBA or other relevant legislation, to be delivered/procured by the Social Services Training & Development Team.
- Take responsibility for the complaints process, where complaints relate directly to Social Services and not the service provided at the FPoC.
- **Develop mutually agreed performance indicators which can demonstrate the success of the outcomes provided at the FPoC.**

In support of this Agreement, the Document Owner will:

- Ensure that all information in this Agreement is kept up to date.
- Ensure that all changes to this Agreement are communicated with all relevant stakeholders.
- Be responsible for periodically reviewing this Agreement.

9 Reference List

1. SSWBA Codes of Practice – Care Council for Wales Website (links to Codes of Practice for each part of the SSWBA)

<http://www.ccwales.org.uk/codes-of-practice-and-statutory-guidance/>

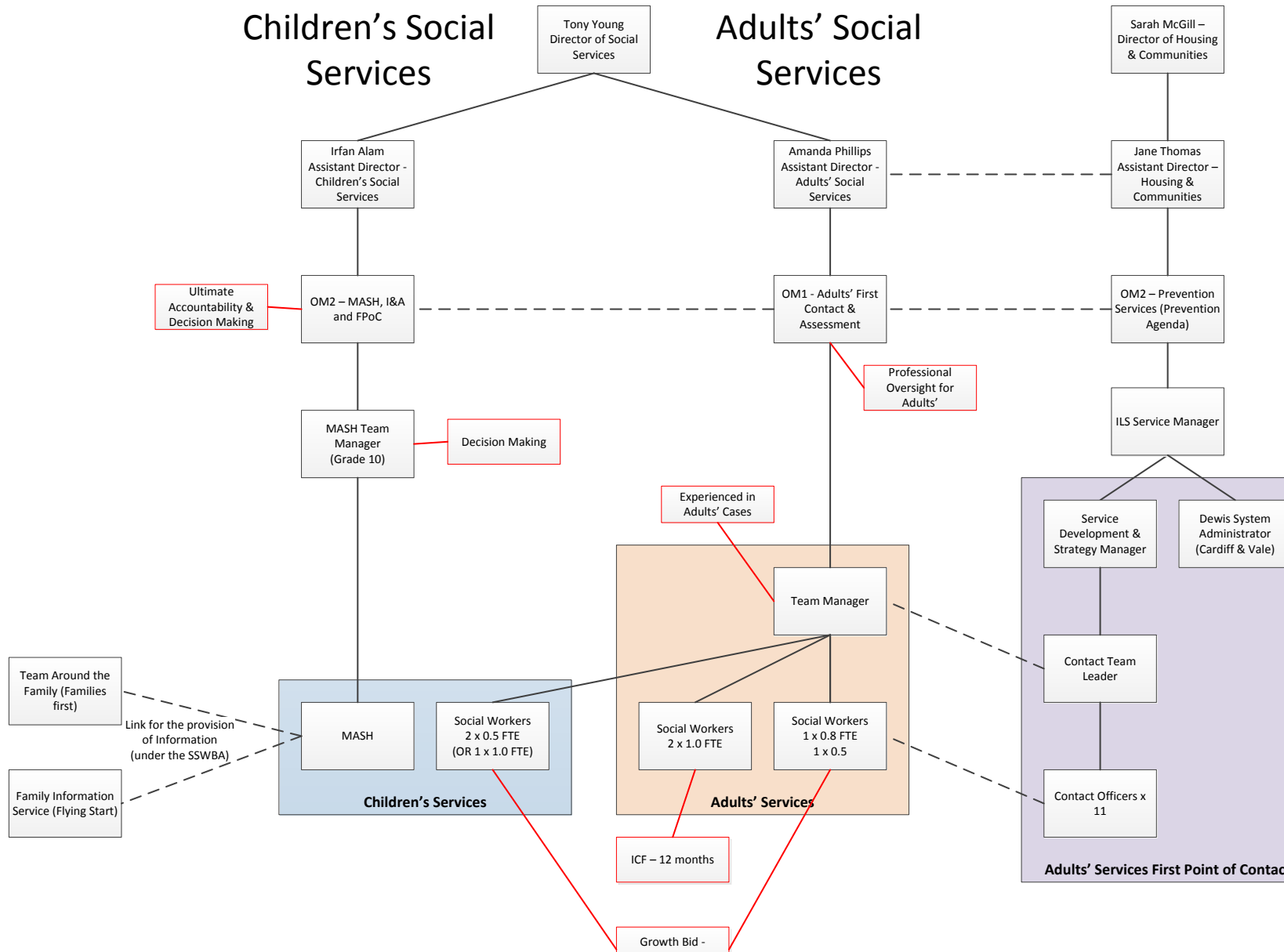
2. Framework for Welsh Language Services in Social Care

