



Cardiff and Vale of Glamorgan Regional Partnership Board Annual Report 2017/18



This report meets the Welsh Government's Annual Report requirements as set out in the Partnership Arrangements (Wales) Regulations 2015



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



Llamau



Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust



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1. Purpose, Role and Membership of the Regional Partnership Board

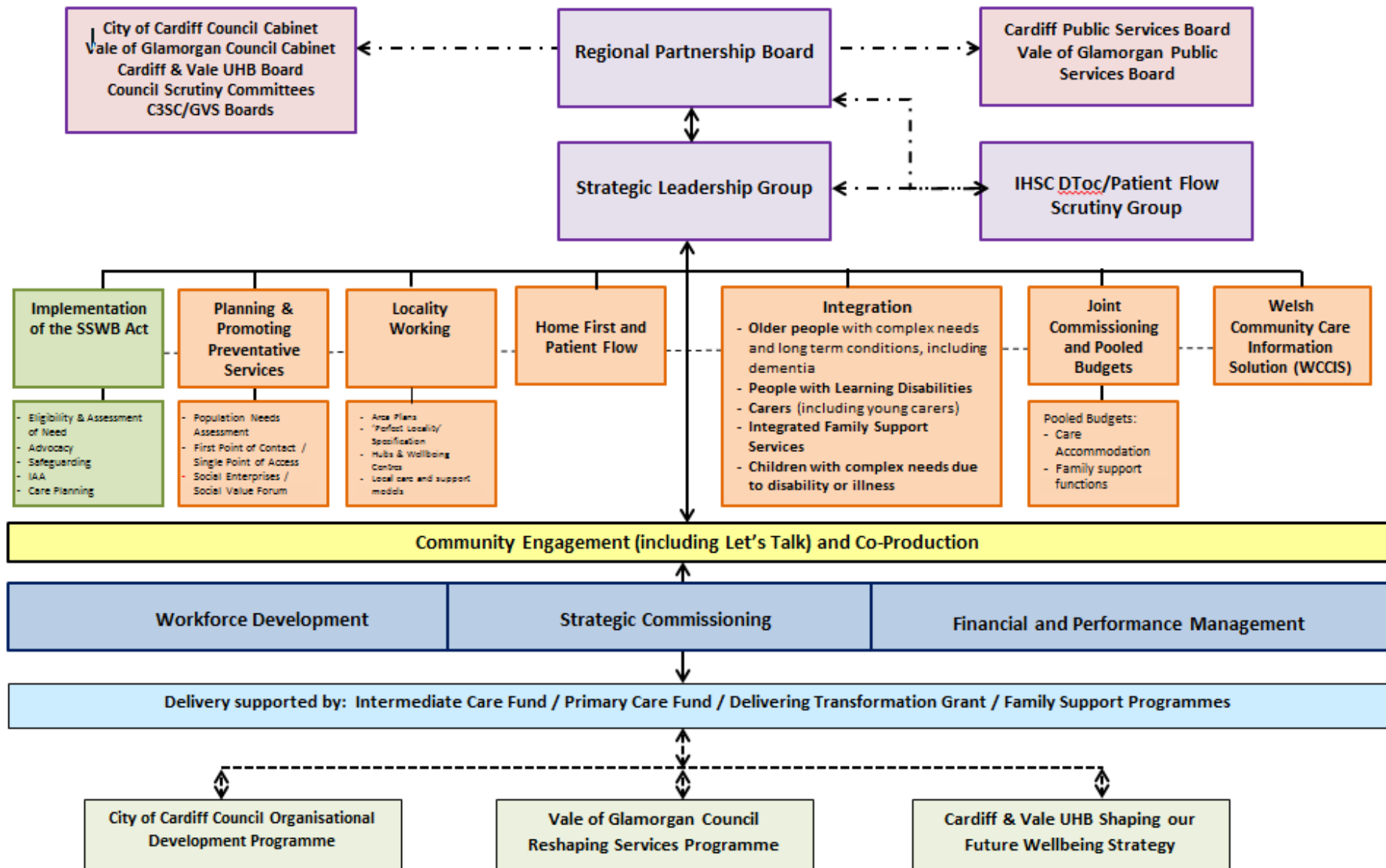
- 1.1 The Cardiff and Vale of Glamorgan Regional Partnership Board (RPB) is made up of representatives from Cardiff Council, Vale of Glamorgan Council, Cardiff & Vale University Health Board, Welsh Ambulance Service NHS Trust, Cardiff Third Sector Council (C3SC), Glamorgan Voluntary Services (GVS), Llamau, Gofal (previously Age Alliance Wales), YMCA Cardiff, Care Forum Wales and a carer representative. A full list of members and the Terms of Reference of the RPB can be seen in **Appendix 1**.



Meeting of the Cardiff and Vale of Glamorgan Regional Partnership Board, 10th May 2018

- 1.2 The Board has met formally four times throughout the last year and has also held three workshops regarding priorities such as [preventative services](#), [workforce development](#) and [social enterprise](#). Board Agendas and minutes of the meetings can be viewed on our Partnership website at www.cvihsc.co.uk.
- 1.3 The Cardiff and Vale of Glamorgan Regional Partnership Board (with support from a Strategic Leadership Group) provides the governance arrangements for overseeing the work of the Integrated Health & Social Care Partnership and ensures delivery arrangements are in place to enable effective implementation of the Act on a regional basis. Progress monitoring against this [Regional Work Programme](#) is reported to the Board and the Senior Leadership Group for action as required. A Governance structure can be seen in **Figure 1** which includes:
- Planning & Promoting Preventative Services;
 - Locality Working;
 - Home First and Patient Flow;
 - Integration (older people/learning disabilities/carers/Integrated Family Support/children with complex needs);
 - Joint Commissioning;
 - Wales Community Care and Information System.
- 1.4 Quarterly reports on implementation are provided to the Board against a [work programme](#). In addition the Board receives updates on other elements of the Act implementation which are being led by a Local Authority Regional Steering Group. This Group has been established to focus on the operational actions required to implement the Act and includes a number of work streams which have been developed in response to the requirements. Senior officers from Cardiff and the Vale of Glamorgan Councils have been allocated responsibility for making progress in these areas and provide updates and escalation reports to the Board as required.

Cardiff & Vale of Glamorgan Regional Partnership Governance Structure



1.5 The work of the Integrated Health & Social Care Partnership is being driven by a 'virtual Integration team' consisting of senior joint appointments and identified senior leads from statutory partners. Work is undertaken by this team to align funding across the Partnership to reduce duplication and maximise efficiencies to ensure successful outcomes are delivered. A small secretariat function is also in place to support the work of the Regional Partnership Board.

1.6 As part of the Board's development, the RPB undertook a [development session](#) on 12th June 2018 as part of its commitment to continuous improvement. This followed a similar session in January 2017 which provided a baseline for the Board. Reflections from the Board of the last 2 years can be seen below:

"The RPB actively takes a learning approach and is supportive of innovative solutions supporting greater alignment of service responsibilities to better meet needs"

"I am encouraged by the Partnership working, as well as the commitment for embracing change"

"I believe we have built a degree of respect and trust with each other whereby issues and concerns are explored in an open and transparent manner"

"It is hard to get everyone on the same page with the same amount of knowledge which means some partners can be at a disadvantage at times"

"I would like to see more integration of the Third Sector in strategic discussions between meetings and being seen as an integral part of the solution to difficult issues"

"There has been an over restriction to Part 9 issues only. I think this is now opening up and will enable the direction of the board to be truly whole system in the future"

"A constructive environment but will need to work at faster pace if we are to make the progress needed"

"There has been a sea change in the years I've been in post in terms of partnership but we need more focus on scaling up what works- we need to be brave!"

"We need to focus more on CYP issues as it is dominated by older people discussions - that said we can't do everything and it's better to make progress in small number of areas than dilute effort"

"The RPB is continuing to mature and is now in a good place to review priorities. There needs to be clarity of its relationship with the PSB and who is driving which agenda"

"It would be good to have feedback on how the RPB is working and if things have changed on the ground for the users of the service"

"I believe the RPB is the best example of partnership working that I've been involved with for more than a decade"

"We need to continue to dismantle the Health/Social Care silos to improve services for the benefit of the citizens of Wales, creating a safe and sustainable health service"

"Workshops particularly useful in raising a shared awareness of key topic areas and building relationships between Board members"

"Good chair that tries to bring all interests and elements together"

- 1.7 The contents of this report should be read alongside the Local Authority Director of Social Services Reports in Cardiff and [Vale of Glamorgan](#) which contain further detail in relation to implementation of other aspects of the Social Services and Well-being Act, including the Information, Advice and Assistance Service; Advocacy; Looked After and Accommodated Children; Safeguarding and Workforce Development.

2. Delivering our Key Objectives and Priority Areas for Integration






- 2.1 The [Cardiff and Vale of Glamorgan Area Plan and Action Plan](#) was published in March 2018 and sets out our regional priorities and the detailed actions we will undertake over the next five years to meet the following 12 key care and support needs identified in our [Population Needs Assessment](#). These needs were to:

- Increase citizen involvement in shaping both preventative and reactionary services
- Promote and improve access to high quality and accessible information and advice
- Further support the development of opportunities that enable social and economic well-being
- Strengthen links between schools, vocational opportunities, apprenticeships, further education and adult learning
- Support people to make healthier lifestyle choices to reduce the prevalence of unhealthy behaviours
- Improve access to low level and specialist mental health care and support
- Provide appropriate and safe housing and community environments, to enable people to remain independent
- Improve public transport, to enable better access to services, employment and social activities
- Develop services that prevent the need for more intensive care and support
- Develop services to respond to existing and future care and support needs, including those for carers
- Improve support for people as they transition between services
- Improve organisational working practices, to ensure that services help people to achieve the outcomes they seek



- 2.2 The main focus of the Area Plan and Action Plan are the RPB's responsibilities for the integration of services in relation to:
- Older people, including people with dementia
 - Children with complex needs
 - Learning disabilities and autism
 - Integrated Family Support Services
 - Adult and young carers
- 2.3 Where there are other care and support themes identified which are led by other Partnerships and planning arrangements across the region, the Area Action Plan signposts to the relevant reporting mechanisms to enable progress to be monitored.

Our Priorities for Integration in 2018-2023 are:

<p>1. Older People</p>  <p>Older People, Including People with Dementia</p>	<p>OP1.1 Building on the First Point of Contact and Single Point of Access services, further develop digital services along with easily accessible telephone, online and face-to-face access points for the region, for both professionals and the public.</p> <p>OP1.2 Develop resilient communities with local services, infrastructure and strong community networks to meet local needs where older people live.</p> <p>OP1.3 Develop and provide a range of future accommodation options to meet demand and enable people to remain at home for as long as possible</p> <p>OP1.4: Develop improved assessment, diagnosis and care planning practices which are built upon genuine collaboration with older people and their carers and families, so that their plans reflect what is important to them and achieves the outcomes they seek.</p> <p>OP1.5 Develop Cardiff and Vale of Glamorgan as a dementia friendly region</p>
<p>2. Children with complex needs</p>  <p>Children with Complex Needs</p>	<p>CYP1.1 Improve provision for children and young people with Additional Learning Needs</p> <p>CYP1.2 Improve integrated provision for children with complex needs, including the transition between children and adult services</p>
<p>3. Learning Disability and Autism</p>  <p>Learning Disability and Autism</p>	<p>LDA.1.1 People with learning disabilities are supported to maximise their independence</p> <p>LDA.1.2 People with learning disabilities are supported to play an active role in society and engage in meaningful day time activities and employment or volunteering.</p> <p>LDA.1.3 People with learning disabilities are valued and included, supported to have a voice, and able to exercise choice and control over all aspects of their lives</p> <p>LDA.1.4 People with learning disabilities are enabled to stay healthy and feel safe.</p> <p>LDA.1.5 People with learning disabilities are supported to become lifelong learners.</p> <p>LDA.1.6 Develop a new Integrated Autism Service which all agencies working in integrated, multi-disciplinary ways will provide appropriate services for children, young people and adults with an autism spectrum disorder, addressing their education, health, employment, social interaction and emotional needs</p>
<p>4. Integrated Family Support Services</p>  <p>Integrated Family Support Services</p>	<p>IFSS1.1 Continue to provide an intensive intervention with families referred by Children's Services where there are serious child protection concerns as a result of parental / carer substance misuse, domestic abuse or mental health.</p> <p>IFSS1.2 Explore the extension of the Integrated Family Support Service model to include other parental additional needs (e.g. learning disability) and consider how it can help tackle adverse childhood experiences.</p>
<p>5. Adult and Young Carers</p>  <p>Adult and Young Carers</p>	<p>AYC1.1 Identify and implement a carer engagement model based on best practice</p> <p>AYC1.2 Improve physical and emotional support for young carers, including emergency and pre-planned respite and reducing the risk of Adverse Childhood Experiences (ACEs)</p> <p>AYC1.3 Improve physical and emotional support for adult carers, including emergency and pre-planned respite</p> <p>AYC1.4 Involve carers, including young carers, in the planning of hospital admission and discharge if the person they care for is in hospital</p> <p>AYC1.5 Provide easily accessible information to carers and relatives in a range of formats and languages, through existing information points, such as primary care and libraries.</p> <p>AYC1.6 Raise awareness around caring and carers among public and health and social care professionals, (e.g. adopting an approach similar to Making Every Contact Count), to ensure that carers are identified as early as possible and all involved are aware of their rights as a carer</p>

