WEST WALES REGIONAL PARTNERSHIP BOARD

ANNUAL REPORT 2023-24

FOREWORD

As the new Chair of the West Wales Regional Partnership Board, I am delighted to present our Annual Report for 2023-2024. I would like to extend my immense thanks on behalf of the RPB to Judith Hardisty, who skilfully steered the RPB as Chair from October 2020. Her hard work, dedication and insight helped the West Wales RPB make great strides forward in our work and her contribution was significant in shaping the impact of RPBs across Wales and our collective relationship with Senedd Ministers and Welsh Government staff.

This Annual Report for West Wales' Regional Partnership highlights progress over the last year and is an opportunity to thank and recognise the efforts of all staff, volunteers, providers and unpaid carers for their huge efforts over the last year.

I am also immensely grateful for the support of all Board members and their ongoing commitment to help serve the citizens of West Wales, along with all partners who continue to collaborate and work together to find synergy across services, combine resources and strive to share learning and positive practice to transform services.

As a Regional Partnership Board (RPB) we continue to embrace the principles of 'A Healthier Wales' to help deliver preventative, integrated health and social care services in West Wales. We are dedicated to helping achieve the best health and wellbeing outcomes for the people of West Wales and put people at the heart of everything we do. We strive to work closely with and listen to the voices of those with lived experience, to help us learn and understand what it is that really matters and enable people and their families to shape the services and support provided. A way of working which we are committed to further develop, and I am pleased to include perspectives from our newly formed Citizen Engagement Board, third sector and provider partners within this annual report.

As we navigate current pressures and plan for future health and social care challenges, the RPB will continue to create opportunities to work collaboratively across Carmarthenshire, Ceredigion and Pembrokeshire and play a pivotal role in shaping and improving future support and services.

More information on the work of the Partnership can be found on our website West Wales Regional Partnership Board – Working together to plan and deliver services for adult and children with needs for care and support. (wwrpb.org.uk) or by contacting the Regional Partnership Board Team, contact details for which are provided at the end of the report.

Hazel Lloyd Lubran – Chair, West Wales Regional Partnership Board

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Part 1: OVERVIEW OF WEST WALES REGIONAL PARTNERSHIP BOARD

Purpose

The West Wales Regional Partnership Board region covers the geographical footprint of Hywel Dda University Health Board. It brings together representatives from the local authorities of Ceredigion, Pembrokeshire and Carmarthenshire, Hywel Dda University Health Board (HDdUHB), along with third and independent sectors, service users and carers. Furthermore, wider partners involved in health and social care such as Social Care Wales are also engaged with the collective aim of transforming and enabling enhanced ways to deliver integrated health and care services in West Wales through collaborative working.

The overarching commitment of the West Wales Regional Partnership Board remains that people needing care and support in West Wales receive the right help, in a joined up and seamless way, so that they stay well and independent for as long as possible and can do what matters to them. This chimes with the aspiration within the national plan for health and social care 'A Healthier Wales', for a 'whole system approach to health and social care, which is focussed on health and wellbeing, and on preventing illness.'

Figure 1. below helps depict how, through working regionally, locally and at cluster level, the Regional Partnership Board helps influence the integration of community services. In instances where local innovation and coordination have worked well, this can provide opportunities for successful regional models to be developed into national models, which can then be applied across Wales.

Figure 1. Refining Regional Partnership Board Scope

The role of West Wales Regional Partnership Board (RPB)

The RPB govern the direction of the partnership to fulfil the statutory duties introduced in Part 9 of the Social Services and Wellbeing (Wales) Act 2014 which include:

- Promoting the integration of key services such as those for older people, people with a learning disability, carers and children with complex needs
- Establishing partnership arrangements for specific services and pooled funding arrangements where appropriate
- Ensuring arrangements are in place to meet core statutory duties such as the provision of Information, Advice and Assistance and advocacy services
- Improving outcomes for people needing care and support and their carers
- Ensuring available resources for RPBs are utilised in line with the guidance and deliver our vision of integrated health and care in West Wales

Membership, operating structure and governance

The Terms of Reference for the RPB were reviewed and approved in April 2023 with new service user, carer and third sector representatives invited to attend. Furthermore, during 2023 with a Citizen Engagement Handbook has been prepared, to help ensure there is a clear understanding of the role of representatives attending meetings.

A full list of members can be seen in the reviewed Terms of Reference, as contained in Appendix 1. The RPB generally meets five times a year, however, during 2023-2024, there were six meetings on the following dates:

- 17th April 2023
- 15th May 2023
- 17th July 2023
- 23rd October 2023
- 22nd January 2024
- 11th March 2024

Meeting agendas are available to the public and can be viewed on the Partnership website, via the following link: WWRPB Agendas – West Wales Regional Partnership Board

The operating structure of the RPB can be seen in figure 2. below, which identifies the various work programmes reporting to the RPB and helps demonstrate how the various workstreams interrelate to deliver on the elements of the area plan 2023-2028. A link to the plan can be found here:
Area Plan – West Wales Regional Partnership Board (wwrpb.org.uk)

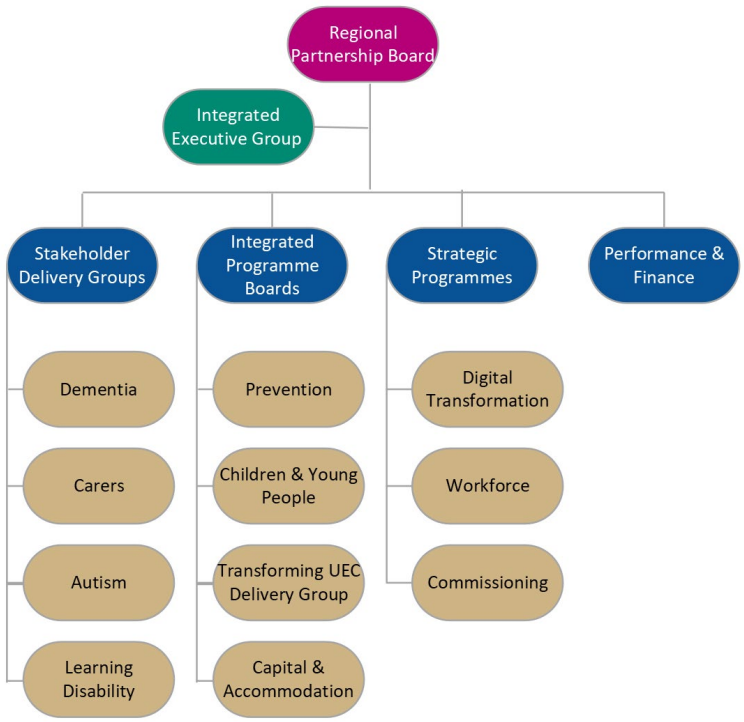


Fig.2 Operating structure of RPB and supporting workstreams

Integrated Executive Group (IEG)

The Integrated Executive Group (IEG) comprises of senior officers from Hywel Dda University Health Board, the three County Councils and the Chief Executive of Ceredigion Association of Voluntary Organisations representing the third sector. The IEG meets regularly and advises the RPB on priorities for integration, monitors progress of the regional programme, deployment of regional funding and tackles shared operational challenges.

Stakeholder Delivery Groups

Part 9 of the Social Services and Wellbeing (Wales) Act 2014, requires the RPB to prioritise the integration of services for priority population groups including older people with complex needs and long-term conditions (including dementia), people with learning disabilities, children with complex needs and carers. As such, Stakeholder Groups have been created to focus on the specific needs of identified population groups and to help inform the work of these groups.

Integrated Programme Boards

Integrated Programme Boards oversee the delivery of our thematic priorities such as Transforming Urgent and Emergency Care (UEC) and in some instances, includes the oversight of the delivery of the Regional Models of Care.

Strategic Programmes

Strategic Programmes are enablers that impact across all our thematic areas of work and population groups.

Funding - The Area Plan and Regional Integration Fund

2023-2024 was the second year of the Health and Social Care Regional Integration Fund (RIF), a 5-year funding programme supported by Welsh Government with the aim, of establishing and mainstreaming six new national models of integrated care so that citizens of Wales, wherever they live, can be assured of an effective and seamless service experience in relation to;

1) Community-based care – prevention and community coordination
2) Community based care – complex care closer to home
3) Promoting good emotional health and well-being
4) Supporting families to stay together safely and therapeutic support for care experienced children
5) Home from hospital services
6) Accommodation-based solutions

In West Wales we have organised our work programmes to assist us in delivering these Models of Care and fig.3 below helps demonstrate how the areas of work interrelate.

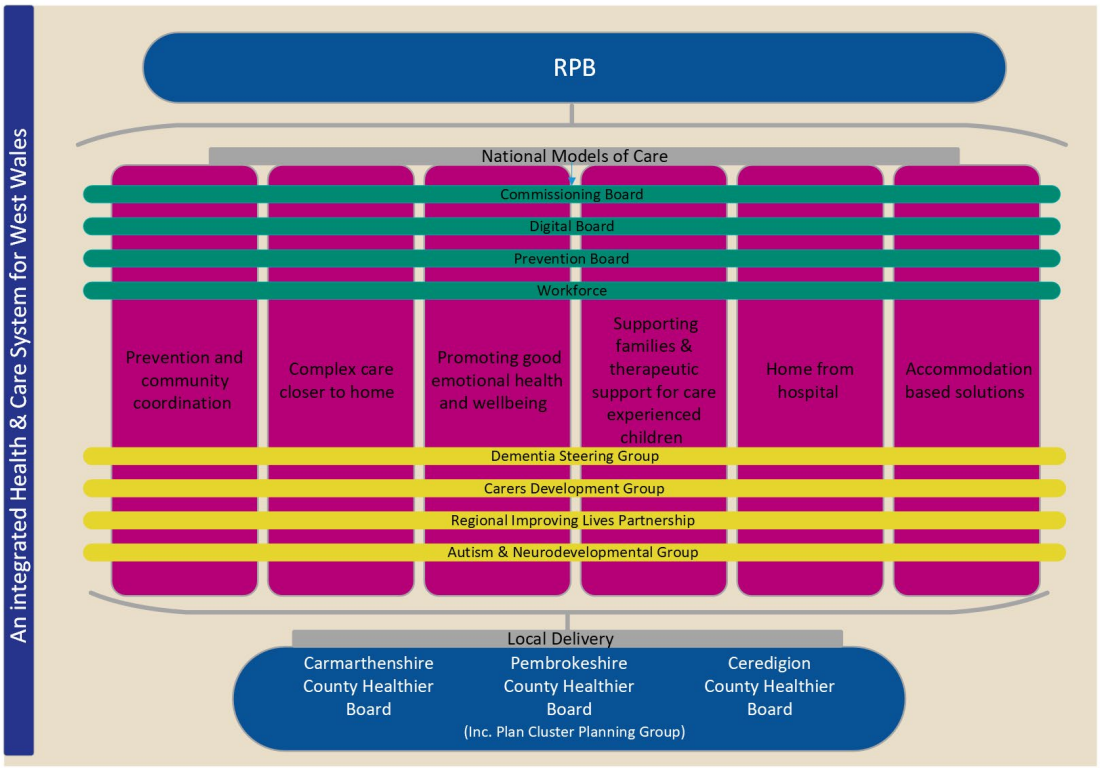


Fig 3. Models of Care and regional delivery

Over the course of 2023-24 there have been a number of projects being supported through this funding, each contributing to the various work programmes as detailed in figure 3 above.

Breakdown of revenue funding

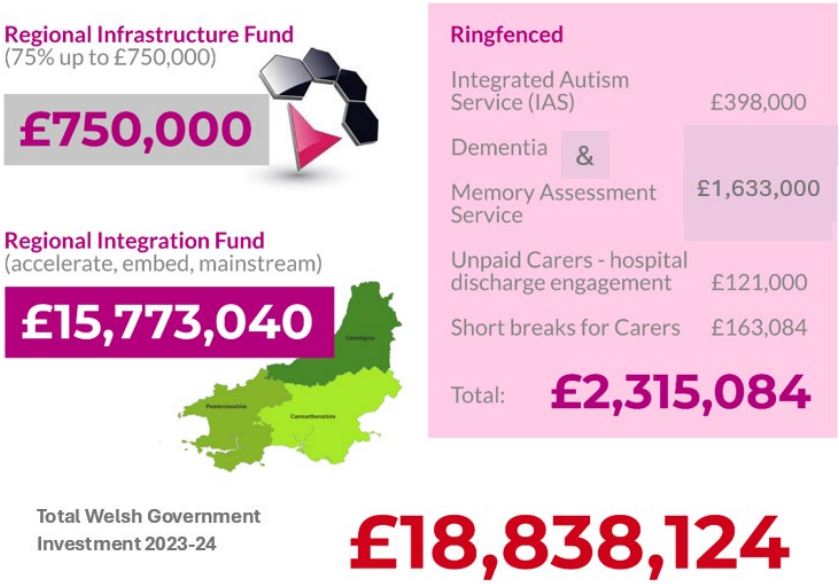


Fig. 4 Breakdown of revenue funding

Innovation in Social Value

The Regional Innovation Forum was established in 2023 across health and social care to support the identification of innovation in social value sector, to identify transformative models of care across the third sector and to also support the re-balancing agenda. Over the year, several engagement sessions have been held to co-produce its work programme which is now complete and focuses on two priorities: Innovative commissioning and developing social enterprises. The forum reports via the Regional Preventions Board as part of the WWRPB governance arrangements.

An operating model has also been agreed to ensure true engagement with the third sector and the forum will report to the Prevention Board on its progress, ensuring that the third sector has a voice at the RPB.

Communication

Listening to others

The Social Services and Wellbeing (Wales) Act 2014 encourages Local Authorities and Health Boards to implement working practices which embed wellbeing and co-production, giving citizens voice, choice and control over their support needs.

Citizen / Service User Representative Handbook:

We recognise how important it is to listen to the voice of lived experience and the benefits that it can bring and over the course of the year, significant progress has been made. With help and guidance from service users, a Citizen/Service User Representative Handbook has been developed to help share experiences and knowledge so that services can be improved.

This is now available to anyone interested in attending and contributing to the Regional Partnership Board and explains the role of the RPB, the support available, and clarify any expectations. This handbook also includes reference to other groups where the voice of lived experience is welcome, including the Dementia Steering Group, Carers Development Group, Preventions Board, Digital Board, Advocacy and Regional Improving Lives Partnership.

The Citizen and Third Sector Engagement Board:

Development of a Citizen and Third Sector Engagement Board has been progressed during the year, with the aim of bringing together the voices of lived experience, third sector and community organisations. This co-productive approach, will be a valuable forum to help inform the development of health and social care initiatives across the West Wales region and is scheduled to commence in May 2024 with monthly hybrid meetings for the first 6 months and bi-monthly meetings thereafter. The Board will be open to recruitment all year round and will enable citizen and third sector representatives to attend other board meetings, widening the range of expertise and experience of those we engage with.

Website:

The West Wales Regional Partnership Board website has also been updated during 2023, for it to be a more readily accessible platform to share information on the RPB and the various workstreams that support the Board. A link to the website can be found here: West Wales Regional Partnership Board – Working together to plan and deliver services for adult and children with needs for care and support. (wwrpb.org.uk)

Newsletter:

The first published RPB newsletter in 2024 has been favourably received, resulting in a continued commitment to prepare and publish regular newsletters during 2024-25, updating on key areas of work.

Celebrating success

On 14th March 2024, WWRPB held a Conference and Awards event at Parc y Scarlets stadium, Llanelli. This event was an opportunity to recognise and celebrate both excellence and innovation in various fields and brought together a diverse array of partners across the health, social care and third-sector organisations from around West Wales.

