

Carmarthenshire's Vision for Sustainable Services for Older People for the Next Decade

Promoting Independence

Keeping Safe

Improving Health and Well-Being

2015-2025



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Carmarthenshire's Vision for Sustainable Services for Older People for the next Decade

Introduction by Councillor Jane Tremlett
Lead Member for Social Care and Health



Older people are important members of society and have the right to be afforded dignity in their senior years. They have skills, knowledge and experience to contribute to society, and the expected growth in the proportion of older people during the coming decade and beyond will provide Carmarthenshire with a valuable resource. Continued participation in older age has benefits for the individual concerned, local communities, and the county as a whole.

Many people stay healthy and independent well into old age, and there is mounting evidence that tomorrow's older people will be even more active and independent than today's. However, as people age, they are progressively more likely to live with complex co-morbidities, disability and frailty.

Over the course of the next 15 years, Older People's services will come under increasing pressure in Carmarthenshire, with over ten-thousand additional older people over the age of 75 living in the county, many of whom will require care and support.

This strategy aims to look in more detail at these challenges and to set out a plan for delivering more sustainable services over the next ten years. This plan will be updated annually.

In developing this strategy, we have consulted widely with residents, service users and their families and partners, to ensure that we have considered what is important to older people. This response to the consultation sums up the way that many of us feel, as we look ahead to our older age.

**“Being respected as an older person and not being seen as a burden
on the local health and social care system”**

We need to zealously continue to work together with Hywel Dda University health board to further develop care in the community, to prevent hospital admission wherever possible and to provide our residents with the right care, at the right time, in the right place for them.

Although the challenges are great, I believe that this strategy will place us in a much stronger position to meet these challenges.

1. Why Do We Need a Vision for Older People's Services in Carmarthenshire?

1.1 Carmarthenshire is changing

The population in Carmarthenshire is increasing and people are living longer.

Today, 28% of the adult population is over the age of 65, and by 2030 the proportion of older adults will increase to 34%. Carmarthenshire also has more older people than the average for Wales.



We anticipate there will be ten-thousand more people over age 75, an increase of 58%, which will bring the proportion of people aged 75+ to 1 in every 6 adults by 2030.

Nearly four-thousand of these people will be in the 85+ age group.

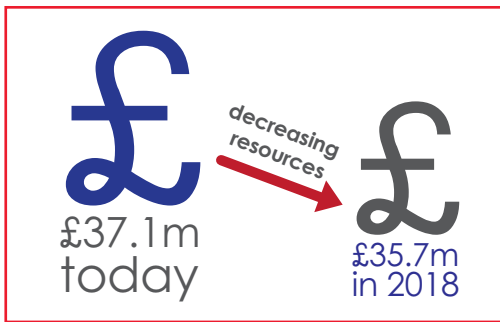
This increasingly older population will present challenges in meeting the future demand for social services.

Between now and 2030, we anticipate that there will be:

- **5000** more people living with a limiting long-term illness, an increase of approximately **one-third**.
- **1500** more people living with dementia, an increase of approximately one-half.
- **1350** more older people who will require community-based services, an increase of at least **one-half**.

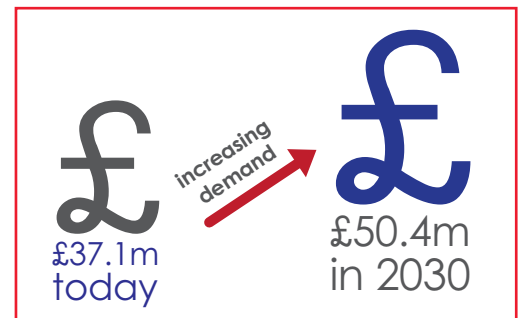
These figures are drawn from Daffodil Cymru, a system developed by the Institute of Public Care for the Welsh Assembly Government. The system pulls together in one place the information on what care services might be required in Carmarthenshire in the future.

1.2 What do these changes in Carmarthenshire's population mean in financial terms?



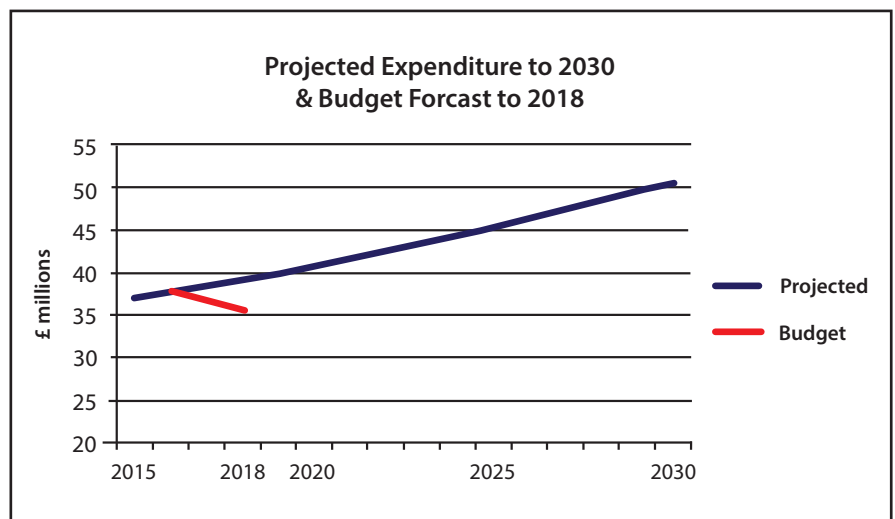
We spent £37 million on social services for older people in 2015. This budget will reduce by at least £2.2 million, because the money that the Council receives from central government is reducing over the next 3 years. When we take into account the growing demand over the next 3 years, we expect a funding shortfall of at least £3.5m by 2018. This means that in 3 years time, we will have at least 10% less resources available to meet the needs of the older people who are currently eligible for services.