3. Key Achievements in 2017/18



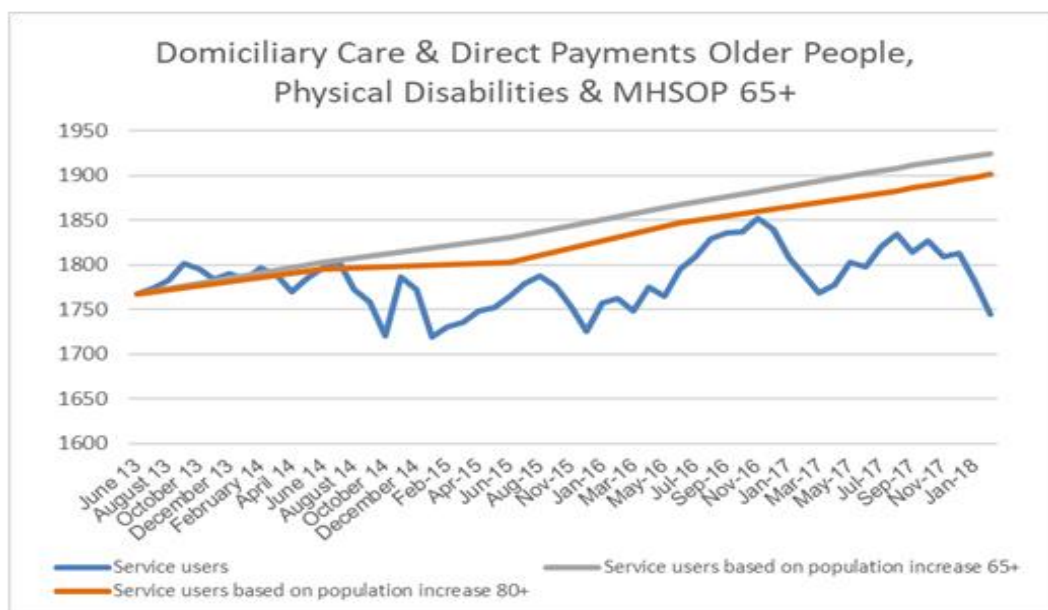
Older People, including People with Dementia

3.1 There have been a number of key achievements in relation to older people and People with dementia which are set out below.

First Point of Contact Service – Cardiff (*Supported by ICF Funding)

3.2 The First Point of Contact (FPOC) is the initial stage of triage to Preventative Services and Adult Social Care in Cardiff. Through the provision of information, advice and assistance and using better outcomes conversations, this partnership between Cardiff Council’s Preventative Services and Social Care looks to find alternative solutions to social care and improve independent living and well-being outcomes.

3.3 Further triage can also include assessment with the social worker element of FPOC, who can provide a more comprehensive assessment for alternative solutions and determine eligibility for social care. As a result of skilled outcome focused discussions, FPOC are able to identify solutions and link and direct clients to other teams within preventative services where a particular intervention maybe required such as Occupational Therapy, Day Opportunities, Independent Living Officers and Disabled Facilities. However, a full understanding of a person’s well-being outcomes and Independent Living needs cannot always be achieved over the phone and so a home visit can also be required. **Figure 2** below illustrates how the partnership between FPOC and Adult Social Services has been able to reduce levels of social care to that of 5 years ago.



Single Point of Access – Vale of Glamorgan Council and Cardiff and Vale UHB (*Supported by ICF Funding)

3.4 The Single Point of Access (SPoA) Service in Vale of Glamorgan provides signposting and information and advice for a range of health, local authority and third sector services. Call Handlers manage requests and triage where appropriate. They provide Information, Advice and Assistance and facilitate assessment and access to the Community Resource Service, Social Work assessment, and District Nursing. Age Connects is also located within the Customer Contact Centre through a partnership delivery structure. The objectives of the service are to:

- Reduce unscheduled admissions to hospital
- Assist with providing solutions to accelerate discharge from hospital
- Support delivery of the information, advice and assistance service
- Develop preventative services and trial new models of working
- Facilitate access to reablement for service users to independence
- Support development of greater integrated health and social care
- Deliver prudent health and social care

3.5 The SPoA builds upon the Vale of Glamorgan Integrated Locality Structure already in place, which included joint appointments with areas of control spanning Vale of Glamorgan Council and UHB services enabling swift integrated decision making. A Third Sector Broker (Age Connects) is also co-located directly within this service.

3.6 **Table 1** below outlines the various outcomes delivered by the SPoA service during 2017/18.

SPoA Service Activity Measures 2017/18	Total
Number of district nursing calls	101,078
Number of Vale Community Resource Service (VCRS)/Elderly Care Assessment Unit (ECAS) calls	894
Number of VCRS referrals	3,096
Number of ECAS referrals (Vale)	210
Number of ECAS referrals (Cardiff from Nov 2017)	296
Number of Triage Team referrals	7,202
• Number resolved in-house	- 7,032
Number of Third Sector Broker referrals received	217
Number of podiatry calls (Cardiff from 24/05/17)	16,795
Number of pieces of equipment ordered	2,451
Number of district nursing hours saved by SpoA ordering	410
Number of district nursing hours saved as a result of Triage	49
Number of hospital discharges	513
Number of adults services enquiries resolved by C1V	5,260

Home First and Patient Flow (*Supported by ICF Funding)

3.7 The **Get Me Home** work stream is a newly formed group, one of three work streams which underpin the work programme associated with the UHB's Unscheduled Care

Programme Board. The Get Me Home work stream has absorbed the previous work programme of the Delayed Transfers of Care Operational (DToC) Group, along with additional service improvement projects, and also continues to validate and sign off the monthly DToC figures prior to submission to Welsh Government.

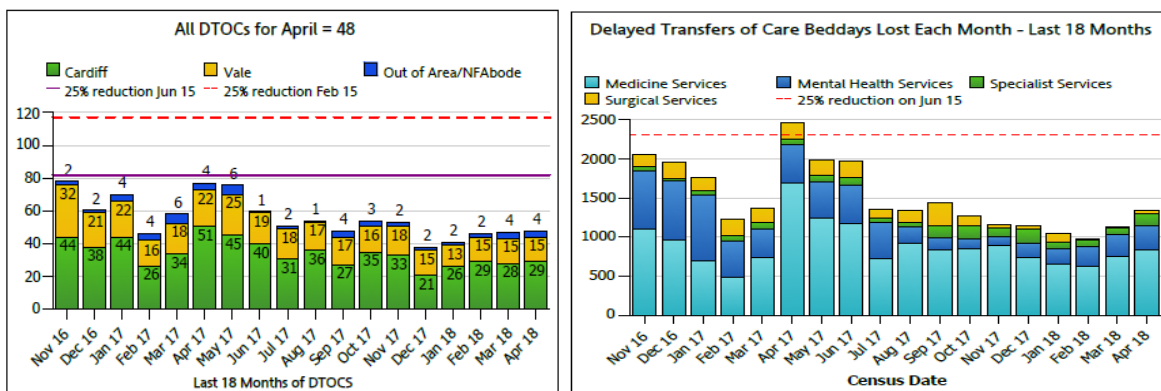
3.8 The scope of the Work Group includes:

- Improving discharge arrangements to achieve the required predicted date of discharge to an agreed destination
- Improving quality, efficiency and effectiveness of services by redesigning pathways to meet the changing needs of patients as well as the clinical, service and workforce challenges
- Ensuring alignment of services across Clinical Boards and partner organisations
- Monitoring performance improvements and recommending remedial action when adequate performance is not being achieved

3.9 The Partnership has previously agreed its own delayed transfer of care target of **82 patients**: this maintains at least a 25% reduction on the number of patients delayed in June 2015. It has also agreed to reduce the number of bed days lost to **2,305**, a 25% reduction on the June 2015 position.

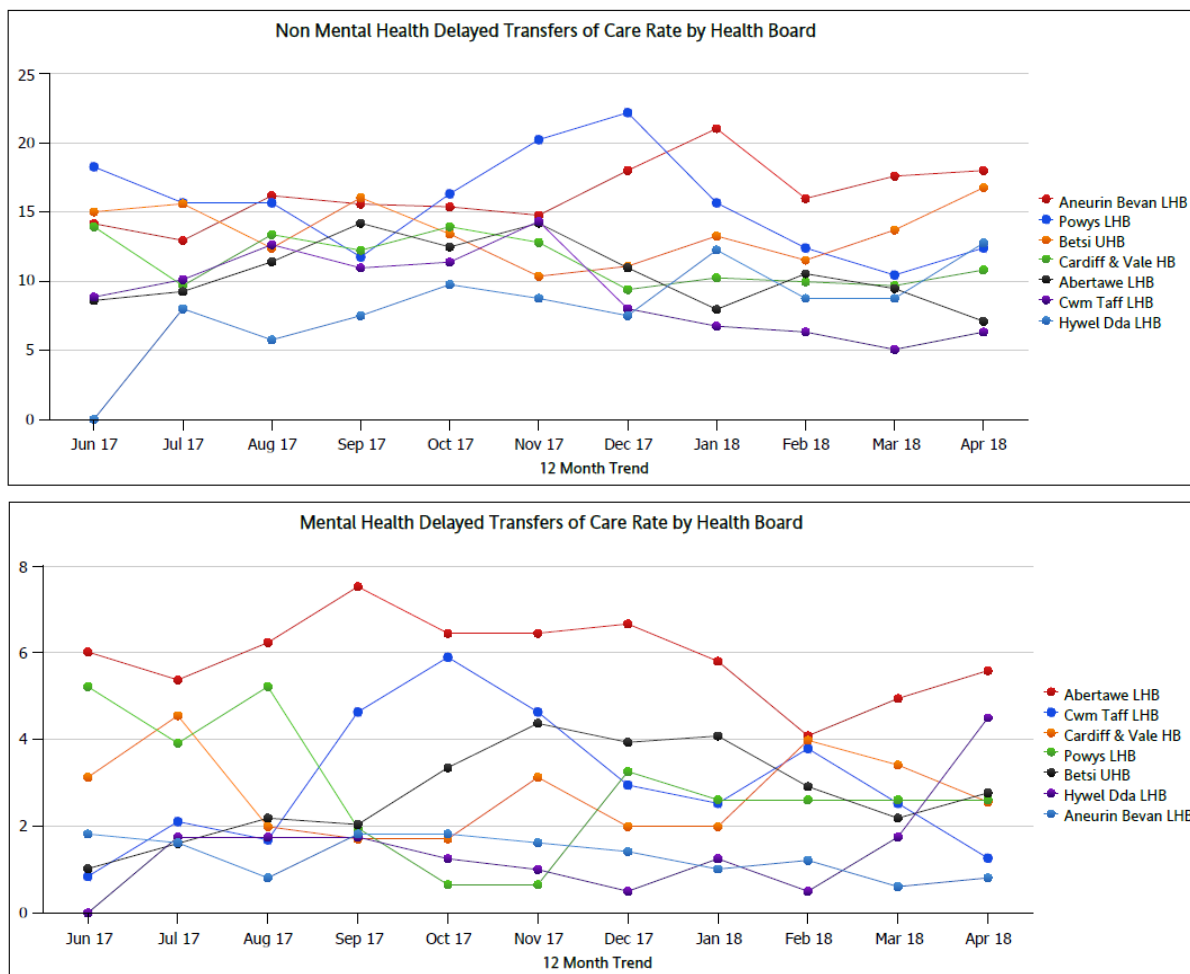
- As of the March 2018 census, the total number of delayed patients is **47**. This is a reduction of **11** delayed patients from March 2017.
- The total number of delayed patients over the age of 75 for March 2018 is **24** compared with the March 2017 position of **34**.
- The number of bed days lost for March 2018 is **1,124** compared with **c.1,400** in March 2017.

Figure 3 – Cardiff and Vale of Glamorgan Delayed Transfer of Care Trends



3.10 This positive progress can also be seen in national comparisons with other regions across Wales. The Cardiff and Vale of Glamorgan region has maintained a steady reduction in the rate of delayed transfers of care and is currently ranked as the third lowest rate in Wales for both non mental health and mental health delays.

Figure 4 – Delayed Transfers of Care by Health Board



3.11 **Discharge to Assess** residential models have continued to be piloted in both Cardiff and the Vale of Glamorgan. In **Ty Llandaff, Cardiff**, Community Resource Team colleagues in North West Cardiff have worked with social care colleagues and a private sector nursing home to pilot a Community Assessment Unit (CAU). This 8 bedded short stay unit is based within the Ty Llandaff Nursing Home and provides temporary accommodation for patients who are medically stable and no longer need to remain in hospital, but who still require 24 hour care prior to returning to their own home.



