

# Public Document Pack



Cyngor Sir  
**CEREDIGION**  
County Council

Neuadd Cyngor Ceredigion, Penmorfa,  
Aberaeron, Ceredigion SA46 0PA  
[ceredigion.gov.uk](http://ceredigion.gov.uk)

19 October 2022

Dear Sir / Madam

I write to inform you that a Meeting of the Healthier Communities Overview and Scrutiny Committee will be held at the HYBRID - NEUADD CYNGOR CEREDIGION, PENMORFA, ABERAERON / REMOTELY VIA VIDEO CONFERENCE on Thursday, 27 October 2022 at 10.00 am for the transaction of the following business:

- 1. Apologies**
- 2. Disclosures of personal interest (including whipping declarations)**  
Members are reminded of their personal responsibility to declare any personal and prejudicial interest in respect of matters contained in this agenda in accordance with the provisions of the Local Government Act 2000, the Council's Constitution and the Members Code of Conduct. In addition, Members must declare any prohibited party whip which the Member has been given in relation to the meeting as per the Local Government (Wales) Measure 2011.
- 3. To present to Committee the Regional Dementia Strategy developed by the West Wales Care Partnership Regional Dementia Steering Group (Pages 3 - 74)**
- 4. Independent Reviewing Service Performance Management Report quarter 4 2021 2022 (Pages 75 - 106)**
- 5. Air Quality Progress Report (Pages 107 - 162)**
- 6. Draft Forward Work Plan 2022-2023 (Pages 163 - 168)**
- 7. To consider minutes of the previous meeting (Pages 169 - 174)**

Members are reminded to sign the Attendance Register

A Translation Services will be provided at this meeting and those present are welcome to speak in Welsh or English at the meeting.

Yours faithfully



**Miss Lowri Edwards**  
**Corporate Lead Officer: Democratic Services**

**To: Chairman and Members of Healthier Communities Overview and Scrutiny Committee**

The remaining Members of the Council for information only.

# Agenda Item 3

## Cyngor Sir CEREDIGION County Council

**REPORT TO:** Healthier Communities Overview and Scrutiny Committee

**DATE:** 27<sup>th</sup> October 2022

**LOCATION:** Hybrid

**TITLE:**

**PURPOSE OF REPORT:** To present to Committee the Regional Dementia Strategy developed by the West Wales Care Partnership Regional Dementia Steering Group

**REASON SCRUTINY HAVE REQUESTED THE INFORMATION:** To scrutinise the strategy and make recommendations if required to Ceredigion County Council Cabinet.

### BACKGROUND:

In response to several national drivers including the National Audit of Dementia, the Dementia Action Plan for Wales 2018 – 2022, All Wales dementia Pathway of Standards 2021 and more recently the Dementia Friendly Hospital Charter, there has been a need to improve the care and experience of people living with Dementia within West Wales.

The West Wales Care Partnership (WWCP) brings together organisations from the statutory, third and independent sectors with a remit of integrating and transforming health, care and support in the region.

A statutory Regional Partnership Board oversees the work of the WWCP.

A regional Dementia Steering Group sits underneath the RPB and comprises representation from across the Partnership. It provides a mechanism for developing a regional approach to caring for people living with dementia (PLWD) and their families. This Group worked closely with 'Attain' an external consultancy, in developing the Strategy and will have a key role in taking forward implementation of the next phases of work.

Welsh Government provides funding through the previous Integrated Care Fund (ICF) - now Regional Integration Fund, to support the improvement of care and support for People Living With Dementia (PLWD) and their families, This funding is managed through the Dementia Steering Group and will be instrumental in delivering agreed priorities within the Strategy.

In February 2021, the WWCP appointed Attain to work with partners to develop a regional dementia strategy and service model pathway of care. Alongside this work, we carried out a review of the regional ICF dementia projects which provided a steer as to what services should continue to be funded, as well as an indication of any additional initiatives that should be undertaken during 2021/22. One priority area was for Attain to develop a business case for the introduction of a dementia wellbeing connector which is based on best practice and an intrinsic role within the WW Dementia Wellbeing Pathway.

The context for this work includes:

Increasing focus worldwide on dementia and its impact on health and social care systems;

prevalence is increasing year on year, mainly due to people living longer, particularly in high income economies.

To clarify its dementia strategy, In February 2018, the Welsh government published the 'Dementia Action Plan 2018-2022'.

The vision is for Wales to be a 'dementia friendly nation that recognises the rights of people with dementia to feel valued and to live as independently as possible in their communities'.

In March 2021, Improvement Cymru published the All-Wales Dementia Care Pathway of Standards. This work, directed by the requirements of the Dementia Action Plan for Wales, is overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIIG).

The twenty standards have been designed to be dynamic by responding to evaluation and supporting evidence. They sit within four themes:

Accessible, Responsive, Journey, Partnerships and Relationships Underpinned by Kindness and Understanding.

The standards have been developed using the Improvement Cymru Delivery Framework and it is anticipated that work will focus on developing a two-year Delivery Framework Guide for the Welsh regions covering the period April 2021 – March 2023.

Prior to the implementation of the Framework, Attain has co-designed this strategy with colleagues, people living with dementia and their carers across West Wales. The high-level strategy also provides a programme governance structure and the foundation on which to fund services which is in line with the Improvement Cymru Delivery Framework.

## **WELLBEING OF FUTURE GENERATIONS:**

**Has an Integrated Impact Assessment been completed? No**  
**If, not, please state why – Report for information only**

**Summary:**

**Long term:** The strategy will provide a blue print for the development of Dementia support and services for the future.

**Integration:** This is an integrated strategy

**Collaboration:**

The focus of the strategy has been on working in collaboration across agencies and with local communities and individuals affected by dementia.

**Involvement:** N/A

**Prevention:**

Prevention is a key focus of the strategy to enable people living with dementia can be as independent as possible within their own communities.

**RECOMMENDATION (S):**

Report for information and agreement on any recommendations to Cabinet prior to approval.

**REASON FOR RECOMMENDATION (S):**

N/A

**Contact Name:**

Donna Pritchard

**Designation:**

Corporate Lead Officer – Porth Gofal

**Date of Report:**

27th October 2022

**Acronyms:**

# West Wales Care Partners (WWCP) Dementia Strategy

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# Contents

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Page	Detail
3	1. Background
7	2. Population Needs Analysis Summary
11	3. Current Action Plans, Regional Transformation Projects
15	4. What Does Best Practice Tell Us?
22	5. Feedback From Structured Interviews
26	6. West Wales Dementia Service Vision and Wellbeing Pathway
39	7. Our Approach To Implementing The Dementia Wellbeing Pathway
51	8. Next steps for 2022/23
53	9. Appendix 1: West Wales Population Analysis
60	10. Appendix 2: Feedback From Initial Structured Interviews
64	11. Appendix 3: Approach to managing the programme of work

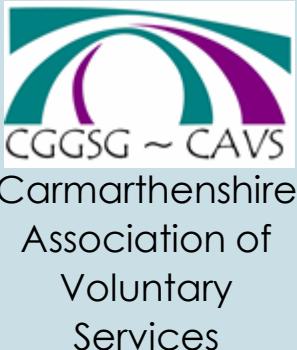
# 1. Background



# Background



- The West Wales Care Partnership (WWCP) brings together organisations from the statutory, third and independent sectors with a remit of integrating and transforming health, care and support in the region.
- A statutory Regional Partnership Board oversees the work of the WWCP.
- A regional Dementia Steering Group sits underneath the RPB and comprises representation from across the Partnership. It provides a mechanism for developing a regional approach to caring for people living with dementia (PLWD) and their families. This Group worked closely with Attain in developing the draft Strategy and will have a key role in taking forward implementation of the next phases of work.
- Welsh Government provides funding through the Integrated Care Fund (ICF) to support the improvement of care and support for PLWD and their families. This funding is managed through the Dementia Steering Group and will be instrumental in delivering agreed priorities within the Strategy.
- Key partners on the WWCP are:



Carmarthenshire  
Association of  
Voluntary  
Services



Pembrokeshire  
County Council



Pembrokeshire  
Association of  
Voluntary Services



Carmarthenshire  
County Council



Ceredigion  
Association of  
Voluntary  
Organisations



Hywel Dda University  
Health Board



Ceredigion  
County Council

# Background

In February 2021, the WWCP appointed Attain to work with partners to develop a regional dementia strategy and service model pathway of care. Alongside this work, we carried out a review of the regional ICF dementia projects which provided a steer as to what services should continue to be funded, as well as an indication of any additional initiatives that should be undertaken during 2021/22. One priority area was for Attain to develop a business case for the introduction of a dementia wellbeing connector which is based on best practice and an intrinsic role within the WW Dementia Wellbeing Pathway.

The context for this work includes:

- Increasing focus worldwide on dementia and its impact on health and social care systems; prevalence is increasing year on year, mainly due to people living longer, particularly in high income economies.
- To clarify its dementia strategy, In February 2018, the Welsh government published the 'Dementia Action Plan 2018-2022'.
- The vision is for Wales to be a 'dementia friendly nation that recognises the rights of people with dementia to feel valued and to live as independently as possible in their communities'.
- In March 2021, Improvement Cymru published the All-Wales Dementia Care Pathway of Standards. This work, directed by the requirements of the Dementia Action Plan for Wales, is overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIIG).
- The twenty standards have been designed to be dynamic by responding to evaluation and supporting evidence. They sit within four themes: **Accessible, Responsive, Journey, Partnerships and Relationships Underpinned by Kindness and Understanding.**
- The standards have been developed using the Improvement Cymru Delivery Framework and it is anticipated that work will focus on developing a two-year Delivery Framework Guide for the Welsh regions covering the period April 2021 – March 2023.

Prior to the implementation of the Framework, Attain has co-designed this strategy with colleagues, people living with dementia and their carers across West Wales. The high-level strategy also provides a programme governance structure and the foundation on which to fund services which is in line with the Improvement Cymru Delivery Framework.

# Project requirements and activities

This slide outlines the project requirements, the outcomes from the work undertaken and key actions.

## The Ask:

### 1. Overarching Dementia Strategy and Delivery Plan

- Facilitate co-production of a regional dementia strategy with stakeholders, PLWD and their carers
- **Develop a sustainable model and associated delivery plan for the strategy in the medium to longer term**, deployment of existing and future funding streams to support this and accounting to Welsh Government and other stakeholders on delivery and impact
- **Consider future regional programme ownership** and leadership requirements to implement and deliver the dementia strategy

The dementia strategy and associated delivery plan needs to be considered in the context of **changing demographics across the region**, the long-term impact of COVID-19 on people with dementia and evidenced impact of existing workstreams

### 2. Development of a business case for the dementia case manager role

- In line with All Wales dementia standards and the Health Board's recently developed palliative and end of life care strategy, develop a business case for the dementia case manager role

### 3. In respect of the above tasks, Attain have been required to:

- Work with a range of national and regional stakeholders, including Welsh Government officials, system leaders, service managers, clinicians and practitioners, elected and independent members and users and carers as appropriate
- Produce high quality proposals and reports to a range of audiences

## Attain have:

### 1. Overarching Dementia Strategy and Delivery Plan:

- Produced a report following a review of national and international best practice
- Worked with colleagues to develop a **regional strategy, vision and service model pathway based on best practice**
- This strategy includes a **proposed programme and governance structure** which fits with the Welsh Government and Regional structures
- The strategy includes a summary of **current and future population demand and prevalence**. Information relating to the impact of COVID-19 upon those with dementia is not available at this stage
- Stakeholders have identified that COVID-19 has impacted timely diagnosis due to late presentations and inability to access assessment services

### 2. Development of a business case for the dementia wellbeing connector role:

- Carried out a desktop review on best practice in dementia case co-ordination/management and average case load level
- Developed a business case with input from the WWCP dementia steering group members

### 3. Stakeholder engagement:

- Attain have worked with multiple stakeholders across the region people living with dementia (PLWD) and their carers and front line staff. All West Wales Care Partners have been fully engaged and very supportive in the development of this strategy

## Key Recommendations

### 1. Implementation of strategy and dementia wellbeing pathway

- Once the strategy is formally approved by the WWCP, socialise the recommendations of the strategy, and the dementia wellbeing pathway to ensure that it is owned by colleagues, PLWD and their carers across West Wales
- A communication plan should be developed to run for the life of the strategy
- WWCP to adopt the proposed governance structure and recruit a Regional Dementia programme manager
- A full business case should be developed to take forward the establishment of the dementia wellbeing connector role
- The strategy, vision and service model pathway should be reviewed once information is available regarding the impact of COVID-19 upon those with dementia and their carers
- The waiting time for diagnosis should be reviewed and monitored; solutions should be found to address long waiting times, including the codesign and development of the regional dementia diagnosis pathway

### 2. ICF Dementia Plan:

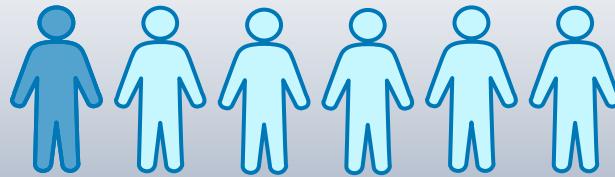
- The strategy recommends that a review be undertaken of ALL initiatives currently funded by the ICF, including evidencing outcomes, align funding to implement the strategic priorities, and ensure any new way of working is fully resourced
- Develop a regional strategic and co-ordinated approach to supporting carers – consider top slicing the dementia ICF funding to enhance the carers' element so ensuring continuation of services, supporting those who are caring for people living with dementia

## 2. Population needs analysis

For more information on the population analysis please see appendix 1



# Population projection of those with dementia in West Wales



1 in 6

Alzheimer's Society UK estimates dementia affects one in six people aged 80+.  
West Wales records show 1 in 10 people over 85 with dementia.

Alzheimer's Research estimates that the diagnosis rate\* is 53% across Wales, suggesting a **current** unmet need across Hywel Dda of 2,400 patients

The table below shows ALL diagnoses of dementia on the West Wales GP register **forecasted forward**, factoring in the increase in over 85s and an estimate of undiagnosed need. Data on waiting lists was not available but it is important to find ways to monitor this as demand increases.

County	Current diagnosed (on GP register)	Current estimated undiagnosed	Current estimated total prevalence	2040 projected diagnosed** (based on current diagnosis rate)	2040 projected undiagnosed**	2040 projected total prevalence
Carmarthenshire	1,363	1,208	2,571	2,035	1,793	3,828
Ceredigion	578	512	1,090	863	760	1,623
Pembrokeshire	871	772	1,643	1,300	1,145	2,445
<b>West Wales</b>	<b>2,812</b>	<b>2,492</b>	<b>5,304</b>	<b>4,198</b>	<b>3,698</b>	<b>7,896</b>

**7,896**  
**by 2040**  
(inc. undiagnosed need)



To put this into perspective...

This is equivalent to everyone in **Pembroke** living with dementia.

# Dementia Diagnosis West Wales

Predominantly **(62%) female** due in part to longer life expectancy of women

**65%** of dementia patients in UK are women and they also make **up over 60% of carers**

**45% of patients are over 85 years old** and this population will grow across Hywel Dda

**Leading cause of death** in the UK (pre-COVID-19) and represents 12.7% of all deaths

**Diagnosis prevalence** across **Ceredigion** is **highest**: 0.8% of total list

**Ceredigion** has the highest proportion of **over 65s at 26%**; the average for Hywel Dda is 25%

The population of Hywel Dda is ageing, **over 10% will be over 85 by 2040**

Adult population is reducing across all areas, in particular in **Ceredigion (-11% 2040)**

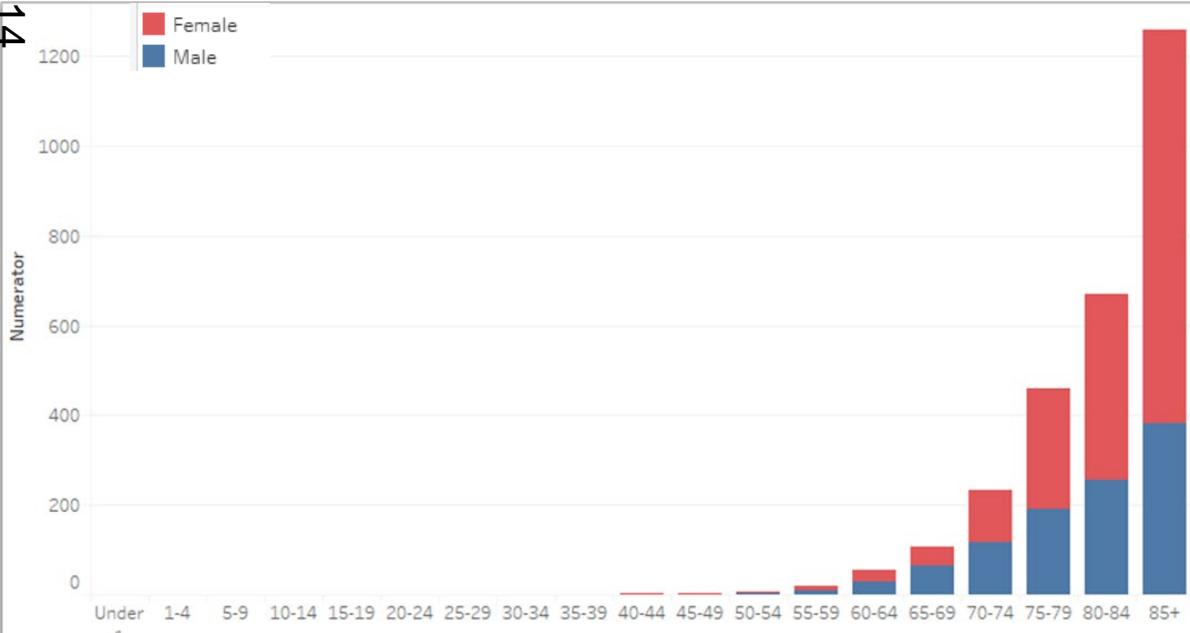
Decreasing adult population reduces supportive care for the older population

**84 patients** on the register with young onset dementia (0.06% of adults)

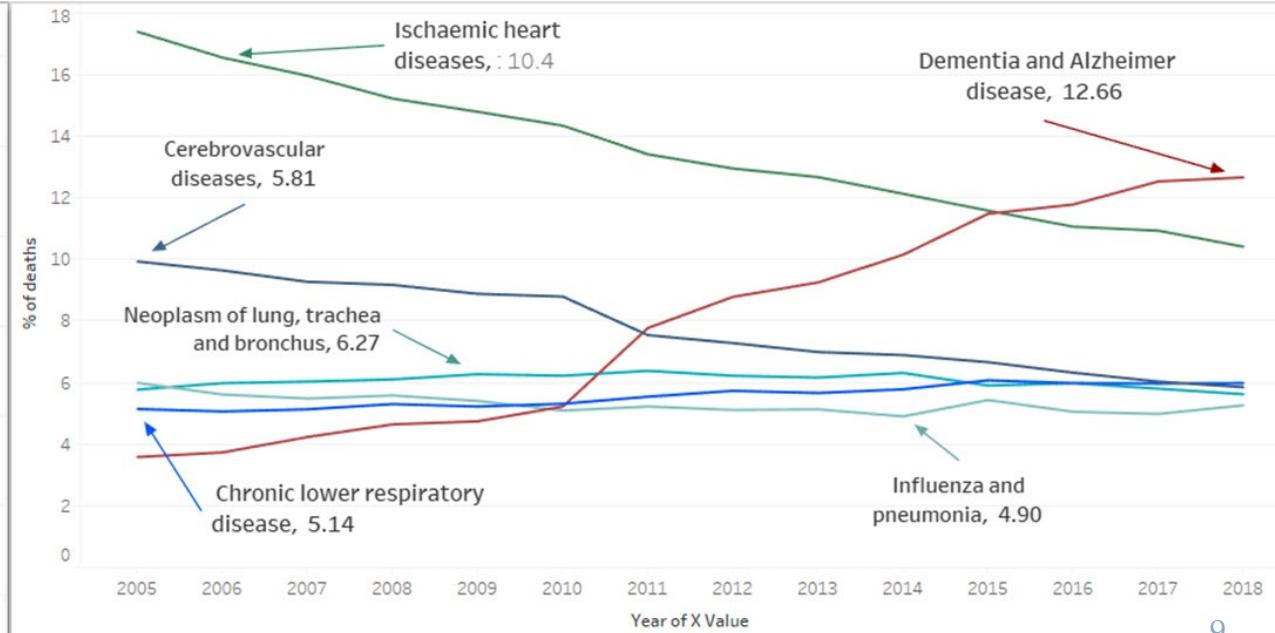
**56% of young onset\*** diagnosis **are male** (24 are in Carms and 10 in Ceredigion)

\*Young onset dementia is the onset of dementia when a person is under 65 years old. Across West Wales there are 84 patients on the registers who are under 65 years old. Of those, 55 are in the 60-65 year age group. This gives West Wales a rate of 0.04% across the population in the adult population, which is very similar to the rate seen across Wales registers nationally.

Patients on GP registers with a dementia diagnosis West Wales



Leading causes of mortality, UK up to 2018 (showing most recent % of total deaths)



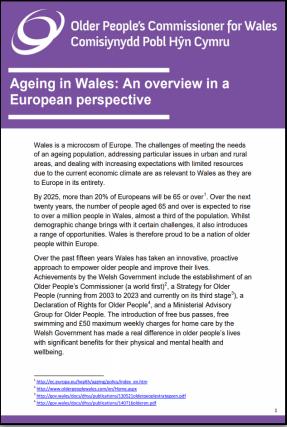
# 3. Current action plans, regional transformation projects



# Relevant dementia documents for Wales:

This strategy and the future palliative & EoLC programme will draw on key existing initiatives:

## Ageing Well in Wales



Page 1

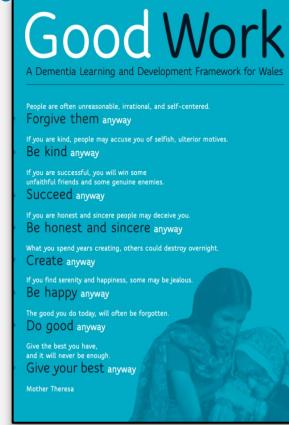
Launched in 2014 Ageing in Wales: An overview in a European perspective

## 5 Priority areas to Improve the health and well-being of older people in Wales :

- Age friendly communities
- Dementia supportive communities
- Falls prevention
- Loneliness and isolation
- Opportunities for learning and employment

Appropriate accommodation for older people can help to contribute to addressing all of the above.

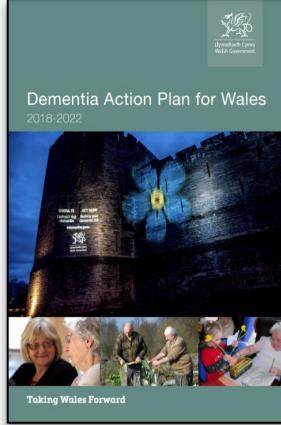
## Good Work Framework A Dementia Learning and Development Framework for Wales



**Published in 2016** Overall, the aim of the Framework is to support people to freely, creatively and responsibly identify and address their own specific learning and development needs within the context of their lives and circumstances, wherever they happen to be. The intention of the Framework is not to constrain people by providing an overly prescriptive list of who needs to know and do what.

This Framework is intended to support what matters most to the people of Wales, as well as the spirit and requirements of Welsh policy, legislation and guidance regarding the care, support and empowerment of people with dementia, carers and the health and social care workforce.

## All Wales dementia action plan

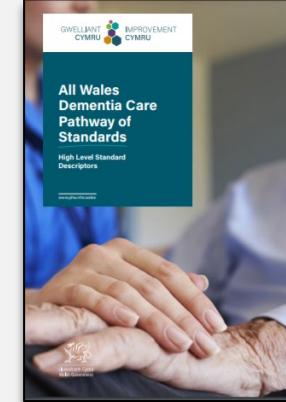


In February 2018 the Welsh government published the 'Dementia Action Plan 2018-2022'

The Action Plan sets out a clear strategy for Wales to be a 'dementia friendly nation that recognises the rights of people living with dementia to feel valued and to live as independently as possible in their communities'.



## All-Wales Dementia Care Pathway of Standards



In March 2021, Improvement Cymru published the All-Wales Dementia Care Pathway of Standards. This work, directed by the requirements of the Dementia Action Plan for Wales, is overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIIG).

**20 standards** have been designed to be dynamic by responding to evaluation and supporting evidence. They sit within four themes: **Accessible, Responsive, Journey, Partnerships and Relationships Underpinned by Kindness and Understanding**.

The standards have been developed using the Improvement Cymru Delivery Framework and the work will focus on developing a two-year Delivery Framework Guide for the regions across Wales covering the period April 2021 – March 2023.

# EoLC Health Board dementia specific provision - West Wales area

The HDuHB Together for Health End of Life and Palliative Care Delivery Plan 2016 -2020 outlines the current EoLC resources available to support people with dementia:



Source: HDuHB Together for Health End of Life & Palliative Care Delivery Plan 2016 -2020

## Current Services:

- Using Welsh Government funding which was facilitated by West Wales Care Partnership, HDUHB commissioned Paul Sartori and Marie Curie to deliver training on Advance Care Planning and Dementia
- Marie Curie Senior Nurses help patients with advanced dementia access palliative and end of life care services across the region. The nurses support multi-disciplinary teams to meet the care needs of people with dementia in hospital, at home and in care homes. They also aid the safe transfer of care across care settings.
- Paul Sartori Foundation also provide education to a variety of audiences, both to their own staff but also to others across the Health Board, including topics such as dementia.
- In Pembrokeshire various members of the team have also contributed to other educational events, including teaching about Advance Care Planning at a dementia conference.

## Areas for improvement:

- More work is needed on early detection of those living with dementia and to provide the support required. This will include education for colleagues within primary care to consider when someone with dementia is approaching their end of life and support to include this group within palliative care registers.
- Improve early detection and care of frail people accessing services, including those with dementia, specifically aimed at maintaining wellbeing and independence.
- Recognise the need to give particular focus to the experience of specific groups including those who have learning disabilities, dementia, hearing or sight problems and those who are elderly and frail. Carers are a particular group of people who often go unrecognised.
- In addition to the development of the Long-Term Care Patient Pathway, each Long-Term Care Specialist Nurse is developing a special interest in a particular area of expertise; these areas include pain management, end of life care, dementia care, nutrition, medication management and other aspects of fundamental care. These skills will be utilised to support safe and person-centred care delivery.

While services are in place in West Wales, implementing the priorities from the Welsh Dementia Action plan have been included in the palliative and EoLC programme plan and will have significant impact on the quality of EoLC services for those with dementia.

## 4. What does best practice tell us?



# Dementia – key areas of focus

- The review of national and international best practice and innovation in dementia, identified many areas of best practice, research and innovation across the whole dementia care spectrum.
- Dementia is a condition that cuts across system wide services and is therefore everyone's business. It is important to understand to recognise that dementia services need to be embedded in the whole system of provision.
- This strategy focuses on key areas to drive improvement and innovation across West Wales, namely:
  1. Implementing strategies to achieve early diagnosis
    - i. Supporting GPs, allied health professionals (AHPs) and nurses to make assessments and improve quality of referrals to specialist services
    - ii. Focus on implementing best practice within social care, domiciliary care, care homes and specialist services
  2. Implementing care pathways, particularly post diagnostic support
    - i. Support and co-ordination for PLWD and their carers
  3. Supporting carers to care for family members with dementia
    - i. Providing support, training and help to navigate/co-ordinate services to families, build resilience and maintain balance across all aspects of their life
  4. Improving end of life care so that PLWD die in a place of their choosing with dignity
    - i. Co-ordination amongst different care providers to ensure they understand the end-of-life plan

# Early diagnosis – in the community

- **NICE guidelines suggest assessment and diagnosis take place in non-specialist settings.** This backs up **international models** where **diagnosis is made in Primary Care where possible.**
- GPs, AHPs and nurses can decrease pressure on specialist services through;
  - Assessment and diagnosis in primary care
  - Improving quality of referrals into specialist care
- GPs and colleagues within primary care are also often the first contact for someone living with dementia, but many studies across UK and internationally show a lack of confidence from GPs, AHPs and nurses within primary care to diagnose dementia
- Increased training, awareness and new dementia models within primary care can all help towards optimising resource capacity and achieving earlier diagnosis of dementia
- Some diagnosis models suggest a 3-tier approach 1) initial assessment in primary care 2) a second assessment/diagnosis by dementia care experts within primary care 3) referral to memory clinics for dementia diagnosis.