Looking longer term, based on the population changes we expect to see in Carmarthenshire, we would need to spend in the region of £50 million to cope with the expected increase in demand by 2030, if we continue to provide services in the same way. This is an increase in funding of at least £13 million on the demographic profile alone. This is broadly consistent with an annual increase in funding of a million a year over the last 10 years. In reality the cost is likely to be much more as we factor in increasing expectations, standards of care and the growing impact of the minimum/living wage on the cost services. For example, the estimated impact on the cost of the living wage for current levels of demand could add up to £3.6m per annum by 2020 in the cost of care home provision.



To illustrate the funding gap projected over the next 15 years, this graph shows the scale of the challenges we face in meeting the demand, with a shrinking budget.

We will have to change the way we provide services if we are going to meet the needs of more people who require services, in the next decade and beyond, within the money that is available. Any plan to improve the sustainability of services for



older people must be ambitious and aspirational to meet the challenges that lay ahead. This will require us to make the best use of the resources that will be available.

1.3 The law is changing

A new legal framework for social care in Wales comes into force in April 2016.

The Council and Hywel Dda University Health Board will need to ensure that we provide easy access to information, advice and advocacy to help them take control their own lives and to help people to keep as healthy, active, involved and independent as possible. Working on a regional collaborative basis, by March 2016, we intend to make best use of technological solutions, including mobile and internet technology, in developing the existing information and advice service via an information portal for both the public and our staff.

National Eligibility Criteria

There will be new national eligibility criteria which will aim to base decisions on what is important to the individual to achieve in life and whether they need managed care and support to achieve this. This approach to eligibility recognises that some people will need their care and support managed and delivered for them.

What this means for older people in Carmarthenshire

Under the new criteria, people will be eligible for a care and support package if their needs **'can and can only'** be met by social services intervention.

The person will be assessed to see if their needs can be 'sufficiently met' by support coordinated by themselves, their family or carer, or by community-based services. If this is not the case, they will be eligible for a care package managed by the Council.

This new approach is a very different way of determining eligibility for services. It is difficult to predict how this might affect the number of people who will receive services in the future but is a factor that could impact on the overall cost of provision.

1.4 We need to make sure services provide what people want and need

We held a public consultation, from 1st June until 31st July, 2015 to ask the people of Carmarthenshire for their views on what would be important to them in older age, what kind of support and activities they thought they would need, and what they would need to help them stay independent.

478
responses

40%
age 65 years

20%
disabled

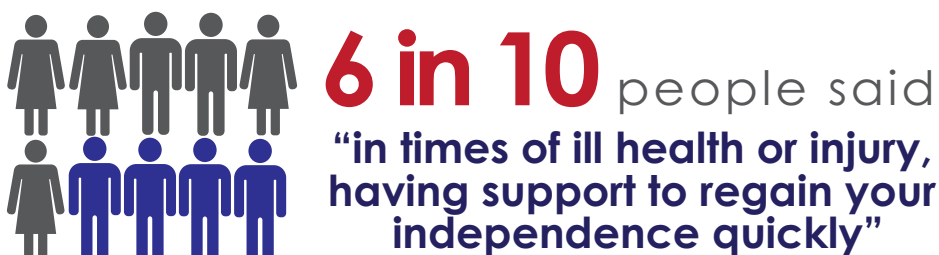
“As you get older, what do you think will be important to you?”



“Staying as independent as you can be”



“being able to make your own decisions about care and support”



