

# Annual Report 2023 - 2024



May 2024





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# **Foreword**

It is my great privilege to introduce the Cardiff and Vale Regional Partnership Board Annual Report for 2023-24 which has been my final year as Chair.

This period has been marked by a number of challenges:

- Continued recovery and re-balancing following the COVID-19 Pandemic;
- Financial challenges arising from an unsettled economic climate;
- Increases in demand and need across a vast array of services.

In the face of these challenges, it's imperative that we make sure that our work focuses on areas that will have the biggest impact for people in our communities. Every 5 years, we review our priorities and plans, in light of emerging innovation, policy, the refreshed Population Needs Analysis and Market Stability Report. We share these with as wide a range of people as possible to identify how, by working together, we can make the biggest difference for people in Cardiff and the Vale of Glamorgan.

The Cardiff and Vale <u>RPB's Joint Area Plan</u> sets out Partner's plans to improve the health and wellbeing of the local population. The strategic direction specifically relates to the joint activities we are committing to as a partnership, building on a long history of collaboration.

The RPB already orientates its work around key life stages; recognising the need for a shared endeavour to enable people in Cardiff and the Vale of Glamorgan to **start well**, **live well** and **age well** and has an agreed delivery programme for each. In addition, we have been working with The King's Fund to help us identify areas where the Cardiff and Vale system is making substantial progress and also highlight opportunities to progress further by drawing on international literature and experience.

This is an opportunity to accelerate the delivery of the changes that we as a partnership consider to be of fundamental importance for our population. We have identified the following **totemic 'North Stars'** that we will drive forward together in a very deliberative way, as a single mission:

- ❖ First 1001 days: The first 1001 days of a child's life is widely recognised to be a unique window of opportunity and the right care given during that time has more influence on a child's future than at any other time in their life.
- ❖ Diabetes: A population Health-focused programme to 'turn the curve' on a significant threat to the health and wellbeing of the population in Cardiff and Vale.
- Place Based Care: Accelerating our integrated care model to:
  - Embed joined up locality and clusterbased care from prevention and wellbeing through to coordinated care
  - Design and deliver a coherent and joined up intermediate care offer, linking the wide range of services into a coherent single approach (Safe@home, community hospitals, CRT and VCRS, reablement)
  - Align closely with the urgent and emergency care (Six Goals) and Accelerated Cluster Development programmes.

As the outgoing Chair of the Regional Partnership Board it is my pleasure to welcome Prof. Charles Janczewski, Chair of the Cardiff and Vale University Health Board into the role. You will get a sense of our shared vision for the next phase of the RPB from his forward look to the year ahead.

I would like to take this opportunity of thanking all my Partnership Board colleagues for their help and support over this year. Together, I know that we are well placed to continue our mission for partnership and collaboration across our region.



Cllr Eddie Williams, Chair of the Regional Partnership Board 2023-24 and Cabinet Member for Social Care and Health, Vale of Glamorgan Council.



# **The Regional Partnership Board**

We are a strategic group of public, not for profit and independent organisations who come together to enable transformation and integration of community-based services. Our RPB includes <u>representatives</u> from the health board, local authorities, third and independent sector partners who work effectively together to meet the care and support needs of people in the area.

# **Our Vision**

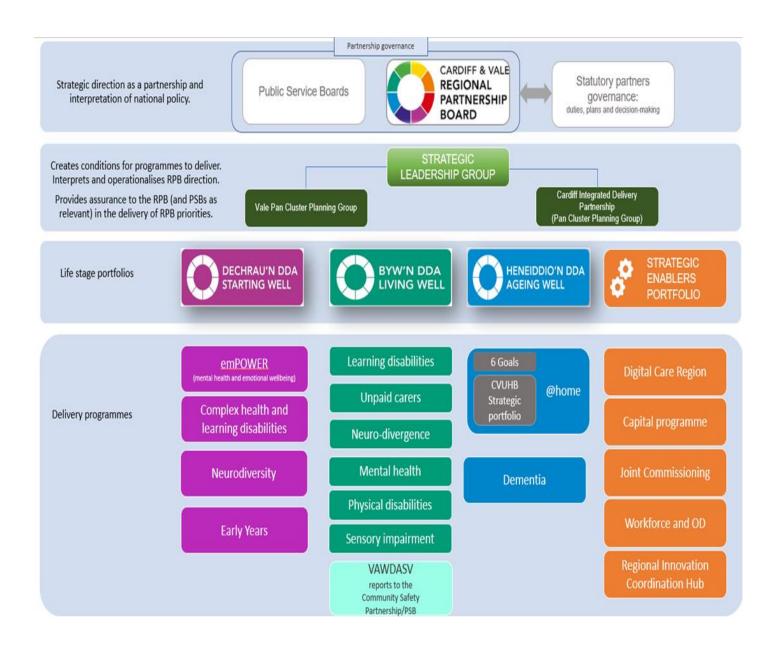


We aim to improve the health and well-being of the population and improve how health and care services are delivered by making sure people get the right support, at the right time, in the right place.



# **Governance**

We have a mature structure of programme governance arrangements to ensure we are in a position to drive change across the region and to influence effectively at a national level.





# **Area Plan 2023-28**

We launched our second Joint Area Plan in August 2023. This is the place where partners come together to set out their plans to improve the health and wellbeing of the local population. The strategic direction set out in this plan specifically relates to the joint activities we are committing to as a partnership, building on a long history of collaboration.

Our plan sits in the context of a vast array of activities being delivered by the partner organisations, from billion pound capital developments to improve housing and communities being delivered by our local authorities, to world-leading medical interventions by the Health Board, to a wide constellation and activities provided by voluntary groups and organisations that support more people to live well within their community.

These provide the building blocks and foundations for the additional work we are doing together to develop integrated models of care. Our Joint Area Plan draws on those plans and enhances them in areas that can only be addressed by working together.

# Cardiff and Vale Regional Partnership Board Joint Area Plan 2023-28



**Click here to read our Joint Area Plan** 



Our commitments are ambitious but realistic and recognise the very real challenges being experienced by local people, our staff and services. We are committed to improving and joining up support and services for healthy lives, wellbeing and independence.

# Making a Difference – Our Commitments for 2028

#### We will:

- Work together to keep our babies, children and young people healthy, well and safe from harm
- Deliver a Nurturing, Empowering, Safe and Trusted approach to emotional wellbeing and mental health
- Improve the support offer for babies, children and young people with complex needs.

Unpaid Carers will be recognised for the vital contribution they make to the community and the people they care for and enabled to do the things they want to alongside caring.

With people with physical and sensory disabilities we will find out more about their needs, experiences and priorities, developing and delivering changes that enable people to live as independently as possible.

People will be able to age well at home with more opportunities for wellbeing and independence. Services will reflect the diversity of people as they age well.

People with Learning Disabilities will have the ability to live as independently as possible in their local community.

We will support all people in our region to have the opportunity to live positive, independent lives without being affected by violence and abuse.

We will build a co-produced plan with stakeholders and people with mental health needs that enables people to do the things that matter most to them.

Neurodiversity services will have strengthened provision with a focus on providing the right support at the right time.

People with Dementia will be supported to live well and do the things they need to and enjoy in their communities.



# **Funding and Support**

Our Regional Partnership Board had responsibility for the following Welsh Government funding streams in 2023-24:

Revenue Programmes	£k
Regional Integration Fund (RIF)	19,361
Wales Community Care Information System	190
Short Breaks for Unpaid Carers	172
Neurodiversity	501
Regiona Innovation Co-ordination Hub	250
Early Years	1,016
IRCF (Capital Fund) Revenue	700
Capital Programmes	
Housing with Care Fund	8,755
Health & Social Care Integration & Rebalancing	673

Programme	Description	Amount (£k) 2023- 24	Total Spend (£k)	End of Year Status	Overview of Risk Assessment
	Starting Well emPOWER Starting Well Complex Health & Learning Disabilities Learning Disabilities	16,714	16,747	Green Green	Performance in line with stated objectives.
Regional Integration Fund	Unpaid Carers  @Home	10,714	10,747	Red Green	Issues with delivery due to closure of 3rd sector organisation affected performance and spend. Action plan in place for delivery from April onwards.
	Integrated Autism Service Dementia Infrastructure	397 1,500 750	397 1,444 773	Green Green	Performance in line with stated objectives.
Total		19,361	19,361		
wccis	Regional data collation for WG. No associated funding.	190	190	Green	
Short Breaks	3rd sector grants for unpaid carer short breaks	172	172	Green	
Neuro-diversity	Regional Neurodivergence Improvement Programme	501	501	Green	
Regional Innovation Co- ordination Hub	Regional Innovation Co-ordination Hub	250	250	Green	Project performance in line with stated objectives.
Early Years	Early Years Integration Transformation Programme	1,016	1,016	Green	
IRCF	Revenue support for capital programmes.	700	700	Green	

The outcomes from these funding streams are provided in the following pages of this report.





# emPower: 2023-24 Summary

# **Area Plan Commitment:**

Work together to keep our babies, children and young people healthy, well and safe from harm; and deliver a Nurturing, Empowering, Safe and Trusted (NEST) approach to emotional wellbeing and mental health.

# **Overview of Programme:**

The emPOWER programme aims to deliver an integrated care model for infants, children, young people and their families with emotional well-being and mental health needs across health, education and social

# **Programme Aims**

- Early Intervention and Prevention - improving preventative and universal services.
- No Wrong Door babies, children, young people and their families experience a No Wrong Door approach to emotional wellbeing support from our system.
- Right Support, Right Time –
   babies, children and young
   people experience family-led
   intervention that prevents
   placement breakdown and
   supports reunification where this
   is possible.
- Children and young people with complex needs (Community) community-based intensive and therapeutic support for CYP on the edge of care that helps to maintain - - CYP in families or stable placements.
- Children and young people with complex needs (Hospital) -Intensive and therapeutic support for children and young people admitted to hospital or at risk of placement breakdown.

# What Happened in 2023-24

- ✓ Governance review was undertaken and options considered to form recommendation for SLG approval.
- ✓ A review of the Goleudy delivery model was completed -the revised proposal includes in-house delivery of support work and alignment with Enfys.
- ✓ Early Years Integration Transformation Programme closed on 31.3.24. Work undertaken to secure sustainability for key elements and ensure EY remains a local delivery priority.
- ✓ Work has also begun to align Public Health's First 1000 Days priorities with EYITP learning to inform our region's future partnership priorities for the Early Years.
- Ongoing data development work is in progress with our Partnership Analyst and partners to improve the quality of the data collected and support future decision making







# emPower: 2023-24 Summary

Performance Summary								
Key metrics	Target OR baseline		Key metrics Target OR baseline		Performance to date*	Comment		
Project - Early Intervention and Prevention								
Number of proportionate assessments completed	Baseline: 2022-23 total	125	427	Data shows a significant increase in proportionate assessments,				
% of parents who report service satisfaction	Baseline: Q1 2023-24	100%	100%	but maintained levels of satisfaction with the service received.				
% of families who feel more confident to independently access support to meet their needs	Baseline: 2022-23 total	100%	100%					
Project - No Wrong Door								
Number of Thinking Together Conversations (TTC)	Baseline: 2022-23 total	224	313	Data indicates increase in volume of TTCs as they become well				
Number of EH practitioners reporting an increase in confidence to deal with EMHWB issues following TTC	Baseline: 2022-23 total	20	45	embedded as part of the NWD process.				
Project - Right Support, Right Time								
Number of plans agreed following Family Group Conferences (FGCs)	Baseline: 2022-23 total	180	136	Lower numbers of BCYP having plans agreed after FGC and fewer				
Number of CYP Supported through reunification (Cardiff)	Baseline: 2022-23 total	14,525	15,071	BCYP stepped down from looked after aligns to feedback from local authorities that numbers in				
% CYP who are happier following FGC	Baseline: 2022-23 average	77%	85%	need and complexity of needs is increasing across the system				
% families with improved wellbeing & relationships	Baseline: 2022-23 average	100%	100%					
Average % of CYP de-registered	Baseline: Q1 2023-24	22%	21%					
% CYP stepped down from looked after status (average)	Baseline: 2022-23 average	78%	69%					
Project - Children and young people with comp	lex needs (Com	munity)						
Number of Children Looked After prevented	Baseline: Q3-Q4 2022-23	10	31	Enfys direct therapy offer has decreased this year, but system support through consultation				
Number of families worked with by ARC	Baseline: 2022-23 average	24	92	sessions has increased. This aligns to ways of working that align to NEST principles				
Number of consultation sessions	Baseline: 2022-23 total	272	838					
Project - Children and young people with comp	lex needs (Hosp	oital)						
Number of CYP closed	Baseline: Q2 2023-24	15	31 (# closed reduced from 14 to 2 in Q2)	Goleudy model has been reviewed and a revised outcomes framework is in development (Cardiff leading). Therefore not appropriate to RAG rate delivery,				
Number of CYP in active support	Baseline: Q2 2023-24	6	26	but to collect as baseline information for 24-24.				

