RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CABINET

15TH FEBRUARY 2018

SOCIAL SERVICES AND WELLBEING ACT: DRAFT CWM TAF REGIONAL PLAN 2018-23

REPORT OF THE GROUP DIRECTOR, COMMUNITY & CHILDREN'S SERVICES, IN DISCUSSIONS WITH THE RELEVANT PORTFOLIO HOLDERS, COUNCILLOR LEYSHON, COUNCILLOR HOPKINS, COUNCILLOR LEWIS AND COUNCILLOR ROSSER

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1. PURPOSE OF REPORT

1.1 To update Cabinet on the development of the Cwm Taf Regional Plan 2018-23 in response to the Population Assessment produced in 2017 and to present the plan for Cabinet consideration and endorsement.

2. RECOMMENDATIONS

It is recommended that Cabinet:

2.1 Note the update on the development of the Cwm Taf Regional Plan 2018-23 attached as Appendix 1, including the outcome of consultation with the community panels in December 2017, also attached as Appendix 2.

2.2 Consider and endorse the Cwm Taf Regional Plan 2018-23.

2.3 Note that an EQIA has been finalised.

3. BACKGROUND

3.1 The Social Services and Well-being (Wales) Act 2014 ("the Act") came into effect on 6th April 2016.

3.2 The Act requires that Local Authorities and their Local Health Board establish a Regional Partnership Board to manage and develop services to secure strategic planning and partnership working between Local Authorities and Local Health Boards and to ensure effective services, care and support are in place to best meet the needs of their population.

3.3 The Cwm Taf Social Services and Wellbeing Partnership Board ("the Board") is established; currently Chaired by Councillor Geraint Hopkins, RCT Cabinet Member for Adult and Children's Community Services.

3.4 The focus has been on the preparatory work to establish the strategic frameworks to guide service development over the next 5 - 10 years and the completion of the Population Assessment in 2017 was a significant milestone for the Board in that regard.

3.5 In response to the Population Assessment, a Joint Area Plan must be produced by 1st April 2018 by the two Local Authorities and the UHB under the direction of the Board.

3.6 Welsh Government has issued statutory guidance on the development of the plan that states that joint area plans must include:

- the actions partners will take in relation to the priority areas of integration for regional partnership boards;
- the instances and details of pooled funds to be established in response to the population assessment;
- how services will be procured or arranged to be delivered, including by alternative delivery models;
- details of the preventative services that will be provided or arranged;
- actions being taken in relation to the provision of information, advice and assistance services; and
- actions required to deliver services through the medium of Welsh.

4. CWM TAF DRAFT REGIONAL PLAN (Area Plan in terms of the SSWB Act)

4.1 The Population Assessment was required to include specific Core themes dealing with:

- children and young people;
- older people;
- health/physical disabilities
- learning disability/autism;
- mental health;
- sensory impairment;
- carers who need support;
- violence against women, domestic abuse and sexual violence.

4.2 The Area Plan must focus on how partners will deliver integrated services in relation to these Core themes but must prioritise the integration of services for:

- *Older people with complex needs and long term conditions, including dementia*
- *People with learning disabilities;*

- *Carers, including young carers*
- *Integrated Family Support Services: and*
- *Children with complex needs due to disability or illness.*

4.3 It is recognised that there will also be common issues and cross cutting themes, not least because, as we found in our population assessment, people can have multiple needs and do not always see themselves as "belonging" to one particular client group.

4.4 While it is recognised that there may be individual local/geographical solutions to address some priorities, we have to describe what we want to achieve as a region.

4.5 In developing the draft Cwm Taf Regional Plan, good progress has already been made in relation to a number of Core themes with the development of Statements of Intent or new Strategies. These have taken on board the findings of the Population assessment and are integral components of the Regional Plan.

4.6 For other themes, there is more to do and/or a need to work with other strategic partnerships in Cwm Taf who will take a lead in planning and delivering the actions required eg the Mental Health Partnership and the Community Safety Partnership, or to develop an agreed joint approach and actions eg for physical disability and sensory impairment.

4.7 The Transformation Leadership Group (TLG) considered the draft plan at its meeting in November and endorsed its use as the basis for engagement during December with a range of stakeholders - engagement activity is discussed in section 7 below. The Partnership Board also considered the draft Plan at its meeting in January 2018 but this was before the outcome of engagement could be taken into account.

4.8 The intention is that there will be a longer detailed/technical version of the Regional Plan but that there will also be a series of infographics/plan on a page summaries for the key client groups. These will then become our public facing summary document for wider use and distribution.

5. APPROVAL PROCESS

5.1 The first Area Plan must be published by 1st April 2018. The SSWB Partnership Board is the body responsible for directing the creation and implementation of the Plan. There is no requirement for the Area Plan to be taken through Local Authority councils or Boards of the UHB.

5.2 The usual practice in Cwm Taf has been for the Partnership Board to endorse reports such as the Statements of Intent before then recommending them for further endorsement by both Cabinets and the UHB. The timeline of scheduled meetings made this difficult as the SSWB Partnership Board meeting on January 11th was too soon to allow for feedback from engagement but the following meeting in March will be too late.

5.3 The following process was, therefore, agreed by TLG and the Board:

RCTCBC Cabinet 15th February
Merthyr Tydfil CBC – Cabinet 21st February
UHB Executive Board - 21st February
UHB Board Development session - 28th February

Endorsement by SSWB Partnership Board, taking account of any comments from LA/UHB meetings – 1ST March

Translation and publication by 1st April

6. EQUALITY AND DIVERSITY IMPLICATIONS

6.1 A comprehensive Equality Impact Assessment is required. It builds on the EQIAs already undertaken during the development of the Joint Commissioning Statement for Older People's Services 2015-25; the Joint Statement of Strategic Intent for Children, Young People, and Adults with Learning Disabilities (that includes autism and complex needs) and their families; the Cwm Taf Carers Strategy; all previously endorsed by Cabinet. The EQIA has been completed and the finalised version can be found with the report author or the Executive & Regulatory Business Unit.

7. CONSULTATION

7.1 The statutory guidance requires that we must ensure reasonable steps are taken and a procedure established to engage with people who have care and support needs, including children, parents and carers. However it also states that engagement with citizens when preparing the Area Plan does not need to be as far reaching as the extensive citizen engagement carried out when undertaking the Population Assessment. There is therefore no requirement for formal consultation.

7.2 TLG agreed that the approach to engagement on the Regional Plan should focus on:

- Using Engagement and consultation from developing the Strategic Statements and regional pieces of work already underway
- Revisiting relevant recent or planned engagement and consultation undertaken regionally or by partners
- Linking into consultation on the Cwm Taf Draft Well-being Plan
- Engaging a one off Community Panel to focus on the key messages and priorities
- Linking into our existing stakeholder groups e.g. Cwm Taf Social Value Network; Cwm Taf Community Health Council; Third Sector Health and Social Care Forum

7.3 In November 2017, TLG approved a draft version of the Regional Plan to be used as the basis for engagement. We held 3 facilitated community panels in

December 2017 in Abercynon, Pontypridd and Merthyr Tydfil to test the priorities and actions identified in the plan and to enable people to have their say. These focussed sessions were made up of individuals who have experience of using health and social care services, or who are carers of people who use health and social care services. Those who attended were encouraged to share their own experiences and explore good practice though positive experiences, or use negative experiences to frame improvement opportunities.

7.4 At each event, a presentation which gave an overview of the plan was provided, together with opportunities for questions. This was followed by facilitated discussions which focussed on six key areas which reflected the overarching themes of the 2017 Population Assessment:

- Getting information, advice and assistance
- Stopping problems before they start
- Stopping problems before they get worse
- Connecting you to your community
- Seamless services
- Making it personal and working together with you

7.5 The information gathered at each of the events provided a rich source of information to inform the development of the Regional Plan. It was felt that the priorities and issues identified were broadly the right ones. Running through all three events was the importance of communication, the need for good quality information and the value of community assets. The willingness to engage, encourage others to engage and stay involved came though from all the attendees.

7.6 The Report of the Community Panels has informed the development of the Regional Plan. The detailed ideas and examples expressed will be fed into the specific pieces of work and the next steps we take to develop and deliver on the Actions in the Plan.

7.7 The report has also been shared with those responsible for developing and delivering the Cwm Taf Well-being Plan as there are many common areas of interest, particularly around the use of existing assets and working with communities.

7.8 We have taken account of the statutory consultation undertaken during October to December 2017 for the Cwm Taf Draft Well-being Plan. This did include a number of responses raising specific issues around health and social care provision, including primary care and mental health services as well as identifying the need for improvements to transport, the environment and housing. Whilst some of these areas are not the responsibility of the SSWB Partnership Board, they can impact on people's well-being and need for care and support, and we will work with the Cwm Taf Public Services Board on joint actions where appropriate.

8. FINANCIAL IMPLICATION(S)

8.1 There are no direct financial implications aligned to this report for the Council, however, the implementation of the Social Services and Wellbeing (Wales) Act requires a stronger emphasis on community and universal prevention services and the draft Regional Plan supports the ongoing shift of resources away from traditional long terms services and towards services that promote wellbeing and independence.

9. LEGAL IMPLICATIONS *OR* LEGISLATION CONSIDERED

9.1 The 'Area Plan is a statutory requirement under Part 9 of the Social Services and Wellbeing (Wales) act 2014

10. LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT

10.1 The Regional Plan will support the delivery of the Council's corporate priority "promoting independence and positive lives for everyone" by helping local people with care and support needs to stay living independently at home.

11. CONCLUSION

11.1 Each of the partner organisations in Cwm Taf provides a wide range of activities and services across the region that respond to vulnerable children, young people, adults and families. Each partner is committed to promoting high quality, responsive services to the public but recognise that they also have to work together if services are to be transformed to meet the challenges faced.

Other Information:-
Relevant Scrutiny Committee
The Children and Young People Scrutiny Committee
The Health and Wellbeing Scrutiny Committee

LOCAL GOVERNMENT ACT 1972

AS AMENDED BY

THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

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Background Papers

Regulations and Part 9 statutory guidance (Partnership arrangements)
http://gov.wales/docs/dhss/publications/151218part9en.pdf of the Act

Welsh Government statutory guidance for the Area Plan:
http://gov.wales/docs/dhss/publications/170206statutory-guidanceen.pdf

Annual Report for the Cwm Taf social Services and Wellbeing Partnership board 2016-2017

http://www.rctcbc.gov.uk/EN/GetInvolved/Campaigns/SocialServicesandWellbeingAct/RelatedDocuments/CwmTafSocialServicesandWellbeingPartnershipBoardAnnualReport20162017.pdf

RCT Cabinet report 18th February 2016 - Cwm Taf Statement of intent - older people
http://www.rctcbc.gov.uk/ -
EN/Council/CouncillorsCommitteesandMeetings/Meetings/Cabinet/2016/02/18/Reports/AgendaItem4JointCommissioningStrategyOlderPeople..pdf

RCT Cabinet report 22nd September 2016 - Cwm Taf Carers strategy
http://www.rctcbc.gov.uk/EN/Council/CouncillorsCommitteesandMeetings/Meetings/Cabinet/2016/09/22/Reports/AgendaItem5CwmTafCarersStrategy.pdf

RCT Cabinet report 21st November 2017 - Statement of intent learning disabilities and draft Statement of intent children and young people
http://www.rctcbc.gov.uk/EN/Council/CouncillorsCommitteesandMeetings/Meetings/Cabinet/2017/11/21/Reports/AgendaItem4SocialServicesandWellbeingActImplementationProgrammeReport.pdf

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DRAFT

CWM TAF REGIONAL PLAN

2018-23

Cwm Taf Social Services and Wellbeing Partnership Board

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Appendices

Foreword from the Chair of the Cwm Taf Social Services and Well-being Partnership Board

As the Chair of the Cwm Taf SSWB Partnership Board, I am pleased to introduce the Region's first Area Plan which has been produced in response to the Population Assessment we produced last year.

This plan, which we will call the Cwm Taf Regional Plan, is the focus for our work in partnership across Merthyr Tydfil and Rhondda Cynon Taf to deliver better services for our citizens who need care and support. Each of the partner organisations in Cwm Taf provides a wide range of services that respond to the needs of vulnerable children, young people, adults and families. We are all committed to providing high quality, responsive and sustainable services but we recognise that to transform our services to meet the challenges we face, we must do things differently but also do different things. This means working more effectively across public services, the Third sector, the independent sector and with our service users, carers and communities. This Plan sets out our ambition in prioritising prevention, early intervention and delivering integrated services closer to home.

The Regional Plan does not replicate the plans of individual organisations like the Health Board or Local Authority but identifies those actions we will need to do together across the Cwm Taf Region to succeed in meeting the requirements of the SSWB Act as well as the outcomes our service users and carers want to achieve. Where appropriate, the Plan will therefore signpost to other relevant groups that have responsibility to lead and deliver change which will support the work of the SSWB Partnership.

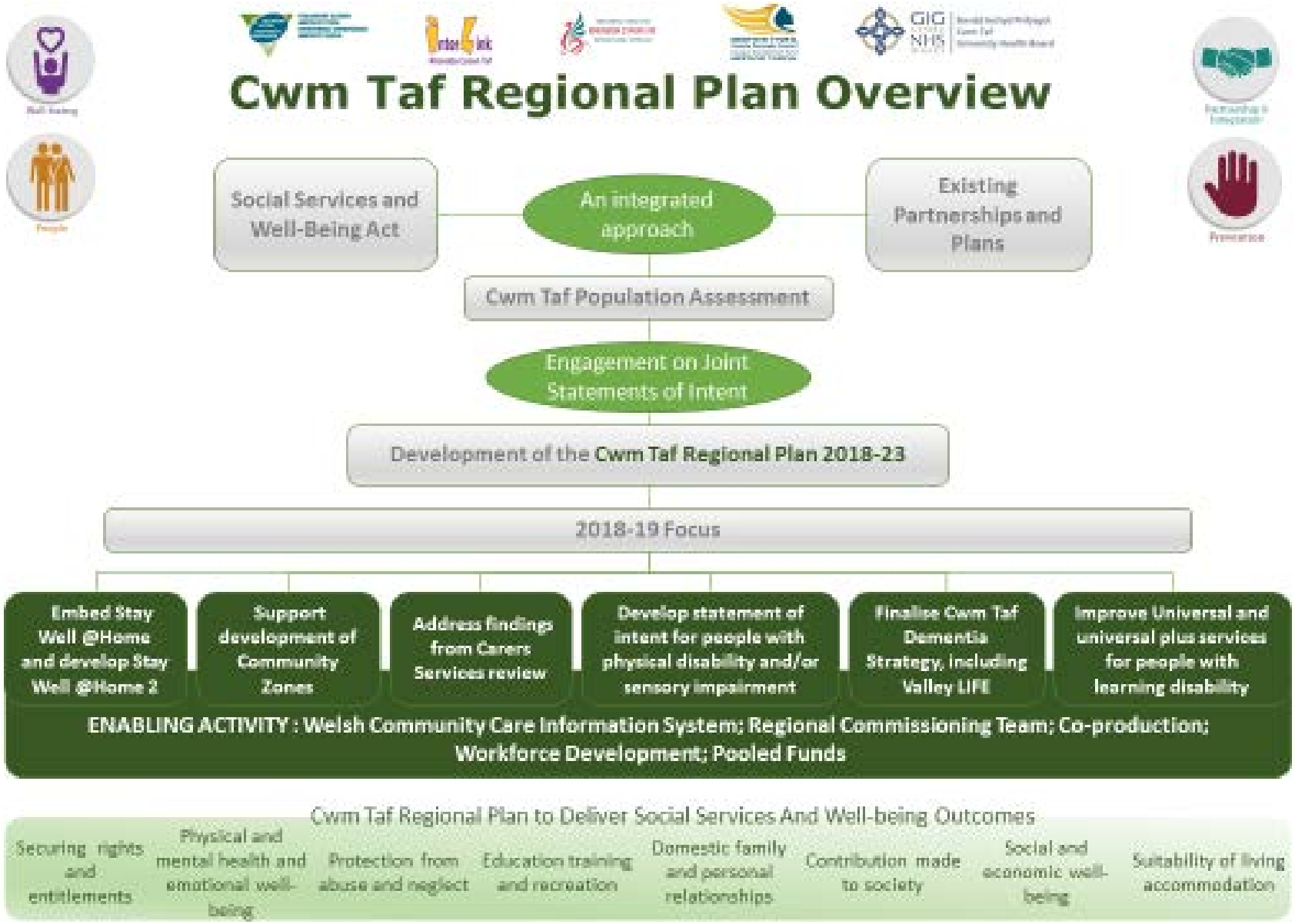
This Regional Plan is an important step forward in setting out our common agenda over the coming 5 years. We will need to review the Actions in the Plan annually to see if we are making progress, and making it quickly enough. It will also need to be flexible enough to take account of any further changes we need to make, for example in response to the Parliamentary Review of Health and Social Care, published in January 2018, or the outcome of Welsh Government consultation on proposals to align the Bridgend Local Authority catchment population with that of Cwm Taf.