Julie Morgan MS, Deputy Minister for Health and Social Care emphasised the importance of partnership in delivering vital services, particularly in the context of the challenges facing health and social care, as well as the need for collective investment in promoting healthy lifestyles and preventative care. Attendees had the opportunity to participate in a wide range of engaging workshops, networking sessions and Q&A panel led by Directors of Health and Social Care.

Furthermore, the awards ceremony recognised individuals and organisations for their exceptional contributions and achievements. From innovative solutions to outstanding contributions in health and social care, the recipients of these awards exemplified excellence and dedication in their respective areas of work. These accolades underscored the importance of leveraging knowledge and expertise to better people's experience in West Wales.

For more information about the award winners and runners-up:

WWRPB Conference & Awards 2024 – West Wales Regional Partnership Board

Pictured above are staff receiving one of the awards.

Part 2: THE PROGRAMMES

Prevention and Community Coordination

Overview:
Prevention is a guiding principle within the Social Services and Wellbeing Act, the Wellbeing of Future Generations Act and is core to all model of care approaches.

The Regional Preventions Board was established in 2022 to oversee governance of the Prevention and Community Co-ordination and Promoting Positive Emotional Health and Wellbeing models of care. This regional board is unique in the region in that it spans RPB and PSB (Public Service Board) structures – given a shared agenda in relation to wellbeing and the importance of strong interconnected communities. The vision for the Board is agreed as:

Prevention is about people staying healthy, happy and interdependent for as long as possible - connected to active, resourceful and kind communities. Supporting prevention means making better choices as easy as possible for people while acknowledging the effect of wider determinants of health and wellbeing – whatever stage of life people are at. When people do need help, they are supported to manage their health and wellbeing earlier and more effectively and over the course of 2023-24, a range of initiatives have been developed that aim to better support people in remaining independent within communities.

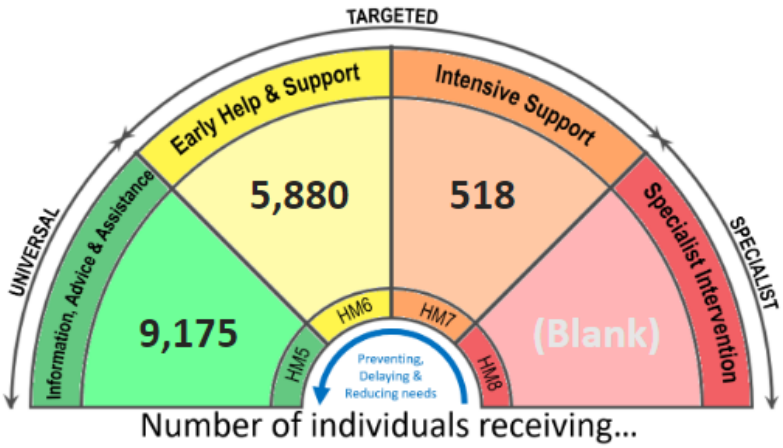
A range of partners are involved in delivery of this theme, including: local authorities, health boards, a range of 3rd sector organisations, as well as service users and carers.

How much, how well & difference made in 2023-24:

The data shows that nearly 251,000 people have contacted projects within the model of care and that over 10,000 people are accessing support from the projects during 2023-24. The majority of interventions provide Information, Advice and Assistance (IAA), with most of the remaining contacts providing early help and support, which is consistent with the design intentions of this Model of Care.

How much?

Number of individuals accessing the project (HM1)	Number of new individuals accessing the project for the first time (HM2)	Number of referrals received (HM3)	Number of contacts (HM4)
10,075	2,227	4,135	394,400



HM1 and HM5-8 are calculated on the latest reported figure. While this may not capture all individuals, it prevents double (or 6x) counting from the quarterly or monthly reports.

HM2-4 are aggregations of all reports in the reporting period.

How well?

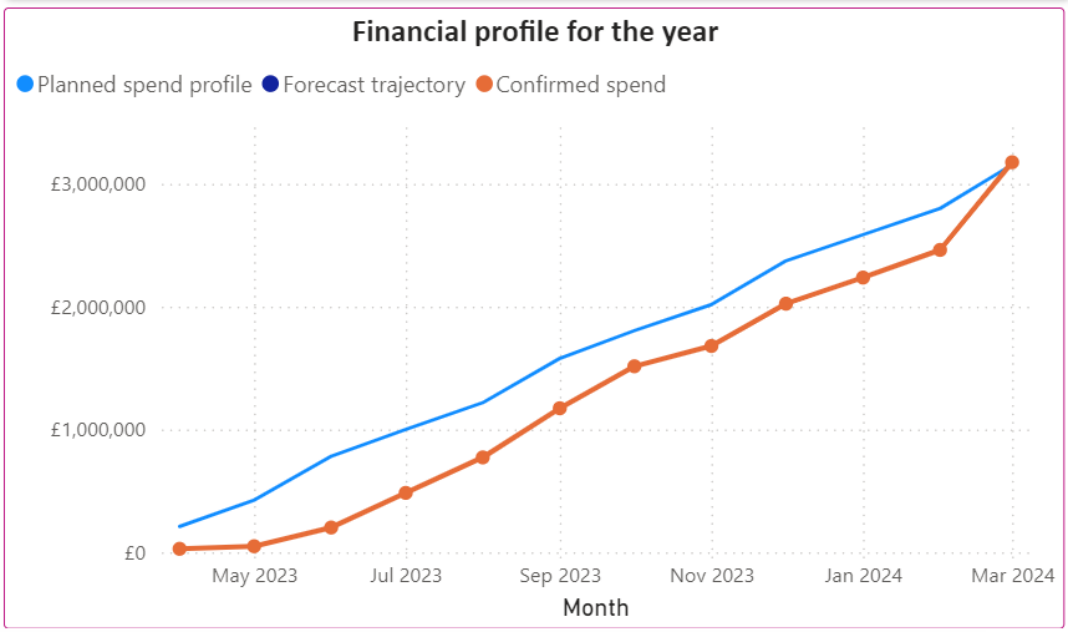
% of individuals satisfied with...				% of referrals accepted (HW1)
...Information, Advice & Assistance (HW2)	...Early Help & Support (HW3)	...Intensive Support (HW4)	...Specialist Intervention (HW5)	
98.6%	95.9%	(Blank)	(Blank)	84.3%

Difference made?

% of individuals feeling less isolated as a result of project support (DM1)	% of individuals maintaining or improving their emotional health and well-being (DM2)	% of individuals who feel they have influenced decisions that affect them (DM3)
84.7%	90.0%	66.7%
% of individuals whose independence has improved or remained the same with the support of the project (DM4)	% of individuals who feel more confident accessing services following project support (DM5)	% of individuals who received support that has prevented them from escalating their level of need (DM6)
(Blank)	76.3%	94.9%

Investment 2023-24:

£3,176,175
Confirmed spend to date



Examples of projects being delivered during 2023-24

Catalysts for Care

This project increases local provision of services and local employment by supporting micro and social enterprises to become established. The enterprises support the take up of Direct Payments, enables people to have greater choice and control through the provision of bespoke, person-centred services, as well as enabling unpaid carers to take a break from their caring role. A range of stakeholders are members of regional and county groups that steer the work of the project and priority population groups have played an important part in helping shape the project.

There are now over 100 enterprises offering care support and wellbeing services in West Wales. These are individuals who may have chosen another career path had this opportunity not been available to them. This in turn means that the talents and expertise of over 100 local people, are contributing towards the social care needs of the population.

Enterprises have clear identities and specialisms and can provide a personalised service. The range of specialisms in West Wales is significant, spanning end of life care, care of older people, learning disabilities, mental health, dementia and support for unpaid carers. We also see this through the communication of enterprise interests and passions which provide an opportunity for people to be supported by individuals who are not only experienced in the sector but enable like-minded people to share interests and hobbies through the delivery of support, enhancing the caring relationship.

The project has enabled a directory of enterprises to be established to offer services to people across the region, providing support, guidance, resources and tools to do so in accordance with an agreed code of practice. This has increased the potential for citizens with care support and wellbeing needs to exercise choice and control over how their needs are met. Social and Micro enterprises are becoming increasingly visible amongst residents and professionals.

In March 2024, Lucy Cumings of PLANED was awarded the Outstanding Contribution towards Health and Social Care award at the West Wales Regional Partnership Board award ceremony. This award recognised the strides made during 2023-24 to bring the project to life, to achieve real change towards improving the lives of people who access Care and Support Services.

2023-24 has been an important year for rolling the project out from Pembrokeshire and across Ceredigion and Carmarthenshire. The investment will benefit the project throughout its lifespan and beyond.

Innovative Day Opportunities

This project is about creating opportunities for people, including adults who have a learning disability and / or neurodevelopment / mental health conditions, ensuring that an asset-based approach is taken, so that people's skills are recognized and valued within their own community, building on existing and new community assets within their own communities.

We have listened to what people have told us about their interests and 'what matters' to them and their families. As a result of this, along with the information about community activities, we have either been able to support people to access activities or have created new community activities to allow people to undertake activities within the community.

There are close working relationships between project staff and community connectors and the vision is to have a wide range of opportunities that can meet different interests, strengths, abilities, and needs, and to be able to link communities and individuals, providing a holistic and preventative service. Some small-scale opportunities are already being realised with people accessing community facilities and activities instead of using traditional day services.

- Work undertaken to map opportunities that can support people.
- Work undertaken to work with communities in developing new activities that meet local demand.
- Outdoor activity has been given specific focus given positive impacts on wellbeing.
- The project is greatly appreciated by users. For example, a user now attends Manor Road Day Centre five days a week and enjoys a very wide range of activities, both on and off site

Transport into day services can be an expensive part of the service. By providing opportunities in peoples own communities, the reliance of local authority transport is decreased, more cost effective for all whilst reducing our carbon footprint.

Innovative Communities

This project aims to increase the availability of low-level preventative support to people in West Wales who may otherwise require statutory services. A personalised approach is key and people from priority groups have been involved in 'what matters' conversations to help determine what activities and opportunities are made available. Priority groups have also been involved in the micro

commissioning of services and in the co-designing of outcome-based service specifications, for elements of the overall project. In summary;

- Staff were deployed to identify and support community assets and activities. This was done to enable opportunities to be offered to project beneficiaries
- Contracting expertise was used to develop new models for delivering preventative services
- The project has had a clear focus on collaboration across organisations, groups and activities
- Websites have been developed to help people find the information that supports their wellbeing
- Publicity has been disseminated, including via partnership with radio stations
- Single points of contact have been established to enable people to access the project
- Connectors and other roles held what matters conversations with people to direct to community support and (when appropriate) away from statutory services

Technology Enabled Care (TEC) Solutions

Rolling out TEC (Technology Enabled Care) helps prevent, delay and reduce the avoidable need for statutory services, facilitates earlier hospital discharge and supports earlier intervention.

Projects include:

1) ***Assist my Life*** has been developed through working with priority populations. This is most relevant to people with learning disability and or autism and the project is directly supported by people with lived experience. Carers benefit from the bespoke website and following significant engagement with carers in 2020-21 helped inform this initiative. Carers also take part in website evaluations to ensure it remains fit for purpose. *Assist my Life* has been used by a parent and her son with LD to practice making travel plans to support his independence. A further example involves a person with mental health issues: 'she meets regularly with a psychologist and tells them how she has been doing. Before the app this has meant only being able to talk about the worst times and the times when things went wrong as these were always at the forefront of her mind. She felt this gave a negative reflection on her and impacted the way the psychologist saw her. She used the AssistMyLife health diary to record things as they happened. This meant she had short notes on good and bad days and also started seeing how interventions she had been given had lessened the bad days for her'.

2) ***Carers Support West Wales***

Unpaid carers of all ages in Carmarthenshire, Ceredigion and Pembrokeshire now have access to a new regional website to help support them in their caring role.

Cymorth Gofalwyr Gorllewin Cymru GOFALU AM OFALWYR Carers Support West Wales CARING FOR CARERS

The website offers a quick and easy way to find specific information, assistance and advice for unpaid carers in the three counties. The website design, branding and content has been developed through coproduction and engagement with unpaid carers and providers throughout the region.

3) **CONNECT** is open to all, but primarily benefits older adults and works to prevent, reduce and delay. CONNECT is supporting many more people in the 'delay' tier than anticipated (23% of caseload vs 5% anticipated) which directly and positively affects the numbers being placed in care home placements. As of the end March 2024, system impacts are reflected below:

- Over 7,159 clients supported across West Wales region
- 114,723 pro-active calls made
- Total number of Response call outs – 14,263

- Only 6% of response call outs escalated to Emergency Services
- 87% of all regional calls attended within 45 minutes (Aug 2023 – Sep 2023)
- 80% of clients improved or maintained their Wellbeing scores across 6 domains of the outcome tool used to measure distance travelled
- Preventative outcomes at adult social services at 42% (Carmarthenshire only)

Aside from the obvious benefits showing higher levels of preventative outcomes at the front door, enhanced wrap around services give better outcomes to both clients and the system.

Outcomes

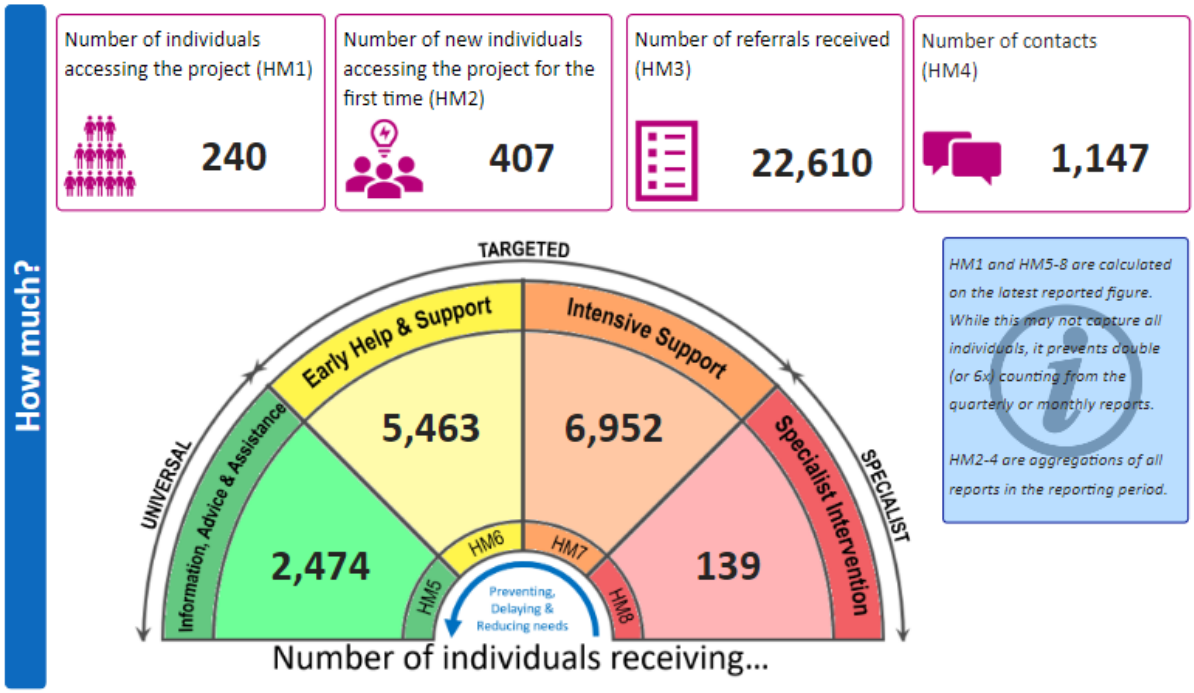
- ✓ People's well-being needs are improved through accessing co-ordinated community-based solutions
- ✓ Local prevention and early intervention solutions support people to avoid escalation and reaching point of crisis
- ✓ Promotion of the services continues to take place to enable more potential users to benefit
- ✓ Work underway in Ceredigion to develop a new model for delivering TEC
- ✓ Assist my Life continues to develop to better meet the needs of people with a learning disability and or autism
- ✓ On-going user satisfaction is being collated and analysed, driving continual improvement of the CONNECT platform

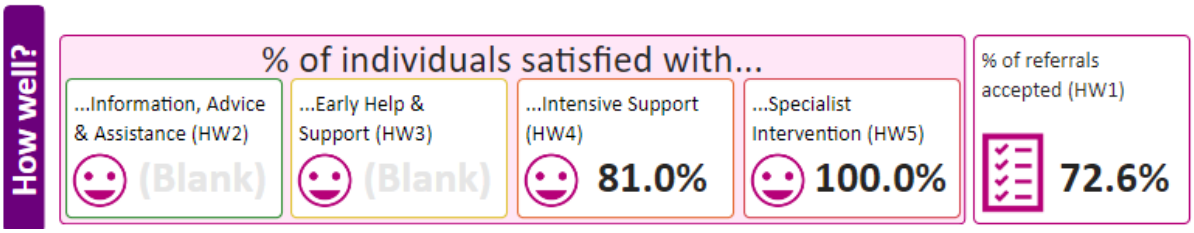
Complex Care Closer to Home

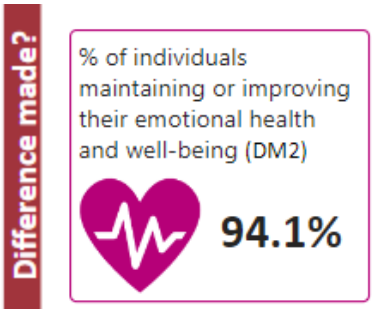
Overview:

The 'Complex care closer to home' model supports the implementation of the 'Discharge to Recover then Assess' (D2RA) Pathways, helping people to have their health and social care needs met as close to home as possible in a seamless and integrated way.