<http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

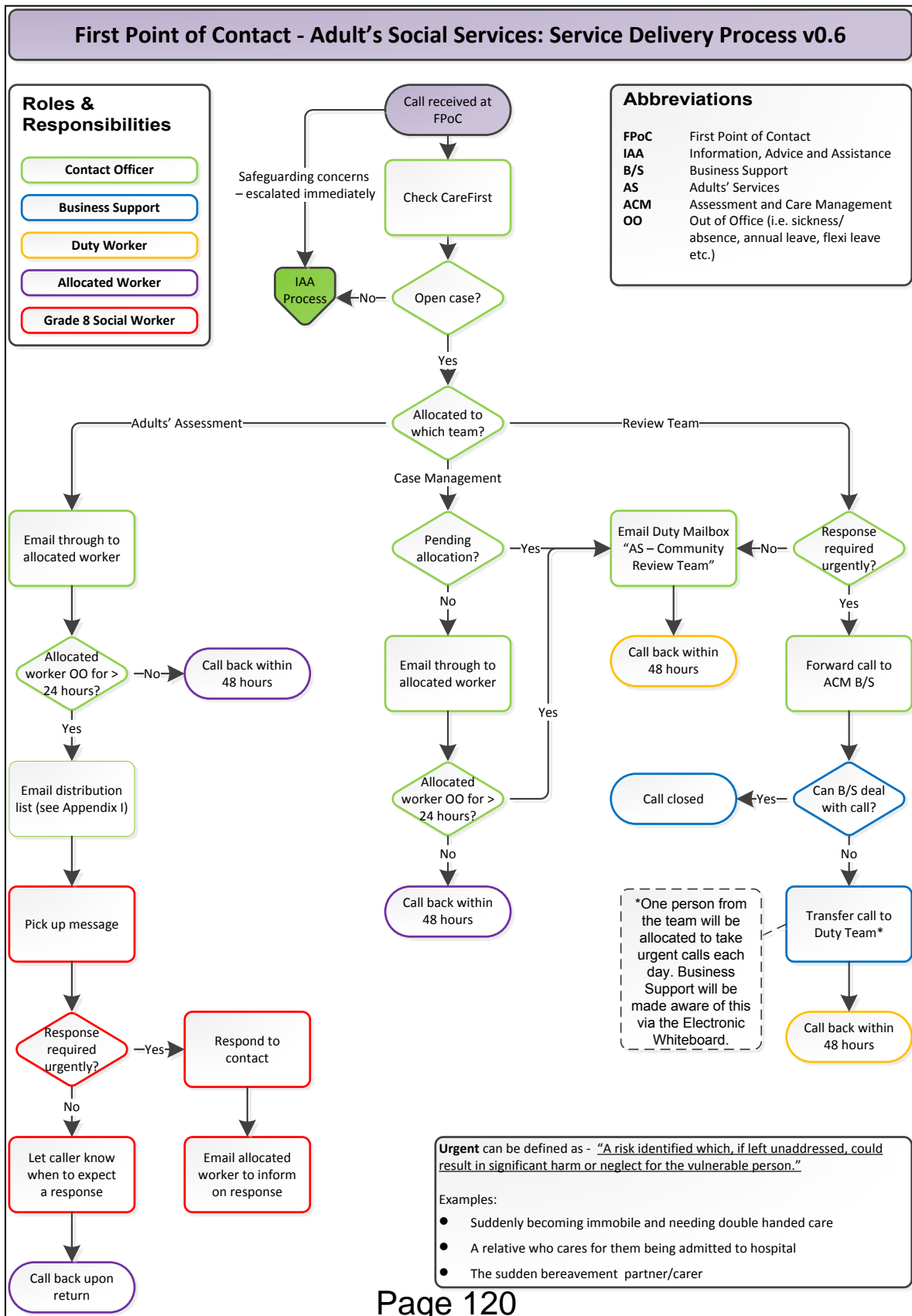
3. Welsh Language Standards Regulations – Welsh Language Commissioner

<http://www.comisiynyddygydraeg.cymru/English/Language%20duties/Pages/What-are-standards.aspx>