Primary Care  
Assessment

Primary Care  
Dementia  
Experts

Specialist  
Care

## Improving Primary Care Assessment/ Diagnosis

- Training for GPs, AHPs and nurses aligned with the 'Good work' framework and international best practice
- Funding/frameworks in place to encourage GPs and AHPs to attend training
- Increase confidence of GPs and AHPs to improve dementia diagnosis/quality of referrals to specialist services
- Support framework for GPs and AHPs including toolkits, guidelines and regular training
- Rapid access to dementia experts in primary care and specialist memory clinics

## Primary Care Assessment

### Primary Care

- Training for GPs, AHPS and nurses based on the 'Good Work Framework' for dementia awareness and to spot early signs of dementia
- Training to undertake some testing to identify people who may have dementia
- Reduce strain on specialist memory clinics by improving quality of referrals
- Remove barriers to GPs and AHPS attending training
- Consider delivering training online to improve accessibility

## Primary Care Dementia Experts

### Primary Care Dementia Experts

- Identify a cohort of GPs, AHPS and nurses that can act as dementia experts (e.g. GPs, AHPS and nurses with special interest)
- Specialist training for dementia experts based on the 'Good Work Framework'
- People identified in primary care could be referred for additional assessment
- Access to diagnostic tools
- Improve quality of referrals to specialist memory clinics

## Specialist Care

### Memory Clinics

- Services commissioned in line with frameworks
- Memory Services National Accreditation Service MSNAP
- Review of and alignment with best practice from across UK
- Improved brain scan protocols
- Focus on reducing referral to diagnosis times and managing capacity and demand
- Focus on diagnosis rates
- Seamless link into post-diagnostic support

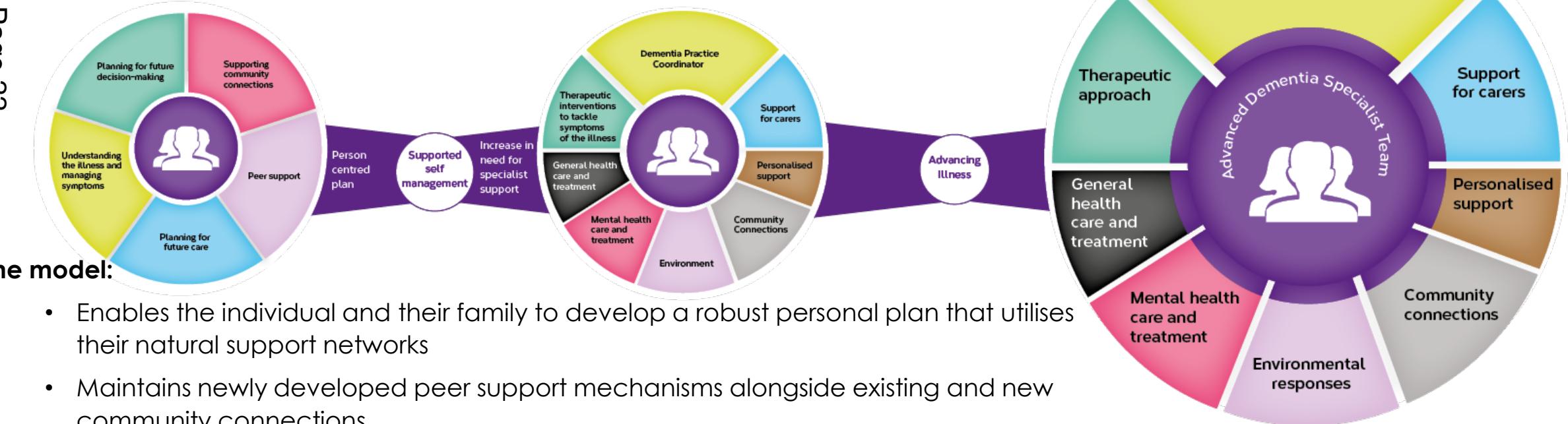
# Implementing care pathways

The Wales Dementia Action Plan outlines the need to develop more formal pathways of care for PLWD and this aligns with best practice strategy internationally.

The post-diagnostic support model in Scotland is the only documented model currently being used across the world.

The Scottish model outlines how best PLWD would be supported as their condition progresses. Beginning at Post Diagnostic Support (5 Pillars Model), through to Community-based Support (8 Pillars) and End of Life (Advanced Dementia Model).

Page 22



## The model:

- Enables the individual and their family to develop a robust personal plan that utilises their natural support networks
- Maintains newly developed peer support mechanisms alongside existing and new community connections
- Supports people to live well and independently with dementia for as long as possible

# Support and care co-ordination

- Family and carers play a pivotal role in enabling PLWD to live independently in communities for as long as possible
- They will pick up the majority of care, especially in the early stages if an early diagnosis has been made – both national and international strategy is focusing on the need to minimise the impact of caring for someone with dementia
- They need support to build up resilience, develop the skills for caring for someone living with dementia and still be able to maintain a quality of life outside of their care for the PLWD
- Access to flexible respite care is crucial so that families and carers are able to maintain quality of life
- Being involved and supporting their family member with dementia to make decisions about their care is crucial and understanding the services available is key to helping achieve this
- Dementia hubs are playing an increasingly important role in many areas, providing a single point of access and support across a range of services for both PLWD and their carers

## **Services provided in dementia hubs include:**

- Support staff, including dementia support workers, admiral nurses etc.
- Support groups for PLWD and their carers
- Access to local dementia services
- Training programmes for carers
- Activities for PLWD
- Dementia cafés
- Memory Clinics
- Access to finance/ legal/ benefits advice
- Involvement in research opportunities



# End of life care

- In the case of dementia, it can be difficult to predict when a person is nearing death. They may present with signs that suggest they are very close to death, but in fact can show these signs for many months, or even years
- In addition, a PLWD may die from another medical condition, for example cancer or heart disease. They may also have infections and minor illnesses on top of these ongoing conditions
- Other conditions and illnesses may mean the person is cared for, or ultimately dies, in a hospital or a facility that does not specialise in dementia care
- Despite knowledge about end-of-life care increasing greatly over the past ten years, particularly in areas such as cancer care, many PLWD still do not receive good quality end-of-life care
- Where possible, advance care planning should take place so that PLWD can make decisions about their care - early diagnosis of dementia plays a key role as a person can make decisions about their end-of-life care alongside family/carers
- It is important that advance care planning is fully embedded in wider inclusive, personalised care and wellbeing planning for dementia and that support is available for Carers when a PLWD passes away
- A coordinated approach between all organisations that care for a PLWD is required – so everyone understands the person's wishes and how they want to be cared for at the end of their life



# 5. Feedback from structured interviews

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# Stakeholder Engagement

The development of this strategy has taken place from February 2021 through to January 2022. It has been led by Attain (an independent provider of health support services) who were commissioned by Carmarthenshire County Council on behalf of the WWCP to work with partners, PLWD and their carers to develop a dementia strategy, vision and Dementia Wellbeing Pathway across the region of Carmarthenshire, Ceredigion and Pembrokeshire. The work has been well supported by stakeholders, PLWD and their carers from across the region who have worked very hard to provide local knowledge and insight, through structured stakeholder discussions. The themes stemming from the interviews have been summarised on the following pages.

Many thanks to those who have engaged in this work:

**Name**

Carmarthenshire County Council adult social care service managers

Carmarthenshire County Council CRT teams

Ceredigion County Council Directors of adult social care

Ceredigion County Council Corporate Managers for Mental Health and Wellbeing and Planned Care

**Age Cymru Dyfed**

Pembrokeshire County Council Practitioners Forum

Pembrokeshire Association of Voluntary Services

Pembrokeshire Association of Voluntary Services Provider Forum

Hywel Dda University Health Board (HDUHB) Long term Conditions Team

HDUHB regional admiral nurse team

HDUHB Occupational Therapy Mental Health Team – Older Adults

HDUHB Acute Hospitals Dementia Wellbeing Team

HDUHB Older Adults Mental Health Team

HDUHB Heads of service - Therapies

HDUHB Dementia Wellbeing Community Team

Regional Care Home Provider Forum

Healthier Pembrokeshire Forum

Tywi Taf Cluster

Amman Gwendraeth Cluster

North Ceredigion Cluster

South Ceredigion Cluster

North Pembrokeshire Cluster

South Pembrokeshire

Enormous thanks goes to the 16 carers who gave up their time to provide information on the experiences of the people they are caring for as well as from their own caring perspective – this strategy would not be possible without your input.

# The themes stemming from the interviews with carers have influenced the development of the service model pathway and the recommendations within this report.

## Wellbeing, risk reduction and delaying onset, raising awareness and understanding

## Recognition, identification and initial support

Page 27

Training - Mainly have to work it out oneself especially after hospital discharge with a catheter. That was an absolute nightmare	Carers need training on how to deal with and cope with the person. I am learning as I go along	I had to work out what to do. Our finance's, business, everything it was overwhelming	No information advice or support. It is only recently that people are beginning to help me	Couldn't get anyone to admit to the diagnosis
Absolutely no training - had to find out by myself. Got lots of leaflets but I really needed someone to sit with me and explain things	Rather a lot of confused phone calls from carers' association. No help from the GP or the carers' association	Stumbled along in the dark. Given support through a fluke re enquiring about council tax	Information and advice at the very beginning was great but there was no joined up thinking	Went to the GP and gave diagnosis of dementia - wanted a referral to MH services in case it was a dementia that could be treated - took 2 years
Took ages to connect with the incontinence nurse. Now trying to get through to the dentist	No information - I was reluctant to get help, I thought I could cope. But it was so distressing	Have so much paperwork I loose track of what is what. Half the time I don't know what to do and I don't want to keep going on	Carers and PLWD need clear and accessible information connecting them to local peer groups for support at the outset	Never got to the bottom re diagnosis. Don't understand what type of dementia he has. I would like to know what type of dementia he has
Our local library used to have a day centre. It would be useful to have a day centre to go to (Aberystwyth)	Llanethlli information and training over 4 weeks was very helpful - addresses numbers, websites, of services	What provision is there to protect people with dementia who live on their own? Should be high for identification of frailty in GP surgeries	Best people who have helped - Alzheimer's society, I get a call every month and advice on how to claim attendance allowance	No joined up thinking from the psychiatric dept. Just handed us over to the GP who did nothing

# The themes stemming from the interviews with carers have influenced the development of the service model pathway and the recommendations within this report.

## Assessment and diagnosis

## Living well with dementia

## The need for increased support

Page 28

We saw so many people in the first 12 months. First contact was crossroads and was sign posted to a lot of different activities e.g. dementia cafes

It would be good to have a person help sort out my problems rather than me trying to sort things out and find my way

COVID - Made things 10 time worse as you can't meet anyone. Day service in Cardigan has closed and would have been good to take her

Used to do zoom - music - oblivious to it all. Didn't work for my husband and other carers have said that zoom really doesn't work for those with dementia

Admiral nurse came out and went with the carers to see mum to help support them with their caring role - if mum refuses will leave it up to the family

Diagnosed in 2019. Saw the consultant twice, was given a prescription and not seen anyone since

Doesn't appear to be any activities - quite rural where we live and have to travel half an hour to get anywhere (Ceredigion)

To have a day centre specifically for people with dementia or people present to support people with dementia would be good

Consultants in hospitals need to be trained in power of attorney for health. Hospital staff need training - They lost his glasses, hearing aids and his bottom teeth

Everyone has been wonderful after dad fell - social worker, she acted straight away she liaised with the hospital and got him a place in a nursing home

I was inundated with leaflets and phone calls but I had no idea as to who they were, it was a step into a very deep pool

So many services are providing support but are not talking to each other so I have to tell them what has happened

Made it through lock down with no respite and reduced respite now. Please reinstate all day-care facilities. Carers and those with dementia need it

I live out of the area and find it difficult to know what services there are in my mum's area. GP surgery try to keep in contact

The guilt and stress when he had to go into a home, failure, marriage vows come into question - splitting myself in half - relief and guilt

2019 GP had tried to do a dementia test but my husband couldn't hear. I asked to be referred to hospital. 1yr later was referred

I feel now that he has his diagnosis, I can call on people but there is nowhere to go. Could be sat in 5 days a week - there is nothing (Carms)

More than one carer asked for activities targeted at younger people. List of activities sent out to carers each week is phenomenal - lots of things to do (Pembs)

Direct payment: Great as you can have the money but no good if you can't get the care in place

Very disappointed in the care - it was a dementia specialist ward no specific treatment didn't even check if he was eating or drinking

# The themes stemming from the interviews with frontline staff have influenced the development of the service model pathway and the recommendations within this report.

## Wellbeing, risk reduction and delaying onset, raising awareness and understanding

## Recognition, identification and initial support

Page 29

We need a clear understanding of what happens when people get information e.g. who can they turn to for support?

Signposting by GP receptionists can help people access 3rd sector services

People are hitting crisis but don't have a diagnosis – difficult to get CHC without a diagnosis

Support should be provided regardless of diagnosis, including CHC, as it is based on need

Training for all - basic understanding to managing complex behaviours - enabling people to recognise signs, what to expect to support PLWD

We need to maximise the use of DEWIS across the region by professionals and the public

Delaying things results in emergency admissions and those being admitted have more chronic conditions

Community activities need developing and co-ordinating – Pembrokeshire is more mature

There are lots of organisations and communities and it can be a barrier for PLWD/carers to access

We need a standardised approach to diagnosis regardless of where it takes place

Accessing GP, dentist, hearing clinics has become more difficult since COVID - people jumping through hoops and increases stress for the carer

Support care home staff through providing honest information on discharge so they can meet all the person needs. Support staff through training

MDT based in primary care could be making straight forward diagnosis. MAS should be focusing on specialist diagnosis

Carers and PLWD need clear and accessible information connecting them to local peer groups for support at the outset

We need a clear assessment/diagnosis pathway that sits outside mental health services

**All staff** including dom care and care homes need to be trained to recognise the signs of dementia, especially for those who are deaf, blind and Welsh speakers

We need to raise awareness of young onset dementia and clear pathway and service offer is needed

Access to local networks is better in some areas than others. There is no regional strategic approach to supporting carers

How do people get support without a diagnosis? Dementia is considered separately but shouldn't be, it's very much part of frailty

There needs to be consistency in how people access GP appointments - PLWD many not be able to get past the receptionist or triage

# The themes stemming from the interviews with front line staff have influenced the development of the service model pathway and the recommendations within this report.

## Assessment and diagnosis

Need formal process for secondary care consultant diagnosis and read code included into discharge – how care homes and GPs are made aware

Is it possible to develop: cognitive assessment for Welsh speakers, people who are blind and a fast track assessment for dementia?

As the condition progresses the cross over to health services is often difficult and needs to be better. People are hitting crisis but not getting diagnosed

Belief that it can only take place in MAS setting. There is a need for MDT approach to diagnose and prescribe in the community e.g. GPs /AHPs who are fully trained

## Living well with dementia

Proactive care planning through HOLISTIC MDT - consistent approach across the region, providing support wellbeing plan around the person

Virtual day services may require a carer present to facilitate. PLWD benefit from being in groups without the carer

Can social care and 3rd sector become part of the regional dementia wellbeing team?

The overarching thing not addressed is base line wrap around the person, a co-ordinator throughout their journey

Maximise the use of technology, for professionals, PLWD and their carers e.g. connect carers to support via an APP on the hospital bed Ipads

Optimise patients wellbeing whilst in hospital through admissions check list - diagnosed, working diagnosis etc. - better use of the acute based DWT

There needs to be a consistent approach to medication monitoring, review and prescribing in primary care across the region

Many things are on offer for carers but the ICF carers funding stream is not joined up with the dementia ICF funding stream so there is duplication of effort

## The need for increased support

Education - Training and advice from the Dementia Wellbeing Team (DWT), consider widening membership to include social care and 3rd sector

We need to be clear that any new way of working will need to be fully resourced

Community transport colleagues can help MDTs by providing relevant information in relation to the patient

Need to ensure employers assess for and implement reasonable adjustments to enable the PLWD services to work

Care plan and emergency care plan in place for the carer

Training in behavioural interventions is needed for carers and dom care providers – preventing unnecessary residential placements

Dementia recognition tool can help the development of behavioural management plans, key behaviours and what interventions can be used

Lots of organisations are going to people's homes and are not talking to each other so people have to keep repeating themselves

# 6. West Wales Dementia Service Vision and Wellbeing Pathway

Page 31

The following pages contain the dementia service vision and Wellbeing Pathway which builds on the Attain best practice research report circulated in January 2021. This service model pathway has endeavoured to incorporate existing services in West Wales. The service vision and Wellbeing Pathway has been co-designed through engagement with staff from across the region, PLWD and their carers.

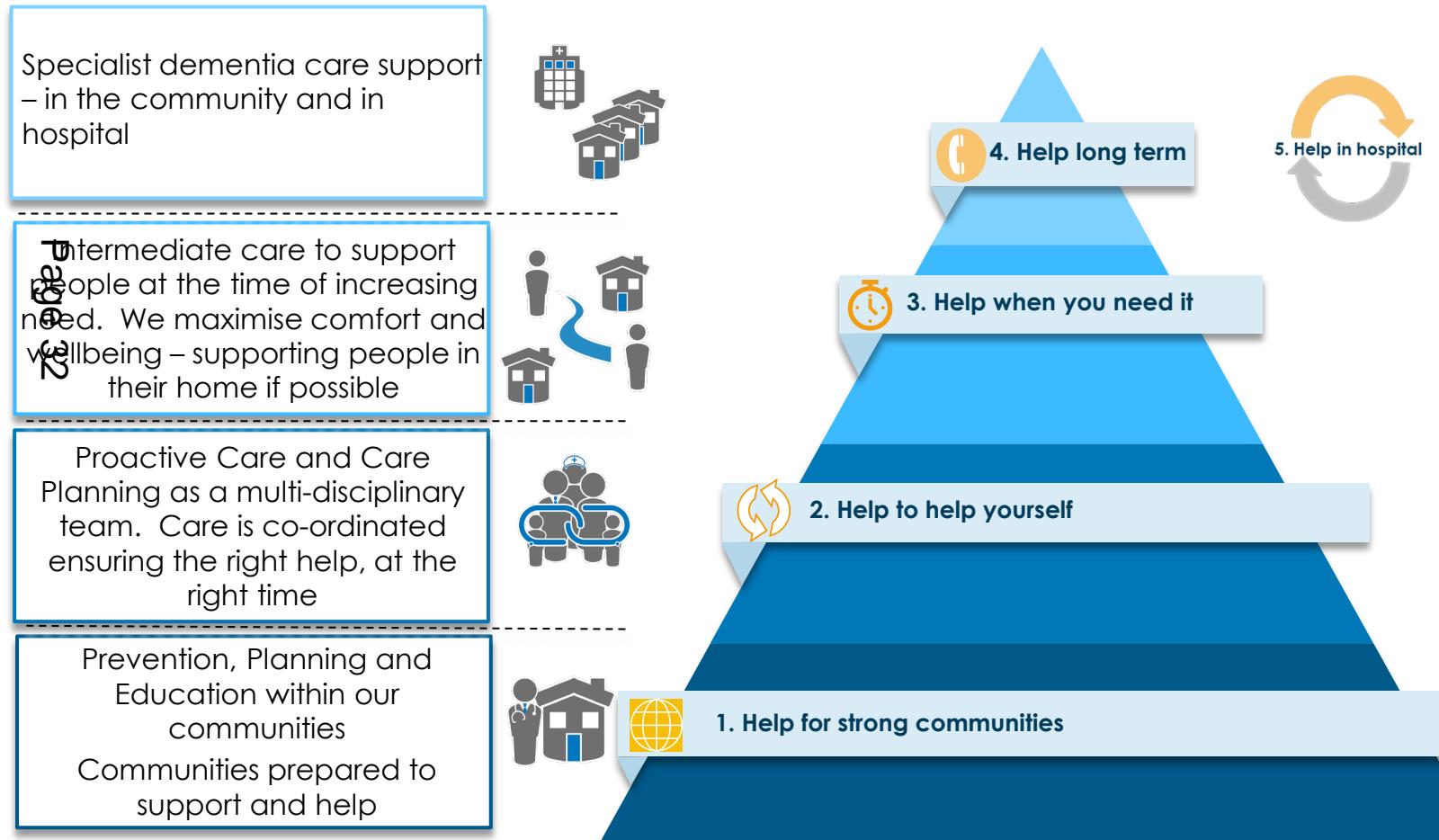
The All Wales Dementia Action Plan 2018-2022: As a signatory to the Glasgow Declaration (1) the Welsh Government has previously committed to promote the rights, dignity and autonomy of people living with dementia. Through their engagement with stakeholders they heard about the positive work of Dementia Action Alliance in developing a series of statements with people living with dementia and their carers (2). We have aligned these statements to our Dementia Wellbeing Pathway.

1) <https://link.edgepilot.com/s/67f68721/ecxOvtDsBECT3n7Rjlzvhg?u=https://www.alzheimer-europe.org/Policy/Glasgow-Declaration-2014>

2) <https://link.edgepilot.com/s/8d37d66b/NmKURNiXoUaKCjtzSiWhQ?u=https://www.dementiaaction.org.uk/nationaldementiadeclaration>

# DRAFT - West Wales vision for dementia services

**'Support each person to live well and independently with dementia for as long as possible'**



## Key enablers to delivery:

- Clear **regional dementia vision, strategy and service model** in line with best practice
- Develop **effective** professional and clinical leadership and **governance** to ensure the service model and **new roles** are designed in line with best practice and **are part of the whole health and social care system**
- Strategic and collaborative **PLWD/carer centred commissioning arrangements**
- Cross-organisational working
- **Collective financial and performance management**
- Joint commissioning for **integrated care**, ensuring **equity of access** and **provision across West Wales**
- Optimise the use of estate - build on localities and provide support closer to home e.g. local meeting places/hubs where people can connect
- Adapting IT so that it reflects activity and **captures person centred outcomes**.
- Shared system transformation programmes and plans
- Systematic involvement of PLWD and **their carers** and community in the **design** and **development of the new service model**
- New ways of working expanding the capacity of the Good Work training framework and **new workforce roles** e.g. **Dementia wellbeing connector role**
- Using technology to empower PLWD and their carers and our staff.
- Commissioning and provision of **primary care services at scale**
- Interpret population health/social care data, **PLWD/family feedback**, design services for networks and draw in support from wider services

# What good looks like for West Wales – The Dementia Wellbeing Pathway



Working with **partners across West Wales** we have developed **our Dementia Wellbeing Pathway together** focusing on **streamlining pathways** and **placing the PLWD and their carers at the centre** of our service provision. We will **implement strategies to increase early diagnosis, supporting GPs and allied health professionals in primary care with specialist input where needed** as part of an **MDT approach to community assessment and diagnosis** and to **improve the quality of referrals to specialist services**.

**We will focus on implementing best practice within primary care, social care, care homes, domiciliary care and specialist services.** Implementation of **the Dementia Wellbeing Pathway** will include the development of the diagnostic pathway and post diagnostic support, **support and co-ordination for PLWD and their carers** and supporting carers to care for family members living with dementia. We will provide **support, training and help to navigate/co-ordinate services to families, build resilience and maintain balance across all aspects of their life**. We will **improve end of life care** so that **PLWD die in a place of their choosing with dignity** and **improve co-ordination across different care providers to ensure they understand the end-of-life care plan**.

# Dementia action plan Wales 2018-22



As a signatory to the Glasgow Declaration (1) the Welsh Government has previously committed to promote the rights, dignity and autonomy of people living with dementia. Through the Government's engagement with stakeholders they heard about the positive work of Dementia Action Alliance in developing a series of statements with people living with dementia and their carers (2)

Dementia Statements reflect the things that people with dementia and carers say are essential to their quality of life. These statements were developed by people with dementia and their carers, and the person with dementia is at the centre of these statements. The "we" used in these statements encompasses people with any type of dementia regardless of age, stage or severity; their carers; families; and everyone else affected by dementia.

Page 34

These rights are enshrined in the Equality Act, Mental Capacity legislation, Health and care legislation and International Human Rights law and are a rallying call to improve the lives of people with dementia. These Statements recognise that people with dementia shouldn't be treated differently because of their diagnosis.

We have aligned the dementia statements to the new West Wales Dementia Wellbeing Pathway and the recommendations within this strategy have also been aligned.

For more information see:

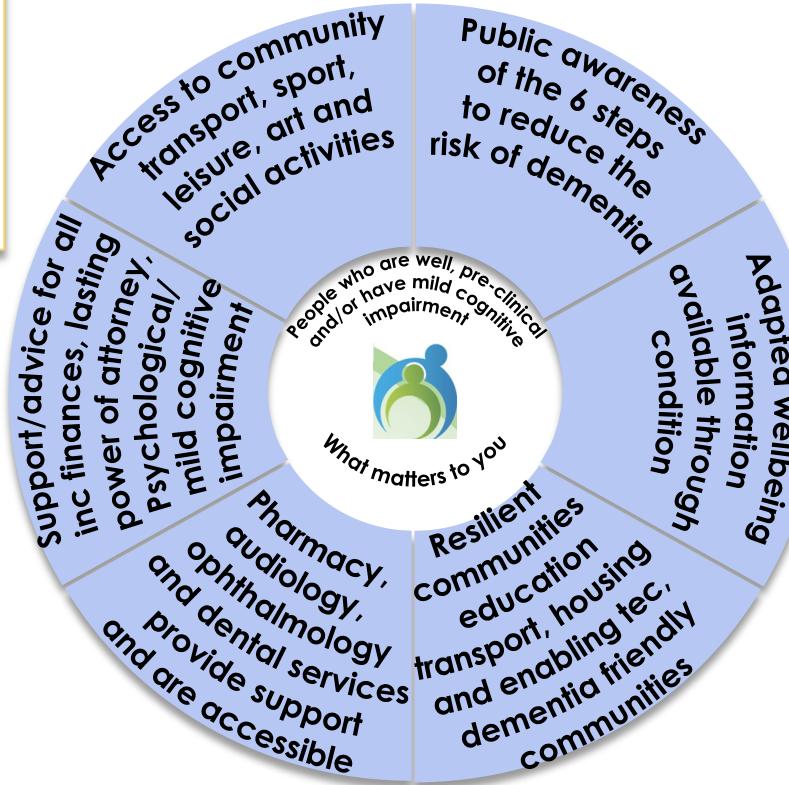
1. <https://link.edgepilot.com/s/67f68721/ecxOvtDsBECT3n7Rjlzvhg?u=https://www.alzheimer-europe.org/Policy/Glasgow-Declaration-2014>
2. <https://link.edgepilot.com/s/8d37d66b/NmKURNiXoUaKCjtzSUiWhQ?u=https://www.dementiaaction.org.uk/nationaldementiadeclaration>

# What good looks like for West Wales – The draft dementia wellbeing pathway

## Wellbeing, risk reduction, delaying onset, raising awareness and understanding

### **Creating dementia friendly communities, making dementia everybody's business**

We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.

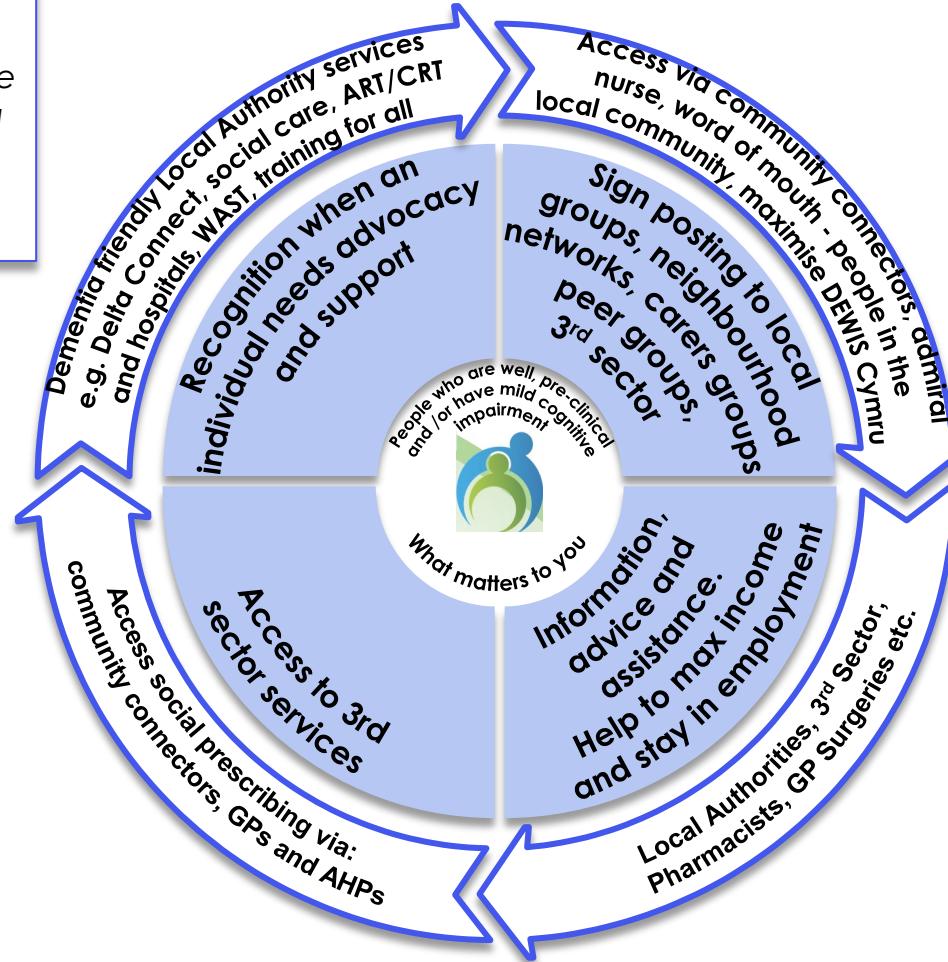


# What good looks like for West Wales – The draft dementia wellbeing pathway

## Recognition, Identification, Support and Training

### Each person gets fair access to care regardless of diagnosis

We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.