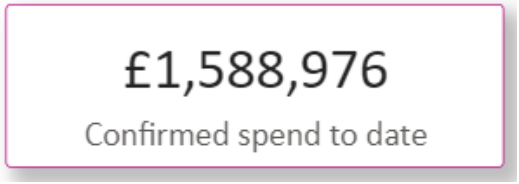
How much, how well & difference made in 2023-24:

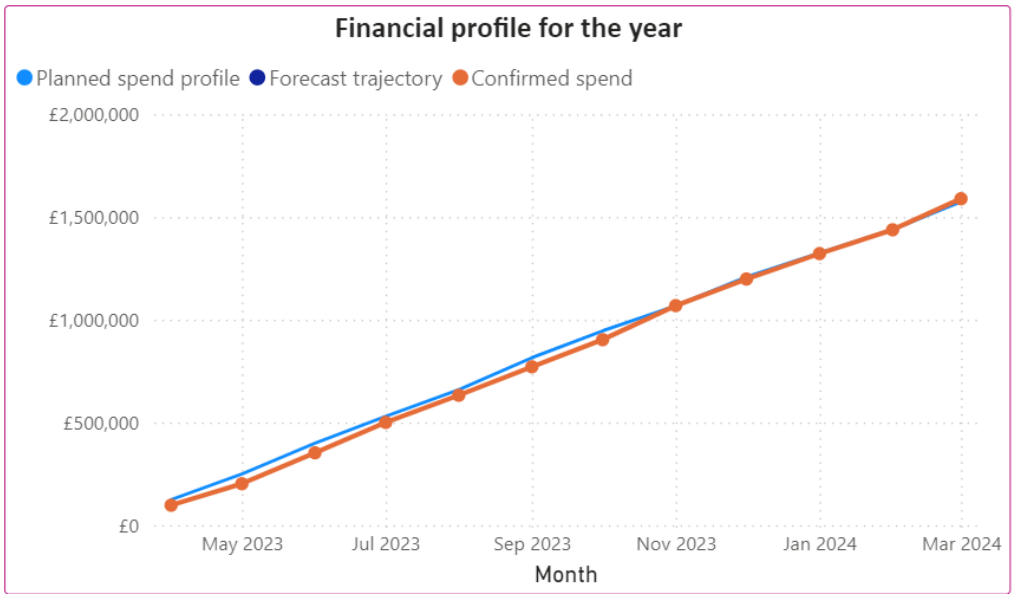






Investment 2023-24





Approach:

Integration of Health and Social Care is a recurring theme through this model of care, to deliver joined up care in the community. Collaborative working allows professionals to work together and share their information helping to remove duplication and unnecessary delays to the patient.

Developing integrated community networks supports strong communities and brings together multi-disciplinary teams to support GPs in delivering, person centred care in their communities. This approach uses an asset-based approach and local intelligence to build bespoke teams to better meet the needs of their community across the entire spectrum of need. Delivery depends upon excellent partnership working between, third sector, the health board, local authority, private sector, primary care and most importantly communities themselves.

This work aims to provide effective support for multiple health conditions and frailty within the community as well as maximise recovery following a period of ill health or other life events. In so doing, reduce reliance on long-term care, through enablement and community rehabilitation, to maximise independence, reduce admission and long-term care dependence.

In addition, it also provides integrated coordinated care and support at home for individuals with more complex care and support needs for examples integrated Community Response Teams.

There have been a number of projects delivered during 2023-24 and some examples are outlined below.

Examples of projects delivered during 2023-24:

Accessible Health Checks

This is available to anyone over the age of 16 who have a learning disability and helps support individuals to take control over their own lives and well-being by understanding what the local GP service can provide and learning how to use it. This also helps carers (paid or unpaid), primary care services and provider services, to improve the physical health of people with a learning disability. The project has three Health Check Champions (individuals with lived experience), looking at common health needs in people with a learning disability and things that can be done to prevent them from occurring or help with preventing them from getting worse.

Forging collaboratives within the Care Sector

The projects within this programme are developing ways to improve efficiency of care provision by working across disciplines and partner organisations. These include initiatives that simplify and delegate the responsibility for patient medication, reviewing the equipment provision to remove double handling in care provision and promotion and awareness of the available services.

The teams, in both the health and care sector, work in collaboration to be creative and innovative, improve efficiency and the experience of those supported.

Integrated Community Continence and Physiotherapy pelvic health service

The purpose of this project has been to reduce falls by embedding expert physiotherapy pelvic health skills into the exiting community bowel and bladder multi-disciplinary team to ensure equitable local access for treatment and provide a cultural shift to proactive prevention and early intervention for patients presenting with continence problems. Ensure easy and local access for help and support that is embedded within the community, shifting away from secondary care.

Integrated Community Networks

This project provides rapid access to multi-disciplinary proactive care in the community following referrals from Delta and WAST emergency calls, with the aim of reducing hospital conveyances and admissions providing support, information and care planning connected to GP cluster areas, by developing an integrated workforce that can undertake Health and Social Care tasks by linking with intermediate care services and third sector services to support people to remain at home. An example of this is Ceredigion's Borth model, which uses an MDT to identify the higher risk individuals in the community to proactively intervene and keep them well at home. This model has received Bevan Exemplar support. Porth Preseli in Pembrokeshire is also front line focussed within the community, working with GP Practices to ensure that care home residents are able to seek the relevant advice and support in and out of hours.

Joint Integrated apprenticeship programme

This project was set up as a way of attracting apprentices within the social care sector, recognizing the success of the Health Board in recruiting Healthcare Apprentices. The Joint Integrated Apprenticeship Programme is the first of its kind in Wales. Local Authorities receive less interest in their posts and apprenticeships compared to Health Boards and the joint approach gives candidates the opportunity to experience options across the health board and local authorities and seeing the work within a wider context of opportunity, whilst earning and learning.

Other project examples include:

Knowing your Rights, Releasing Time to Care, Proactive Integrated Care Networks and Targeted Care and Enablement Service.

Outcomes

- ✓ People are more involved in deciding where they live while receiving care and support
- ✓ Complex care and support packages are better at meeting the needs of people and delivered at home or close to home

Evaluation

There is recognition that a number of these projects are well integrated into the local system and operational delivery and therefore our focus needs to be on how we can achieve greater impact from these projects.

Promoting Good Emotional Health and Wellbeing

Overview:

Activity under this model encompasses a range of initiatives that aim to better support people to remain independent within communities, focusing on 'what matters' and in so doing, increase the range of services and meaningful activities for people in key groups, to ensure people are well informed about existing services and opportunities. The focus is on the promotion of positive emotional health and wellbeing and reducing demand for statutory services. The beneficiaries include informal carers, people with learning disabilities, low level mental health issues and neurological conditions.

Activity supports people in a range of ways, by:

- Providing alternatives to statutory care and support
- Providing employment opportunities
- Giving a break from informal caring responsibilities

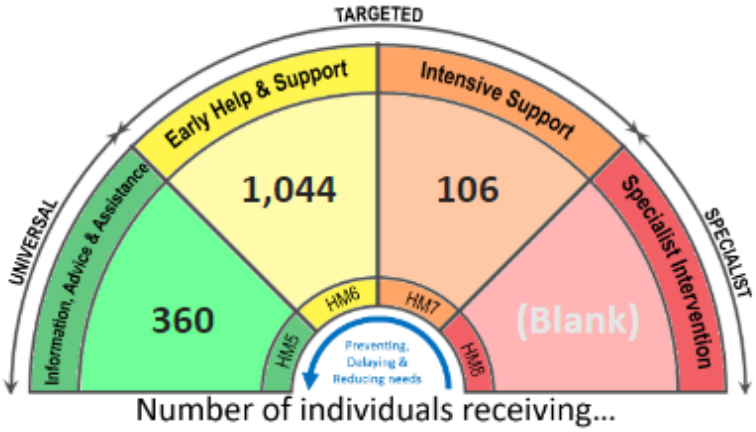
A range of partners are involved in delivery of the model, including: local authorities, HDdUHB, a range of 3rd sector organisations, business delivery partners, DWP, schools, colleges, GP surgeries as well as service users and carers.

How much, how well & difference made in 2023-24:

Over 6,000 contacts have been made with the projects in the model of care and that 529 people are using the projects most of which are receiving early help and support.

How much?

Number of individuals accessing the project (HM1)	Number of new individuals accessing the project for the first time (HM2)	Number of referrals received (HM3)	Number of contacts (HM4)
529	(Blank)	878	6,090



HM1 and HM5-8 are calculated on the latest reported figure. While this may not capture all individuals, it prevents double (or 6x) counting from the quarterly or monthly reports.

HM2-4 are aggregations of all reports in the reporting period.

How well?

% of individuals satisfied with...

...Information, Advice & Assistance (HW2)	...Early Help & Support (HW3)	...Intensive Support (HW4)	...Specialist Intervention (HW5)
(Blank)	97.4%	87.9%	(Blank)

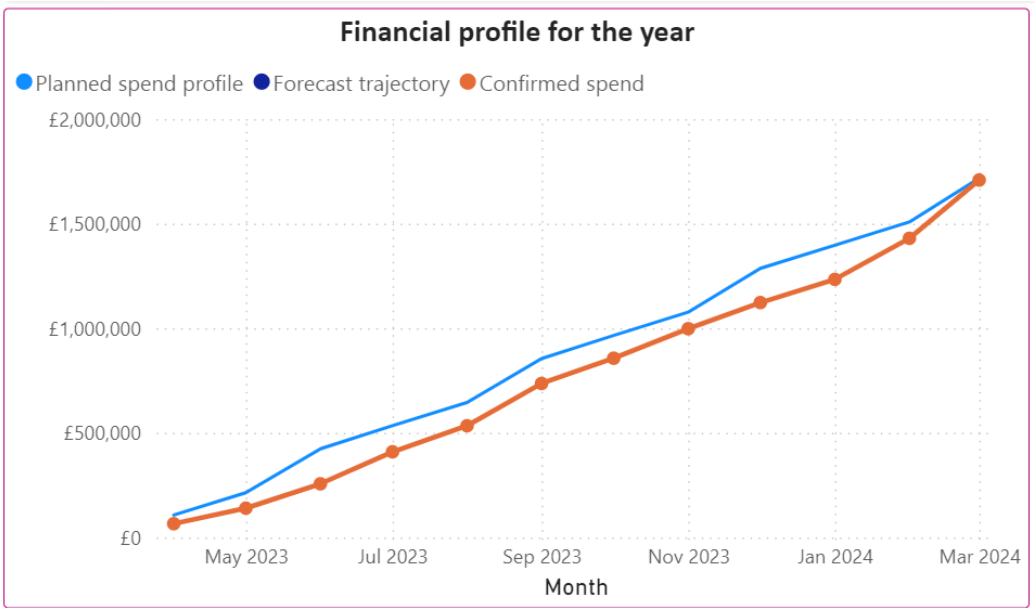
% of referrals accepted (HW1): 68.2%

Difference made?

% of individuals feeling less isolated as a result of project support (DM1)	% of individuals maintaining or improving their emotional health and well-being (DM2)	% of individuals who feel more confident accessing services following project support (DM5)
75.9%	89.0%	100.0%

Investment 2023-24

£1,708,658
Confirmed spend to date



Examples of projects delivered during 2023-24

Carer Breaks

This project focusses on the development of a new vision for respite and short breaks, co-produced with unpaid carers and moves beyond respite care. A range of opportunities ensure unpaid carers have access to meaningful breaks, which include discounted or free access to services and activities, and bespoke arrangements that meet need. The project focuses on designing delivery in the context of county structures to ensure impact for carers; engagement activity with carers to ensure needs are met; exploration of commissioning options to ensure needs are met and efficiencies secured and working with providers to ensure a wide range of options are available to carers.

Investors in Carers

This project works with a wide range of settings (including health, social care, and public, private and 3rd sector organisations) to support the early identification of carers and signposting for additional early help and support – one of the key aims of the West Wales Carers Strategy. It is a best practice quality assurance scheme, with themed standards, audit and certification. Training and awareness raising for staff is delivered through the project with 700 people reached over the reporting period. Support is also provided to venues working towards the levels of accreditation with 11 receiving a new bronze and six having been revalidated.

Exercise Buddies

Often adults with a learning disability and neurodevelopmental conditions have complex health needs and can be compounded by a number of factors such as obesity, diabetes, and sedentary lifestyles all of which have an impact on health and wellbeing. This regional project aims to increase the amount of physical activity that people with disabilities engage in. Since the commencement of this

programme, there has been an increase in people with a learning disability and families and unpaid carers getting more involved in physical activity.

The project helps ensure that many more people who have disabilities can try different activities and build up their confidence to participate in physical activities outside of services as well as form social connections and improve self-esteem. The other aim of the project is to increase the amount of physical activity that parents/carers (paid and unpaid) undertake.

Positive Behavioural Support

The project is designed to work with adults/young adults with learning disabilities and neurodevelopmental conditions benefitting individuals as well as unpaid cares, families and paid carers. This involves intensive work with individuals to develop primary and secondary prevention and reactive strategies where needed to ensure tailored support. The Positive Behaviour Practice Exchange now has 45 members and works collaboratively with existing Psychology, Community Team for Learning Disabilities (CTLD) and Positive Behaviour Intervention Service (PBIS). The approach provides support in line with co-produced Positive Behaviour Plans (PBSs) which harnesses individual skills and talents and set out strategies to avert crisis.

Pathways to Employment

This regional project supports employability and progression pathways for individuals living with disabilities with 70 different organisations and specific services referred into the programme to date. It includes development of a regional Employability Plan, which will involve co-productively establishing progression pathways to independence, with close links to further education and local Additional Learning Needs (ALN) provision. Existing supported employment will be embedded forging closer links to supported living and wider skills development and the holistic support provided by the team has meant people have been more willing and able to engage positively in other work-related activities. Importantly, the teams across the region have ownership of the way the support is delivered, can respond to local needs and can develop the skills and knowledge of employability support through delivery.