10 Appendix I

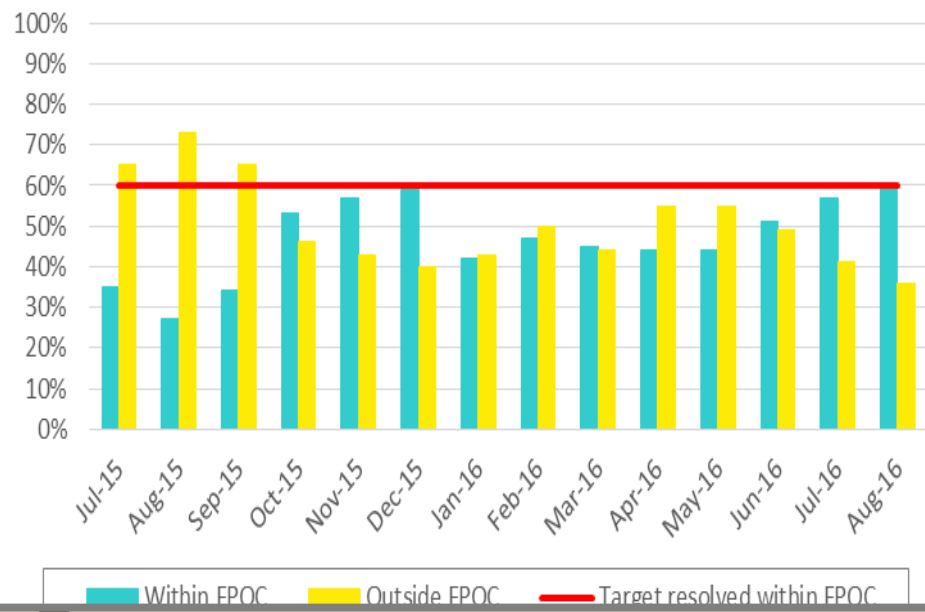


11 Appendix II



Preventative Services

Information and Advice Resolved



Calls received by the Independent Living Services First Point of Contact Team that are resolved with information and advice against the ones that are passed to Independent Living Visiting Officers or Adult Social Care for more complex assistance.

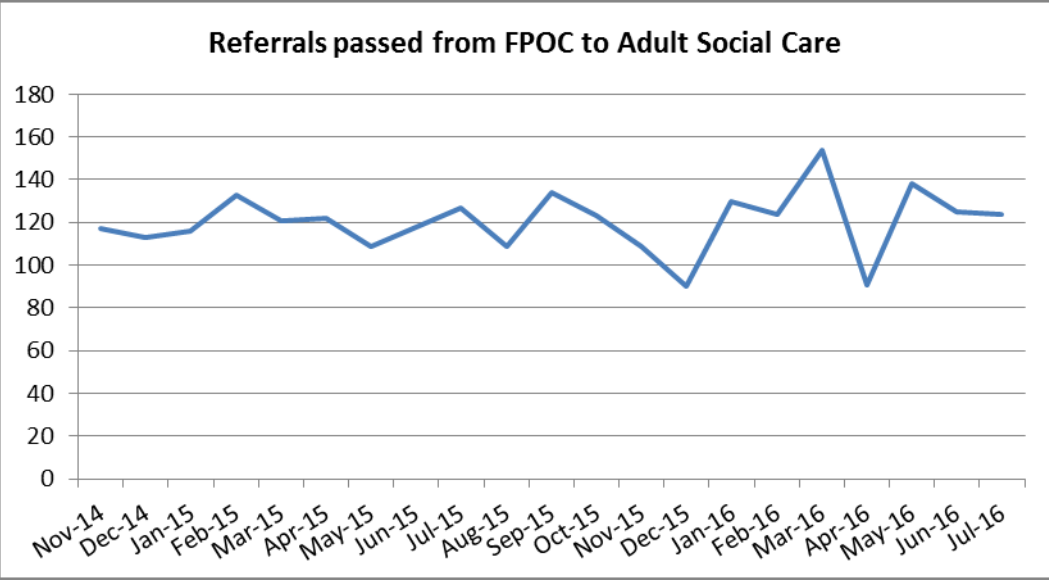
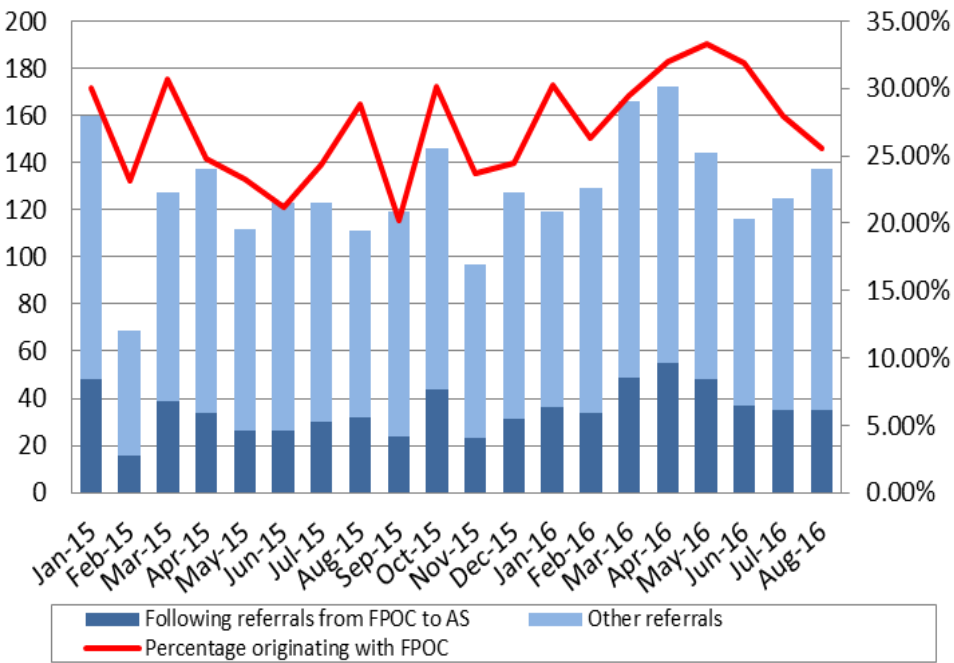
Monthly Referrals 2016/17 from Independent Living Services (ILS) FPOC to ILS Visiting Officers												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Referrals Received	34	26	40	40	34							
Number Visited by ILS Visiting Officer	14	11	23	10	13							
Number of Visited Cases passed to Social Care	1	1	2	1	1							