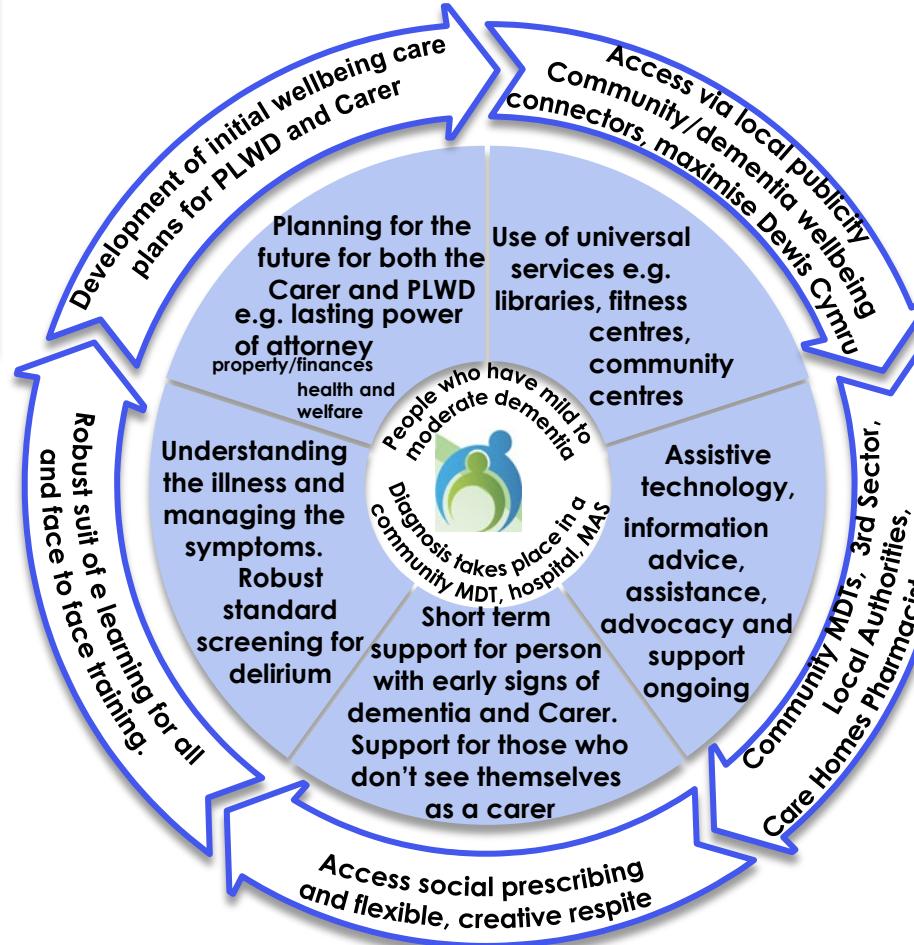


# What good looks like for West Wales – The draft dementia wellbeing pathway

## Assessment and diagnosis

### **Each person is seen as an individual**

We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.



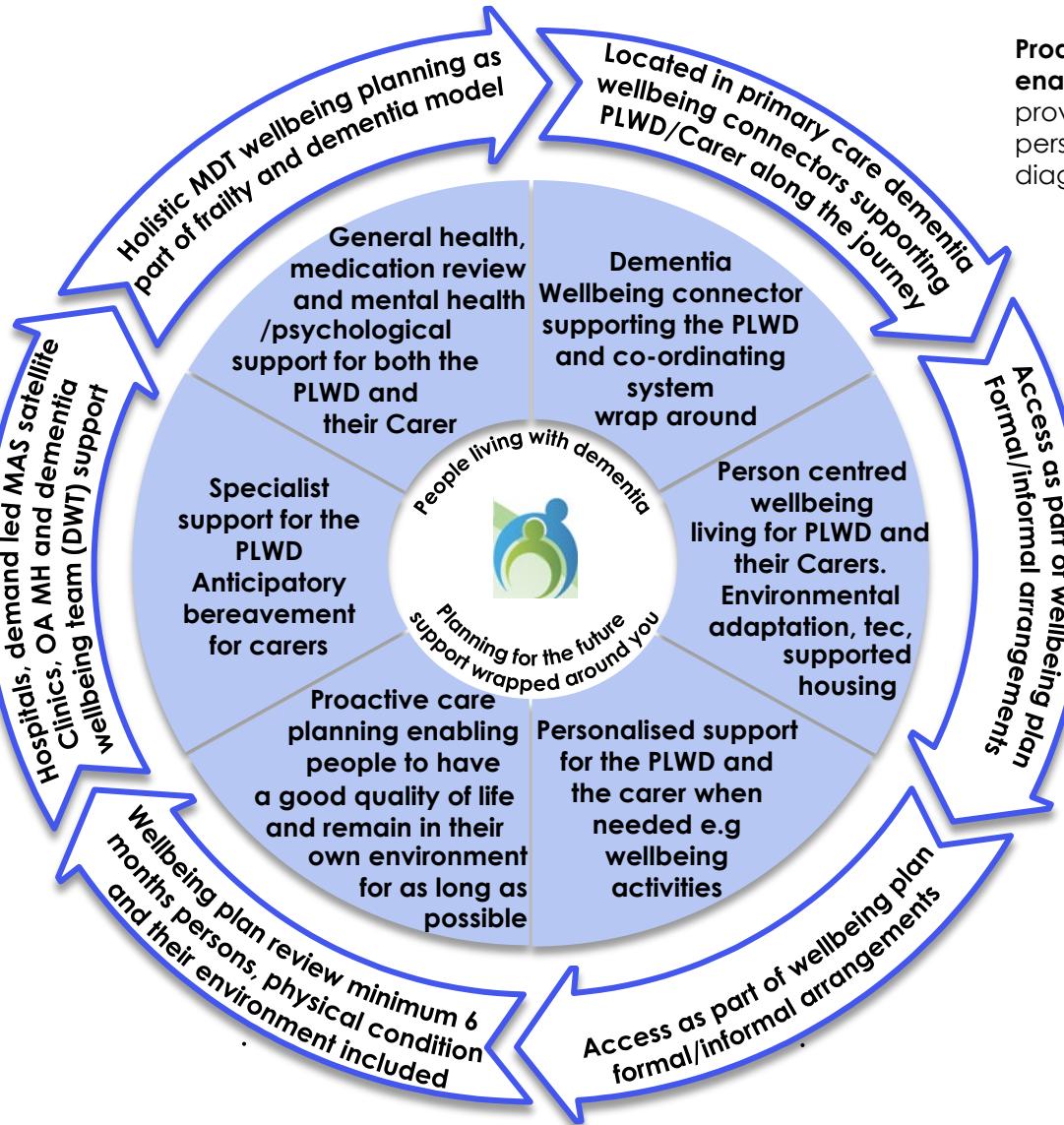
# What good looks like for West Wales – The draft dementia wellbeing pathway

## Living well with dementia

### Care is co-ordinated

We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future. We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.

Page 38



Proactive care planning through **HOLISTIC** MDT (colleagues enabled to attend virtually) - consistent regional approach, providing stable support and wellbeing plan around the person and where appropriate, their carer, regardless of diagnosis including:

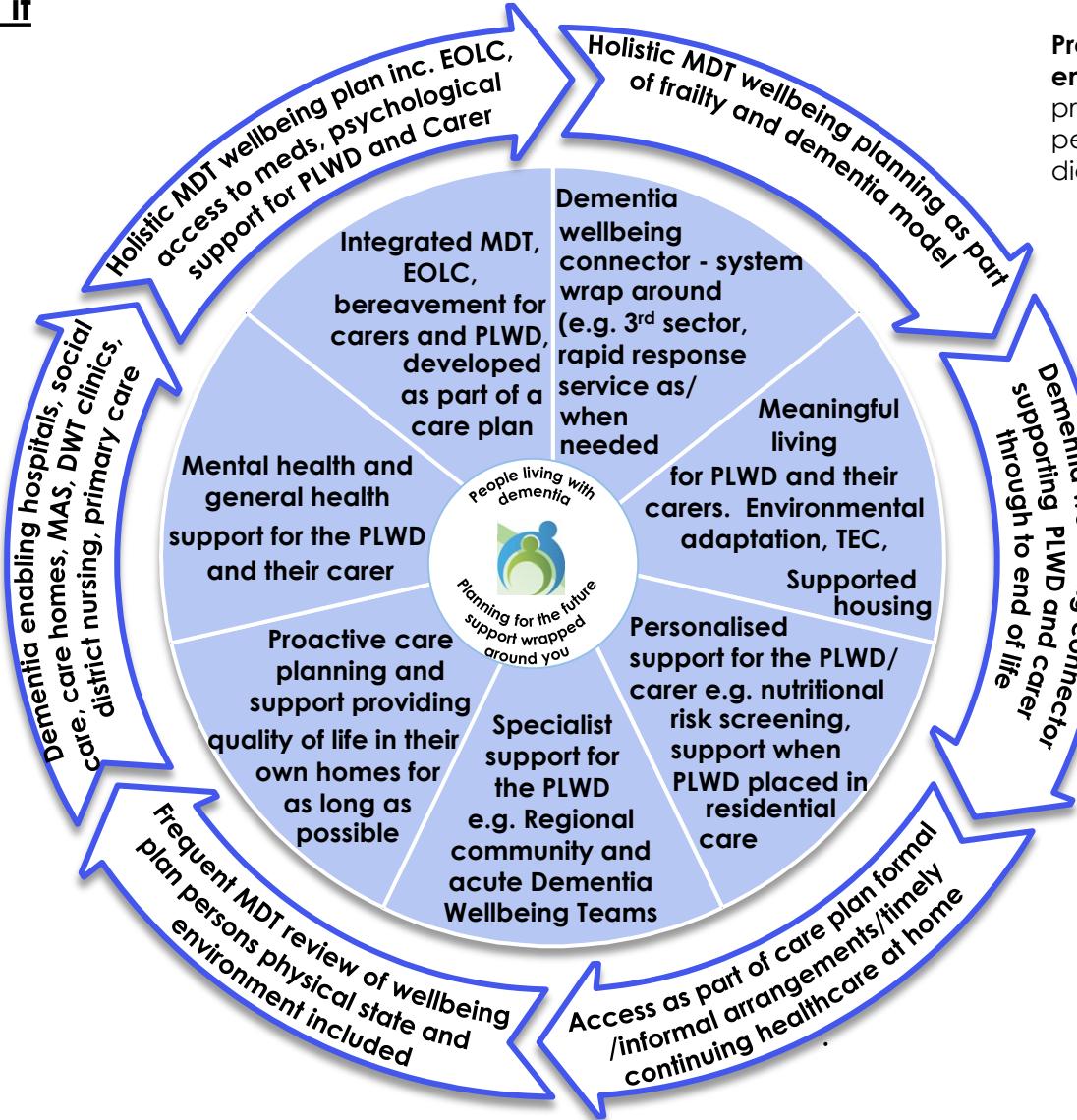
- Dementia wellbeing connector
- GP
- Advocate
- Social care
- District nurse (DN)
- Allied health professionals (AHPs) e.g. OTs, physio, dietetics, speech and language etc.
- Key workers/ assistive technology lead
- Admiral nurse
- Primary care
- 3<sup>rd</sup> sector
- Pharmacist
- Psychologist
- Care homes
- Older Adult mental health
- Adult MH for young onset
- Advice and advice on training as required from DWTs in the community and acute settings
- Secondary care and SPC consultants as required

# What good looks like for West Wales – The draft dementia wellbeing pathway

## Increased support when you need it

### All staff are prepared to care

Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.



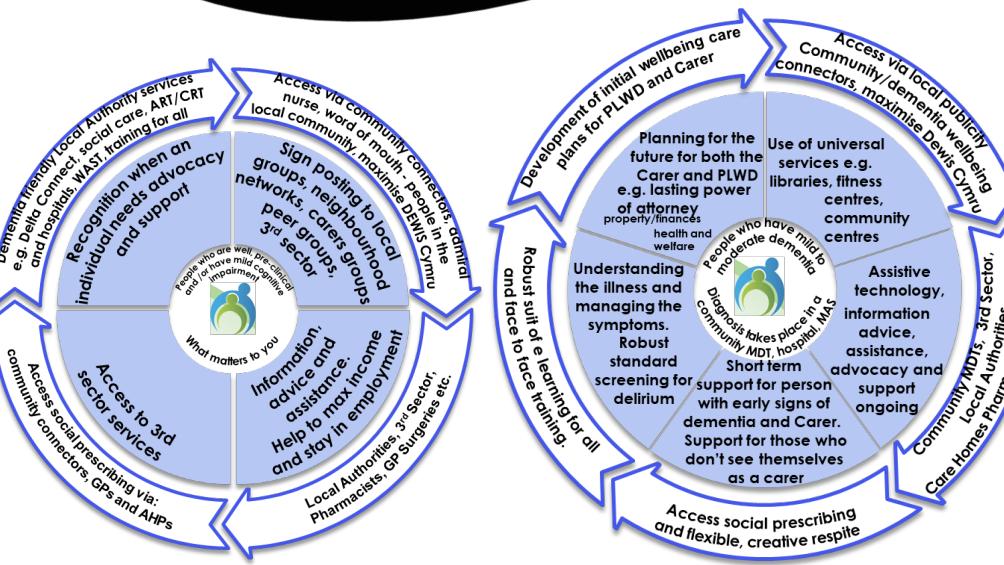
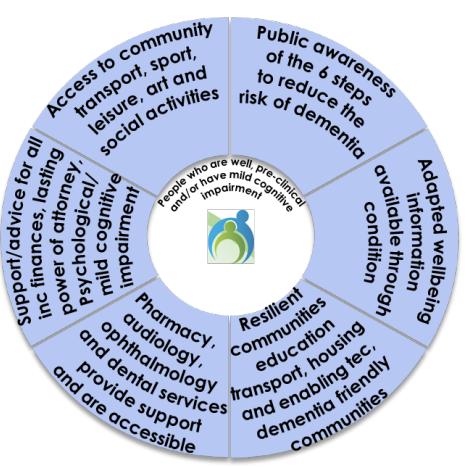
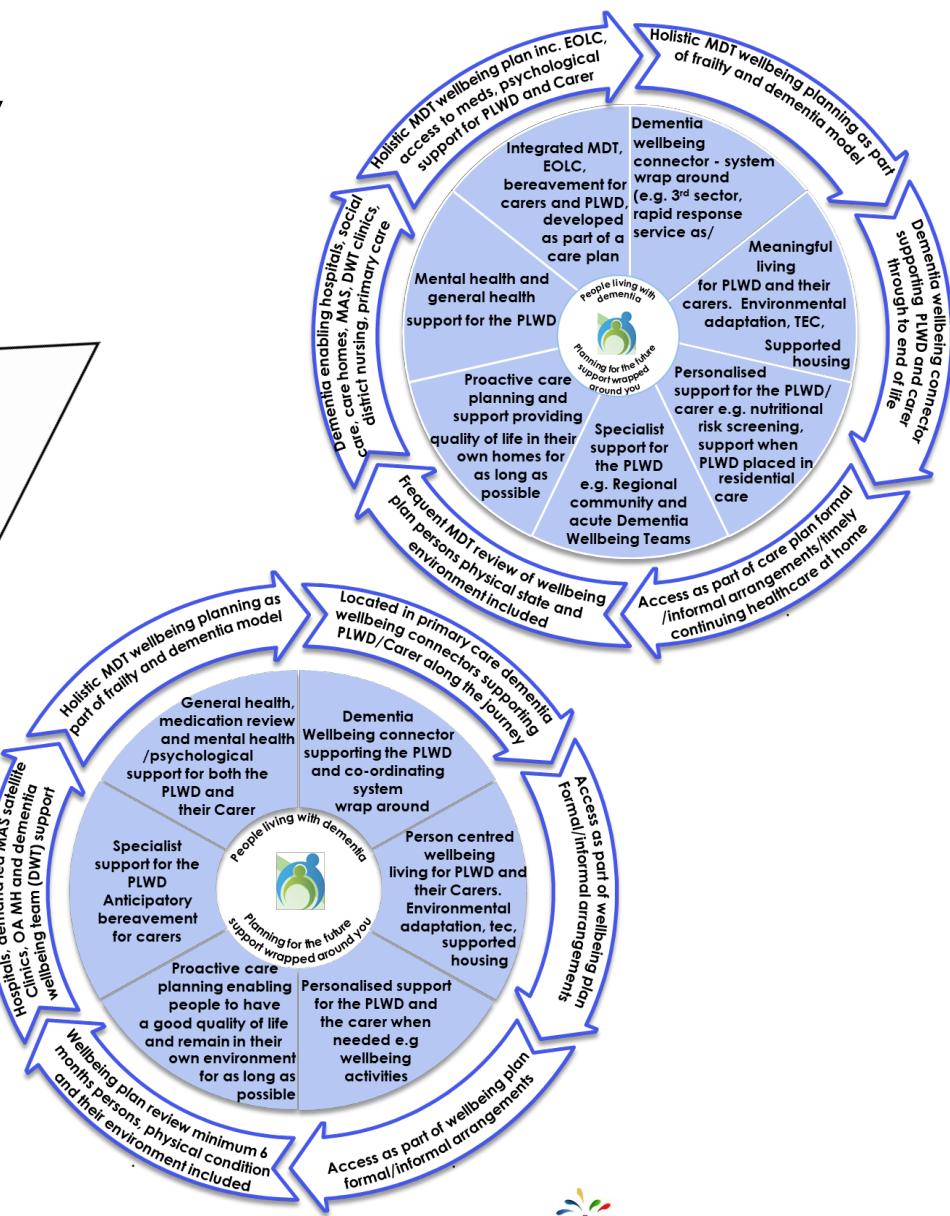
**Proactive care planning through HOLISTIC MDT (colleagues enabled to attend virtually) - consistent regional approach,** providing stable support and wellbeing plan around the person and where appropriate, their carer, regardless of diagnosis including:

- Dementia wellbeing connector
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- Primary care
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- Pharmacist
- Psychologist
- Care homes
- Older Adult mental health
- Adult MH for young onset
- Advice and advice on training as required from DWTs in the community and acute settings
- Secondary care and SPC consultants as required

**Implementation of the Good Work Framework** - we need to consider the learning and development needs of everyone who is affected in some way by dementia. This includes people living with dementia, carers, frontline staff, managers, commissioners, regulators, researchers, shopkeepers, next door neighbours etc. Resulting in people who are informed, people who are skilled and people who can act as influencers

# What good looks like for West Wales – The draft dementia wellbeing pathway

- This pathway places the PLWD and their carer at the centre of service support. It illustrates a new more joined up way of providing services. It is based on best practice and existing services within West Wales.
  - The service model should be underpinned with an agreed set of service operating procedures which need to be developed



# Services aligned to the dementia wellbeing pathway



## Wellbeing, risk reduction and delaying onset, raising awareness and understanding

### Everyday services:

- Community networks and activities
- Sports and leisure activities
- Health and arts activities
- Libraries
- Cinemas
- Shops
- GP surgeries
- Police
- Fire service
- Dentists
- Opticians
- Audiology
- Pharmacies
- Education
- Housing
- Transport

## Recognition, identification support and training

- Information, Advice and Assistance - Local Authority's statutory responsibility. Initial advice and information is provided at the initial entry point into social care.
- Delta - for Carmarthenshire
  - Porth Gofal for Ceredigion
  - XXX for Pembrokeshire
  - Community networks
  - 3<sup>rd</sup> sector services/activities
  - Community/dementia wellbeing connectors/social prescribers
  - Local authority staff e.g. social care support workers, social workers, domiciliary care, Delta Connect,
  - GPs and primary care staff
  - Allied health professionals
  - District nurses
  - CRT/ART teams
  - Care homes
  - Community transport
  - Hospital health staff
  - Welsh ambulance service
  - Everyday services

## Assessment and diagnosis

MDT assessment in the community by trained staff with support from MAS. Hospital based MAS assessment for specialist diagnosis

- Community MDT: Dementia wellbeing connector, GPs, allied health professionals, nurses (all fully trained) see list on wheel 3 MAS – community based
- MAS hospital based
- 3<sup>rd</sup> sector – initial information and support post diagnosis
- Admiral nurse

## Living well with dementia

Community MDT proactively care planning with dementia coordinator

- Person centred wellbeing activities available across the 3 counties to meet the needs of PLWD for both young and old
- Everyday services

## Increased support when you need it

Timely access to services including CHC assessment, care packages agreed regardless of dementia diagnosis

- Dementia wellbeing connector
- Admiral nurse
- CRT/ART – health and social care
- Local authority staff e.g. social care support workers, social workers, domiciliary care, Delta Connect
- Care homes
- GPs and primary care staff
- Allied health professionals
- District nursing
- Specialist palliative care services
- Dementia wellbeing service community
- Dementia Wellbeing service hospitals

# 7. Our approach to Implementing the Dementia Wellbeing Pathway

Page 42

The following slides summarise the priority areas required in order to implement the new dementia strategy and well being pathway.

Along with the co-design of the Dementia Wellbeing Pathway, the priority areas have been identified following extensive stakeholder engagement across West Wales and take into account best practice as well as the All Wales Dementia Action Plan and the recently published All Wales Dementia Care Pathway Standards.

The All Wales Dementia Action Plan 2018-2022: As a signatory to the Glasgow Declaration (1) the Welsh Government has previously committed to promote the rights, dignity and autonomy of people living with dementia. Through their engagement with stakeholders they heard about the positive work of Dementia Action Alliance in developing a series of statements with people living with dementia and their carers (2). We have aligned these statements to our priorities and recommendations.

1) <https://link.edgepilot.com/s/67f68721/ecxOvtDsBECT3n7Rjlzvhg?u=https://www.alzheimer-europe.org/Policy/Glasgow-Declaration-2014>

2) <https://link.edgepilot.com/s/8d37d66b/NmKURNiXoUaKCjtzSUiWhQ?u=https://www.dementiaaction.org.uk/nationaldementiadeclaration>

# Wellbeing, risk reduction, delaying onset, raising awareness and understanding



## Creating dementia friendly communities, making dementia everybody's business

We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.

### What we are doing and our plans in this area:

Implementation of the Good Work framework – Training for <u>ALL</u>	<ul style="list-style-type: none"><li>Refresh the <b>West Wales learning needs analysis training framework</b> and work with <b>partners</b> to <b>implement it</b>. Ensuring that <b>training provided</b> is <b>evidence and rights based approach where appropriate</b> and to also build in <b>training provided</b> by the <b>Welsh Government</b> to help <b>achieve the implementation</b> of the <b>All Wales Dementia Care Pathway of Standards (AWDCPS)</b></li><li><b>All staff</b>, including those in everyday services and services such as <b>domiciliary care and care homes</b>, to be <b>trained to recognise the signs of dementia</b> and be trained in <b>how best to support PLWD</b> - appropriate to the level of contact - from <b>basic understanding</b> to <b>managing behavioural expression of unmet need</b> - enabling generic services (e.g. <b>social work, personal assistants, domiciliary care, care homes, district nursing, OT, physio etc.</b>) to support <b>PLWD especially for those who are deaf, blind and Welsh speakers</b></li><li>Training for all staff in basic understanding to <b>managing person centred care/behavioural expression of unmet need</b> - enabling people to recognise signs, <b>what to expect to support PLWD</b></li><li>Arrange for those <b>professionals</b> who are <b>interested</b> to be <b>trained</b> through the <b>All Wales faculty dementia diagnosis course</b> which is <b>available for all professionals – consider if a bespoke regional training would be appropriate for the West Wales region</b></li><li>Ensure there is access to <b>training in behavioural interventions for carers and domiciliary care providers</b> – preventing unnecessary residential placements <u>All Wales Dementia Care Pathway of Standards (AWDCPS)</u><ul style="list-style-type: none"><li>Within 12 weeks of receiving a diagnosis, <b>PLWD</b> will be offered <b>education and information</b> on the importance of <b>physical health activities to support and promote health</b>. (AWDCPS 9)</li><li>Implementing the <b>All Wales expert by experience courses (Licenced by Harvard university)</b> - <b>PLWD, carers</b> and families will be offered <b>learning, education and skills training</b>. This offer will be <b>stage appropriate</b> and will be provided at <b>significant parts of a person's journey</b>. It will include a range of <b>peer support and shared experience opportunities</b>. (AWDCPS 10)</li><li>All staff delivering care at all levels within all disciplines and settings, will have the opportunity to participate in <b>person centred learning and development</b> with support to <b>implement into daily practice</b>. This will be a joint regional approach to identifying a range of learning and development opportunities including quality improvement. (AWDCP 17)</li></ul></li></ul>
Communication, raising awareness enabling access to timely information/services	<ul style="list-style-type: none"><li>Promote the UK and Welsh Government <b>public health messages</b> across the region</li><li>Raise awareness of <b>young onset dementia</b> and <b>develop a clear service offer</b></li><li>Carers and people living with dementia (PLWD) need <b>clear and accessible information connecting them to local peer groups for support</b> at the <b>outset</b></li><li>Maximise the use of <b>DEWIS</b> across the region by <b>professionals</b> and the <b>public</b></li><li>Create a <b>standard approach across organisations</b> for the <b>provision of information</b> to <b>PLWD</b> and their <b>carers</b></li><li>Primary care consider how <b>PLWD</b> access <b>GP appointments</b> - PLWD may not be able to get past the receptionist or the triage system if living on their own</li><li>The introduction of a <b>Dementia wellbeing connector role</b>, which will work with <b>local services</b> within the <b>communities</b> they are <b>aligned to</b> and will enable <b>better access</b> to <b>everyday services</b> such as dentists, opticians and GP surgeries</li><li>Develop a range of <b>individual and group based physical and activity based interventions</b> and <b>opportunities</b> that are <b>person centred</b> for <b>PLWD</b> to access</li><li>Recognise that <b>transport</b>, particularly in <b>rural areas</b>, to <b>get people to community activities</b> is challenging and <b>identify ways</b> of addressing this</li></ul>

# Recognition, identification support and training



## Each person gets fair access to care

We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.

### What we are doing and our plans in this area

Proactively supporting people	<ul style="list-style-type: none"><li><b>Strengthen access to local networks across the region</b> for those with <b>mild cognitive impairment</b> and for <b>those with dementia</b></li><li>Ensure <b>dementia</b> is an <b>indicator</b> as part of <b>risk stratification within primary care</b> and PLWD and their carers who require support <b>receive proactive MDT care planning with support from the Dementia wellbeing connector</b></li><li><b>Develop a proactive case management approach (shared care/decision making)</b> through <b>MDT working, developing plans</b> to lower the <b>likelihood</b> of <b>PLWD hitting crisis</b>, even for those who don't have a diagnosis</li></ul>
All Wales Dementia Care Pathway of Standards (AWDCPS)	<ul style="list-style-type: none"><li>People living with <b>Mild Cognitive Impairment (MCI)</b> will be offered a choice of holistic services monitoring their physical, mental health and wellbeing, with reviews taking place as a minimum six monthly. This will include a range of options including <b>peer support</b>. Signposting and <b>community resources</b> should be at the centre of all intervention (AWDCPS 8).</li></ul>
Support regardless of diagnosis	<ul style="list-style-type: none"><li>Carers and people suspected of highly likely living with dementia to <b>access clear and accessible information</b> connecting them to <b>local peer groups for support at the outset</b></li><li>Carers and people suspected of highly likely living with dementia receive <b>advice</b> and <b>support</b> in relation to managing their every day lives throughout their journey</li><li><b>Community activities</b> need <b>developing</b> and <b>co-ordinating</b> for people suspected of highly likely living with dementia and their carers – <b>activities</b> should be <b>person centred</b> and be <b>available regardless of diagnosis</b></li></ul>
Enabling structures	<ul style="list-style-type: none"><li>Develop a <b>regional strategic/co-ordinated approach</b> to <b>supporting carers</b> – consider top slicing the dementia ICF funding to be included in the carers' ICF funding, thereby ensuring all carers' services support those who are caring for people living with dementia</li><li><b>Review CHC assessments</b> which have taken place over the past 18 months to <b>identify whether people are accessing CHC regardless of a dementia diagnosis</b> – develop a report and action plan to address, if needed</li><li>Develop a <b>comprehensive communication programme</b> to <b>promote</b> the <b>strategy</b> and its <b>messages</b>. Keep the plan alive and ensure the <b>public</b> are <b>aware</b> of any <b>new service developments</b> in their area or across the region. Regularly report progress and review the plan via the WWCP Dementia Steering Group</li></ul>

# Assessment and diagnosis



## Each person is seen as an individual

We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.

### What we are doing and our plans in this area

#### Getting the diagnosis pathway and information right first time

- Develop a **regional diagnosis pathway**, maximising the use of AHPs, designing new ways to diagnose in the community, develop an **outline business case** to implement the new pathway with modelled resourcing. The **new pathway** will include the implementation of the AWDCPS: 3, 5, 6, 7 and 15 – (See standards below).
- Ensure the **new pathway includes a formal process for acute hospital consultant diagnosis** and **READ codes included into discharge papers** – so care homes and GPs are made aware
- Following the recent development of an outline business case, develop a **full business case** for the **Dementia wellbeing connector role**, to include system savings aligned to a phased roll out. **WWCP dementia steering group to agree the preferred option**. Develop plan to implement the new role.

#### All Wales Dementia Care Pathway of Standards (AWDCPS)

- **Memory Assessment Services (MAS) and Primary Care (GP) will adopt the READ Codes**. Those diagnosed with dementia within **settings outside of MAS** (including primary care, community resource teams, psychiatric liaison and neurology) will provide the GP and MAS the specific READ Code within **two weeks of a diagnosis** (AWDCPS 3)
- **Health and social care services will provide the correct information to assist MAS** when they **undertake assessments** and in **providing diagnosis**. This will also support the person to manage any identified daily living difficulties. (AWDCPS 5)
- **MAS, within a 12 week period from point of referral, will provide a range of interventions** (listed in the AWDCPS 6) to support diagnosis. Consider what digital platforms and other adaptions and approaches are needed to enable the implementation of this standard.
- **People will have access to a contact that can provide emotional support throughout the assessment period and over the next 48 hours after receiving a diagnosis** and ensure following this period, it is offered as required. (AWDCPS7)
- **People within 12 weeks of being diagnosed with dementia will be offered support to commence planning for the future**, including end of life care. This offer will include the opportunity to revisit and update this plan throughout the person's journey. Where appropriate, representation and the use of advocacy will ensure the rights of the person are upheld. (AWDCPS 15)

#### Supporting those with a learning disability

- **Ensure the processes in place enable a person with a learning disability receives a cognitive wellbeing check**

#### All Wales Dementia Care Pathway of Standards (AWDCPS)

- **Learning Disability (LD) services will define a process to capture the total population of people living with a learning disability** and specifically Down Syndrome to offer a cognitive wellbeing check. (AWDCPS 4)

# Living well with dementia



## Care is co-ordinated

We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part. We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.