The SSWB Act is about changing the focus of care and support services, putting people at the heart of the new system and what we do. By involving people and communities in their own care and support services, public services can make sure that the right services are provided at the right time in the right place. Together with greater integration between health and social care, we will be able to help people stay well for longer and fulfil our commitment to deliver more care at home and in the community. This will mean that services are more likely to empower the people using them to achieve the outcomes and results they want.

I look forward to working with you in making this Plan a reality.

Cllr Geraint Hopkins

Chair Cwm Taf SSWB Partnership Board


Cwm Taf Regional Plan Overview
Social Services and Well-Being Act
An integrated approach
Existing Partnerships and Plans
Cwm Taf Population Assessment
Engagement on Joint Statements of Intent
Development of the Cwm Taf Regional Plan 2018-23
2018-19 Focus
Embed Stay Well @Home and develop Stay Well @Home 2
Support development of Community Zones
Address findings from Carers Services review
Develop statement of intent for people with physical disability and/or sensory impairment
Finalise Cwm Taf Dementia Strategy, including Valley LIFE
Improve Universal and universal plus services for people with learning disability
ENABLING ACTIVITY : Welsh Community Care Information System; Regional Commissioning Team; Co-production; Workforce Development; Pooled Funds
Cwm Taf Regional Plan to Deliver Social Services And Well-being Outcomes
Securing rights and entitlements
Physical and mental health and emotional well-being
Protection from abuse and neglect
Education training and recreation
Domestic family and personal relationships
Contribution made to society
Social and economic well-being
Suitability of living accommodation

1. Background and context

1.1 Purpose of the Regional Plan

The purpose of this Regional Plan is to set out how the Cwm Taf Social Services and Wellbeing Partnership Board will respond to the findings of the Cwm Taf Population Assessment published in April 2017. (The Social Services and Well-being (Wales) Act 2014 requires us to develop an Area Plan - in Cwm Taf we are calling this our Regional Plan).

In order to provide a better future for the people of Rhondda Cynon Taf (RCT) and Merthyr Tydfil, public services must understand the population that live in the area now and the population likely to live here in the future. This involves an understanding of the wider context of people's lives, what is important to communities, the things impacting on their wellbeing and their individual need for care and support.

The completion of the Population Assessment in 2017 has been a significant milestone for the Cwm Taf SSWB Partnership Board. The Population Assessment included a range of both quantative and qualitative data which has helped us to understand better what matters to our residents and communities. We believe that the Assessment provides us with a stronger platform from which we can develop and deliver our future plans together, including the commissioning of innovative solutions and new models of service delivery, in line with the requirements of the SSWB Act.

This Regional Plan is our response to what the Cwm Taf Population Assessment told us. It is a five year plan, prepared in line with statutory guidance issued by Welsh Government. However, the priorities and actions identified will be monitored quarterly and reviewed annually to ensure their delivery is having the outcomes and impact needed. They will be updated and amended as appropriate to reflect any changes needed to ensure that we are empowering and enabling people in Cwm Taf who need care and support to live the best lives they can and achieve the outcomes that matter to them.

1.2 Cwm Taf Population Assessment

What is it?

The SSWB Act introduced a new duty on Local Authorities and Health Boards to undertake and publish an assessment of the care and support needs of people in the area, including carers who need support.

You can find the Cwm Taf Population Assessment here.

The SSWB Act required us to look at the care and support needs of the following groups of people in particular:

Carers;

Children and young people;

People with learning disabilities;

People with mental health problems/illness;

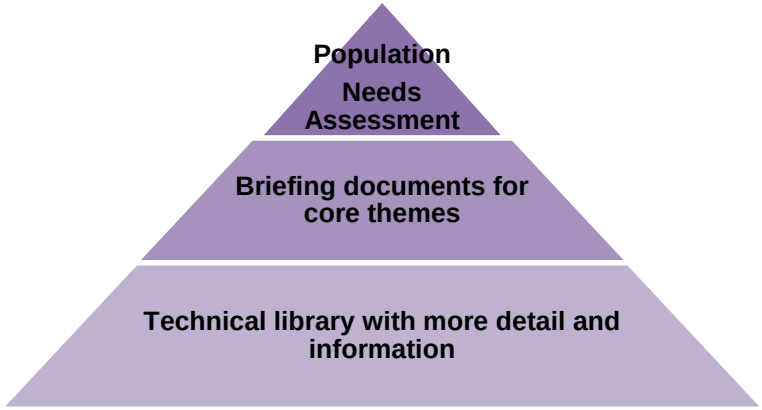
Older people;

People with physical disabilities;

People with sensory impairments and;

Violence against women, domestic abuse and sexual violence.

We produced a briefing document for each of these groups (core themes) and also an overarching report.



How did we produce the Assessment?

Understanding the care and support needs of people is not just about statistics; it includes the views and experiences of those working in the public, independent and voluntary sectors and, more importantly, service users and carers themselves.

Our engagement activity was called “Understanding our Communities”. We encouraged as many people and groups as possible to have their say, undertaking a wide range of engagement activities including focus groups, public meetings, stakeholder workshops and online questionnaires.

We focussed wherever possible on an asset based approach, building on the strengths of individuals and communities, finding out what works well and what was important to people who have care and support needs. We also discussed how better to prevent problems or provide support at an earlier stage before problems get worse or reach a crisis point.

What did it tell us?

The key findings for each core theme are summarised in each section of the Regional Plan below. The Assessment gave us an opportunity to find out about and reflect on the current position, identify gaps and in particular what matters to our service users and our residents. This information has shaped how we intend to make changes and improvements through the actions in this Plan.

However, the Assessment does not tell us everything we need to know and our understanding of the care and support needs in Cwm Taf will need to be kept under review and updated regularly. For some service areas, such as those for people with physical disabilities and sensory impairments, the Assessment was a very important starting point as it has shown us that further work needs to be done locally to understand more fully the issues faced by different people in Cwm Taf using those services and how services need to be delivered differently. These gaps in our knowledge will be reflected in the specific core theme chapters later in this Plan.

In addition to the findings for each core theme, there were also many cross cutting and common issues, not least because people “belong” to more than one client group (or theme as identified by the Act) and have a range of needs. These “overarching themes” are the things which are common to more than one category and will have an impact on how public services and our partners should meet the care and support needs of people in Cwm Taf in the future. People reminded us to look at the whole person and not just one particular problem they might be facing.

In developing this Regional Plan, we have tried to take account of these overlaps, for example, our plans for older people and plans for mental health services have been developed together to support people with dementia effectively; in relation to children’s needs, issues relating to mental health, domestic violence and substance misuse are also relevant; carers can also fit into each of the other core theme groups; the involvement of housing and education alongside health and social care services has also been considered.

The findings for each core theme are summarised in the relevant sections of this Plan, together with the actions being planned in response and which organisations or strategic Partnerships are taking the lead responsibility. The overarching themes from our Population assessment are listed below and the issues raised are addressed in the section on our Regional priorities (section 2) and core theme sections as appropriate.

The **OVERARCHING THEMES** highlighted in the Cwm Taf Assessment:

- ***Using our data more effectively***

We need to share and make use of data between partners more effectively so that service users and carers do not have to keep "telling their story" to different staff and providers, feeling that their care is not coordinated and organisations are working in silos. We need to be able to measure success more meaningfully, capturing data, including service user views and experiences, that can tell us what impact services have had and the outcomes for individuals.

- ***Information: finding out more about support and services***

Knowing where to go to easily find information, advice and assistance is still a challenge for many service users and carers. Staff also are often unaware of the broad range of support available to help people, particularly through local voluntary and community groups. We need to find better ways of collecting, sharing, using and updating information about local services and how to access them.

- ***Connections***

Our Assessment highlighted the value of connections in a number of ways, not just the practical challenges of transport connections in our valley communities. We need to develop ways of bringing people together to create strong, thriving and active communities that can support each other, foster a sense of belonging and inclusion.

- ***Working together***

To meet the care and support needs of our residents and also ensure we make the best use of our resources, there is more work to do to improve collaboration between partners and deliver more integrated services. In particular we also need to understand and embrace an approach known as co-production.

- ***Stopping problems before they start or get worse***

There must be more focus on preventative services that empower and support people to manage their own health and well-being. When extra help is needed, we need early intervention and an approach that supports independence rather than waiting until there is a crisis which often then requires more specialist intensive services.

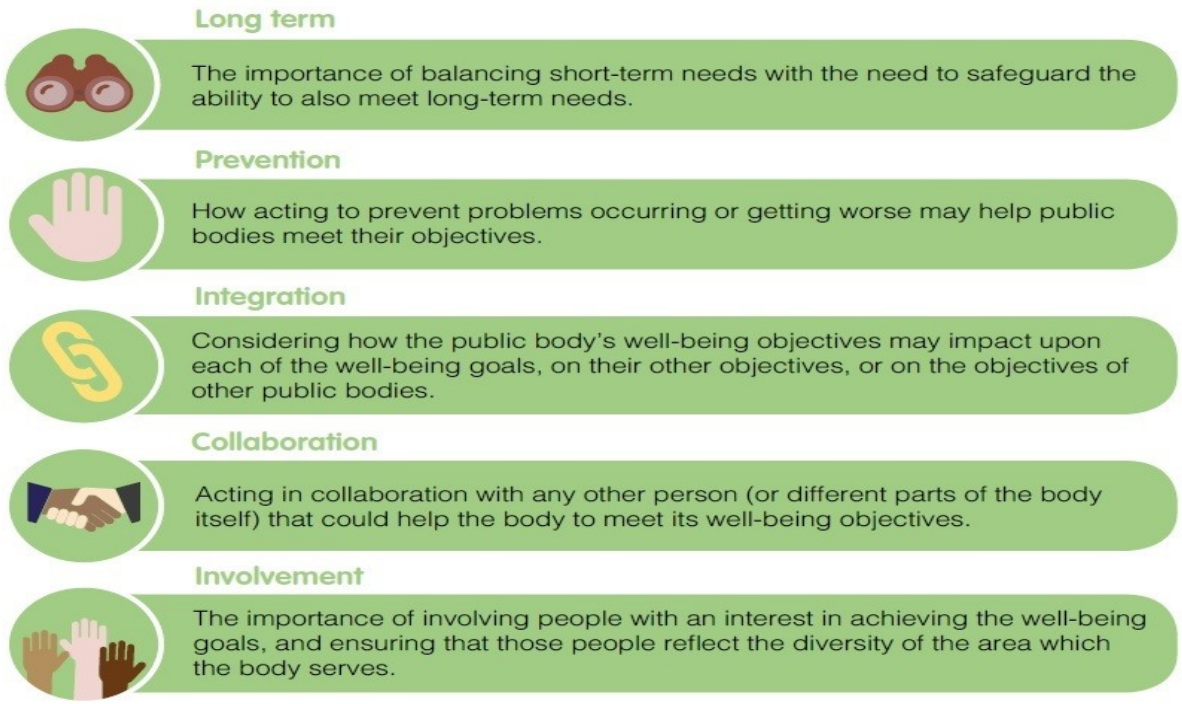
- ***Making it personal: being listened to and understood***

The people who informed our population assessment emphasised that everyone who has care and support needs must be treated as an individual, with their own issues, challenges and ways of dealing with them. They asked us to "see the person, not the problem" and ensure their voice and wishes are listened to and they are actively involved in developing solutions to meet their needs.

1.3. Contributing to local Well-being

This Regional Plan is a response to the needs of people for care and support. However in addition to this Regional Plan, the Cwm Taf Public Services Board have been developing the local Well-being Plan in response to the Well-being of Future Generations Act which requires public bodies to address seven national well-being goals and act in five ways that will ensure sustainable development. These are shown in the diagrams below.

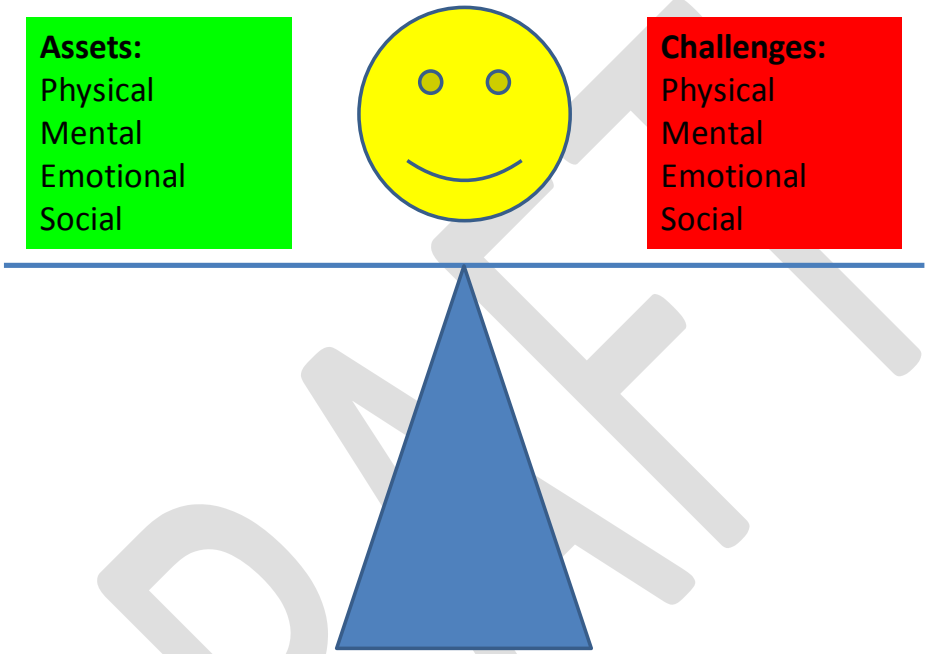

Well-being Goals
A globally responsible Wales
A prosperous Wales
A Wales of vibrant culture and thriving Welsh Language
A resilient Wales
A Wales of cohesive communities
A healthier Wales
A more equal Wales



The Cwm Taf Well-being Plan 2018-23 can be found here (to be published April 2018 -add link) It has three well-being objectives

- To promote safe, confident, strong and thriving communities, improving the wll-being of residents and visitors and building on our community assets;
- To help people live long and healthy lives and overcome any challenges and;
- To grow a strong local economy with sustainable transport that attracts people to live, work and play in Cwm Taf.

The Well-being Plan is based on a model of well-being which is illustrated below:



Source: adapted from Dodge R, et al (2012) *The challenge of defining wellbeing, International Journal of Wellbeing,* 2 (3) 22-235

Well-being is about people having the 'assets' they need to meet the 'challenges' they face in their everyday lives. These assets can include skills, family support, education and good health. Challenges could be poor health, bullying, neglect or violence at home. When people have more challenges than assets their well-being dips. Similarly if someone has many assets but few challenges, they may not feel fulfilled and that can also tip the see-saw. Differences in opportunity, experience and health can have a poor effect on wellbeing and then also on needs for care and support.

Given the cross cutting nature of issues that impact on well-being, many of the findings of the Well-being Assessment are also relevant to people who have care and support needs. We have therefore highlighted these in the relevant core theme sections of the Regional Plan. There are parts of both Plans that affect the well-being of people who also have care and support needs so it is important that the two Plans complement each other. We have therefore identified actions which are being taken jointly with the Cwm Taf Public Services Board.

1.4. Development of the Regional Plan

The Cwm Taf Regional Plan has been developed by a partnership steering group reporting to the region's Transformation Leadership Group and the SSWB Partnership Board. Membership of the steering group includes representation from RCT and Merthyr Tydfil Local Authorities, Cwm Taf UHB and the Third Sector.

(You can find out more information about the members of the Partnership Board, their role and the work they have been leading in their Annual Report for 2016/17 which you can find here http://www.rctcbc.gov.uk/EN/GetInvolved/Campaigns/SocialServicesandWellbeingAct/RelatedDocuments/CwmTafSocialServicesandWellbeingPartnershipBoardAnnualReport20162017.pdf

The Population Assessment for the Regional Plan was undertaken jointly with the Well-being Assessment required under the Well-being of Future Generations (Wales) Act 2016. More information about this is included in section 1.3. Members of the Steering group have been involved with the development of the Cwm Taf Public Services Board draft Well-being Plan to ensure both plans complement each other and we work together to implement joint priorities. These common actions are highlighted in the relevant sections of the Regional Plan.