<sup>\*</sup>RAG rating: Red = Forecasted performance for entire year is 25% or greater away from baseline or target, Amber = Forecasted performance for entire year is between 5% - 25% away from baseline or target, Green = Forecasted performance for entire year is 5% or less away from baseline or target.





# emPower: 2023-24 Summary

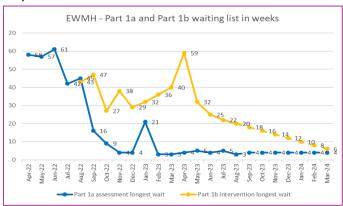
# Programme drivers

In 23-24, the governance arrangements for Starting Well have been reviewed. Revised arrangements for priority setting and oversight of emPOWER have been included in the updated structure. Ongoing work to strengthen the programme will be undertaken during 24-25.

Alongside the governance review, a data development agenda has been created for all Starting Well activity. The first phase of this for emPOWER is focussing on Goleudy data. This is our RIF Acceleration project that delivers psychologically-informed, trauma-specialist support to children and young people with the most complex support needs due to trauma and psychological distress. Cardiff Council are leading an outcomes framework for Goleudy.



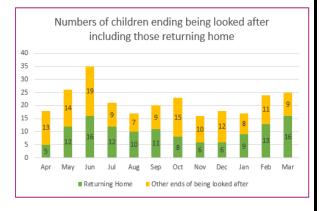
A great deal of activity has been underway across Cardiff and Vale to improve the emotional wellbeing support offer for babies, children and young people. This includes the RIF-funded activity, but also includes development work within our partner organisations such as the extension of the Crisis Support offer and development of the "Hangout" early intervention offer in the UHB.



The system-wide approach to support emotional wellbeing needs appears to be having a positive impact of some of the programme drivers to reduce waiting times for specialist support and support more babies, children and young people at the at the earliest intervention or via preventative methods. The graph opposite shows an ongoing reduction in waiting times for mental health assessments since April 2022.

It also seems to be having a positive impact on another system driver, reducing the numbers of children looked after. The graph opposite shows the numbers of children looked after in Cardiff Council who are able to return home or cease being looked after.

From November 2023 to March 2024 there is an upwards trend in the numbers of children and young people returning home.



During Q4 of 23-24, the RPB undertook case study interviews with staff delivering the Building On Strengths model in the Vale of Glamorgan that is partially funded by RIF as part of the Reunification element of the Right Support Right Time project, that helps babies, children and young people in the Vale of Glamorgan to return home after being looked after. These interviews showed that the model had supported staff to develop more reflective, person-centred approaches to their practice, which they felt had a positive impact for the families they work with.

For more detail on these case studies, please click here.







# **Complex Health and Disability: 2023-24 Summary**

# **Area Plan Commitment:**

- 1. Work together to keep our babies, children and young people safe from harm
- 2. Deliver a Nurturing, Empowering, Safe and Trusted approach to emotional wellbeing and mental health
- 3. Improve the support offer for babies, children and young people with co-occurring complex needs

# **Overview of Programme:**

The Cardiff and Vale Complex Health and Learning Disability (CHLD) programme outlines our regional, partnership priorities for babies, children and young people with complex health needs and learning disability. We want children with complex health and learning disabilities to experience the right good quality support that meets their needs at the right time, in their homes and communities wherever this is possible.

# **Programme aims:**

- Improving services that support a smooth transition for young people with complex disabilities and health needs
- Supporting CYP to receive the right support at the right time who present with neurodiversity
- Providing specialist health support for CYP with a learning disability aged 5 -17 years
- children with complex care needs have access to the right support at the right time, including supporting a joint continuing care process
- Delivery of Early Positive Approaches to Support for parents of babies and children aged 0-5 with emerging global delay or additional needs.

# What Happened in 2023-24

- ✓ Regional governance arrangements have been reviewed and revised by Leads.
- ✓ The Complex Health and LD programme has been reviewed and streamlined as part of RPB-wide RIF review. Revised delivery in line with this review will commence from April 204 onwards.
- ✓ There is also a commitment to include Children and Young People's LD development in the Learning Disability Partnership Annual Plan
- ✓ There has been a review of data and a data development plan created
- ✓ Work has begun to align continuing care partnership activity with wider UHB/ LA priorities.
- ✓ A proposal for additional LD liaison Nursing for Children and Young people developed alongside Child & Adolescent Learning Disability Service (CALDS) delivery. This will be realised in Q1 of 24-25.



CALDS staff at a 2024 stakeholder event





# Complex Health and Disability: 2023-24 Summary

Performance Summary				
Key metrics	Target OR baseline		Performance to date*	Comment
Project - Planning for my future				
Number of requests for support (ND support into education)	Baseline: 2023-24 Q1+Q2	51	69	Data indicates more young people are accessing support for a seamless
Number of young people discussed at TRIG (transition review interface group) meetings	Baseline: 2023-24 Q1	15	55	transition into adulthood.
Number of young people allocated a transition social worker to aid their transition to adult services following a TRIG meeting	Baseline: 2023-24 Q1	13	46	
Project - CALDS		•		
Number CYP who receive an enhanced dietetic service through their special school (caseload)	Baseline: 2023-24 Q1	154	158	Data indicates an increasing number of CYP are accessing specialist support
Number of interventions in progress	Baseline: 2023-24 Q1	24	29	through CALDS or blended diet administration.
Longest wait on CALDS waiting list (weeks)	Baseline: 2023-24 Q1	34	56	
Project - Early Positive Approach to Suppor	t			
Number of families attending e-PAtS groups	Baseline: 2023-24 Q1	17	75	Data indicates that an increasing number of families have benefitted
Number of families on waiting list	Baseline: 2023-24 Q2	48	38	from the EPAtS model and more have heard about it and want to access it.

<sup>\*</sup>RAG rating: Red = Forecasted performance for entire year is 25% or greater away from baseline or target, Amber = Forecasted performance for entire year is 5% or less away from baseline or target, Green = Forecasted performance for entire year is 5% or less away from baseline or target.

In 23-24, the governance arrangements for Starting Well have been reviewed. The arrangements for priority setting and oversight of Complex Health and Learning Disability have been included in the revised structure and will be formalised into a programme during Q1 of 24-25.

Alongside the governance review, a data development agenda has been created for all Starting Well activity. The first phase of this for CHLD is focussing on CALDS (Child and Adolescent Learning Disability Service) data. CALDS is now in its fourth year of delivery. It offers an innovative approach to meeting the health needs of children and young people with a learning disability in Cardiff and the Vale of Glamorgan. There has not previously been a local, dedicated health offer for children with learning disabilities, and adult support is delivered by Swansea Bay. The multidisciplinary team of nursing, OT and psychology staff provide intervention-based support around a variety of needs such as sleep, toileting, behaviour and medical desensitisation. The data above shows that the service is experiencing an increase in demand, evidenced by the growth in numbers being supported, and also by the increased waiting time for support. There have been staffing gaps in CALDS which are now resolved, so full capacity delivery is expected from April 24-25 onwards.

In 23-24, the RPB undertook a piece of work with Ty Hafan Children's Hospice. The hospice's youth board, which combines young people with life limiting conditions and their siblings, led the development of a digital resource to explain why it's important to listen to the voice of babies, children and young people with physical health support needs. They also showcased the work they have been undertaking to advise public places on accessibility so that families are better able to experience days out together when they have a member with a physical disability or health need.







# **Unpaid Carers: 2023-24 Summary**

#### **Area Plan Commitment:**

Unpaid carers will be recognised for the vital contribution they make to the community and the people they care for and enabled to do the things they want to alongside caring.

## **Overview of Programme:**

The unpaid carers programme aims to develop a regional approach to ensuring that unpaid carers are recognised and that every step is taken to ensure the region is an environment that supports the highest quality of life possible for unpaid carers and the people they care for. The key outcomes align to the Regional Unpaid Carers Charter:

- 1. Ensure unpaid carers are identified and recognised in our communities
- 2. Ensure the right information and advice is given to unpaid carers at the right time
- 3. Improve the quality of support provided to unpaid carers
- 4. Develop and improve the skills of our workforce to help unpaid carers achieve what matters to them
- 5. Make best use of the resources available to contribute to caring for people in our communities and make sure unpaid carers have time to do the things they enjoy
- 6. Work together to ensure unpaid carers are supported in education and work
- 7. Ask unpaid carers to tell us what you think

## **Programme Aims**

- 1. Develop the **Carers Gateway** as a central point of contact for all unpaid carers to receive information, advice and signposting
- 2. Ensure **young carers** are supported through services which meet their needs
- 3. Support communities including; schools, organisations and individuals to become **Carer Friendly** and a supportive environment for carers
- 4. Work with Carers Wales in providing **short breaks** for carers which are responsive to the needs and what is important to the person

#### What Happened in 23-24?

- ✓ Following the launch of the Unpaid Carers Charter in March 2023, the programme has continued to explore and coproduce with unpaid carers to understand the challenges and the areas of focus for development.
- ✓ A key event was the Cardiff and Vale Unpaid Carers Assembly in October; this was the inaugural event and was attended by a range of political and service leads, including the Minister for Social Care, Julie Morgan MS.
- ✓ The Cardiff and Vale Unpaid Carers representatives for the RPB, Mike O'Brien and Bobbie-Jo Haarhoff have also been integral in informing our conversations within the programme and shaping our work.
- ✓ C3SC supported delivery of our Short Breaks for unpaid carers through a grant fund for third sector organisations to provide time-out for unpaid carers.
- ✓ Partners came together to ensure continuation of services which were affected by the closure of The Care Collective.



Are you an usuadic carer?

The graphic in the Utility distribution is an impact of area. In Wate, we propried upon the properties of the Utility of Utility

# **Cardiff and Vale Unpaid Carers Charter**

The Carter developed through engagement with unpaid carer and partners continues to be the guiding light for the unpaid carers programme in Cardiff and Vale setting out the key set of commitments from partners to unpaid carers and sets out clearly what we want to achieve.