Urgent DFG Referrals					
	Apr	May	Jun	Jul	Aug
Number of Urgent Referrals Received	1	1	4	7	6
Total of Urgent Cases Currently Open	14	12	11	13	15
Number of Cases Completed	1	3	1	4	4
% of Completed Cases within PI	100%	67%	100%	75%	100%
% of Completed Cases over PI	0%	33%	0%	25%	0%

Housing Resettlement Officers (HRO)					
	Apr	May	Jun	Jul	Aug
Number of Assisted Discharges with Direct HRO involvement that were DTOC	4	7	5	4	9
Number of Users of Step Down	4	7	7	5	4
Number of DTOC Users of Step Down	4	1	6	4	2

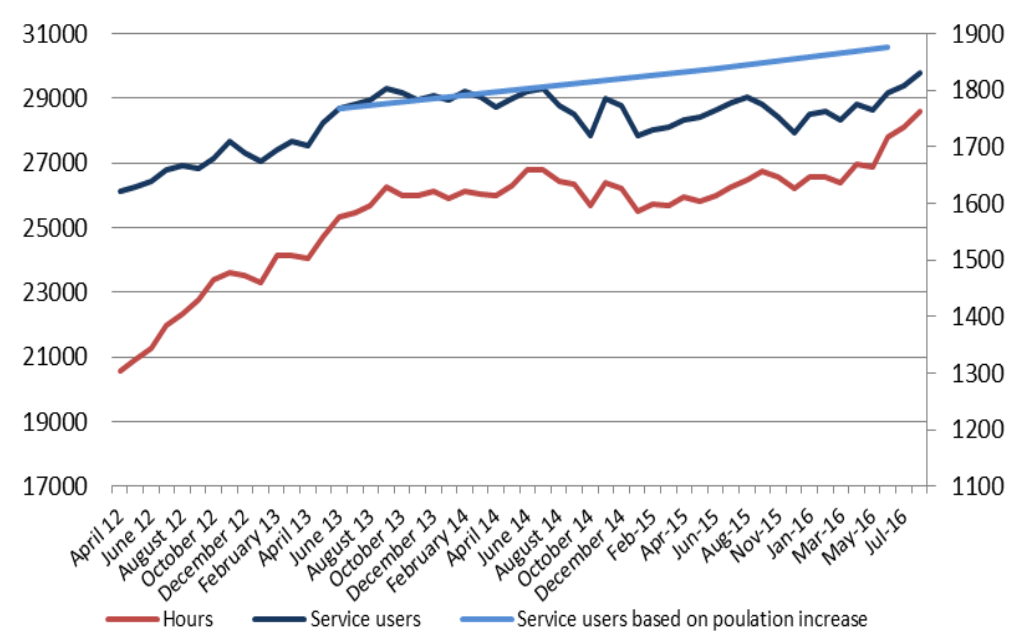
Domiciliary Care Provision for Service Users over 65		
	Average Hours	Average Age
Sep-13	14.6	83.3
Oct-15	15.1	83.1
Jul-15	15.5	83.4