3.12 The CAU has cared for **190** patients and maintained a **97%** occupancy rate. **100%** of individuals have received a more appropriate assessment of their ongoing needs. Initial studies indicate that **58%** of patients required less ongoing support from the Community Resource Team than was originally predicted by ward staff. The Unit was shortlisted for an NHS Wales Award for ‘Working Seamlessly Across Organisations’ in September 2017.

3.13 **'The Bay' Reablement Unit, Vale of Glamorgan**, is a 6 bedded unit providing a bridge between hospital discharge and home for those who require additional time in a supportive environment to maximise their independence. The Unit is located at the Ty Dyfan Residential Home where the in-house team work closely within the Vale's Community Resource Service (VCRS).

3.14 By increasing the confidence, physical and mental strength of each individual, the Unit can demonstrate a significant reduction in ongoing support requirements once the service user returns home. By ensuring that the care provided to the person is appropriately based upon need, savings of **c.£500,000** per annum have been achieved. The Unit was shortlisted for a Local Government Chronicle (LGC) Award in March 2018.

3.15 Welsh Government Minister for Children, Older People and Social Care, Huw Irranca-Davies, visited Ty Dyfan and commented positively on the work of the staff involved in the Reablement Unit regarding their innovative work.



Together, the Ty Llandaff and The Bay units have supported **234** individuals with access to reablement support and achieved an overall bed day saving of **£968,000**.

3.16 **Accommodation Solution** services have continued to be developed across the region, with Support Officers working closely with hospital staff to expedite discharges wherever possible. The team is supported by the provision of step down/step up accommodation for short term use, and also a Rapid Response and Adaptation service provided by Care & Repair. As of March 2018:

- **422 referrals** have been made to the Housing Solutions Team since April 2017 from a variety of ward and hospitals across the region
- **166** patient discharges have been assisted directly by the team, with **148** being listed as Delayed Transfers of Care
- Provision of **8 step down flats** have been used by **36 patients** as interim accommodation following a hospital stay
- An estimated **2,278 bed days** have been avoided through the use of step down accommodation over the 2017/18 financial year
- This equates to a cost avoidance saving of **£639,875**



ICF funded Step-down accommodation at Minton Court, Tremorfa, Cardiff

Dementia (*Supported by ICF Funding)

- 3.17 The Partnership has a multi-agency steering group to oversee the delivery of the ten year [Cardiff and Vale of Glamorgan Dementia Strategy 2018-2028](#). The Plan was developed for people with dementia and their carers, in order that they can live well with dementia.
- 3.18 The eight strategic objectives of the Plan are:
1. Dementia is everyone's business.
 2. The risk of dementia will be reduced and there will be a timely diagnosis.
 3. Access to services will be equitable.
 4. Services will be fully coordinated.
 5. Services will be delivered with kindness and compassion.
 6. Support will be centred on Primary Care.
 7. Carers will be cared for.
 8. Crises will be avoided.
- 3.19 **Dementia Friendly Communities** is a programme developed by the Alzheimer's Society which facilitates the creation of dementia friendly communities across the UK. The programme aims to engage organisations, local businesses, front-line staff and members of the public with the aim of sharing the responsibility for ensuring people with dementia feel understood, valued and able to contribute to their communities.
- 3.20 Throughout 2017/18, the priority areas of both the Cardiff and Vale of Glamorgan strategic groups were to support the delivery of Dementia Friends information sessions in local communities and within workplaces, and to support local organisations to work towards implementing identified dementia-friendly actions specific to their remits and environments.
- 3.21 During 2017/2018, Cowbridge joined Barry and Dinas Powys as communities in the Vale who are recognised as working towards becoming dementia-friendly. Additionally, a new steering group was established in Penarth, with a view to working towards becoming dementia-friendly. Initial dementia-friendly activity also took place in Rhoose and Llantwit Major, with a series of Dementia Friends information sessions. Cardiff was also recognised as working towards becoming a Dementia Friendly City, having built on the learning from a pilot held in Cardiff West and ongoing work within Neighbourhood Partnership Areas.
- 3.22 As of March 2018, there were **19,280** people trained as Dementia Friends in Cardiff and the Vale of Glamorgan. A growing number of organisations across a wide variety of sectors are in the process of working towards becoming dementia-friendly, including: a variety of Cardiff Council departments, Glamorgan Cricket Club, Chapter Arts Centre, Marks and Spencer stores, Cardiff and Vale UHB, National Museum of Wales, Race Equality First and Barry Memorial Hall.

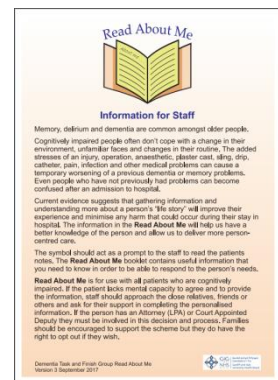


3.23 **Rondel House** provides a day service, 5 days per week (Monday to Friday) for older people living at home with dementia, physical disability and frailty, who have difficulties in accessing normal community activities. Users of the service have assessed needs of benefiting from a day service to provide positive social interaction, stimulating activities and to reduce loneliness and isolation. The service also provides a welcome regular respite break to informal carers, as part of an agreed support plan.

3.24 Some of the outcomes delivered during 2017/18 include:

- An increased number of referrals for those living with dementia
- Of the 120 optimum places available per week (24 per day), an average of 102 places were allocated each week
- Fortnightly art/craft sessions were provided by Nexus on a Monday
- The 'LIFT Chair Exercise Programme' was delivered on Tuesdays
- The 'Action for Elders Balanced Lives Programme' was delivered on Wednesdays
- Increased awareness of Rondel House with key partner agencies, including: Dementia Friendly Vale, Cardiff and Vale Dementia Strategy Group, Alzheimer's Society, Age Connect, local authority 'Supporting People' and social care teams, Hafod, Crossroads and Nexus.

3.25 In response to at least three person-centred care tools being used in Cardiff and the Vale of Glamorgan for people with dementia, the Dementia Champions in the UHB created the '**Read about Me**' toolkit based on other toolkits adopting a person-centred approach. The idea was to ensure that a universal toolkit was being used across the region, so that service users and carers would have to tell their story only once in their journey.



3.26 The 'Read about Me' toolkit was tested in four clinical areas and received very positive feedback from carers and staff. It was launched in October 2017 at the Nursing and Midwifery conference. It has also been shared with primary and community care and social care for implementation across the Cardiff and the Vale of Glamorgan region.

3.27 **John's Campaign** was founded after the death of Dr John Gerrard in November 2014 by Nicci Gerrard and Julia Jones. John had been diagnosed with Alzheimer's in his mid-70s. During a five-week hospital admission, visits from his family were severely restricted due to an infection outbreak. His family described his decline as catastrophic.



3.28 The core proposals of the campaign are:

- Carers of people with dementia should have unrestricted access if the person for whom they care is admitted to hospital. This must include staying overnight if necessary.
- Carers should not just be allowed but should be welcomed. They should be included throughout the patient's treatment if they are willing and able and the patient is in agreement, or appears comfortable with this.

3.29 A working group was established with representation from a variety of clinical boards to establish current practice. Whilst early discussions indicated that the principles of 'Johns Campaign' were generally being adopted, a staff and carer survey highlighted some inconsistencies across clinical areas. From this work, the '**Four Ps**' were developed in collaboration with carers and staff, which were incorporated into a poster and more detailed leaflet:

1. **Priority** – early identification of carers.
2. **Principles** – ensuring a carer voice, and that they are informed and communicated with.
3. Our **Promises** – that carers can continue their caring role if they wish e.g. in mealtimes, personal care and medicines management.
4. Carers **Please** – respect other patients' privacy, ward issues and tell us if you need our help and support.

3.30 The campaign pilot commenced late February 2018 across four of the Health Board's sites on seven wards, involving three clinical areas. Two staff members, a registered nurse and a healthcare support worker were identified as Carers Support Leads within the clinical areas.

Older People Preventative Services (*Supported by ICF Funding)

Independent Living

3.31 The [Independent Living Service \(ILS\)](#) provides a full range of support in Cardiff to help people remain safe and independent, keeping people active and healthy for longer, preventing or delaying the need for care or unnecessary hospital admissions.

3.32 Independent Living Officers (ILO), a team of multi-skilled visiting officers, complete holistic assessments in a client's home. In this environment, consideration can be given to all the factors that contribute to independence and a sense of well-being, maintaining a focus on "what matters to me". Complex cases can also be referred to ILS direct from partners in health, social care and the third sector.

3.33 The various outcomes achieved by the ILO Visiting Team can be seen in **Figure 5**.

3.34 **Day Opportunities** have also been developed as part of the service, which represent a move away from the traditional Day Centre Model to one that supports people to remain part of their community through the provision of support, short-term assistance and targeted intervention. These interventions not only encourage community cohesion, but improve well-being at home.

3.35 As shown in **Figure 6** below, the Day Opportunities Team saw a **71%** increase in the number of referrals received in March 2018 compared to 12 months prior.

Figure 6 – Cardiff Day Opportunities Referrals

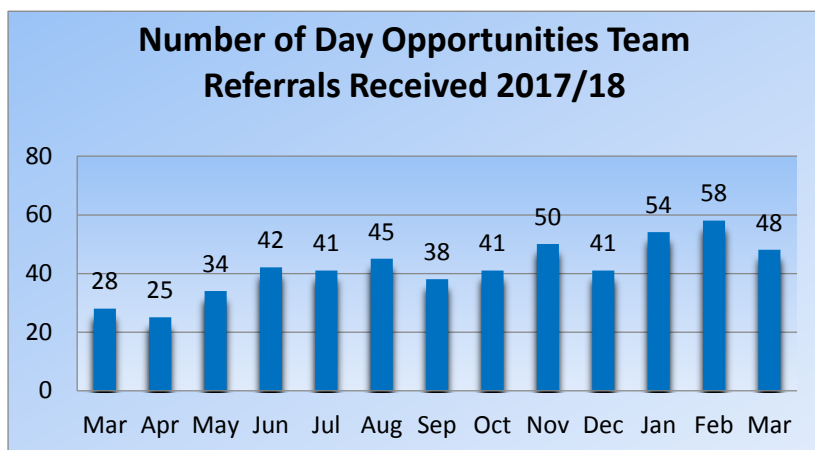


Figure 5- Outcomes delivered by ILS Visiting Team in 2017/18



3.36 The **Joint Equipment Service (JES)** and **JES Occupational Therapist** utilises a pooled budget arrangement to deliver an efficient, integrated equipment loan service to residents of Cardiff and the Vale of Glamorgan. The service enables timely discharge from hospital by providing equipment to support discharge.

3.37 In 2017/18:

- The JES arranged **35,450** deliveries and **21,293** collections
- **77%** of these deliveries were made within 5 working days
- There was a **33%** reduction in adult Disabled Facilities Grant (DFG) completion times (235 days to 172 days)
- **3,807** JES Occupational Therapist referrals were received, which represents a **10%** increase in referrals compared to 16/17
- **1,164** DFG assessments were completed
- **99%** of these cases were assessed within a 4 week waiting time

3.38 The integration of Day Opportunities, JES, Occupational Therapy, Disabled Facilities Service and a team of social workers, or the adoption of a whole systems approach, has allowed for a constant exchange of knowledge and expertise between teams. This ensures that high quality and timely information advice and assistance is provided to the citizen. For the first time, there is a real focus on supporting older people and what matters to them, with Preventative Services providing better communication across service areas and partners and better access to services than ever before.



The Independent Living Centre, or 'Smart House', in Llanishen welcomed the Minister for Children, Older People and Social Care on 31st January 2018

Goodgym

3.39 It's been a successful year for [Goodgym Cardiff](#), which initiated its first run in summer 2017 after receiving seed funding from the Integrated Care Fund (ICF). By the end of 2017/18, the Cardiff Group carried out **57** group runs, with a total of **1,035** attendances, **16** coach visits to isolated older people, and **34** missions to help community groups. Work has already begun building links within the Vale of Glamorgan, which will continue to develop over the next year.



Cardiff Goodgym running group

3.40 Partnership working with the **third sector** to deliver preventative services across the region has continued to develop. During 2017/18, GVS and C3SC managed the distribution of some ICF monies on behalf of the Partnership. This included:

- ICF Third Sector Prevention Intervention Fund: **£27,000**
- ICF Third Sector Capital Investment Fund: **£50,000**
- Integrated Autism Service ICF Third Sector Small Grant Scheme: **£35,000**

- 3.41 Examples of outcomes delivered as a result of these funds include:
- Innovate Trust purchasing **71 Intelligent Personal Assistants** to support people with learning disabilities to live independently at home
 - Race Equality First delivering **16 well-being sessions** in the Vale of Glamorgan for **32 ethnic minority women aged over 50** years of age
 - The Friendly Trust supporting **13 unpaid carers** to complete Lasting Power of Attorney forms.
 - One third sector organisation successfully gained **Lottery funding** to continue their provision as a result of the evidence gained from the ICF funded project.
 - A third sector organisation was able to purchase **specialist equipment** for their gardening project, enabling all-weather sessions for people with autism of any age.
- 3.42 GVS and C3SC, in collaboration with the two local authorities and the health board, also updated the regional [Directory of Services for Older People](#) and [Directory of Services for Carers](#) across Cardiff and the Vale of Glamorgan.