Citizen Champions

This project helps ensure citizens from all priority population groups have a voice in services that meet their needs and people with lived experience are engaged in decision making to improve service outcomes. Seven champions are employed and supported, and active in areas including service co-production, peer support (e.g., keeping fit and healthy), helping deliver Easy Read information provision and citizen-led awareness training.

A citizen- engagement handbook has also been developed, explaining the role further and the opportunities available for people with lived experience to engage in decision-making to improve service outcomes.

Partners for the Journey

This project aims to offer low level mental health support and advice with practical social issues to the community. Citizens Advice and Mind ensure a joined-up process for receiving referrals and assessing how clients can be supported and has consistently yielded a more positive outcome for clients suffering with poor mental health and practical health concerns. Strengths and knowledge of the individual organisations help clients end up in the best possible position to move forward with their lives. Clients are helped to resolve queries around benefits, debt, housing, energy, relationship issues, as well as addressing mental health issues and suggesting avenues and support available to resolve any problems the clients are experiencing in this regard. This project helps to prevent the escalation of further health concerns.

Grow your own Social Workers

The numbers of newly qualified social workers leaving university continue to decline in Wales. This project aims to address recruitment and retention of social worker issues facing local authorities in West Wales, by developing a cohort of new social workers. At the point of recruitment, existing Social Work assistants are encouraged to progress their career by applying for the Social Work degree via a relevant education provider. Students undertook their studies during 2023, with an expectation that they will be fully qualified and in post by Autumn 2024. The focus is on growing the workforce, so that those supported through the project will use their skills and time working with people with emotional and mental health problems as well as people with a learning disability and those who are neurodiverse.

Outcomes

- ✓ People are better supported to take control over their own lives and wellbeing
- ✓ People have improved skills, knowledge, and confidence to be independent in recognising their own wellbeing needs

Supporting Families and therapeutic support for care experienced children

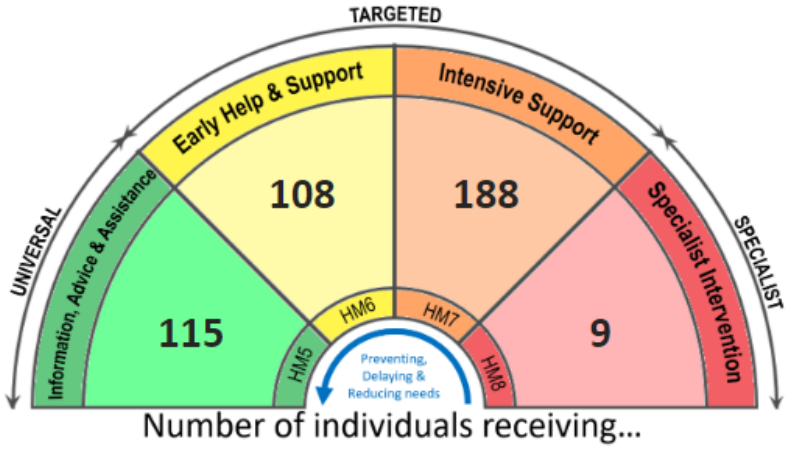
Overview:

These projects and programmes contribute to supporting children and young people with complex needs, emotional health and wellbeing needs, learning disabilities and neurodevelopmental needs. It also enables families, where these issues are presenting factors, to achieve wellbeing goals, enhance relationships and maintain existing relationships by remaining together or when children with these needs are returned home from care.

How much, how well & difference made in 2023-24:

How much?

Number of individuals accessing the project (HM1)	Number of new individuals accessing the project for the first time (HM2)	Number of referrals received (HM3)	Number of contacts (HM4)
395	112	557	195



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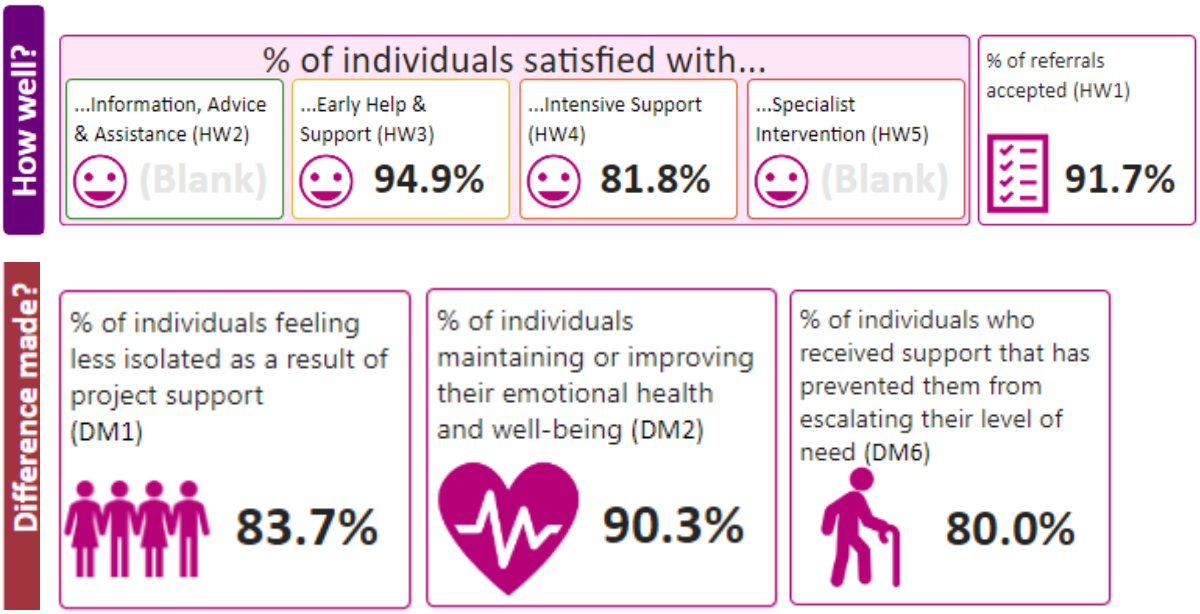
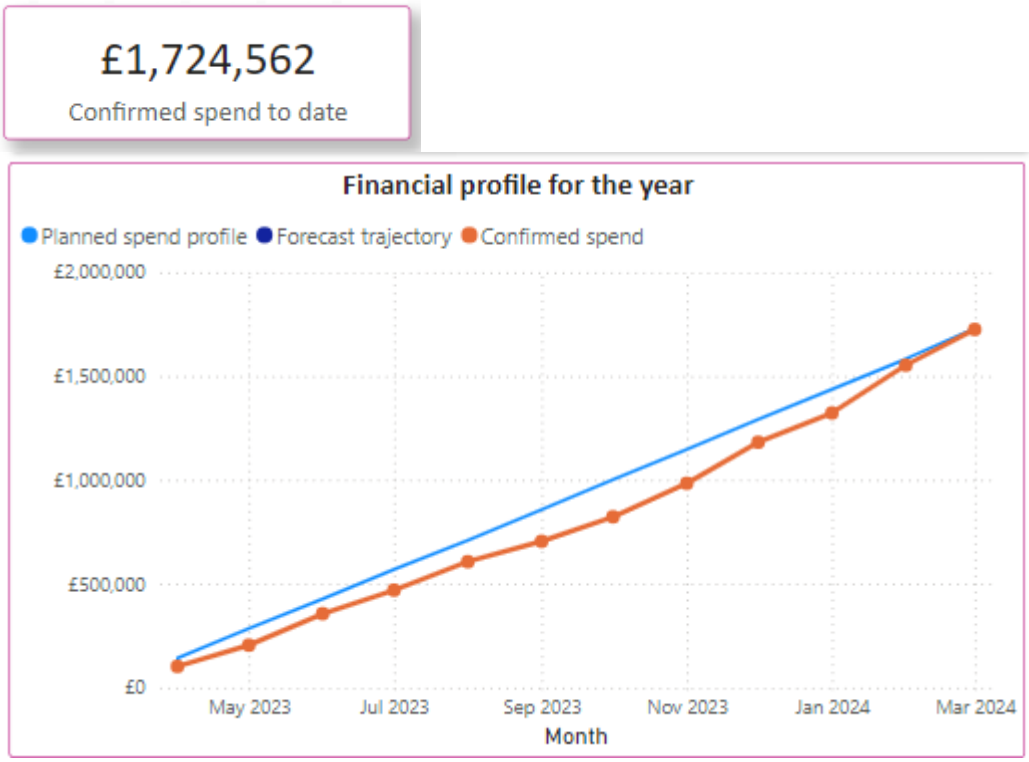


Investment 2023-24



Examples of projects delivered during 2023-24

The Edge of Care:

This area of work aims to contribute to service system change, enabling the local authority to fulfil its statutory duties within children's services more effectively.

The Edge of Care service has access to the team's Health Intervention Specialist, with assistance provided by a Health Intervention Specialist if required. The project also has access to the Psychologist

for Therapeutic Intervention and Case Direction which has led to families, special guardians and carers being more able to better understand the needs of young people and enable plans to be created to ensure approaches to the young person's needs are considered and utilised to reduce risk, improve safety and strengthen or repair existing relationships and be an alternative to fostering or Care Orders.

This is an important area of work from the recipient of the service but also to note that the average yearly cost of the Edge of Care Service, including match funding (over the projected 4 years until 2027) is approximately £450,000 and the cost of just 23 children coming into the young person looked after system would be between £1.2m - £6.5m (approx). Children kept out of local authority care through supportive initiatives such as this can save an average monthly cost of £4333 per child or approximately £143 per day.

Grow your Own

This been developed in response to the increasing demand and difficulty in attracting qualified workers to relocate to West Wales. It does things differently by identifying staff currently employed in associated roles and recruiting them onto a development programme, which to date is delivering a 100% success rate.

Step-up/step-down

This is an early help model to address emerging issues and prevent/reduce escalation, including Looked After Children Trauma Informed Training. This is in response to the needs of specific cohorts of the population group such as perinatal mothers with mental ill-health, young carers, looked after children and families experiencing domestic abuse, substance misuse and mental ill-health.

The voice of the young person is captured at the start of the Trauma Informed Training (as well as the distanced travelled for the staff) and young people reported that they liked having someone from outside of the school setting to support them with strategies to manage better in class and during unstructured time.

Young Carers

As a Carmarthenshire project, the Young Carers Service supports young carers who are in a substantial caring role that is affecting their education, social life or emotional health. The service works with young carers and parents to develop bespoke support plans based on identified need. Support includes peer group support, social opportunities, focussed 1-1 support and advocacy as well as the provision of Young Carer cards. Furthermore, where appropriate, parent/other family members are signposted/referred on to other agencies such as Adult Services, Health sector, Third Sector organisations and Housing, to help alleviate the young carer's caring role.

Perinatal Mental Health Support

This project covers 3 counties and provides universal and targeted support to families, where becoming pregnant / a new parent puts them at increased risk of mental health challenges, potentially leading to the risk of child neglect and children needing to be accommodated.

School safeguarding and Assessment

This project enables the provision of early help and prevention support to schools and school aged children in relation to child protection issues, including whether safeguarding referrals need to be made to Social Care Services or whether a referral for Early Intervention/Prevention support is more appropriate. This includes advice, guidance and training for school staff and the emphasis being on early intervention and prevention for children and families.

Safe Accommodation

Welsh Government's 'Programme for Government 2021-2026' (Welsh Government Programme for government: update [HTML] | GOV.WALES) references a number of commitments, but those specific to the provision of Safe Accommodation are:

- Eliminate private profit from the care of looked after children
- Fund regional residential services for children with complex needs ensuring their needs are met as close to home as possible and in Wales wherever practicable.

To address these challenges in West Wales, the RPB have overseen the development of safe accommodation for children with complex, high end emotional and behavioural needs. With the support of capital funding through the Housing with Care Fund (HCF), work has been completed on one such facility during 2023-24, with structural work ongoing in other residential facilities across the region.

The provision of these homes is critical to help prevent escalation of need and facilitate de-escalation from secure inpatient care as well as provide short break respite, periods of observation and assessment. As recognised in the 10-year Capital Strategy for West Wales, development of integrated hubs is key to delivering some of the community services required to support Children and Young People and their families in an informal and non-threatening environment.

Other project examples include:

Other projects relate to Special Guardian Support service and the provision of a Children's integrated Occupational Therapist service and work is in development to provide 'Front door support', which aims to support families where there are issues of domestic abuse, mental ill-health and substance misuse.

The Regional Children and Young People's Board

The Board comprising of representatives from across health, social care, education and the third sector has met once during 2023-24 and following recruitment of a lead for this area of work, the re-establishment of the Board has been identified as a priority for 2024-25.
The key strategic priorities for the board include:

- Children and young people's emotional health
- Supporting children to remain with their families
- Meeting the needs of children with complex needs

Projects that are funded via RIF are providing support primarily to Children & Young People with Complex Needs. However, this is not exhaustive as projects also reach other priority population groups including: people with learning disabilities, neurodevelopmental conditions and people with emotional and mental health wellbeing needs. Work will continue to strengthen co-production and use the voice of children and young people to further influence these areas of work.

No Wrong Door & NYTH/NEST

Children and their families who seek support for a range of needs often find that they have to navigate a very complex system and as a result may fall through gaps where there are no services to meet their needs, or be on a waiting list for a long time only to be told that they were waiting in the wrong queue, or have been 'knocking on the wrong door' all along. This area of work challenges partners to work better together delivering seamless responsive support to children and young people with emotional and health needs, implementing the NYTH/NEST framework.

The NYTH/NEST Framework is a planning tool for Regional Partnership Boards, ensuring a 'whole system' approach for developing mental health, well-being and support services for babies, children,

young people, parents, carers and their wider families across Wales. For more information, please refer to: NEST framework (mental health and wellbeing) | GOV.WALES

Outcomes

- ✓ Provision of an edge of care service, which aims to strengthen families and improve relationships. This has enabled children to remain living within their family network safely
- ✓ Development of parenting skills for those parents whose children are on the edge of care
- ✓ Support for Special Guardians by completing regular annual support places, financial reviews, and peer support
- ✓ Development of a cohort of new social workers, to meet the rising need for services and working with children and families
- ✓ Working in partnership with mental health specialist workers in the third sector to create recovery plans with families, where there has been concern around substance misuse, domestic violence and mental health
- ✓ Co-production of an achievable response and action plan to the recommendations contained in the No Wrong Door report
- ✓ Co-production of assessment of regional compliance against the principles in the NYTH/NEST Framework
- ✓ Identification of opportunities for children and young people's voices to be heard to inform strategic planning
- ✓ Development of training and awareness raising opportunities for the NYTH/NEST principles
- ✓ Increasing the availability of safe accommodation within the region during 2023-24