### What we are doing and our plans in this area

Enabling people to have health reviews and to attend appointments	<ul style="list-style-type: none"><li>Following sign off of the full business case, roll out of the <b>Dementia wellbeing connector service</b> which will promote <b>proactive care planning</b> through <b>HOLISTIC MDT - consistent approach across the region</b>, providing <b>stable support wellbeing plan around the person – develop a regional holistic care plan template</b></li><li><b>Dementia wellbeing connector to co-ordinate support throughout a person's journey</b></li><li><b>Develop a pre and post diagnostic service (PPDS) standard operating procedure. This will set out expectations, processes and data recording requirements from the PPDS.</b></li><li>Develop a <b>consistent approach to medication monitoring, review and prescribing in primary care across the region</b></li></ul> <p>All Wales Dementia Care Pathway of Standards (AWDCPS)</p> <ul style="list-style-type: none"><li><b>PLWD will have a current face to face appointment</b> where a <b>physical health review</b> will be <b>delivered in partnership by primary and secondary care</b>. Where there is justifiable reason for not providing a face to face appointment, a physical health review will be delivered by other approaches i.e. digital platforms, telephone consultation. (AWDCPS 14)</li><li><b>PLWD, their carers and families</b> will have <b>support and assistance to engage with appointments</b>. This will avoid receiving multiple health and social care appointments that can overwhelm, confuse and isolate the person. Practical streamlining of operational processes will support the service to avoid duplication and maximise opportunities to exercise prudent principles to service delivery. (AWDCPS 18)</li></ul>
Page 46 System wide response	<ul style="list-style-type: none"><li><b>Support PLWD to live well; continue with implementing the Journey Through Dementia OT programme</b> which includes implementing '<b>dementia-friendly design principles</b>' <b>within peoples own environments</b> and <b>any new building or service</b></li><li>Ensure <b>employers assess</b> for and <b>implement reasonable adjustments</b> to enable the <b>PLWD to work</b></li><li><b>Regardless of diagnosis, Dementia wellbeing connector</b> role to act as the <b>co-ordinator</b> for the <b>PLWD reducing the likelihood of them or their carer having to repeat their story</b> or to be accountable for relaying information between services – <b>capturing the essence of who the person was</b> - explore using the patient knows best APP</li><li><b>Review ALL initiatives currently funded by the Regional Integrated Fund, evidencing outcomes, align funding to implement strategic priorities, ensure any new way of working is fully resourced</b></li><li>Consider whether <b>social workers from each county and 3rd sector colleagues</b> could <b>become part</b> of the <b>regional dementia wellbeing community team</b></li><li><b>Review community activities</b> available <b>across the region</b> for PLWD and support activities for carers. <b>Address gaps, including activities</b> for those with <b>young onset dementia</b></li><li><b>Maximise the use of technology</b>, for <b>professionals, PLWD and their carer</b> e.g. connect carers to support via an APP on the hospital bed Ipads</li><li><b>Implement the remaining actions</b> from the <b>All Wales Dementia Action plan</b></li><li><b>Identify an area</b> in which to <b>implement the All Wales Dementia Care pathway Standards</b> in line with the 2 year programme of work outlined in the standards. (AWDCPS 1)</li></ul> <p>All Wales Dementia Care Pathway of Standards (AWDCPS)</p> <ul style="list-style-type: none"><li><b>Services at the points of contact will provide reasonable adjustments</b> to care that is meeting the person's needs and personal preferences. (All Wales Dementia Care Pathway Standard 2)</li><li><b>Person-centred reasonable adjustments will support the person to live well by maximising their independence and ability to participate in their communities.</b> (All Wales Dementia Care Pathway Standard 2)</li><li>People living with dementia and their carers will have a <b>named contact (connector) to offer support, advice and signposting, throughout their journey from diagnosis to end of life.</b> (AWDCPS 12)</li><li>People living with dementia will have <b>access, when needed, to relevant</b> (and when accessing mental health services) <b>dedicated services post diagnosis no matter their residence</b>. This identifies with the care and <b>team wrapped around the individual</b> (AWDCPS 13)</li><li>Organisations and care settings providing <b>intensive dementia care</b> (this includes mental health and learning disabilities inpatient settings) <b>implement the dementia care mapping tool</b> to evaluate and learn about <b>person-centred enabling practice</b>. Supporting <b>clinical reasoning and decision making</b>. Mental health DCM services will offer DCM support to acute care, prisons and care homes settings. (AWDCPS 16)</li><li><b>Working in partnership</b>, the <b>region will deliver</b> on the requirements of the <b>agreed data items</b> (measurement workbook) for <b>reporting and assurance</b>. (AWDCPS 20)</li></ul>

# Increased support when you need it



## All staff are prepared to care

Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.

### What we are doing and our plans in this area

#### Consistent care while in hospital

- Optimise patients' wellbeing while in hospital through **admissions** and **discharge check list** - diagnosed, working diagnosis etc. Fully adopt the **Dementia Friendly Hospital charter**, raising awareness among staff and volunteers, preventing issues such as **personal effects getting lost** or **hearing aids not being put in correctly** – develop action plan to implement and regularly review through the **WWCP Dementia Steering group**
- Ensure hospital staff are trained to understand what power of attorney for health means  
All Wales Dementia Care Pathway of Standards (AWDCPS)
- Wales will adopt the **Dementia Friendly Hospital Charter** with a regular review of implementation and outcomes. (AWDCPS 11).

#### Maximise the power of MDT working, accessing support when you need it

- Develop a **regional, standard, interdisciplinary care plan** and through **proactive MDT working which enables colleagues to join virtually, and shared decision making with the patient and carer, plan ahead to prevent crisis** as well as to increase support as and when it is needed including **agreeing ceilings of care** - consider if the plan should be placed in an APP that can be accessed by the patient, carers and colleagues
- **Maximise the circle of support** e.g. **community transport** colleagues can help MDTs by **providing relevant information** in relation to the patient
- Ensure that **organisations communicate with each other** rather than PWLD or their carers having to co-ordinate communication across services
- Identify when the **carer lives outside the region** to ensure they have **local information** to enable the person they are caring for to access services in their local area
- Ensure that there is an **crisis contingency care plan in place for the PLWD and their carer** and that the **carer can also access support when they need it**
- **Training in person centred behavioural expressions of unmet need** is needed - **implement the dementia recognition tool across the region** which can help the development of behavioural management plans, key behaviours and identifying what interventions can be used

All Wales Dementia Care Pathway of Standards (AWDCPS)

- Services will ensure that when a person living with dementia has to **change or move between any settings or services**, **care with supportive interventions** will be appropriately coordinated to enable the person to consider and adapt to the changed environment. This will ensure that **all care partners will communicate and work jointly with each other to support a seamless transition**. (AWDCPS 19).

# Delivering the initiatives through programme management

In addition to developing the vision, service model pathway, strategy, Attain were asked to review existing regional governance to ensure robust, multi-agency ownership of the ICF Plan, its delivery and evaluation. To begin with Attain highlighted what good programme management looks like (for more detail see appendix 3)

The following slides describe the proposed programme management framework for the Regional Dementia Programme.

What does good programme management look like?



# Proposed Delivery Approach: Programme Workstream Management

Page 49

Workstream Management

Project Management

Resource Management

Financial Management

Workstream Planning

Projects / Initiatives

Prioritisation

**Project Execution / Monitoring**

Workstream Management & Regular Review

Planning Cycle / Prioritise

Initiate

Plan

Execute

Close

Capacity Planning

Processes & Scheduling

Assignment

Utilisation of resources

Cost / Benefit Analysis

Budgeting / Forecasting

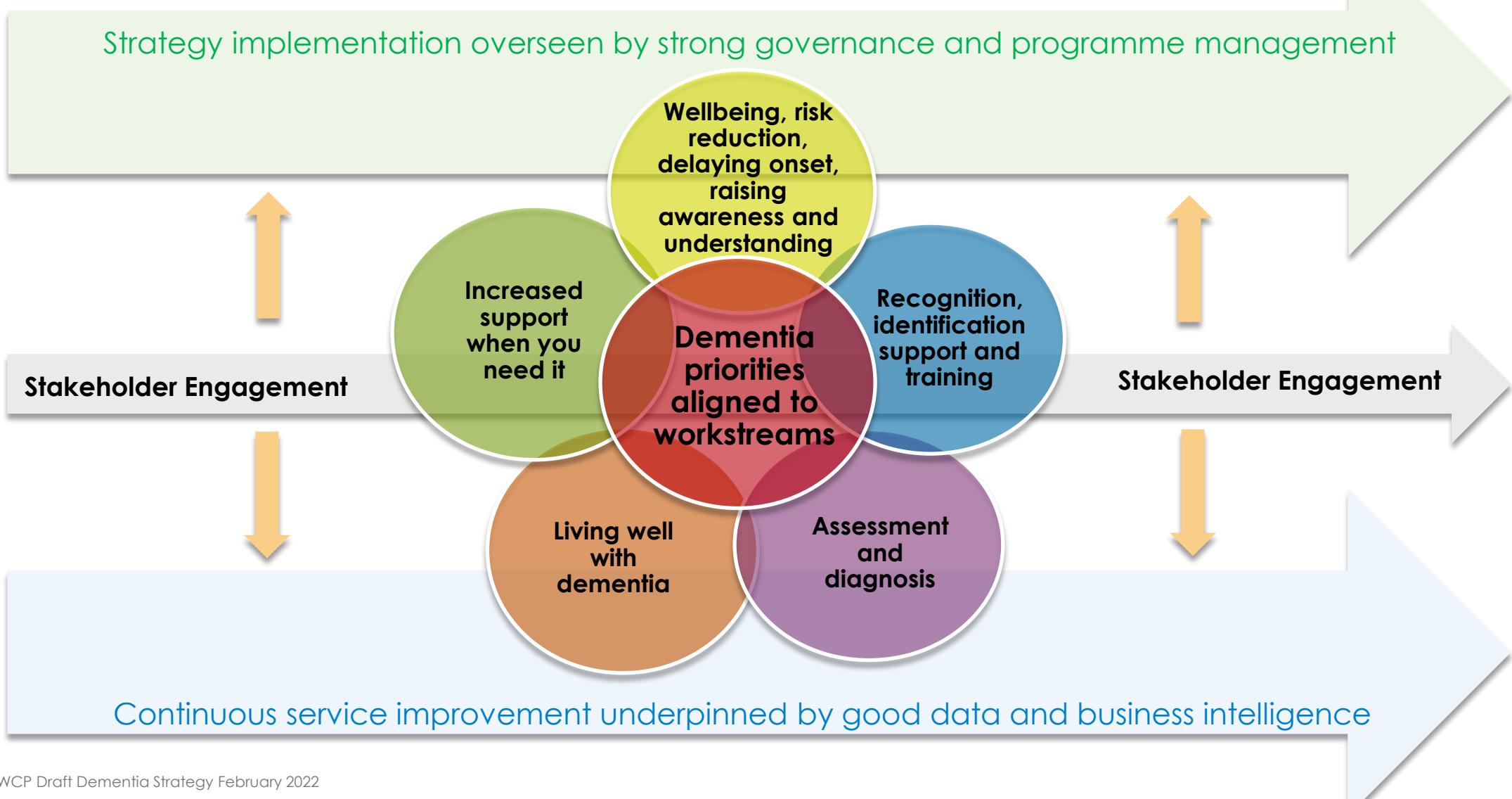
Benefits / Value

# Approach to implementing the Dementia strategy and Wellbeing Pathway

WWCP Dementia Service Transformation Programme



Page 50



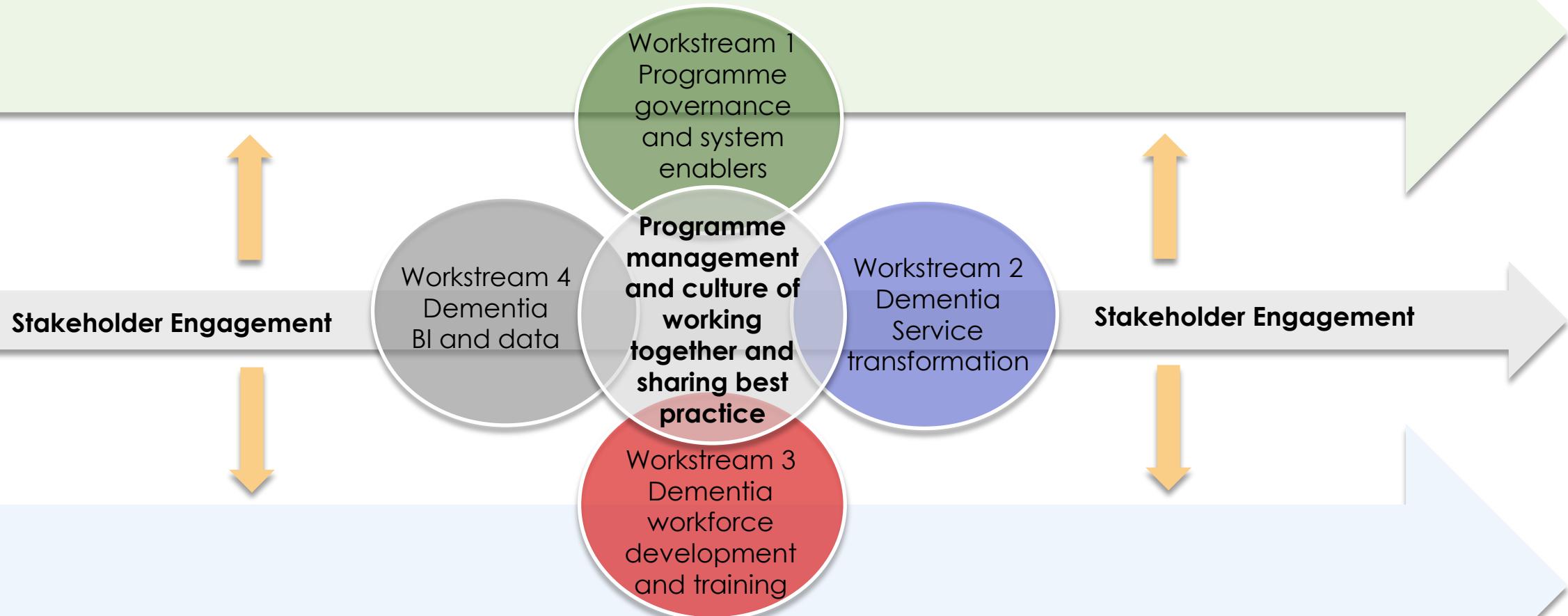
# Proposed workstreams to deliver the WWCP Dementia strategy

WWCP Dementia Service Transformation Programme



Strategy development and implementation overseen by strong governance and programme management

Page 51



Continuous service improvement underpinned by good data and business intelligence

Period of service transformation is 5 years

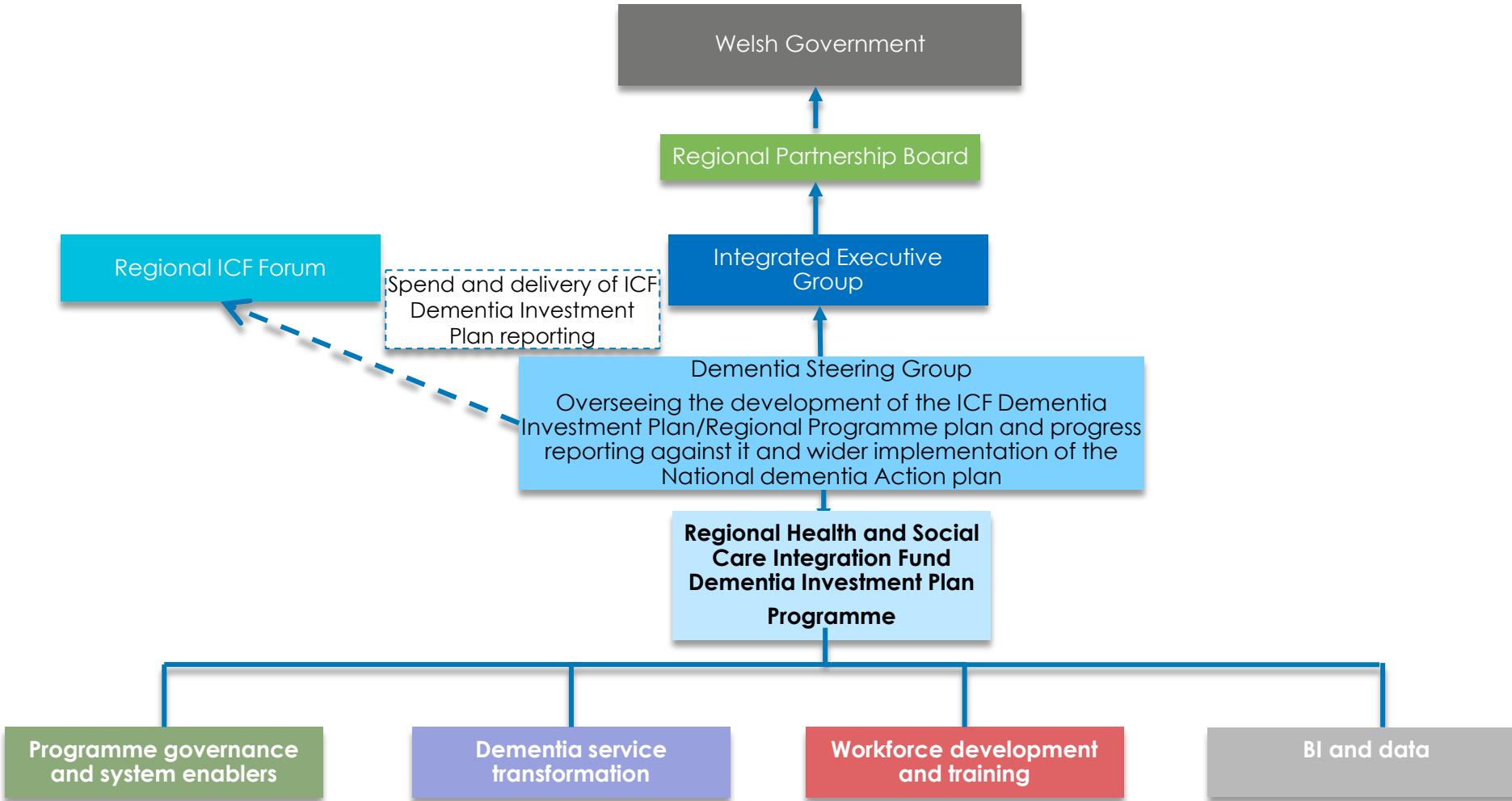
# Proposed Delivery Approach: Portfolio Management



The below indicative set of portfolios will provide structure to deliver the next phase of work developing the dementia strategy/programme plan. The dementia strategy priorities are in line with the All Wales dementia care pathway standards and builds on the current good practice already in place. The dementia priorities should be led by a senior leader within the system and will be overseen by an SRO, along with the WWCP dementia steering group. However, the whole programme of work will also be overseen by the Integrated Executive Group and the Regional Partnership Board. Resources will need to be identified over the life of the programme to enable continuation of service delivery while frontline staff work to design and develop the services.

Programme governance and system enablers	Dementia service transformation	Workforce development and training	BI and data
<p>Implementation of the regional dementia strategy fully signed up to by the WWCP. Robust achievable implementation plans.</p>	<p>Implement recommendations stemming from the dementia strategy that relate to service transformation.</p>	<p>Implement priorities stemming from the dementia strategy that relate to workforce development and training.</p>	<p>Implement priorities stemming from the dementia strategy that relate to a uniform approach to collection of business intelligence and outcomes.</p>
<p>Recruit regional programme manager</p> <p>Regional programme plan developed to deliver the strategy recommendations.</p> <ul style="list-style-type: none"> <li>• WWCP programme governance structure</li> <li>• Oversight of 2021/22 projects and allocation for 2022 onwards</li> <li>• Enable data intelligence to support decision making and planning</li> <li>• Set up and implement the enabling structures stemming from the recommendations within the strategy</li> <li>• Communication plan running alongside the strategy, raising awareness, promoting service developments locally</li> </ul>	<ul style="list-style-type: none"> <li>• Proactively supporting people</li> <li>• Support regardless of diagnosis</li> <li>• Getting the diagnosis pathway and information right first time</li> <li>• Supporting those with a learning disability</li> <li>• Enabling people to have health reviews and to attend appointments</li> <li>• Actions in relation to implementing a system wide response</li> <li>• Consistent care while in hospital</li> <li>• Maximise the power of MDT working, accessing support when people need it</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the Good Work framework – Training for ALL and recommendations in the strategy relating to training e.g. Refresh the West Wales learning needs analysis training framework, work with partners to implement it. Ensuring that all training provided is evidenced based</li> <li>• Development of a workforce plan to support service transformation delivery</li> <li>• Support the development of the dementia recognition tool</li> <li>• Take forward the development and role out of the Dementia wellbeing connector role</li> </ul>	<ul style="list-style-type: none"> <li>• Data driving change – develop ICF dementia programme performance dashboard</li> <li>• Develop the Dementia wellbeing connector full business case with detailed population needs, workforce and demand and capacity modelling for Dementia wellbeing connector role to provide emotional support throughout the assessment period and over the next 48 hours after receiving a diagnosis</li> <li>• Implementation of the dementia strategy recommendations in relation to BI and data.</li> </ul>

# Proposed Integrated Care Fund (ICF) Dementia Programme Governance Arrangements



# 8. Next steps for 2022/23

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# Next steps

## **Delivering the programme:**

- Agree the rationale to continue funding during 2022/23
- Identify resource to set up and manage the programme of work across partners - recruit to the role
- Create a programme plan, prioritise projects and revise timelines to ensure that there is a realistic and deliverable plan in place. Use Workstream Management as the process for delivery
- Identify Workstream SROs to drive work with PMO support; provide ownership and accountability to deliver
- Regular progress updates should be provided at the monthly WWCP Dementia Steering Group

## **Implementing the strategy:**

- Seek sign off from Integrated Exec Group and Regional Partnership Board, develop communications plan to socialise the strategy so all partners are aware of the direction of travel for dementia services within West Wales.
- Communications plan to cover the life of the strategy, enabling the public to be aware of any new developments in their area
- Update the programme plan with the new service developments required to deliver the dementia wellbeing pathway
- Ensure robust governance is in place to oversee the implementation of the new service initiatives, ensuring all new initiatives take a programme approach reporting progress regularly to the Regional Dementia Steering group

Implementation of the new West Wales Dementia Strategy

# 9. Appendix 1: West Wales Population Analysis

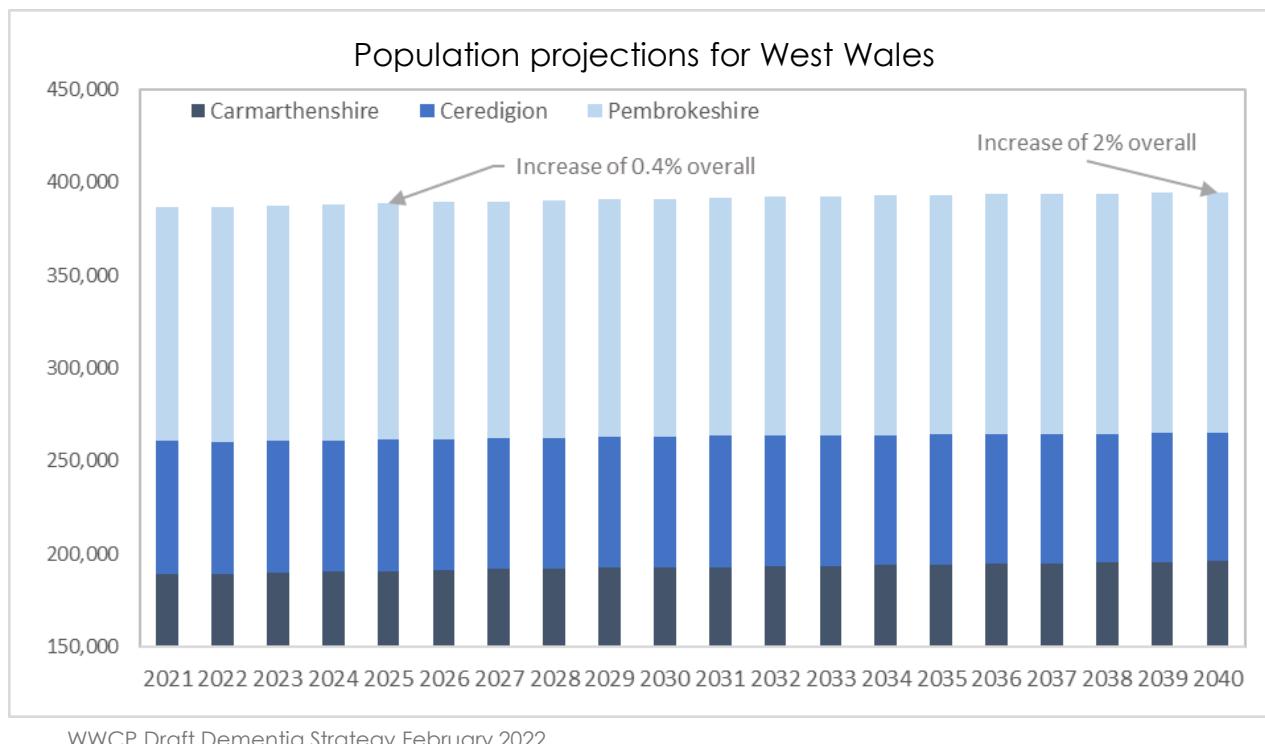
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# West Wales population analysis (ONS)

Overall the population of West Wales looks like it will increase by **0.4% overall by 2025** and by **2% by 2040** (20 years). Pembrokeshire and Carmarthenshire will see the similar population increases of 0.6% and 0.7% by 2025 and 2.7% and 3.5% by 2040. Ceredigion is expected to have a population decrease (0.7% at 2025 and 3% at 2040). However, in terms of age; **all areas are going to see an increase in their elderly populations.**

Overall, the elderly population is set to increase, and the child and working age population decrease

- By 2025 (in 4-5 years) the population of **over 65s is likely to increase by 6%** (over 80s by 11%)
- By 2040 (roughly 20 years from now) the over 65 population is looking likely to increase by 27% and the over 80s 55%
- The over 65s currently make up a quarter of the population. In 5 years around 26.8% and by **2040 it is likely to be nearly a third of the population** with the **over 80s becoming over 10%** (from just over 6% now)



	% change from Current			
	2025	2030	2035	2040
0-4 yrs	96.6%	93.7%	94.2%	97.4%
5-9 yrs	95.1%	91.1%	88.8%	89.4%
10-14 yrs	99.0%	92.2%	88.4%	86.4%
15-19 yrs	109.5%	111.2%	104.3%	99.9%
20-24 yrs	96.6%	107.2%	109.6%	103.3%
25-29 yrs	89.8%	84.1%	93.4%	96.1%
30-34 yrs	97.1%	87.7%	82.2%	91.3%
35-39 yrs	107.1%	106.4%	97.5%	91.6%
40-44 yrs	102.5%	109.2%	108.5%	100.2%
45-49 yrs	94.3%	99.0%	105.0%	104.5%
50-54 yrs	89.4%	81.2%	85.7%	90.5%
55-59 yrs	95.9%	85.7%	78.6%	83.4%
60-64 yrs	111.3%	108.9%	98.2%	90.8%
65-69 yrs	105.7%	120.5%	118.6%	107.7%
70-74 yrs	92.9%	99.5%	114.0%	112.9%
75-79 yrs	115.9%	108.8%	117.7%	135.7%
80-84 yrs	115.8%	141.4%	134.3%	147.4%
85-89 yrs	105.8%	125.6%	155.4%	150.3%
Age 90+	107.8%	120.1%	145.4%	183.6%

# West Wales Dementia (QOF Register)

The data in this pack is an extract from the GP systems using the QOF definition.

Women make up approximately 62% of the registered dementia patients in West Wales but this is partly due to higher life expectancy in the female population

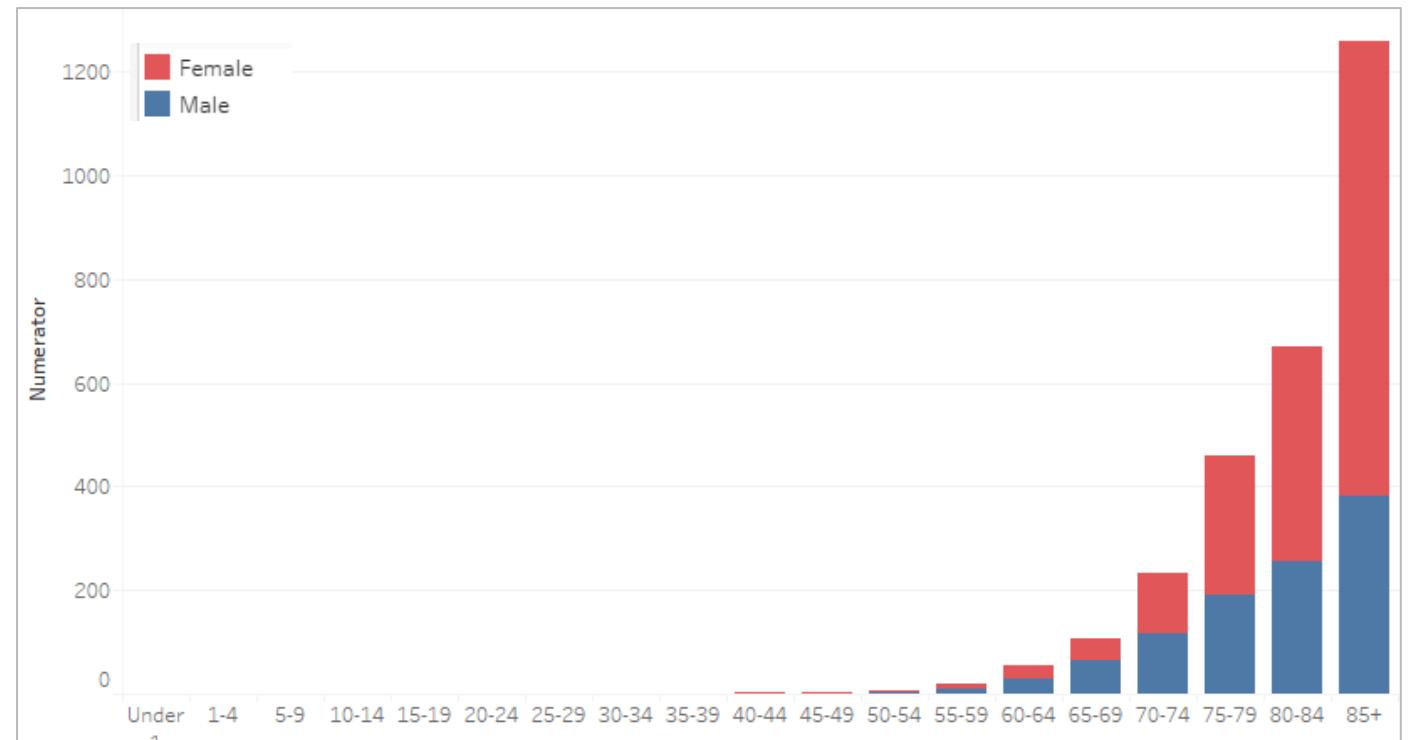
Nearly 50% of the female dementia patients are over 85 years old compared to 36% of the male patients. This means that 45% of the total dementia patients over the age of 85 years old. This age group is set to grow substantially over the next 20 years, and is due to make up over 10% of the West Wales population by 2040. Recent studies show that the incidence of dementia is not increasing substantially but due to increased life expectancy and better outcomes for care, prevalence will continue to increase.