New referrals to brokerage following assessment



Referrals received by the Adult Services Contact and Assessment Team and First Point of contact since November 2014, covering the implementation of the Social Services and Wellbeing act as well as the launch of Independent Living Services and their First Point of Contact.

Domiciliary Care & Direct Payments Older People, Physical Disabilities & MHSOP 65+



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CITY & COUNTY OF CARDIFF
DINAS A SIR CAERDYDD

COMMUNITY AND ADULT SERVICES SCRUTINY COMMITTEE

5 OCTOBER 2016

COMMITTEE BUSINESS REPORT

Background

1. At the Committee meeting on 7 September 2016 Members agreed to continue to receive an overarching Committee Business report, which combines items such as correspondence reports and work programme reports where appropriate.
2. This report includes the correspondence schedule, at **Appendix A**, and raises some issues for discussion regarding the Committee's work programme.

Correspondence Update

3. Following most Committee meetings the Chair writes a letter to the relevant Cabinet Member or officer, summing up the Committee's comments, observations and recommendations regarding the issues considered during that meeting. At the Committee meeting on 7 September 2016 Members received a report detailing the Committee-related correspondence sent and received by the Committee relating to Committee meetings held on 8 June 2016 and 6 July 2016.
4. The correspondence schedule attached as **Appendix A** provides an update since 7 September 2016 Committee meeting, with the following information:
 - i. Date the letters were sent;
 - ii. To whom the letter was addressed;

- iii. The key recommendations set out in the Chair's letters;
 - iv. Date the response was received; and
 - v. The response of the Cabinet Member(s) to those recommendations.
5. The schedule attached at **Appendix A** shows:
- i. *Response Received* - from Councillor Elsmore and Councillor Lent to the Chair's letter regarding Director of Social Services Annual Report, following Joint Committee with Children and Young People Scrutiny Committee on 11 July 2016.
 - ii. *Response Received* – from Councillor De'Ath to the Chair's letter regarding pre-decision scrutiny of the draft Advice and Support Recommissioning Cabinet report, following Committee on 7 September 2016.
 - iii. *No Response Required* – from Councillor De'Ath to the Chair's letter regarding the Cabinet Response to the Committee's Inquiry into How to Reduce Crime and Disorder in the Night Time Economy in a time of Austerity.
6. Copies of the Chair's letters and any responses received can be found on the Council's website page for the relevant Committee meeting, with a hyperlink provided at the top of the page, entitled '*correspondence following the committee meeting*'.

Work Programme

7. Members agreed their 2016-17 work programme at the last Committee meeting in September 2016. As part of this process, Members decided to leave space for any emerging items during the year, which the scrutiny officer would bring to their attention. Since the work programme was agreed, a new Forward Plan has been published, which contains a new item relating to the commissioning of replacement Building Maintenance Services Framework. The details on the Forward Plan are provided at **Appendix B**.

8. This item falls within the remit of this Committee as it covers the contractors used to carry out repairs to council housing, including voids. Members are asked to consider whether they wish to undertake pre-decision scrutiny of this item, which would need to be at the November committee meeting as the report is scheduled to be taken to Cabinet on 17 November 2016.
9. In addition, as part of the work programme, Members agreed to continue with the Performance Panel, adding in budget monitoring to make it a Performance and Budget Monitoring Panel. This Panel is scheduled to meet 3 October 2016 to look at the Quarter One Performance report, Month 4 Budget Monitoring report and consider which area to prioritise for a deep dive; a verbal update will be given at Committee.
10. Members are asked to consider whether they are able to participate in the Panel, given the recent death of Councillor Lomax, who was a founding member of the Panel.

Way Forward

11. During their meeting, Members may wish to reflect on the correspondence schedule, attached at **Appendix A**. Members will also have the opportunity to discuss the two issues raised in connection with the work programme.