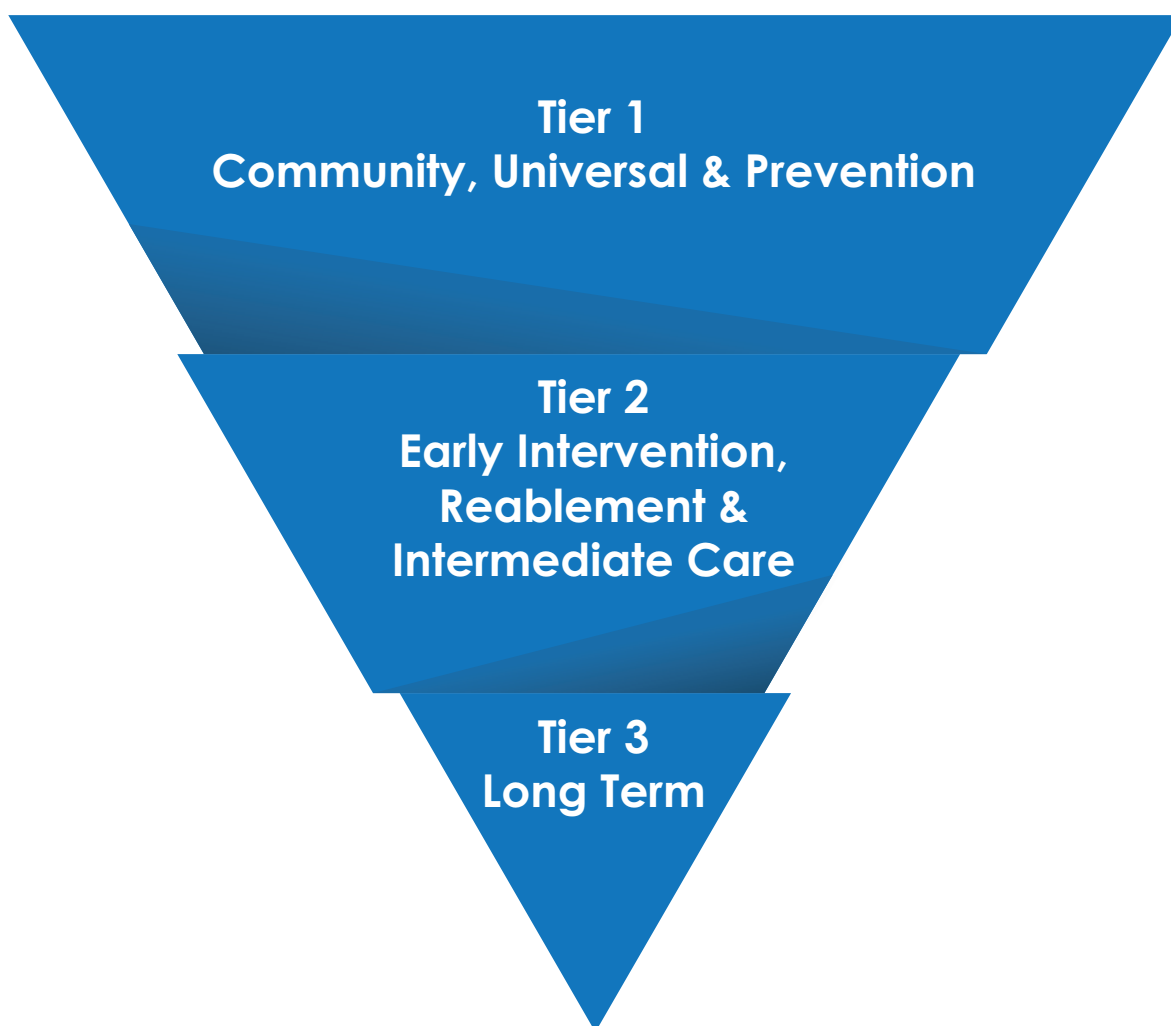
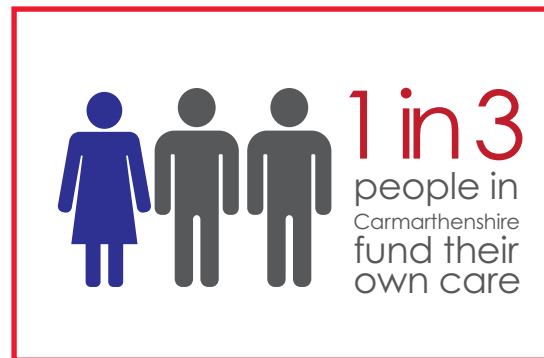
2. Where are we now?

Just over 2500 older people in Carmarthenshire receive social care via the Council.

This number has been steadily increasing over the last 3 years, and the forecast is that this trend is expected to continue to rise over the next decade.

A significant proportion of older people receiving care are self-funding.

The Council, in partnership with Hywel Dda University Health Board, provides a wide range of services for older people, which broadly fall into three levels:



Tier 1 – Community, Universal & Prevention Services

Tier 1 services account for around 7% of the budget, or £2.5 million.

There is a strong and vibrant third sector and community-run range of services in Carmarthenshire, which provides a firm foundation for developing further services to promote and support independence for older people.

These services aim to:



- Ensure services are available and accessible to anyone in our communities;
- Provide people with good quality information, advice and signposting to the services they need.
- Promote independence, community engagement and social inclusion;
- Promote health and well-being of older people;
- Identify those with emerging difficulties and make sure they get effective help quickly, by linking in with Tier 2 services.

Tier 2 – Early Intervention, Reablement & Intermediate Care

These services support people to regain their previous level of independence after an illness or injury. They can also help to prevent an unnecessary admission into hospital, which results in a quicker recovery at home. Around 45% of individuals receiving a Reablement service no longer require long term support at the end of their programme.