GVS Directory of Services for Older People



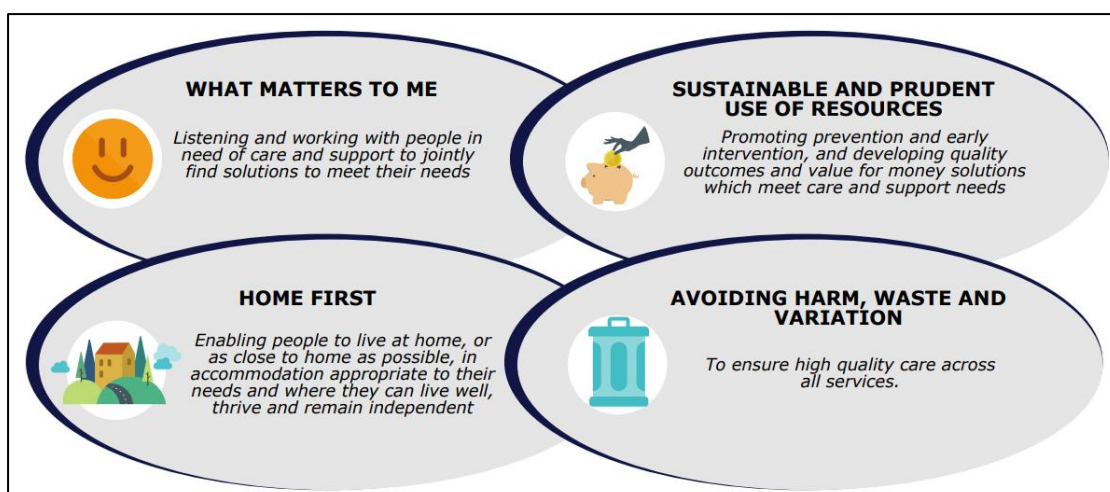
Partnership Directory of Services for Carers

Joint Commissioning and Pooled Budgets (*Supported by ICF Funding)

- 3.43 The Social Services and Wellbeing Act 2014 ([Part 9 Partnership Arrangements Regulations](#)) requires the establishment of pooled funds in relation to:
- The exercise of care accommodation functions by 2018
 - The exercise of family support functions
 - Functions that will be exercised jointly as a result of the Population Needs Assessment
- 3.44 An integrated approach is already in place in relation to the Integrated Family Support Service across the region, along with other funding such as for the Joint Equipment Store and Integrated Care Fund.
- 3.45 From 1st April 2018 a non-risk sharing pooled budget for older people's care home accommodation has been in operation across the Cardiff and Vale of Glamorgan

region. The total pooled budget equates to approximately **£46m** per annum, and is being managed by Cardiff Council in the first year on behalf of the three statutory organisations.

- 3.46 Alongside this, the partners have been working together to produce an outcomes-focused joint specification and common contract for care home accommodation services across the region. These will be shared with stakeholders as part of a formal consultation process later this year.
- 3.47 Considerable work has been undertaken over the past year to support the joint commissioning of older people’s services on a regional basis. Following the comprehensive mapping of existing older people services and expenditure and the development of a statement of strategic intent in 2016/17, a [Joint Market Position Statement and Commissioning Strategy](#) was published in January 2018. The strategy was developed around four key ‘design principles’, which partners are expected to consider and support when developing future services:



Four ‘design principles’ from Joint Market Position Statement and Commissioning Strategy

Housing with Care Research (*Supported by ICF Funding)

- 3.48 Within the Market Position Statement, the RPB committed to “*Reviewing local housing strategies in light of current provision and developing a joint regional accommodation with care and support strategy*”. As part of that commitment it was agreed that the RPB needed to undertake an evaluation of the level of accommodation with care and support required now and in the future.
- 3.49 In order to complete this work, the Housing Learning and Improvement Network (LIN) were commissioned by the Partnership to undertake a review, using funding provided by the Welsh Government’s Integrated Care Fund.
- 3.50 The [findings of the research](#) revealed that the most prevalent type of older people’s housing is sheltered housing and other age designated housing in the social rented sector. The current private retirement housing provision also provides some mix of housing choices for different equity and income groups. However, it was also reported that there is very limited extra care housing/housing with care provision when compared with the prevalence of residential care beds.
- 3.51 The research also highlighted a number of challenges regarding current housing in relation to a low proportion being wheelchair accessible and approximately 50% of older people schemes having a lift across Cardiff and Vale of Glamorgan.
- 3.52 The Final Report sets out a number of recommendations for the RPB to consider. These include:
- Further development of contemporary ‘care ready’ sheltered/retirement housing which is without care on site but enables people to age at home;
 - Mainstream housing developments to include well designed units which appeal to older people and which promote inter-generational housing;
 - Increase the delivery of housing with care options including extra care and extra care ‘lite’ which may include smaller scale new build developments and redesigning some appropriate sheltered housing schemes to include a ‘care hub’;
 - Develop a comprehensive information and advice service for social housing tenants and homeowners in relation to adaptations and housing options;
 - Scale up the development of ‘step-down’ housing based models of care to support timely discharge and promote reablement;
 - To work with the Welsh Government in relation to affordable housing targets and the potential for guidance in relation to older people housing;
 - To work with care providers to consider alternative service models to residential care, including provision of nursing care.



Specialist Dementia Day Care Services at Grand Avenue, Cardiff.

*Disabilities Futures Programme (*Supported by ICF Funding)*

3.53 The Disability Futures Programme has enabled an enhanced multi-agency workforce to be established. This will pilot an integrated, co-ordinated approach for children with complex needs and people with learning disabilities to reduce waste and variation. The pilot takes a 'proof of concept approach' to test this way of working to enhance the co-ordination of services for users. It also identifies opportunities to reduce duplication across services areas and increase the capacity of existing staff through group working with children and young people with complex health care needs and in receipt of care and support.



The programme is now in full swing and some examples of the work so far are provided below.

3.54 Access to first level services have been enhanced, supporting individuals with learning difficulties and their carers to engage in their communities without the need for statutory support. This service provides 'light touch' disability expertise and early assessments within existing First Point of Contact/Single Point of Access (Information and Advice) arrangements for disabled children, young people and their families across Cardiff and the Vale of Glamorgan. To date:

- **465** referrals have been made for proportionate assessment (Baseline = **200**)
- **95%** of families feel better informed (Baseline = **80%**)
- **100%** of families feel less isolated (Baseline = **80%**).

The service has demonstrated real cost avoidance outcomes: of all the contacts and referrals received in 2017-18, only 1 has proceeded to the Child Health and Disability Team for further assistance.

3.55 The Programme has also provided 1:1 and group sessions for parents of children and young people who have received a diagnosis of Attention-Deficit / Hyperactivity Disorder (ADHD). School sessions have been provided to staff working with children with ADHD with awareness of effective strategies to use and improve awareness of the condition. By 31st March 2018, **40** parents had taken part in the group programme and **29** had been supported on a 1:1 basis. **100%** of parents reported feeling better equipped to meet the needs of their child, demonstrated an improvement in social relationships for their child and in their emotional wellbeing.

3.56 Services have also been piloted for parents with Learning Disabilities, offering parenting interventions of up to 24 weeks in duration to parents with a learning difficulty or disability. This intervention is an option available to social workers seeking to prevent the family escalating to the court arena.

To date:

- **40** parents have been supported (Baseline = **20**)
- **22** families have been supported (Baseline = **20**)
- **65%** of referrers identified a reduced level of risk following direct intervention (Baseline = **65%**)
- **78%** of parents demonstrated an improved outcome in their parenting skills (Baseline = **70%**)
- **83%** of children were identified as being appropriately placed following the intervention (Baseline = **100%**)



Learning Disability and Autism



*Enhanced Day Opportunities for Adults with Learning Disabilities (*Supported by ICF Funding)*

3.57 The Disability Futures Programme also supports adults with learning disabilities including people with complex behaviours, people with complex health needs, people with autism and people on the dementia pathway. This service seeks to reduce the need for new adults accessing costly out of area placements by providing required day opportunity services closer to home. The service has been further supported by ICF capital funding to refurbish existing premises for the service in Tremorfa. To date, **9** adults have accessed day opportunities and **59** staff have been training in providing intervention.

*Enhanced Review and Enablement(*Supported by ICF Funding)*

3.58 This workstream reviews current service provision and enables adults receiving packages of care to be supported in a timely and proportionate way in their local communities with minimal intervention from formal statutory service. The service works alongside the Cardiff and Vale University Health Board to support those

service users who are being discharged from hospital. Furthermore, the team liaise with a number of third sector and voluntary organisations to support those service users who transfer in and out of the service.

- 3.59 Links have been strengthened between review function workers and support planners across both Local Authorities to access mainstream activities. The service utilises the best placed professional resource to enable access to services and identify any triggers. Furthermore, the service works closely with Support Planners resulting in significant improvement in outcomes.
- 3.60 To date, **227** reviews have been completed with a further **103** currently underway. **30** cases were stepped up to case management whilst **53** were stepped down. The work has strengthened the link between review function workers and support planners, thereby empowering the greatest number of individuals, where a need has been identified, to access mainstream activities within their own communities rather than relying on resourced interventions from the local authority or specialist providers. Furthermore, the links have resulted in improved networks, skill building and quality of life.

Supported Accommodation (*Supported by ICF Funding)

- 3.61 These pilots are testing the efficacy of providing accommodation closer to home for Young Adults requiring supported accommodation:
- The Cardiff Supported Accommodation Pilot provides review, planning and support for adults with learning disabilities and complex needs to live closer to home. **45** young people have been supported to date.
 - The Vale of Glamorgan Closer to Home project mirrors the Cardiff pilot to ensure that this is a model of accommodation support which can offer viability across the region. **2** young people have been supported to date. The service is part of a 'Closer to Home' working group provides advice and support for people to move closer to home from out of county placements and high cost residential placements. This working group has representation from health colleagues as well as specialists in this area.

Respite Provision (*Supported by ICF Funding)

- 3.62 This service provides respite care that is bespoke and proportionate to the needs of people with learning disabilities and the needs of their carers:
- A **5** bedded house providing short term, long term and emergency supported accommodation, by either 1:1 or 2:1 Specialist care.
 - Vale of Glamorgan Adult Placement Scheme providing both short term and long term care within a family-based setting. The Scheme can also offer other kinds of services such as sessional support (day time or evening) primarily to introduce service users to Adult Placement and emergency supported accommodation. So far, this provision that has been accessed by **25** adults.



Joint Commissioning

- 3.63 The Partnership has begun work developing our first regional, integrated strategy for adult learning disability services. We are working together with people with a learning disability, their families, carers and the third and independent sectors to produce a clear direction for the planning and delivery of adult learning disability services across the region over the next five years. Consultation on the draft strategy will begin later this year.

Integrated Autism Service (*Supported by ICF Funding)

- 3.64 The Integrated Autism Service (IAS) was launched on the 27th September 2017 but has been operational in part from the beginning of September 2016. The service is multi-disciplined and includes Local Authority Community Workers as well as University Health Board staff: Lead Clinical Psychologist, Autism Specialist Nurses, Occupational Therapists, Speech and Language Therapists and a Dietitian. The Team bring together their component services to function as one integrated service. This means that post diagnostic assessments and interventions can now be offered jointly by a clinician and support staff as appropriate, and this work has expanded to include a number of groups as well as individual interventions.



- 3.65 The IAS Clinical Lead has developed the diagnostic processes within the team and the diagnostic clinic is being expanded to include the additional clinical staff in the IAS, as well as working closely with the existing diagnosticians in the University Health Board (UHB). Although in the early stages this has already enabled the IAS to offer an increased number of assessments thus reducing waiting times. Clinicians undertaking the diagnostic assessments within the IAS will make specific recommendations following completion of the assessment based on the information gathered. If an individual is diagnosed through a Community Mental Health Team, they are referred to the IAS for post-diagnostic support. At the end of the financial year the IAS had accepted **44** new referrals for diagnostic assessment and received an additional **117** new referrals for support. The waiting time for diagnostic assessment has been reduced by **2** months to **7** months so far.

SO YOUR NEXT PATIENT HAS AUTISM?