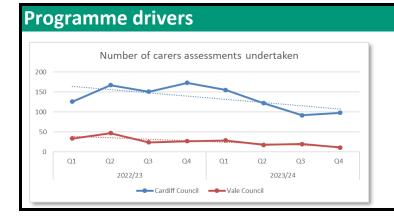


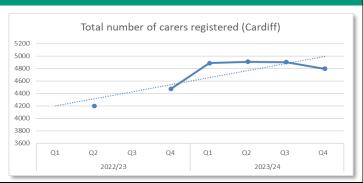


# **Unpaid Carers: 2023-24 Summary**

Performance Summary				
Top 3 Objectives	Target OR baseline		Performance to date*	Comment
Carers Gateway—a single point of access for informa	tion and advice	for unpaid	d carers	
Total number of new carers identified and supported	Baseline: 2022-23 total	416	232	The third sector provider went into insolvency in Q4, a task group
Total number of contacts to the service (calls and emails)	Baseline: 2022-23 total	2,703	1,378	worked to resolve this through interim measure and will
Number of registered carers (Cardiff only)	Baseline: 2022-23 Q2	4,198	4,798	reconsider measures for Q1 2024- 25.
Young Carers—support for young carers in Cardiff de	livered by YMCA			
Number of new young carers to receive a service	Baseline: 2022-23 total	192	64	Contract with YMCA ceased in Q3, new arrangements still to be
Number of 1-1 sessions delivered	Baseline: 2022-23 total	241	151	finalised for implementation in Q1 2024-25 where measures will be
Number of Group Respite sessions delivered	Baseline: 2022-23 total	216	222	reconsidered.
Carer Friendly/Young Carers in Schools Project-deve	elopment and tra	ining for	schools to be mo	re carer aware
Number of staff attended training sessions	Baseline: Q1 2023-24	112	80	The third sector provider went into insolvency in Q4, a task group
Number of identified young carers in primary school (quarterly average)	Baseline: Q1 2023-24	160	124	worked to resolve this through interim measure and will
Number of identified young carers in secondary school (quarterly average)	Baseline: Q1 2023-24	640	522	reconsider measures for Q1 2024- 25.
% of staff with increased confidence to identify a young carer	Baseline: Q1 2023-24	100%	89%	
Short breaks — Grants to support unpaid carers acce	ssing activities a	nd/or vou	ıchers.	
Number of 3rd sector organisations supported	Baseline: 2022-23 total	17	12	There was reduced funding from 22-23 but reach of unpaid carers
Number of unpaid carers supported	Baseline: 2022-23 total	2,047	2,255	has still increased despite reduced number of organisations.
TBC: Wellbeing score				

\*RAG rating: Red = Forecasted performance for entire year is 25% or greater away from baseline or target, Amber = Forecasted performance for entire year is between 5% - 25% away from baseline or target, Green = Forecasted performance for entire year is 5% or less away from baseline or target









# **Unpaid Carers: 2023-24 Summary**

## **Unpaid Carers Assembly**

In October 2023, Cardiff and Vale Regional Partnership Board were pleased to support the inaugural Unpaid Carers Assembly at Sophia Gardens. This event was designed by, for and with unpaid carers to truly co-produce between stakeholders and allow national and local leads from health, social care and third sector to have an open conversation with unpaid carers.

The event was extremely popular with over 100 carers and stakeholders registered. Our RPB unpaid carer representatives, Mike and Bobbie-Jo led much of this work.

You can see an overview of the day here.













## **Young Carers engagement**

This year we also developed our engagement with young carers through some targeted engagement work for schools. Young carers leads from across partners and our Young Carers In Schools project came together to develop a set of resources to support teachers to have conversations with their students around caring and also signpost for support.

We carried this out through June 2023 for Carers Week and March 2024 for Young Carers Action Day.

Some of what the young carers created can be seen left or click here.

# **Short Breaks Scheme Wales**

As part of the national Short Breaks scheme, Cardiff and Vale Regional Partnership Board have supported a number of projects to allow unpaid carers to have a short break from caring. This varies from activities and days out, to vouchers and memberships, or social groups which allow carers to connect. As part of this work we have received a range of personal feedback from carers, of which some is shared below:

YMCA provided opportunities for young carers and families to go on a theatre trip:

"This was our first family outing to a proper show. Thank you for your generosity to make it happen. We were all completely engaged and thoroughly enjoyed the amazing performance. Without opportunities like this we wouldn't have stepped outside our comfort zone and tried something like this. thank you all for making it possible!"

The Care Collective offered vouchers for a range of shops including Amazon and Argos which helped unpaid carers to better manage finances:

"Thank you so much for this, I will start to wade through it tonight after dinner. I have to thank you again, due to the Argos vouchers, I bought a mobile router from Argos and a "30 month" prepaid internet sim from Scancom/Amazon. We have internet. This has been such a big hurdle to get over, so if you get to speak to someone without internet, suggest this to them. It is so much cheaper than paying sky/virgin etc £50 a month and I can sort out an emergency fob for Dad. Thank you and your team so much for this, it is exactly the sort of help I need right now and until you showed up, it was getting rather difficult to sort myself out."





# **Area Plan Commitment:**

People with learning disabilities will have the ability to live as independently as possible in their local community

#### **Overview of Programme:**

The Learning Disability Programme aims to develop integrated support services enabling people with learning disabilities to live as independently as possible in their local community. Projects included in the scope of the programme are:

- · The right support at the right time
- · Having my own home
- · Fit for my future

The programme enables the 8 elements of the Regional Joint Commissioning Strategy for People with Learning Disabilities to be delivered at pace through the additional RIF resource.

#### **Programme Aims**

- Services are equipped to respond to need with the right level of support, in the place and at the time when it is needed
- People with a learning disability have their needs effectively monitored and supported
- Timely reviews of care and support

#### This will mean

- Increased number of people accessing a GP Health check
- Increase in access to a local offer
- Successful transition for young people reaching adulthood

# What Happened in 2023-24

- **1**. Individuals employed by CAV UHB with lived experience have delivered a range of training across Cardiff and Vale and Swansea Bay UHB
- **2.** Cardiff Day services have expanded the complex needs day service and continue to work in partnership with education services to support successful transition for individuals
- 3. RIF service Highly commended within Social Care Accolade 2024.
- **4.** Extension agreed for the Regional Joint Commissioning Strategy for 3 additional years.
- **5.** Pause of the Learning Disability Partnership Board and reviewed partnership priorities to develop a delivery plan for 24/25
- 6. Closed delivery of UHB components of Right Support/Right Time
- **7.** Further developed Child & Adolescent Learning Disability Service (CALDS) for children and young people (see Starting Well)
- **8.** Support planning delivering positive outcomes across Cardiff and the Vale (See case study)
- **9.** Development of a new Neurodiversity Social Work Team to meet the needs of young people and adults with ND who require ongoing care and support but do not need support from Mental Health or Learning Disability Services. (see Annual Report ND)



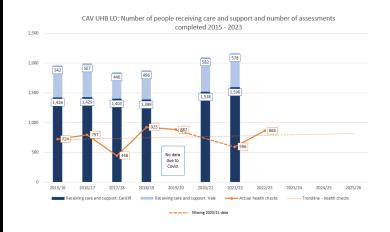


Performance Summary								
Top 3 Objectives	Target OR baseline		Top 3 Objectives  Target OR baseline  Current performance		Current performance*	Comment		
Fit for my Future								
Number of people transitioning (LD)	Baseline: Q3-Q4 2022-23	79		The activity for transition is noted across LD and ND delivery and				
Number of young people accessing day opportunities as part of their transition from specialist education	Baseline: Total 2022-23	18	80	supported with additional resource into local authority teams				
% of individuals accessing meaningful activities in their local community (Vale)	Baseline: Q1-Q3 2022-23	73%	65%					
Right Support Right Time								
Number of care plan reviews for people with learning disabilities completed by Planning and Review team	Baseline: Q2-Q4 2022-23	132	224	The activity for right support right time is delivered with additional				
Number of people with lived experience and health professionals spoken with by the two healthcare support workers with lived experience	No baseline. To be in 2024-25	troduced in	864	<ul> <li>resource for local authorities teams and the third sector. Cardiff people first host 2 posts that are seconded into the UHB.</li> </ul>				
Number of individuals accessing Shred Lives (previously APS) Vale	Baseline: Q2 + Q4 2022-23	106	218					
Having my own home								
Number of referrals in to supported living	Baseline: Total 2022-23	40	24 (Missing Q3)					
Number of people in supported living placements in Cardiff	Baseline: Q4 2022-23	343	347					
% of vacancies	Baseline: Q4 2022-23	8%	9%					
% of individuals that have been provided accommodation that best suits their needs	No baseline. To be in 2024-25	troduced in	100%					

<sup>\*</sup>RAG rating: Red = Forecasted performance for entire year is 25% or greater away from baseline or target, Amber = Forecasted performance for entire year is between 5% - 25% away from baseline or target, Green = Forecasted performance for entire year is 5% or less away from baseline or target.

# **Programme drivers**

The number of health checks completed compared with caseload



# **GP Health Checks & Lived experience**

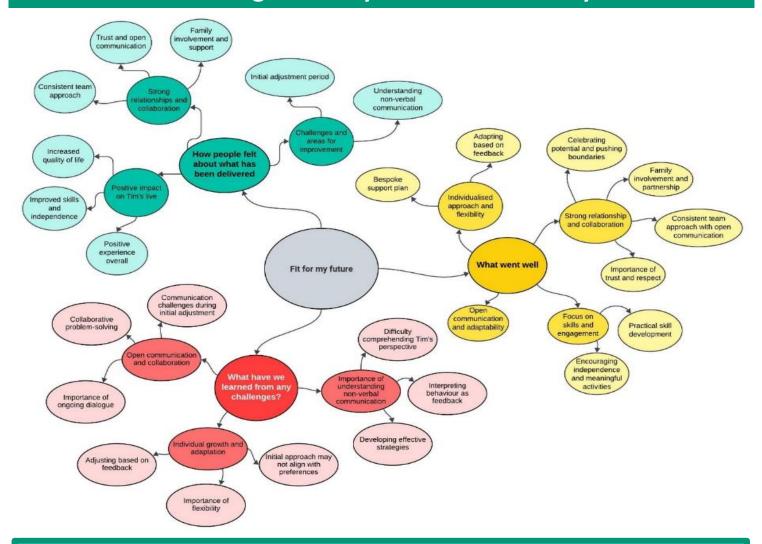
GP health checks are rising following a period of disruption throughout the pandemic.

Cardiff and Vale UHB have recruited two people with lived experience in 22/23 to deliver champion training, develop resources and train the wider workforce in adjustments for people with a learning disability across all health practitioners.

- 305 people with learning disabilities received health checks
- 589 health professionals received training workshops.







#### Case Study: Thematic analysis of Day Opportunities

Five case studies were collected throughout the year, capturing citizen, carer, staff member, manager and stakeholder feedback.

The findings show:

- a positive impact, supporting young people to achieve personal outcomes and have opportunities to contribute, learn skills and build new relationships.
- effectiveness of the team in supporting individuals with a key focus on relationships and communication.

"This project has happened as a result of actually responding to what people were telling us they wanted."

"We designed a bespoke support plan with him based on information from his family, school and health professionals..."







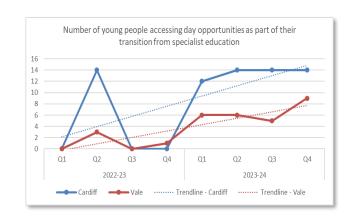
#### **Case Study: Day Services**

Prior to the project Tim was in full time education which he has now left and transitioned into adult life. Tim is a young man who votes with his feet and expresses with his behaviour. He seems to enjoy his time with us and behavioural incidents have reduced whilst skills, learning, and engagement in opportunities has increased.