Tier 2 services account for 13% of the budget, or £4.8 million.

For individuals with needs which cannot be met by Tier 1 support, these services aim to:



- Provide good advice and information so that people get the right services;
- Focus on those who can be helped by early intervention and reablement;
- Respond quickly, flexibly and with sufficiently intensity to have a real impact;
- Work with people to help them build on their strengths;
- Work closely with Tier 1 services, to ensure support is comprehensive and co-ordinated.

Tier 3 – Long-term and Specialist Care

Of the £37 million we spend on services for older people, 80% of the budget or £29 million is spent on care for those who have long-term needs.

These services aim to:



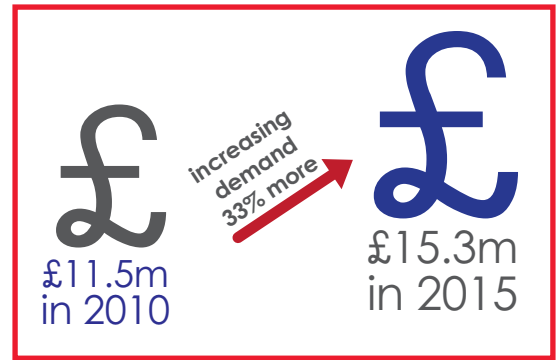
- Provide good advice and information to enable people to make informed choices about their long-term care and support;
- Provide personal care and support to meet the individual's specific needs;
- Work with people to help them build on their strengths;
- Work closely with Tier 1 services, to ensure that where possible, individuals remain connected to their communities
- Work closely with Tier 2 services, at times of ill-health or injury to help people regain their previous level of independence.

Domiciliary (Home) Care

Around **1030 people** are receiving domiciliary care in their own homes at any time. We commission around **14,000 hours** of care per week at a cost of **£15.3 million** in 2015. This is down from a peak of 1220 in October 2014.

Around 75% of domiciliary care is purchased from the independent and third sectors, with the Council's own domiciliary care service providing around 25% of the total hours.

The Council entered into a new 4-year contract with selected providers. The new contract enables providers to pay their staff better wages and better terms of employment. This should make it easier for providers to recruit and retain skilled care workers, which in turn should enable providers to be able to meet the demand for the service and deliver a high quality service. Monitoring arrangements are also more robust to ensure providers deliver the care at the standard we purchased.



Care Homes

Around **876** people have been placed by the Council to live in a care home. The Council spent **£13.4 million** on this service in 2015.

However, it is thought that around a third of older people living in care homes have decided to fund their own placement. There are 1589 care home places available in the county, and typically there are between 70 to 100 vacancies at any time. There is an increasing demand for beds specifically for people with elderly mental illness (EMI), such as dementia. This is likely to continue and effective relationships with the independent sector will be critical if we are to meet future demand and give adequate support.

Some Local authority care homes which don't meet modern standards have been replaced with extra care housing developments, where older people with care needs can receive domiciliary care in their own purpose-built flat.

As a result, the number of new admissions into care homes is decreasing at the rate of approximately 3.6% per annum, as the provision of care at home or extra care housing enables people to stay at home much longer, if they choose.

However, from benchmarking information, we know that Carmarthenshire needs to continue to reduce the reliance on care homes, as more people are placed in care homes than some other authorities, and this is reinforced by what older people want.

7 in 10 people said they wanted to remain in their own home as long as they are able

3. How could we deliver services in the future?

With the expected increase in demand, alongside the reduction in public sector spending, continuing with current models of service is not an option. Restricting the number of people receiving support to only those with the greatest need will not secure long term sustainability, neither in terms of supporting individuals to maximise their independence, nor in financial terms.

A 'whole system' approach is required, involving health and social care working together with third sector and private sector partners to intervene swiftly and effectively at times of crisis to promote a return to the individual's previous independence.

There are a number of options for delivering services for older people in a different way, which will ensure long-term sustainability for the next decade and beyond.

These options will:

- ✓ promote independence and well-being;
- ✓ reduce or delay the demand for long-term services;
- ✓ reduce the cost of meeting the long-term needs of eligible older people, whilst improving consistency in terms of quality or fairness and equity of provision.

In developing these options, we have looked at best practice from other local authorities and health boards. We have also carefully studied the performance of our existing services in order to identify opportunities. Some of these options are 'ideas' that will require further study to determine if they are feasible and viable, whilst other options are more concrete and well-developed proposals.

Given the scale of the challenge, it is highly unlikely that a single or few changes would be sufficient. An ambitious and comprehensive programme of change will be required to deliver long-term sustainability. The options to be considered are set out in 8 sections below.

a) **Develop a new contract with citizens and communities**

Some Councils are beginning to develop a new 'contract' with citizens and communities that means individuals are encouraged to take more responsibility for their own care and families and communities are supported to help individuals to be as independent as possible. This approach links closely with the plan for primary health care to proactively help people to live healthier lifestyles, thus reducing or delaying the need for formal social care services and health interventions. To deliver this new 'contract', there needs to be a fundamental shift in the expectations of individuals, communities and service providers. It is therefore not a 'quick fix', but a long term programme of changing the public's expectations of health and social care services.



b) **Develop community, universal and preventative services;**

Currently, we spend only 7% of the total budget on 'Tier 1' services. The new law coming into force in 2016 requires much stronger emphasis on these services. We are committed to shift our budget allocation away from long term services towards services that promote well-being and independence.