Making reasonable adjustments

- Environment**
 - Give clear directions, photos, or a map to help find your service
 - If possible arrange appointments at quieter times when fewer people are around
 - Limit the chances of interruption
 - Think about where you are meeting - minimise noise, light, and visual distractions
- Communication**
 - Using the phone is often difficult for autistic people so check how best to correspond; emails, letters and texts are often preferable
 - Use clear, direct language
 - Give information in writing as well as verbally
 - Allow lots of time for the person to answer questions & only ask one thing at a time
 - Meeting someone new is very stressful so the first appointment may need to be just an introduction
 - Eye contact can be difficult. The person may be listening closely even though they are not looking at you
 - Ask the individual about his / her interests as a way of building rapport and encouraging them to talk

Be punctual!

Don't make last minute changes or cancellations!

Be patient!

Say what you mean & do what you say!

Produced by the Integrated Autism Service 2016. CAU.IAS@wales.nhs.uk 029 21824240

- 3.66 The service continues to offer information, advice and assistance to people with ASD, their carers and family. This includes signposting as well as practical support to link in with the third and public sector recourses local to them.
- 3.67 The service has established links with the Neurodevelopment Service, Child Psychology and the ASD Education Outreach teams in both Cardiff and the Vale of Glamorgan as well as associated networks for children and parents. It has been agreed that service provision to this client group will be delivered collaboratively,

avoiding duplication of existing provision and to reduce gaps in services. Furthermore, the team are providing telephone support and signposting to parents and carers of children. To date, **38** parents of children have received support and advice.

3.68 In 2018-19, the Service will continue to embed itself as a fundamental support for people with Autism and their carers. Objectives include:

- Embedding the diagnostic pathway;
- Supporting the delivery of Autistic Spectrum Disorder and Mental Health Training;
- Continuing to develop the group programme offered to include Early Bird Plus, Incredible Years, Teen Lives, Emotion Management, Problem Solving, Carers' workshops, Get Cooking and other appropriate group programmes;
- Embedding requirements of the Social Services and Well-being (Wales) Act 2014 as part of the assessment process;
- Continuing to establish and further develop links with colleagues in existing Mental Health, Learning Disability services, third sector and other services providing joint work, consultation and training as needed;
- Developing research links with key partners to progress knowledge and learning regarding Autism.

Integrated Family Support Service



3.69 The Integrated Family Support Service (IFST) comprises of a highly skilled, multi-disciplinary team working with families with complex needs where children are at risk of significant harm. Families referred to the IFST are experiencing crisis in relation to parental alcohol/substance misuse; domestic abuse or mental health. The IFST deliver a therapeutic, intensive intervention with families over a 4-6 week period. The purpose of the intervention is to reduce the level of risk and ensure that children can safely remain in the care of their parents/carers. During and following the intensive intervention, goals are set with the family and reviewed over a 12-month period with booster sessions completed when required.

3.70 The IFST also has a leading role in shaping practice across Childrens Services and the wider workforce, providing advice, consultation and facilitating evidence based training.

3.71 A 2017/2018 objective was to ensure compliance with the Social Services and Well-being (Wales) Act 2014 in accepting referrals where parental alcohol/substance misuse, mental health or domestic abuse is present. Due to the complexity of needs experienced by families referred to the IFST all three presenting issues are often prevalent, also referred to as the 'toxic trio'. This objective has been successful in relation to referrals received from the Vale of Glamorgan. Due to capacity issues, the priority for Cardiff has been to continue work with parental alcohol and substance misuse in 2017/18. The criteria for referrals will then be expanded to include domestic abuse and mental health in 2018/19. It is noticeable that the complexity of

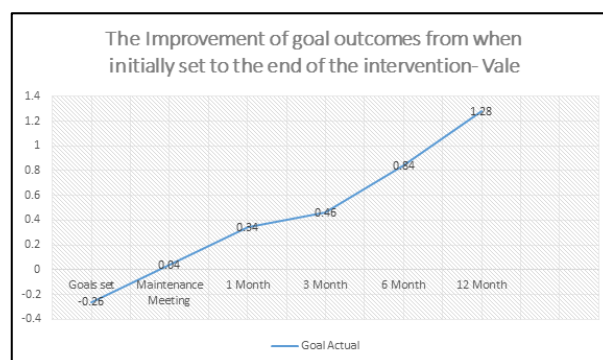
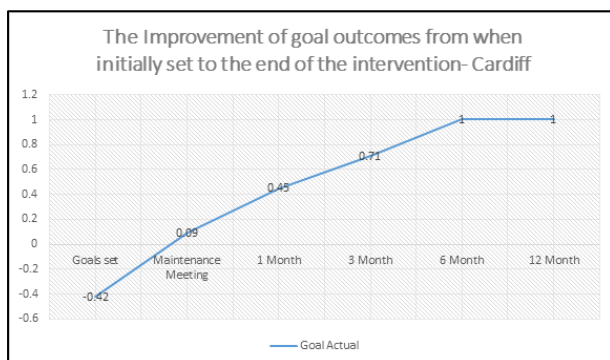
cases referred to the IFST is increasing, requiring intervention with families where children are on the cusp of entering care.

3.72 The IFST received **95** referrals (**50** from Cardiff and **45** from the Vale of Glamorgan). **52** families were allocated to the IFST following initial assessment. These figures are below the projected target (**120** referrals: **70** allocated) but is reflective of staff absence. The IFSS actively promote the sharing of referrals between Cardiff and Vale of Glamorgan to limit the impact of staff absences upon families.

3.73 The quality of service is measured using the goals set with families and the distance travelled over the **12** month intervention. The IFST works with families to create clear, measurable and attainable goals in line with the referring social worker’s expectation for outcomes of the intervention to ensure the children’s safety within the home. Families will generally work towards an average of two goals of which at least one will focus on reducing or stopping problematic substance misuse. The aim is to achieve a success rate of **75%** of goals achieving a score of ‘0’ or higher. This is where ‘0’ represents a good enough outcome for children to remain safely at home. The IFST outcomes have consistently exceed the projected target evidencing that IFST intervention results in positive outcomes experienced by families.



Figure 7 – Improvements of Goal Outcomes in Cardiff and Vale of Glamorgan



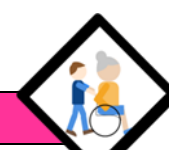
3.74 **Table 2** below is indicative of the success of IFST in supporting families for children to remain safely at home. The figures show **95%** of children remained living at home; **38%** of children were de-registered and **54%** of children no longer required Childrens Services involvement. A minority of children were accommodated with IFSS involvement being integral to decision making.

Table 2 – ISFT Performance Outcomes

2017 - 2018	Cardiff No	%	Vale No	%
No of children de-registered:	27	36	21	40
No of families closed to Social services:	21	58	14	52
No of children returned home	2	3	0	0
No of children accommodated:	6	8	3	6
No of children placed on the CPR:	1	1	1	2
No of children staying at home	71	95	49	94

The pooled budget for IFST is attached as **Appendix 2**.

Adult and Young Carers



Adult and Young Carers

3.75 The [Carers Information and Consultation Strategy Annual Progress Report](#) was published in May 2017 showing the range of developments in place for carers across the region.

3.76 Later in the same year, the Vale Central GP Cluster achieved the Bronze Accreditation for Carers. This scheme is being developed locally across Cardiff and the Vale of Glamorgan and includes criteria that GP Practices need to achieve to obtain recognition for their support to carers and their families. The focus is upon providing staff and patients with relevant and up-to-date information about caring and for carers.



3.77 In relation to younger carers, the Partnership was pleased to announce Barry Comprehensive School as the first school in Wales to receive the Young Carers in Schools Programme Basics Award. The award includes assigning a lead member of staff to understand young carers and their needs, and developing and maintaining a pupil notice board and online information highlighting young carer's issues.



3.78 Barry Comprehensive's operational lead Sue Neilson, supports the young carers in the school. Ms Nielson said: "We are really proud of our young carers, who do so much to support their families. The Programme has enabled us to identify the young carers within the school, putting in place a variety of positive measures to support them both in and out of school."



3.79 A Joint Adult / Young Carers Workstream Group has now been established with relevant colleagues from across the region. Initial work is focusing upon developing a

Position Statement on the current services in place for carers to inform work plans. The Workstream has also been asked to incorporate requirements identified within the Area Plan in regard to Carers.

- 3.80 The initial work plan includes the implementation of various Task Groups to:
- review and prioritise current performance indicators,
 - ensure the development of a future vision that complies with both national and local requirements,
 - bring together relevant funding streams.
- 3.81 Following a presentation at the RPB Development Workshop on Preventative Interventions, it has been agreed that the region should consider the potential of joining the Ffrind I mi campaign and extending the service to cover Cardiff and the Vale of Glamorgan.

Integrated Care Fund

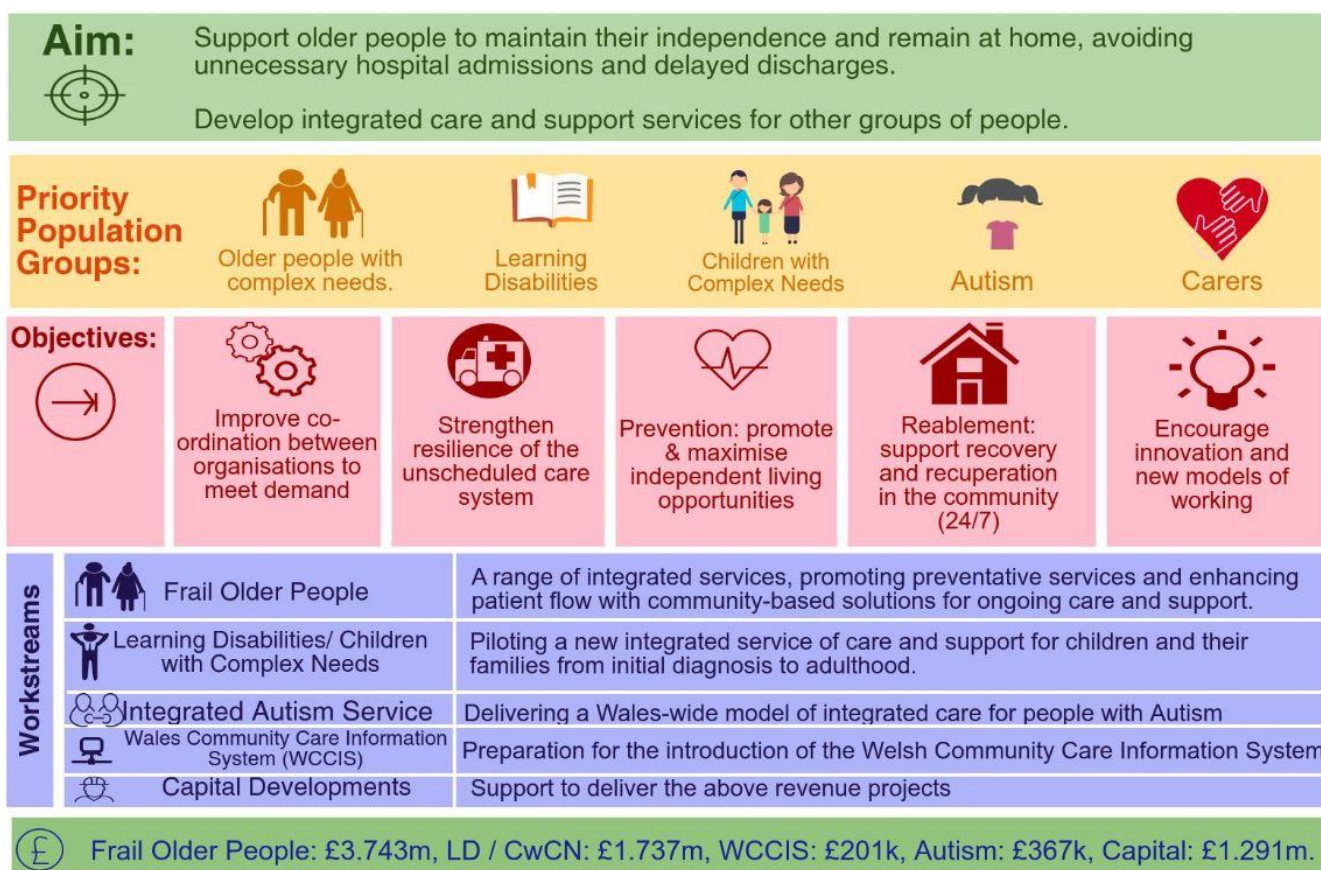
- 3.82 The aim of the Integrated Care Fund (ICF) is to drive and enable integrated working between social services, health, housing and the third and independent sectors across services throughout Cardiff and the Vale of Glamorgan. A signed Memorandum of Understanding has been agreed by partners and the ICF budget is being managed as a pooled budget (albeit without a section 33 agreement).
- 3.83 The 2017-18 revenue funding has continued to support the following initiatives and population groups:
- older people to maintain their independence, avoiding unnecessary hospital admission and preventing delayed discharges.
 - integrated services for people with learning disabilities.
 - an integrated autism service in Wales; and,
 - integrated services for children with complex needs;
 - support the development of the Welsh Community Care Information System.
- 3.84 The revenue funding had the following objectives:
- improve care coordination between social services, health, housing, education and the third and independent sector through innovating and enhancing schemes which support frail and older people;
 - develop integrated services for people with learning disabilities and children with complex needs;
 - develop an integrated autism service, focussing on a multidisciplinary team to support autism in adults and enhancing existing children's neuro-developmental services;
 - strengthen the resilience of the unscheduled care system;

- promote and maximise independent living opportunities (including ensuring increased provision of timely home adaptations) in response to referrals from health and care services;
- support recovery and recuperation by increasing the provision of reablement services (at home or through the provision of step-down / convalescence beds in the community setting).