Mortality from dementia became the leading cause of death in the UK in 2015 and has continued to displace other causes of death. Pre-Covid (2020) it represented 12.7% of deaths and that number had grown yearly

The prevalence across the whole population of patients on the QOF register diagnosed with dementia is just over 0.7%. However, the prevalence in the over 60s (people on the register/population in the age group) is 2.3%. Young onset dementia is defined as those under 65 being diagnosed.

These represent a very small number of GP diagnosed cases but potentially a larger portion of the unmet and undiagnosed need

People over 60 represent around a third of the population and 98.9% of the registered dementia patients in West Wales



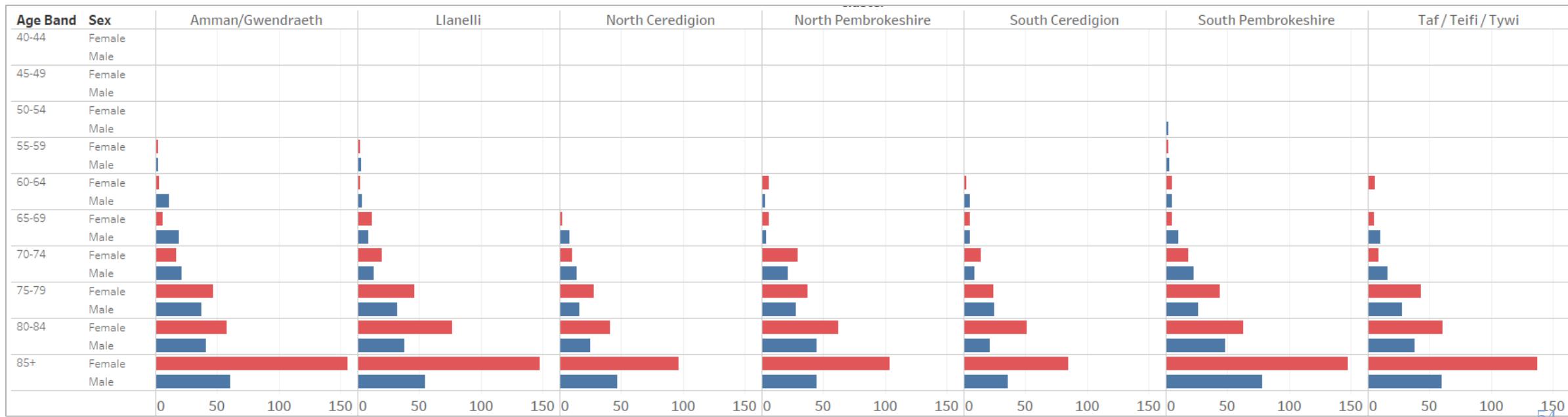
# Dementia by cluster

Carmarthenshire has the largest population of the 3 counties across West Wales, it has around 49% of the whole population and 46% over the Over 65s, with 24% of its own population over 65 years old. They have 48% of the dementia diagnosis. It is also the most rural area of the three counties.

Pembrokeshire GPs have a recorded population with dementia diagnosis of around 870 patients, which represents around 31% of the dementia diagnosis in West Wales. As a county they have 32.5% of the population and 34% of the over 65 population. The over 65 population represents nearly 27% of the total population in Pembrokeshire. However, by 2040 the growth for Pembrokeshire will be 6.6%

Although Ceredigion's population is set to decrease overall, the over 65s is set to increase by over 4% in the next 20 years.

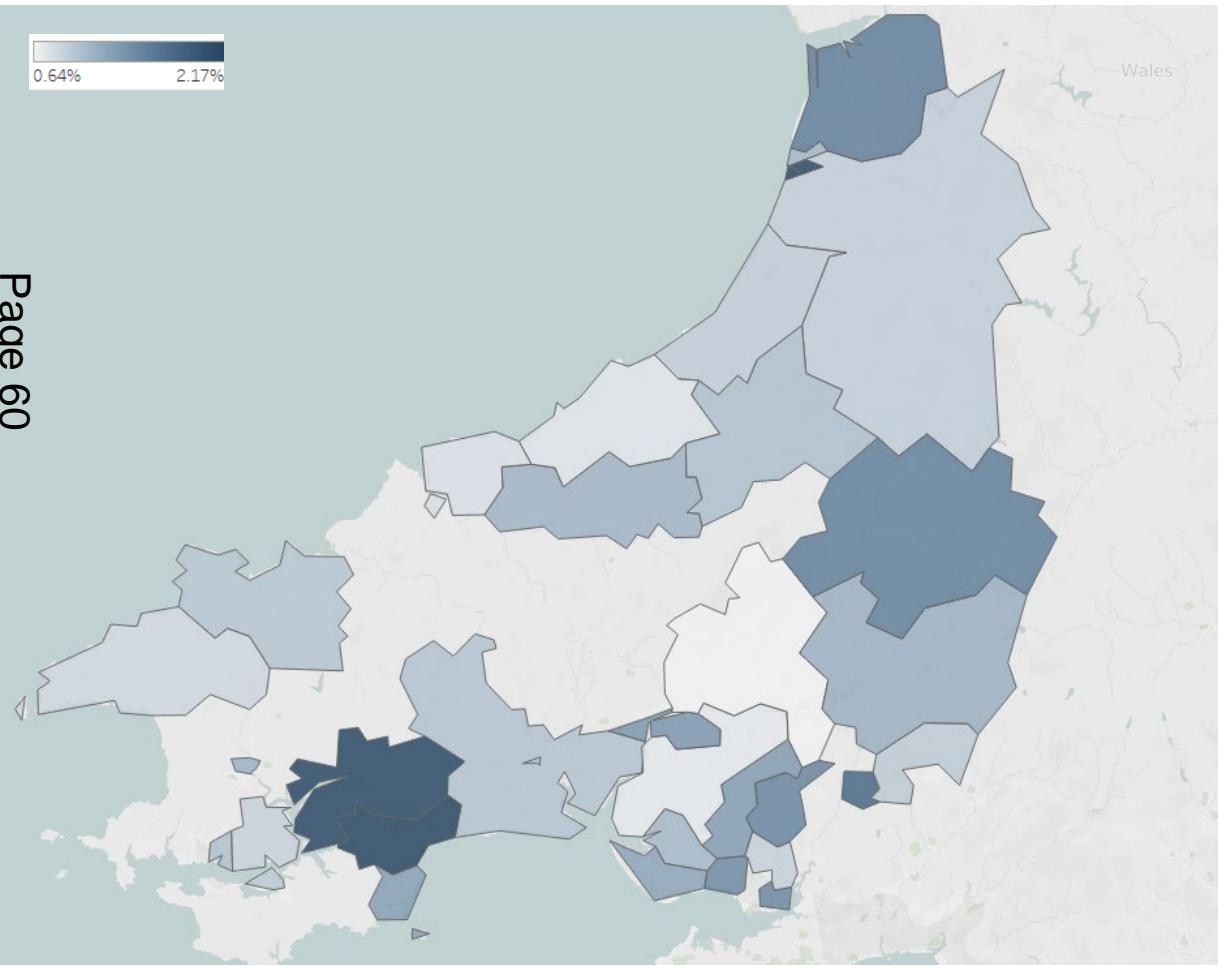
The below graphic shows the male and female actual numbers by cluster and as you can see, the three Carmarthenshire clusters have very high numbers, comparatively, in the female over 85s category. Notably South Pembrokeshire also has high numbers of both male and female over 85s diagnosed with dementia



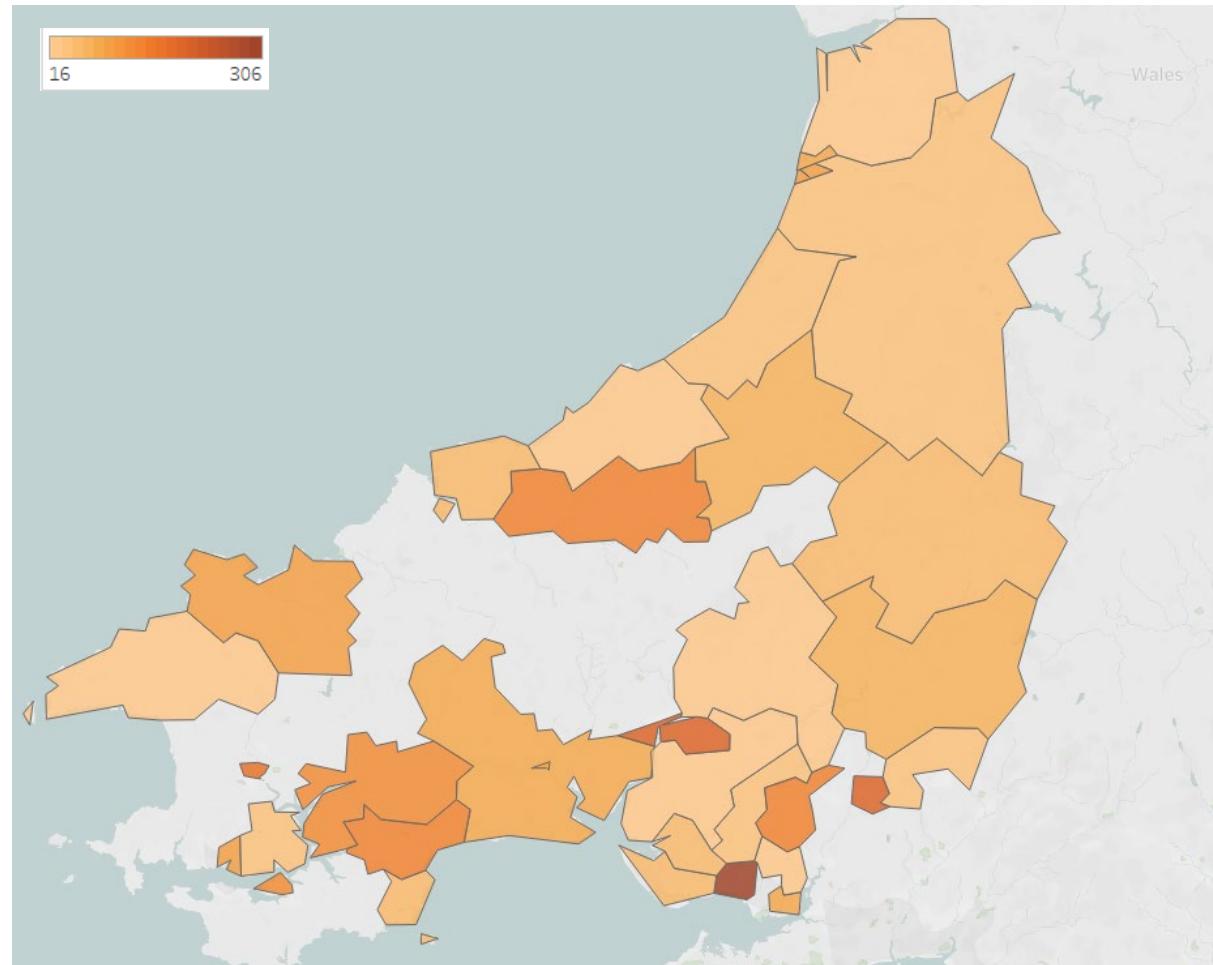
# Map

Lower Layer Super Output Areas (LOSA) data for patients was not available and so the below information shows the pressure for the GP practices at a Middle Layer Super Output Area (MOSA) level which is why there are gaps.

Proportion of over 40s population based on practice list, by MOSA of practice location



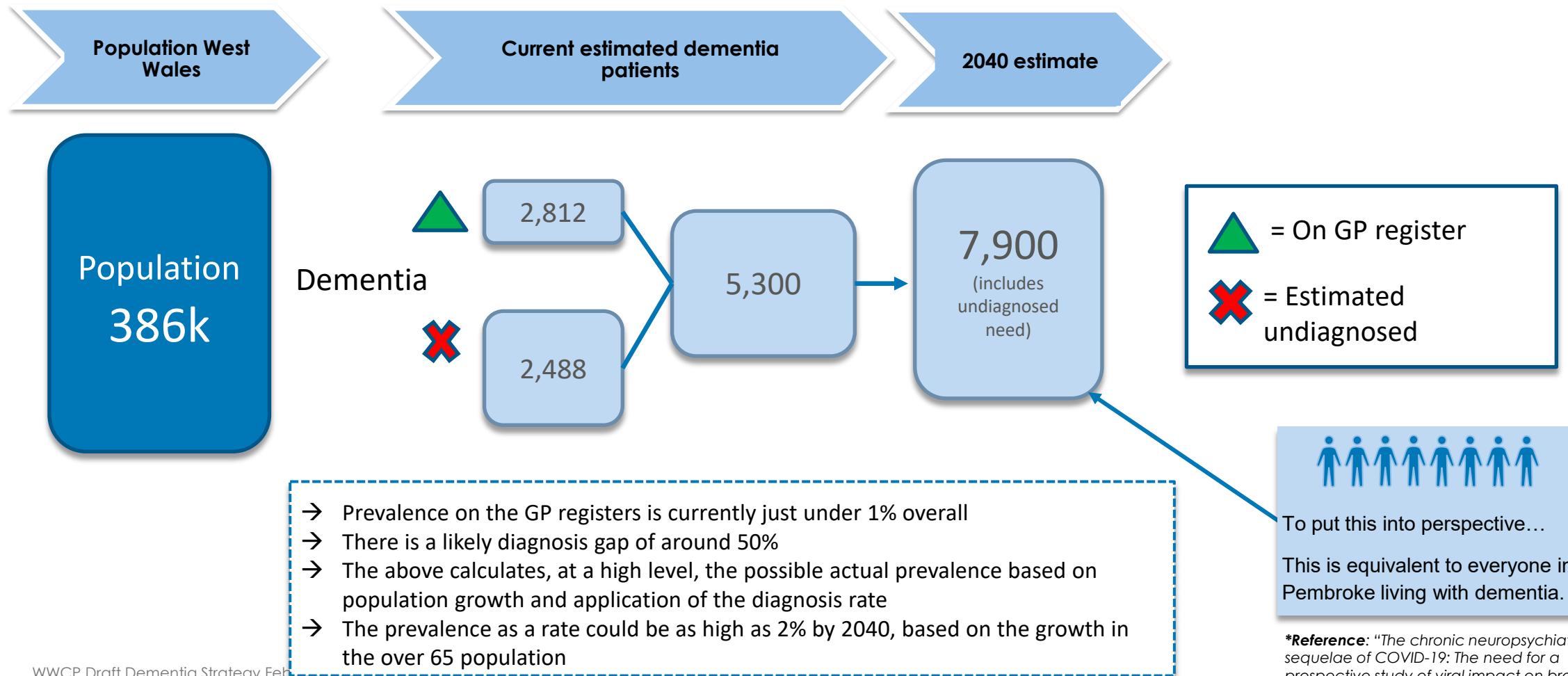
Total diagnoses population based on practice list, by MOSA of practice location



# Dementia- prevalence

The chart below shows the current registered dementia population and the possible undiagnosed level; it then predicts, based on both the undiagnosed rate and population growth, the possible number of patients living with dementia across West Wales by 2040. It is important to note that the impact of COVID-19 on the diagnosis and incidence rate of dementia is still unknown. There is concern that, in some cases, COVID-19 causes damage to the brain and long term this could lead to increased risk of developing dementia\*

Page 61



# Health board comparison

The graph to the right shows the prevalence rates for dementia recorded in the GP registers (according to QOF definitions).

Note, this is likely to be a lower than actual prevalence rate due to using GP registered population from the GP system as the denominator (and not resident population, it also includes all age groups)

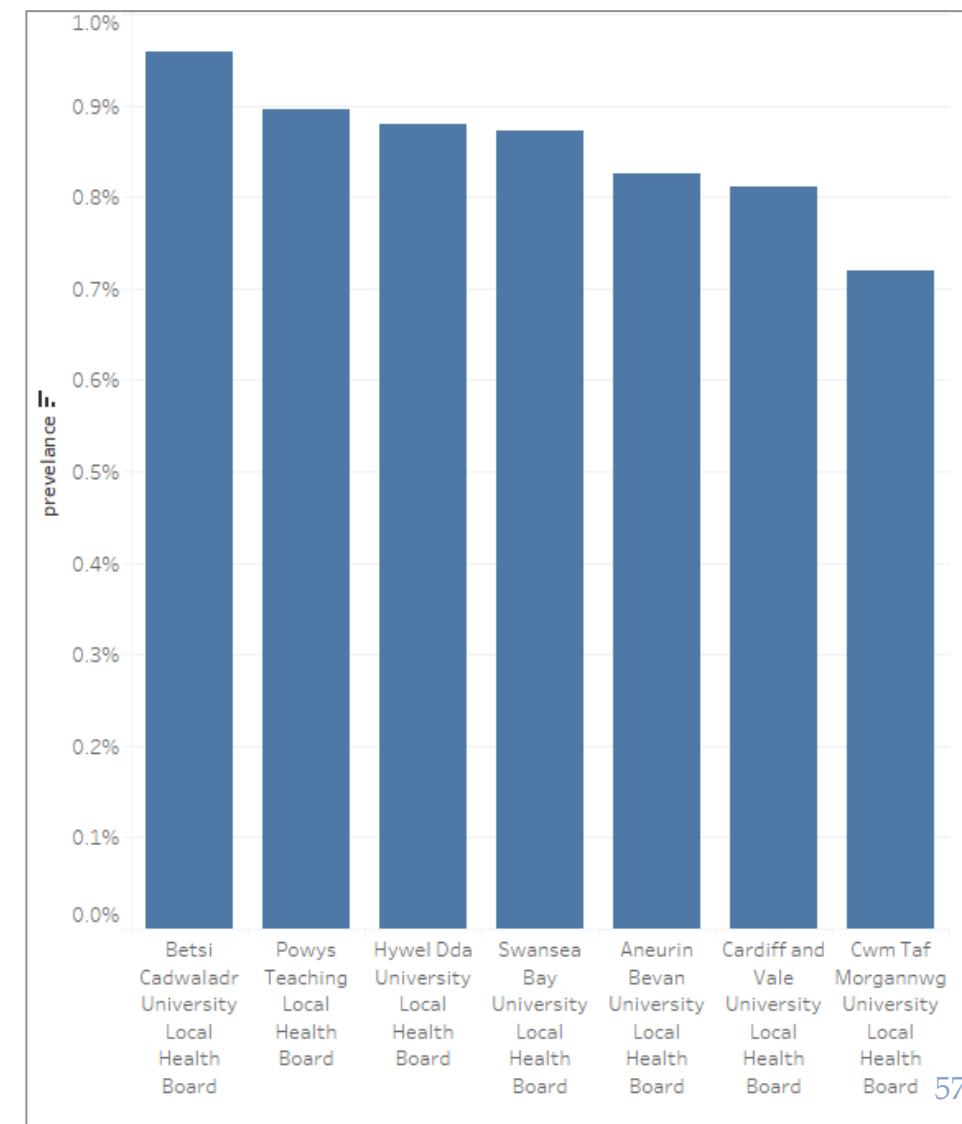
However, the important thing to note is the differences rather than the numbers. West Wales are the 3<sup>rd</sup> highest and they are slightly above the Wales average (circa 0.87% compared to 0.85%)

Page 62

**Numbers of patients on dementia register by sex and UHB**

	Aneurin Bevan University Local Health Board	Betsi Cadwaladr University Local Health Board	Cardiff and Vale University Local Health Board	Cwm Taf Morgannwg University Local Health Board	Hywel Dda University Local Health Board	Powys Teaching Local Health Board	Swansea Bay University Local Health Board
Female	2,560	3,492	2,189	1,659	1,753	622	1,692
Male	1,500	2,048	1,166	985	1,059	346	1,047

**Dementia GP register prevalence (among adult population)**

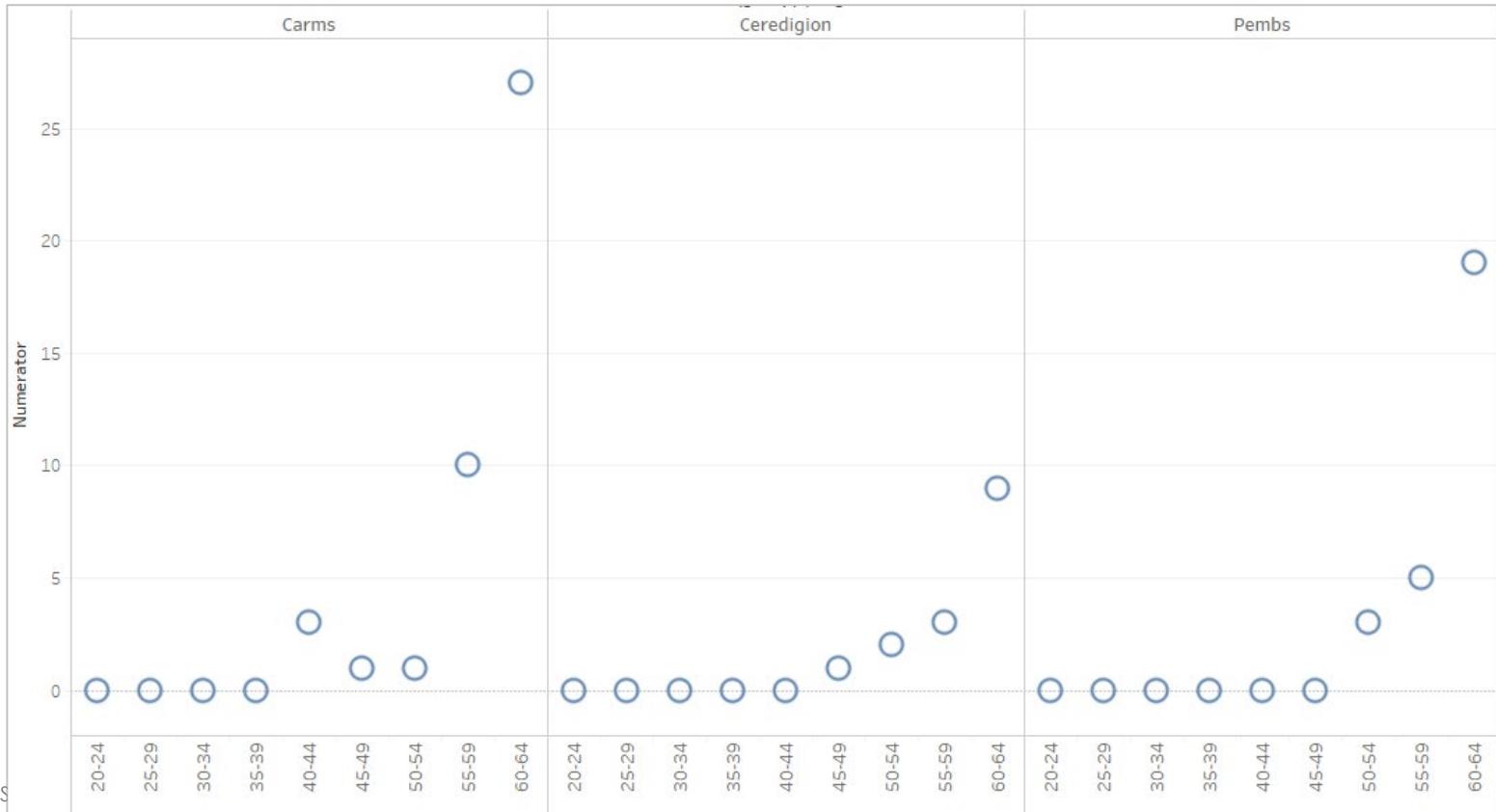


# Young onset

Young onset dementia is the onset of dementia when a person is under 65 years old. Across West Wales there are 84 patients on the registers who are under 65 years old. Of those, 55 are in the 60-65 year age group. This gives West Wales a rate of 0.04% across the population in the adult population, which is very similar to the rate seen across Wales registers nationally.

There are 5 patients on the GP registers who are under 50 years old. There are under 30 in Wales as a whole (with a formal, GP registered diagnosis). Again, the prevalence rates across West Wales are higher than that of Wales (around 0.0025%)

**Young Onset Dementia by age and cluster**



# 10. Appendix 2: Feedback From Initial Structured Interviews

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The first phase of the development of this strategy took place January through to May 2021. Attain were initially commissioned by Carmarthenshire County Council on behalf of the WWCP to carry out a review of the ICF Dementia Investment Plan along side the development of a high – level dementia strategy vision and service model pathway across the West Wales region. The initial work was well supported by WWCP who worked with Attain to codesign a high-level draft dementia strategy. Stakeholders from across the region worked very hard to provide local knowledge and insight, through structured stakeholder discussions. The themes stemming from the initial interviews have been summarised where possible on the following pages. Theme form the second phase of work is summarised earlier on in the strategy.

# Stakeholder Engagement

Many thanks to those who engaged in this first phase of work:

Name	Title	Additional Staff
Rhian Dawson	Hywel Dda UHB & Carmarthenshire County Council - County Director Carmarthenshire	Emails sent 25/03 and 12/04
Jina Hawkes	Hywel Dda Health Board - General Manager Community Primary Care - Ceredigion	
Sonia Hay	Hywel Dda UHB - General Manager Community & Primary Care -Pembrokeshire	Charlotte Duhig, Ceri Griffiths plus 2 others
Rebecca Jones	WWCP Programme Manager for Workforce development	
Sue Leonard	CEO PAVS	Cherry Evans Sophie Buckley
Elaine Lorton	Hywel Dda UHB County Director Pembrokeshire	
Peter Skitt	Hywel Dda UHB - County Director Ceredigion	
Alex Williams	Head of Integrated services Carms	Plus Carms colleagues
Neil Mason	Hywel Dda UHB - Service Manager Older Adults Mental Health	Plus Admiral Nurse
Graham O'Connor	(Hywel Dda UHB - Consultant Psychiatrist)	
Donna Pritchard	Head of Adults Ceredigion Council	Ellen James, Sian Howys, Nerys Lewis
Claire Sims	Hywel Dda UHB - Head of Occupational Therapy	Plus Karen Shearsmith-Farthing
Becca Stilwell	Clinical Psychologist	Email sent 15/04/21

# The themes stemming from the interviews with stakeholders have influenced the development of the service model pathway and the recommendations within this report.

Main themes	What works Well	What could be improved	What elements are missing	Joined up services
A clear regional strategy, vision and service model is needed and long term funding to deliver the services is needed	3 <sup>rd</sup> sector dementia connector role has brought together other dementia focused roles now operating as an MDT	Consultants trained to be able to support people with dementia	Informal carers getting exhausted - could be prevented if they have the right support	Dementia is so wide - it is across the whole community and it really needs to be part of day to day planning and development
The overarching thing not addressed is base line wrap around the person, a co-ordinator throughout their journey	New Admiral Nurse service sitting with social care - providing support, bringing other professionals in team around the person	There is a need for <b>all</b> GPs to take the responsibility for onward prescribing of dementia	No centralised overview of GP dementia registers	Organisations now need to play their part to form a joined up integrated approach - not easy for West Wales
There is no coherent pathway and a lack of person centred care/understanding of dementia	Some good examples – Delta Connect, fulfilled lives - person centred domiciliary care, Ceredigion - come up with good solutions - real team feel	GPs/AHPs could be making straight forward diagnosis. MH team should be focusing on specialist diagnosis	Programme management of West Wales dementia services through the WWCP, service evaluation and performance reporting	Lots of handovers between services - difficulty with the long term care - where does dementia sit? No one service has the capacity to manage this large cohort
Attribution that dementia is a MH issue so if someone presents with challenging behaviour they call MH	Alzheimer's provide pre-diagnostic support following referral - people go directly to face to face support rather than a call centre.	National system feedback on hospital care can be adapted for PLWD and their carers to provide feedback on <b>all</b> our services	Requirement to have EoL conversations earlier. Some professionals reluctant to enter in ACP conversations	The service vision and model needs to ensure that services are easy to access and joined up

# The themes stemming from the interviews with stakeholders have influenced the development of the service model pathway and the recommendations within this report.

## Communication

Dementia wellbeing in the acute hospitals supporting reasonable adjustments for those admitted. Part of the ward MDT – about to be evaluated

Currently too many handoffs not joined up in anyway - need to have some co-ordination and case management.

Develop structure for services to communicate better with each other/to share information - what is available in the community - feels very fragmented.

FIRST OF ITS KIND - OT's are working in Scotland and are providing journey through dementia - protocol led interventions which will be evaluated

## How people are diagnosed

Local Authority carers assessment is not dependant on a diagnosis but you still hear of it

Need for earlier identification and diagnosis in primary care.  
Need to fast track dementia diagnosis in line with CHC assessments

Consider what is the purpose of the diagnosis?  
Treatment? Medication?  
Delaying the inevitable?  
Respite, carers support?