- There is an opportunity to develop single contracts across the three counties for specific services, such as advocacy;

- We need to work more collaboratively to develop prevention services with the third sector, and commission in a more integrated way with Hywel Dda UHB;
- We are developing the role of the 3rd sector brokers to focus more emphasis on developing community resilience and capacity;
- We intend building on the successful SPICE Time Credits scheme by extending it across the county. For each hour that an individual gives to their community, they earn one Time Credit, which can be spent on an activity or help from another person.

c) Improve the effectiveness of targeted short-term interventions

Just under half of older people receiving the Reablement service no longer need a service after completion of their programme. A review of the Reablement service is underway, with the expectation that this should improve with more older people successfully achieving independence.



- The Intermediate Care Fund grant from the Welsh Government will be used to fund the continuation of the Transfer of Care Advice and Liaison service, the Rapid Response service as well as commissioning 2 additional Convalescence beds in the Carmarthen area.
- There is potential to develop a more integrated approach to delivering Reablement between the three local authorities and Hywel Dda UHB;
- There is potential for a regional and more strategic approach to the development of telecare and telehealth;
- There is a comprehensive range of services in Carmarthenshire, both within the hospitals and in the community. There is the scope to develop a joined-up, versatile service which links in with primary care developments within the community.
- We need to be able to measure the effectiveness of these services in terms of achieving good outcomes for individuals, such as fully or partially regaining their independence, avoiding or reducing the need for long term care and support.

d) Ensuring that needs are met fairly and equitably across the County

- Reduce care packages involving two care staff. Research shows that the quality of care is better when it is provided one-to-one. We want to ensure that care is only delivered by two staff when there are sound reasons to do so. This enables us to deliver care to more vulnerable people.
- Reduce the frequency of calls. Over the last 5 years, the frequency of visits per day by a home care worker to an individual's home has been increasing. We want to ensure that care meets an individual's needs but is not intrusive, or reducing the person's independence. Other community services will need to tackle vulnerable users who are at risk of loneliness or isolation.
- Improve consistency. Performance management combined with quality assurance processes will be used to ensure that we reduce the variability across the County and increase confidence that people are treated fairly and equitably.



e) Developing our approach to Commissioning

The service is beginning to develop towards a more personalised service which helps the individual to achieve the outcomes they want to achieve;

- Providers are exploring the potential use of technology and there is an appetite to innovate;
- There is the opportunity to develop a regional contract and service specification with certain large providers;
- There is the scope to commission in a more integrated way with Hywel Dda UHB to be more flexible in response to people's health and social care needs;
- There is a need to develop a more specialised service for people with dementia;
- There is a need to develop collaborative initiatives to focus on delivery in harder-to-reach rural areas.
- There is the opportunity to partner with neighbouring authorities in improving our procurement practice.



Case Study: The Raglan project in Monmouthshire

The service supports 14 people living with dementia in a small rural community. The project moves away from the current model of home care to one that doesn't focus on tasks to be performed at specific times by home carers. The team is given autonomy to support the choices of the service user. Each member of staff is full-time salaried and works flexibly as part of a team. The activities and care undertaken are discussed daily with the service user and their family and respond to how they feel. To deliver flexibility, the care plan is a framework for delivery rather than a prescriptive list of tasks.

The outcomes for individuals supported were better than expected, for example by avoiding permanent residential care. The care hours delivered were 9.5 hours per week fewer than the previous home care service, with better outcomes.

f) Alternatives to the Council providing services

Currently, the Council provides around 25% of the Home Care service and operates 8 care homes, as well as providing the county's Reablement, Rapid Response and Through-the-Night services. In addition, the in-house service also provides services for people with learning disabilities. Our commitment is to retain a mixed economy of care ensuring that along with a vibrant independent sector we retain council owned care homes and domiciliary care at least at the current level we currently do whilst accepting many elements of these services will require reform to meet changing needs.



There are 4 main alternatives we have considered:

- Remain wholly 'in-house' - Retain the current Council-run services
- Outsource most or all Council-run services to the independent sector
- LATC - Develop a Local Authority Trading Company (LATC)
- CIC - Develop a Community Interest Company (CIC)

Remaining in-house is not a cost effective option, due to the inability to lower costs to meet the required financial savings to enable us to protect services for the most vulnerable. The other three options are viable but carry risks.

The recommended option is an LATC, which offers the best potential in terms of improving the quality of services, allowing lower costs for the council, satisfying democratic accountability and satisfying stakeholder requirements. It is the least risk option as it offers the Council the opportunities to trade and change services, while still maintaining full control and ownership of our care homes and domiciliary care. This ensures Carmarthenshire retains a provider as last resort to mitigate any risk of provider failure.