Figure 8 – Overview of the Integrated Care Fund 2017/18



Integrated Care Fund 2017-18



3.85 In addition, capital funding was released with the following aims:

- To reduce demands on the NHS and social care services;
- To support more joint developments such as ‘step down’, reablement or other accommodation-based solutions by Local Authority Housing and Social Services Departments, Local Health Boards, Registered Social Landlords and other Third Sector organisations;
- To save money for the NHS and Social Services by finding local accommodation solutions for people who are accommodated out of area, individuals with complex needs and people with learning disabilities.

3.86 An indication of the impact of various ICF initiatives in securing real change for citizens across Cardiff and the Vale of Glamorgan can be presented in Figures as follows:

Figure 9 – ICF Impact on Assisting Hospital Discharge

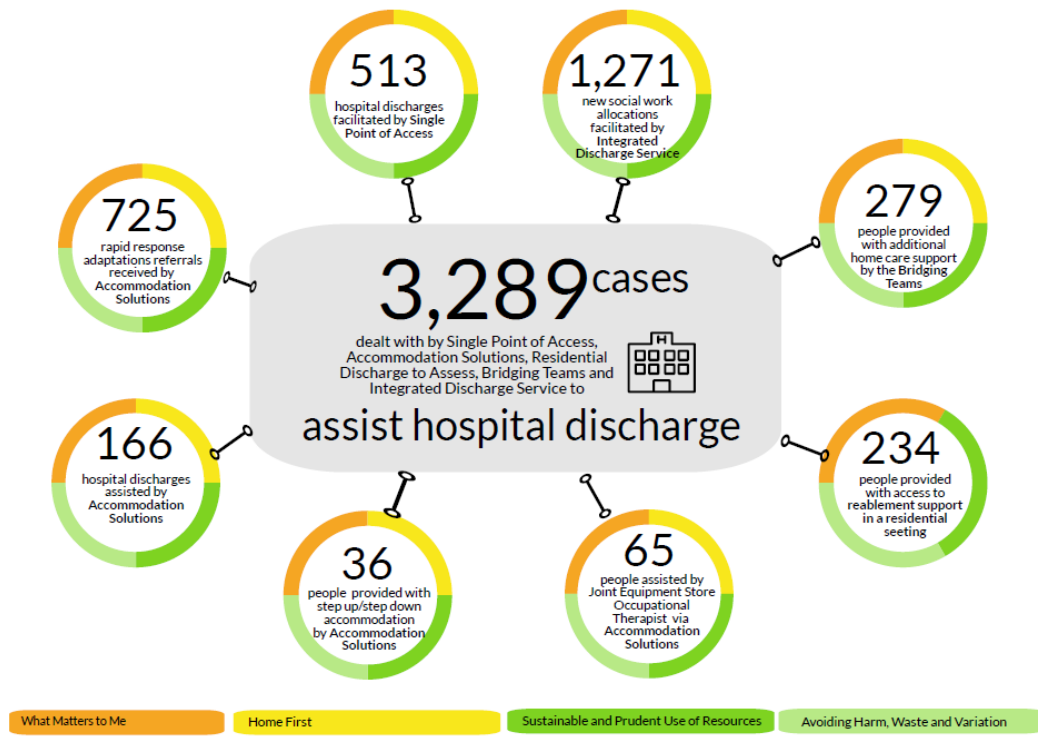


Figure 10 - ICF Impact on Home First and Independent Living

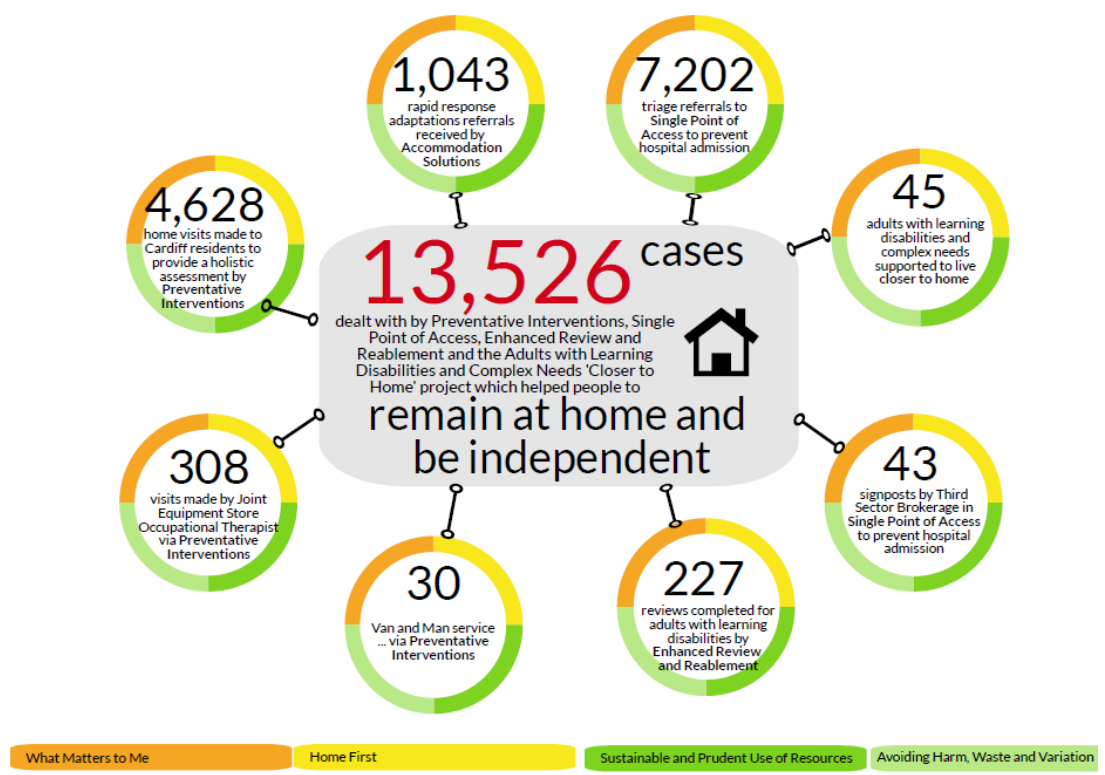
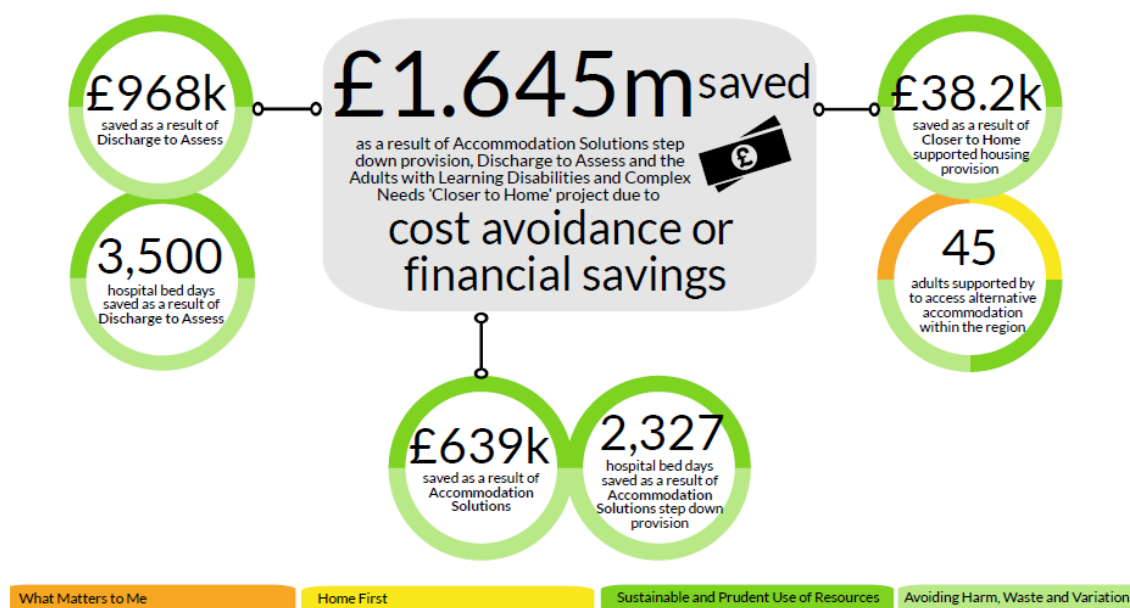
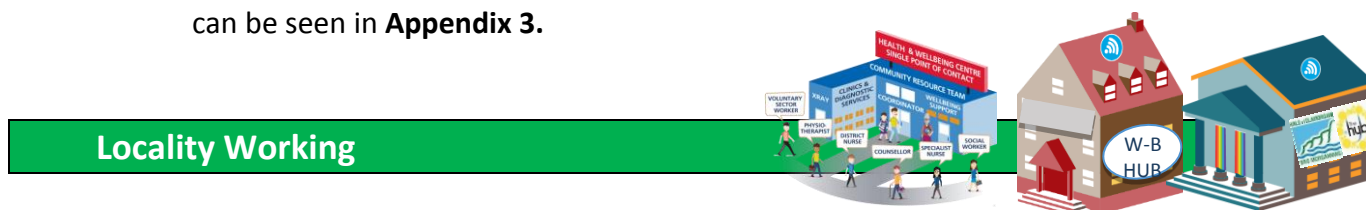


Figure 11 – ICF Impact on Cost Avoidance or Financial Savings



3.87 The funding agreed by the Regional Partnership Board for ICF schemes in 2017/18 can be seen in **Appendix 3**.



3.88 The 'Shaping Our Future Wellbeing: In Our Community Programme' was established by Cardiff and Vale University Health Board in 2016/17 to develop the strategic programme for the major physical infrastructure required to support improved access to community services and assets, improve health outcomes, set the tone for co-production and ultimately reduce health inequalities. The scope of the programme is to consider:

- Well-being services, lifestyle information and education, signposting, etc.
- Existing range of community based services
- Shift of clinics from hospital, routine services/interventions and transformational innovative services and supporting diagnostics, therapeutic services, IT/health technology

3.89 The aim is to provide a Health and Well-being Centre within each locality and a Well-being Hub within each primary care cluster over the course of the next 3-7 years. It is proposed that each hub will be comprised of four principle zones, each delivering a range of services to the local community (**Figure 12**):

Figure 12 – Well-being Hub Zones



3.90 The sites of the first three well-being hubs have now been agreed. The first will be located at Park View, which will replace Park View Health Centre. It will be placed adjacent to the Ely/Caerau Community Hub and will serve the residents of the South West Cardiff Cluster. The second will be located in Maelfa and placed adjacent to the Powerhouse Community Hub. It will replace Llanedeyrn Health Centre and will likely serve the local residents of Llanedeyrn and Pentwyn. The third health and well-being hub will be located within Cardiff Royal Infirmary and will serve residents located within the South and East Locality. It will also be the source of well-being services for the South East Cardiff Cluster.



Park View visual

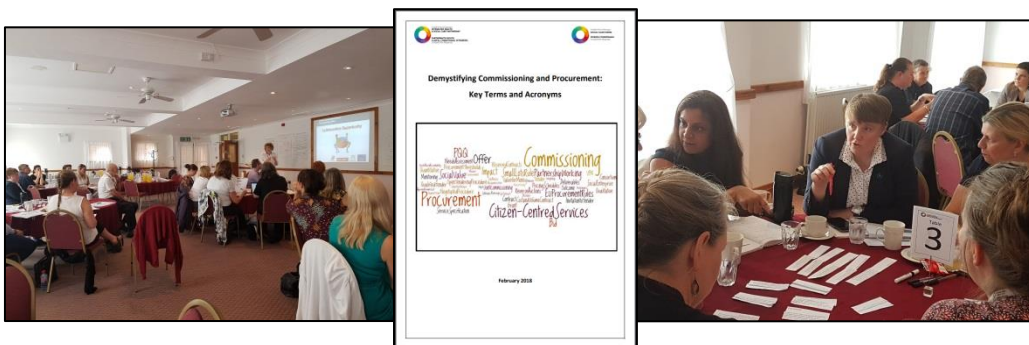


Maelfa visual



Cardiff Royal Infirmary site map

- 3.91 Part 2 (Section 16) of the Social Services and Well-being (Wales) Act introduces a duty on local authorities and local health boards to promote the development, in their area, of not-for-profit organisations to provide care and support for carers, and preventative services. These models include social enterprises, co-operative organisations, co-operative arrangements, user-led services and the third sector.
- 3.92 The Act also specifies that local authorities with local health board providers must establish regional forums to support social value based providers to develop a shared understanding of the common agenda, and to share and develop good practice. The aim of these forums is to encourage a flourishing social value sector which is able and willing to fulfil service delivery opportunities.
- 3.93 In May 2017, the Partnership took its first steps to establish a Social Value Forum. Working with Social Firms Wales Ltd, the Partnership welcomed partners from across our region to consider the shape and scope of this development. The comments and suggestions from that meeting can be found in the [Social Value Forum Workshop Report](#).
- 3.94 In response to a request from the social value sector during the May meeting, the Partnership in collaboration with Social Business Wales hosted an [Understanding Procurement to Deliver Innovative Public Services Workshop](#) in September 2017. The Partnership also developed [a glossary](#) for some of the terms and acronyms commonly used in commissioning and procurement.