Belief that it can only take place in MAS setting - some patients get diagnosed in hospital.  
Need an MDT approach to diagnose in community

## How people access services

Social care domiciliary care, respite care - harder to access and less secure postcode lottery going on to access

Where do people live sit?  
Holistic picture - need to include the needs of the carers collated within the record of the person living with dementia.

There is an opportunity for a central point of access through the Delta Wellbeing service which is provided regionally

Need to review dementia navigators, community commentors, social prescribing type roles to avoid duplication and align them across the system

## Workforce and Training

The regional dementia wellbeing team about to be launched will provide training to upskill staff and a specialist MDT approach for complex cases

People providing care need to be able to spot dementia and have skills to support - regular training refreshers are needed

GPs require training to detect the early signs of dementia and physical issues in the advanced stages. Trainee MH nurses need training in dementia

A lack of knowledge, confidence and skill in staff/services recognising that people with dementia and their carers use multiple services

In alignment with best practice, the use of technology should be central to the delivery of dementia services

Delta connect trying develop care so the person can stay at home

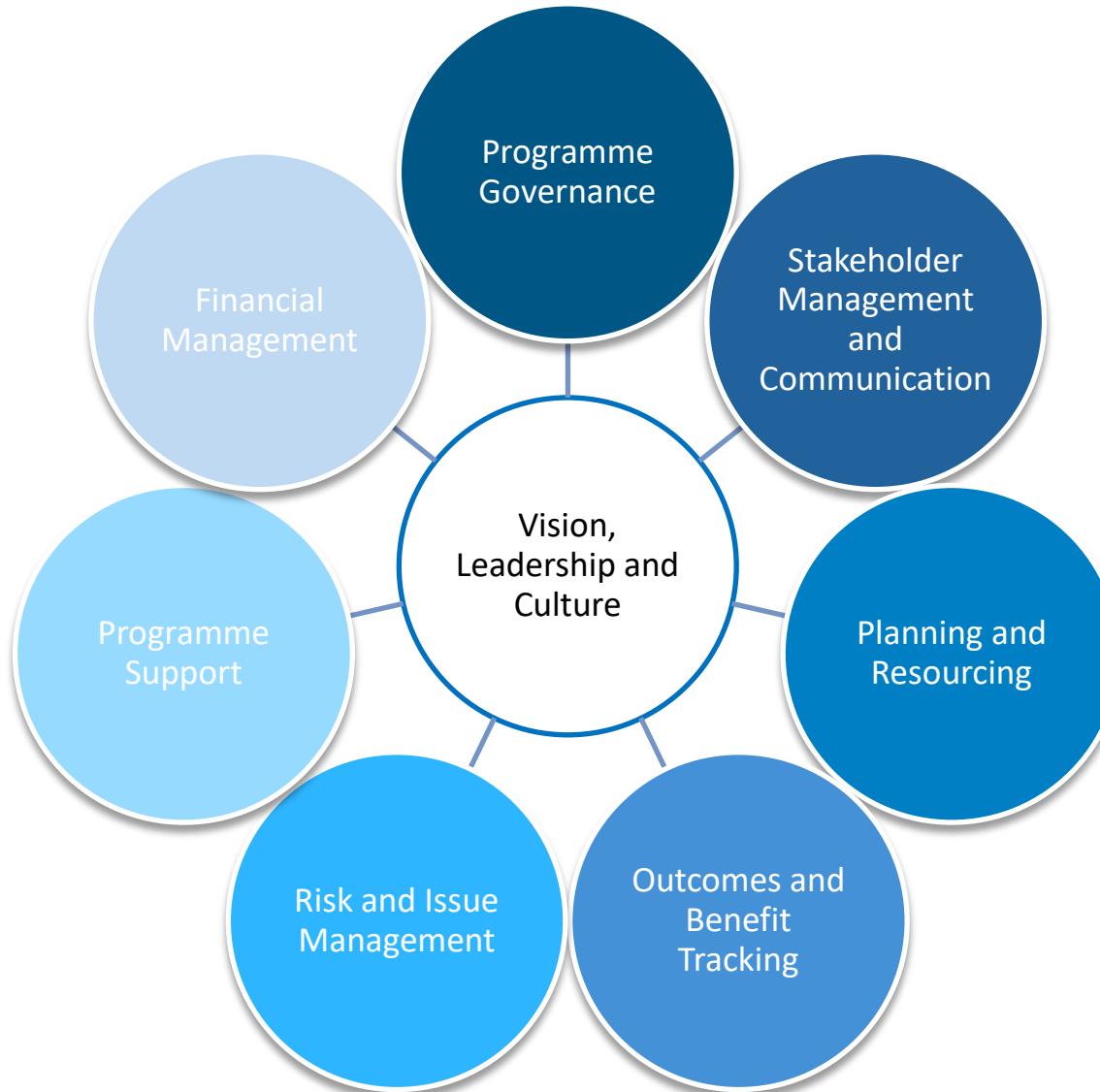
The Wellbeing Team is working with Delta connect - trying to skill up the crisis team to stop people having to go into hospital

The Wellbeing team is working with @learning Wales to make the training more accessible. Mindful that eLearning training doesn't give people tools

# 11. Appendix 3: Approach to managing the programme of work

Project Requirement	Progress	Key Accomplishment
Review existing regional governance to ensure robust, multi-agency ownership of the ICF Plan, its delivery and evaluation	✓	This report provides a suggested programme outline

# What does good programme management look like?



# The components of a good programme (1)

	<b>Vision, Leadership &amp; Culture</b>	<b>Programme Governance</b>	<b>Stakeholder Management and Communication</b>	<b>Planning and resourcing</b>
Page 70	<ul style="list-style-type: none"> <li>• Clear shared vision owned by all partners</li> <li>• Joined up leadership fully engaged</li> <li>• Vision and strategy are aligned with partners' organisational strategies and relevant regional / national strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Clear governance structure in place that includes input at the right level for decision making and managing risks/issues</li> <li>• Clear process in place for escalating risks, issues and opportunities</li> <li>• Lean structure; time is used effectively, with a balance between discussion and action</li> <li>• Programme team have a clear understanding of roles and responsibilities</li> <li>• Patient / public engagement embedded in programme governance</li> <li>• Clinical leadership embedded in programme governance</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholder mapping and communications plans in place</li> <li>• Key stakeholder relationships are managed proactively</li> <li>• External communications are targeted at relevant audiences and accessible language / communication formats are used</li> <li>• Internal communications to keep programme team informed, support team dynamics</li> <li>• Successes are celebrated internally and all areas of the programme contribute to case studies and good news stories for external use</li> </ul>	<ul style="list-style-type: none"> <li>• Robust overall business case for the programme in place and agreed by partners, with review points in place to establish ongoing viability</li> <li>• Each workstream has a clear plan, setting out what will be delivered, how and when</li> <li>• Interdependencies have been mapped</li> <li>• Resources required to deliver the programme have been mapped and investment agreed</li> <li>• OD requirements mapped and strategy in place for coordinated delivery</li> </ul>
Tools and products	<ul style="list-style-type: none"> <li>• Vision / mission / values statement</li> <li>• Memorandum of Understanding / partnership agreement</li> <li>• Outline Business Case</li> </ul>	<ul style="list-style-type: none"> <li>• Programme Governance Structure Chart(s)</li> <li>• Terms of Reference</li> <li>• Meetings forward plan</li> <li>• Programme team organisation chart</li> <li>• Roles / responsibilities matrix</li> <li>• Reporting and risk/issue escalation processes</li> <li>• Templates for meeting agendas, notes and actions, highlight reports</li> </ul>	<ul style="list-style-type: none"> <li>• Programme Communications &amp; Engagement Strategy / Action Plan</li> <li>• Stakeholder mapping tool</li> <li>• Internal communications process</li> <li>• Equality Impact Assessment process and documentation</li> <li>• Core set of programme documentation / presentations / branded templates for use with a range of audiences</li> <li>• Engagement tracker</li> </ul>	<ul style="list-style-type: none"> <li>• High level programme plan with milestones and critical dependencies</li> <li>• Detailed programme plan</li> <li>• PMO work plan</li> <li>• Recruitment and resourcing tracker (programme team)</li> <li>• Business case process, template and guidance</li> <li>• Financial plan</li> </ul>

# The components of a good programme (2)

	<b>Outcomes and Benefit Tracking</b>	<b>Risk and Management</b>	<b>Programme Support</b>	<b>Financial Management</b>
What good looks like	<ul style="list-style-type: none"> <li>Financial and non-financial benefits of the programme have been clearly articulated (covering activity shift, clinical quality and patient experience) and tested out with key stakeholders</li> <li>Robust methodology in place to track benefits across all work streams</li> <li>Baseline data captured</li> <li>Outcome measures are targeted to enable monitoring of specific interventions – to see whether a change is effective</li> <li>Existing data sets and reporting are utilised wherever possible to minimise reporting burden (lean approach)</li> </ul>	<ul style="list-style-type: none"> <li>Key risks to delivery of the programme have been mapped and mitigating actions identified</li> <li>Clear processes are in place for identifying and tracking risks, with levels of escalation</li> <li>Robust, consistent documentation used across the programme to support proactive risk management and provide an audit trail</li> <li>Programme risk register is maintained and reviewed regularly with evidence of following up mitigating actions recorded and followed through</li> </ul>	<ul style="list-style-type: none"> <li>Information is well managed and easy to find, e.g. contact list, filing structure, protocols in place for maintaining an audit trail</li> <li>Change control in place for core documents/tools</li> <li>PMO team is able to support operational staff / work streams by reducing the documentation burden</li> <li>PMO advises and supports programme team / delivery leads; skills development, quality improvement</li> <li>Quality assurance is in place for key deliverables</li> </ul>	<ul style="list-style-type: none"> <li>Budget agreed for programme resourcing</li> <li>Robust mechanisms in place for management of programme budget – budget setting, change control, monitoring, accounts payable, procurement</li> </ul>
Tools and products	<ul style="list-style-type: none"> <li>Business Case/ Investment Appraisal</li> <li>Benefits/outcomes framework, capturing key performance indicators, outcome measures, metrics etc)</li> <li>Benefits realisation plan and tracking tool</li> </ul>	<ul style="list-style-type: none"> <li>Programme risk and issue register</li> <li>Risk management process and guidance</li> </ul>	<ul style="list-style-type: none"> <li>Programme contact list</li> <li>Information Management protocols and filing structure</li> <li>Shared programme calendar / inbox</li> </ul>	<ul style="list-style-type: none"> <li>Programme Financial management process / control</li> <li>Programme budget</li> </ul>

# Proposed Delivery Approach: Programme Workstream Management

Page 72

Workstream Management

Project Management

Resource Management

Financial Management

Workstream Planning

Projects / Initiatives

Prioritisation

**Project Execution / Monitoring**

Workstream Management & Regular Review

Planning Cycle / Prioritise

Initiate

Plan

Execute

Close

Capacity Planning

Processes & Scheduling

Assignment

Utilisation of resources

Cost / Benefit Analysis

Budgeting / Forecasting

Benefits / Value



## Contacts

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This **Integrated Impact Assessment tool** incorporates the principles of the Well-being of Future Generations (Wales) Act 2015 and the Sustainable Development Principles, the Equality Act 2010 and the Welsh Language Measure 2011 (Welsh Language Standards requirements) and Risk Management in order to inform effective decision making and ensuring compliance with respective legislation.

### 1. PROPOSAL DETAILS: (Policy/Change Objective/Budget saving)

Proposal Title	Endorsement of the West Wales Care Partnership's Dementia Strategy
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Service Area	Corporate Lead Officer	Strategic Director
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Name of Officer completing the IIA	Monica Bason-Flaquer	E-mail	<a href="mailto:Mabason-flaquer@carmarthenshire.gov.uk">Mabason-flaquer@carmarthenshire.gov.uk</a>	Phone no	07775407085
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#### Please give a brief description of the purpose of the proposal

That Ceredigion County Council endorse the West Wales Care Partnership's Dementia Strategy, so that the strategy can be delivered.

Who will be directly affected by this proposal? (e.g. The general public, specific sections of the public such as youth groups, carers, road users, people using country parks, people on benefits, staff members or those who fall under the protected characteristics groups as defined by the Equality Act and for whom the authority must have due regard).

People living with dementia

Carers of people living with dementia

**VERSION CONTROL:** The IIA should be used at the earliest stages of decision making, and then honed and refined throughout the decision making process. It is important to keep a record of this process so that we can demonstrate how we have considered and built in sustainable development, Welsh language and equality considerations wherever possible.

Author	Decision making stage	Version number	Date considered	Brief description of any amendments made following consideration
Monica Bason-Flaquer	Scrutiny Committee	1	TBC	

**COUNCIL STRATEGIC OBJECTIVES:** Which of the Council's Strategic Objectives does the proposal address and how?



Boosting the Economy	
Investing in People's Future	
Enabling Individual and Family Resilience	<p>The Council's Strategy states that the health and social care partnership 'in conjunction with third sector partners will provide strategic direction to develop early intervention strategies for those in need to help them to live independently for longer with the aid of family and community support.' The Dementia Strategy, with its focus on enabling people affected by dementia to live well and independently for as long as possible, will directly contribute to this. The strategy's endorsement will enable us to develop and deliver services in line with the needs of our communities, and to improve the wellbeing and experiences of those affected by dementia.</p> <p>The Dementia Strategy will contribute to the following outcomes under this strategic objective:</p> <ul style="list-style-type: none"> <li>• Citizens of all ages will have an improved quality of life</li> <li>• Improved support networks for families and those in need across the County.</li> <li>• Improved well-being and health by adopting effective interventions.</li> <li>• There will be well established networks of community and voluntary groups throughout the County providing strategic preventative support thus increasing community resilience and sustainable social care.</li> </ul>
Promoting Environmental and Community Resilience	

**NOTE:** As you complete this tool you will be asked for **evidence to support your views**. These need to include your baseline position, measures and studies that have informed your thinking and the judgement you are making. It should allow you to identify whether any changes resulting from the implementation of the recommendation will have a positive or negative effect. Data sources include for example:

- Quantitative data - data that provides numerical information, e.g. population figures, number of users/non-users
- Qualitative data – data that furnishes evidence of people's perception/views of the service/policy, e.g. analysis of complaints, outcomes of focus groups, surveys
- Local population data from the census figures (such as Ceredigion Welsh language Profile and Ceredigion Demographic Equality data)
- National Household survey data
- Service User data
- Feedback from consultation and engagement campaigns



- Recommendations from Scrutiny*
- Comparisons with similar policies in other authorities*
- Academic publications, research reports, consultants' reports, and reports on any consultation with e.g. trade unions or the voluntary and community sectors, 'Is Wales Fairer' document.*
- Welsh Language skills data for Council staff*

<b>2. SUSTAINABLE DEVELOPMENT PRINCIPLES:</b> How has your proposal embedded and prioritised the five sustainable development principles, as outlined in the Well-being of Future Generations (Wales) Act 2015, in its development?			
Sustainable Development Principle	Does the proposal demonstrate you have met this principle? If yes, describe how. If not, explain why.	What evidence do you have to support this view?	What action (s) can you take to mitigate any negative impacts or better contribute to the principle?
<b>Long Term</b> Balancing short term need with long term and planning for the future.	<p>Yes, this principle has been met. The strategy is based on the anticipated need for dementia care and support, using population projections through 2040 (see evidence column). It focuses on early diagnosis and support in order to increase the number of people having their needs met, along with improving existing services and filling identified gaps in support in order to improve quality of care and support and overall quality of life for people affected by dementia. Much of this will be future-proofing health and social care services for the projected increasing levels of dementia over the coming 20 years.</p> <p>Many of the specific service models and interventions identified as part of the draft dementia wellbeing pathway are still in development but are being developed with a long-term view in mind. For example, the Dementia Wellbeing Connector role service specification is in development. The staffing model for this role, also developed by Attain, is based on future population predictions, with staffing models gradually increase year-on-</p>	<p>Attain completed a West Wales population analysis, using data from the Office for National Statistics (ONS) for general population demographics, and data from the GP Quality and Outcomes Framework dementia register for specific data on dementia diagnosis and prevalence rates. This enabled them to make population predictions through 2040, which demonstrate that:</p> <ul style="list-style-type: none"> <li>– 1 in 10 people over 85 in West Wales currently have dementia</li> <li>– Over 10% of the population across Hywel Dda will be over 85 by 2040.</li> <li>– Ceredigion has the highest proportion of over-65s at 26%; this will see a 4% increase over the next 20 years.</li> <li>– Ceredigion is projected to see nearly a 50% increase in dementia prevalence by 2040.</li> </ul>	



	<p>year in order for the service to keep up with increasing need. We will ensure that long-term need and sustainability is a key consideration of any service re-design or new service development.</p>	<ul style="list-style-type: none"> <li>- Across the region, an estimated 47% of people are believed to be living with dementia and undiagnosed. If nothing changes to improve diagnosis rates, data suggests that by 2040, 760 people in Ceredigion will be living with dementia undiagnosed, and therefore likely living with unmet needs.</li> </ul> <p>The long-term population analysis outlined here has shaped the Dementia Strategy, demonstrating how this principle has been met.</p>	
<b>Collaboration</b> Working together with other partners to deliver.	<p>Yes, this principle has been met. Partnership working across the local authorities, health board, and third sector is ongoing and will be key to the delivery of the strategy. Input from key partners is evidenced within the strategy. The Dementia Strategy will be overseen by the Dementia Steering Group, which is well-established and includes representation at senior level from both Hywel Dda Health Board and the three local authorities, as well as third sector representation. The Steering Group reports into the Regional Partnership Board and is specifically focused on encouraging collaboration across the region.</p> <p>The health board, local authorities, and third sector partners already deliver a number of services which support the strategy's objectives, and the Dementia Steering Group will continue to identify opportunities for partnerships in service delivery and</p>	<p>Existence of the Dementia Steering Group</p> <p>Historic and ongoing collaboration through the organisations represented at the DSG</p> <p>Evidence in the strategy of input and engagement with the strategy development process from the 3 counties, the health board, and the third sector</p> <p>Approval of the Dementia Strategy by HDUHB on 31/03/2022</p> <p>Endorsement by the Regional Partnership Board on 16/05/2022</p>	



	<p>development to ensure that services are delivered efficiently, effectively, and by those who are best-equipped and best-placed within relevant communities and wider systems.</p>		
<b>Involvement</b> Involving those with an interest and seeking their views.	<p>Yes, this principle has been met. On behalf of the West Wales Care Partnership Attain, who were commissioned to develop the Dementia Strategy, ran a series of focus groups and 1:1 interviews with relevant stakeholders. These included staff from relevant local authority services, healthcare services, and the third sector, as well as people living with dementia and their carers. The goal of these was to understand the perspectives, experiences, and priorities of people affected by dementia across the region to ensure that these shaped the development of the strategy and the draft dementia wellbeing pathway within the strategy.</p> <p>The primary groups of people with protected characteristics who were engaged in the development of this strategy were older people and people with disabilities (dementia).</p> <p>Other protected characteristic groups were not directly engaged as part of the strategy development. While views were not deliberately sought specifically from these groups, members of these groups may have been a part of broader engagement, as there will be people affected by dementia across the region who are members of these groups. For example, feedback from professional stakeholders highlighted issues for several of these groups which shaped the strategy:</p>	<p>The themes and outcomes of the engagement of both professional stakeholders and those with lived experience directly shaped the wellbeing pathway proposed in the Dementia Strategy.</p> <p>Excerpts from these engagement sessions and their related themes can be found in the final strategy document (see slides 21-25 and 60-62).</p>	<p>Agree a plan for continuous engagement of people with lived experience with the strategy, the Dementia Steering Group, and related work.</p> <p>Develop a regional communication and engagement plan for promotion of the Dementia Strategy, once endorsed regionally.</p>



Page 79	<ul style="list-style-type: none"><li>- Feedback from frontline staff on the challenges of identifying and assessing dementia in people who are blind or deaf and Welsh speakers led to a specific commitment within the strategy around training staff to recognise the signs of dementia and how to best support people living with dementia in these groups.</li></ul> <p>As part of their strategy development, Attain also completed a population needs analysis which highlighted relevant information for some of these groups, which will be discussed in section 3.6.</p> <p>Stakeholder engagement with the strategy development process began early in this process, and continued throughout, with opportunities for key stakeholders to review and comment on the strategy as it was being developed. Some of the lived experience and frontline staff engagement that was planned was limited by the fact that when it occurred (autumn 2021) many health and care services were still in post-COVID recovery with restrictions in place, community services and groups not yet started back up again, and many vulnerable individuals still limiting their community contacts. Despite this, a reasonable level of engagement was achieved, including interviews with 16 unpaid carers from across the West Wales region.</p> <p>Plans for continuous engagement with the strategy and the wider dementia work across the region are currently in development. At the time of this assessment being completed,</p>		
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Page 80	<p>the Dementia Steering Group is due to consider a proposal for introduction of a lived experience advisory group, which would see people with lived experience of dementia from across West Wales (carers, those living with dementia, and former carers) providing regular input into the steering group's plans and decisions regarding delivery of the Dementia Strategy and action plan.</p> <p>Continuous engagement is a part of the wider dementia work being delivered across the region, such as:</p> <ul style="list-style-type: none"><li>– In spring/summer 2022, the social enterprise Yma were commissioned to deliver an engagement process across the region to understand from a wide range of stakeholders how memory assessment services are currently delivered, and what good could look like based on what matters to those who use the service. This work will shape the redesign of memory services and involves 1:1 interviews with/observations of care for people affected by dementia. The results of this are not yet available at the time of completing this report.</li><li>– As part of the recommendations of the All Wales Dementia Pathway of Standards, listening campaigns are being delivered in communities across the region to understand lived experiences of dementia on a local level. The first of these occurred in Newcastle Emlyn and with the Pembrokeshire Dementia Friendly Communities in July/August 2022.</li></ul>		
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Page 81	<p>This approach will be rolled out more widely across the region, with different communities being the focus at different times.</p> <p>In developing the proposal for a continuous engagement approach, the regional dementia programme manager has been engaging with organisations and professionals across the region who support people affected by dementia to be involved and have their voices heard. We plan to partner with these organisations in order to reach people affected by dementia. Accessibility of communication and engagement methods will be a key consideration in establishing this feedback mechanism.</p> <p>Once endorsed by the three local authorities, the Dementia Strategy will be publicly shared, and a broader engagement and communication plan is in development.</p>		
<b>Prevention</b> Putting resources into preventing problems occurring or getting worse.	Yes, this principle has been met. The thematic areas within the strategy's wellbeing pathway are linked to many of the root causes of current challenges in dementia care, for example: <ul style="list-style-type: none"> <li>– <i>Wellbeing, risk reduction, delaying onset, raising awareness and understanding:</i> this theme focuses on prevention and delaying onset of dementia, as well as supporting communities to be better prepared to support people affected by dementia, which has the potential to delay/reduce demand on statutory care services.</li> </ul>	The contents of the Dementia Strategy	



	<ul style="list-style-type: none"> <li>- <i>Recognition, Identification, Support and Training:</i> limited training, support, and knowledge surrounding dementia is one of the root causes of poor experiences of care and support, or challenges in the workplace and the community for people living with dementia and their carers. This thematic area would seek to address this to improve experiences and enable people to stay active in their communities for longer.</li> <li>- <i>Assessment and diagnosis:</i> delayed or lack of diagnosis is one of the biggest issues facing people with dementia across the UK, and this is a key root cause. Getting diagnosis processes and post-diagnosis support right, has the potential to significantly improve people's experiences and also to delay/reduce the demand on services.</li> </ul> <p>Much of the work already happening across the region is focused on reducing/delaying the avoidable impact of dementia on services, for example, reducing hospital admissions and A&amp;E visits and delaying avoidable care placements through improved preventative care planning and support and proactive case management for people living with dementia and their carers. Many of the priority plans within the strategy will support this.</p> <p>Supporting public health messaging around dementia prevention, promoting and community-led activities, and placing people living with dementia and their carers at the centre of service provision are all ways in</p>		
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	<p>which the dementia strategy will empower people to take action.</p> <p>The work highlighted under continuous engagement shows some examples of how current work is focused on understanding experiences of dementia across the region; hearing these experiences will continue to grow the body of evidence on key issues and their root causes.</p>		
Page 83	<p><b>Integration</b> Positively impacting on people, economy, environment and culture and trying to benefit all three.</p> <p>Yes, this principle has been met. Dementia is ‘everybody’s business’—people affected by dementia will come into contact with any number of adult health and social care services, as well as sectors such as housing, transportation, community groups, and local businesses. This is one of the reasons that widespread dementia education and awareness is a priority. Although there are no specific actions in the strategy’s current plan linked to housing and businesses, these are two areas that have been identified for further exploration and that may overlap with other current work across the West Wales region</p> <p>There are significant overlaps between dementia and frailty as well as palliative care; both of these are areas to be focused on and there has been crossover between dementia and palliative care in the development of the Dementia Strategy. Attain also recently supported the development of a Palliative Care strategy which has specific recommendations relating to dementia.</p> <p>There is always potential for tension in decision-making as to where and how to best spend the ICF regional dementia funds. The</p>		Dementia Steering Group to consider developing a prioritisation framework aligned to the strategy, to support decision-making in line with the strategy’s goals and ambitions.



	formalisation of the Dementia Strategy will provide a shared vision which will support better shared decision-making on what will move the region in the right direction to achieve the strategy's ambitions.		
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**3. WELL-BEING GOALS:** Does your proposal deliver any of the seven National Well-being Goals for Wales as outlined on the Well-being of Future Generations (Wales) Act 2015? Please explain the impact (positive and negative) you expect, together with suggestions of how to mitigate negative impacts or better contribute to the goal. We need to ensure that the steps we take to meet one of the goals aren't detrimental to meeting another.