It is therefore recommended that a full business case is commissioned to explore and determine that for a wholly Council owned LATC.

g) Meet the demand for accommodation for older people Residential Care Homes (quality of the buildings) Llanelli locality

The quality of our own care homes has been assessed and it is clear the substantial investment will be needed in the following homes:

- Llys Y Bryn
- Y Bwthyn
- Y Plas
- Caemaen



The Council has currently earmarked £7,000,000 in the capital programme for investment in Llanelli. If this is to proceed, it will provide an opportunity for the Council to invest in the replacement of some provision in the town to offer additional capacity and a building designed to meet the needs of those with dementia. Options regarding this will be considered by the Executive Board in the coming months.

Aman Gwendraeth locality

Plans are already well-advanced for the closure of Tegfan care home in Ammanford later this year, with the opening of the new Ty Dyffryn extra care housing development in January 2016, in partnership with Family Housing Association. Home Care will be provided to older people with eligible needs by the in-house home care service.



Towy, Teifi, Taf locality

The new Cartref Cynnes extra care development will soon be opening in Carmarthen, in partnership with Family Housing Association. This is planned to replace Cartref Tawelan care home which was no longer suitable for today's standards.



Independent Sector Care Homes

Although there are sufficient care home places in the county to meet the current demand, providers are having difficulty meeting the needs of residents with increasing levels of dependence. As the number of older people living in the county increases over the next decade, it is likely that there will be increasing demand for care home places. By 2030, if we continue with the current service models of service, there could be a shortage of around 1100 beds and at least 115 specialist beds for people with dementia. Whilst this demand is likely to attract private sector investment in new care home facilities into the county, it is equally important that we reduce reliance on care homes, in favour of care at home services. A market assessment is being developed in the region to ensure sufficient capacity in the sector is developed.

Sheltered Housing

Sheltered housing schemes across the county have benefitted from improvements through the Carmarthenshire Homes Standard initiative and continue to offer good quality housing for older people.

There is the potential for some of these schemes to incrementally convert into 'extra care' housing, which would support their long term sustainability as well as increasing choices for older people.

h) Collaborative working across the Region

The Mid and West Wales collaborative is developing a regional approach across the Hywel Dda area. There are 6 agreed priorities relating to Older People's services:

1. **Information and Advice for Adult Services.** To secure the provision of an information and advice service, making best use of technological solutions, including mobile and Internet technology.



2. **Preventative Services.** To develop a regional model of preventative services for adults that promotes independence and wellbeing for individuals, preventing or delaying the need for formalised care based on the PIVOT (Pembrokeshire Intermediate Voluntary Organisations Team) model.



3. **Intermediate Care Fund.** To assist in the development of new models of delivering sustainable integrated services that maintain and increase people's wellbeing and independence, promoting improved care coordination across social services, health, housing and other sectors. To support initiatives aimed at improving care for older people and the frail elderly, avoiding unnecessary hospital admissions or inappropriate admission to residential care and preventing delayed discharges from hospital.



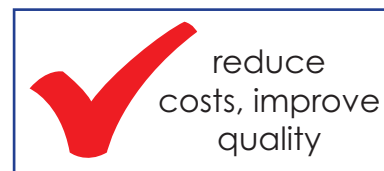
4. **Integrated Assessment.** To ensure that effective integrated assessment, care and support planning and review arrangements are used and understood by all professionals in their work with individuals. To improve integrated arrangements locally to help drive better co-ordinated practice across primary, secondary, acute and community care to provide the right care, at the right time, in the right place.



5. **Market Position Statement.** To support the development of a shared vision to transform the way we support individuals, families and communities and the adoption of an integrated model of health and social care and support. Greater integration of commissioning capacity between Local Authorities will be developed to support this analysis.



6. **Social Enterprise mapping and analysis.** To explore opportunities to enhance current social enterprises and/or develop new social enterprises in delivering health and social care services. These services will need to deliver quality, citizen directed services, anchored in the community, which provides a stronger voice and greater control to services users and their carers.



4. Three Offers to the Community - Carmarthenshire's Commitment to Promoting Independence for Older People

Older people have the right to be afforded dignity and respect to make decisions about their health and well-being.

Many people stay healthy and independent well into old age, and there is mounting evidence that tomorrow's older people will be even more active and independent than today's. However, as people age, they are progressively more likely to live with complex co-morbidities, disability and frailty.

Three-quarters of people responding to our consultation told us that what would be most important to them as they get older is staying as independent as they can.