Following the considerable engagement on the Population and Well-being Assessments, there has subsequently been further involvement of a range of stakeholders in the ongoing work to develop components of both Plans. In relation to the Regional Plan, much of this was targeted, for example to engage on plans for children and young people and also proposals for people with learning disability. These activities are outlined in the relevant sections of the Regional Plan.

We also held 3 Community Panels in Abercynon, Porth and Merthyr Tydfil in December 2017 to seek views on the draft Regional Plan. Facilitated discussions focussed on six key themes which had been identified in the Population Assessment and which the Regional Plan seeks to address:

- Getting information, advice and assistance
- Stopping problems before they start
- Stopping problems before they get worse
- Connecting you to your community
- Seamless services
- Making it personal and working together with you

Members of the Community Panels had an opportunity to respond to the Regional Plan which included

- Identifying positive opportunities for co-production and building on community assets.
- Identifying good practice in relation to the provision of information advice and assistance that supports resilience and well-being.
- Exploring what outcomes people would expect from efficient and reliable community services.
- How they want to be kept informed on progress and the changes to the area plan.

The feedback from each event has provided a rich source of information that has informed the development of the Regional Plan. It was felt that the priorities and issues identified were broadly the right ones. Running through all three events was the importance of communication, the need for good quality information and the value of community assets. The willingness to engage, encourage others to engage and stay involved came though from all the attendees.

The Report of the Community Panels can be found here (link to be added) and the detailed ideas and examples expressed will also be fed into specific pieces of work and the next steps we take to deliver on the Actions in the Plan. This report has been shared with those responsible for developing and delivering the Cwm Taf Well-being

Plan as there are many common areas of interest, particularly around the use of existing assets, working more effectively together with communities to build resilience and tackling loneliness and isolation.

In addition to the various engagement activities relating specifically to the Regional Plan, we have also taken account of the statutory consultation undertaken during October to December 2017 for the Cwm Taf Well-being Plan. This did include a number of responses raising specific issues around health and social care provision, including primary care and mental health services as well as identifying the need for improvements to transport, the environment and housing. Whilst some of these areas are not the responsibility of the SSWB Partnership Board, they can impact on people's well-being and need for care and support, and we will work with the Cwm Taf Public Services Board on joint actions where appropriate.

Similarly, in terms of maximising the contribution and impact other plans can have in delivering our SSWB priorities, we will be working together with Primary care services as they implement local Cluster plans which include initiatives to encourage coproduction and behavioural change and increase access to locally based services closer to home.

1.5. How will we know we have made a difference?

Progress against delivery of the Regional Plan will be included in the Cwm Taf SSWB Partnership Board's Annual Report which will be published annually to coincide with reporting requirements to Welsh Government.

Implementation of the Plan will be overseen by the Region's Joint Commissioning Group reporting to the Transformation Leadership Group and the Partnership Board.

In reporting progress and monitoring the impact of our actions, we will take account of the National Outcomes Framework for people who need care and support and carers who need support - see Appendix 1. As part of our progress reporting, we will map the relevant national outcome indicators from the Framework to the Actions in each section of the Regional Plan and supplement these with local performance measures as appropriate.

Where actions are being led and delivered through other strategic partnerships, these will follow the appropriate governance requirements, for example, reporting to the Cwm Taf Public Services Board. There will also be links as needed to individual partner organisation's planning and accountability mechanisms, for example through the UHB's Integrated Medium Term Plan and Local Authority Corporate/Improvement Plans.

2. REGIONAL PRIORITIES

2.1. Integrated services

A number of regional priorities relate to the statutory requirement in Part 9 of the SSWB Act which states that the Partnership Board must 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 and;
- Children with complex needs due to disability and illness.

Information about our integrated approach to these areas and the associated actions can be found in the relevant core theme section. The Statements of Intent and Strategies developed by the Cwm Taf Region (summarised in the sections below) are all based on the premise of delivering integrated services to people of all ages, recognising the contribution from a range of partners, not just health and social services. We want to build on our existing partnerships but also create new ones. Our approach to integration also means that for those people needing care and support, they must be able to say:

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

This statement comes from the Welsh Government Framework for Delivering Integrated Health and Care for Older people but it is valid for service users and carers of all ages. We want to use coproductive approaches to listening to, working with and acting on what matters to our citizens and communities, responding to their aspirations and concerns.

All of the Statements of Intent describe service models which offer a continuum from prevention and universal services through early intervention for those with emerging difficulties to specialist support. Each Statement of Intent illustrates their model differently but the approach is the same.

While it is recognised that there may be local/geographical solutions to address some priorities, the Plan describes what we want to achieve as a region. It is not about duplicating information about core business for each partner as this will be addressed in individual organisation plans.

Appendix 2 is a summary overview of all the Regional priorities which has been collated from sections 2- 9 below.

2.2. Cross cutting priorities

The Partnership Board has identified that there are a number of priority areas for regional action that are cross cutting and which will impact on more than one core theme. These also assist in addressing the overarching findings from our Population Assessment.

The tables below summarise our plans for integrated working in relation to these cross cutting priorities.

CC1 Implementation of Welsh Community Care Information System across the region		
How will we deliver?	**Partner agencies**	**Reporting Mechanism**
WCCIS Regional Partnership Group - Led by the Regional officer appointed will work to an agreed WCCIS implementation plan	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB,	TLG will oversee the delivery of the WCCIS Implementation Plan reporting to the Partnership board on a biannual basis or by exception

Key Regional Actions across Cwm Taf	Timescales / Milestones	Resources	IAA	Preventative	Alternative models
• Determine and agree the joint implementation road map to include the regional vision and identified benefits • Implement the governance structure for the Implementation of the project • Set out and agree a joint communication and engagement plan to support the implementation roadmap • Appoint lead officer to lead implementation plan • Deliver Year 1 Implementation plan • Review and agree detailed medium term Implementation plans for delivery in year 2 and beyond	• March 2018 • April 2018 • May 2018 • April 2018 2018/19 2018/19	• ICF allocation to fund lead officer role • Core budgets to fund WCCIS system teams in each organisation	√	√	√

CC2 Development and embedding of co production as our way of working, adopting an asset based approach working with people and communities		
How will we deliver?	**Partner agencies**	**Reporting Mechanism**
Cwm Taf Wellbeing Plan - the development of community zones is a joint priority for the PSB and the Partnership Board in Cwm Taf Cwm Taf Social Value Forum's annual delivery plan will help support the cultural changes required to overcome existing barriers in order to embed coproduction across the partnership.	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, Police, South Wales Fire and Rescue Service, Natural Resources Wales, Probation services, Police and Crime Commissioner.	The Cwm Taf Strategic Partnership Board will oversee the progress of the Community Zones and report to the PSB and Partnership Board on a biannual basis or by exception The TLG will oversee the delivery of the Social Value Forum work plan reporting to the Partnership board on

Commissioning Plans will take a coproductive approach to working with citizens, communities and the third sector		a biannual basis or by exception			
Key Regional Actions across Cwm Taf	**Timescales / Milestones**	**Resources**	**IAA**	**Preventative**	**Alternative models**
• Development of Community Zones as an area or place based approach, focussing support to improve outcomes for residents with the greatest challenges, including Adverse Childhood Experiences • Deliver the Community Zone approach in Gurnos and Upper Rhondda Fach • Roll out learning from these communities in areas of greatest need • Cwm Taf Social Value Forum to develop the road map to support the cultural changes required to overcome existing barriers in embedding coproduction across the partnership (e.g. Commissioning process, training etc.) through an annual delivery plan. • Development of an engagement strategy to facilitate communication between citizens, communities and the third sector and the Partnership Board. • Implementation of the agreed delivery plan and engagement strategy. • Evaluation of performance against the year 1 agreed delivery plan and engagement strategy to inform year 2 plans and beyond	Ongoing (led by PSB) Year 1-2 Years 2-5 Ongoing May 2018 Year 1 April 2019	Core budgets Communities 1st , Flying Start and Family First Grant	✓	√	√

CC3 Development of Cwm Taf Regional Commissioning arrangements						
How will we deliver?	**Partner agencies**	**Reporting Mechanism**				
The Regional 'Area' plan	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector	The TLG will oversee the operational delivery plans for the commissioning resource reporting to the Partnership board on a bi-monthly basis				
Key Regional Actions across Cwm Taf	**Timescales / Milestones**	**Resources**	**IAA**	**Preventative**	**Alternative models**	
• Agree the structure, role and responsibility of the regional team and the hosting arrangements • Recruit, Appoint and induct the staff to the team • Implement the year 1 work programme for the team • Review regional arrangements in light of the proposed Health board and Regional boundary changes • Implement revised regional team following Health board and Regional boundary changes	April 2018 June 2018 2018/19 September 2018 TBD (following consultation)	• Core budgets (eg Delivering Transformation Grant)	√	√	√	

CC4 Development of Independent Professional Advocacy for those who need it (based on requirements of Part 10 of SSWB Act)		
How will we deliver?	**Partner agencies**	**Reporting Mechanism**
Regional Commissioning arrangements will support a regional action plan to develop a consistent approach to advocacy across the region	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector	The TLG will oversee the development of advocacy in the region reporting to the Partnership board on a bi-annual basis

Key Regional Actions across Cwm Taf	**Timescales / Milestones**	**Resources**	**IAA**	**Preventative**	**Alternative models**
• Complete the individual advocacy action plans for adult services developed following the self assessment in June 2017 • Review progress of each individual organisation regarding advocacy action plans for adult services and consider a Regional approach to the planning and commissioning of advocacy led and overseen by the regional commissioning team • Continue to implement and monitor the National Advocacy arrangements for children and young people	April 2018 June 2018 Ongoing	Core budgets	√	√	√

CC5 Ensure consistent, timely and easy access to information, advice and assistance that supports resilience and wellbeing		
How will we deliver?	**Partner agencies**	**Reporting Mechanism**
Cwm Taf Wellbeing Plan - the development of community zones is a joint priority for the PSB and the Partnership Board in Cwm Taf - see action CC2 Cwm Taf Social Value Forum's annual delivery plan will embed coproduction and its engagement strategy will facilitate communication between citizens, communities and the third sector and the Partnership Board. Delivery of this function will primarily be through the	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector	The Cwm Taf Strategic Partnership Board will oversee the progress of the Community Zones and report to the PSB and Partnership Board on a biannual basis or by exception The TLG will oversee the development of IAA in the region reporting to the Partnership Board regarding the Dewis directory on a

implementation of specific statements of intent which have provision of IAA at their heart. However the regional development of Dewis will be through the Regional Dewis Steering Group		bi-annual basis				
Key Regional Actions across Cwm Taf	**Timescales / Milestones**	**Resources**	**IAA**	**Preventative**	**Alternative models**
• Community Zones - see CC2 above • Work with our communities to provide consistent messages, links and signposting to community, public sector and business support within and close to communities • Cwm Taf Social Value forum to develop the engagement strategy to govern the communication arrangements between community groups and the Partnership board • Cwm Taf Regional team to co-ordinate the IAA developments across all the Statement of Intent work plans • Review the content and functionality of the Dewis Directory • Develop and implement a marketing strategy for the Dewis directory to promote its use for the public and expand functionality to include a wider group of services (i.e. FIS and 111 service) • Evaluate implementation and impact of IAA services • Support the development of local Health Parks and Cluster Hubs as part of the implementation plan for integrated health and care centres • Support opportunities to implement social prescribing and wellbeing initiatives to influence cultural and behavioural change, supporting people to access community activities and services	In PSB 's Well-being Plan May 2018 Ongoing June 2018 June 2018 2019/20 2018/19 Ongoing	Core budgets Primary Care fund/WG Pipeline investment Primary care	√	√	√

which can help address people's needs in non clinical, holistic ways eg Arts based therapies in sessions; Make Every Contact Count training; Men and Women Sheds development; Cluster Wellbeing Coordinators and Support officers in GP practices • Ensure the work of the Partnership Board meets the requirements of the Welsh Language Act (e.g. communications, engagement and publications etc.)	Ongoing	Cluster plans			

CC6 Secure a sustainable and good quality workforce across Health and social Care					
How will we deliver?	**Partner agencies**	**Reporting Mechanism**			
Cwm Taf Social Care Workforce Development Partnership - Workforce development plan	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector	The SCWDP will oversee the development of a workforce strategy in the region update the Partnership Board on a bi-annual basis			
Key Regional Actions across Cwm Taf	**Timescales / Milestones**	**Resources**	**IAA**	**Preventative**	**Alternative models**
• Implementation of the whole sector Recruitment and Retention action plan • Implementation Plan to prepare social care sector for the RISCA (Regulation and Inspection Act) • Implementation of the Social Care Wales Care at Home Strategy • Implementation of the Cwm Taf Social Care workforce training plan	April 2018/ 2019	Facilitation Grant SCWDP Grant Core funds	√	√	√

3.CHILDREN AND YOUNG PEOPLE

3.1. What did the Population Assessment tell us?

- In 2015, there were 89,772 children and young people aged 0-24 living in Cwm Taf which represents 30% of the total population. The 0-24 age population group has been declining in Cwm Taf since 2011.
- 42% of children are living in poverty in Cwm Taf. Merthyr Tydfil had the second highest level of child poverty in Wales at 26.3%. The equivalent figure in RCT was 24.7%;
- There are high levels of children living in low income households and lone parent households;
- 2,625 children in need (including Disability) live in Cwm Taf and make up 13.5% of all children in need in Wales;
- 2,615 children and young people are reported to have experienced mental ill-health in Cwm Taf and make up 13.5 % of all cases in Wales;
- 765 children and young people are Looked After in Cwm Taf, which is 13.5 % of all CYP looked after in Wales. 555 children and young people are on the Child Protection Register in Cwm Taf, and make up 18.5% of all such children in Wales. Children known to social services have a much lower wellbeing score than children from the general population;
- 1 in 5 children in Wales report low life satisfaction. From our engagement with young people in Cwm Taf, we found many had a negative view of their community and environment and;
- 3,263 self-reported young carers aged under 25 yrs in Cwm Taf, an increase of 16% since 2001.

- From our engagement with young people, we learnt they value the people they can trust and want to be listened to, with more control and influence over their lives.

From looking at the data and from the engagement with children and young people, the **population assessment** drew out the following headline messages:

- Adverse Childhood Experiences (ACEs) have a tremendous impact on health and wellbeing later in life. Children who experience stressful and poor quality childhoods are more likely to experience poor mental health and develop long term health conditions as they move into adulthood.

- Timely access to the right mental health care is crucial if we are to support better mental health among children and young people and reduce pressure on high level need services such as CAMHS.

- Levels of subjective wellbeing are found to predict future health, mortality, productivity and income.

- We need to get better at involving children and young people, seeking their views and actively listening to what they say.

Some of the relevant findings for children and young people from the **Cwm Taf Well-being Assessment** included:

- Taking part in things seems to be good for everyone's well-being;
- Gaining new skills and qualifications to tackle the challenges we face;
- Children are spending less time outdoors but access to safe, natural play space outdoors has been shown to improve children's physical and emotional well-being;
- A good start in life is fundamental to the well-being of future generations – children's chances in life are strongly influenced by their experience during their early years, particularly the impact of Adverse Childhood Experiences (ACES) which may involve physical, emotional or sexual abuse or living in a family where there is parental separation, substance misuse, domestic violence or mental illness and;
- 28% of children in Cwm Taf are overweight or obese by the time they start school - this leads to problems later in life, both physical and mental.

3.2. Our integrated approach to meeting the care and support needs of children and young people

Meeting the needs of children and young people will be a priority for the Region. Working with a wide range of partners and through engagement and consultation with children and young people, we have developed a draft Regional Strategy for Supporting Children, Young People and Families. Link to be added

The strategy sets out how partners will work together to ensure high quality, accessible and integrated services that will help children, young people, families and communities quickly and effectively. It includes a shared vision, principles and objectives that will direct the work of all partners over the period 2017-2022.

The draft Regional Strategy will be subject to further consultation with stakeholders and finalised in early 2018.

Our draft shared vision is that:

Children, young people and families in Cwm Taf live safe, healthy and fulfilled lives and that they are able to achieve their full potential by building resilient communities.

The shared principles that we will promote are to:

- Work better in partnership with local children, young people, families and communities to help them achieve their personal well-being outcomes and build resilience;
- Work positively with children, young people and families taking a strengths-based, co-production approach;
- Take a place based approach to working collaboratively in and with communities to develop the best possible environment for them to thrive and;
- Focus our intensive support on those children and young people who need help to deal with significant adverse experiences.