Well-being Goal	Does the proposal contribute to this goal? Describe the positive or negative impacts.	What evidence do you have to support this view?	What action (s) can you take to mitigate any negative impacts or better contribute to the goal?
<b>3.1. A prosperous Wales</b> Efficient use of resources, skilled, educated people, generates wealth, provides jobs.	Not applicable		
<b>3.2. A resilient Wales</b> Maintain and enhance biodiversity and ecosystems that support resilience and can adapt to change (e.g. climate change).	<p>The strategy will likely have an environmental impact; at this stage no assessment has been made of whether this will be positive or negative.</p> <p>The strategy's focus on keeping people in their homes and communities as long as possible is tied to ambitions for more effective utilisation of health and social care resources. This could have an environmental impact through, for example, reducing reliance on emergency transportation and therefore reducing emissions. Keeping care in the community will require professionals to travel to individuals in their homes, so this is not an automatically an environmentally better solution. However, aligned to keeping people in their homes is the ambition to provide care as close to home as possible, another way to reduce/limit emissions.</p> <p>Existing models of dementia care across the region, including both the Memory Assessment Service and the Admiral Nursing Service, have taken learnings from</p>	<p>No detailed assessment has been completed of the strategy's potential environmental impact.</p>	<p>The Dementia Steering Group will need to consider potential environmental impacts of any changes made to services as part of the strategy's implementation.</p>



	<p>the last few years of COVID to enable greater use of virtual working both between professionals and to support service users where appropriate, which can reduce both cost and environmental impacts through reduction of travel. With video, telephone, and email support having become more common throughout the pandemic, the use of virtual service provision will need to be carefully considered to balance environmental benefits against the appropriateness and effectiveness for each service, as well as for individual service users.</p>		
<b>3.3. A healthier Wales</b> People's physical and mental wellbeing is maximised and health impacts are understood.	<p>The Dementia Strategy will contribute positively to meeting the goals of 'A healthier Wales'. The strategy focuses on enabling people affected by dementia to live well and independently for as long as possible, starting from a position of prevention, early diagnosis, and proactive management of dementia and the health and wellbeing of people affected by dementia and their carers. The strategy aims to reduce unmet health and wellbeing needs amongst people affected by dementia, and to ensure that 'what matters to you' is at the centre of all care and support pathways.</p> <p>Delivery of the strategy will encourage collaboration across the health and social care sectors, including the third sector.</p>	<p>The Dementia Strategy outlines the strategy's vision, the draft dementia wellbeing pathway, and priority initiatives to support this.</p>	
<b>3.4. A Wales of cohesive communities</b> Communities are attractive, viable, safe and well connected.	<p>The Dementia Strategy will contribute positively to meeting the goals of 'A Wales of cohesive communities'. Creating dementia-friendly communities is a key theme within the strategy, and the Dementia Steering</p>	<p>The Dementia Strategy outlines the strategy's vision, the draft dementia wellbeing pathway, and priority initiatives to support this.</p>	<p>Complete comprehensive mapping of Dementia Friendly communities and related initiatives across the region, in order to identify good practice and opportunities for</p>



	Group will look to identify and support existing Dementia Friendly Communities initiatives across the region, as well as identifying opportunities to expand and grow this work.		further development which the work of the strategy could support.
<b>3.5. A globally responsible Wales</b> Taking account of impact on global well-being when considering local social, economic and environmental well-being.	Not applicable		



Page 88	<b>3.6. A more equal Wales</b> People can fulfil their potential no matter what their background or circumstances.  <i>In this section you need to consider the impact on equality groups, the evidence and any action you are taking for improvement.</i> <i>You need to consider how might the proposal impact on equality protected groups in accordance with the Equality Act 2010?</i> <i>These include the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or beliefs, gender, sexual orientation.</i> <b>Please also consider the following guide:</b> <a href="#">Equality Human Rights - Assessing Impact &amp; Equality Duty</a>				Describe why it will have a positive/negative or negligible impact.  <i>Using your evidence consider the impact for each of the protected groups. You will need to consider do these groups have equal access to the service, or do they need to receive the service in a different way from other people because of their protected characteristics. It is not acceptable to state simply that a proposal will universally benefit/disadvantage everyone. You should demonstrate that you have considered all the available evidence and address any gaps or disparities revealed.</i>	What evidence do you have to support this view?  <i>Gathering Equality data and evidence is vital for an IIA. You should consider who uses or is likely to use the service. Failure to use <u>data</u> or <u>engage</u> where change is planned can leave decisions open to legal challenge. Please link to <b>involvement</b> box within this template. Please also consider the general guidance.</i>	What action (s) can you take to mitigate any negative impacts or better contribute to positive impacts?  <i>These actions can include a range of positive actions which allows the organisation to treat individuals according to their needs, even when that might mean treating some more favourably than others, in order for them to have a good outcome. You may also have actions to identify any gaps in data or an action to engage with those who will/likely to be effected by the proposal. These actions need to link to Section 4 of this template.</i>
	Children and Young People up to 18	Positive	Negative	None/ Negligible	The Dementia Strategy is intended to have a positive impact on adults. This impact will primarily be seen for people over 50, due to the increasing prevalence of dementia with age. The strategy is also intended to increase support for and improve the experience of carers, some of whom will fall within the 18-50 age group.	The strategy has been shaped by feedback from people with lived experience, and professionals who support them.  In addition, the draft wellbeing pathway within the strategy is based on an extensive piece of work conducted by Attain, which reviewed best practice and innovation in dementia care models in the UK and internationally. Attain's report states, ' <i>There is clear evidence that high quality post diagnostic support, provided over an extended period, is essential in order to equip people living with dementia, their families and carers with the tools,</i>	The Dementia Steering Group will need to ensure appropriate evidence of the impact that the strategy is having on individuals across the region is gathered. This will include quantitative measures (a need to improve our impact and outcome measures of Welsh Government funded work has already been identified and is a priority), but importantly should also consider the lived experiences of people affected by dementia. The continuous engagement approach which is currently being developed (described in section 2 under Involvement) will support this.
Older People 50+	People 18-50	Positive	Negative	None/ Negligible	As highlighted throughout this document, the strategy has the potential to significantly increase the quality of life of people living with dementia and their carers, by support them to live independently in their communities for as long as possible/desired.		
	✓						



					<i>connections, resources and plans they need to live as well as possible with dementia and prepare for the future.' This is the key thread that runs through the Dementia Strategy, pathway, and plan.</i>	
<b>Disability</b> Do you think this proposal will have a positive or a negative impact on people because of their disability? (Please tick ✓)						
Hearing Impairment	Positive	Negative	None/ Negligible			
	✓					
Physical Impairment	Positive	Negative	None/ Negligible			
	✓					
Visual Impairment	Positive	Negative	None/ Negligible			
	✓					
Learning Disability	Positive	Negative	None/ Negligible			
	✓					
Long Standing Illness	Positive	Negative	None/ Negligible			
	✓					
Mental Health	Positive	Negative	None/ Negligible			
	✓					
Other	Positive	Negative	None/ Negligible			
	✓					



Page 90		<p>ensure clear pathways are in place for people with learning disabilities who are being assessed for potential dementia diagnoses. Therefore the strategy's delivery has the potential to increase dementia diagnosis rates in people with learning disabilities and increase their access to dementia-related support.</p> <p><i>Long-standing illness, mental illness, and other:</i> These three groups have been placed together for the purposes of this assessment due to their overlaps. Dementia would fall under the category of long-standing illness or other. Although dementia services are often placed within NHS mental health teams and services, dementia is not a mental illness. However, people with dementia can experience mental illness, such as depression and anxiety, as can carers. This may be linked to the impact of the dementia, particularly where there is minimal support available and high levels of isolation, stress, and carer burden. With its focus on improving the experiences of both people with dementia and carers, the strategy is therefore expected to have a positive impact on people within these three groups.</p>		
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<b>Transgender</b> Do you think this proposal will have a positive or a negative impact on transgender people? (Please tick ✓)				It is anticipated that the Dementia Strategy will have no/negligible impacts on transgender people.	There is a lack of regional and national statistics on the transgender population in Wales and the UK, and estimates vary widely. Transgender people living with dementia or caring for people with dementia living in West Wales may benefit from the strategy through improvements to their access to care and quality of life, but no specific assessment has been performed in this area. There are known barriers to healthcare access for transgender people, and a high proportion of transgender people report discrimination and unequal treatment in healthcare <sup>1</sup> ; these will need to be considered as part of the strategy's delivery.	The Dementia Steering Group should consider how the needs of transgender people affected by dementia can be better understood, and based on this, what specific initiatives might be needed e.g. specific support groups, reasonable adjustments in services, training and education of health and social care staff to reduce barriers in access to care.  The Dementia Steering Group includes representation from Hywel Dda Health Board's Diversity and Inclusion team to provide assurance that the needs of diverse groups will be considered within the implementation of the strategy.	
Transgender	Positive	Negative	None/ Negligible				

Page 91

<b>Marriage or Civil Partnership</b> Do you think this proposal will have a positive or a negative impact on marriage or Civil partnership? (Please tick ✓)				There are no anticipated impacts this area.			
Marriage	Positive	Negative	None/ Negligible				

<sup>1</sup> Stonewall. 2018. *LGBT in Britain Health Report*. [https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_health.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf)



			✓			
Civil partnership	Positive	Negative	None/ Negligible			
			✓			

<b>Pregnancy or Maternity</b> Do you think this proposal will have a positive or a negative impact on pregnancy or maternity? (Please tick ✓)				There are no anticipated impacts this area.		
Pregnancy	Positive	Negative	None/ Negligible			
			✓			
Maternity	Positive	Negative	None/ Negligible			
			✓			

<b>Race</b> Do you think this proposal will have a positive or a negative impact on race? (Please tick ✓)				It is anticipated that the Dementia Strategy will have no/negligible impacts on race equality.	The estimated population percentages who identify as Black, Asian, or minority ethnic backgrounds across the region are <sup>2</sup> :	The Dementia Steering Group should consider how the needs of people from minority ethnic backgrounds affected by dementia can be better understood and based on this, what specific initiatives might be needed e.g. specific support groups, reasonable adjustments in services, training and education of health and social care staff to reduce barriers in access to care.
White	Positive	Negative	None/ Negligible		<ul style="list-style-type: none"> <li>– Ceredigion 2.1%</li> <li>– Pembrokeshire 1.3%</li> <li>– Carmarthenshire 4.1%</li> </ul>	
Mixed/Multiple Ethnic Groups	Positive	Negative	None/ Negligible		People from minority ethnic backgrounds in West Wales who are living with dementia or caring for people with dementia may benefit from the strategy through improvements to their access to care and quality of life, but no specific assessment has been	
Asian / Asian British	Positive	Negative	None/ Negligible			The Dementia Steering Group includes representation from Hywel Dda Health Board's Diversity and Inclusion team to
Black / African / Caribbean / Black British	Positive	Negative	None/ Negligible			

<sup>2</sup> Stats Wales. 31 December 2021. <https://statswales.gov.wales/Catalogue/Equality-and-Diversity/Ethnicity/ethnicity-by-area-ethnicgroup>



Other Ethnic Groups	Positive	Negative	None/ Negligible		performed in this area. There has been no specific engagement with this group as part of the strategy development. Equalities information was not collected for those who engaged in the strategy development process, so it is possible that some came from minority ethnic backgrounds, but this is not known.	provide assurance that the needs of diverse groups will be considered within the implementation of the strategy.
			✓		Language and cultural barriers can impact access to and experiences of healthcare for people from minority ethnic backgrounds, and this will need to be considered as part of the strategy's delivery.	

## Religion or non-beliefs

Do you think this proposal will have a positive or a negative impact on people with different religions, beliefs or non-beliefs? (Please tick ✓)

Christian	Positive	Negative	None/ Negligible		It is anticipated that the Dementia Strategy will have no/negligible impacts on people on the basis of their religion, beliefs, or non-belief.	People from different religious and non-religious backgrounds in West Wales who are living with dementia or caring for people with dementia may benefit from the strategy through improvements to their access to care and quality of life, but no specific assessment has been performed in this area.	The Dementia Steering Group should consider how the needs of people from different religious and non-religious backgrounds affected by dementia can be better understood and based on this, what specific initiatives might be needed e.g. specific support groups, reasonable adjustments in services, training and education of health and social care staff to reduce barriers in access to care.
			✓				
Buddhist	Positive	Negative	None/ Negligible			There has been no specific engagement with this group as part of the strategy development. As this category covers all religious beliefs and none, members of various groups will have been represented in the strategy's engagement exercise, but no specific issues relating to religion or belief emerged.	The Dementia Steering Group includes representation from Hywel Dda Health Board's Diversity and Inclusion team to provide assurance that the needs of diverse groups will be
			✓				
Hindu	Positive	Negative	None/ Negligible				
			✓				
Humanist	Positive	Negative	None/ Negligible				
			✓				
Jewish	Positive	Negative	None/ Negligible				



			✓			considered within the implementation of the strategy.
Muslim	Positive	Negative	None/ Negligible			
			✓			
Sikh	Positive	Negative	None/ Negligible			
			✓			
Non-belief	Positive	Negative	None/ Negligible			
			✓			
Other	Positive	Negative	None/ Negligible			
			✓			

Page 94

<b>Sex</b> Do you think this proposal will have a positive or a negative impact on men and/or women? (Please tick ✓)				The Dementia Strategy is intended to have a positive impact on all people living with or caring for someone with dementia, regardless of sex.	According to Attain's population assessment, women make up 62% of dementia diagnoses in West Wales. Women make up an even larger proportion of dementia diagnoses amongst the over 85s. While this has not directly shaped the strategy, it highlights the need to remain aware of these differences and how they may impact/be impacted by changes to services.	The Dementia Steering Group will need to ensure we are gathering appropriate evidence of the impact that the strategy is having on individuals across the region. This will include quantitative measures (a need to improve our impact and outcome measures of Welsh Government funded work has already been identified and is a priority), but importantly should also consider the lived experiences of people affected by dementia. The continuous engagement approach which is currently being developed (described in section 2 under Involvement) will support this. This work may support further exploration of the different experiences of people living	
Men	Positive	Negative	None/ Negligible				
	✓						
Women	Positive	Negative	None/ Negligible				
	✓						

<sup>3</sup> Carers UK. 2019. *Facts and Figures*. <https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures>



				for example, differing diagnosis rates between men and women.	for/caring with people affected by dementia based on sex.  The Dementia Steering Group includes representation from Hywel Dda Health Board's Diversity and Inclusion team to provide assurance that the needs of diverse groups will be considered within the implementation of the strategy.
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<b>Sexual Orientation</b> Do you think this proposal will have a positive or a negative impact on people with different sexual orientation? (Please tick ✓)				It is anticipated that the Dementia Strategy will have no/negligible impacts on people on the basis of their sexual orientation.	Everyone in West Wales who is intended to benefit from this strategy has a sexual orientation. However, no specific assessment has been performed looking at potential impacts broken down by different sexual orientation groups.	A significant proportion of lesbian, gay, and bisexual (LGB) people report having experienced or witnessed discriminatory treatment in healthcare settings <sup>4</sup> . The Dementia Steering Group should consider how the needs of LGB people affected by dementia across the region can be better understood and based on this, what specific initiatives might be needed e.g. specific support groups, reasonable adjustments in services, training and education of health and social care staff to reduce barriers in access to care.
Bisexual	Positive	Negative	None/ Negligible			
			✓			
Gay Men	Positive	Negative	None/ Negligible			
			✓			
Gay Women / Lesbian	Positive	Negative	None/ Negligible			
			✓			
Heterosexual / Straight	Positive	Negative	None/ Negligible			
			✓			

<sup>4</sup> Stonewall. 2018. *LGBT in Britain Health Report*. [https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_health.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf)



						considered within the implementation of the strategy.
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**Having due regards in relation to the three aims of the Equality Duty - determine whether the proposal will assist or inhibit your ability to eliminate discrimination; advance equality and foster good relations.**

#### **3.6.2. How could/does the proposal help advance/promote equality of opportunity?**

*You should consider whether the proposal will help you to:*

- Remove or minimise disadvantage
- To meet the needs of people with certain characteristics
- Encourage increased participation of people with particular characteristics

The Dementia Strategy will support health and social care services across the region to better meet the needs of people affected by dementia and their carers, and support better community integration of these same groups. It will promote human rights-based approaches to dementia care and reduce the isolation that people affected by dementia can face, therefore supporting equality of opportunity for people affected by dementia.

#### **3.6.3. How could/does the proposal/decision help to eliminate unlawful discrimination, harassment, or victimisation?**

*You should consider whether there is evidence to indicate that:*

- The proposal may result in less favourable treatment for people with certain characteristics
- The proposal may give rise to indirect discrimination
- The proposal is more likely to assist or impede you in making reasonable adjustments

Not applicable

#### **3.6.4. How could/does the proposal impact on advancing/promoting good relations and wider community cohesion?**

*You should consider whether the proposal will help you to:*

- Tackle prejudice
- Promote understanding

Creating dementia-friendly communities is a key theme of the dementia strategy. This includes increasing public awareness and understanding of dementia, decreasing stigma, and ensuring people with dementia are accepted and included within their communities, therefore supporting community cohesion and inclusion.

**Having due regard of the Socio-Economic Duty of the Equality Act 2010.**

**Socio-Economic Disadvantage is living in less favourable social and economic circumstances than others in the same society.**

*As a listed public body, Ceredigion County Council is required to have due regard to the Socio-Economic Duty of the Equality Act 2010. Effectively this means carrying out a poverty impact assessment. The duty covers all people who suffer socio-economic disadvantage, including people with protected characteristics.*

#### **3.6.5 What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to the proposal?**

Describe why it will have a positive/negative or negligible impact.



The Dementia Strategy is not anticipated to have either a positive or negative impact on people on the basis of socio-economic disadvantage or income inequality.

What evidence do you have to support this view?

No specific assessment has been completed regarding the potential impact of the Dementia Strategy on socio-economic disadvantage or income inequality.

What action(s) can you take to mitigate any negative impacts or better contribute to positive impacts?

The Dementia Steering Group should consider how socio-economic disadvantage and income inequality may impact the needs of people affected by dementia across the region, and/or their ability to access services and support (e.g. transportation costs), and, based on this, what specific initiatives might be needed to ensure equality of access for those from lower income backgrounds.

<b>3.7. A Wales of vibrant culture and thriving Welsh language</b> Culture, heritage and Welsh Language are promoted and protected. <i>In this section you need to consider the impact, the evidence and any action you are taking for improvement. This in order to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.</i>				Describe why it will have a positive/negative or negligible impact.	What evidence do you have to support this view?	What action (s) can you take to mitigate any negative impacts or better contribute to positive impacts?
Will the proposal be delivered bilingually (Welsh & English)?	Positive	Negative	None/ Negligible	Information provided as part of the strategy's delivery, for example, promotion and communication of the strategy, will be delivered in both Welsh and English, as will any public meetings or events associated with the strategy.	Carmarthenshire County Council is the host organisation for the West Wales Care Partnership, who will lead on strategy delivery. This is in line with Carmarthenshire County Council's Welsh Language Standards.	Ensure that opportunities to support the strategy's development through community engagement are promoted to Welsh speakers and that arrangements are in place to enable Welsh speakers to contribute in Welsh.
	✓					



Will the proposal have an effect on opportunities for persons to use the Welsh language?	Positive	Negative	None/ Negligible	There are no anticipated impacts this area.		
			✓			
Will the proposal increase or reduce the opportunity for persons to access services through the medium of Welsh?	Positive	Negative	None/ Negligible	<p>Improving staff training and awareness around supporting Welsh speakers with dementia is a part of the Dementia Strategy action plan, resulting from engagement during the strategy's development.</p> <p>The Dementia Strategy supports ongoing work in line with the Dementia Action Plan and the All Wales Dementia Care Pathway of Standards. The DAP and Pathway of Standards are overseen by the Welsh Government's Dementia Oversight of Implementation and Impact Group and nationally led by Improvement Cymru.</p> <p>There are several national actions linked to Welsh language and dementia including:</p> <ul style="list-style-type: none"> <li>– Utilise the Welsh language and dementia sub-</li> </ul>	The Dementia Strategy's action plan	



				<p>group to drive forward recommendations from the Alzheimer's Society and Welsh language commissioners report on Welsh Language and dementia, and</p> <ul style="list-style-type: none"><li>– Commission research to further identify good quality normative data on Welsh language versions of cognitive assessment scales that are commonly used in Wales, allowing the confident interpretation of assessments carried out in a clinical context.</li></ul> <p>The overall aim of the project is to collate information on the dementia assessment tools/scales available in Welsh, how they are currently used and identify the most robust Welsh</p>		
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				language clinically validated tool(s). The region will engage with and support this work and consider implementing any changes and best practice identified (e.g. if a specific Welsh language dementia assessment tool is assessed as the most robust and effective, look at consistency of use across the region).		
How will the proposal treat the Welsh language no less favourably than the English language?	Positive  ✓	Negative	None/ Negligible	Any service changes or developments will be delivered in line with existing Welsh Language Standards, which all partners (NHS, local authorities, and third sector) are required to adhere to.	Existing commitment of all partners to deliver services in this way.	
Will it preserve promote and enhance local culture and heritage?	Positive  	Negative	None/ Negligible  ✓	There are no anticipated impacts this area.		



**4. STRENGTHENING THE PROPOSAL:** If the proposal is likely to have a negative impact on any of the above (including any of the protected characteristics), what practical changes/actions could help reduce or remove any negative impacts as identified in sections 2 and 3?

#### 4.1 Actions.

What are you going to do?	When are you going to do it?	Who is responsible?	Progress
Consider developing a prioritisation framework aligned to the strategy, to support decision-making in line with the strategy's goals and ambitions.	October 2022	Dementia Steering Group (DSG)	To be discussed at October steering group meeting
Agree a plan for continuous engagement of people with lived experience with the strategy, the Dementia Steering Group, and related work.	October 2022	DSG	Plan in development by Monica Bason-Flaquer, Dementia Programme and Change Manager, to be brought to Dementia Steering Group for discussion at the October meeting.
Develop a regional communication and engagement plan for promotion of the Dementia Strategy, to be implemented once the strategy has been endorsed regionally.	By December 2022	MBF	In progress
Consider how the experiences and needs of the following groups of people, relating to dementia, can be better understood in order to ensure that service changes and developments within the strategy can meet their needs: <ul style="list-style-type: none"> <li>• Transgender people</li> <li>• People from minority ethnic backgrounds</li> <li>• People from different religious backgrounds, including no religious beliefs</li> <li>• People with different sexual orientations (lesbian, gay, and bisexual)</li> </ul>	By December 2022	DSG	
Consider how socio-economic disadvantage and income inequality may impact the needs of people affected by dementia across the region, in order to ensure that service changes and developments within	By December 2022	DSG	



the strategy account for these issues to remain accessible for all.			
Agree impact and outcome measures for the key elements of the strategy, linking these in to impact and outcome measures to be developed for the All Wales Dementia Care Pathway of Standards workstreams.	By December 2022	MBF to work with workstream leads to develop these  DSG will need to agree them	Some measures already in use by workstreams, these are to be reviewed and any additional ones agreed.
Complete comprehensive mapping of Dementia Friendly communities, businesses/organisations and related initiatives across the region, in order to identify good practice and opportunities for further development which the work of the strategy could support.	By March 2022	MBF	In progress- MBF has begun exploring what current work or resources may contribute to this mapping exercise
Ensure that opportunities to support the strategy's development through community engagement are promoted to Welsh speakers and that arrangements are in place to enable Welsh speakers to contribute in Welsh.	Ongoing	MBF and other workstream leads	
<i>NB: No negative impacts have been identified. These actions are those which have been identified to enable the proposal to better contribute to sustainable development principles and well-being goals, and to improve how the proposal can identify and meet the needs of different population groups who were not directly engaged in the strategy's development.</i>			
<b>4.2. If no action is to be taken to remove or mitigate negative impacts please justify why.</b> <i>(Please remember that if you have identified unlawful discrimination, immediate and potential, as a result of this proposal, the proposal must be changed or revised).</i>			
<b>4.3. Monitoring, evaluating and reviewing.</b> <i>How will you monitor the impact and effectiveness of the proposal?</i>			
Implementation of the Dementia Strategy will be led by the West Wales Care Partnership and the designated Dementia Programme and Change Manager. It will be overseen by the Dementia Steering Group. Current work is in progress to strengthen the monitoring and evaluation of dementia work across the region which is funded by the ICF, in line with Welsh Government reporting requirements, and there is overlap between this current			



work and that which will be delivered as part of the Dementia Strategy. Monitoring of the Dementia Strategy and any additional actions and work will be incorporated into the new impact and evaluation plans.

## 5. RISK: What is the risk associated with this proposal?

Impact Criteria	1 - Very low	2 - Low	3 - Medium	4 - High	5 - Very High
Likelihood Criteria	1 - Unlikely to occur	2 - Lower than average chance of occurrence	3 - Even chance of occurrence	4 - Higher than average chance of occurrence	5 - Expected to occur
Risk Description	Impact (severity)		Probability (deliverability)		Risk Score
Lack of agreement across partners, if the strategy is not approved by all 3 counties, impacting ability to deliver it.	4		2		8
Does your proposal have a potential impact on another Service area?					
As highlighted throughout this document, the strategy will require collaboration across the health board, the 3 local authorities, and the third sector.					

## 6. SIGN OFF

Position	Name	Signature	Date
Service Manager			
Corporate Lead Officer			
Strategic Director			
Portfolio Holder			

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# Agenda Item 4

## Cyngor Sir CEREDIGION County Council

**REPORT TO:** Healthier Communities Overview and Scrutiny

**DATE:** 27 October 2022

**LOCATION:** Council Chamber, Penmorfa

**TITLE:** Porth Cynnal Specialist Services (Children & Adults)

**INDEPENDENT REVIEWING SERVICE PERFORMANCE  
MANAGEMENT REPORT  
QTR 4 2021 - 2022**

**PURPOSE OF REPORT:** To monitor the progress of Looked After Children through Independent Reviewing Officers scrutiny of their plans and placements during the fourth quarter of 2021/2022. This information contributes to Members fulfilling their roles as Corporate Parents.

**REASON SCRUTINY HAVE  
REQUESTED THE  
INFORMATION:** To ensure that the Local Authority and Members can fulfill their duties as Corporate Parents

### BACKGROUND:

Attached is the Independent Reviewing Service Report Quarter 4 2021/2022.

Quarterly reports are taken to the Healthier Communities Overview and Scrutiny Committee as part of an ongoing examination of the topic to ensure that the Local Authority fulfills its duties as the Corporate Parent.

This report includes national and local standards and targets used to measure outcomes for looked after children and care leavers at the time of their review meeting and includes Welsh Government Performance Indicators.

On the basis of the information available and the views expressed during the review meeting, the IRO makes a professional judgement about the effectiveness of a child/young person's care plan in meeting their needs and may recommend changes to the care plan.

During the review meeting the IRO considers whether the child/young person requires assistance to identify relevant other people to obtain legal advice/take proceedings on their behalf. This action was not deemed necessary by the IRO for any child in the period.

In addition, the IRO has regard as to whether the child/young person's human rights are being breached in any way and, if so, might make a referral to CAFCASS Cymru. This action was not required at any of the review meetings in the period.

These reports are considered within Multi Agency LAC Quality Assurance Meetings which meet on a quarterly basis; these meetings provide an opportunity to identify and act upon performance and other issues in relation to this area of work.

These reports are also circulated and reviewed by Local Authority's Corporate Parenting Group which is Chaired by Cllr Alun Williams, Cabinet Member for Children Services and Culture these meetings take place on a quarterly basis.

#### SUMMARY OF KEY POINTS;

- At the end of this Quarter, as of March 30<sup>th</sup> 2022; there were 100 children being looked after by the Local Authority. This is an increase of 3 in the number of children being looked after. At the end of Q3, there were 97 children being looked after.
- 61 children were reviewed in this quarter compared to 72 in the previous quarter 90.2% were reviewed within the statutory timeframe.
- 3 children left care in this quarter compared to 7 in Quarter 3. 2 children had their Care Orders revoked and 1 went on to a When I'm Ready placement.
- The placement provision for the children Reviewed during this Quarter were 25 in Local Authority foster care, 8 placed with parents, 7 placed with family, 1 with IFA, 6 in Residential Care, 6 with kinship carers, 1 in an adoption placement and one in supported lodgings. 18 were out of county placements.
- Of the children reviewed in this quarter, 90.2% of children received a statutory visit. This was compared to 95.8% in Quarter 3.
- 28 of children reviewed were the subjects of a Full Care Order, 23 were of an Interim Care Order, 3 on a Placement Order and 7 were under the legal status of Section 76.
- 54% of the care and support plans were recorded as meeting the needs of the children/young people reviewed in this quarter.
- Length of time in Care for Ceredigion Lac children reviewed in Quarter 4 – 20 under 6 months, 9 between 6 – 12months, 9 between 1 – 2 years, 23 over 2 years.
- The number and percentage of placement plans (including education and health provision) that are assessed as meeting the needs of Looked after Children in Ceredigion are 98.4% in this Quarter.
- The percentage of children (of sufficient understanding) who were involved in or consulted about their review, was 100%
- The percentage of children who were made aware of their right for an advocacy service, was 100%
- Number and percentage of Looked After Children of school age who had a Personal Education Plan within 20 school days of entering care or joining a new school during this quarter is 100%.
- Number and percentage of Parents consulted by the Social Workers before the review or who attended the review was 100%.
- 27 (84.4%) Pathway Plan Reviews were held within timescales, which compares to 94.1% in the previous quarter.
- The percentage of Young Persons with allocated Personal Advisor / Social Worker was 100% during this Quarter.

- The Percentage of Young People Consulted for their Review Meeting during this Quarter was 96.9% (31 reviews) with 1 (3.1%) young person was recorded as refusing to engage with professionals.

<b>Has an Integrated Impact</b>	No
<b>Assessment been completed? If, not, please state why</b>	

**Summary:**

This report is provided on an ongoing basis and demonstrate the continuing work that is undertaken with Looked after Children in Ceredigion

<b>WELLBEING OF FUTURE GENERATIONS:</b>	<b>Long term:</b>	Balancing short term need with long term planning for the future
	<b>Integration:</b>	Positively impacting on people, economy, environment and culture and trying to benefit all three
	<b>Collaboration:</b>	Working together with other partners to deliver
	<b>Involvement:</b>	Involving those with an interest and seeking their views; stakeholder engagement and consultation
	<b>Prevention:</b>	Putting resources into preventing problems occurring or getting worse

**RECOMMENDATION (S):**

To note the contents of the report and the levels of activity with the Local Authority.

**REASON FOR RECOMMENDATION (S):**

So that governance of the Local Authority activity and its partner agencies for Looked After Children are monitored

**Contact Name:** Siân Howys

**Designation:** Corporate Lead Officer: (Children & Families)

**Date of Report:** 9 June 2022

**Acronyms:** IRO - Independent Reviewing Officer

LAC - Looked After Children

CAFCASS - The Children and Family Court Advisory and Support Service

APR - Action and Progress Records

PEP - Personal Education Plan

PI - Performance Indicators

CAMHS - Child and Adolescent Mental Health Services

NEET - Not in Education, Employment or Training

PRU - Pupil Referral Unit

**Cyngor Sir CEREDIGION County Council**  
**Safeguarding Service**

**Independent Reviewing Service Performance Management Report**

**Quarter 4: 1<sup>st</sup> January 2022 – 31<sup>st</sup> March 2022**



**...yn gofalu i wneud gwahaniaeth  
...taking care to make a difference**

<b>CONTENTS</b>		
<b>PAGE:</b>		
<b>SECTION ONE:</b>	<b>INTRODUCTION</b>	<b>3</b>
<b>SECTION TWO:</b>	<b>CARE PLANNING</b>	<b>4</b>
<b>SECTION THREE:</b>	<b>CONSULTATION &amp; PARTICIPATION</b>	<b>20</b>
<b>SECTION FOUR:</b>	<b>ISSUE RESOLUTION PROTOCOL</b>	<b>23</b>
<b>SECTION FIVE:</b>	<b>EVALUATION</b>	<b>23</b>
<b>SECTION SIX:</b>	<b>PATHWAY PLAN</b>	<b>24</b>
<b>SECTION SEVEN:</b>	<b>SHORT BREAK CARE</b>	<b>26</b>
<b>SECTION EIGHT:</b>	<b>SHORT BREAKS</b>	<b>27</b>
<b>SECTION NINE:</b>	<b>FOSTER CARERS</b>	<b>28</b>

## **SECTION ONE: INTRODUCTION**

This report provides information collated by the Quality Assurance and Independent Reviewing Service in order to monitor performance and quality assure services to looked after children, care leavers, children in residential placements and those children who receive respite care and short breaks. The information is based on the monitoring forms completed by the Independent Reviewing Officers (IRO) following each review meeting within this quarter along with other performance information held by the Children and Families Service.

## **BENCHMARKING**

This report includes national and local measures and targets used to measure outcomes for looked after children and care leavers at the time of their review meeting.

On the basis of the information available and the views expressed during the review meeting, the IRO makes a professional judgement about the effectiveness of a child/young person's care plan in meeting their needs and the IRO will highlight to managers any poor practice.

During the review meeting the IRO considers whether the child/young person requires assistance to identify relevant other people to obtain legal advice/take proceedings on their behalf. This action was not deemed necessary for any children/young persons in the period.

In addition, the IRO has regard as to whether the child/young person's human rights are being breached in any way and, if so, might make a referral to CAFCASS Cymru. This action was not required at any of the review meetings in the period.