For older people who need support to regain or maintain their independence, we will adopt the following approach:

<p>Offer 1</p>	<p>Help To Help Yourself</p> <p>Timely, easy access with an effective response to provide Information, Advice or Advocacy. Universal services available to the whole community to improve health and well-being Preventative services to prevent or delay the need for formal services. Support for communities to build their capacity to become age and dementia friendly and supportive communities</p>
<p>Offer 2</p>	<p>Help When You Need It</p> <p>Short targeted interventions to help you regain independence, with minimal delays, and no presumption about long-term support. A short term plan will provide personal goal-focussed support.</p>
<p>Offer 3</p>	<p>On-Going Support if You Need It</p> <p>Self directed, offering choice and control, highly individualised support to meet your assessed needs and personal goals towards independence.</p>

What Promoting Independence means....

We will ensure that we respect the right for people to make their own decisions about their health and wellbeing as long as they have capacity to do so, and regardless of whether we agree with them. We will only do what matters to the individual, giving consideration to their carers and family. We will ensure that people have a suitable level of service that will meet their assessed needs and support their goals towards independence, with minimal interference.

We recognise that sometimes the support an individual requires can be found within their own families, communities and within themselves. We will work with each person and their network to find creative ways of meeting personal goals that they wish to achieve. Where people have lost their support networks we will work in partnership to rebuild those networks. Doing this means some people will get back on their feet more quickly, regain their independence and no longer need support, whilst other people may need ongoing support. Decisions about long term care will not be considered until treatment, rehabilitation, reablement and other alternatives have been exhausted.

We will:

Deliver services to people in Welsh and English

Health and social services care for people as individuals, ensuring that they are accurately assessed and their care needs met. Peoples' cultural identity and language needs must be at the heart of this because it is an essential element to good quality care and high professional standards. We will develop a culture where staff are sensitive to people's linguistic needs and users receive services through the medium of Welsh as a natural part of their care. We have implemented the "Active Offer" principle as part of meeting the requirements of the Welsh Government's strategy "More than just Words". We recognise that older people are a priority group within this strategy, especially those who are living with dementia.

Value the role of carers

Many people with social care needs will have these needs met mainly through the carers by whom they are supported. We will ensure that carers are informed of their right to have a carer's assessment. We value the support provided by carers and will work with them to meet the personal goals that they wish to achieve.

Spend public money wisely

With the combination of growing social care demand and reduced resources available from central government, it is vital money is spent fairly and wisely. We will focus on achieving value for money, and the standard of quality our service users require, for every service we commission on behalf of service users. We will aim to achieve equity of outcome for individuals across the county. We will use community resources innovatively to find creative ways of supporting individuals to be more independent. We will avoid duplication and aim to 'do it once, do it right'. We will use evidence based and reflective practice to continually challenge, review and evaluate services and drive improvement. We aim to save £2.2m over the next 3 years by doing so.

Develop a knowledgeable and skilled workforce

We will ensure our staff understands how to work with service users in ways that promote their independence and support their recovery. We will support staff to work within multi-disciplinary teams, respecting others professional judgement. We will help staff develop their professional practice in ways which will assist them to empower our service users. We will aim to maintain continuity of professional involvement with clients. We will expect staff to adhere to their professional standards and support and guide them to work autonomously. We will seek to understand and adhere to legislation. Through clear leadership, we will ensure our workforce and our providers' workforce have a relentless focus on promoting independence rather than creating dependency.

Work in partnership with the health board

We will continue to develop an integrated and outcome-focused approach to our work with Hywel Dda University health board. We will ensure that, together, we share common goals in assisting people to remain independent in their own homes. This means that where possible we will have shared health and social care assessments and a single plan that will help people to retain independence in the community.

Work in partnership with providers

We will work with our care and support providers to build a philosophy of care that focuses on achieving better outcomes for individuals. We will ensure the performance of services we commission is centred on the desired outcomes and interests of our service users and provide value for money.

The following five-year Delivery Programme which follows would result in an ambitious and comprehensive plan, to be updated annually.

TECHNICAL ANNEXES

Annexe A: Carmarthenshire's Demographic Projections to 2030

Annexe B: Service Performance Trends over the last 5 years (2010 – 2015)

Annexe C: Summary of the Public Consultation Response

Annexe D: Summary of Policy Drivers

These documents are available on request.

A Glossary of terms is included at the end of this document.

5. Five - Year Delivery Plan 2015-2020

Promoting Independence & Well-Being for Older People
Five-Year Delivery Programme - Draft

Carmarthenshire Projects	2015	2016	2017	2018	2019	2020
FOUNDATION PROJECTS						
a. 3 Offers to the Community: Culture Change & Workforce Training						
OFFER 1: HELP TO HELP YOURSELF						
b. Develop community, universal and preventative services						
Develop single regional contracts for specific services						
Develop prevention services with 3rd sector, with Hywel Dda UHB						
Develop role of 3rd sector brokers and extend Time Credits scheme across county						
Community Resilience Strategy: to build community and 3rd Sector capacity						
Community Nutritional Strategy: to develop effective interventions to improve health outcomes for older people						