Tim is now able to access pedal power cycling project, pay and book himself in then cycle with his support workers. He goes swimming at the international pool and is able to prepare meals with support. Tim now cooks food in Day Service which he takes home and shares with his family in the evenings. He has also been learning to use public transport and has a bus pass.

Click here to hear Keiran's Story.





# **Smart House development**

The Vale of Glamorgan have developed, opened and now delivering 2 Smart Houses to support independent living for 7 people with a learning disability. Hear about Shayanne's story here.



The house uses smart technology to help increase independence skills for residents who have complex needs and learning disabilities transitioning from school or college into the community. In this film, Shyanne shares her story of how the Smart House is helping her achieve her goal of independent living and Innovate Trust share how working in partnership is improving outcomes for people.

**Engagement** - we have worked with providers to strengthen the voice of people with learning disabilities



Case Study: Vale of Glamorgan supporting an individual with post college options

"I don't want a day service, and want to work. I feel ready and would like to be challenged. I want to be able to help my mum, she struggles sometimes".

"I met with my Support Planner a few times and we talked about lots of activities, my mum was also involved which is nice as she knows me well. Together we talked about what I wanted to achieve in the future."

"I was the centre of the discussions, I felt included and listened to. I made the decision about what I wanted to do during all the meeting I had with my Support Planner and Mentor.

My Support Planner asked my consent to be referred to the Communities for Work Team, and supported me through the first few meetings, while I got to know my Mentor. I'm glad I did this as my life has changed a lot."

Communities for Work supported with courses such as Customer service, employable me course, health and safety training and recently Tom passed his Food Hygiene Level 1 and 2. He is now actively volunteering with a charity but also looking for a work role in the catering field, which is his dream job.

"If I did not have the support from the Support Planning Team and my mentor, I would be in my bedroom playing games or on the computer, my life is different now, I don't want to be who I was then. My last goal is to find paid work to help my mum."





# **Area Plan Commitment:**

Ensure people who are Neurodiverse receive the right support at the right time.

## **Overview of Programme:**

- Strengthening support to ensure the right support is available at the right time
- Improving ADHD service provision
- Transitional arrangements which enable a seamless journey for young people into adult hood
- Meeting the new national guidance on neurodiversity requirements
- Improving timeliness and access to assessment and diagnosis
- Implementing the Code of Practice

## **Programme Aims**

People with Neurodiversity will have

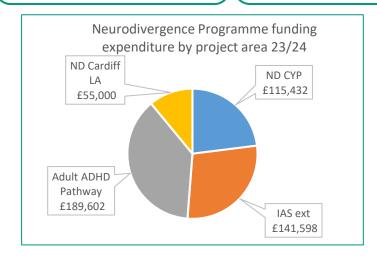
- Timely access to assessment, diagnosis, care and support
- Access to a skilled, multiagency service
- Stronger links with Children and Young People's provision to maximise prevention and early intervention opportunities and promote better transitions into adult life

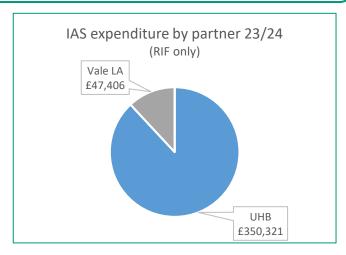
#### This will mean

- Reduced waiting times for access to assessment
- Increased access to support
- Increased practitioner awareness
- · Increased well-being of adults

# What Happened in 2023-24:

- ✓ Recruitment of key assessing and intervention practitioners across the Neurodevelopmental services
- ✓ Commenced mapping existing arrangements for ADHD across the region
- ✓ Waiting lists for assessment and diagnosis have increased across all ND services but average waiting time is reducing in children and young peoples services
- ✓ Cardiff Council led Neurodiversity stakeholder event held with over 200 people attending and awareness raining
- ✓ Business case put forward to host 2 full time IAA staff within the local authority first point of contact services.
- √ 4 community connectors have been working with families who have children on the Neurodevelopmental service waiting list to provide support while waiting. These posts will continue to support families
- ✓ ADHD prescribing activity and costs have risen.
- ✓ Launch of Children's Neurodevelopmental website planned for 01.05.24 <u>cavyoungneurodevelopment.wales</u>









Top 3 Objectives	Target OR baseline		Current performance*	Comment				
Integrated Autism Service								
Number of people with Autism referred for advice/support	Baseline: Total 2022-23	1,214	1,568					
Number of people with Autism received a diagnostic assessment	Baseline: Total 2022-23	174	221	]				
Number of weeks waiting to receive diagnostic assessment intervention for people with Autism (Average from acceptance)	Baseline: Total 2022-23	78	92	]				
Children's ND								
Number of CYP on waiting list (0-18)	Baseline: Total 2022-23	2,333	3,244					
Number of CYP referred	Baseline: Total 2022-23	2,884	3059					
Number of initial appointment slots (capacity)	No baseline.		449	]				
Cardiff Local Authority - ND Team & Transition	,							
Number of referrals for ND team	No baseline		66	New investment in 2023-24 and baselines are not available				
Number of referrals for transitioning	No baseline.		19	]				
Number of individuals on waiting list (ND team & transition)	No baseline.		93	]				
Early Years Pathfinder - Workstream 1								
Number of families receiving support while waiting for intervention	No baseline		154	New investment in 2023-24 and baselines are not available				
% of people with a better awareness of available support after the connection sessions	No baseline.		87%					
% of people who have a improved understanding of ND	No baseline.		91%					

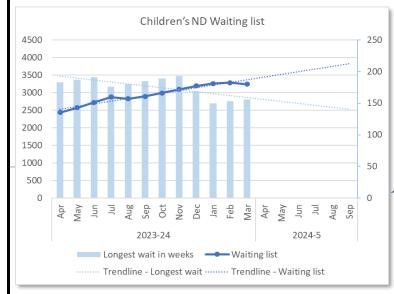




# Programme drivers

# Children's ND services

A graph detailing the children's ND waiting list, with projections into 24-25:



Support whilst on the children's ND waiting list has been piloted through Community Connectors within our Early Years Pathfinder Programme.

The community connection service received 76 responses to their post-session survey following "connection sessions" throughout Q1-Q3, of whom 95% strongly agreed or agreed they were now aware of what support is available for families. Below are some quotations taken from these surveys:

"I feel relieved that I can access services now without diagnosis."

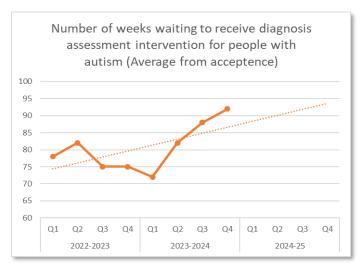
"I learnt more in this hour than I have in the last three years."

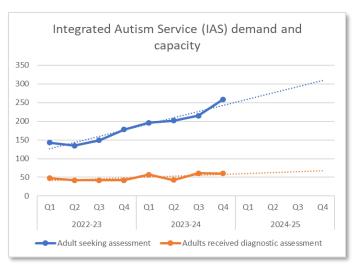
"It was well communicated and presented."

Whilst the EYPF programme came to a close in March 2024, there is a commitment to continue these sessions.

# **Integrated Autism Services**

Graphs detailing demand and capacity within the IAS and waiting time for diagnostic assessment. Both graph show a forecasted increase in demand in 24-25 if trends continue.









The IAS gathers feedback from friends and family of people with autism who have been in receipt of services. Out of 90 respondents this year, 81 stated that they would recommend the IAS to friends and family if the required similar care or treatment.

#### Please see the below quotations from the feedback:

"Informative, response has been quicker than expected, staff are knowledgeable and clear in expectations and explanations. Wider range of post-diagnostic support than I was aware of."

"Comfortable and welcoming experience from start until finish for both me and my partner. Very informative and friendly, with current and post-diagnostic care."

"Very friendly and welcoming staff. Gave me plenty of time for tasks. Explained everything in detail. Supplied me with tools and contacts to move forward. I want to thank you for making me feel as comfortable as possible. It meant so much to me, I appreciate the work you do".

# Case Study: Feedback from an individual supported by IAS Dietetics

"I'm a 21-year-old female, and have been diagnosed since I was 19. I've been working with the IAS Dietitian for 1 and a half years. I went to the dietitian as I had a very restricted diet of only 3 meals. Since working with the IAS Dietitian I've gained more confidence with my eating and the trying of new foods. I now also like 5 more meals and a few other foods, eating 3 pieces of fruit a day and having vitamins/calcium to improve my health. The goals I set with the IAS Dietitian have helped me stay on track with trying the new foods and helped by holding me accountable for what I was trying to do. This has helped me as I now find it easier to socialise at events with food and find it easier to find foods to eat

# **Local Authority Provision**

# Regional Information, Advice and Assistance Pen Pictures

Small sample of IAA provided by our regional autism

#### Parent of a young adult

- Queries around student finance.
- Signpost to DSA (Disabled Students' Allowance) site.
- Requirement for assessment and instructions re time scales.
- Hoping to study cyber security at USW.

#### **Autistic adult**

- Seeking housing information and advice.
- Contact details for "Housing Options" service provided.
- Also accessing Cardiff Hubs "Home Finder" workshops.
- · Advice available from Shelter Cymru

# Case Study: Feedback from an individual supported by Cardiff Local Authority ND Team

A referral was received due to concerns around risk of homelessness. Concerns and needs were around autism, high alcohol consumption, unsustainable combination of needs within parental home and concerns regarding mental health and well-being.

Identifying the individual's most important personal outcome, "To be a good dad", has been really significant in building rapport.

Although homelessness was not preventable, the individual has said "this time I have not been thrown in. I have support from a social worker and support worker".

# Case Study: Vale of Glamorgan supporting an individual who has a diagnosis of ASD, learning disability, ADHD, Tourette's syndrome and anxiety disorder.

Both the individual and family have reported how comfortable and happy the individual has been during their transition and feel having bespoke support and technology will aid the individual to develop independent living skills. The individual is now returned from Residential College to the VoG to live in a transition smart house, closer to their friends and family.

#### **ND Stakeholder Event**

Cardiff Council led a Neurodiversity stakeholder engagement event on 19th March 2024 regionally on behalf partners. Services funded were present to take part in this event, in addition to elected members and wider services and staff. Citizens were invited to take part and encouraged and supported to attend.

# Please see the below quote from feedback given by an independent ND consultant who attended on the day:

"I would just like to say how utterly blown away I was by the event last month. The content, structure and depth of material covered across the day was outstanding. The facilities and provisions were superb, and for someone who spends half their life on the conference (and neurodivergence) circuit I can honestly say it was the best neurodivergent event I think I've ever attended."

The learning from this event will help shape what future developments are required



Our RPB team stand at the event A post-event newsletter created by Cardiff Council for more information.

**ENGLISH** 

WELSH







# Reducing Violence Against Women, Domestic Abuse and Sexual Violence: 2023-24 Summary

# **Area Plan Commitment:**

Ensure that people who live, work, study in and visit Cardiff and the Vale of Glamorgan have the opportunity to live positive, independent lives without being affected by violence and abuse.

## **Overview of Programme:**

Violence against women, domestic abuse and sexual violence (VAWDASV) has far-reaching consequences for families, children, communities and society as a whole. Whilst anyone (women, men, children and young people) can experience VAWDASV, it is women and girls who are disproportionately affected by domestic abuse, rape and sexual violence, sexual exploitation (including through the sex industry), modern day slavery, forced marriage, honour-based abuse, female genital mutilation, child sexual exploitation and abuse, stalking and sexual harassment. This can happen in any relationship regardless of sex, age, ethnicity, gender, sexuality, disability, religion or belief, income, class, geography or lifestyle. Statutory and third sector partners in the region have developed a new 5 year Regional VAWDASV Strategy and are implementing key activities.