There are three central themes to the Cwm Taf Shared Vision.

This approach is shown in the diagram below:

Pathway to improving outcomes

3.3. What does good look like for children and young people

We will use these outcomes to tell us if we have been successful:

- Children, young people and families in Cwm Taf live safe, healthy and fulfilled lives and achieve their full potential;
- Families and communities are more resilient and independent;
- Our focus on communities gives children, young people and families the best possible environment to thrive and;
- The balance of resource shifts from safeguarding, substitute and complex care to early and targeted help.

3.4. What does good look like for children who are looked after

We will use these outcomes to tell us if we have been successful

- More children and young people are supported to live with their families safely;
- More parents and carers are supported to help their children live with their families safely;
- The wellbeing and opportunities of children and young people who become looked after are improved and;
- People who need our support experience a seamless service that will help them achieve the things that matter to their wellbeing

3.5 Key actions

The draft Regional Strategy includes shared objectives, a number of which are reflected in the tables below together with examples of actions we will take to meet them. During year 1 of the Regional Plan, 2018/19, these will be revised if needed, together with the identification of further Actions as appropriate, following approval of the Regional Strategy for Children, Young People and Families. Implementation will proceed with increased momentum and pace following the establishment of the Regional Commissioning Team from April 2018.

CYP1: We will have the right universal services at the right time to promote wellbeing achievement and

independence						
How will we deliver?	**Partner agencies**	**Reporting Mechanism**				
Cwm Taf Wellbeing Plan - the development of community zones is a joint priority for the PSB and the Partnership Board in Cwm Taf The Cwm Taf CYP steering group will manage the implementation of the Regional strategy for supporting children, young people and families	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector	The Cwm Taf Strategic Partnership Board will oversee the progress of the Community Zones and report to the PSB and Partnership Board on a biannual basis or by exception The TLG will oversee the development of the Regional strategy for supporting children, young people and families in the region reporting to the Partnership Board regarding the on a bi-monthly basis				
Key Regional Actions	**Timescales / Milestones**	**Resources**	**IAA**	**Preventative**	**Alternative models**	
• Work to achieve an integrated place-based approach to building resilient communities that prevents and mitigates the effects of adverse childhood experiences (ACESs) starting with the community zone pilots for Gurnos and Ferndale. See CC2 • Invest in and collaborate with our local communities to support children, young people and families' learning, resilience, and wellbeing - for example by providing good quality (co-produced) and widely accessible information available to the public	2018-19 2018/2020	•Core budgets •Grant allocations •Community assets •Volunteers •Third sector support	√	√	√	

		• Community groups • Primary care cluster monies			

CYP2: We will focus on early help for those with emerging difficulties		
How will we deliver?	**Partner agencies**	**Reporting Mechanism**
The Cwm Taf CYP steering group will manage the implementation of the Regional strategy for supporting children, young people and families	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector	The TLG will oversee the development of the Regional strategy for supporting children, young people and families in the region reporting to the Partnership Board regarding the on a bi-monthly basis

Key Regional Actions across Cwm Taf	**Timescales / Milestones**	**Resources**	**IAA**	**Preventative**	**Alternative models**
• Co-produce shared plans for the development and organisation of early help interventions in localities, underpinned by information sharing, joint-working arrangements and the active involvement of children, young people and families in their co-production	2018/20	• Core budgets • Community assets • Volunteers • Third sector support • Community groups • Primary care	√	√	√

		cluster monies			

CYP3 We will target intensive support for those who are really struggling					
How will we deliver?	**Partner agencies**	**Reporting Mechanism**			
The Cwm Taf CYP steering group will manage the implementation of the Regional strategy for supporting children, young people and families	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector	The TLG will oversee the development of the Regional strategy for supporting children, young people and families in the region reporting to the Partnership Board regarding the on a bi-monthly basis The Cwm Taf Safeguarding Board will advise on the development of any proposed joint safeguarding arrangements			
Key Regional Actions across Cwm Taf	**Timescales / Milestones**	**Resources**	**IAA**	**Preventative**	**Alternative models**
• Enhance partner's joint arrangements for safeguarding, risk assessment and information sharing, ensuring that they are successful in protecting children, young people and vulnerable adults in communities. • Provide a full range of integrated services for children, young people and families' with complex needs to provide care and support at the right time and place.	2018/2020		√	√	√

• Continue to implement the agreed 2016 statement of intent for children and young people who are looked after **(LINK)** • Implement a shared framework for the assessment, eligibility and support for children, young people and families, to ensure we are collaborating effectively across professions and agencies. • Extend the IFST pooled budget already in place to support delivery of a continuum of family support services across Cwm Taf and increase our overall proportional spend in this area.	2016/2020 2018/19 2018.2019				

4. LEARNING DISABILITY INCLUDING AUTISM

4.1. What did the population assessment tell us?

- There are about 5,500 people in Cwm Taf who have a learning disability and about 2,500 of these are children and young people;
- About 740 children and young people in Cwm Taf have an Autistic Spectrum Disorder and some of them will also have a learning disability;
- There is forecast to be only a small increase in the number of children aged 0-17 with a learning disability by 2025. However there is expected to be a rise in the number of people aged 55-64 and 75 and over with a moderate or severe learning disability. Although small in number, these individuals are more likely to need some degree of support;
- Whilst only a small number of people with learning disabilities currently use specialist services (such as those provided by the Disabled Children's teams in RCT or Merthyr Tydfil, or the secondary care services for adults in Cwm Taf provided by Abertawe Bro Morgannwg Health Board) those that do appear to have more complicated needs, for example more challenging behavioural difficulties.;
- More people with learning disabilities and their families want to live in the same way as everyone else and have the opportunity and support to live independently. Not enough people access education and employment services;
- People with learning disability are at increased risk of experiencing physical and mental health problems. However they can often find it difficult to access universal and community services in the same way as everyone else or to access services in times of urgency and;
- Services need to be more flexible and work more collaboratively to see the person, not the problem.

From looking at the data and from our engagement with people with learning disability and/or autism and their families, the **Population assessment** drew out the following headline messages:

- People with a learning disability want to be as independent as possible;
- People with a learning disability value family and friends;
- People with a learning disability want to be part of their community;
- People with a learning disability want purposeful activities, to learn new skills and where possible have a job and;
- People with a learning disability want services that they find easy to use and understand.

Some of the relevant findings for people with learning disability from the **Cwm Taf Well-being Assessment** included:

- People need to feel part of their community and many want to offer their time, skills and connections;
- Gaining new skills and qualifications to tackle the challenges we face and;
- Life expectancy and healthy life expectancy are improving in Cwm Taf. However, outcomes for our population are determined by the inequalities that persist.

4.2. Our integrated approach to meeting the care and support needs of people with a learning disability and/or autism

Partners in Cwm Taf have worked together to develop a Joint Statement of Strategic Intent for Children, Young People, and Adults with Learning Disabilities (that includes autism and complex needs) and their families which describes a shared commitment to deliver a new model of integrated modernised learning disability services. Link

Our shared Vision is:

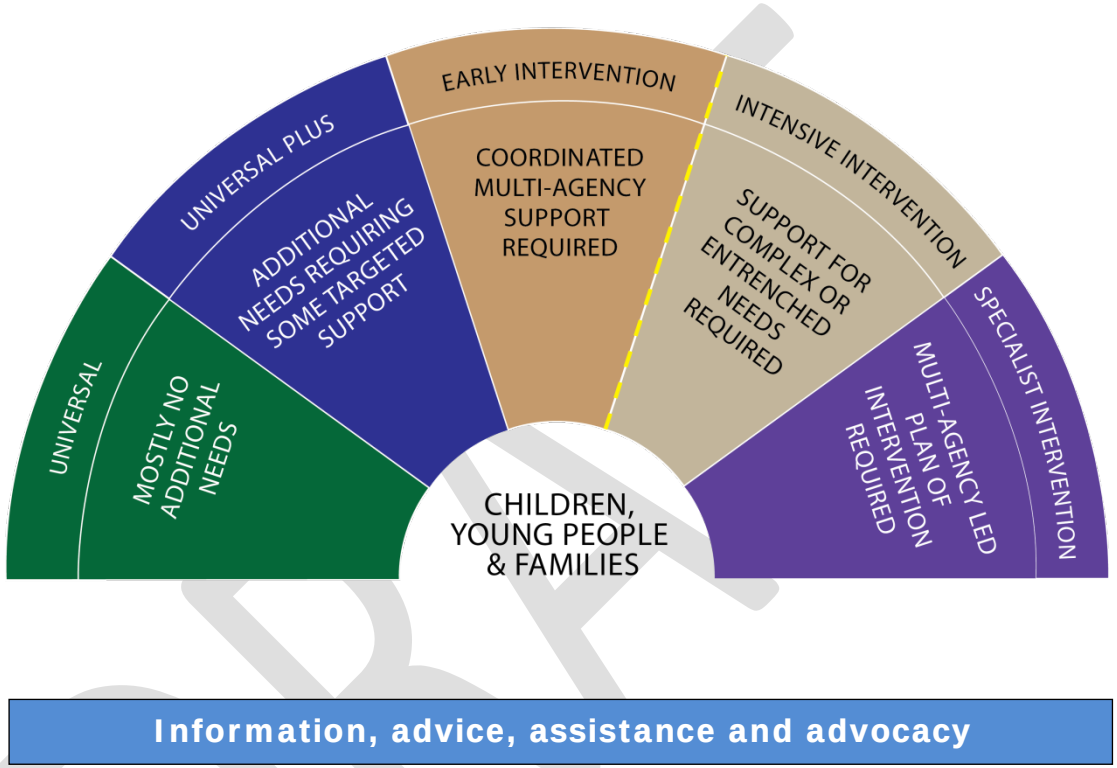
People with a learning disability will be able to access modern services that promote their independence, reduce reliance on long term services and emphasize choice and control.

Children, young people and adults with a learning disability (including those people with autism and complex needs) will be able to access efficient and effective services that enable person centred outcomes and minimize escalation of need and risk through the promotion of early intervention, prevention, greater independence and access to opportunities.

Our Strategy for learning disability services is focused on the following key messages:

- Maximizing the use of universal services;
- Increased early intervention, prevention, information, advice and assistance;
- Building community support and developing people's independence;
- Sustaining people in their own homes;
- Enabling people to live full lives and achieve their potential;
- Keeping people safe and;
- Making the best use of our resources

Our model is illustrated below:



Universal Services

The vast majority of people with learning disabilities do not require social care and live in the community with limited support. People with learning disabilities are at higher risk of many physical and mental health conditions, have fewer opportunities to work and often experience social deprivation. Supporting people with learning disabilities to lead healthy, meaningful lives and preventing the need for more intensive service provision requires universal services (e.g. leisure services, GPs, colleges, etc) to be accessible. Making services accessible means

that ‘reasonable adjustments’ need to be made to the service such as longer consultation slots, easy read information leaflets, desensitisation work/visits.

Universal Plus

On average people with learning disabilities have poorer health and die younger than other people. People with learning disabilities should be able to access primary, community and secondary healthcare services in the same way as the general population. There is a need for support for people with learning disabilities across the life course to understand and express their needs in relation to their health and wellbeing, and to access health-based information together with support and opportunities to lead healthy lifestyles.

Early Intervention

Identifying need at its earliest point and providing the appropriate information, advice, assistance and, where required, intervention, can delay or prevent escalating need that can often be emotionally, socially and economically costly. Being responsive to low level needs must be a consistent and collaborative approach across partners.

Intensive intervention

One important requirement of services is that they are able to retrieve crises, to manage them while they occur and to steadily bring the situation back to one in which problems can be tackled over the longer term. This requires specialist support provided by a range of services, across children’s services, Child and Adolescent Mental Health Services (CAMHS), and specialist community learning disability teams. Support should be built around the needs of the individual through a ‘Collaborative Care’ model. Individuals should expect continuity of care and support through close collaboration between services/agencies.

Specialist Intervention

Everyone with eligible care and support needs should have a single person centred care and support plan, incorporating a range of other plans where appropriate, which they have been involved in developing and of which they have a copy. Plans should focus on what is important to the individual. For children and young people up to the age of 25 with an additional learning need, this should take the form of a single plan which incorporates the requirements under the Additional Learning Need Bill and the care and support plan required under the SSWB Act.

Through increased use of direct payments, people should have access to activities and services within the community; they should have opportunities to learn new skills, have new experiences, gain independence and employment and be supported to develop and maintain relationships. People should be able to access a range of services that meet their cultural and/or spiritual needs.

4.3. What does good look like for people with a learning disability and/or autism

We will use these outcomes to tell us if we have been successful:

Somewhere to live, something to do, someone to love
(home, occupation, relationships)

People with a Learning disability and their families can:

- Access modern services that promote a sense of belonging to and inclusion in their local community;
- Access services that maximise independence, reduce dependency and emphasize choice and control;
- Access efficient and effective services that enable citizen centred wellbeing outcomes;
- Access efficient and effective services that minimize escalation of need and risk and;
- Use services that enable greater privacy and personalised care that meets their individual needs and lifestyles.

4.4 Key actions

We will implement the Cwm Taf Statement of Strategic Intent for Children, Young People and Adults with learning Disabilities, including autism and complex needs, and their families. Implementation will proceed with increased momentum and pace following the establishment of the Regional Commissioning Team from April 2018. Key actions include:

LDA 1 We will ensure that people with a learning disability and their families are able to access modern services that promote a sense of belonging to and inclusion in their local community.					
How will we deliver?	**Partner agencies**	**Reporting Mechanism**			
The Learning Disability Steering group will manage the implementation of this Statement of Strategic Intent	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, RSLs	The Learning Disability Steering group reports to the TLG who will oversee the implementation of this Statement of Strategic Intent reporting to the Partnership Board regarding its progress on a bi-monthly basis			
Key Regional Actions (across Cwm Taf)	**Timescales / Milestones**	**Resources**	**IAA**	**Preventative**	**Alternative models**
We will continue to implement effective communication and engagement plans to ensure people with learning disabilities, their carers and families are at the heart of our policy, commissioning and service improvement plans	*ongoing*	Core budgets	√	√	√
Through engagement with service users, carers and families we will support or commission a wide range of daytime opportunities for people with a learning disability in our communities to mitigate against	*2018-2020*	Core budgets			

loneliness and isolation (to include opportunities within the community zones and hubs)					

LDA 2: We will ensure that services maximise independence, reduce dependency and emphasize choice and control.					
How will we deliver?	**Partner agencies**	**Reporting Mechanism**			
The Learning Disability Steering group will manage the implementation of this Statement of Strategic Intent	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, RSLs	The Learning Disability Steering group reports to the TLG who will oversee the implementation of this Statement of Strategic Intent reporting to the Partnership Board regarding its progress on a bi-monthly basis			
Key Regional Actions	**Timescales / Milestones**	**Resources**	**IAA**	**Preventative**	**Alternative models**
We will work together with Education and the Further Education Institutes to enhance the opportunity for people with a learning disability to access a range of further education provision	2018/20	• Core budgets			

LDA 3 We will ensure that children, young people and adults with a learning disability will be able to access

efficient and effective services that enable citizen centred wellbeing outcomes						
How will we deliver?	**Partner agencies**	**Reporting Mechanism**				
The Learning Disability Steering group will manage the implementation of this Statement of Strategic Intent	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, RSLs	The Learning Disability Steering group reports to the TLG who will oversee the implementation of this Statement of Strategic Intent reporting to the Partnership Board regarding its progress on a bi-monthly basis				
Key Regional Actions	**Timescales / Milestones**	**Resources**	**IAA**	**Preventative**	**Alternative models**	
The LD Steering group will co-produce and implement alongside people who have a learning disability, their carers and families a strategy to promote a positive image of people with a learning disability within the communities of Cwm Taf	*2018/20*	Core budget				

LD4 we will ensure that children, young people and adults with a learning disability will be able to access efficient and effective services that minimize escalation of need and risk

How will we deliver?	Partner agencies	Reporting Mechanism
The Learning Disability Steering group will manage the implementation of this Statement of Strategic Intent	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, RSLs	The Learning Disability Steering group reports to the TLG who will oversee the implementation of this Statement of Strategic Intent reporting to the Partnership Board regarding its progress on a bi-monthly basis

Key Regional Actions	Timescales / Milestones	Resources	IAA	Preventative	Alternative models
We will work with our partners in housing to ensure the availability of suitable housing and support in the home for people with a learning disability their carers and their families living in Cwm Taf	2018/21	Core budgets RSL's			

LD5 we will ensure that people with a learning disability and their families can use services that enable greater privacy and personalised care that meets their individual needs and lifestyles

How will we deliver?	Partner agencies	Reporting Mechanism
The Learning Disability Steering group will manage the implementation of this Statement of Strategic Intent	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, RSLs	The Learning Disability Steering group reports to the TLG who will oversee the implementation of this Statement of Strategic Intent reporting to the Partnership Board regarding its progress on a bi-monthly basis

Key Regional Actions	Timescales / Milestones	Resources	IAA	Preventative	Alternative models
We will work together to ensure that people with the most complex needs are supported to live in accommodation with care that meets their needs effectively and is of good quality	*ongoing*	ICF LD Pooled fund			

LD6 Implementation of a new Integrated Autism Service which is lifelong; flexible and responsive to need; overcomes barriers between health and social care; includes education and employment services; easily accessible; a source of expertise for wider services

How will we deliver?	Partner agencies	Reporting Mechanism
The Integrated Autism Steering group will manage the implementation of this Operational service. The steering group will ensure that this new innovative service is truly integrated across children's and adults services developing strong links and pathways across all key stakeholders and services including children, young people, adult individuals and their families and carers.	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, RSLs	The Integrated Autism Steering group reports to the TLG who will oversee the implementation of this joint service reporting to the Partnership Board regarding its progress on a quarterly basis

Key Regional Actions	Timescales / Milestones	Resources	IAA	Preventative	Alternative models
The Cwm Taf Integrated Autism Service will become fully operational during February. The IAS Steering Group will hold engagement sessions with local parents support Groups in February and March. The IAS will be officially launched in February / March Promote awareness of and embed new service	February 2018 February 2018 Feb / March 2018 2018/19	• ICF • Core budgets	√	√	

5. OLDER PEOPLE

5.1. What did the population assessment tell us?

- In 2013 there were over 53,000 people aged over 65 and over 23,000 over 75;
- By 2030 the number of people over the 65 years is expected to increase by 30.4% and people over 80 years by 71.3%;
- 44.5% of people aged over 75 in Cwm Taf live alone – older people can spend between 70-90% of their time in their home;
- The number of informal carers over the age of 65 in Cwm Taf grew by more than 30% between 2001 and 2011, more rapidly than the general carer population;
- 30% of Carers in Cwm Taf provide substantial levels of care with 32% providing over 50 hours of care per week and;
- The number of people over 65 living with dementia is expected to increase from 3.463 to 5,325 (a 53.7% increase) and for those over 75 from 2,903 to 4,676 (a 61% increase).