Carmarthenshire Projects	2015	2016	2017	2018	2019	2020
OFFER 2: HELP WHEN YOU NEED IT						
c. Improve the effectiveness of targeted short-term interventions						
Reablement service review						
Reablement regional approach						
Telecare & telehealth regional approach						
Development of TOCALs / ART / SCRAMS / Rapid Response into an integrated multi-disciplinary service						
Developing robust measures in order to evaluate the effectiveness of services						
OFFER 3: ONGOING SUPPORT IF YOU NEED IT						
d. Ensuring that needs are met fairly and equitably across the County						
Reducing Double Handed Calls & Frequency of Calls						
Consistency of Outcomes						

Carmarthenshire Projects	2015	2016	2017	2018	2019	2020
e. Developing our Approach to Commissioning						
Outcome-based Commissioning for Domiciliary Care Framework Providers						
Regional contracting with providers						
Integrated commissioning with Hywel Dda UHB						
Improving outcomes for people with Dementia						
Collaborative initiatives for hard-to-reach areas						
Pilot "Raglan Project" approach – Maximising independence / flexible approach to support						

f. Alternatives to Council providing services						
Develop the business case for a Local Authority Trading Company						

g. Meet demand for accommodation for older people						
Agree a proposal with the Executive Board to develop a site in Llanelli for care provision						
Reduce the reliance on care homes						
Undertake feasibility study on converting Sheltered Housing schemes to Extra Care schemes						

Carmarthenshire Projects	2015	2016	2017	2018	2019	2020
MWW COLLABORATIVE PROJECTS						
h. Collaborative working across the Region						
OFFER 1: HELP TO HELP YOURSELF						
Information and Advice for Adult Services, (including the review of Careline Plus service)						
Preventative Services based on PIVOT model						
OFFER 2: HELP WHEN YOU NEED IT						
Intermediate Care Fund – new models of care						
OFFER 3: ONGOING SUPPORT IF YOU NEED IT						
Integrated Assessment						
Market Position Statement						
Social Enterprise mapping and analysis						

GLOSSARY OF TERMS

Reablement – This service helps people to regain their independence with daily living activities after a period of illness or an injury.

Daily living activities – These include activities such as feeding, toileting, dressing, grooming, maintaining continence, bathing, walking and transferring (such as moving from bed to chair).

Intermediate Care – This term is used to describe a range of short-term treatment or rehabilitative services designed to promote independence, reduce the length of time spent in hospital, or help to avoid unnecessary admissions to hospital. Intermediate care can be provided in a hospital, a special unit or at home for a short time (usually no longer than six weeks). They are paid for by the NHS.

Convalescence – Convalescence beds in care homes are an example of Intermediate Care. These offer people therapies to assist them to regain their previous function and independence.

Domiciliary Care – also known as home care, this service provides personal care and support to people in their own home.

SPICE – This is a registered charity which has developed a Time Credit scheme. For each hour that an individual gives to their community, they earn one Time Credit, which can be spent on an activity, help from another person, or gifted to others.

Provider – This is an organisation which is registered with the Care and Social Services Inspectorate Wales to provide care services, such as domiciliary care, residential or nursing care homes. The Council contracts with approved providers to deliver services on its behalf.

TOCALs – Transfer of Care Advice and Liaison Service. This new service is based in West Wales General Hospital and Prince Philip Hospital, and has been set up with funding from the Intermediate Care Fund grant from the Welsh Government. The service aims to avoid unnecessary admissions to hospital, reduce the length of stay in hospital and facilitate safe and timely discharges.

Rapid Response – This service provides personal care for people in their own home in order to avoid admission into hospital or to provide short term support after discharge from hospital.

ART – Acute Response Team. This service provides acute nursing care for people who do not need to be hospitalised. The service provides intense care for a short period and is estimated to avoid hospital admission for around 1200 patients per annum.

SCRAMS – South Carmarthenshire Rapid Assessment Multi-disciplinary Service. Based in Prince Philip Hospital, the service provides urgent assessment by geriatricians and community multi-disciplinary professionals to avoid hospital admissions. Since its introduction, SCRAMS has seen a 71% reduction in emergency department attendance or admissions of recurrent fallers and shortened the length of stay in those admitted.

Telecare and telehealth – These use technology to help people to live more independently at home. They include personal alarms and health monitoring devices. Telecare and telehealth services are especially helpful for people with long-term conditions, as they can give peace of mind that the individual is safe in their own home and that their health is stable.

Primary care – This is the first point of contact and principal co-ordinator of continuing care within the health care system. Patients receive primary care from their GP or nurse practitioner, dental practice, community pharmacies, optometrists and hearing care provider.

LATC – Local Authority Trading Company is a wholly owned company, controlled by the Council (or Councils) to deliver social care services to people who need them and to those who wish to purchase services.

Carmarthenshire Homes Standard Plus - A homes standard for Council tenants which continually evolves to improve the quality of housing, and services, for tenants and residents, with the flexibility to help meet future housing needs and exploit opportunities as they arise, and to deliver as many health and well-being benefits as possible to get the biggest impact from investment.

Integrated Assessment – This is the framework for delivering integrated health and social care for older people with complex needs in Wales.

Market Position Statement – This sets out the Council's current and future position on the commissioning of services for older people.