## **Programme aims:**

PREPARE - Improve strategic planning and commissioning of VAWDASV services through a more coordinated partnership approach across the region.

**PURSUE** - Address perpetrators of VAWDASV by improving intelligence sharing across services and the use of legal powers to disrupt and convict.

**PREVENT** - Proactively address negative attitudes and behaviours that have the potential to result in VAWDASV, recognising this as everyone's business.

**PROTECT** - Improve the multiagency response and support to all victims and their children regardless of risk levels and needs.

**SUPPORT** - Ensure that innovative, flexible and evidence-based services are available to meet the needs of victims experiencing any form of VAWDASV.

# What Happened in 2023-24

- ✓ The revised regional VAWDASV Strategy 2023-28 was approved and published, along with its corresponding Implementation Plan.
- ✓ The Safe Lives Review recommendations were taken forward by the Regional Executive Board.
- ✓ The mandatory National Training Framework continued to be implemented.
- ✓ Programmes to support those that cause harm were delivered.
- ✓ Campaigns and events to raise awareness of VAWDASV were delivered.

#### What's Next for 24-25?

- Complete training needs analysis exercise
- Develop Standard Operating Procedures for daily discussion / MARAC processes
- Recommission specialist VAWDASV services
- Develop and agree a regional dashboard of highlevel data and outcomes
- Map out survivor engagement and participation activities in the region to improve engagement
- Support the development of clear pathways for all cases of identified/suspected FGM and honour-based abuse





# Reducing Violence Against Women, Domestic Abuse and Sexual Violence: 2023-24 Summary

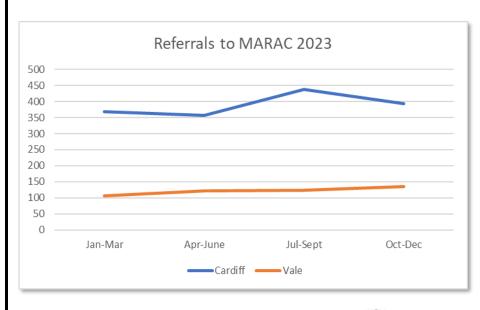
Performance Summary		
Top 3 Objectives	Current performance	Comment
Agree and publish a revised regional VAWDASV Strategy		
Establish a governance structure that reflects strategic priorities and creates appropriate lines of accountability between groups and individuals		Strategy and plan published May 2024. Membership and processes of Regional VAWDASV Executive
Ensure VAWDASV is reflected in other appropriate governance structures e.g. community safety, safeguarding, health and social care etc		strengthened. Assisted in the development of the Cardiff's
We will ensure this strategy aligns with relevant policy and related action plans, as these are reviewed/renewed		Violence Prevention Strategy. Work underway to develop a regional data dashboard.
We will work with partners across the region to continually improve data collection and analysis		
Implement the agreed recommendations from the review of Multi-Agency Ris	sk Assessment Co	onferences (MARACs)
Implement an overarching regional MARAC Steering Group		Regional strategic and operational groups established. Combined data reports discussed at regional
Work to ensure cross-boundary MARAC Coordinator support and absence cover for roles		Executive. Discussion ongoing
Improve MARAC data monitoring and production of regular reports to regional MARAC Steering Group		regarding further regional work including development of Standard Operating procedures.
Develop clear protocol for integration and operation of daily discussions with MARAC meetings and management		
Assist the Welsh Government to implement the actions arising from the Blue	orint approach ai	nd workstreams
Assist the Welsh Government to implement the actions arising from the Blueprint approach and workstreams		Continued attendance at all workstreams and assisted with mapping of services and sharing
Ensure engagement with local, regional and national networks and forums		surveys. Waiting on direction from workstreams before considering
Work with Welsh Government and partners to agree and implement any recommendations arising from the Workstream's activity		implementation of recommendations locally.
Continue to place accountability for abuse on those who cause harm		
Assist Welsh Government to implement a whole system approach for tackling perpetration		Continued to support the South Wales Police & Crime Commissioner's delivery of Drive for serial perpetrators of domestic
Work with Welsh Government to identify, develop and implement effective interventions that enable everyone in society to challenge misogynistic attitudes, beliefs and behaviours		abuse and continued to deliver a community programme. An early intervention programme for those concerned about their behaviour
We will explore accredited and evidence-based programmes that address harmful behaviours related to all forms of VAWDASV and support efforts to secure interventions		also delivered.
Continue to ensure the workforce is skilled to identify, refer and support victi	ms and perpetra	tors
Undertake a workforce training needs assessment		Initial responses to workforce
Ensure that through delivery of training and events, a culture where the challenge of victimblaming is accepted and recommended		training needs assessment limited, so exercise to be repeated. Roll-out of the mandatory National Training
Ensure that delivery of training includes a module on responding to perpetrators		Framework continues.





# Reducing Violence Against Women, Domestic Abuse and Sexual Violence: 2023-24 Summary

# **Programme drivers**



The regional response to the management of high risk cases of domestic abuse has been the subject of a wholescale review. Recommendations from the review are still being implemented by partners.

The graph on the left shows the rates of referrals received in 2023 that needed to be processed, recorded and potentially discussed at fortnightly MARAC meetings. A total of 35 partner representatives attended hybrid MARAC Rep/MARAC Chair training during 23/24.



# **END MEN'S VIOLENCE AGAINST WOMEN**

Regional partners continue to engage staff and the public in awareness-raising campaigns. Annually, the White Ribbon Campaign (White Ribbon UK is part of a worldwide movement started by men, committed to ending male violence against women) is publicised through a calendar of events offered between 20th November and 8th December each year (the United Nations 'Elimination of violence against women and girls' day is 25th November, also known as 'White Ribbon day'.)

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 introduced the mandatory National Training Framework in an effort to ensure all staff working across 'relevant authorities' (predominantly statutory bodies) have an understanding of VAWDASV and its impact.

There are 6 levels of required training - everyone must complete Group 1, with progression through the Groups dependent upon the role. How to effectively engage strategic leaders at Group 6 is currently being considered.

			VALE OF	
	CARDIFF		GLAMORGAN	VELINDRE
	COUNCIL	C&VUHB	COUNCIL	NHS TRUST
Training Level	Est	imated No. of	staff to be train	ed
Group 1 - all staff	16468	16000	5004	1688
Group 2 - Professionals	7893	7769	3494	991
Group 3 - Champions	184	48	350	10
Group 4 - Specialist VAW DASV Professionals	n/a	20	n/a	n/a
Group 5 - Specialist Service Managers	n/a	10	n/a	n/a
Group 6 - Strategic leaders	20	30	17	15

Materials for Group 2 have been revised and a version of Group 2 for Education staff has been piloted. **Training for Group 3 Workplace**Champions has been initiated with 45 staff trained to date.





# @Home programme: 2023-24 Summary

#### **Area Plan Commitment:**

People will be able to age well at home with more opportunities for wellbeing and independence. Services will reflect the diversity of people as they age well.

#### **Overview of Programme:**

The @Home programme aims to establish integrated, locality-based, health and care services focused on meeting and improving the health and wellbeing of the local population, based on the ambitions of A Healthier Wales. The key drivers for the programme include:

- · Increase Healthy Days at Home
- · Reduction in ambulance conveyances
- · Reduction in emergency admissions and re-admissions to hospital
- · Reduction in bed days/length of stay in hospital

## **Programme aims:**

- 1. Single access route into all community services including:
- access to community services which allow people to retain their independence
  - coordinated discharge support
- 2. Consistent rightsized intermediate care model including:
- Safe@Home (crisis response)
- Home-based and reablement
- Bed based
- 3. Accelerated cluster development of integrated, multi-agency teams
- 4. Alliance approach development in the Vale
- 5. Ensure RIF capital supports the development of integrated community Health and Wellbeing

# What Happened in 2023-24?

- ✓ We launched a new crisis response service, Safe@Home, specifically aimed at supporting people to remain at home if they do not need to come into hospital. The project uses a range of specialists from across different organisations to ensure people have the support they need, when they need it. The initial soft launch to support a small number started in January 2023 with a wider phase 2 planned for 2024-25
- ✓ We saw the continued expansion of our cluster multidisciplinary team working, with 7 clusters having meetings and a new South East Wellbeing Centre opening in Cardiff to support people on discharge from hospital
- ✓ We continued to focus on ensuring timely discharge from hospital through increasing the number of trusted assessors across Cardiff and Vale to reduce delays
- ✓ The model for integrated community health and social care developed by the strategic programme for primary care was adopted to help articulate the programme and outline key areas of working

#### Delivery of local and national priorities:

The @Home programme is the delivery vehicle for integrated community-based health and social care, this brings together a number of national and local priorities including:

- Strategic Programme for Primary Care
- Six Goals for Urgent and Emergency Care
- Building Capacity through Community Care Further Faster
- Shaping our Future Wellbeing
- Age Friendly Cardiff and Vale

We have worked with citizens and service leads to describe the programme and showcase some of the work which is being delivered through our website.

Click here to see more.





Working together so you can access the support you need, when and where you need it.

The Regional Partnership Board (RPB) is made up of Cardiff Council, Vale of Glamorgan Council, Cardiff & Vale Universit Health Board, Welsh Ambulance Services NHS Trust, Housin, Third and Independent sectors and carer representatives.

Our aim is to improve the health and w delivered by making sure people get the right support, at the right time, in the right place.





target.



# @Home programme: 2023-24 Summary

			Current	
Key metrics	Target OR baseline		performance*	Comment
Access—prevention: single point of access to step up	•	commu	inity services	
Number of people contacting a single point of access	Baseline: 2022-23 total	96,370	109,382	Positive increase in activity, work to define the impact through
% of peoples needs met through information, advice and signposting	Baseline: 2022-23 average	64%	71%	measurable 'better off' data for 2024-25
Number of social services assessments required (in development)				
Access—Hospital to Home: community support in th	e hospital to supp	ort time	ly and effective d	ischarge
Number of people referred to the Integrated Discharge Hub	Baseline: 2022-23 total	4,690	4,191	Number of referrals to IDH has decreased slightly due to work with
% of referrals triaged within 1 day	Baseline: 2022-23 average	49%	70%	ward teams to ensure appropriate referrals
% of people moved on to their pathway within 72hr of triage	Baseline: 2022-23 average	64%	91%	
Intermediate Care—Crisis Response (Safe@Home) s	ervice which can s	upport i	ndividuals to rem	ain at home
Number of patients admitted to Safe@Home	Local weekly target	174	72	This project has undergone a soft launch in Q4 with positive progress against the eventual overall targets
Number of avoided hospital admissions	Local target	ТВС	54	stated here. A review of performance is underway presentl to inform the next stage of roll-out
Average response time from Acceptance to Face to Face for urgent referrals (hours)	National target	2	1.6	
% of referrals that were kept at home and did not have an outcome of "admitted to hospital"	Local target	ТВС	70%	
Intermediate Care—home-based and reablement to	support both step	o up and	l step down reabl	ement
Number of people supported through home-based and reablement IC	Baseline: 2022-23 total	6,659	7,715	All targets exceeded.
% of people supported by CRT and VCRS who reported an improvement in their restriction following support	Baseline: 2022-23 total	95%	95%	
Number of people discharged from hospital to D2RA 72 hours domiciliary care	Baseline: 2022-23 Q3-Q4 total	105	389	
Intermediate Care—bedded reablement accommod	ation options for o	lischarge	e to asses includir	ng step-down flats
Number of people supported through step down bedded reablement (reablement beds, D2A, accommodation solutions flats)	Local target	144	135	Activity and data definitions to be refined for 2024-25.
Number of assisted discharges through intervention by the Accommodation Solutions Teams	Baseline: 2022-23 total	105	203	
Average length of stay reduction in hospital for D2A spot purchase (weeks)	Local target	ТВС	6	
MDT Cluster: clusters working with an innovative MI	OT approach includ	ling soci	al prescribing and	l discharge follow-up
Number of individuals receiving IAA, Early Help and Support and Targeted support	Baseline: 2022-23 total	8,211	22,143	Significant spread of the model which is reflected in the data, work
Number of clusters adopting an MDT model	Target	9	7	ongoing to continue momentum ir 2024-25.
Better off: TBD				

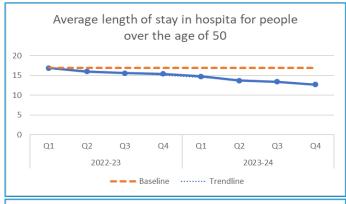


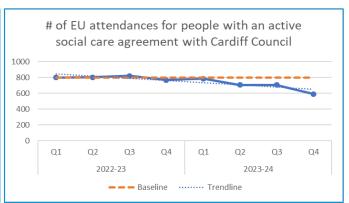


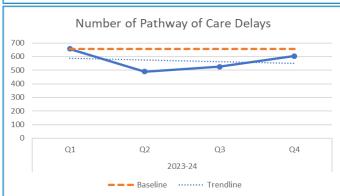
# @Home programme: 2023-24 Summary

# **Programme drivers**

Over the past year the programme has taken a more data driven approach to understand the population need and also the impact of the programme on the wider health and social care system. Below are our key programme drivers which the programme is working towards reducing. Some of these data show an increase which highlights the increasing need; however, the work has shown key improvements around hospital stay and delays.