- 3.95 The Partnership also successfully appointed a number of [Social Value Champions](#) to help us develop this agenda. Since their appointment, two 'Social Value Champion Steering Group' meetings have been held. There was consensus to focus efforts on supporting the development of existing commissioning and procurement processes, to help identify and achieve greater 'social value' from public sector contracts. A workshop will be held in the next financial year to take forward this piece of work.



Cardiff and Vale of Glamorgan Social Value Champions

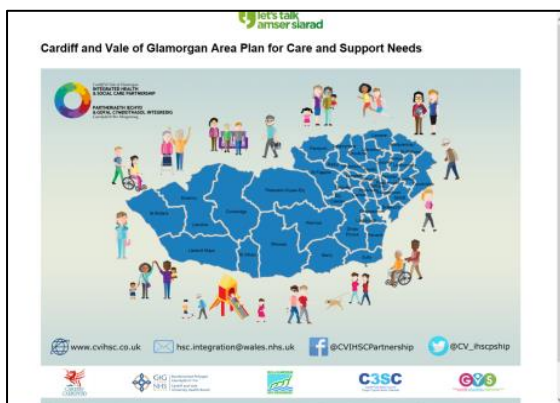
Citizen Engagement



3.96 Within Section 5 of the Social Services and Well-being (Wales) Act, there is a requirement to promote the well-being of people who need care and support, and carers who need support. Part of this duty means putting robust arrangements in place for encouraging the involvement of people at all stages of the design and operation of services.

3.97 Throughout this report there have been numerous examples of where the Partnership has worked with stakeholders and service users to inform future service development and to help co-design new provision. Throughout 2017/18, these have included:

- A stakeholder workshop involving over **80 people** from health, housing and social care (including third sector and independent providers) to provide feedback and additional information for the **Joint Market Position Statement and Commissioning Strategy for Older People's Services**.
- Various engagement methods capturing over **115 responses** on the draft **Area Plan for Care and Support Needs**, including a stakeholder workshop, online public survey and hard copy 'post cards'.



- 3.98 In addition, Cardiff and the Vale of Glamorgan Councils and Cardiff and Vale University Health Board commissioned **Carers** Trust South East Wales (CTSEW) to undertake a short project in 2016 to research options to establish a sustainable carer engagement framework or model for the Region. The work identified a clear gap in this area and although carers are more actively involved in decisions affecting the care and support of the person they care for, there is less opportunity for carers to be involved the decision making process of both local authorities and health in general.
- 3.99 Following engagement with carers, professionals across all sectors and a carers' workshop in 2017 the development of a Carers Hub was identified as the preferred model to work towards. The need for a one stop shop approach was also identified by carers during the development of the Cardiff and Vale Population Needs Assessment and continues to be highlighted in feedback from carers. This forms the basis of the second phase of the work by CTSEW which began in 2017.
- 3.100 The following outcomes were expected from Phase 2:
1. Work with Cardiff and the Vale Councils, UHB and Third Sector Councils to develop a proposal to provide a one stop shop facility
 2. To form a task and finish 'Expert Panel' of carers to help inform planning and to provide a voice for carers during the project lifetime and beyond
 3. Maintain a dialogue between groups who support carers in Cardiff and the Vale of Glamorgan, across all service areas (formal and informal) to facilitate their participation in consultation and engagement opportunities relevant to carers
 4. Demonstrate linkages and contact with County Voluntary Councils (GVS and C3SC), the Community Health Council and other relevant representative bodies
- 3.101 The work is overseen by a Steering Group consisting of both local authorities, Cardiff and Vale University Health Board and Glamorgan Voluntary Services (GVS). They meet regularly with CTSEW which provides the Steering Group with progress reports.
- 3.102 The Carer Engagement Service Partnership worked together to develop a proposal for a Carers Hub and Spoke service which includes a centralised point of contact via telephone and email (the hub) and outreach sessions (group or face to face) in community venues throughout Cardiff and the Vale (the spokes). The Hub would also co-ordinate engagement with carers via the Carers Expert Panel. The proposal for revenue and capital funding was submitted to the ICF Programme Board in February 2018.
- 3.103 To date, six carers have joined the Carers Expert Panel and work is ongoing to encourage and support other carers to be involved. This will provide an effective mechanism for ongoing engagement and consultation with carers and will complement the proposed one stop shop service.



- 3.104 The region has taken a unique approach within Wales by ensuring that the design of the new Wales Community Care Information System (WCCIS) is focused upon a region-wide service model that is led by service need.
- 3.105 Implementation is being planned in line with the supplier's delivery of the full functionality of WCCIS as set out within the Statement of Requirements and subsequent Functional Analyses. Consequently the work plan for 2017-18 focused upon delivering the new system within the Vale of Glamorgan and making initial preparation for implementation across the wider region.
- 3.106 Implementation of WCCIS within the Vale of Glamorgan has been undertaken, with careful planning to ensure that the infrastructure in place is capable of ensuring a single point of referral capability and fully integrated record keeping for key operational services across the region, and not just the Vale. For example, this will mean that users from across Cardiff and the Vale of Glamorgan will only be required to make one referral to access any Community Resource Team throughout the region once the system is fully implemented. Within the Vale of Glamorgan, the benefits are already being experienced from being able to access a shared record across the live WCCIS sites in other parts of Wales.
- 3.107 In Cardiff Council, the Social Services Directorate and the Council's commitment to implementing a Welsh Community Care Information System remains unchanged. However the extensive testing it has undertaken has been unable to evidence that WCCIS is yet able to meet the Council's business needs, or that it can sustain a safe and reliable platform for operational purposes over the short to medium term.
- 3.108 The UHB supports, in principle, WCCIS as a tool to support transformation and integrated care. The UHB intends to adopt the tool as part of a transformation approach to deliver the benefits of further integration and the shared record. The timing of this will be based on an objective assessment, however as the UHB already has a well-functioning IT system for community services and mental health this will reposition a deployment to the later stages of the programme, enabling LHBs without a community IT system to deploy as a priority. The UHB still intends to time deployment to be synchronised with Cardiff Council and will continue to work to deploy regionally.
- 3.109 Since the Vale implementation the supplier has released additional functionality to support financial management of services. The Vale intends to put a programme of work in place to roll this functionality out in the 2018/19 financial year.



3.110 Cardiff Council and the UHB will continue work in partnership to identify how the identified challenges to implementation will be overcome. Initially, this will take the form of a suite of integration initiatives which will allow summary records from existing systems to be made available across organisational and system boundaries. This will support practitioners by ensuring that relevant information such as open referrals and involved staff can be shared effectively. This work will be foundational to providing more detailed records, ultimately acting as an archive service to facilitate migration to the WCCIS platform.

4. Future Partnership Priorities

At the Regional Partnership Board's [Development Session](#) on 12th June 2018, the Board reviewed progress and considered priorities going forward.

The Regional Partnership Board's response to '[A Healthier Wales](#)' will form an integral part of the RPBs forward programme and will build on the partnership working already developed through the Integrated Care Fund, Primary Care Fund and locality working. The Board is keen to play an active part in further developing seamless care and developing a closer relationship with clusters to ensure a citizen focussed approach to promoting well-being, independence and keeping people at home.

In the first 2 years of existence the RPB has delivered some key pieces of work in response to the Social Services and Wellbeing (Wales) Act requirements. These have included the Population Needs Assessment, the Area Plan for Care and Support Needs and a Joint Market Position statement and commissioning strategy for older people. Building on this work, the Board will continue to focus on the priority areas for integration set out in the Area Plan. However the Board has also agreed to drive forward continuing progress in relation to:

- Locality/Cluster working
- Housing and Accommodation Solutions
- Mental health – considering a life journey from children and young people (including ACEs) to older people
- Workforce
- Alignment with the Public Service Boards

Progress against the RPBs priorities will be set out in the quarterly work programme updates and reported as part of the Annual Report in June 2019.



Cardiff and Vale of Glamorgan Regional Partnership Board: Terms of Reference

1. BACKGROUND

- 1.1 The Part 9 Statutory Guidance (Partnership Arrangements) of the Social Services and Well-being (Wales) Act 2014 (the Act) and the Partnership Arrangements (Wales) Regulations 2015 set out the main requirements, purpose and responsibilities of the Regional Partnership Board.
- 1.2 These Terms of Reference supplement these documents and set out specific local detail for the Cardiff and the Vale Regional Partnership Board.

2. PURPOSE

- 2.1 The purpose of the Cardiff and Vale Regional Partnership Board is to ensure the partnership bodies work effectively together to:
- Respond to the population assessment carried out in accordance with section 14 of the Act;
 - Implement the plans for each of the local authority areas covered by the Board which local authorities and local health boards are each required to prepare and publish under section 14A of the Act;
 - Ensure the partnership bodies provide sufficient resources for the partnership arrangements in accordance with their powers under section 167 of the Act;
 - Promote the establishment of pooled funds where appropriate;
 - Ensure that services and resources are used in the most effective and efficient way to improve outcomes for people in their region – including the use of the Integrated Care Fund;
 - Prepare an annual report for Welsh Ministers on the extent to which the board's objectives have been achieved;
 - Provide strategic leadership to ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this;
 - Inform the development of the Cardiff and Vale of Glamorgan Public Service Board's Wellbeing Plans and support delivery in response to the requirements of the Wellbeing of Future Generations Act 2015.
- 2.2 The Regional Partnership Board will prioritise the integration of services in relation to:
- Older people with complex needs and long term conditions, including dementia;

- People with learning disabilities;
- Carers, including young carers;
- Integrated Family Support Services;
- Children with complex needs due to disability or illness;
- Establishment of pooled funds in relation to family support functions from 2016 and care home accommodation by 2018.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Regional Partnership Board is authorised by the Cardiff and Vale University Health Board, Cardiff Council and the Vale of Glamorgan Council to deliver the requirements of Part 9 of the Act.

3.2 The Regional Partnership Board has authority to establish short life working groups which are time limited to focus on a specific matter of advice or assurance as determined by the Partnership Board.

4. MEMBERSHIP

4.1 The Regional Partnership Board must include:

- At least one elected member of each of Cardiff City and County Council and Vale of Glamorgan Council;
- At least one member of Cardiff and Vale University Health Board;
- The persons appointed as Directors of Social Services under section 144 of the Act in respect of Cardiff City and County Council and Vale of Glamorgan Council, or their nominated representatives;
- A representative of Cardiff and Vale University Health Board;
- Two persons who represent the interests of the third sector organisations in the area covered by the Regional Partnership Board;
- At least one person who represents the interests of care providers in the area covered by the Regional Partnership Board;
- One person to represent people with needs for care and support in the area covered by the Regional Partnership Board;
- One person to represent carers in the area covered by the Regional Partnership Board;
- One representative of each of Cardiff Third Sector Council and Glamorgan Voluntary Services;
- One representative of a national third sector organisation.

4.2 Officers, organisations or individuals will be invited to attend as required, or may be co-opted to be members of the Regional Partnership Board as appropriate.

4.3 A Chair and two Deputies from the University Health Board and the two Local Authorities will be selected from amongst the membership on a bi-annual basis.

5. MEETINGS

- 5.1 Meetings will be quorate when the minimum membership (section 4) set out in the Statutory Guidance is achieved.

Frequency of Meetings

- 5.2 The Regional Partnership Board will meet four times per year on a formal basis.
- 5.3 In addition to the formal Board Meetings, Development sessions and/or Workshops will be undertaken to develop the priorities of the Partnership's work programme. The focus and frequency of these sessions will be agreed by the Board as required.
- 5.4 The Partnership's Strategic Leadership Group will meet at intervening periods between the Regional Partnership Board meetings, in part to ensure that any required decisions/actions required at short notice can be undertaken with joint agreement from the 5 organisations pending final approval by the Partnership Board at the diarised time.

Secretariat

- 5.5 Secretariat functions will be performed by the Integrated Health and Social Care Partnership Team.