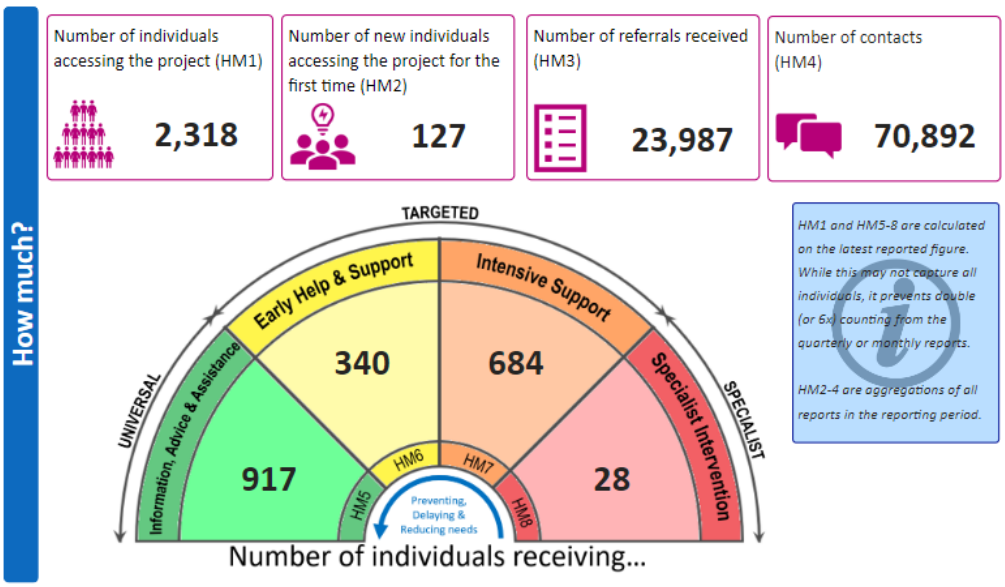
Home from hospital

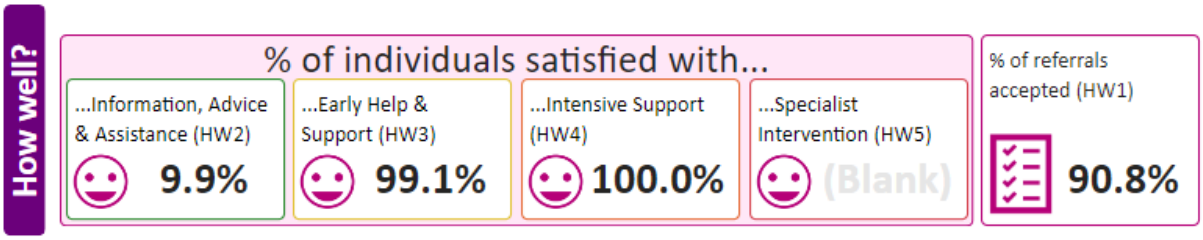
Overview:

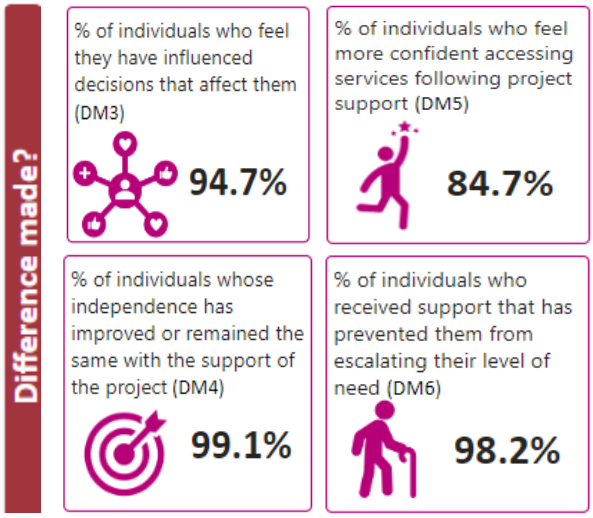
The 'Home from Hospital' model ensures that where possible, care and support is offered to help people stay well at home and that unpaid carers providing informal care are supported. Our national models of 'Community Based Care' are designed to provide preventative care and where needed, a rapid response to prevent the need for people to be conveyed to hospital. However, some people require acute assessment/ treatment in a hospital environment; therefore, it is vital that we utilise the Urgent and Emergency Care model that enables recovery at home as quickly and safely as possible and that the needs of unpaid carers who provide an informal caring role are also considered during discharge discussions. This will also support the generation of capacity within health and care settings, ensuring that those who do need acute care can access it in a safe and timely manner.

The work undertaken through this intervention has helped people go home from hospital in a more timely manner with the necessary support in place at discharge and people have a better understanding of the discharge process and are more involved in pre and post discharge planning.

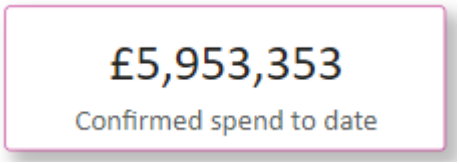
How much, how well & difference made in 2023-24:

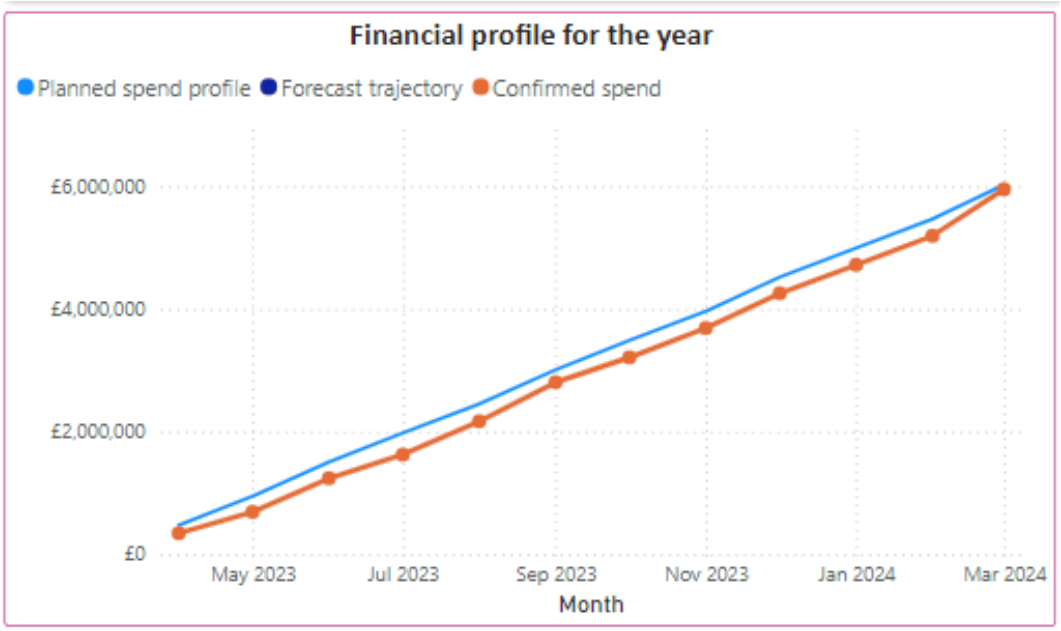






Investment 2023-24





Examples of workstream delivered during 2023-24

D2RA (Discharge to Recover and Assess)

This refers to care and support offered to patients to leave hospital for ongoing recovery then assessment with an aim of limiting unnecessary time in hospital settings and improving outcomes. This is a priority within the region, and work is being funded through core budgets.
Establishment of a regional Discharge Strategy Group to provide oversight of all current work streams and actions is being undertaken around discharge, as well as work around national and local policies – including; Discharge and Transfer of Care Policy, Reluctant Discharge Policy, Care Home of Choice policy.

Carers Discharge Support Service

This delivers a continuum of support for unpaid carers to aid the timely discharge of patients from hospital by supporting and involving the unpaid carer in the discharge process for the person they care for. Part of this service is also to deliver staff training to enable staff to identify unpaid carers at the earliest opportunity and ensure they know how to make carer referrals to the Carers Officers working across the Health Board area.

Community based support

The area of work further develops the concept of integrated triage and assessment and is rooted in 'what matters to the individual'. This advocates for independence personalised care delivery through deployment of the right team member at the right time, preventing escalation of health or care needs or de-escalating a crisis. It also improves communication and prevents duplication, as well as forming the basis of the Urgent Primary Care pathway. It includes a range of work being undertaken either within each local authority area or across the region including; the implementation of a Coordination Centre which provides a single place for the co-ordination and triage of referrals and enquiries regarding routine/planned, urgent and intermediate care needs for the population, admission avoidance, Care Traffic Control, Intermediate Care Therapies and Partners, complex discharge planning, integrated Urgent and Intermediate Care Services and Reablement.

Community led third sector support

A flexible short-term service which enables people to remain in their own home while they are unwell or recovering from an episode of ill health. The service aims to prevent unnecessary admission to hospital and facilitate early discharge from hospital and is a critical component of demand management from the perspective of the hospital and social care teams.

The service provides a seamless referral pathway to provide a range of services, including caseworker support, community transport, home adaptations/Healthy Home checks, & volunteer support Regional provision is provided by:

- Cwtch project in Ceredigion run by British Red Cross with support from CAVO and West Wales Care & Repair
- PIVOT project in Pembrokeshire run by PAVS with British Red Cross, West Wales Care & Repair, Pembrokeshire Association of Community Transport Organisations (PACTO) and Volunteering Matters

Other project examples include:

- **Enhanced community care -** relating to the provision 'Hospital at Home' with the formation of Virtual Wards
- **Trusted Assessors** - ensuring a consistent approach to assessment across the region

- **Front door turnaround / admission avoidance / unscheduled care** - Implementation of front door assessment based on a frailty approach at all acute sites
- **Pre/post admissions support** Patient education programme for planned admissions, to help understand the process and option to opt out, with additional post admission support to facilitate an earlier discharge
- **Step up/ step down** Alternative care provision is being created through Capital funding schemes. These include facilities to provide Carers respite, supported living, D2RA and Children's Assessment centres aimed to de-escalate the need and return them home

Outcomes

- ✓ A whole system approach to health and social care; services which are seamless, delivered as close to home as possible; using technology to support high quality, sustainable services where multiple services can be requested from one referral
- ✓ Efficient deployment of resources – working with community service leads as an MDT to establish the most efficient response
- ✓ Facilitate timely discharge from acute and community hospitals, improving patient flow and reducing length of stay in hospital through supported discharge
- ✓ Prevention of admissions through community provision and use of virtual wards
- ✓ Reduction in hospital admissions and readmissions
- ✓ Reduction in WAST conveyance to and from hospital
- ✓ People have a better understanding of the discharge process and are more involved in pre and post discharge planning

Accommodation Based Solutions

Overview:

This is in its early stages of development, with a shift from the reliance to commissioned residential care placements towards more independent living. This is evident through the successes as part of the Progression to Independent Living programme, as well as the new Regional Capital Programme influencing the better join up of commissioning and accommodation planning arrangements within local authorities.

The approach is predicated on reducing demand on acute services by building a robust pathway to support people do what matters to them more effectively in their own communities, keeping them healthier for longer in their preferred residence and those in residential care to access services appropriate to their needs; move onto or return to supported accommodation.

There have been significant developments in 2023-2024 to better align accommodation planning and capital scheme management with demand for specialist and general needs accommodation. The trajectory of the capital programme is to exceed £13m for 2024/2025 across various property types and population groups. This is within the context of the regional 10-year plan for capital investment in accommodation alongside Health and Social Care Hubs. However, the below relates to Accommodation Based solutions only.

How much, how well & difference made in 2023-24:

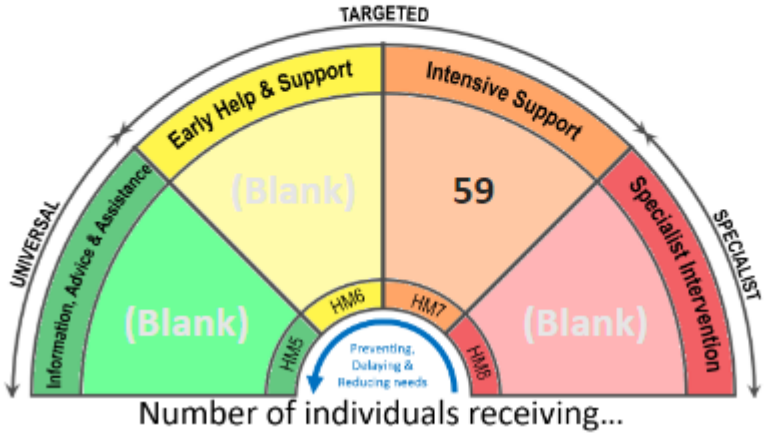
How much?

Number of individuals accessing the project (HM1): 116

Number of new individuals accessing the project for the first time (HM2): (Blank)

Number of referrals received (HM3): (Blank)

Number of contacts (HM4): (Blank)



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HM2-4 are aggregations of all reports in the reporting period.

How well?

% of individuals satisfied with...

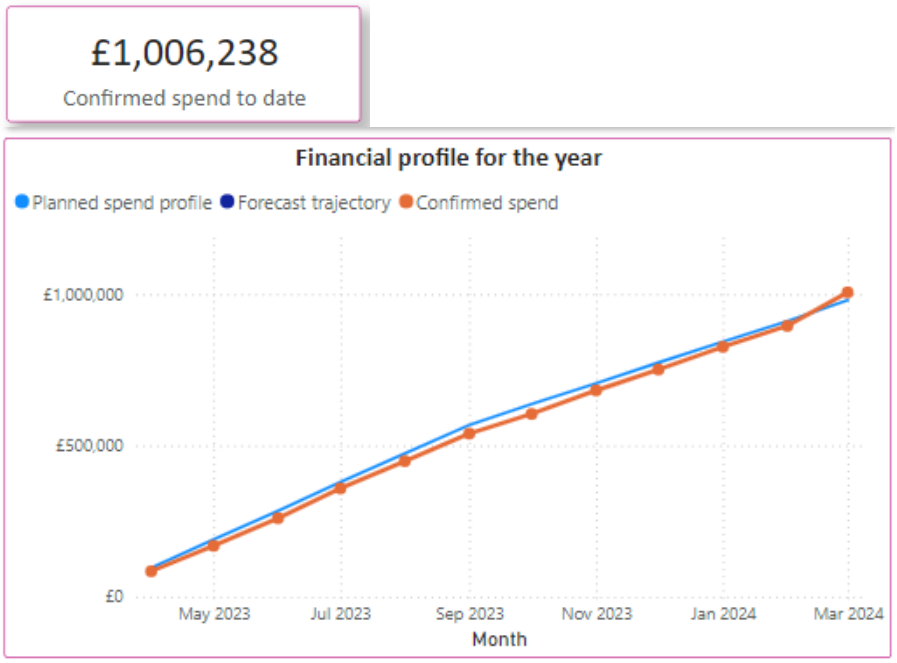
- ...Information, Advice & Assistance (HW2): (Blank)
- ...Early Help & Support (HW3): (Blank)
- ...Intensive Support (HW4): 93.8%
- ...Specialist Intervention (HW5): (Blank)

% of referrals accepted (HW1): (Blank)

Difference made?

% of individuals who feel they have influenced decisions that affect them (DM3): 99.3%

Investment 2023-24:



Examples of projects delivered during 2023-24

Intermediate and step-down accommodation:

The accommodation provided at Ty Pili Pala, enables people to be supported within the community as an alternative to hospital admission. The step-down provision is supported by a multi-disciplinary team with links to reablement or rehabilitation relevant to the needs of the client and what is important to them in order to be as independent as possible. The service helps people identify and attain personal goals set as part of their assessment of needs aiming to get the patient home in a timely manner. This results also, in them being at home for as long as possible without needing or reducing the need for a statutory service long term or prevent admission to a residential/nursing home prematurely.

Following data shared at Quarter 2 (Ty Pili Pala). 81% of service users have been discharged with no service, 6% discharged with short term needs and 13% discharged with long term needs. This illustrates a successful discharge pathway and is enhancing system flow. The ability of therapies to follow up the patient in their own home from Ty Pili Pala also allows for a smoother transition and ease patients' anxieties of going home.

Intelligence and learning from existing capital schemes is also being cascaded between Models of Care and other funding streams as appropriate e.g. the lessons learned from development of the Dementia Wing at Hafan Deg care home in Ceredigion for example provides intelligence for both development of projects funded by the ring-fenced allocation to support implementation of the Dementia Action Plan and to inform future care home development withing the Capital Investment Plan across the region, with information being shared with the West Wales RIC hub.

Intermediate and step-down care

Aimed at reducing pressure on acute services with short-term placements delivering person-centred reablement in local care homes, providing safe, timely and supported discharge from hospital before returning home, including those requiring 24-hour nurse monitoring for assessment of longer-term

care needs and supporting those on the cusp of needing statutory provision to maintain maximum independence at home.