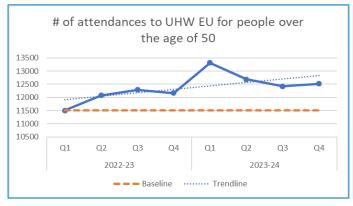


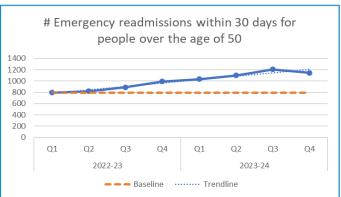




There was a reduction in the average length of stay for people aged 50+ in 2023-24 compared to the previous year. The number of EU attendances for people with an active care agreement with Cardiff Council also reduced.

There were 2,274 pathway of care delays (POCD) in 2024, and Q2-Q4 saw a reduction compared to the baseline position of 656 POCD's in Q1.





The number of EU attendances and emergency readmissions for people aged 50+ increased in 2023-24. We hope to see the impact of Safe@Home which was implemented in Q4 of 2023-24 on these measures going forward.





# @Home programme: 2023-24 Summary

#### **RPB North Star:**

Following the Regional Partnership Board and wider system leaders coming together in October 2023 to consider the findings and recommendations of the King's Fund reports (right), the partnership selected a number of key 'North Stars' which would set the direction and key focus for deliver across the life stages.

For @Home which is our delivery programme for integrated community based health and social care this has been outlined as: accelerating delivery of our place-based,

# The Kings Fund Mass that change Machiner care Transformation and improvement in Cardiff and Vale A review of work to create an integrated health and care system Lillie Wenzel Siva Anandaciva Loreen Chikwira

#### Safe@home feedback

A key development this year has been the setup of a multi-agency multidisciplinary team to support people to remain at home and independent through responding urgently when someone is in need as an alternative to going to hospital. This service has now begun successfully supporting people and has received valuable feedback to support the next steps in development of this service. Some quotes from both service leads and citizens include:

"what's worked well is keeping patients out of hospital, so we're achieving what the project stated in the beginning. We've managed to prevent quite a few patients from being admitted to hospital"

"A big load was taken off my shoulders and I really appreciated the phone call everyday keeping me informed. They were all angels for a week! Claire was fantastic ringing me every day and when she was discharged she kept me updated all along."

"when we do pick up patients it's what we're able to provide them the care at home. We have access to carers when we need it, and the other teams are involved too like carers and social services, OT's and are able to make those quick referrals, and getting closer involved. We're able to have close contact with those teams as well. That's what's working well so far"

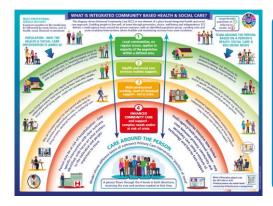




### **Co-production:**

In developing the Safe@home service, individuals from across different organisations and services came together to coproduce what the service would look like.

"My mum is a lot happier now"



# Developing an integrated community-based health and social care system for Cardiff and Vale

In considering the priorities for the @Home programme, we have adopted the national model for integrated care from the Strategic Programme for Primary Care. This has enabled us to describe the key elements which make up our programme, understand the gaps and also develop our delivery plans for the coming year.





# Dementia programme: 2023-24 Summary

#### **Area Plan Commitment:**

People with dementia will be supported to live well and do the things they need to and enjoy in their communities with timely access to diagnosis and person-centred care.

## **Overview of Programme:**

The dementia programme aims to raise awareness of dementia and its determinants whilst working to develop community-based services that enable equitable and timely access to diagnosis and person-centred care. Included in the scope of the programme are:

- · Compassionate communities who are aware of their risk factors through a coordinated campaign of raising awareness and an increased number of 'dementia friendly' communities
- · Community-based care and support through increasing advocacy in the design of person-cantered care plans and service developments
- · Clear community-based pathways for timely assessment and diagnosis with a linked post diagnostic support
- · The Dementia Friendly Hospital Charter
- · A regional approach to dementia care learning and development
- $\cdot$  Measuring and benchmarking progress with people affected by dementia
- · Focused Communications , Engagement & Coproduction Plan, to engage those affected by Dementia and those who are underrepresented.

#### **Programme Aims**

- 1. Effectively communicate a **prevention resource** and delivery programme
- 2. Develop **Dementia Friendly communities** through **increased engagement and co production.**
- 3. Ensure wraparound community care and support
- 4. Increase **training and support** including Advance Care Planning
- 5. Provide timely assessment and diagnosis close to home as.
- 6. Dedicated memory link worker connections and support.
- 7. Provide initial advice, support, information and signposting
- 8. Deliver on the **Dementia Friendly Hospital Charter**

# What Happened in 23-24?

- ✓ Partners from Dementia Friendly Cardiff and Dementia Friendly Vale worked with Cardiff and Vale UHB Public Health Colleagues to develop an information booklet on how to reduce your risk of developing dementia by up to 40%, this was a first in Wales and will be Launched during Dementia Action Week in May 2024
- ✓ Coproduction and engagement has developed hugely over the past year with embedding of our Dementia Champions Network, and our series of engagement events "Opening Doors" which started at the India Centre in Cardiff, and Cowbridge in the Vale, we along with our partners also coproduced a Mental health engagement 'EmPower Mind' in St Mellons hub.
- ✓ Work with partners on our hospital settings has included implementation of the dementia friendly self-audit tool for wards. A number of wards have also implemented John's Campaign to support carers of people with dementia
- ✓ The new model for developing Dementia Friendly organisations has seen a huge increase in uptake this year to help people feel supported and able to do the things they enjoy in their own communities.
- ✓ Community care and support pathways are scoped with a view to









#### **Engagement events**

The programme has supported a range of engagement events over the past year (left). More information on these events can be found on the Regional Innovation

Coordination Hub pages.



target.



# Dementia programme: 2023-24 Summary

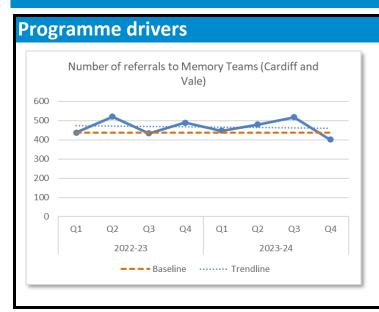
Key metrics	Target OR baseline		Current performance*	Comment					
Dementia Friendly Businesses-improving community understanding and support for dementia through accessibility, awareness and training									
Number of organisations pledging to become Dementia Friendly	Baseline: 2022-23 total	90	403						
Number of people in the community recognise the challenges for people affected by dementia as a result of Dementia Friendly communities	4	202	8,708						
Community care and support-providing intensive car	re and support to	people	living with deme	ntia through CRT/VCRS,					
memory link workers and social work teams									
Number of direct and indirect contacts made by Memory Assessment Service Memory Link Workers (MLWs)	Baseline: 2022-23 total	5,516	7,031	Number of TATI contacts slightly less than the					
Number of Initial Reviews undertaken by social workers (from nospital to placement)	To be introduced in (	Q1 24-25	69	baseline due to staff turnover.					
Number of contacts (direct and indirect) by CRT and VCRS TATI	Baseline: 2022-23 total	6,186	5,139						
Assessment and diagnosis—supporting timely diagno	osis for people w	th dem	entia in the comn	nunity through GP led					
clinics									
Number of GP led clinics held	Target	168	154	Amber RAG rating is due a challenges in securing G					
Number of new people seen at GP led memory assessment clinics	Baseline: 2022-23 Q3-Q4	340	390	availability.					
% of people who had a diagnosis of dementia in a GP led memory assessment clinic that were diagnosed as Stage 1 dementia	Baseline: 2022-23 Q3-Q4	54%	54%						
% of people reported it to be preferable to be seen in GP clinic rather than hospital	Baseline: 2023-24 Q2	100%	95%						
Training and development-supporting training for pa	aid and unpaid ca	rers in s	kills for supportir	ng people with dementi					
Number people trained to Good Work Informed level		1050	405	Red RAG rating is due to long term sickness which					
Number people trained to Good Work Skilled level	Combined target	1250	345	has now been resolved in					
Number people trained to Good Work Influences level	Measure	under dev	elopment	readiness for 2024-25.					
Engagement and activities in the hospital with inpat	ients to support o	lelivery	of the Dementia	Friendly Hospital Chart					
Total number of people supported by Mental Health Matters	Target	7,400	7,403						
Number of patients supported by inpatient Memory Link Worker n general surgery	Baseline: 2022-23 Q3-Q4	168	169	1					
Number of wards undertaking VIPS initiative	Target	Increase	9						

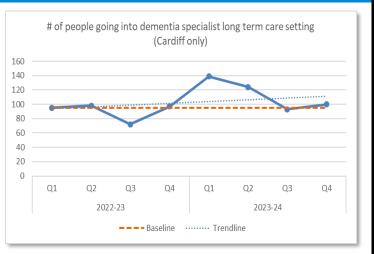
entire year is between 5% - 25% away from baseline or target, Green = Forecasted performance for entire year is 5% or less away from baseline or





# **Dementia programme: 2023-24 Summary**





# First of series of 'Opening Doors' engagements

In August 2023 the RPB Dementia Programme, working alongside a number of partners, put on an engagement event at the India Centre in Splott (pictures right). The event was extremely well attended by many of the community who wanted to find out more about the services and support available.

Following the event the India Centre set up a regular Chai Club for members of the local community to continue to get together around dementia and the wider health and wellbeing agenda which continues to grow in strength. Initially supported by partners, this is now **community-led** with 4 community members trained as volunteers. This has now received funding o expand to "**Lunch Club**". After Cowbridge (Nov 23), EmpowerMind (Mar 24) we have also planned for events in Sikh Temple (May 24), Higher Education (Oct 24).