Legal Implications

12. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements

imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

Financial Implications

13. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

RECOMMENDATIONS

The Committee is recommended to:

- I. Note the content of the consultation schedule attached at **Appendix A** and consider any further correspondence required;
- II. Consider whether to add the Commissioning of Replacement Building Maintenance Services Framework to the work programme for November 2016; and
- III. Consider whether any Members wish to participate in the Performance and Budget Monitoring Panel.

Davina Fiore
Director of Governance and Legal Services
29 September 2016

APPENDIX A – CASSC Correspondence Schedule, as at 29 September 2016

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
27 July 2016	Cllr Elsmore & Cllr Lent	Director of Social Services Annual Report	<p><i>The Committee recommends that:</i></p> <ul style="list-style-type: none"> • <i>the Governance and Accountability section (Appendix 9) of future reports must be strengthened by referencing the work of the Safeguarding Boards and external agencies;</i> • <i>future reports identifies strengths and weaknesses, to provide a more balanced picture of service provision;</i> • <i>future reports should highlight the gap between demand and supply of social care service, and the funding impact;</i> • <i>future reports must include comprehensive benchmarking data, from all Welsh Local Authorities and Core Cities;</i> 	7 September 2016	<ul style="list-style-type: none"> • Agreed and future reports will reflect the broader governance structure. • Agreed that future reports should reflect strengths and weaknesses but we do not share the committee’s views that the 2015-16 report demonstrates insufficient balance. • The Director has advised that he can see the benefit of highlighting demand and supply issues more specifically, where relevant, in the future. • The Director advises that he is unable to accept this recommendation as written...unachievable because of transitional year in Wales, data not available in time for 2016/17 report.

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<ul style="list-style-type: none"> • <i>the Directorate develops additional Adult Care focused performance indicators.</i> • <i>future reports includes the actual number of young people Not in Education, Employment or Training (Page 9), and that the narrative makes clear that it will take time for the traineeships to have an impact on overall numbers;</i> • <i>future reports should expand the section on the joint working protocol “meeting the needs of looked after children” (Page 30) to reference the work with the Council’s Education and Lifelong Learning Directorate and other agencies;</i> • <i>future reports must include as an additional priority action, the work of Child Adolescent Mental Health Service, as highlighted on page 50.</i> • <i>future reports must reference the linkages with the Local Safeguarding Adults Board and its work around adult social care;</i> • <i>future reports must reference the lack of capacity to meet the needs of the adult care population in Cardiff, together with the challenge to meet the capacity gap between</i> 		<ul style="list-style-type: none"> • The Director is not prepared to agree this albeit he may reconsider at the end of the transitional year. • Recommendation is agreed and future reports will cite numbers as well as percentages • The Director will consider whether this merits a section or fuller expansion for 2016/17 report • The Director will consider whether this merits a section or fuller expansion for 2016/17 report

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p><i>demand and supply;</i></p> <ul style="list-style-type: none"> • <i>future reports should also be made to the work being undertaken to tackling adult exploitation;</i> • <i>future reports must reference the areas of improvement that are required by the Care and Social Services Inspectorate Wales, as set out in their recent report, particularly in the 'key challenges' section of the report;</i> • <i>future reports should either include the Adult Services graphs as shown on page 38 of the report or make a reference to the graphs, in the section "How much and How well we do" in Outcome 1, Safeguarding; and</i> • <i>the Committees recommended that careful consideration is given to queries before people are signposted to alternative support to ensure that crucial intervention is not delayed.</i> 		<ul style="list-style-type: none"> • The Director will consider whether this merits a section or fuller expansion during the drafting of 2016-17 report in consultation with the Safeguarding Adults Regional Board • These areas are always referenced in the Annual Report and play a key role in determining priorities and the Director will consider whether any or all of these merit direct inclusion in the Key Challenges section during the drafting of the 2016/17 report. • This recommendation is agreed. • This recommendation is puzzling.. it will remain a clear requirement that signposting enables timely assessment, care and support. It is for this

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p><i>The Committee also requested the provision of additional briefing papers to the Committees namely:</i></p> <ul style="list-style-type: none"> • <i>a briefing paper be provided to the CYP, on the reasons for the drop in the level of statutory visits to LAC (Page 8) and the management actions being undertaken to ensure that performance meets the target by the end of 2016/17;</i> • <i>a briefing paper, be provided to the CYP, with additional data on the turnover of Children's Services social workers, early next year;</i> • <i>a further briefing paper on this and the social worker degree programme to enable Members to fully understand the initiative and its impact;</i> • <i>A copy of the presentation on the Gateway Project should be shared with the Members of CYP;</i> • <i>a copy of the Safeguarding Action Plan, in respect of adult care, to be shared with Members of the Community and Adult Service Scrutiny Committee (CASSC); and</i> • <i>a copy of the recent CSSIW report in relation to Adult Domestic Care.</i> 		<p>reason that qualified social workers are embedded in the First Point of Contact.</p> <ul style="list-style-type: none"> • Briefing will be provided as requested • Briefing will be provided as requested • Briefing will be provided as requested as part of 2 above • A presentation will be arranged as requested • A copy of this report will be provided as requested • A copy of this report will be provided as requested.