From looking at the data and from the engagement with older people, the **Population assessment** drew out the following headline messages:

- Older people need and value supportive communities and family networks.
- Older people value their independence and want to live in their own home. They also expect health and social care to work together to coordinate their care.
- Older people want to be treated with dignity and respect and value continuity of care from health and social care services.

Some of the relevant findings for older people from the **Cwm Taf Well-being Assessment** included:

- People need to feel part of their community and many want to offer their time, skills and connections;
- Taking part in things seems to be good for everyone's well-being – being active, involved and enjoying healthy lives helps us live longer and reduces loneliness and isolation;
- Life expectancy and healthy life expectancy are improving in Cwm Taf. However, outcomes for our population are determined by the inequalities that persist and;
- The quality of the home and environment has a substantial impact on well-being - more communities need to be age friendly.

5.2. Our integrated approach to meeting the care and support needs of older people

Meeting the needs of an increasingly ageing population will be a priority for the Region. Working with a wide range of partners and through engagement and consultation with older people, we have developed a Joint Commissioning Statement for Older People's Services 2015-2025 (link)

We have adopted a common vision for integrated health and social care services for older people in Cwm Taf:

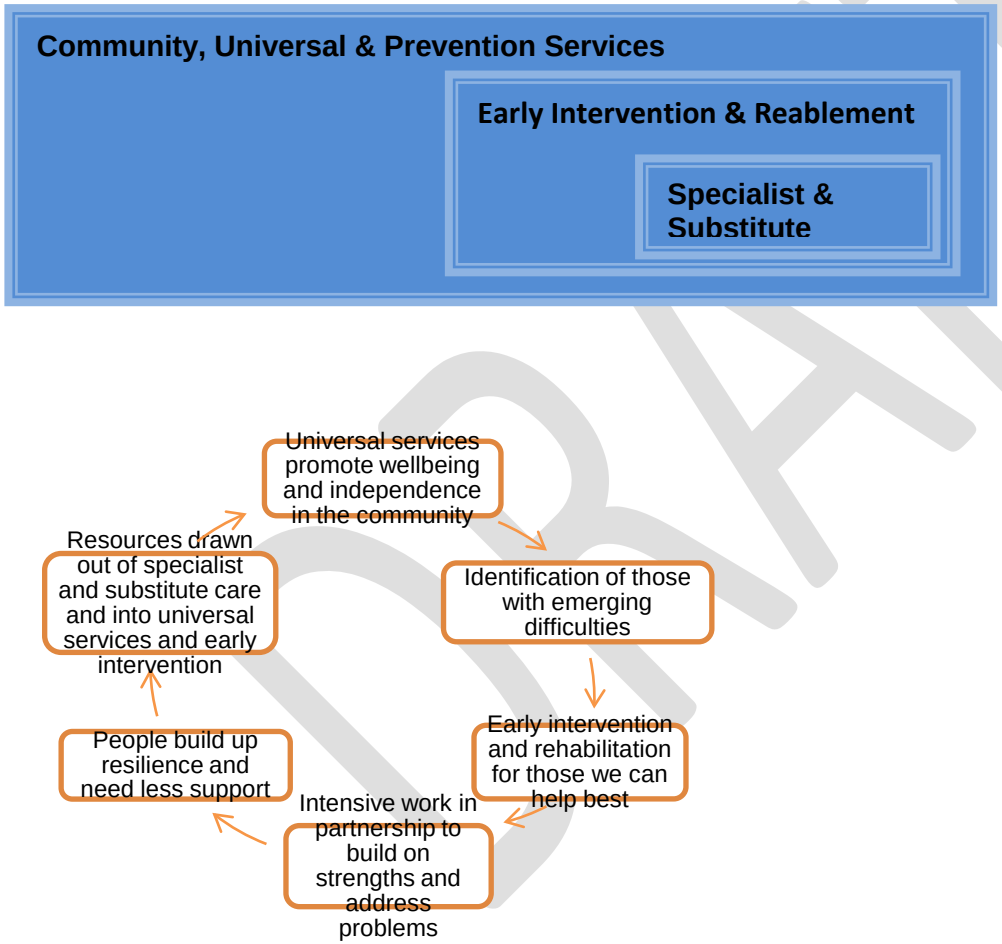
'Supporting people to live independent, healthy and fulfilled lives'

By providing health and social care services that are:

- Integrated, joined up and seamless.
- Focused on prevention, self-management and reablement.

- Responsive and locally delivered in the right place, at the right time and by the right person.
- Safe, sustainable and cost effective.

We will achieve this by building an integrated, co-ordinated approach to health and social care services (where they overlap) comprising 3 inter-related levels:



Community, Universal and Prevention Services.

We see a key role for all partners in nurturing supportive communities and family networks. The availability of easily accessible universal services together with general and targeted health and wellbeing initiatives is the foundation of our service model.

Early Intervention and Reablement Services.

For those who have needs which cannot be met purely by community, universal and preventative support, we will offer time-limited and goal orientated services to help them address their difficulties, by supporting them to recover and regain their independence, preventing the need for specialist or substitute care. We will ensure a "whole system" approach where older people and their support networks will experience a single integrated care pathway.

Specialist and Substitute Services.

Specialist or Substitute services would only be provided when it has been determined that someone is not able to regain their independence and their needs can only be met through interventions by public sector services. The provision of services at this level would be in response to a holistic assessment that takes into account people's needs and wishes. They will be centred on promoting choice and control, and will work with people to improve their quality of life in ways that work for them. We will ensure that people have access to good quality information and advice to help them make informed choices.

5.3 What does good look like for older people in Cwm Taf

We will use these outcomes to tell us if we have been successful:

- Older people live longer, healthier and happier lives;
- Older people live life to the full and are enabled to maintain their independence for as long as possible;

- Older people who become ill, frail or vulnerable receive the care and support they need at the right time in the right place;
- All individuals and communities recognise the need to take more responsibility for their own health and wellbeing and are supported to do this;
- That people are treated with dignity and respect and treat others the same;
- That people are heard and listened to and;
- That people know and understand what care, support and opportunities are available and use these to help them achieve their well-being.

5.4 Key actions.

We will implement our Cwm Taf Joint Commissioning Statement. Implementation will proceed with increased momentum and pace following the establishment of the Regional Commissioning Team from April 2018. Specific actions include:

OP1. We will nurture supportive communities and family networks through making easily accessible universal services, general and targeted health and wellbeing initiatives available					
How will we deliver?	**Partner agencies**	**Reporting Mechanism**			
An Older peoples commissioning group will manage the implementation of the Joint Commissioning Statement for older people's services and the Cwm Taf Ageing Well plan	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, RSLs	The TLG will oversee the implementation of the Cwm Taf Joint Commissioning Statement for older people's services and the Cwm Taf Ageing Well Plan reporting to the Partnership Board regarding the on a bi-monthly basis			
Key Regional Actions	**Timescales Milestone**	**Resources**	**IAA**	**Preventative**	**Alternative models**

	s				
• Community Zones - see action CC2 • Continue to commission a Community Coordination service across the region to support citizens make connections to activity and support in their communities • Roll out of Falls Awareness Programme in sheltered housing schemes and communities • Support the development of Dementia Friendly Communities • Develop and implement a whole system/pathway approach to commissioning preventative services for older people	2018/19 2018/19 2018/19	• ICF • Core budgets • Community assets • Volunteers • Third sector support • Community groups • Primary care cluster monies	√	√	√

OP2. We will offer integrated, time limited and goal orientated services to help people whose needs cannot be met purely by community and preventative support					
How will we deliver?	**Partner agencies**	**Reporting Mechanism**			
An Older peoples commissioning group will manage the implementation of the Joint Commissioning Statement for older people's services The Stay Well @Home operational board will manage the implementation of the SW@H service	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, Independent Sector	The TLG will oversee the implementation of the Cwm Taf Joint Commissioning Statement for older people's services reporting to the Board on a bi-monthly basis			
Key Regional Actions	***By When?***	**Resources**	**IAA**	**Preventative**	**Alternative models**
• Provide reablement and intermediate care services to support people maximise their independence in the community and to support safe and timely hospital discharge	Ongoing Ongoing	Core funds ICF	√	√	√

• Implement the SW@H service across the Cwm Taf Region • Consider the outcome of the independent Evaluation of the SW@H service and implement any agreed recommendations that result from that evaluation • Develop proposals for Stay Well @Home 2	2018/19 2018/19				

OP3. We will ensure people have access to holistic assessment that takes into account peoples needs and wishes, promoting choice and control to improve quality of life					
How will we deliver?	**Partner agencies**	**Reporting Mechanism**			
An older peoples commissioning group will manage the implementation of the Joint Commissioning Statement for older people's services	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, Independent Sector	The TLG will oversee the implementation of the Cwm Taf Joint Commissioning Statement for older people's services reporting to the Partnership Board regarding the on a bi-monthly basis			
Key Regional Actions	***By When?***	**Resources**	**IAA**	**Preventative**	**Alternative models**
• Work together to ensure the effective co-ordination of safe hospital discharge is maintained (e.g the hospital discharge co-ordinators and additional social work capacity at the community hospital sites) • Based on the successful implementation of the SW@H service, explore the potential benefits of further integration of community	Ongoing	Core funds ICF	√	√	√

based Health and Social Care services and if appropriate develop a business case for change • Pilot the multi agency, multi disciplinary Virtual Ward model initiated in a Cynon GP Practice to support patients with frailty and complex health and social care needs • Implement the Cwm Taf End of Life Care Delivery Plan	Ongoing Ongoing 2018/19	Primary care cluster funds			

OP4. We will ensure that older people whose needs require a specialist or substitute service are able to access those services at the right time in the right place and that they offer an improved quality of life					
How will we deliver?	**Partner agencies**	**Reporting Mechanism**			
An older peoples commissioning group will manage the implementation of the Joint Commissioning Statement for older people's services The Operational Board will manage the Pooled fund arrangements for Care homes and the implementation of the Market Position Statement The Valley Life project steering group will manage the project plan for this development for people living with dementia across the region	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, Independent Sector	The TLG will oversee the implementation of the Cwm Taf Joint Commissioning Statement for older people's services reporting to the Partnership Board regarding the on a bi-monthly basis			
Key Regional Actions	***By***	**Resources**	**IAA**	**Preventat**	**Alternat**

	When?			ive	ive models
• Implement the Care home Pooled Fund as set out in the Legal Agreement • Implement the agreed requirements of the market position statement for the care home sector • Support the application of the revised regional Care home contract and service specification • Implement the Dementia Strategy and Valley LIFE project to improve services in the community for people living with dementia • Support the nursing care home capacity across the region through the delivery of a care home support team	May 2018 2018/21 2018/20 2018/20 ongoing	Core funds Pooled fund ICF	√	√	√

6. CARERS

6.1 What did the population assessment tell us?

- Nearly 13% of the population in Cwm Taf (29,640 people in RCT and 7,427 in Merthyr Tydfil) reported in the 2011 census that they were providing care to a family member, friend or neighbour which is higher than the all Wales figure;
- The majority of carers in Cwm Taf are over 50, with the largest group being aged 50-64 years;
- The number of carers over the age of 65 is increasing more rapidly than the general carer population. With an ageing population, this is likely to increase further over the coming year;
- There were 3263 young and young adult carers under the age of 25, an increase of 19% since 2001;
- 32% of carers in Cwm Taf provide over 50 hours of care per week;
- 35% of carers in Cwm Taf in the 2011 census rated their health as fair, bad or very bad;
- Support groups for both younger and older carers are highly valued;
- Carers want access to respite and short breaks to recharge batteries and young carers want more free time to spend with friends and socialise and;
- Awareness raising is needed to increase knowledge and understanding of the caring role, both in society and with professionals.

From looking at the data and from the engagement with carers of all ages, the **population assessment** drew out the following headline messages:

- Higher levels of poor physical and mental health, chronic conditions, disabilities and the ageing population impact on the need for informal care and numbers of carers.
- Carers need to be recognised and valued for their caring role. They want to be listened to and have more control but one size does not fit all.
- Carers must be able to find the information and support they need easily and quickly to help them sustain their caring role.
- Carers want to participate in and stay connected to a life alongside caring.
- Carers and service providers must work together with more effective communication and coordination between services, seeing the person and not the problem.

Some of the relevant findings for carers of all ages from the **Cwm Taf Well-being Assessment** included:

- People need to feel part of their community and many want to offer their time, skills and connections.
- Taking part in things seems to be good for everyone's well-being.
- Gaining new skills and qualifications to tackle the challenges we face.
- Preventing ill health across the population improves well being and reduces inequality.
- A good start in life is fundamental to the well-being of future generations.

6.2. Our integrated approach to meeting the care and support needs of carers

As part of the Regional Work programme of the Cwm Taf Social Services and Well-being Partnership Board, a new Cwm Taf Carers Strategy was developed in 2016 to replace the separate plans of partner organisations. Having reviewed our current services, building on the progress made implementing the Carers Measure from 2012-2015 and taking into account the requirements of the SSWB Act as well as the views expressed during engagement and consultation with Carers and staff, the Cwm Taf Carers Strategy 2016-19 has the following 5 Aims.

• *Aim 1:* Identifying Carers of all ages and recognising their contributions

If we are to meet their needs, we first have to identify carers of all ages, raising awareness amongst the public and with our staff about who carers are and what they do. Carers of all ages need us to understand and value their caring role, recognising that they are key partners in the care they provide, involving them in decisions that affect them and the person they care for.

• *Aim 2:* Providing up to date, relevant and timely information, advice & assistance to Carers of all ages

It was clear from our engagement that getting the right information and advice at the right time can make a huge difference whether it is when people are first faced with a caring situation, or if their caring situation changes over time. Whatever the information needed, for example about managing money or allowances available, advice about the impact of caring on health and well-being, or how to access support services, it must be provided in a variety of understandable formats, accessible locally and promptly to help carers make informed choices.

• *Aim 3:* Providing support, services & training to meet the needs of Carers of all ages

By this we mean different types of support which can help carers carry out their caring role effectively and meet a range of needs, including maintaining their own physical and emotional health and well-being, being able to take

up education, training and employment opportunities as well as participation in activities outside their caring role. Carers need to recharge their batteries but can only do so having confidence in the alternative care being provided to the person they care for.