For more information on Dementia Friendly work click here:

Cardiff Vale

#### Case Study - A's Story

A was having long periods of distress in the care home leading to referral to Mental Health Services for Older people. Our Dementia Care Mapping (DCM) was asked to support. Mapping was undertaken in the care home at different times of the days. A is unable to communicate however observations revealed "what mattered" to A was having a walk around in the evenings. A would see her reflection in mirrors.window glass causing distress. Feeding back DCM observations to staff allowed them insight into A's experience during the evenings. It helped them take A's perspective and from this, they were able to generate actions that could help support A. it was discussed that occupying A in an occupation and removing reflection causing objects may help A. Staff took this on board and covered small windows and a mirror in a bathroom frequently visited by A. Upon review, the final stage of the DCM cycle, staff reported that whilst A continued to experience periods of distress these had lessened in intensity and frequency. The information discussed in the feedback session could be used to support other residents living with dementia i.e. focussing on the triggers and what matters to them.



# Capital: 2023-24 Summary

#### **Area Plan Commitment:**

The RPB Strategic Capital Programme is a strategic enabler for the RPB and is identified as this in the Joint Area Plan.

#### **Overview of Programme:**

The Regional Partnership Board overseas two capital funding streams:

Housing with Care Funding

- 4 year capital programme- 2022-2026
- Split into 3 overarching objectives
- Notional regional allocation for Cardiff and the Vale of Glamorgan of £7.68m per year

Health and Social Care Integration and Rebalancing Capital Fund (IRCF)

- 3 year capital programme- 2022-2025
- Split into 2 priorities:
  - Priority 1 Development of integrated health and social care hubs and centres.
  - Priority 2 Rebalancing the residential care market
- All Wales allocation (competitive bidding), £50m in 22/23, £60m in 23/24, £70m in 24/25
- Running alongside the funding sources are a number of requirements.
- Develop and maintain a Programme Plan and Objectives (PPO)
- Develop and maintain a Capital Investment Plan (CIP)

#### Programme aims:

- Deliver the regional allocation for the RPB Housing with Care Funding.
- Design, deliver and coordinate schemes for IRCF funding.
- Coordinate all projects, funding applications and ensure compliance with Welsh Government Funding requirements
- Develop and monitor the regional 10 year Strategic Capital Plan and

#### What Happened in 2023-24

In 2023/24 the full HCF allocation for the region was spent and additional capital funding was secured from a national underspend of funding. £8.7m was successfully drawn for projects across Cardiff and the Vale of Glamorgan.







# Capital: 2023-24 Summary

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HCF Programme Summary				
Project Reference	HCF Spent 23/24			
Objective 1	£4,935,438			
Objective 2	£2,666,862			
Objective 3	£1,152,450			
Total	£8,754,750			

Objective 1- increase the existing stock of housing with care

Scheme	Lead Organisation	Total Project	Total HCF	HCF Spent
	Cost		Approved (all yrs)	23/24
Penarth Extra Care Scheme – Older Persons Village	Wales & West with Vale of Glamorgan Council	£22,166,223	£8,641,965	£4,500,000
Cardigan Crescent, Llantwit Major	First Choice Housing Association for Vale of Glamorgan Council	£741,040	£518,728	£280,840
Merthyr Dyfan – accommodation for adults with learning disabilities	First Choice Housing Association for Vale of Glamorgan Council	£772,250	£509,402	£347,402
Total		£23,679,513	£9,670,095	£4,935,438

Objective 2- increase the stock of intermediate and short-medium term care settings

Scheme	Load Organisation	Total Project	Total HCF	HCF Spent	
Scheme	Lead Organisation	Cost	Approved (all yrs)	23/24	
Meridian House Family Supported					
Living- 9, 2 & 3 bed family apartments	Cardiff Council	£3,159,179	£2,420,680	£773,728	
with on-site support					
Children's Services Accommodation					
Portfolio- 4 schemes to support the	Cardiff Council	£1,733,525	£1,733,525	£1,733,525	
accommodation strategy					
St Paul's – accommodation for	Vala of Classacian Causail	C20E 000	C1EO COO	£159,609	
children and young people	Vale of Glamorgan Council	£385,000	£159,609		
Total		£5,277,704	£4,313,814	£2,666,862	

Objective 3- Provides a small, fixed element of discretionary funding (max 15% of regional allocation) to support Objectives 1 and 2

**Total Project Total HCF HCF Spent** Scheme **Lead Organisation** Cost Approved (all yrs) 23/24 Care & Repair Cardiff & Vale Care & Repair £250,000 3rd Sector Capital Grants Scheme GVC & C3SC £150,000 Cardiff Council £105,000 Tech Enabled Care Cardiff Council £105,000 Assistive Living Tech Assistive Living Tech & Tech Enabled £90,000 Vale of Glamorgan Council Tech Care Pilot Project Vale of Glamorgan Council £34,150 Additional Tech Cardiff Council £34,150 **Disabled Facilities Grants** Vale of Glamorgan Council £115,245 **Disabled Facilities Grants** Cardiff Council £268,905 £1,152,450 Total





# **Regional Innovation Co-ordination Hub: 2023-24 Summary**

## **Overview of Programme:**

Cardiff and Vale Regional Innovation Co-ordination Hub, which is hosted by the Dragon's Heart Institute, co-ordinates innovation activity across the region with a key focus on contributing to the strategic aims set out in *A Healthier Wales*, complementing the Regional Integration Fund and creating a culture where partners work together to develop and implement value-led improvements and new ways of working.

# Programme aims:

The aim of the RIC Hub Network is to:

- Contribute to a coherent innovation ecosystem that can demonstrate evidenced case studies.
- Improve outcomes for service users by identifying and promoting high-value innovation and improvement activity, for example through prevention, earlier diagnosis, more accurate intervention, and addressing unwarranted variation and duplication in the system.
- Support the spread and adoption of current innovations promoted within NHS Wales and social care.
- Support the development and wider adoption of new ideas across Health Boards or Regional Partnership Boards.

# What Happened in 2023-24

This year the Cardiff and Vale Regional Innovation Coordination Hub have identified and focussed on common themes that span across various parts of our health and social care system and population groups.

- Social Prescribing
- · Health Inequalities, Inequity and Inclusion
- Lived Experience
- Sustainability
- Innovation

We worked to collate regional and national innovation activity that address these themes in order to support sharing of learning and celebrate good practice. More information on these can be found on our webpages Regional Innovation Co-ordination Hub – CAVRPB

# **Performance Summary**

# **Social Prescribing**

Social prescribing remained a significant focus of the Hub's activity in 2023-24. The Hub sought to build upon the successes of the previous year and ensure learning informed developments in social prescribing both regionally and nationally.

In 2022-23, the RIC Hub worked with the Wales School of Social Prescribing Research to develop a number of tools which are being used to support the development and strengthening of social prescribing in the region. The Group Concept Mapping report developed in collaboration with WSSPR is now being used as a basis to develop a national core minimum dataset for social prescribing providers across Wales by the Welsh Government team leading on the National Framework for Social Prescribing.

Research suggests that 1 in 5 people see their GP for what is primarily a social problem so improving and increasing referral mechanisms in primary care can ensure we catch the people who can benefit from social prescribing. After conducting an initial needs assessment with each cluster to get a better understanding of what issues and opportunities, the Hub provided a range of assistance, such as service specification development, tender evaluation support and information governance advice.

#### **Digital Care Region**

Over the last two years, the Hub has financially supported the Digital Care Region programme, which is importing good practice from NHS England to deliver a shared care record across Cardiff and the Vale of Glamorgan region. The aim of the programme is to unlock the health and care data held across the region and present it in a single shared care record that is available in the right place, at the right time and to the right staff. This is anticipated to lead to efficiencies and cost savings over time as well as deliver improvements to clinical safety.





# **Regional Innovation Co-ordination Hub: 2023-24 Summary**

#### **Palliative Care**

The Hub has financially supported an 18-month pilot project in community based palliative care aiming to address the needs of non-cancer patients and inequity of service provision in Specialist Palliative Care. Literature has shown that more integrated working by palliative care teams leads to reduced bed days, reduced admissions of palliative care patients to hospital and reduced death in hospital from patients with palliative conditions (Taylor, 2020). The findings of this project will translate into learning for all population groups across RPB workstreams.

# Other smaller projects:

**AFAL** – As part of our work on early intervention and prevention, the Hub supported the Active Families, Active Lives project to maximise opportunities to spread and scale innovation. The proof-of-concept project was aimed at reducing childhood obesity rates by implementing a virtual ward app alongside wearable technology as part of the Bevan Commission Planned Care Innovation Programme, funded by Welsh Government. The project is a great example of how we can harness new technology to improve self-management through responsive virtual management.

The Hub supported with funding for an economic evaluation of the project with CEDAR to enable AFAL to further evidence the cost-effectiveness of the project. The evaluation suggested that scaling the model would lead to a cost-saving of £49 per child compared to the current face-to-face service model. This evaluation is now being used to make a case to roll out the project to a larger cohort of children and to other service areas.

## Improving Patient and Person Reported Data Collection for RPB Funded Projects

Cardiff and Vale Regional Partnership Board fund a number of projects through Regional Integration Fund monies. The RPB wanted to look at ways to improve data collection and analysis for these projects to inform decision-making and highlight projects which are delivering the most value-led improvements for our population. The Hub supported Cardiff and Vale Regional Partnership Board bringing together experts in the field and scoping existing validated PROMs and mapped these against Regional Integration Fund outcome measures. The RPB has now developed a tool which is being trialled in a number of projects in 2024/25.

## **Celebrating Successes:**

The Hub's storytelling capability remains a significant tool for supporting projects to spread and scale their innovations to other areas of Wales and to wider population groups. Storytelling is a powerful tool which can be used to capture the real-world impact of innovations, share learning and communicate problems in need of innovative solutions.

By telling the stories of those at the heart of our services we aim to highlight and celebrate evidence driven projects that relate to new ways of working that are affordable and sustainable and intend to replace existing outdated approaches.

#### **Impacts:**

One of the ways the Hub measures the impact of our activity is through an impact survey.

People we have worked with over the last year have reported that our interventions have led to the following benefits:

- Improved service
- Increased knowledge and awareness
- Enabled development of a solution
- Increased confidence
- Improved quality
- Identified and stimulated innovation
- Patients or persons are better off
- 1380 YouTube views this year





# **Regional Commissioning Board: 2023-24 Summary**

#### **Area Plan Commitment:**

Alignment of commissioning approaches where it brings benefit to the people we serve.

# **Overview of Programme:**

The Regional Commissioning Programme is in place to ensure commissioned services are able to meet citizens needs. By understanding the current markets available to commissioners, and identifying the services which are required, we are able to undertake measures that support change in the market place.

We undertake the population needs assessment and conduct an assessment of the range and level of services required. Ongoing market shaping takes place through the development of joint commissioning strategies, specifications and quality assurance as well as engagement with providers of services.

## **Programme aims:**

- Develop a regional understanding of the sufficiency and stability of social care markets
- Development of common contracts and specifications where all partners identify alignment will bring benefit to the populations they serve.
- Develop an aligned approach to fee setting with providers.
- Develop an integrated approach to quality assurance.
- Adopt a transparent use of resources.

# What Happened in 2023-24

- ✓ Review and update of service need (MSR)
- ✓ Further development and use of a calculator created by following the Let's Agree to Agree toolkit for residential care and home care services
- ✓ COVID19 Discharge protocol updated once, (now withdrawn).
- ✓ QA process embedding phase (+ feeding into National workstream)
- ✓ Review of Pooled Budget reporting
- ✓ Initial section 16 forum planning undertaken

#### What's Next for Q1 24-25?

- Delivery of Regional Market stability and sufficiency assessment report by each local authority.
- Regional specification for residential care review
- > Further development of the cost of care calculator
- Partner-specific Section 16 forums set up.





target.