Agenda Items

- Agenda Items should be submitted to the secretariat at least one calendar month before each Partnership Board meeting;
- Papers will be structured using an agreed format;
- Papers will be distributed a minimum of 5 working days before each meeting.

6. DISPUTE RESOLUTION

- 6.1 All RPB members are encouraged to resolve any issues or concerns that they may have at the earliest opportunity. It is important that as issues do arise, they are dealt with in a fair and timely manner. While some conflicts will be resolved by an informal discussion between parties, other will need a process for successful resolution.

- 6.2 The RPB endorses the following principles for members to follow:

- Respect for another's point of view;
- Commitment to resolving the issue;
- Willingness to compromise;
- Confidentiality;
- Impartiality;
- Respect;
- Prompt action, and

- Freedom from repercussions.

6.3 Should a conflict arise that cannot be resolved via informal discussion, the following procedure will apply:

- The dispute must be set out in writing and sent to the Chair.
- The Chair will use their discretion to bring the issue to the next RPB meeting, or call an extraordinary meeting;
- The matter should be discussed with all members present, unless they have advised the Chair, preferably in writing, that they are aware there is a dispute resolution meeting being held and they are unable to attend.
- The Chair will call for a motion from the RPB, e.g. to appoint an independent assessor, seek mediation, call a special meeting, or to dismiss the complaint. All members present at the meeting will vote on the motion.

Where mediation is sought,

- The mediator must be:
 - A person chosen by agreement between the parties; or
 - In the absence of agreement, a person appointed by the RPB.
- The mediator, in conducting the mediation must:
 - Give parties to the mediation process every opportunity to be heard; and
 - Allow due consideration by all parties of any written statement submitted by any party; and
- The mediator must not determine the dispute.
- The mediation must be confidential and without prejudice.

7. TERMS OF REFERENCE will be reviewed on an annual basis.

Updated: May 2018

Membership of the Cardiff and Vale of Glamorgan Regional Partnership Board

Required Membership	Cardiff and the Vale of Glamorgan Membership
At least one elected member from Cardiff and the Vale of Glamorgan local authorities;	<p><u>Cardiff Council</u></p> <ul style="list-style-type: none"> • Cllr Susan Elsmore, Cabinet Member for Social Care and Health (Chair of the Regional Partnership Board) • Cllr Graham Hinchey, Cabinet Member for Children and Families • Cllr Lynda Thorne, Cabinet Member for Housing & Communities • Sarah McGill, Corporate Director – People and Communities <p><u>Vale of Glamorgan Council</u></p> <ul style="list-style-type: none"> • Cllr Gordon Kemp, Cabinet Member for Social Care, Health and Leisure (Vice Chair of the Regional Partnership Board) • Cllr Andrew Parker, Cabinet Member for Housing and Building Services
At least one member of the Cardiff and Vale University Health Board	<ul style="list-style-type: none"> • Maria Battle, Chair of Cardiff and Vale University Health Board (Vice Chair of the Regional Partnership Board) • Charles (Jan) Janczewski, Vice Chair of Cardiff and Vale University Health Board
The persons appointed as Directors of Social Services under section 144 of the Act in respect of Cardiff Council and Vale of Glamorgan Council, or their nominated representatives	<ul style="list-style-type: none"> • Tony Young, Director of Social Services, Cardiff Council (until March 2018) • Claire Marchant, Director of Social Services, Cardiff Council (from July 2018) • Lance Carver, Director of Social Services, Vale of Glamorgan Council
A representative of Cardiff and Vale University Health Board	<ul style="list-style-type: none"> • Len Richards, Chief Executive, Cardiff and Vale University Health Board • Abigail Harris, Director of Planning and Strategy, Cardiff and Vale University Health Board
Two persons who represent the interests of the third sector organisations in the area covered by the Regional Partnership Board	<ul style="list-style-type: none"> • Sheila Hendrickson-Brown, Chief Executive Officer, Cardiff Third sector Council (C3SC) • Rachel Connor, Chief Executive Officer, Glamorgan Voluntary Service (GVS)
One Person who represents the interests of national	<ul style="list-style-type: none"> • <i>Children & Young People</i> - Sam Austin, Deputy Chief Executive and Director of

third sector organisations (<i>for both Older People and Children & Young People</i>)	Operational Services, Llamau <ul style="list-style-type: none"> • Older People – Jeff Hawkins, (until March 2018) Sarah Wills, Head of Service (Central) Gofal (from May 2018)
At least one person who represents the interests of care providers in the area covered by the Regional Partnership Board	<ul style="list-style-type: none"> • Malcolm Perrett, Vice Chair of Care Forum Wales
One person to represent people with needs for care and support in the area covered by the Regional Partnership Board	<ul style="list-style-type: none"> • Andrew Templeton, Chief Executive, YMCA Cardiff
One person to represent carers in the area covered by the Regional Partnership Board	<ul style="list-style-type: none"> • James Livingstone, Carers Representative
Other representation	<ul style="list-style-type: none"> • Estelle Hitchon, Director of Partnerships and Engagement, Welsh Ambulance Services NHS Trust • Gerry Evans, Director of Regulation & Intelligence, Social Care Wales (Observer)

Secretariat

Integrating Health & Social Care Partnership Secretariat	<ul style="list-style-type: none"> • Rachel Jones, Assistant Director – Integrating Health & Social Care, IHSC Partnership • Meredith Gardiner, Programme Manager – Health & Wellbeing, IHSC Partnership
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Updated May 2018

Integrated Family Support Team Budget 2017/18

The IFST budget is funded through Welsh Government which remains at **£550,000**. There is an additional **£18,000** to cover provision for training available to Cardiff and Vale of Glamorgan IFST to support the Central Training Unit based at Bridgend.

Actual expenditure 2017-2018

	Total expenditure to date (£)	Budgeted Reserves (£)	Projected Expenditure (£)
Income			
Grant	0	568,000.00	568,000.00
Sundry Income	300.00 -		568,300.00
Expenditure			
Salaries	305,746.79	162,469.94	
Medical	510.00	0	
Apprenticeship Levy	773.83	420.00	
Professional Fees	60.00	0	
Insurance	0	588.33	
Training	1,500.00 -	18,000.00	
Sub Total	305,590.62	181,478.27	487,068.89
Premises	9,000.00	0	
Sub Total	9,000.00	0	9,000.00
Travel Costs	6,601.10	3,300.00	
Sub Total	6,601.10	3,300.00	9,901.10
Books	0	300.00	
Stationery / Printing	524.27	319.00	
Office equipment / Furniture	1,305.77	0	
OLR Photocopiers	0	0	
Printing costs	805.16	390.11	
Hospitality	35.04	0	
Conference Expenses	90.40	0	
Translation services	0	0	
Catering / Refreshments	4.40	0	
Telephones	2,347.67	2,540.00	
Postage	266.35	30.00	
Office Hardware	0	1,032.20	
Computer Software	0	0	
Child in Need	669.48	365.00	
Purchase IRO time	0	51,295.00	
Commissioning Services	0	0	

Sub Total	6,048.54	56,271.31	62,319.85
Transfers			
TOTAL	327,240.26	241,049.58	568,289.84
Net Surplus / Deficit			10.16

Integrated Care Fund 2017/18

Revenue

2017-18 WG Funding Allocation	Service	Description	Allocation (£)
Frail Older People:	Preventative Interventions	Provision of holistic independent living services in relation to income, financial assessments, advice regarding telecare, disabled adaptations, slips/trips/falls and housing, locality working along with third sector support to address social isolation.	370,000
	First Point of Contact (FPOC) / Single Point of Access (SPOA)	The Cardiff-based, FPOC provides signposting, information and advice on preventative services within the Cardiff area. The service includes a range of Visiting Officers, Contact Telephone team personnel and 2wte social worker posts.	FPOC: 270,000
		The Vale-based SPOA provides a single point of access for various health, local, authority and third sector services across the Vale and in some cases the Cardiff and Vale region. The service includes social care officers, customer service reps, district nursing team, social workers, occupational therapy and a third sector broker.	SPOA: 550,000
			Total: 820,000
	Extended Community Reablement	A range of services to sustain and enhance patient flow through Community Resource Teams. Provision includes: <ul style="list-style-type: none"> - Additional therapeutic support for patients with additional needs; - Third sector brokerage; - Additional home care support model; - Home care bridging teams; - Pharmacy advice and support. 	958,000
	Discharge to Assess Accommodation	2 community based units to facilitate assessment and ongoing planning for patients' transition home from hospital. 2 different models are being piloted: <ul style="list-style-type: none"> - Nursing home assessment facilities within Cardiff (6-8 beds); - Residential home reablement facilities (6 beds) with the Vale of Glamorgan. 	626,000
	Accommodation Solutions Project	Multi-disciplinary team of Accommodation Solutions officers and Occupational Therapists, working with hospital staff to assess and plan for individual housing needs in preparation for their discharge. The scheme includes provision of step up / step down accommodation to prevent admission and expedite discharge.	369,000
Integrated Discharge Service	Provision of Social Workers, Social Work Assistants and Third Sector Discharge Support Officers to provide enhanced ward based discharge support.	528,000	
Commissioning Support	Support for development of joint commissioning plans for long term care including the establishment of pooled budgets.	72,000	
Learning Disability and Complex	Learning Disabilities / Children with	Range of service developments designed to pilot integrated working between health, social care and the third sector with a view to establishing best practice. In summary the services	1,737,000

Needs:	Complex Needs	include: <ul style="list-style-type: none"> - Enhanced multi-agency workforce for complex needs, piloting an integrated approach for children with the most complex needs. - Supported accommodation for complex needs to reduce the need for out of area placements. - Enhanced day opportunities providing regional access to existing day opportunities for individuals excluded as a result of complex needs. - Bespoke family-based respite provision. - Learning disability enablement service to review current packages of care with the aim of providing community-based alternatives. - Learning Disability Front Door Services providing access to first level information services. - Regionalising neuro-development services in line with education provision. - Bespoke 1:1 and group activities for young people to learn and embed independent living skills. - Enhanced parenting support for families with children with ADHD / ASD. - Support services for parents with learning disabilities. - Programme support. 	
Autism:	Integrated Services for Autism	Implementation of National Integrated Autism Service (IAS) across Cardiff and the Vale of Glamorgan in line with Welsh Government strategy.	367,000
Welsh Community Care Information System (WCCIS)	Development support for WCCIS	In response to Welsh Government correspondence, the Partnership has made provision for WCCIS development support.	201,500
Infrastructure	Infrastructure	Management costs / Programme and Project support / Partnership Co-ordination / Pharmacy Project	224,000
TOTAL: £6,272,500			6,272,500

Capital 2017-18

Service	End of year projected Outcome(s)	2017-18 funding allocation (£)
Accommodation Solutions Programme	Provision of a home adaptation and repair service for older people that supports quick and safe hospital discharge and a timely preventative approach to reducing hazards that might lead to hospital admission or re-admission.	112,000
Preventative Interventions	Support for the Preventative Interventions and Accommodation Solutions ICF revenue projects to maintain citizen independence at home and also supporting quick and safe discharge from hospital. Equipment will be focused upon reducing hospital admission and expediting discharge and will be available regionally across Cardiff and the Vale of Glamorgan.	195,000
Re-modeling of Grand Avenue Day Centre	Development of Grand Avenue as a specialist dementia day care service for people with moderate to high levels of dementia and/or functional mental health difficulties, which may be combined with high care and support needs. This will facilitate the ability of people to continue living in their own homes within their own communities for as long as possible. Cardiff Council is contributing a further £780k towards the overall cost.	336,000
Day Services for Adults with Learning Disabilities and Complex Needs.	Refurbishment and enhancement of Tremorfa Day Opportunities Centre, improving and increasing capacity of existing facilities available to people with learning disabilities and complex needs in Cardiff.	50,000
Out of School facilities for Children and Young People with Complex Needs and Learning Disabilities.	Refurbishment and enhancement of existing facilities at Ty Gwyn Special School. The proposal seeks to improve and increase the capacity of an existing building (Trelai Youth Centre) on the special school campus, making it available to children with learning disabilities and complex needs in Cardiff for out of school activities.	300,000
Third Sector Capital Investment Fund	To enable third sector organisations to invest in capital items which support the development of start up projects, social enterprises and/or expansion of existing services.	50,000
Community Mental Health Services (Barry Hospital)	To support the development of Barry Hospital as one of three 'super' sites for Community Mental Health Team (CMHT) provision.	198,000
Feasibility study for Regional Older Person and Extra Care Accommodation.	In line for the requirement to develop a longer term strategic plan, feasibility planning will be undertaken to consider provision of new regional older people and extra care accommodation.	50,000
	Allocation	Total: £1,291,000



Cardiff & Vale of Glamorgan
**INTEGRATED HEALTH
& SOCIAL CARE PARTNERSHIP**

**PARTNERIAETH IECHYD
& GOFAL CYMDEITHASOL INTEGREDIG**
Caerdydd & Bro Morgannwg

If you require any further information on this report, please contact the Integrated Health and Social Care Partnership Secretariat via:



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