• *Aim 4:* Giving Carers of all ages a voice, with more choice & control over their lives

By this we mean ensuring carers are involved in and consulted on issues and decisions that affect their daily lives and the lives of the person they care for. In addition, we must enable their voice to influence the planning, design and delivery of future services that affect them.

Aim 5: Working together to make the most of our resources for the benefit of Carers of all ages

Individuals, their families and carers may require care and/or support from more than one organisation. Where this is the case, the care and support they receive should be effectively coordinated and delivered - the right services at the right time in the right place.

6.3. What does good look like for carers in Cwm Taf:

The Cwm Taf Carers Strategy 2016-19 contains a Vision Statement which identifies what good looks like for carers locally. In addition, one of the most consistent messages we have been given during engagement with carers is that what good looks like for them is when we “get it right for the person they care for”.

Carers of all ages in Cwm Taf will be recognised and valued as being fundamental to supportive and resilient families and communities. They will not have to care alone and will be able to access information, advice and support to help meet their needs, empowering them to lead healthy and fulfilled lives, balancing their caring role and their life outside caring.

6.4 Key actions:

We will continue to implement the Cwm Taf Carers Strategy 2016-19 and refresh it to take account of the new national priority areas for carers. A Ministerial Advisory Group for Carers will be established in 2018 to drive improvement for carers in Wales and three national priority areas for improvement for all carers have been identified:

- Support and life alongside the caring role ;
- Identification and recognition; and
- Information, advice and assistance.

In addition, in September 2017, the Cwm Taf SSWB Partnership Board commissioned the Welsh Institute of Health and Social Care to work with partners to review our current service model for carers and consider how we could provide more effective integrated services across the region. The Summary report of this work produced in January 2018 is available here (link). The report includes a blueprint of what a comprehensive "offer" for Cwm Taf carers could look like across five themes

- Access, information, advice and assistance
- Support services
- Employment support services, education and training

- Respite and breaks
- Making it happen

The Partnership Board has endorsed this approach, including exploring the scope of an integrated, dedicated team to respond to carers issues across the region, operating from multiple places where carers can receive elements of the "offer" that meet their needs more effectively.

Specific Actions include:

C1 Identifying carers of all ages and recognising their contributions					
How will we deliver?	**Partner agencies**	**Reporting Mechanism**			
The Cwm Taf Carers Partnership will oversee the delivery of the Cwm Taf Carers Strategy through its annual Action plan, including the implementation of the regional integrated model for carers in Cwm Taf	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, Schools, Colleges, Employers	The TLG will oversee the implementation of the Cwm Taf Carers Strategy, reporting to the Partnership Board regarding the on a bi-annual basis			
Key Regional Actions	***By When?***	**Resources**	**IAA**	**Preventative**	**Alternative models**
Implement actions under Aim 1 of the Cwm Taf Carers Strategy including • Assessing and maximising the impact of Carers Champions • Annual Carers Champions conference to share information and best practice • Staff awareness training, including student nurses and social workers through links with education providers • Roll out of Schools Award schemes Implement relevant elements of the blue print offer for carers	2018/19 2018/19	Core budgets ICF WG Carers grant	√	√	√

C2 Providing up to date, relevant and timely information, advice and assistance to carers of all ages					
How will we deliver?	**Partner agencies**	**Reporting Mechanism**			
The Cwm Taf Carers Partnership will oversee the delivery of the Cwm Taf Carers Strategy through its annual Action plan, including the implementation of the regional integrated model for carers in Cwm Taf	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, Independent Sector	The TLG will oversee the implementation of the Cwm Taf Carers Strategy, reporting to the Partnership Board regarding the on a bi-annual basis			
Key Regional Actions	***By When?***	**Resources**	**IAA**	**Preventative**	**Alternative models**
Implement actions under Aim 2 of the Cwm Taf Carers Strategy including supporting actions under OP1, LDA1 and CYP1/2 so carers know where in their local communities they can find the information, advice and assistance they need Implement relevant elements of the blue print offer for carers	2018/19	Core budgets ICF WG Carers grant	√	√	√

C3 Providing support, services and training to meet the needs of carers of all ages		
How will we deliver?	**Partner agencies**	**Reporting Mechanism**
The Cwm Taf Carers Partnership will oversee the delivery of the Cwm Taf Carers Strategy through its	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third	The TLG will oversee the implementation of the Cwm Taf

Annual Action plan, including the implementation of the regional integrated model for carers in Cwm Taf	Sector, Independent Sector	Carers Strategy, reporting to the Partnership Board regarding the on a bi-annual basis

Key Regional Actions	***By When?***	**Resources**	**IAA**	**Preventative**	**Alternative models**
Implement actions under Aim 3 of the Cwm Taf Carers Strategy including • Flexible working policies for public sector employees in Cwm Taf who are carers • Support the implementation of Age Friendly and Dementia Friendly Communities • Roll out John's campaign to support people with dementia when they are in hospital by involving their carers during their inpatient stay • Pilot inreach service into hospital premises to support carers and facilitate discharge • Develop options for respite services Implement relevant elements of the blue print offer for carers	2018/19	Core budgets ICF WG Carers grant Respite grant	√	√	√

C4 Giving carers of all ages a voice with more choice and control over their lives		
How will we deliver?	**Partner agencies**	**Reporting Mechanism**
The Cwm Taf Carers Partnership will oversee the	RCT CBC, Merthyr Tydfil	The TLG will oversee the

delivery of the Cwm Taf Carers Strategy through its Annual Action plan, including the implementation of the regional integrated model for carers in Cwm Taf	CBC, Cwm Taf UHB, Third Sector, Independent Sector	implementation of the Cwm Taf Carers Strategy, reporting to the Partnership Board regarding the on a bi-annual basis

Key Regional Actions	***By When?***	**Resources**	**IAA**	**Preventative**	**Alternative models**
Implement actions under Aim 4 of the Cwm Taf Carers Strategy including • Involvement of Carers in training staff • Development of carers stories for use in training and awareness raising, including use of DVDs • Working with peer support groups for carers Implement relevant elements of the blue print offer for carers	2018/19	Core budgets ICF WG Carers grant	√	√	√

C5 Working together to make the most of our resources for the benefit of carers of all ages		
How will we deliver?	**Partner agencies**	**Reporting Mechanism**
The Cwm Taf Carers Partnership will oversee the delivery of the Cwm Taf Carers Strategy through its Annual Action plan, including the implementation of	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, Independent Sector	The TLG will oversee the implementation of the Cwm Taf

the regional integrated model for carers in Cwm Taf		Carers Strategy, reporting to the Partnership Board regarding the on a bi-annual basis

Key Regional Actions	***By When?***	**Resources**	**IAA**	**Preventative**	**Alternative models**
• Implement actions under Aim 5 of the Cwm Taf Carers Strategy including opportunities for wider collaborative working eg with South Wales Fire and Rescue, South Wales Police, Welsh Ambulance Services , Job Centre Plus, Welsh Water • Implement relevant elements of the blue print offer for carers Develop proposals for interim integrated carers team across the region and scope detailed implementation of more innovative model as suggested in Wihsc review	2018/19	Core budgets ICF WG Carers grant	√	√	√

7.PHYSICAL DISABILITY AND SENSORY IMPAIRMENT

7.1. What did the Population assessment tell us?

- Physical Disability including sensory loss is a significant issue affecting one in five people in Wales;
- There are around 4150 people in Cwm Taf registered as having some kind of physical disability or sensory impairment - service providers believe this number is not a true reflection of the numbers affected;
- Choice and independence are important to disabled people just as they are for non disabled people;
- As the number of people over the age of 80 grows in the next 15 years, more people are likely to suffer with health and physical disabilities, including sensory impairment as some of these conditions become more common as people get older;
- The Cwm Taf area is one of the most deprived in Wales which manifests itself in shorter life expectancy for our residents. Men living in the most deprived areas of Cwm Taf live almost one third of their lives with a limiting long term illness or disability;
- 33% of adults in Wales reported in the Welsh Health Survey that their day to day activities were limited because of a health problem or disability lasting or expected to last at least 12 months;
- Data from the Welsh Health Survey shows that 16% of adults reported having difficulty with their hearing. The rate increased with age, and 36% of those aged 65 and over reported a hearing difficulty;
- Poor eyesight is a major risk factor for falls in older people as is hearing loss with tinnitus and balance disorders;
- Disabled people are significantly more likely to experience discrimination at work than non-disabled people and;
- Improvements in medical treatment and care mean that disabled children and young people with complex needs now have a greater life expectancy than previously. With this positive change come challenges to ensure they are able to lead as productive and fulfilling a life as possible.

From looking at the data and from the engagement with people with a physical disability and/or sensory impairment and their carers, the **population assessment** drew out the following headline messages:

- Although a range of support services exist, people are unsure what is available to them and how to access services, support and help;
- People do not identify with the language and definitions that are routinely used by professionals and providers of services;
- Services need to focus on the needs of individuals as there are many different types of conditions which will affect people in different ways;
- People with physical disabilities including sensory impairment want to be part of their community removing the barriers that exist and;
- Establish early intervention and preventative services rather than reactive services, which often come into play at times of crisis.

Some of the relevant findings for people with a physical disability or sensory impairment from the **Cwm Taf Well-being Assessment** included:

- Taking part in things seems to be good for everyone's well-being;
- Gaining new skills and qualifications to tackle the challenges we face;
- A good start in life is fundamental to the well-being of future generations – premature babies and those with a low birth weight are more likely to have multiple and complex disabilities;
- Five health harming behaviours (smoking, obesity, alcohol consumption, poor diet and inactivity) lead to four chronic conditions (heart disease, cancer, stroke and diabetes) which account for 64% of early deaths in Cwm Taf;
- In Cwm Taf, there are stark differences in healthy life expectancy and disability free life expectancy (ie the number of years someone can expect to live free of a chronic condition or limiting long term illness). People in Cwm Taf consistently report poorer health than the rest of Wales and;
- The quality of the home and the environment has an important part to play in improving people's physical and mental health and well-being.

Whilst we were undertaking the Population Assessment in Cwm Taf, we recognised that we needed to do more work to understand and respond to the needs of people with sensory impairment and physical disabilities. Although this group is not one of those specified in part 9 of the SSWB Act, we wish to develop a regional Statement of Intent, following the same approach as has been undertaken for other client groups. We will build on work done by individual partners, such as the delivery of the UHB's Eye Care Plan and the implementation in the UHB of the All Wales Standards for communication and information for people with sensory loss, to maximise the impact we can make by working together.

PDSI 1 Improving outcomes for people with a physical disability and/or sensory impairment					
How will we deliver?	**Partner agencies**	**Reporting Mechanism**			
Development of a multiagency physical disability and sensory impairment working group (to include service users and carers)	RCT CBC, Merthyr Tydfil CBC, Cwm Taf UHB, Third Sector, Independent Sector	The TLG will oversee the development of a multiagency working group and ensure an effective response is formulated to meet the specialist needs of people with physical disabilities and sensory impairments; reporting to the Partnership Board regarding the on a bi-monthly basis			
Key Regional Actions	***By When?***	**Resources**	**IAA**	**Preventative**	**Alternative models**
• Establish a multiagency working group with effective representation and engagement arrangements • Review the information from the population assessment, relevant best practice and statutory guidance • Co -produce and publish a statement of intent to meet the needs of	2018/19 2019/20	Core funds ICF	√	√	√

people with physical disabilities and/or sensory impairment • Continue to deliver Early supported discharge service for stroke patients in the community to reduce length of stay in hospital	Ongoing				

8. MENTAL HEALTH

8.1. What did the population assessment tell us?

- Cwm Taf has the highest levels of mental illness and poor wellbeing in Wales;
- Around 50% of lifetime mental illness starts by the age of 14 and continues to have a harmful effect on the individual and their family for many years;
- As our older population increases, so will the prevalence of dementia. In 2015, there were approximately 3,685 over 65s affected by dementia in Cwm Taf. This is estimated to rise to 5,455 by 2030;
- Mental ill health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events;
- Cwm Taf has the highest suicide rate in Wales - 14.1 per 100,000 population;
- Cwm Taf has the highest anti depressant prescribing figures in Wales;
- People with mental illness are far more likely to live in rented accommodation and their mental ill health is often given as a major reason for tenancy breakdown and;
- Alcohol accounts for 62% of referrals to substance misuse treatment services in Cwm Taf, with substances making up the remaining 38% of referrals. Over a third of adults across Cwm Taf drink in excess of recommended guidelines.

In addition, the Community Safety Partnership's Strategic Assessment undertaken in 2017 highlighted the impact of alcohol and drug misuse on our communities:

- More than half of people with substance misuse problems are simultaneously diagnosed with a mental health disorder at some point in their lives, with alcohol being the most commonly reported substance misused.
- Cwm Taf has the highest rates of both drug misuse and alcohol related deaths in Wales

From looking at the data and from the engagement with mental health service users and carers, the **population assessment** drew out the following headline messages:

- Supporting people's mental health is important – maternal mental health; Adverse Childhood Experiences (ACES); children and young people, adults, older people.
- Supporting the development of preventative services is a priority. Evidence shows a range of preventative interventions across the life course to be effective and cost effective
- We need to develop a common language to improve service provision and avoid stigma and confusion. There are a spectrum of experiences from wellbeing through to severe and mental illness
- We need to improve our systems to provide better, integrated services and reduce inequalities.

Some of the relevant findings for people with mental health problems from the **Cwm Taf Well-being Assessment** included:

- Taking part in things seems to be good for everyone's well-being
- Gaining new skills and qualifications to tackle the challenges we face
- A good start in life is fundamental to the well-being of future generations – children's chances in life are strongly influenced by their experience during their early years, particularly the impact of Adverse Childhood Experiences (ACES) which may involve physical, emotional or sexual abuse or living in a family where there is parental separation, substance misuse, domestic violence or mental illness.
- The quality of the home and the environment has an important part to play in improving people's physical and mental health and well-being
- Building resilient communities is important to mental well-being

The responsibility for developing and implementing plans to meet the care and support needs in relation to mental health and substance misuse lies with other Partnerships in Cwm Taf ie the Cwm Taf Mental health Partnership and the Cwm Taf Area Planning Board for Substance Misuse. However, there need to be close links with the work of the SSWB Partnership as many of the actions needed overlap with those identified in this Regional Plan for other groups such as Older people and Children and Young People. The Mental Health Partnership and the Area Planning Board will keep the SSWB Partnership Board regularly updated on progress.

Cwm Taf Mental Health Partnership: Key actions for 2018-19

MH 1 Developing the 10 year strategy for adult mental health services across Cwm Taf

- *Key areas to include: transition between services; crisis and assessment; co-occurring mental health and substance misuse agenda; access to housing; addressing loneliness and isolation; access to meaningful daytime activities; suicide prevention (see also below)*

MH 2 Developing a children's and young people's mental health and wellbeing strategy

- *Key areas to include: transition to adult services; crisis support; early intervention and preventative services; behavioural interventions; fit to ACE (Adverse Childhood Experiences) agenda;*

MH 3 Developing a Cwm Taf Dementia strategy

- *Key areas to include: responses to the national dementia strategy key priorities; tackling loneliness and isolation; Valley LIFE project proposal and scope;*

MH 4 Developing a Cwm Taf multi agency response to Suicide Prevention - Talk to Me 2

- *Developing a Cwm Taf regional multi-agency response to the national plan, led by the third sector*

MH 5 Reviewing assessment pathways and accessing support in a crisis

MH 6 Implementing the co-occurring mental health and substance misuse framework

- *Key areas to address in 2018-19 include: undertaking a joint audit, covering effective clinical leadership, resolution of professional differences of opinion; delivering multi-agency based training; ensuring up to date pathways, protocols and referral processes are in place between agencies and are publically available.*

Throughout these priorities it has been agreed by the Mental Health Partnership that the following cross-cutting issues need to be embedded across all organisations:

- ☐ service user and carer engagement and involvement in order to inform and improve service delivery
- ☐ access to quality and timely information, advice and assistance to enable informed decision making
- ☐ tackling loneliness and isolation
- ☐ crisis and assessment processes
- ☐ embedding the dignity pledge

The new updated terms of reference for the Mental Health Partnership include the required structures and reporting mechanisms to ensure delivery, with the opportunity to escalate issues to the board. As part of the partnership board's annual reporting and development cycle, these priorities will be reviewed and refreshed in the Autumn of 2018 for 2019/20.