Bed-based Intermediate Care (Mental Health Step down supported living)

This project has been developed as there is insufficient accommodation provision for those with Alcohol related brain damage (ARBD), so stepping down individuals with this profile is challenging. The facility developed provides step down accommodation with 24-hour support for adults with long term and complex mental illnesses who struggle with ordinary problems of living and managing their health as well recovery from alcohol related brain damage, which affects their memory, reasoning and impulsive behaviour.

Progression to more independent living

The project is aimed at increasing the numbers of people with learning disabilities, mental health and neurodevelopmental diagnoses supported to move from care homes or family homes to their own accommodation, with appropriate levels of support to do the things that matter to them, including managing their own finances, finding employment and expanding their friendship groups and social activities, including exercise.

The project was developed due to an over reliance on commissioned residential care placements for service users and an increasing demand with limited flow through services identified. As a result, it became a strategic regional priority to progress individuals who are no longer requiring this level of care to increase throughput and realise efficiencies.

Staff capacity within each of the 3 LA's and the health regional team allows for joint working and coordinated reviews to ensure all parties are involved in developing and progressing plans. Having dedicated staff resource means additional time and support can be provided over and above mainstream care management and there is greater time available to address barriers and ensure individuals personal outcomes are central to the plan.

Since April 2023 the health progression team have completed 127 review; 71 of these individuals have received targeted support from the progression team in the form of case management, completing Occupational Therapy assessments etc. 35 individuals were successful in reducing the package of care, this has been in varying forms e.g. reduction in 1:1 hours to step down from residential to supported living and step down from supported living to a flat of their own. This has not only improved quality of live but has also been a cost saving for the NHS and has allowed others to access services. Total cost saving to the NHS is £751,802.58 full year saving.

Outcomes

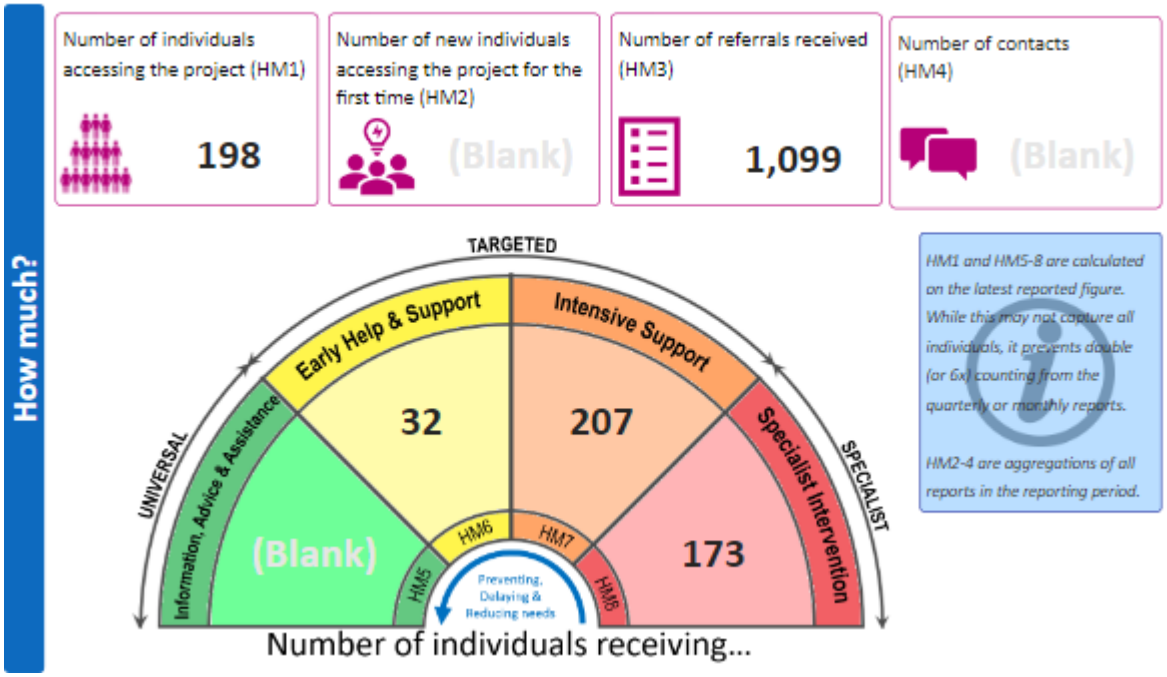
- ✓ Improved rehabilitation and recovery outcomes for individuals, to avoid admission to or support safe repatriation from acute services and increase independence
- ✓ Reduced reliance on statutory services such as domiciliary care
- ✓ Increased numbers of people remaining at home safely for longer
- ✓ Reduced urgent and emergency admissions to acute services
- ✓ Increased and improved alternatives to out-of-county placements including specialist college attendance
- ✓ Increased choice and involvement for people with care and support needs in where they live and with whom
- ✓ Improved identification and provision of associated palliative care needs where required.
- ✓ Reduced breakdown of unpaid care
- ✓ Case studies and testimonials that have been shared by projects and the voice and choice of individuals is key when planning any accommodation

Dementia & Memory Assessment Service

Overview:

Our vision for West Wales is to support each person living with dementia. The purpose of this programme is to support the development of a holistic dementia wellbeing pathway, which places people living with dementia and their carers at its heart, providing support to live well and independently for as long as possible.

How much, how well & difference made in 2023-24:



How well?

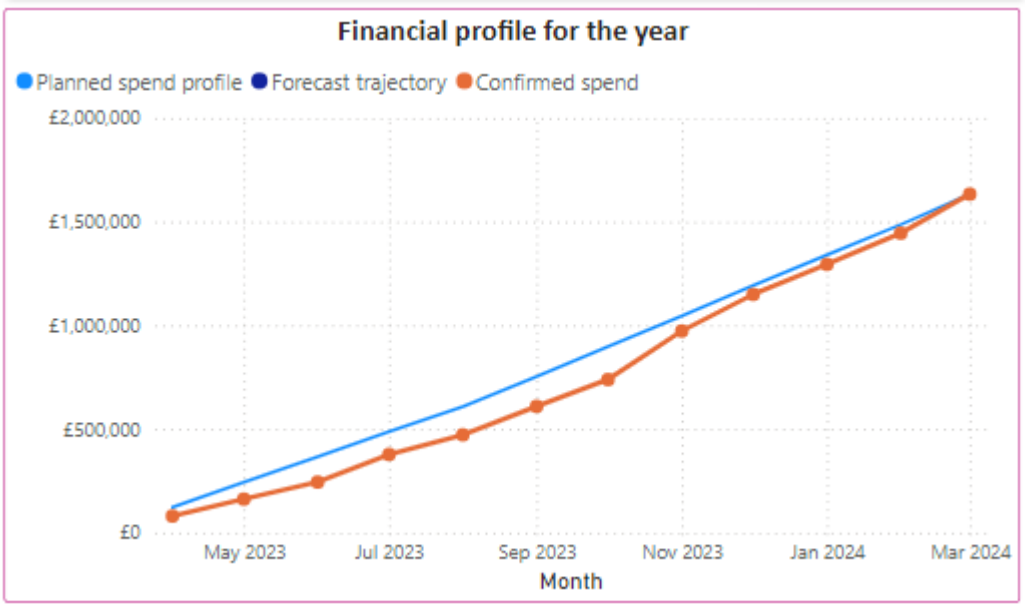
% of referrals accepted (HW1)

65.5%

Investment 2023-24

£1,633,021

Confirmed spend to date



Examples of projects delivered during 2023-24

Admiral Nurses

This service has continued to provide person-centred and relationship-centred support for carers of people living with dementia, working collaboratively across health and social care pathways.

The projects within this programme take place across a wide range of health services and teams, including but not limited to Memory Assessment Services, Community Mental Health Teams, Community and Hospital Dementia Wellbeing Teams, and Acute Hospital Relatives Liaison Officers. It provides branded training, limited business support and ongoing clinical supervision for staff (Admiral Nurse Service)

The service was rated highly on all fronts by unpaid carers via the service user experience survey, with the results reflecting that the Admiral Nurse service performs well at enabling carers to feel heard and to be treated compassionately.

Furthermore, Marie Curie works closely with the Admiral Nurse Service, delivering an end-of-life care service for people living with dementia which has been commissioned by Hywel Dda Health Board.

Community Dementia Wellbeing Service

The team has worked with care homes and mental health and community services, to pilot a Stepped Care approach to dementia care. This approach draws on evidence-based practice from research across the UK, advocating a needs-led model of care. The aim of the work is to support care homes to feel able and confident in caring for people with dementia with changing needs, to improve wellbeing and quality of life and reduce avoidable hospital admissions or transfers of care.

Social care services and care homes are key partners across a range of projects but primarily the Dementia Wellbeing Connector service; their work on workforce development is taking place across care homes and their caseload management of people living in the community typically involves collaborative working with these services.

Rapid response to care breakdown

The Rapid Response to Carers Breakdown scheme has successfully run for several years. The scheme provides support for patients with dementia where there has been a crisis associated with carer breakdown. The support varies from bedded provision to care in their own home depending upon the individual situation. The funding is used to enable additional capacity to existing service provision.

The service enables an interim response to enable time for longer term solutions to be put in place, acknowledging the needs of both the person living with dementia as well as their carer. By offering support at a point of crisis, people may be supported to remain at home and maintain their independence for longer. Without provision to support at point of crisis, many of these people would be unnecessary and inappropriately be admitted to hospital as that could be the only safe place at that point.

The project has improved integrated working. For example, in Ceredigion, where provision is primarily through the independent sector, it has established strong working relationships between relevant health board teams and independent care homes in order to provide the best outcomes for people receiving care in those settings via this project.

Memory Assessment Services (MAS)

The project is designed to develop Memory Assessment Services, in order to improve the experiences of people suspected of having dementia and their carers through the dementia assessment and diagnosis process and facilitating access to post-diagnostic support. This project aims to improve timely access to Memory Assessment Services for assessment (within 28 days), diagnosis (within 12 weeks), and deliver proportionate post diagnostic psycho-social intervention.

The additional MAS ring-fenced funding [£384k] has enabled the four Memory Assessment Services across West Wales to expand current services at key bottlenecks following lean analysis of the current pathway and standardise processes supporting a dementia diagnosis across the four teams.

The latest data received via Improvement Cymru indicates that as of October 2023, Hywel Dda has achieved a diagnosis rate of 52.5%. This is on track with the target of a 3% increase each year.

The service has successfully launched the Patient Survey questionnaires to obtain further user/carer feedback about the service (PREMS). In this period, **100%** of respondents rated their overall experience of the service 7 and above, on a scale of 1-10, with 0 being Very Bad and 10 being Excellent. **76.09%** of respondents rated the service as Excellent.

The MAS team have finalised a Patient Experience Survey which was launched in April 2023. This will enable the service to better understand the experiences of service users and respond to feedback.

Dementia Steering Groups

The Programme Manager has been working with the steering groups to identify existing relevant measures, across all services and partners, which demonstrate the delivery and impact of the Standards and Strategy. Measures have been agreed for the Dementia Workforce Development workstream; and are in development for the Community Engagement Workstream and MAS/People and Carer services. Measures for Dementia Wellbeing Connector workstream have been built into the service specification and this outcome is expected to be completed by October 2024.

Dementia Steering Group continues to ensure that the voices of people affected by dementia are heard and that service development reflects the needs and lived experiences of our communities. As a result, new lived experience representatives are actively being recruited to the Dementia Steering Group and sub-groups, in line with the RPB's service user representative policies and plans. There is already a carer representative on the Dementia Steering Group and there is ambition is to recruit a wider group of lived experience representatives, both carers and people living with dementia, from across the region, to ensure that a wide range of voices and experiences can be heard.

The Dementia Programme Manager also works closely with the Dementia Supportive Communities Officers and other colleagues across the region, to take onboard feedback from ongoing engagement across all levels with people with dementia and their carers.

The West Wales Regional Dementia Strategy and Palliative and End of Life Care (PEOLC) Strategy

The West Wales Regional Dementia Strategy and Palliative and End of Life Care (PEOLC) Strategy were developed simultaneously, and this is evident in their synergies. The Dementia Strategy makes a commitment to "improve end of life care so that people living with dementia die in a place of their choosing with dignity". The PEOLC Strategy acknowledges that dementia is a palliative diagnosis, and that therefore the regional dementia pathway and PEOLC service model pathways should converge.

The development of a holistic regional Dementia Wellbeing Pathway is a key priority within the regional Dementia Strategy, and of the regional Dementia Steering Group, but the group recognised a gap in our understanding of dementia and end of life care in West Wales.

Outcomes

- ✓ Increase access to care coordination, carer support, and opportunities to develop coping strategies
- ✓ Improve wellbeing and quality of life of people living with dementia and their carers
- ✓ Empower people living with dementia and their carers to be heard and feel more in control of their care and support
- ✓ Reduce avoidable hospital admissions and transfers of care
- ✓ People with dementia will receive prudent care, thus reducing the stress and distress associated with unmet needs in people living with dementia

Unpaid Carers

Approach

Carers Wales estimate that approximately 38% of carers in Wales are 'hidden carers', who may not recognise themselves as carers and therefore may be missing out on support. This the importance of continuing to improve our work to promote the early identification of carers.

The Census in 2021 gathered information about unpaid carers in West Wales and reported that:

- 40,535 people identified themselves as carers
- 1/3rd of carers of all ages provide over 50 hours of care per week
- 51% of the over-65 population provide over 50 hours of care per week

Delivery of the West Wales Carers' Strategy 2020-2025

The West Wales Carers Development Group (WWCDG) and statutory partners continue to work towards delivering the four priorities of the Regional Carers Strategy (*figure 5*), and at the same time have also been preparing for the review of the current Carers Strategy, which is due to end in 2025.

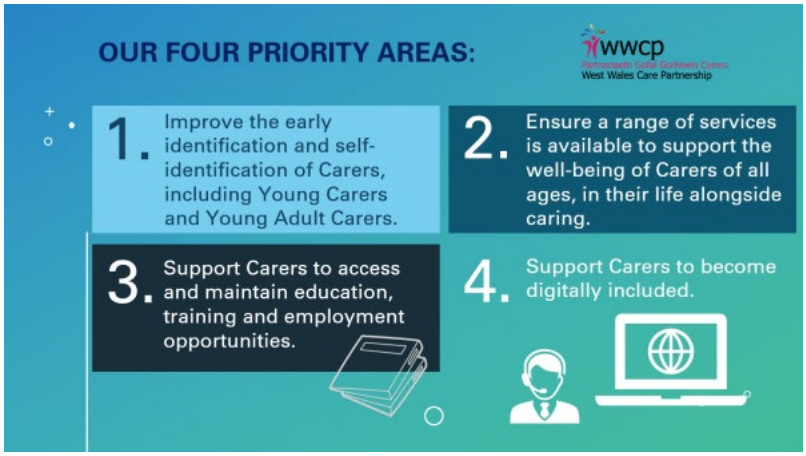


Fig.5 Four Priority Areas - Support for Unpaid Carers

The Programme Manager has been working with the group on improving their strategic focus, in particular, through the Measurement Task & Finish Group, defining revised measurable benefits which will better demonstrate delivery against the regional strategy.

Current priorities however remain aligned to regional and national themes. The Carers Development Group oversee the implementation of funding from the Regional Integration Fund (RIF) and two other ring-fenced funding streams to ensure the delivery of direct support to unpaid Carers.

Examples of projects delivered during 2023-24

Carers Community Outreach Discharge Service

The Carers Community Outreach Discharge Support Service works collaboratively alongside the Carers Hospital Discharge Support Services. This provision ensures that when unpaid carers are identified in a hospital setting, there is a link back into support within the community, focussed on meeting the holistic needs that enable the carer to continue with their unpaid caring role. This forms part of a wider continuum of support for unpaid carers and plays a key role to aid the admission to and timely discharge of patients from hospital by supporting and involving the unpaid carer to ensure that their needs are met.