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
8 September 2016	Cllr De'Ath	Pre-Decision Scrutiny of Cabinet Report re Advice & Support Recommissioning	<p><i>This letter contains views which Members felt were most urgent to be communicated to Cabinet given the imminent publication of your papers for the 15 September meeting, and we hope that these views may help inform any decisions you make then.</i></p> <p><i>The Packaging Of Proposals Through Procurement</i></p> <p><i>'.. there was a view expressed by various witnesses throughout the meeting that Cabinet might wish to consider as an alternative the simpler approach of a 'lead and supportive bidders' model, as currently in place, for instance, in the current advice contract with 'Cardiff Advice Services', which sees Citizen's Advice working in partnership with The Speakeasy Advice Centre.</i></p> <p><i>While we can see that – given enough time – a Consortium would be a desirable way of ensuring wide input into a resilient overall service – we are concerned about the timescale issues, and would recommend that your draft report makes reference to the possibility of commissioning a lead organisation with potentially several sub-contractors, before the concept of a Consortium becomes framed as the only possible partnership model for you to take forward for these proposals.</i></p>	9 September 2016	<p>Very much welcome the constructive and helpful comments set out in the letter.</p> <p>Each section of the report has been amended to include a statement that confirms that bids will be welcome from single providers, consortia or a lead provider with sub-contractors will be accepted. The possibility of the more informal approach of a lead provider in partnership with other organisations was made clear during the provider workshops and C3SC had organised a networking event on the Council's behalf to encourage providers to work together. This is a very helpful addition to the report and clarifies the intention of the Council to encourage joint working between providers.</p>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p>The Balance Of Quality And Cost <i>This Committee has in the past commented on the prevalence of using the 50/50 quality and cost split in tender specification and evaluation. This may work well in many circumstances, but when procuring complex services for highly vulnerable service users we have a natural tendency to consider that quality should occupy a more significant focus. Committee heard evidence from Gwendolyn Sterk of Welsh Women's Aid, who referred to interesting developments in thinking at a Welsh Government level on this matter, and recommend that your draft report retains flexibility to allow officers to undertake further research with Welsh Government and other local authorities to see if there are other approaches to the percentage split that would be more appropriate to meet the needs of people requiring these services.</i></p> <p>The Delegation Of Arrangements For Procuring Gender Specific Services <i>Your draft Cabinet report makes clear that further thinking needed to be invested in considering the size, nature and cost of the commissioning package for Gender Specific Services before a specification could be developed, and that the commissioning specification and evaluation proposals were still developing. Sarah McGill made clear at the meeting that she would be content to return to</i></p>		<p>I note your comment on the cost/ quality ratio and also the comments of Welsh Women's Aid on this issue. There are no firm proposals as yet for the cost/ quality ratio for the Gender Specific tender, it is recognised that more time is needed for the complex commissioning exercise. The report has been amended to confirm that further research will be undertaken on this matter before proceeding with the recommissioning.</p> <p>I would be very happy for the Committee to have further involvement in the Gender specific proposals as the further detail is developed. The report has been amended to include this. Officers will also be happy to feed back to committee on progress with</p>

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			<p><i>the Committee with draft proposals in the above areas, so that Committee could provide further advice before they are determined. We therefore recommend that part 4i of the recommendations in the draft Cabinet report be amended to include reference to the future role of scrutiny in shaping the emerging recommissioning proposals (specifically for 'gender specific services' but potentially for all aspects of the proposals).</i></p> <p>Maintaining Flexibility, And A “Learning Culture” Approach <i>Committee benefited from evidence from Sheila Hendrickson-Brown of C3SC. Her evidence related specifically to Advice Services, but Members felt it was equally applicable to all aspects of the recommissioning proposals. Sheila recognised that the Council was taking bold and difficult decisions in seeking to optimise a very unsatisfactory funding environment, and paid tribute to many aspects of the excellent work being delivered through Hubs and other Council services. However, the driving need for efficiencies was forcing the Council to amalgamate support arrangements into larger and larger units, and (as in the case of Advice Services) deliver more services in-house that had traditionally been delivered through grant-funded third sector organisations.</i></p> <p><i>This could naturally pose a specific threat to the</i></p>		<p>the other recommissioning processes; your oversight on these issues will be very welcome.</p> <p>I also note your comment about a learning culture and the need to learn from providers and sector organisations regarding the lessons from other commissioning arrangements. The consultation section of the report has been amended to reflect this commitment.</p>