Cwm Taf Area Planning Board: Key actions for 2018-19

MH 7 Implementing the new Cwm Taf Integrated Substance Use Service Model

- *Further developing and implementing a new service model across statutory and voluntary sector, designed with service users and their carers.*
  The new service model will include: prevention, early intervention and diagnosis services; public health based initiatives to raise awareness of substance misuse problems; a tiered approach to services based on the recovery model including harm reduction, motivational interventions and assertive outreach; ensure that people are managed appropriately reflecting their identified needs and risks, as well as any individual's protected characteristics; emphasis on developing the workforce skills, knowledge and training to ensure that staff are competent and well-trained for their current and future roles; and effective clinical leadership is embedded with clear lines of governance, accountability and means of escalating and resolving professional differences

9. VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE

9.1. What did the Population Assessment tell us?

- There are a high volume of incidents of violence reported to SW Police, despite this volume we are aware that many incidents go unreported, therefore we are dealing with a small proportion of actual abuse;
- The numbers of people accessing support services are a small proportion of those affected by abuse;
- There is limited support available to low and medium risk victims, this equates to significant unmet need;
- There is very little direct support provided to children to combat the impact of domestic abuse or sexual violence within their home environment;
- A relatively high number of cases per 10,000 population are referred to Multi Agency Risk Assessment Conference (MARAC) in Cwm Taf;
- Currently there are limited opportunities for service users to be involved in the design and delivery of services and;
- Support services across Cwm Taf are not consistent in the way they are provided or the type of intervention provided.

From looking at the data and from the engagement with service users and service providers, the **Population assessment** drew out the following headline messages

- People need to be empowered to report incidents of violence and take up the services we offer.
- Services need to meet the needs of all groups in our communities.
- Services need to work together to tackle the underlying problems that are leading to violence.
- Services need to protect and support children in families where violence and abuse is happening.
- People who use our services should tell us what they need and how we can do better.

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act for the first time established a number of statutory duties on responsible authorities. These included the requirement to develop a Local Delivery Strategy to deliver the national aims of preventing violence, protecting victims of violence and supporting people who have been affected by violence. The strategic responsibility for this issue rests with the Cwm Taf Community Safety Partnership Board and delivery of the local strategy and delivery plan is through the VAWDASV Steering Group. This issue also has close links with the Local Safeguarding Board.

The Cwm Taf Violence Against Women, Domestic Abuse and Sexual Violence Strategy and Delivery Plan 2017-21 has the overarching outcome that:

Individuals who live or work in Cwm Taf live fear free, in safe, violence free, relationships and communities

The Strategy & Delivery Plan has a number of strategic aims, each of which has associated actions that are set out in the Plan (link). The aims are:

Aim 1: Increase awareness of violence against women, domestic abuse and sexual violence across the Cwm Taf Population

To ensure more people are aware of violence against women, domestic abuse and sexual violence by delivering various awareness campaigns.

Aim 2: Enhance education provision in relation to healthy relationships and gender equality

The implementation of the "whole education approach" in schools across Cwm Taf, delivery of the national training framework and increased engagement with young people.

Aim 3: Hold perpetrators to account for their actions and support them to change their behaviour

More services for perpetrators of violence and abuse to challenge and change their behaviour.

Aim 4: Enable professionals to provide effective, timely and appropriate responses to victims and survivors

Training for professionals, an improved performance framework, improved service user engagement.

Aim 5: Increase the number of specialist services that are of high quality across the Cwm Taf region

An integrated Cwm Taf service model, joined up commissioning and adoption of a consistent set of core standards

Final sections to be added re where Plan will be available on partner websites, formats etc

Summary version

For further information about Cwm Taf's Regional Plan, please contact :

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Appendix 1 –
NATIONAL OUTCOMES FRAMEWORK FOR PEOPLE WHO NEED CARE AND SUPPORT AND CARERS WHO NEED SUPPORT

What well-being means	National well-being outcomes	What we will measure

Securing rights and entitlements Also for adults: Control over day-to-day life	I know and understand what care, support and opportunities are available and use these to help me achieve my well-being I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being I am treated with dignity and respect and treat others the same My voice is heard and listened to My individual circumstances are considered I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me	Quality of care and support Quality of life Whether people are treated with respect Whether people receive the right information when they need it Whether people are in control of their daily life Whether people are involved in decisions about their care and support
Physical and mental health and emotional well-being Also for children: Physical, intellectual, emotional, social and behavioural development	I am healthy and active and do things to keep myself healthy I am happy and do the things that make me happy I get the right care and support, as early as possible	Whether people say they feel healthy physically and mentally Life satisfaction Whether people are living a healthy life style (including children with up-to-date immunisations and dental checks, life expectancy, low birth weights) Children's development Hip fractures among older people
Protection from abuse and neglect	I am safe and protected from abuse and neglect I am supported to protect the people that matter to me from abuse and neglect I am informed about how to make my concerns known	How much abuse and neglect takes place Whether people say they feel safe
Education, training and recreation	I can learn and develop to my full potential I do the things that matter to me	Educational attainment of children School attendance rates of children Adult learner outcomes and qualifications Whether people are able do the things that matter to them
Domestic, family and personal relationships	I belong I contribute to and enjoy safe and healthy relationships	A sense of community Loneliness
Contribution made to society	I engage and make a contribution to my community I feel valued in society	Whether people think the things they do in life are worthwhile Participation in society

What well-being means	National well-being outcomes	What we will measure	What we will measu
Social and economic well-being Also for adults: Participation in work	I contribute towards my social life and can be with the people that I choose I do not live in poverty I am supported to work I get the help I need to grow up and be independent I get care and support through the Welsh language if I want it	People working Gap in life expectancy between least and most deprived 19-24 year olds who are not in education, employment or training Material deprivation	
Suitability of living accommodation	I live in a home that best supports me to achieve my well-being	Whether housing meets people's needs Homeless households with dependent children or pregnant women Quality of social housing	

APPENDIX 2

Summary Overview of Regional Priorities

CROSS CUTTING PRIORITIES
CC1 Implementation of WCCIS across the region
CC2 Development and embedding of co production as our way of working, adopting an asset based approach working with people and communities
CC3 Development of Cwm Taf Regional Commissioning arrangements
CC4 Development of Independent Professional Advocacy for those who need it (based on requirements of Part 10 of SSWB Act)
CC5 Ensure consistent, timely and easy access to information, advice and assistance that supports resilience and wellbeing
CC6 Secure a sustainable and good quality workforce across Health and social Care

CHILDREN AND YOUNG PEOPLE
CYP1: We will have the right universal services at the right time to promote wellbeing achievement and independence
CYP2: We will focus on early help for those with emerging difficulties
CYP3 We will target intensive support for those who are really struggling

LEARNING DISABILITY INCLUDING AUTISM
LDA 1 We will ensure that people with a learning disability and their families are able to access modern services that promote a sense of belonging to and inclusion in their local community.
LDA 2: We will ensure that services maximise independence, reduce dependency and emphasize choice and control.
LDA 3 We will ensure that children, young people and adults with a learning disability will be able to access efficient and effective services that enable citizen centred wellbeing outcomes
LD4 we will ensure that children, young people and adults with a learning disability will be able to access efficient and effective services that minimize escalation of need and risk

LD5 we will ensure that people with a learning disability and their families can use services that enable greater privacy and personalised care that meets their individual needs and lifestyles
LD6 Implementation of a new Integrated Autism service which is lifelong; flexible and responsive to need; overcomes barriers between health and social care; includes education and employment services; easily accessible; a source of expertise for wider services

OLDER PEOPLE
OP1 We will nurture supportive communities and family networks through making easily accessible universal services, general and targeted health and wellbeing initiatives available
OP2 We will offer integrated, time limited and goal orientated services to help people whose needs cannot be met purely by community and preventative support
OP3 We will ensure people have access to holistic assessment that takes into account peoples needs and wishes, promoting choice and control to improve quality of life
OP4 We will ensure that older people whose needs require a specialist or substitute service are able to access those services at the right time in the right place and that they offer an improved quality of life

CARERS
C1 Identifying carers of all ages and recognising their contributions
C2 Providing up to date, relevant and timely information, advice and assistance to carers of all ages
C3 Providing support, services and training to meet the needs of carers of all ages
C4 Giving carers of all ages a voice with more choice and control over their lives
C5 Working together to make the most of our resources for the benefit of carers of all ages

PHYSICAL DISABILITY AND SENSORY IMPAIRMENT
PDSI 1 Improving outcomes for people with a physical disability and/or sensory impairment

MENTAL HEALTH
MH1 Developing the 10 year strategy for adult mental health services across Cwm Taf
MH2 Developing a children's and young people's mental health and well-being strategy

MH3 Developing a Cwm Taf Dementia Strategy
MH4 Developing a Cwm Taf wide response to the national plan for Suicide Prevention - Talk to Me 2
MH5 Reviewing our Assessment pathways and how people access support in a crisis
MH6 Implementing the co-occurring mental health and substance misuse framework
MH7 Implementing the new Cwm Taf Integrated Substance Misuse service model

VIOLENCE AGAINST WOMEN,DOMESTIC ABUSE AND SEXUAL VIOLENCE
VWDASV1 Increase awareness of violence against women, domestic abuse and sexual violence across the Cwm Taf Population
VWDASV2 Enhance education provision in relation to healthy relationships and gender equality
VWDASV3 Hold perpetrators to account for their actions and support them to change their behaviour
VWDASV4 Enable professionals to provide effective, timely and appropriate responses to victims and survivors
VWDASV5 Increase the number of specialist services that are of high quality across the Cwm Taf region

Cwm Taf Social Services and Well-being Partnership
Report of the Community Panels held December 2017

Practice Solutions Ltd

Author:
Heulwen Blackmore

December 2017

INDEX

1. Introduction and Background

1.1 This report has been produced to summarise the key points identified in the engagement carried out as part of the ongoing development of the Cwm Taf Regional Plan. It is based on the input of people who engaged with the three workshops held in December 2017 and written input from people who also wanted to contribute.

1.2 The Cwm Taf Social Services and Well-being Partnership Board comprises representatives from the Cwm Taf University Health Board, Rhondda Cynon Taf and Merthyr Tydfil Councils, the Third Sector, Care Forum Wales, Social Care Wales, and service user and carers. Wider engagement informs the development of the Cwm Taf Regional Plan.

1.3 The first plan must be produced by April 2018, and will set out how the Partnership will respond to the findings of the Cwm Taf Population Needs Assessment published in April 2017 http://www.ourcwmtaf.wales/cwm-taf-well-being . The plan covers a five-year period and will outline the range and level of services to be provided in response to the needs for care and support identified in the Population Needs Assessment. The needs and priorities within the plan will be reviewed annually to monitor progress, and amended as required to ensure that people who live in Cwm Taf who need care and/ or support can achieve positive outcomes.

1.4 Priority areas set by Welsh Government under the Social Services and Well-being (Wales) Act 2014 are:

- 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 and illness

1.5 The Population Needs Assessment emphasised the need to look at the whole person and not just one problem they might experience. In addition to the groups listed above, Cwm Taf has identified the need for more work to improve services in other areas, for example for people with physical disabilities and sensory impairments, those with mental health issues, substance misuse problems or victims of domestic abuse and sexual violence.

2. Methodology

2.1 Three Community Panels were held; in Abercynon, Porth and Merthyr Tydfil. The approach was adopted to ensure that those present were given time by facilitators who were able to listen to their specific views about the care and support they received from health and social care services. Due to the small numbers of participants, everyone was given opportunity to share their perspective in a relaxed and safe environment which is not always possible in larger scale public events. Attendance varied as the first Panel coincided with adverse weather conditions; however, the information gathered at each of the events provided a rich source of information to inform the development of the Regional Plan.

2.2 At each event, a presentation which gave an overview of the plan was provided, together with opportunities for questions. This was then followed by facilitated discussions which focussed on six key areas which reflected the overarching themes of the 2017 Population Assessment:

- Getting information, advice and assistance
- Stopping problems before they start
- Stopping problems before they get worse

- Connecting you to your community
- Seamless services
- Making it personal and working together with you

2.3 Those who attended were encouraged to share their own experiences and explore good practice though positive experiences, or use negative experiences to frame improvement opportunities.

2.4 Members of the Community Panels had an opportunity to respond to the Regional Plan by focussing on the following themes:

- Identifying positive opportunities for co-production and building on community assets.
- Identifying good practice in relation to the provision of information advice and assistance that supports resilience and well-being.
- Exploring what outcomes people would expect from efficient and reliable community services.
- How they want to be kept informed on progress and the changes to the area plan.

3. Common Themes

3.1 Running through each of the engagement events was the importance of communication – getting it right, and good quality information. This is covered in more detail under the headings which follow.

3.2 It was felt that the priorities and issues identified were broadly the right ones. The challenge of engaging people in developing the plan was identified and several suggestions and offers about how this could be done were provided. Using easy read, better use of IT where people access services, local hubs, running a dedicated group for people with dementia, using the auspices perhaps of the Alzheimers Society and/ or MIND.

3.3 Community assets were identified. These include initiatives and activities set up within communities by communities such as walking groups and community choirs, which also provide opportunities to improve well-being, remove social isolation and share information. The people who attended had very local information on issues in their geographical area and area of interest/ expertise which provided a rich source of information to help steer and shape plans. The willingness to engage, encourage others to engage and stay involved came through at each of the events.

4. Discussion Areas

GETTING INFORMATION, ADVICE AND ASSISTANCE

4.1 The importance of good quality, easily accessible and understandable information and advice was emphasised by all. The diversity of approach to seeking and obtaining information was also highlighted. There is no clear centrally used source that people can access. Examples of sources used were:

- Word of mouth
- Interlink
- Front line staff
- Carers Wales
- People First
- Posters at GP or library
- Internet
- Phoning the council
- Information board

- RCT Carers project

4.2 Having one “front door” was seen as essential, although attendees stressed the point that people want to get information by different methods, so as well as having one high profile front door, it was important that good quality up to date information was available at many access points. For example, it was very useful to have someone whose job it was to signpost people within the GP surgery. The importance of getting information from “trusted voices” was raised. It was noted that within Cwm Taf, there is the possibility of the development of community hubs/ neighbourhood networks.

4.3 It was recognised that the provision of an information, advice and assistance service is a statutory requirement, but there were concerns about variation across Wales and within regions, as well as a question mark over how performance was measured. How would people know the service was making a difference? Including equality monitoring as a statutory requirement would provide some information.

4.4 There was some awareness of Dewis Cymru as the national approach to information, advice and assistance, but it was not widely used and it was felt that information there was patchy and not easy to find. Additionally, while it’s very useful to have online information, this does not work for everyone.

4.5 People must be put at the centre of the service, and that means that the first point of contact must be well informed and equipped to supply advice to ensure that those who seek help do not have to repeat their story several times. The contact needed to have knowledge about translation services, for example.

4.6 With respect to the way information was provided, several issues were raised. The need for easyread information to be routinely available, visual information like short video clips, and the need for other languages in addition to Welsh and English. The importance of keeping things simple, forms short, but also ensuring that if wanted, people had access to the full detail was important.

4.7 Specifically, it is challenging to access information for people who have severe learning disabilities, which are compounded by health problems - even GPs can be at a loss to know which service to refer these individuals to because of their learning disabilities.

4.8 Another specific area where it was felt it was difficult to access information was finance, debts and benefits – there is some available at CAB and Age Connect but identified as fundamental to well-being and not consistently provided or enough available.

What hinders

- Staff don’t have the information people are seeking – provide consistent good quality training and awareness and make it the expectation that they do know.
- Lack of IT – access to internet in community centres and day centres. Specific example of learning disability given – if videos could be streamed or help given with internet based forms at day or community centres, this would support people and support Cwm Taf in its aspirations to involve people co-productively.

Good examples/ ideas of information provision

- Where queries have been emailed to the statutory authority a quick and helpful response received.

- Community well-being co-ordinator – provides signposting to a broad range of sources of information e.g. on housing, benefits etc (based in GP surgery and referral by GP).
- Six week sessions providing information to families of people with mental health issues.
- Carers three monthly event with speakers and information - keeps us in the loop in Pontypridd as part of the RCT Carers Project. There is a good mental health carers support group which provides a chance to air your circumstances and get information.
- Being part of local and national networks.
- Hands on and word of mouth is really good. Better than technology - because it's a distraction there's always something else to do.
- Hold a 'Freshers Weeks' for the Cwm Taf community in town centres to let people know about things that exist.
- Careful consideration needs to be given with regards to the marketing of these events. We need to use other forms of communication, for example video, and engage people who use services to encourage participation.

STOPPING PROBLEMS BEFORE THEY START

4.9 It was felt that good quality information, advice and assistance was strongly linked to preventing problems before they start. Without that, problems could escalate to a point where they needed a much more significant intervention. For many people, being independent and staying in their own home was essential for their well-being. Sometimes, extra help was needed to enable that to happen. Using social media effectively, e.g. in campaigns around public health, is useful.