Carers Officers hold regular drop-in sessions and information stands in both the community and general hospitals. These have proved a good way of promoting the service and identifying carers who need support. Between April 2023 and March 2024, 268 new referrals were received and 363 carers were supported by the Carers Community Outreach Service.

Part of the monitoring of this service includes reviewing data collected about the outcomes and impact for unpaid carers. During their 'what matters to me' conversation each unpaid carer is asked to 'score' themselves against a wellbeing score which includes four key domains. Illustrated below is a snapshot of the outcomes based on a sample of 35 unpaid carers during October/November and December 2023. This helps to illustrate the 'distance travelled' as a result of the advice and support provided by the Carer's Officers.

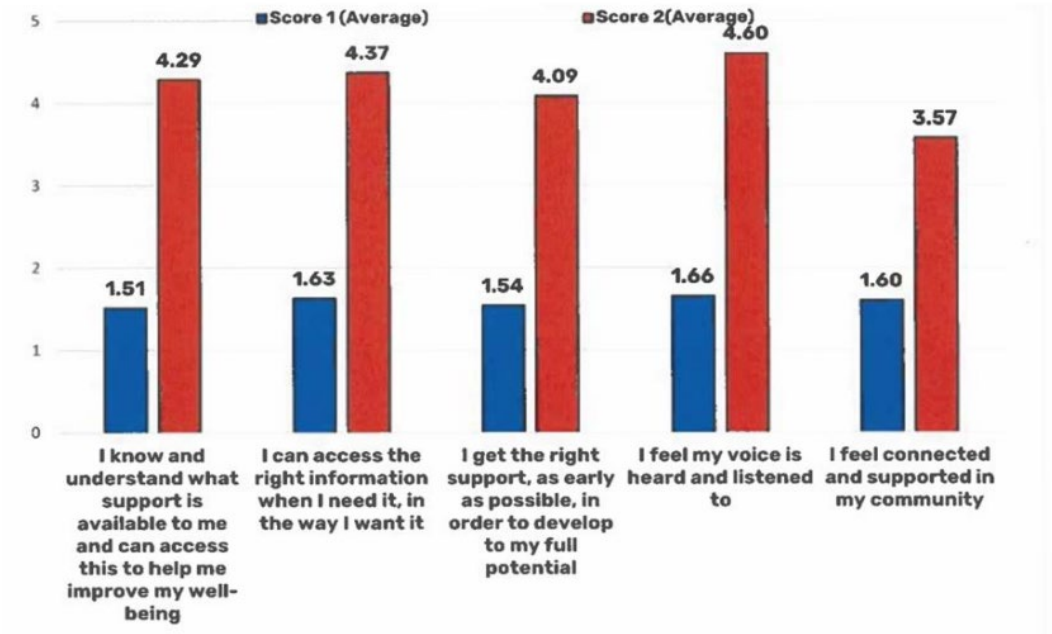


Fig.6 Graph illustrating the difference made following receipt of advice and support

The Carers Community Outreach Discharge Support Service contributes to value-based healthcare and the better use of financial and staff resources by increasing patient flow, reducing bed-blocking, and supporting care in the community as a result of unpaid carers being able to support the person they care for at home. Providing care close to home is a key priority for the health and social care system

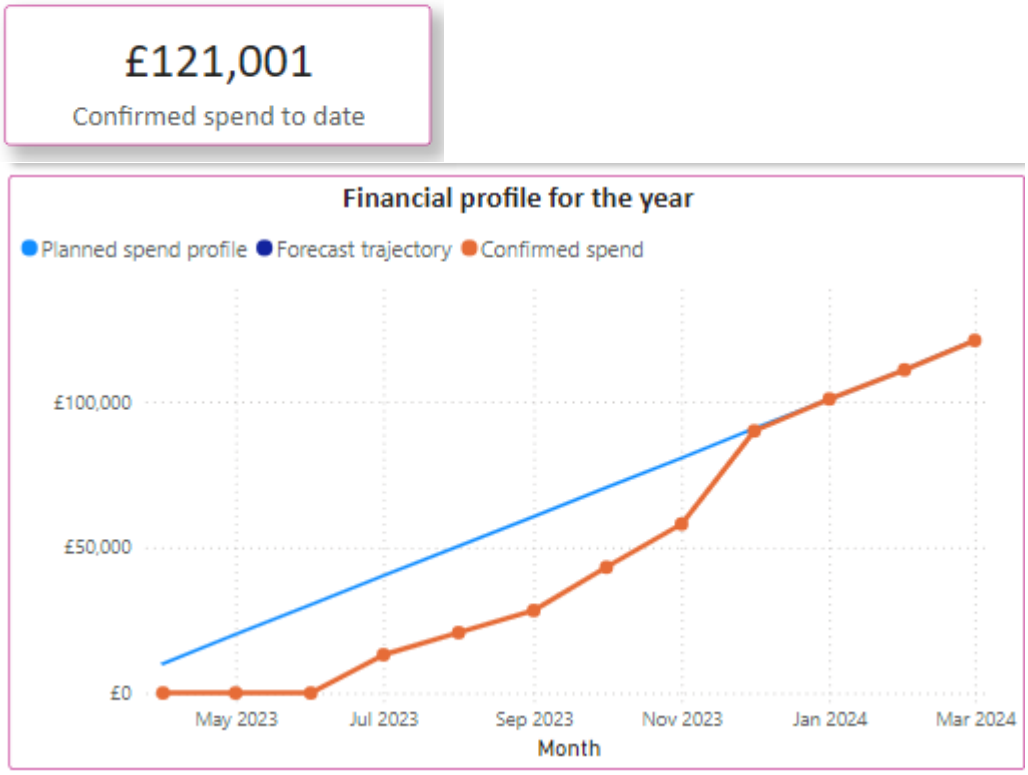
and at a time of shortages of domiciliary staff to provide paid care, maintaining care in the community can often rely on the willingness and ability of unpaid carers.

Carers continue to report that they are pleased and grateful for the service provided to them. Having a dedicated person who can provide information, advice and assistance (IAA) to them directly as a carer, whilst the person they care for is in hospital and when they returned home after discharge is paramount for the carer; this makes them feel valued, supported, and gives them increased confidence to continue to care.

A carer said: "*It is difficult to know what is available and we don't have time to look so the service by the outreach worker is invaluable".*

Another said*: "There has been good follow up and the same carers officer continued to contact me which is really useful, so I don't have to keep explaining my situation".*

Investment 2023-24



AMSER - Short break funding for carers

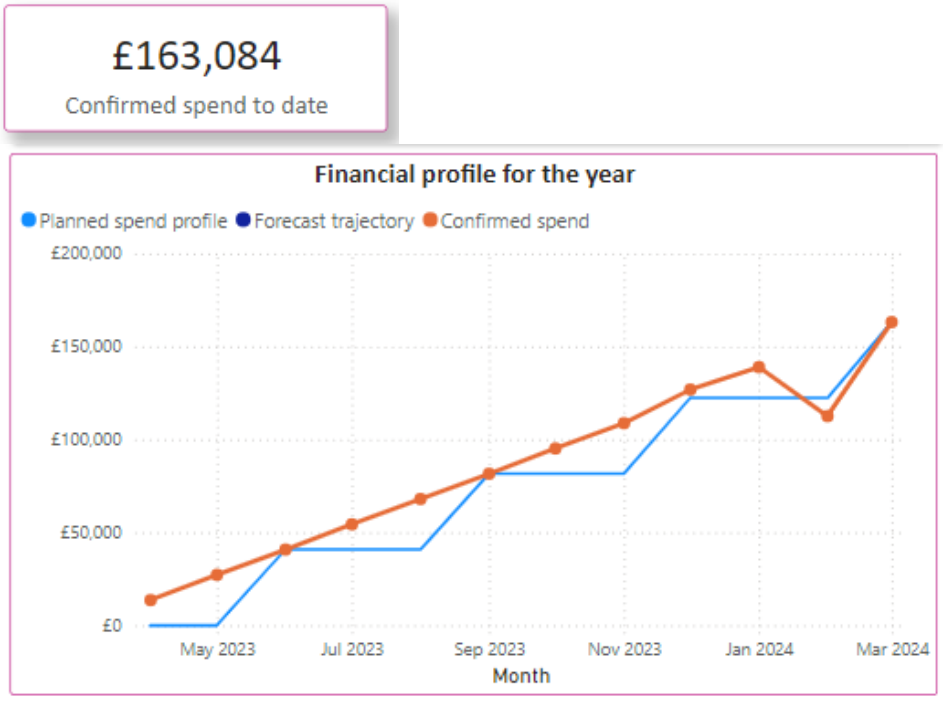
Carers Breaks

Much of the work relating to unpaid carers contributes to the Model of Care for Emotional Health and Wellbeing which is referenced earlier in this report.

The 'Carers Breaks' project focusses on the development of a new vision for respite and short breaks, co-produced with unpaid carers and moves beyond traditional forms of respite care. A range of opportunities ensure unpaid carers have access to meaningful breaks, which include discounted or free access to services and activities, as well as bespoke arrangements that meet need, all of which aim to improve the carers wellbeing, supporting them to have a life alongside caring.

In addition to the benefits seen by carers, this project has provided a huge amount of information about what a 'break' looks like to different carers.

Investment 2023-24



Investors in Carers scheme (IiC)

As noted within the section 'Promoting Good Emotional Health and Wellbeing', Hywel Dda University Health Board leads the regional Investors in Carers (IiC) scheme on behalf of the West Wales Carers Development Group and has been coordinating delivery in partnership with Carers Trust Crossroads West Wales. IiC provides the foundation for work with health professionals in primary, community and acute hospital settings to raise awareness of the needs of unpaid carers.

The IiC scheme has been designed to be utilised by a wide range of settings extending beyond health, including schools, libraries, local authority teams, Job Centre Plus, workplaces and third sector organisations. The IiC scheme enables settings to progress through three levels of award; bronze, silver and gold. The bar chart shows the number of awards achieved across a four-year time period.

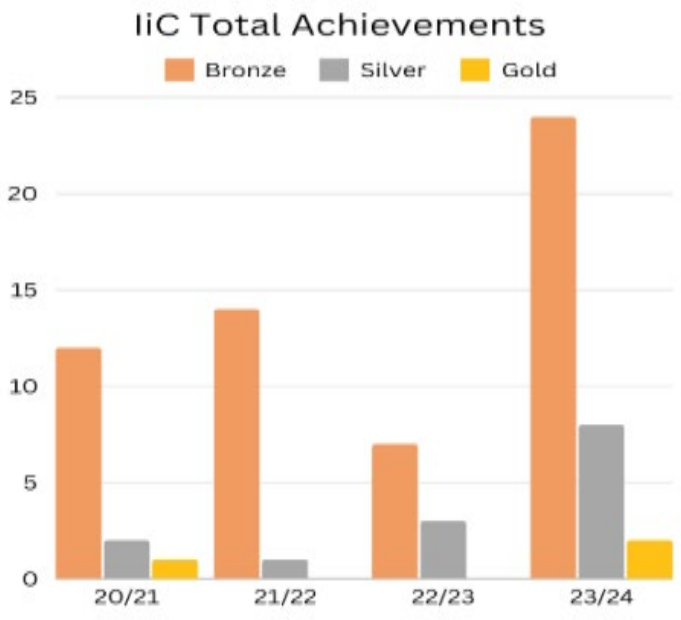


Fig.6 Graph illustrating the numbers of awards issued 2020-2024

The scheme aims to increase the early identification of unpaid carers, encouraging them to register as carers with their GPs to facilitate access to carer information services which can provide additional support. The number of referrals from GP practices to the Carers Information services in the Hywel Dda area during 2023-24 was 789, up from 697 the previous year.

The IiC scheme also delivers a range of carer aware training and during 2023-24, 90 training sessions were held with 1634 attendees.

Carer information and outreach services

The Health Board and Local Authorities have continued to work in collaboration with the third sector to commission these services for unpaid carers. In 2023-24, these services actively supported 2218 adult carers, and 1586 young carers across the region.

Carer discharge support service

This service supports health professionals to identify unpaid carers of people in hospital, improve their involvement in the discharge process and provide information, advice, and support. Between April 2023 and March 2024, the service supported 718 unpaid carers, up from 364 the previous year. It also delivered 197 training sessions to ward staff and held 224 drop-in sessions with 1130 individuals attending.

Carers Support West Wales website

The West Wales Carers Development Group, working through Pembrokeshire Association of Voluntary Services, have established the Carers Support West Wales (CSWW) website which is a regional resource developed as a "one-stop shop" for carers to access information about services and support which is available across the region. The link to the platform is here: Carers Support West Wales | Cymorth Gofalwyr Gorllewin Cymru

Young Carers

The Young Carers Service in Camarthenshire is an example of a project which supports young carers who are in a substantial caring role that is affecting their education, social life or emotional health. The service works with young carers and parents to develop bespoke support plans based on identified need. Support includes peer group support, social opportunities, focussed 1-1 support and advocacy as well as the provision of Young Carer cards. Furthermore, where appropriate, parent/other family members are signposted/referred on to other agencies such as Adult Services, Health sector, Third Sector organisations and Housing, to help alleviate the young carer's caring role.

Supporting carers to become digitally included and confident

Many communities in rural areas face challenges when trying to access services and stay connected with family and friends. The Gwasanaeth Bydd Iach / Be Well Service offers a course especially for unpaid carers called "Introduction to looking after me" which is now being offered via MS Teams to encourage participation when carers find travelling to external venues difficult. In 2023 two courses were delivered with a total of 13 unpaid carers attending. In order to encourage greater participation in this course, the Be Well Service are working with Carmarthenshire Carers Forum to review the content of the course and adapt this for piloting early in 2024.

Income Maximisation

Recognising the significant financial hardship facing carers, the West Wales Carers Development Group launched its Income Maximisation programme in 2022/23. This service model aims to deliver both emergency response solutions and preventative information and advice, through a holistic service model. This programme compliments existing local arrangements, such as welfare benefit and information services, to add another layer which is bespoke to carers, ensuring carers needs are met through provision of specialist services. It is funded by the regional integration fund, with match funding from all 3 local authorities.

Now in its second year, this programme continues to deliver significant benefits to carers. Across all initiatives in Carmarthenshire, financial health for carers was improved by £610,077. Equivalent figures are not known for Ceredigion or Pembrokeshire at present; however, this demonstrates significant return on investment as the total regional Programme investment for 2023-24 was £88,000. The longer-term improvements will need to be measured in 2024/25, to determine whether the carer has sustained their financial health and applied the learning acquired independently.

Learning Disabilities & Neurodevelopmental Conditions

Regional Improving Lives Partnership (RILP)

This partnership (RILP) continues to oversee the delivery of a range of initiatives and projects which support the aims within our Area Plan and those set out within the ground-breaking West Wales Learning Disability Charter. This Charter was developed by the 'Dream Team', a group of people with learning disabilities from across West Wales. It aims to increase visibility of issues faced by people with learning disabilities, promote their rights, improve access to services, business and leisure facilities and empower people to co-produce future solutions.

The projects include:

- Innovative and transformative day opportunities
- Pathways to employment
- Exercise buddies
- Positive behaviour support
- Progression to more independent living

Autism

A Regional Strategic Group for Autism continued during 2023 – 24 with the overall purpose of the group being:

- To improve outcomes for autistic people, their families, and carers
- To ensure autistic people are engaged in the evaluation, development and delivery of services in West Wales
- To ensure that services are meeting their obligations under the Social Services and Wellbeing (Wales) Act 2014 and the NHS (Wales) Act 2006 and the Code of Practice for the delivery of Autism Services (2021)

West Wales Neurodivergence Improvement Board (WWNDIB)

In line with Welsh Government direction, the aims and objectives of the Regional Strategic Group for Autism have been integrated and as such, this group has been superseded by the West Wales

Neurodivergence Improvement Board (WWNDIB). This new name reflects the group's expanded scope of responsibilities and diverse funding sources.