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			<p><i>sustainability of local third sector organisations, and a more general dilution of third sector and social enterprise culture in the city. We would like to stress our appreciation of the good work developing in Hubs – for instance the development of volunteering and links with local communities – but recommend that, as there are so many uncertainties and concerns associated with charting a way forward with no clear blueprint of success to measure against, it would be helpful if your draft report could acknowledge the need to keep working closely with providers and third sector partners, to manage any unintended consequences and ensure that any lessons from recent and current commissioning arrangements could closely inform future proposals.</i></p>		<p>May I commend the Committee for the very thorough scrutiny of this issue and the constructive comments. I would also like to thank you as Chair on behalf of myself and the officers who attended for the very professional manner in which the meeting was conducted.</p>

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12 September 2016	Cllr De'Ath	Cabinet Response to CASSC Inquiry re Crime & Disorder Night Time Economy	<p><i>Members were pleased to receive your positive response to the Committee's report, and your appreciative comments of the work undertaken by the Inquiry team.</i></p> <p><i>The Committee was disappointed that Neil Hanratty was not able to attend the meeting, especially given his co-ordinating Director role for implementing the report's recommendations. We will be grateful if in future Neil could let the scrutiny officer know if he is unable to attend a meeting, so that I can communicate this to Members and any other witnesses attending the meeting.</i></p> <p><i>Members were pleased to hear that you will be championing the Night Time Economy, with the Director of Economic Development taking the co-ordinating Director role. .</i></p> <p><i>Members were also pleased to hear of your plans to ask officers to develop packages of work within the Cardiff Public Services Board's Safer and Cohesive Communities Programme to govern the implementation of this work.</i></p> <p><i>Thank you for agreeing our recommendation to develop a partnership-based Night Time Economy Strategy with a clear action plan. Committee will be very interested to hear at a future meeting how the Strategy will identify future priorities and principles of service delivery. We note that you consider that it is</i></p>		Response Not Required

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			<p><i>essential to agree these overall principles first, before exploring more operational funding issues and timescales. But we are naturally keen to see these arrangements set out in writing, and were reassured to hear that although this was not a firm commitment, you hoped the Strategy could come forward towards the end of this calendar year. We also understand that efforts are being made to separately ensure availability of resources for the busy Christmas period.</i></p> <p><i>We were pleased for your confirmation that a pledge for resources of £250k per annum for managing Night Time Economy initiatives had been recommended for agreement by the Business Improvement District (BID) Board. Also, that the BID Board was representative of businesses committed to both the Day Time and Night Time Economies.</i></p> <p><i>Members noted your and Jonathan's reservations at the potential for a Late Night Levy to raise the sums discussed during the Inquiry, and recent mixed experiences in Liverpool and elsewhere. You wish the BID Board to bed in successfully and reach its potential before considering a Late Night Levy. We will not therefore be expecting to see any proposals for a Levy to be coming forward soon. However, please keep your mind open to the potential for a Levy to add further value to the BID, and we would consider it beneficial to</i></p>		

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			<i>review these matters in perhaps two years.</i>		

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Forward plan - Sept Onwards

Issue details

Commissioning of replacement Building Maintenance Services Framework

The current Building Maintenance Framework comes to an end in June 2017. These contracts cover building maintenance for both domestic and non-domestic properties. The purpose of this report is to set out the proposed commissioning strategy for the next generation framework

Decision type: Key

Decision status: For Determination

Notice of proposed decision first published: 09/09/2016

Decision due: 17 Nov 2016 by Cabinet

Lead member: Cabinet Member for Health, Housing & Wellbeing

Lead director: Director of Housing, Communities & Customer Services

Consultation process

Consultation has taken place with officers involved with the current contracts to identify lessons learnt. Audit committee and appropriate scrutiny committees will be kept informed / consulted.

Scrutiny Consideration: AMBER

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