# **Regional Commissioning Board: 2023-24 Summary**

Top 3 Objectives	Target OR baseline		Current performance*	Comment		
Market Usage, Stability and Sufficiency						
Understand market stability and sufficiency	Commissioners dashboard delivery			Regional performance measures to be identified during 24/25 through the development of a tool to		
Identify opportunities to shape the market	Performance measures to be agreed		identify the available and excess capacity in the dom			
Formation of section 16 forums	Formation of forums		2 forums established with 1 more required in Cardiff	care market		
Support strategic commissioning plans	Review of MSR by partners, and update if necessary		Concluded			
Commissioning approaches alignment						
Align regional commissioning strategies	Performance measures to be agreed			Review of regional commissioning strategies to be undertaken 24/25		
Align quality assurance process for commissioned services	Quality assurance process embedding period		Embedding period concluded	be undertaken 24/25		
Deliver tools to support the commissioning of services	COVID19 Discharge protocol maintained		Withdrawn Jan 24			
Cost of care						
Complete development of the calculator created by following the Let's Agree to Agree toolkit	NA		On track for Q1 24/25 sign off	Further development of cost of care toolkit undertaken - final delivery due Q1 24/25		
Agreement by both local authorities to use calculator output to inform fee setting strategy 25/26	Target: 1 partner		VOG	·		
Align fee uplift notifications to providers	Target: All partners		2 out of 3 in 23/24			

entire year is between 5% - 25% away from baseline or target, Green = Forecasted performance for entire year is 5% or less away from baseline or



# Workforce: 2023-24 Summary

# **Regional Workforce Charter**

We have recently completed the RWPB Charter. The Charter came from a care provider's presentation on workforce recognition. It discussed industry issues, including the benefits of training, career growth, experience recognition, and government bonuses. However, it also mentioned challenges like competition, staff shortages, and inadequate pay and conditions.

The Regional Workforce Partnership Board created a Charter after the presentation. The Charter shows their commitment to working with stakeholders to recruit and retain a competent workforce for social care in Cardiff and the Vale of Glamorgan. **The Charter has five commitments** to support the workforce. The care sector has been facing recruitment and retention issues in recent years, which is affecting the care and health system. Expanding the workforce is necessary. We have recently developed an action plan from the charter and are in the process of developing a measurements dashboard.

#### Celebration Event

We held a celebration event on the 5th of April 2023 at the Memo Arts Centre in Barry. The purpose of the event was to celebrate care workers who had achieved a qualification in their roles in the last 2-3 years (there had not been a celebration event since pre-covid). The event was hosted by BBC News Presenter Sian Lloyd and was catered by the not-for-profit catering company Big Fresh who received high praise for the food they supplied.

Both mayors from Cardiff and the Vale attended as well as Councillors Eddie Williams from the Vale, Councillor Norma Mackay and Councillor Ash Lister from Cardiff, MS Julie Morgan and Chief Social Care Officer for Wales Albert Heaney. **165** individuals booked to attend the event from **24** services/companies but **around 170 attended on the night from 22 services/companies**. Feedback received has been incredibly positive and those who attended found it motivational.

#### Unification of terms and conditions

There has been limited progress with regard to this due to the volume of changes to pay rates over the last two years. However, pay rates and recruitment processes have been reviewed across the sector in the Vale of Glamorgan. This has enabled detailed responses to the varied advertising and recruitment processes across the Vale and it is noted that the domiciliary care staffing position has radically improved as a result of a number of the actions mentioned above. Through fee increases and regrading processes the relative difference between organisations is currently lower. However there remains disparity across the region even for very similar roles.

#### **Fast Track To Care**

The Fast Track to Care (FT2C) programme was launched by the Vale of Glamorgan Council to help fill vacancies across the care sector. The fast-track training programme has been designed especially for people with little or no experience in care. The scheme recruits and trains staff for more than 20 care providers operating in the Vale, as well as for roles with the Vale of Glamorgan Council. Successful applicants to the training programme complete training over a 2-week period and receive the most essential training to work in either a home care or residential care role. References, right to work, and DBS checks are undertaken at the same time. Upon completion FT2C graduates are matched with vacancies in the Vale that best suit them, many of which will offer immediate start dates. Candidates receive, accredited training that matches their preferred job role, a mentor to support them throughout the programme, candidate matching to endure the opportunities available meet their needs and skills, and support post programme to aid their transition into the employment sector.

Since February 2022, a total of **13 cohorts have successfully completed the programme**, resulting in **86 candidates graduating**. Currently, we are delighted to report that **38 candidates have secured roles in the social care sector**, showcasing a conversion rate of **44%**.

#### **Cardiff Cares Academy**

The Cardiff Cares Academy is an externally funded project, offering a bespoke training and mentoring package set out to support any person wishing to source employment within the Health and Social Care field. It provides a point of contact for anyone looking to start a career in Care, with full training provided, including Health and Social Care level 2, All Wales Manual Handling Passport Level 3 with 1-2-1 on-going mentoring support throughout.

It offers guaranteed interviews within the program from care partners from Domiciliary and Residential care providers throughout the area. It also supports further training for Health and Social Care level 3 – 5.

**882 candidates have completed the programme**. Out of these **174 candidates have managed to secure employment** in the health and social care sector, with the majority finding work in the social care sector. It is worth mentioning that this programme has been in operation since the month of October in the year 2021. These statistics indicate a conversion rate of **19%**.



# **Digital Care Region: 2023-24 Summary**

#### **Area Plan Commitment:**

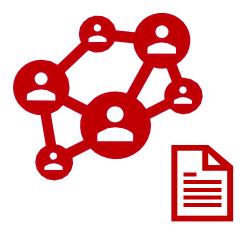
The Regional Summary Care Viewer (SCV) unlocks health and care information and presents it in a single record that is available in the right place, at the right time and to the right staff. The DCR program oversees the DHCW Connecting Care procurement of new care record systems for the VoG and the CAVUHB.

**Overview of Programme:** The Digital Care Region (DCR) programme is delivering a shared care record (Summary Care Viewer application) across the Cardiff and Vale of Glamorgan region. The goal of the programme is to unlock the health and care data held across the region and present it in a record that is available in the right place, at the right time and to the right staff, supporting the improvement of outcomes for patients, service users and carers.

The DCR program also supports the national Connecting Care program. This is a program led by Digital Health and Care Wales (DHCW) to procure and implement new social care and community health systems to all welsh regions. The DCR has been working closely with the national team to develop a detailed set of requirements for the procurement of the new systems in 2024.

# **Programme aims:**

To develop tools and systems that allow regional health and care organisations to securely and legally share digital care information in order to improve staff efficiency by reducing the time to locate key information, enhancing care coordination across multiple services and reducing the burden on patients / service users to have to repeatedly provide the same information when requesting care.



# What Happened in 2023-24

The Digital Care Region team delivered the following:

- ✓ Built and tested the Summary Care Viewer application.
- ✓ Successfully completed the software clinical safety assurance process.
- ✓ Integrated the application to the Welsh Demographic Service to obtain the NHS number which is necessary to safely identify service user / patient records held on different regional systems.
- Created Information Governance and Cyber assurance agreements between regional organisations.
- ✓ Established a new governance structure - the Regional Digital Board. The board includes representatives from all partner organisations and reports to the RPB

# What's Next for Q1 24-25?

- Initial go-live of the Summary Care Viewer to support the management of referrals to Neurodevelopmental Services.
- Second go-live to support the Vale Community Resource Service - an integrated health and care team supporting older adults to avoid hospital admission.
- Continue to work with partners in Primary Care to connect to GP systems and to develop an IG framework that assures GP data is safely and legally shared.
- Develop Single Sign On capabilities - to enable staff in any organisation to launch the shared record from their PC without having to reauthenticate.



# **Digital Care Region: 2023-24 Summary**

Performance Summary						
Top 3 Objectives	Target OR baseline	Current performance	Comment			
Project: Digital Care Region - Summary Care Viewer						
Integrate health and care records in to a single shared view	Develop Summary Care Viewer for VCRS	Amber	Technical challenges have delayed progress, in particular connecting the NHS network to the VoG network. These are close to being resolved and when the work is completed we anticipate the program will be able to deliver at pace.			
Develop a regional IG framework that enable organisations to safely and legally share data	Obtain approval from all partners to apply a Regional IG Framework	Green				
Connect regional health and local authority networks and provide staff with single sign-on access to the summary care viewer	To build a network that allows staff in a partner organisation to access the Summary Care Viewer	Green				
Project: Digital Care Region - Connecting Care National System procurement						
Create a detailed set of requirements for the procurement of a social care, a mental health and a community health system and a national shared record.	To develop a set of requirements that support the HB and VoG current and future needs	Amber	Funding for and scope of the national program remains undecided and therefore may not address the needs of the health and care organisations in this region.			
Work closely with the national program (DHCW) to ensure the proposed solutions align to this regions requirements	Ensure the solutions offered by the national procurement deliver to regions requirements	Amber				



# The year ahead

2024/25 will continue to be challenging as we reset our priorities and plans in a post-COVID world and continuing extremely difficult financial environment. The need to work together as a close partnership remains as important as ever.

As we enter the second year of our five-year Joint Area Plan, there will now be clear annual delivery plans for each of our partnership programmes. These will set out clearly what we are committing to deliver together as a partnership and enabling us to closely monitor implementation.

Amongst a wide-ranging set of programmes for each of our life-stage portfolios, there are some particular areas that we wish to shine a light on and lend emphasis to because they focus on addressing highly important challenges. Our north stars set out at the beginning of this report are large and complex portfolios of work that our partnership has deemed to be essential to the health and wellbeing of our population. They are a long-game but ones that start with clear plans for each year ahead.

As some of our programmes mature, creating the case for incorporating new models of care in to business as usual becomes increasingly important. The ability to demonstrate impact, quality of care, and financial sustainability is key.

Our partnership has also emphasized the need to ensure strategic alignment and to avoid duplication or lack of clarity about decision making and governance. We have reviewed our partnership governance arrangements across the RPB and PSBs and have agreed to ensure each priority has a single home, even if it spans the remit of more than one.

Our Joint Area Plan and annual delivery plans are aligned to national programmes of work, often integrating a range of national initiatives into a single approach locally. We continue to work with of a more joined up policy landscape nationally to enable a clear approach to local delivery. This is particularly important in the space of place-based integrated community care which we deliver locally through our RPB @home programme which provides the vehicle for delivering Further Faster, the community elements of the Six Goals for Urgent and Emergency Care and the Strategic Programme for Primary Care Community Infrastructure programme.

This year, we will develop a blueprint to guide our work to delivery place-based integrated care setting out the care model, planning framework, governance arrangements and case for change and delivery of change.

We will develop our approach to place planning bringing together planning for services and associated capital and infrastructure developments, for each cluster, for the first time. These place plans will collectively provide partners through the Pan Cluster Planning Groups with fully integrated plans to support them to improve the health and wellbeing outcomes for the people they serve.

Achieving social value is a fundamental outcome for our work together. This year we will work to strengthen the voice of third sector partners within our programmes of work, beginning with a review to understand current social value investment and ways of working across our region.

Finally, we welcome Jan Janczewski as the new Chair of the RPB. Jan is the Chair of Cardiff and Vale University Health Board and former Deputy Chair of the RPB. Jan will replace Cllr Eddie Williams who steps down as Chair from March this year, but will continue to bring his passion for improving our services as a continuing member of the RPB. Jan is supported by Deputy Chairs Cllr Ash Lister, Cabinet Member for Cardiff Council, Sam Austin, Deputy Chief Executive of Llamau and