Work has been undertaken during the year to bring together senior representatives from the Local Authorities, Hywel Dda University Health Board and third sector to improve, integrate and transform health and social care services for neurodiverse children, young people, adults and their families in West Wales. Having conducted the foundation work on setting this up, the WWNIB meetings will commence during 2024-25 and will replace the Regional Strategic Group for Autism.

Integrated Planning and Commissioning

Commissiong Programme

Work of the Commissioning Programme Group in 2023-24 has focused on delivering a programme of strategic priorities, including the response to the recommendations of the Market Stability Report (MSR).

Four priorities have been worked on during 2023-24:

1. Undertake options appraisal to assess and make recommendations on creating and enhancing regional strategic commissioning capacity
2. Establish a regional specialist children's commissioning programme to meeting health and care needs of children and young people
3. Establish a regional specialist working age adults commissioning programme to secure local provision (focussing on transition from children's to adult services)
4. Undertake a feasibility study for the delivery of public sector nursing care homes provision in the region.

Advocacy Strategy

The Advocacy Strategy 2023-27 was prepared following a period of consultation and was approved by the RPB in 2023. This was formally launched in 2024 with a range of organisations in attendance.

The launch also provided an opportunity to listen and gather views of others as to how the priorities of the strategy can be strengthened and delivered in a co-productive way. A link to the strategy along with an easy read version can be found here:

Adult Advocacy Strategy – West Wales Regional Partnership Board (wwrpb.org.uk)
Adult Advocacy Strategy Easy Read – West Wales Regional Partnership Board (wwrpb.org.uk)

West Wales Capital Programme

Investment Schemes

10 Year Capital Strategy & Delivery Programme

The Regional Strategic Capital (Programme) Board has driven development of the Strategic Capital Strategy through a series of workshops and engagement with partners and stakeholders, resulting in the Strategy being published in July 2023. The Strategy is aligned with key strategies, reports and data, including the Population Assessment, the Market Stability Report, Rebalancing Care and Support, Housing LIN reports on accommodation for older people and those with additional needs. A link to the strategy and Easy Read version can be found here: Capital Strategy – West Wales Regional Partnership Board (wwrpb.org.uk) & Capital Strategy Easy Read – West Wales Regional Partnership Board (wwrpb.org.uk)

A new Programme Management Office (PMO), hosted by the WWRPB team has been established to lead the delivery programme, which has gained traction during the past 12 months. Significant improvements have been made to develop the pipeline of accommodation-based projects supported by the Housing with Care Fund. The forming of the regional programme has influenced the need to join up commissioning plans with accommodation solutions within each of the locality areas. This is seeing a focus on reviewing existing packages of care to step down from more traditional settings to supported living arrangements.

The accommodation-based projects have predominantly covered supported living schemes for people with learning disability, where there is significant unmet need as identified within the Population Needs Assessment (PNA). In addition to supported living schemes, the programme has also seen the development of a number of schemes for children and young people, in support of the eliminate agenda. The PMO has also managed several aspects of the regional "hub" at Hafan y Gors as a key project in support of the "safer accommodation" agenda. The programme is also supporting the third sector with a children's residential project developed by Action for Children funded, and a Community Interest Company (Clynfyw Community Benefit Society) application approved by Welsh Government to ensure the continuation of supported living tenancies on a care farm in North Pembrokeshire.

Overall spend under HCF has improved markedly with West Wales claiming £4,275,000 across 12 projects during 2023/2024. The trajectory for the next two years of HCF is increasing further, with a current estimate of £11,002,340 spend in 2024/2025.

At a programme level, progress has also been made in determining aspects of the accommodation based-solutions Model of Care. This is being led by the PMO as part of the approach to developing "blueprints" for capital schemes benefitting from HCF and the Integration and Rebalancing Fund (IRCF)

The other core element of the Capital Strategy is to support the policy and strategic developments around the creation of Health and Social Care Hubs, as well as where residential care can be brought back into public sector ownership. Much of this work is contextualised within the Capital Strategy from Hywel Dda UHB's plans to implement A Healthier Mid and West Wales. Part of which details the role of capital investment as part of their future community model.

Several initiatives have been successful in receiving IRCF funding from WG, including the South Quay development (social care, health and community wellbeing hub) in Pembroke and the Carmarthen Hwb project (former Debenhams building) as an innovative centre for health, wellbeing and learning. This will create a new opportunity to co-locate and integrate a range of services to support preventative healthcare and to creatively link these with learning, community and leisure activities. Hywel Dda UHB have also supported with funding to progress the next stage of the business case process for the Fishguard Health and Wellbeing Centre project.

Emphasis has been placed on projects funded via IRCF Revenue which supports the Capital fund to develop business cases, feasibility studies, fund project management and specialist training. Many of these projects will support future capital developments in the ten-year plan. This fund is due to be cut by 50% during 2024/2025 with further uncertainties moving into 2025/2026.

One of the specific requirements for IRCF is to develop a ten-year plan for all infrastructure requirements linked to our Regional Strategy. This was developed during 2023/2024, with a total funding ask of £660m over ten-years. Clearly, this is not affordable. IRCF has therefore placed onus on each RPB to develop a prioritisation process for capital schemes. This will be further developed during 2024/2025.

An important aspect of the programme has been the development of a "blueprint" for health and social care hub developments. This is a regional approach to effectively defining a model of care that is associated around integrated hub developments. A large number of key stakeholders are engaged in this work which will further develop the thematic approach to expanding on the vision and key principles as described in the Regional Strategy.

Innovation, Technology and Digital Solutions

Overview

The West Wales Regional Innovation Coordination Hub (WWRIC) connects with industry, academia, local authorities, health boards, third sector, RPB and national agencies with the aim of coordinating and facilitating innovation across health and social care in the West Wales region. Some of the organisations regularly collaborated with are:

- Social Care Wales
- Bevan Commission
- Life Sciences Hub Wales
- SBRI Centre of Excellence
- MediWales
- NHS Wales Collaborative
- University of Wales Trinity Saint David - Assistive Technologies Innovation Centre (ATiC)
- Swansea University
- Wales Intensive Learning Academies
- Health Technology Wales
- Rural Health and Care Wales
- Welsh Government Communities of Practice

It is acknowledged that areas of joint work which have the potential to benefit from 'innovation support' often require initial research, demonstrations and trialling. These are recognised as essential elements to help inform decisions and determine whether there is value in pursuing further development. It is also recognised that not all will proceed to the next phase following these initial steps, however it is vital that these are carried out to establish costs and benefits prior to investing further time and resource.

Examples of work undertaken during 2023-24

Care Closer to Home – Innovative Solutions

The RIC Hub has been working closely with colleagues in Pembrokeshire to identify innovative solutions that can support their development of the Hospital at Home Programme. During the year, a physical Streaming Hub has been established at Withybush Hospital to support the monitoring of the WAST Ambulance Stack. This has led to a reduction in the number of patients requiring the services

of WAST and also reducing the number of A&E attendances. The RIC Hub has also been supporting the establishment of the Community of Practice and building links with agencies who can contribute to the CoP Pembrokeshire project (including the Bevan Commission, Life Sciences Hub, Birmingham University Dept. of Social Work and Social Care).

Regional Innovation Forum (s.16 forum)
This was established in 2023 across health and social care to support the identification of transformative models of care across the third sector and to also support the re-balancing agenda. A work programme has been agreed and focuses on two priorities: Innovative commissioning and developing social enterprises.

Communication
The RIC Hub Communication Plan was reviewed during the year with additional communications channels identified to promote innovation across the region.

Database
A database of all industry solutions that are presented to WWRIC has been developed for local use and is being referenced to support any innovation enquires received from across the region.

Digital Transformation
The Digital Transformation Board. A digital workshop is being organised to re-energise this piece of work.

Housing for Health
The Southwest Wales Foundational Economy Group which brings together housing and health colleagues to identify collaboration opportunities in this space. Regular meetings take place with colleagues at Public Health Wales working on the Housing and Health agenda and a workshop is scheduled for early 2024/25. This will bring together colleagues working in the Housing and Health arena, to identify the challenges being faced and to come up with a list of priorities to work through based on the outcome of the session.

Mapping for innovation projects
mapping exercise identified over 200 projects on-going across the region. These were categorised under the following:

- Models of Care specific to their RIF Funding
- Primary Care
- Un-Scheduled Care
- Scheduled Care
- Mental Health & Learning
- Community Services
- Cancer Services
- Women & Children's Services
- Public Health
- Care Home
- A&E
- A Healthier Mid & West Wales
- Therapy and Health Science
- Sustainability
- Organisational Development

Bevan Exemplar

An event of the Cohort 7 Bevan Exemplar Programme took place during 2022/23 and the Showcase to promote the Cohort 8 projects is scheduled for June 2024.

Working with Universities and other RIC hubs

The WWRIC Hub has regular meetings with both Powys and North Wales RIC Hubs. The Hub has developed working relationships with Cardiff University, Sheffield University and Birmingham via the IMPACT Programme. In addition, the RIC Hub has visited Aberystwyth University's SMART Lab house which it is promoting across the region. A number of sectors have expressed interest in collaborating with the university and the RIC Hub has been facilitating discussions. Through its relationship with the University of Wales Trinity Saint David, the Hub has been facilitating discussions between colleagues in Public Health and the Assistive Technologies Innovation Centre to identify the best ways of taking forward a concept of gathering samples from nappies. The Hub meets regularly with Rural Health and Care Wales and continues to work on the concept of developing a Virtual Hospital to support those living in rural parts of the region. The Hub was represented at the Rural Health and Care Wales Conference held at the Royal Welsh Showground during the year.

Workforce Development and Integration

Approach

Since the appointment of the Regional Workforce Programme manager in September, the Regional Workforce Programme Board (meeting bi-monthly) has set 3 workstreams to support workforce issues across the region as follows:

1) Education and development
2) Leadership and talent management
3) Workforce Data Intelligence

The WeCare Programme

This aims to raise the profile of careers in the care sector and supports the next generation of our social care and childcare workforce, highlighting routes into care, pathways and opportunities, ensuring there are enough people with the right values, qualities, and skills in the care workforce to meet the needs of the most vulnerable people in society.

Through this work, students are better informed about the routes into care, career pathways, current job vacancies and the opportunities available to them such as apprenticeships, training opportunities and placements. Improved awareness of the labour market with regards to Social Care, Childcare, Early Years and Play and increased understanding of the world of work. They will have a greater understanding of the sector, the job roles available and the qualities, values and qualifications required to work in the care.

Through discussions with teaching staff both in schools and colleges along with Careers Wales Education Business Advisers, students are educated about the different career options, job roles and career paths available within the sector through bespoke face to face sessions, online and interactive sessions, talks and workshops to suit students' needs and support their Health and Social Care studies. Included in this is a 2-day free Introduction to Social Care course run by WeCare Wales training team. It is a programme specifically for students in year 12 and 13 and FE college students studying health and social care.

Furthermore, WeCare Ambassadors and champions who work in a variety of different care job roles within the Social Care, Childcare, Early Years and Play sector are also able to provide a real insight into

their work through informal talks and discussions. This both enriches the school curriculum and learner experience of the world of work and provides real stories from real people working in the sector to inspire and share their passion for care.

Career information, advice and guidance is relayed onto students and parents through attendance and support at career related events such as festivals, carousels, job fairs, parents' evenings and mock interviews etc.

Achievements

The We Care Wales Programme has been successfully delivered during the year to continue to promote social care, childcare, early years and play career pathways with:

- 18 secondary schools and 2 colleges supported
- 56 sessions delivered
- 5,500 (approx.) students supported
- Continued Partnership working with We Care Wales
- Delivery of the Childcare Project
- Delivery of the We Care Ambassador programme
- We Care West Wales Working Group – to drive collaborative working and respond to priorities

Outcomes

- ✓ Improved delivery of regional element of attraction and recruitment campaign and improved support for care providers in assisting with recruitment and retention challenges.
- ✓ Improved engagement with schools and teaching staff
- ✓ Strengthened connection with schools, colleges, and employment services
- ✓ Students and job seekers have a greater understanding of the care sector, opportunities available and a greater understanding of career pathways, qualifications, progression, and training options
- ✓ Increased social care, childcare and early years job vacancies being advertised on the WeCare Jobs Portal including senior positions
- ✓ Services and organisations which support recruitment have a pool of local resources/tools which are powerful and impactful leading to greater interest in the sector

PART 3: REFERENCES & LINKS

WWRPB website	West Wales – West Wales Regional Partnership Board (wwrpb.org.uk)
WWRPB Agendas	WWRPB Agendas – West Wales Regional Partnership Board
Area Plan	Area Plan – West Wales Regional Partnership Board (wwrpb.org.uk)
Conference & Awards	WWRPB Conference & Awards 2024 – West Wales Regional Partnership Board
Programme for Government	(Welsh Government Programme for government: update [HTML] | GOV.WALES)
Nyth / Nest Framework	NEST framework (mental health and wellbeing) | GOV.WALES
No Wrong Door	NoWrongDoor_FINAL_EN230620.pdf (childcomwales.org.uk)
Carers Support West Wales	Carers Support West Wales | Cymorth Gofalwyr Gorllewin Cymru
Adult Advocacy Strategy	Adult Advocacy Strategy – West Wales Regional Partnership Board (wwrpb.org.uk)
Adult Advocacy strategy Easy Read	Adult Advocacy Strategy Easy Read – West Wales Regional Partnership Board (wwrpb.org.uk)
Capital Strategy	Capital Strategy – West Wales Regional Partnership Board (wwrpb.org.uk)
Capital Strategy Easy Read	Capital Strategy Easy Read – West Wales Regional Partnership Board (wwrpb.org.uk)
West Wales Dementia Strategy	Dementia Strategy – West Wales Regional Partnership Board (wwrpb.org.uk)

Appendix 1

Membership of RPB (April 2024)

Name	Organisation	
Hazel Lloyd Lubran (RPB chair)	Ceredigion Association of Voluntary Organisations	Chief Officer
Michael Gray	Pembrokeshire County Council	Director of Social Services and Housing
Estelle Hitchon	Welsh Ambulance Service NHS Trust	Director of Partnerships and Engagement
Councillor Tessa Hodgson	Pembrokeshire County Council	Cabinet Member for Social Services
Audrey Somerton Edwards	Ceredigion County Council	Statutory Director of Social Services & Corporate Lead Officer: Porth Cynnal
Ardiana Gjini	Hywel Dda University Health Board	Director of Public Health
Vacant	Hywel Dda University Health Board	Independent Member – Local Government
Hilary Jones	Bro Myrddin Housing Association	Chief Executive
Jake Morgan	Carmarthenshire County Council	Director of Communities
Jonathan Morgan	Carmarthenshire County Council	Head of Homes and Safer Communities
Gareth Morgans	Carmarthenshire County Council	Director of Education and Children
Jill Paterson	Hywel Dda University Health Board	Director of Primary Care, Community and Long-Term Care
Malcolm Perret	Care Forum Wales	Vice Chair
Donna Pritchard	Ceredigion County Council	Deputy Director of Social Services & Corporate Lead Officer: Porth Gofal
Cathryn Thomas	Social Care Wales	Assistant Director
Gaynor Toft	Pembrokeshire County Council	Chief Housing Officer
Councillor Jane Tremlett	Carmarthenshire County Council	Executive Board Member for Social Care and Health
Councillor Alun Williams	Ceredigion County Council	Cabinet Member for Adult Services
James Tyler		Service user representative
Alan Thomas		Service user representative
Vacant	< Organisation >	Carer representative

For further information:

Visit the West Wales Regional Partnership Board website at

West Wales – West Wales Regional Partnership Board (wwrpb.org.uk)

Email us at wwrpb@carmarthenshire.gov.uk