4.10 For many, finding the information was challenging so again, the importance of a high profile and effective single point of access was emphasised. The local approach was valued, having a relationship of trust enabled people to seek out information before a crisis happened. Communication is key to good prevention – people need to know where, when and what preventative services exist.

4.11 To ensure people retain well-being they need to be able to get out of their house and to get to work, school, leisure, social and cultural activities and things like health and social care. Public transport needs to support this and it doesn't. Examples given of no Sunday bus service, and services ending early and starting late, leaving communities cut off.

4.12 Some very important elements which would empower people to seek help early were:

- Being able to speak to the right person at the right time
- Feeling confident and comfortable to speak up about their issues
- Trusting the person or organisation contacted

4.13 There were several discussions about people in work with the comment that sometimes it felt like there was no safety net. Having systems in the work place so that you felt that you could say to people that you're not very well is important, particularly with mental ill health.

4.14 We talked about some of the reasons people didn't seek out help at an early stage. Lack of knowledge, fear of what might happen to them or their loved ones (including pets), lack of community infrastructure and being isolated were contributory factors.

What hinders

- Lack of access points or understanding of where to get help
- Lack of confidence in services
- Lack of transport at necessary times

Good examples/ ideas of stopping problems before they start

- Good Networks are essential. 'Getting Porth Connected' was identified as a good example.
- Mind runs a Blue Light Champion scheme which is very good to learn about opening up when the culture or environment doesn't let you do that.
- Social prescribing – linking people in to services in their community e.g. a gym.
- Running tai chi classes for people in sheltered housing- helps prevent falls, improves well-being.
- Proactive approaches in GP surgeries, e.g. alerting people when blood tests needed.
- The Fire Service has a very good internal mechanism as well as an organisational culture that tries to stop problems before the happen.
- Community infrastructure such as a local community choir, which has the additional benefits or encouraging connectivity, reducing social isolation and is an example of co-production.
- Obesity prevention - some schools have children running a mile a day.
- Local Area Co-ordinators should be used as an additional mechanism for pushing information into communities. However, they need to reach out to more people under 50.
- Pet sitting fostering service for people who have to leave their animals behind because of circumstances. There are examples of it working well and relives the stress that could and would be caused to the person.

STOPPING PROBLEMS BEFORE THEY GET WORSE

4.15 To stop problems before they escalate, the starting point must be to put people at the centre, and design and deliver services around people. An assessment which is focused on what's important to people and follow up is vital. If after illness, physical or mental, contact and support was maintained over time with the person using the service, this could prevent problems getting worse.

4.16 Investment in community capacity and services is essential. Some places in Cwm Taf are lacking basic community amenities and there is insufficient transport and sometimes an inability to travel to where the amenities are. Financial issues are exacerbated if you are ill, a carer, disabled etc. Help for people who may be struggling on a limited income is needed.

4.17 Staff must have knowledge of different conditions and how their caring role might impact the person using the service and their carers. While there may be support in place, the reality is that there is frequently a waiting list which impacts on outcomes.

4.18 There needs to be a good understanding of the needs of carers and the stresses of caring. There are secondary conditions or ill health as a consequence of caring and services need to be prepared to provide an effective response when Carers are unable to carry out their role.

4.19 The need for respite and breaks must be recognised, as to provide some way of "recharging batteries" before carers become exhausted or ill through their responsibilities is important. This enable carers to continue and may prevent problems getting worse. Doing simple things like taking carers out for a coffee and listening to what they're up to and offering ways to help makes a positive difference. Getting respite for people when they need it will reduce problems.

4.20 The lack of bereavement support services was highlighted by a carer with reference to people with a learning disability. Supporting people, life after caring or for the cared for person when a carer is no longer there is a crucial area for consideration.

What hinders

- Services not talking to each other.
- Non delivery of a person centred approach to assessment.
- "When things have gone wrong, everyone pushes you around and no one wants to know".

Good examples/ ideas of stopping problems getting worse

- Value community voluntary transport, but different rules apply depending on where you live. Make them equitable and consistent and easy to understand.
- Put in place activities which reflect people's different needs and interests. There needs to be choice and variety of activity.
- Professionals should work with carers and service users to co-produce opportunities for well-being.
- Carers' advocates to support carers helps deal with individual situations. It can to help with reducing family and marriage tensions.
- Help carers build confidence and self advocate.
- Isolation is a real challenge for carers. They have set up a walking group that has been going for the last ten years. A yoga group for carers is also helpful.
- An idea is an all Wales respite place for carers - that recognises that carers can get away from their cared for to do something different / reenergise.
- Increase psychological support for carers to help people help themselves - increase personal resilience. There is some available through MIND, for example, and via the RCT Carers Project.
- Hospital Discharge Services have the potential to inform people about preventative services.

CONNECTING YOU TO YOUR COMMUNITY

4.21 Having a real connection within your own community supports well-being. Being part of social groups was seen as helping in preventing issues like loneliness and isolation, providing a rich source of information and to supporting positive activities. People can do much themselves, they can and do self-organise, but a level of support and co-ordination and funding is needed to make it happen and keep it going. The costs of supporting people to get and stay connected could be negligible when contrasted with the cost of putting in crisis support if problems escalated.

4.22 Some communities are isolated due to geography and transport and even travelling to the nearest town is a challenge with poor or no public transport. Some communities have no central "hub" such as a community centre, pub or post office.

4.23 Intergenerational projects should be run to connect people to the community, for example younger people teaching older people how to use technology.

4.24 Support in the community for people with a learning disability was highlighted as important. If there are no services, the result can be higher level interventions than are needed – e.g. residential care.

What hinders

- Not knowing what's available in the community – no one organisation/ person holds the knowledge.
- Not recognising the assets that people have – for example, people who use services can and want to contribute to society eg through work or volunteering.

Good examples of connecting

- Community choir.
- Facebook pages.
- Interlink resources help people connect – community co-ordinators.
- An example of a project in northern Europe was discussed where older people run a group for children in the community. Parents leave and the group cook with one another - parents return and then they eat together. This project helps to develop skills that highlight the importance of creating and sharing healthy meals and having time out to relax for all members of the family.

SEAMLESS SERVICES

4.25 Services designed around people, not restricted by organisational boundaries, are the ideal. This refers to all services – health, social services, housing, education, transport, leisure and should cut across the statutory and the third sector.

4.26 There were discussions about how we bring everyone to work together around the person. The bureaucracy in many organisations can be a barrier to effective seamless services. Professionals across organisations need to work together and share information. There should be a personal multi-agency plan designed around the individual who needs care and support, and that should be shared.

4.27 The changed role of the Fire Service was commended as a way that should be considered by health and social care services in exploring how the change from a reactive to a preventative service could be managed.

What hinders

- Bureaucracy and different rules in different organisations.
- Lack of understanding/ awareness of staff about the "systems".

Good examples of seamless services

- The fire service accesses the community about safety ...could we use iPads or other forms of smart phone technology to get the fire service to share useful information about care and support in the community.

MAKING IT PERSONAL AND WORKING TOGETHER WITH YOU

4.28 The importance of professionals working in partnership with people who use services and carers was emphasised and it was generally felt that there was a way to go to make this a reality, not just in Cwm Taf. The role of front line staff is important in setting the tone of co-production, of identifying opportunities for people to get engaged more generally e.g. as in these Citizen Panels. In one case, a social worker had informed a person about the events and actively encouraged an attendee to get engaged to ensure they were involved in wider practice and policy. This should be further encouraged, but requires front line staff to be very well informed about what's going on, and to be in tune with the co-productive approach.

4.29 It was felt that to maximise resources they must be shared and used effectively. There are opportunities. There are untapped resources in the form of public buildings which are used part time e.g.schools and could be used by people who use services, carers and organisations as places to engage, get information. Some commented that everyone needs to take ownership for their personal contribution to their local community.

4.30 Learning from mistakes is important. One example demonstrated an initial lack of understanding of the needs and abilities of an individual; but the willingness of the organisation to listen to the person who uses the service, the carer and be flexible was commended. The carer concerned had provided a source of expertise to the organisation to enable them to improve the quality of their service.

What hinders

- Lack of a can do attitude.
- A lack of understanding of the principles of the Social Services and Well-Being (Wales) Act around "what matters to me".

Good examples / ideas about making it personal and working together

- Young carers who work with the organisation (Action for Children, Barnardos) to design activities and events.
- Work with the people who work with the community e.g. pharmacies, doctors, postmen ... so that they are able to signpost people. Give them an iPad or other form of Smart Phone technology with information and ways to push information through to the relevant organisation or service.

5. Staying Engaged

5.1 People who came to the events felt they were valuable and wanted to stay engaged. When asked how they wanted to be kept informed about developments, they put forward a broad range of ideas. These were:

- Email
- Group meetings – another community panel
- Face to face carries a bit more weight and helps shares people's experiences.
- Videos
- You tube
- A freshers week for communities or wards or towns
- Information markets - something that used to happen
- Information boards in supermarkets, GPs, doctors surgeries, hospitals, libraries, charities based within the area
- Radio
- Newsletter
- Social media
- A share point as in software to share resources and gather comments.
- Posters displayed in dentists, DWP buildings, libraries, homeless shelters, churches and other religious settings

5.2 There were offers of future support from people who attended. "If we know about future design / consultation groups we could hopefully join ones that we are interested in and encourage wider engagement from our community; "I would like and I would offer to run something for people with dementia given enough notice".

Appendix 1

Dear Colleague,

CWM TAF REGIONAL PLAN - 2018-23

As an integral part of the Cwm Taf Social Services and Wellbeing Partnership Board's work to respond to the findings of the Cwm Taf Population Assessment published in April 2017, we are committed to involving citizens throughout the process. A Regional Plan has been developed and we are now at the stage where we wish to test the priorities and actions identified within the plan, with people who live in Cwm Taf.

We have asked an independent team to facilitate three Community Panels across the Cwm Taf region during December 2017. These groups are to be made up of individuals who have experience of using health and social care services, or who are carers of people who use health and social care services and I would be grateful if you could raise awareness of these events within your networks.

Each Community Panel event will host between 30 – 50 people and will take place on the following dates:

Date	Place	Time
11th December	Abercynon sports centre, Parc, Abercynon, Mountain Ash CF45 4UY	10 am -12:30pm
12th December	Rhondda Heritage park hotel, Coedcae Rd, Pontypridd, CF37 2NP	12:30 pm - 3:00pm
15th December	Canolfan Soar, Pontmorlais W, Merthyr Tydfil, CF47 8UB	10 am -12:30pm

The priorities and actions within the Regional Plan will have relevance to all people who access care and support services in Cwm Taf and we are seeking a cross section of views. It is likely that each session will last about two and a half hours.

It will not be necessary for participants to have knowledge of the work of the Cwm Taf Social Services and Wellbeing Partnership Board, but to have knowledge and experience of engaging with health and social care services, and a willingness to participate.

An organisation called Practice Solutions are arranging the Community Panels. People can register their attendance to attend one of the events by contacting Katie Lineham at Practice Solutions, by **Wednesday 6th December**. Her email address is:katie@practicesolutions-ltd.co.uk
and her phone number is 01443 742384.

You are welcome to use Welsh at the meeting, let Katie know when registering and please confirm any additional communication or access requirements.

Yours sincerely,

Sian Nowell
Head of transformation - Cwm Taf Region

CWM TAF REGIONAL PARTNERSHIP

COMMUNITY PANELS FACILITATION DECEMBER 2017

Background paper and basis of group work

The Social Services and Wellbeing Partnership Board consists of the Cwm Taf University Health Board and both Rhondda Cynon Taf and Merthyr Tydfil Councils.

The Regional Plan sets out how they will respond to the findings of the Cwm Taf Population Assessment published in April 2017. It is a five-year plan, which outlines the range and level of services to be provided in response to the needs for care and support identified in the population assessment. The Partnership Board must 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 and illness

The Population Needs Assessment emphasised the need to look at the whole person and not just one problem they might experience and we know that more work needs to be done locally to improve services for people with physical disabilities and sensory impairments.

Our plans for older people and mental health services have been developed together to support people with dementia effectively. In relation to children's needs, issues relating to mental health, domestic violence and substance misuse are also relevant. The involvement of housing and education alongside health and social care services has also been considered.

The priorities and actions within the area plan will be reviewed annually to monitor progress. They will be amended as appropriate, to ensure that we empower and enable people in Cwm Taf who need care and support to live the best lives they can and achieve the outcomes that matter to them.

The Driving Force for Change

The Social Services and Well-being (Wales) Act (2014) sets out a challenge to reshape the way communities are supported by statutory organisations. We must make a radical change in our "offer" to individuals, families and communities; supporting them to take responsibility for their own health and well-being. We must shift our emphasis from reactive long term (often institutional) services to an approach which promotes choice, dignity and independence. it is important to recognise the assets and strengths that people bring to their own health and social care, and to their communities and networks

Working to co-produce positive outcomes for adults

The starting point is to emphasise the key role of families and communities in offering support and care to their members. All our citizens are surrounded by a network of family, friends and neighbours that influence their quality of life. They in turn contribute to the community in which they live.

Our role is to complement these networks by supporting people to continue to live fulfilled lives, and when they need it, to help them tackle life problems (e.g. ill-health, bereavement, becoming socially isolated). This is important not only for the individuals concerned, but for the resilience, wellbeing and development of our communities.

Accessing advice, information and assistance

We need to make the right services available to people at the right time. Where individuals, their families and carers may require care and/or support from more than one organisation this should be effectively coordinated and delivered. By doing so we can support people as soon as they need it, help them to remain happily within their family and community, and for some, avoid expensive and disruptive specialist and substitute care. If this done successfully, over time we can also take some resources out of specialist and substitute care and into better community and universal services.

Working with children and young people

We plan to improve the way we work partnership with local children, young people, their families and communities. We will work to involve them in decisions about their life which helps them to achieve personal outcomes, build on their strengths and become resilient.

We want to work collaboratively in, and with communities to develop the best possible environment for children and young people to thrive in Cwm Taf

We want to focus our intensive support on those children and young people who need help to deal with significant adverse experiences.

Acknowledging the role of Carers

Carers of all ages will be identified, and the contribution of their caring role recognised by professionals and the public. They need to be involved in decisions that affect them and the person they care for.

We want Carers, of all ages to have a voice with more choice & control over their lives. They should be involved in, and consulted on issues and decisions that affect their daily lives and the lives of the person they care for. Carers should also have a say about the design of future services that affect them.

We want to work positively with Carers of all ages by ensuring they have access to advice and assistance that provides up to date, relevant and timely information and access to the right services at the right time in the right place.

There should be support, services & training to meet the needs of Carers of all ages available. Carers should be able to maintain their own physical and emotional health and well-being and take up education, training and employment opportunities. They should also be able to participate in activities outside their caring role.

Appendix 3

Time	Task	Tools	Who
10.00	Welcome Write down what you expect from today?	Post it notes Flip chart paper Pens	Sarah Dafydd to lead Team support
10.05	Presentation – the context	PowerPoint presentation Laptop/Projector	Nicola/Gio
10.25	Write down/tell us what you think about the presentation	Post it notes to be collected and displayed on flip chart paper	Dafydd to lead
10.30	Group discussion 1 • **Getting information, advice and assistance** • **Stopping problems before they start** • **Stopping problems before they get worse** **Stage1:** Give an example of where has worked well? Using those examples of what's worked well. **Stage 2:** What would good look like? i.e. Where would it be? /Who would be using it? What would happen?	Flip Chart paper Pens for groups	Facilitation teams
11.05	Refreshment break		
11.15	Feedback – conversation highlights in relation to: • **Getting information, advice and assistance** • **Stopping problems before they start** • **Stopping problems before they get worse** **Stage 3: Brief** Discussion about what's feasible versus desirable.	Flip chart paper displayed around the room	Dafydd to facilitate discussion
11.25	Group discussion 2 **Connecting you to your community** **Seamless services**	Flip chart paper, pens and post it notes	Facilitation teams

	Making it personal and working together with you **Stage1:** Give an example of where has worked well? Using those examples of what's worked well. **Stage 2:** What would good look like? i.e. Where would it be? /Who would be using it? What would happen?		
12.00	Feedback Feedback – conversation highlights in relation to: **Connecting you to your community** **Seamless services** **Making it personal and working together with you** **Stage 3: Brief** Discussion about what's feasible versus desirable.		Dafydd to facilitate the whole group discussion
12.10	Tell us how you want to be kept informed with the plan. What works? Group discussion		Facilitation teams
12.20	What next? – short presentation	PowerPoint and laptop	Nicola
12.25	Have expectations been met?		Dafydd
12.30	Close		