*For any query or comment contact:*

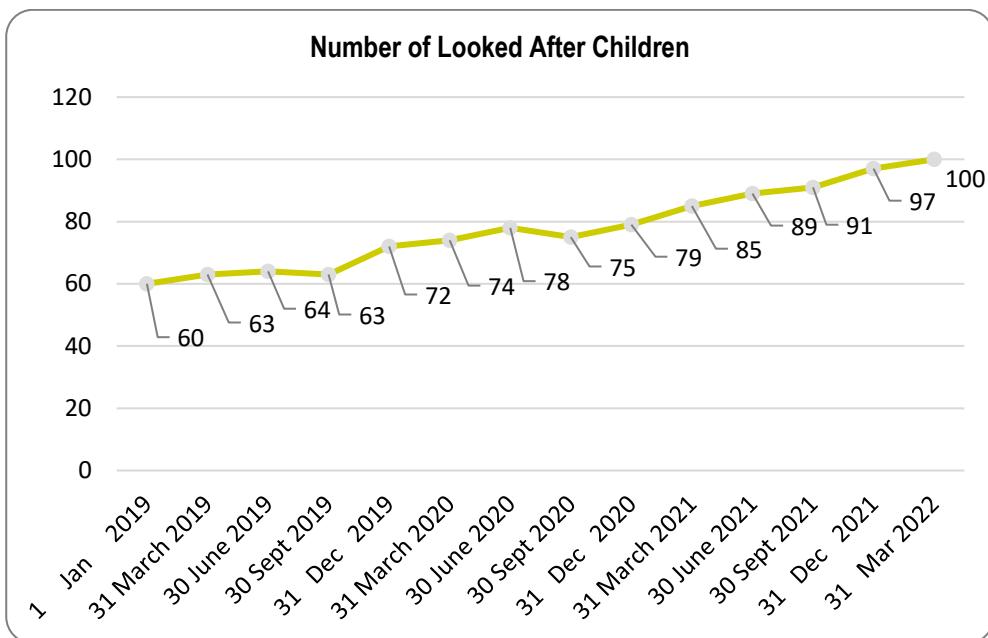
Elizabeth Upcott  
Safeguarding Service  
Penmorfa,  
Aberaeron  
SA46 0PA

## SECTION TWO

### CARE PLANNING

**1. Headline Figures for Q4:**

<b>The following table and chart provide the total number of Looked After Children data at the end of each quarter commencing with the most recent quarter.</b>	
31 March 2022	100
31 December 2021	97
30 September 2021	91
30 June 2021	89
31 March 2021	85
31 December 2020	79
30 September 2020	75
30 June 2020	78
31 March 2020	74
31 December 2019	72
30 September 2019	63
30 June 2019	64
31 March 2019	63
1 January 2019	60



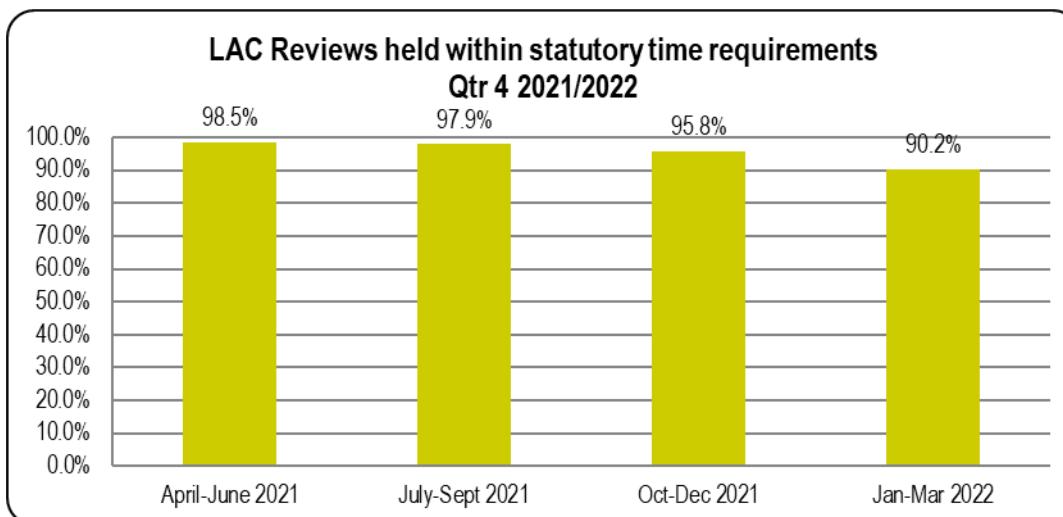
**2. Number and percentage of Looked After Children Reviews undertaken within the statutory time requirement.**

Target Set 100% - Target achieved 90.2%

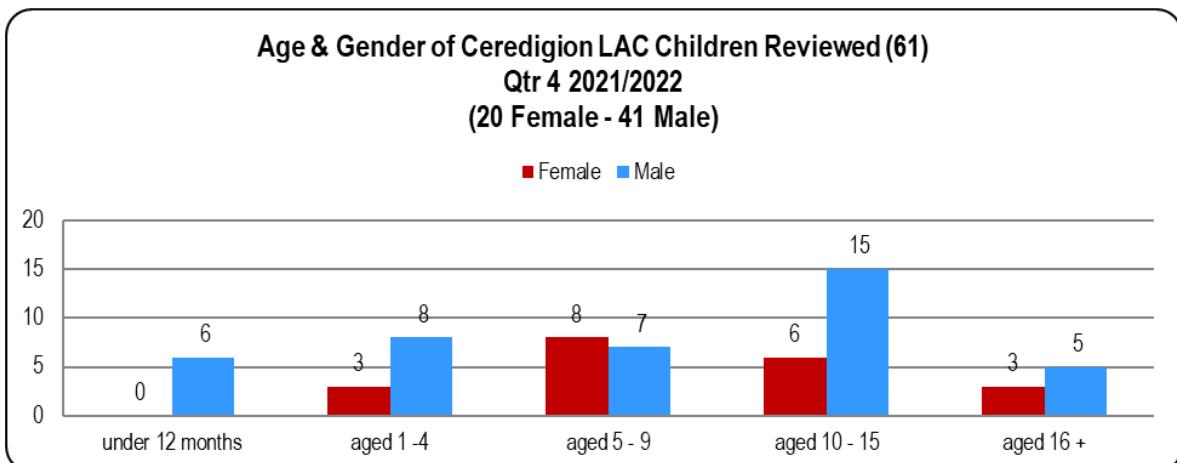
61 Children were reviewed within the Quarter.

- 55 (90.2%) LAC Review Meetings were undertaken within the statutory requirements.
- 6 (9.8%) LAC Review Meetings were held out of statutory requirements; the reasons recorded were as follows: -
  - A sibling group of 3 children's Review was postponed due to children's situation at the time of scheduled review.
  - There was delay in notifying that a sibling group of 3 children had become Looked After.

	Jan-Mar 2022	Oct-Dec 2021	July-Sept 2021	April-June 2021	Jan-Mar 2021
Number of children reviewed in the quarter	61	72	48	67	58
Number of reviews held in timescale	55	69	47	66	52
Number of reviews held out of timescales	6	3	1	1	6

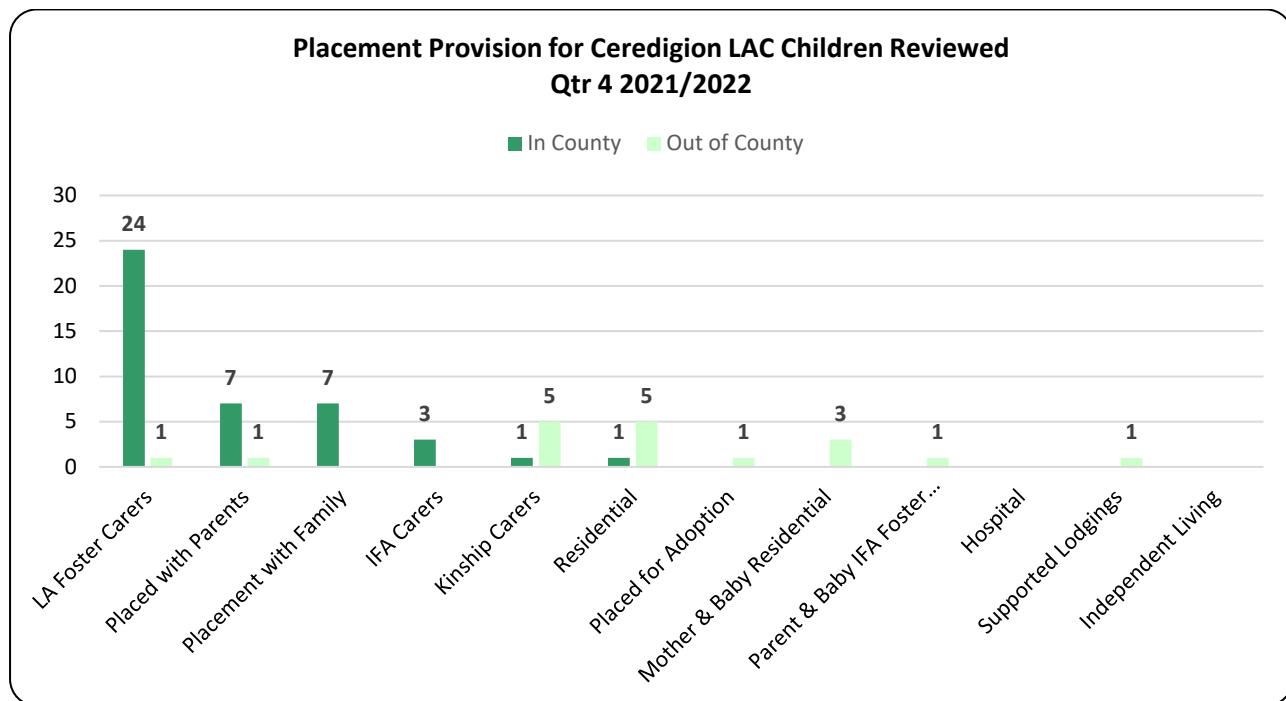


### 3. Age and Gender of the Children Reviewed in the Quarter:



**4. Nature of the Placement Provision of Children Reviewed in the Quarter:**

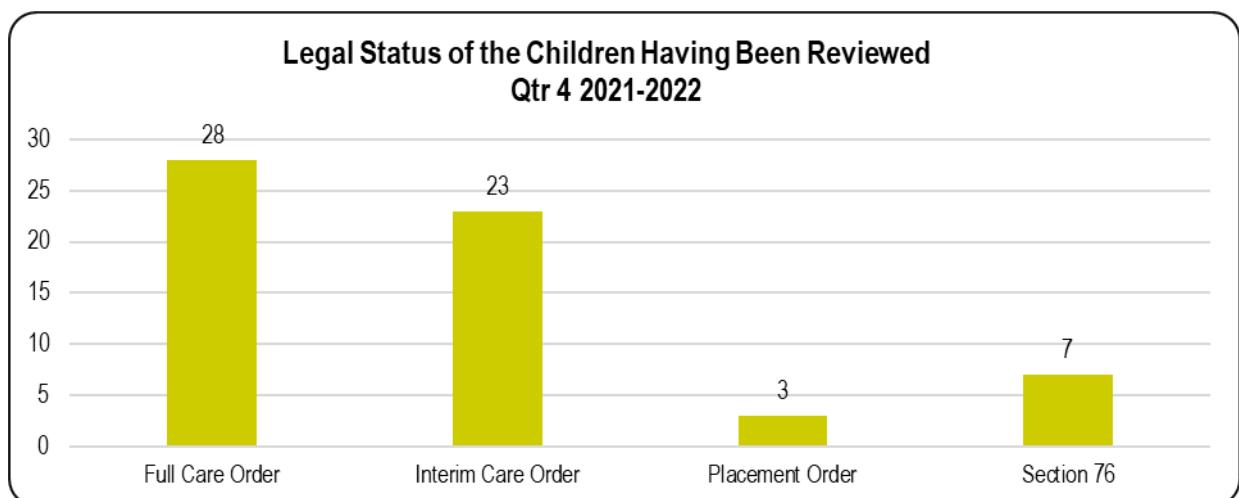
Type of Placement	In County	Out of County	Total
LA Foster Carers	24	1	25
Placed with Parents	7	1	8
Placement with Family	7	-	7
IFA Carers	3	-	3
Kinship Carers	1	5	6
Residential	1	5	6
Adoption	-	1	1
Mother & Baby Residential	-	3	3
Parent & Baby IFA Foster Carers	-	1	1
Hospital	-	-	-
Supported Lodgings	-	1	1
Independent Living	-	-	-
	43	18	61



58 Young people were placed with carers who spoke their own language
2 Reviews recorded that the children (same child reviewed twice in period) were placed with an English Carer, child was from a Welsh & English speaking Family.
1 Review noted that the young person was an unaccompanied child and placed in a care setting which did not meet their first language needs. There was a translator in the review to enable the young person to participate accordingly.

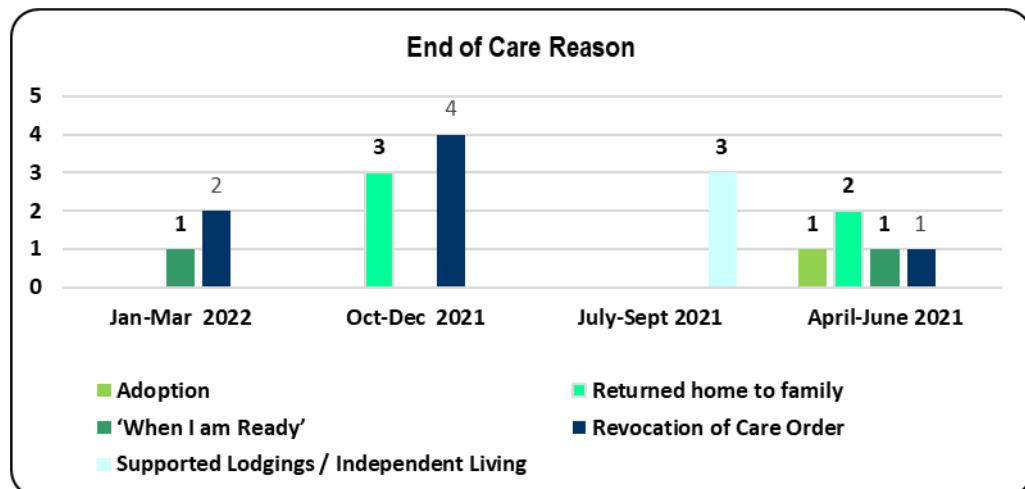
**5. Legal Status of Children Reviewed in the Quarter:**

<b>Legal Status of the Children Having Been Reviewed</b>	
Full Care Order	28
Interim Care Order	23
Placement Order	3
Section 76	7
<b>Total</b>	<b>61</b>



**6. Reasons for End of Care of the Children Reviewed**

Period	Number left care	End of Care - Reason				
		Adoption	Returned home to family	'When I am Ready'	Revocation of Care Order	Supported Lodgings / Independent Living
Jan - Mar 2022	3	0	0	1	2	0
Oct - Dec 2021	7	0	3	0	4	0
July - Sept 2021	3	0	0	0	0	3
April - June 2021	5	1	2	1	1	-
<b>Total</b>	<b>18</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>7</b>	<b>3</b>



**7. Number and percentage of Looked After Children who have an allocated Social Worker.**

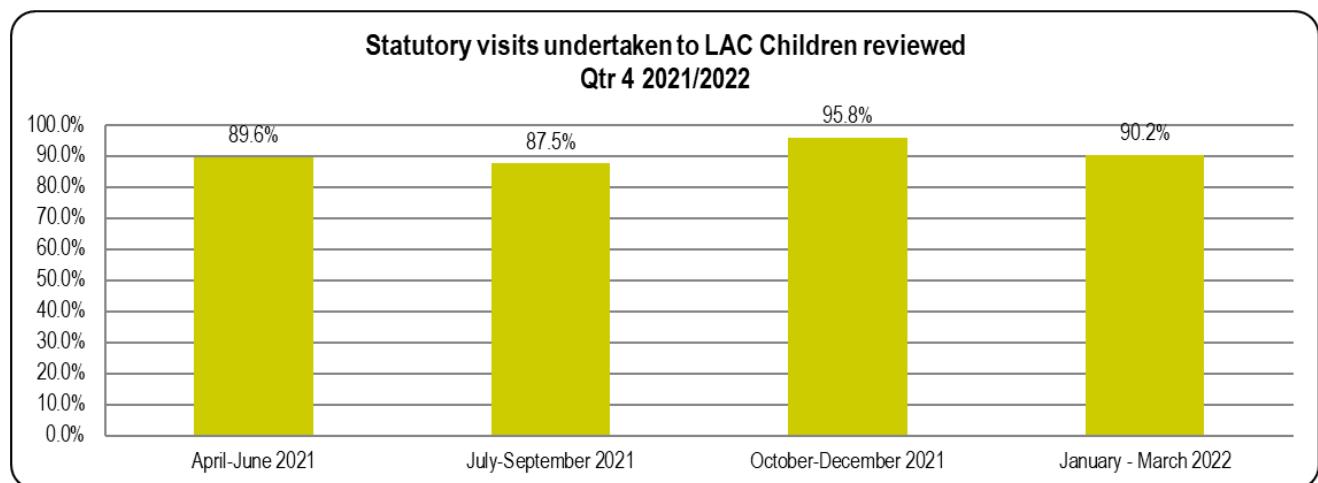
Target Set 100% - Target achieved 100.0%

- 61 (100.0%) LAC Reviews recorded that a qualified Social Worker was allocated and actively involved with the child.

**8. Number and percentage of statutory visits undertaken to Looked After Children reviewed within the required timescales.**

Target Set 100% - Target achieved 90.2%

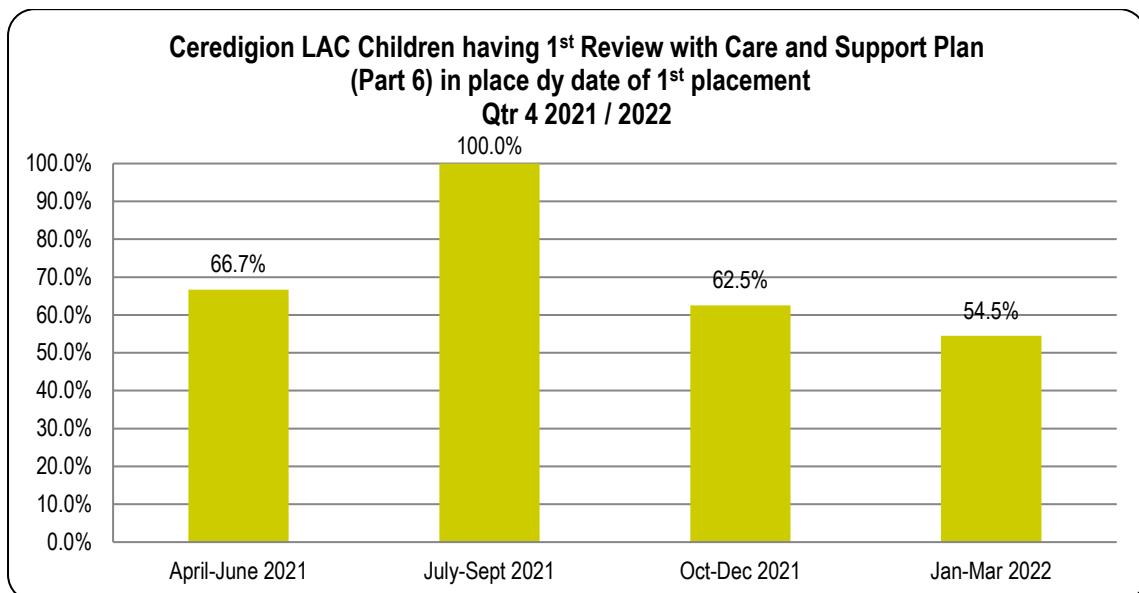
- 55 (90.2%) Looked After Children received Social Worker visits in accordance with the statutory requirements.
- 6 (9.8%) Looked After Children did not receive Social Worker visits in accordance with the statutory requirements.



**9. Number and Percentage of Care and Support Plans (Part 6) in place at the date of the first placement and of up-to-date plans available for the Review.**

Target Set 100% - Target achieved 54.5%

- There were 11 new LAC placements made during this quarter; 6 (54.5%) Review meetings recorded that the child / young person had a Care and Support Plan (Part 6) in place by the date of his/her placement. The Care and Support Plan (Part 6) wasn't in place by date of placement for the other 5 children / young persons, however, were recorded as being in place at the time of their review.



- The IRO identified that updates were required to the Care and Support Plan records (Part 6) of 3 children. It was identified that the Care and Support Plan was updated for all 3 children/young persons.

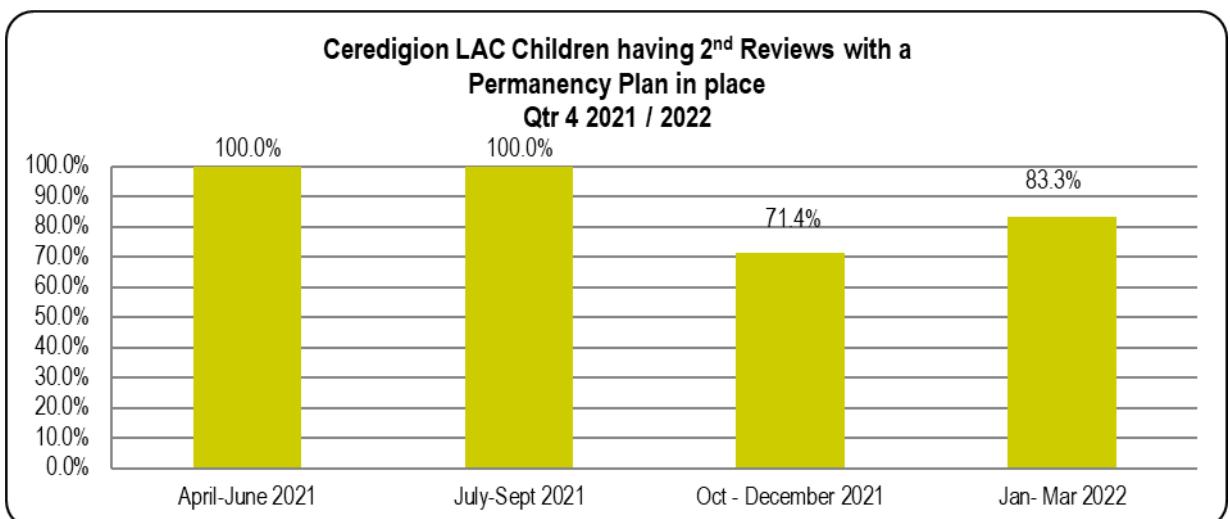
**10. Number and percentage of Looked After Children who have a Permanency Plan by the second review if a return home has not been planned.**

Target Set 100% - Target achieved 83.3%

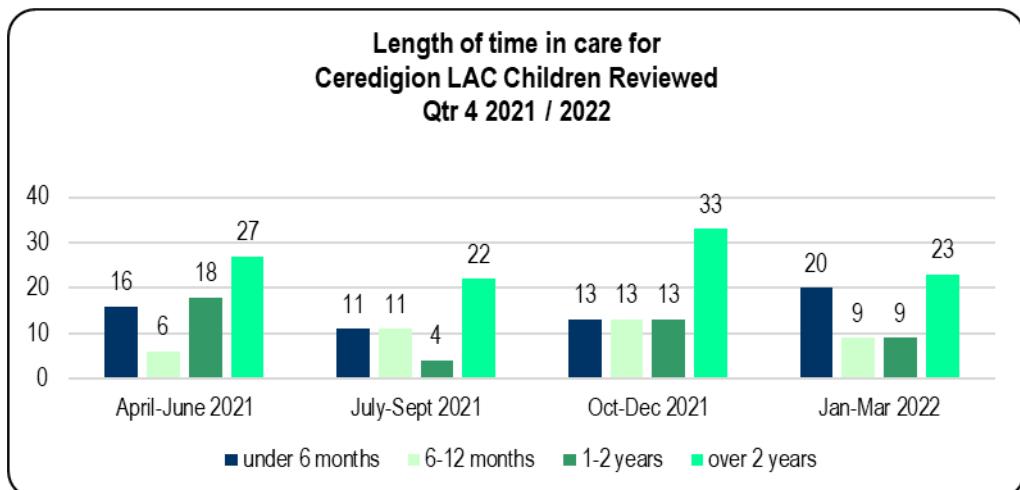
- There were 6 second reviews during this quarter, 5 reviews (83.3%) recorded that a Permanency Plan had been agreed. This compares to 71.4% in the previous quarter.
- There were concerns recorded by the IRO in 7 (11.5%) reviews in this period regarding the progress of the Placement / Care and Support Plan / Permanency Plan.

The nature of the concerns was as follows: -

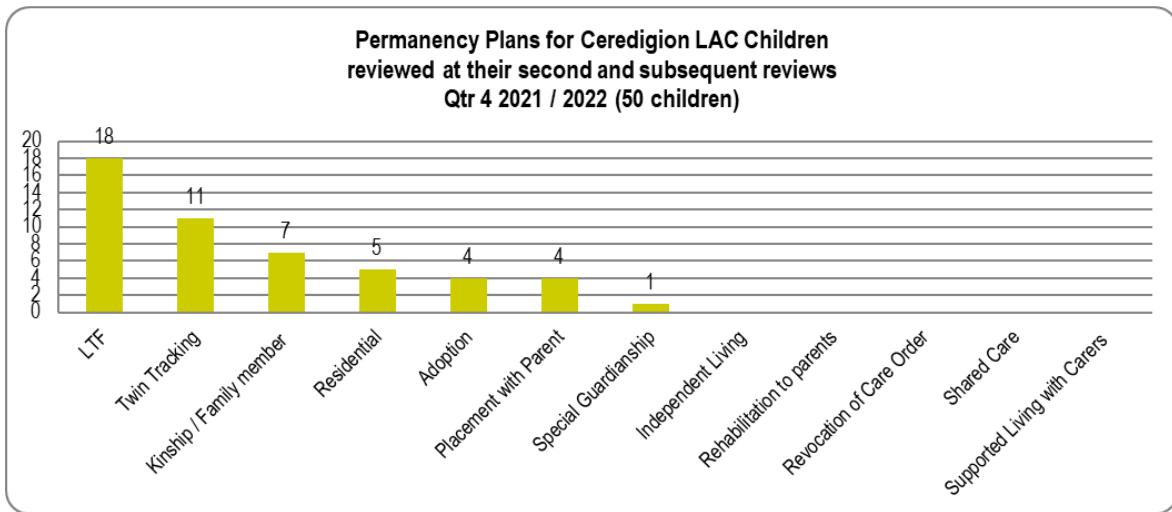
- 2 Reviews for a sibling group reported that there was uncertainty regarding the placement.
- At 1 Review there was concern that there was a long delay in assessments being undertaken to secure a long-term option (either Special Guardianship Order or long-term fostering)
- At 2 Reviews for a sibling group, concerns were raised regarding long delay in sibling assessment.
- For 1 other Review it was due to concerns that temporary accommodation had now become a long-term arrangement and young person seemed to have disengaged.
- There were concerns regarding the risky behaviour of 1 young person especially with placement being a long way from Ceredigion with young person wanting to be closer. However, on the positive, there was very close working between professionals in the area that the young person was placed in working with him/her.



## 11. Length of Time in Care:



## 12: Nature of Permanency Plans:



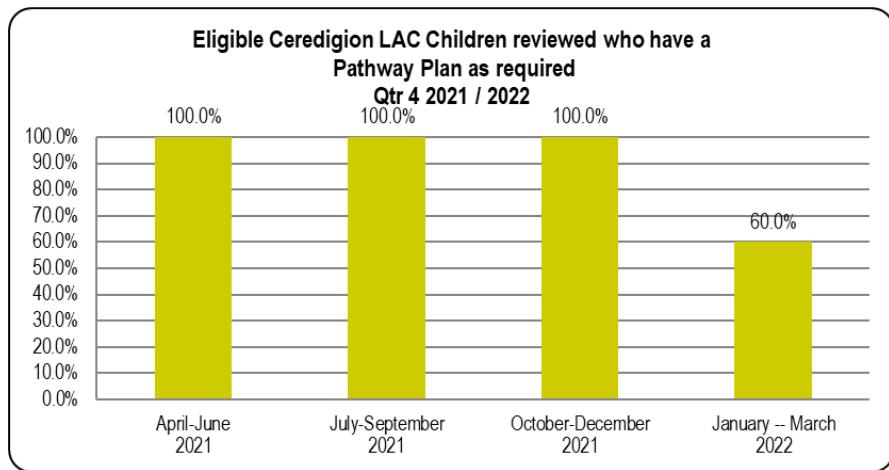
## 13. Number and percentage of Looked After Children receiving Short Break Care away from Main Carers

- 3 (4.9%) LAC Reviews noted that the child / young person was receiving short break care away from their main carer.

## 14. Number and percentage of eligible young people who have a Pathway Plan as required.

Target set: 100% Target Achieved 60.0%

- 3 (60.0%) Young People recorded that there was a Pathway Plan in place and were allocated a Personal Advisor.
- 2 (40%) Reviews recorded that the young person did not have a Pathway Plan in place, however one of these young people was allocated a Personal Advisor.



**15 Number and percentage of Looked After Children (of appropriate age and level of understanding) who understand the reasons for them being looked after.**

Target Set 100% -Target achieved 100.0%

- The data for this performance indicator relates to 40 children / young persons as 21 children / young persons were not considered to be of an appropriate age and level of understanding to comprehend the reasons for being looked after.
- 40 (100.0%) Of this group showed some level of understanding about why they were cared for away from their families, which compares to 94.0% in the previous quarter. 3 Of these reviews however documented that more work needed to be undertaken with the child / young person.

**16. Number and percentage of Looked After Children (of appropriate age and level of understanding) understand their Care and Support Plan.**

The data for this performance indicator relates to 37 children / young persons as 24 children / young persons were not considered to be of an appropriate age and level of understanding and were therefore not included in the figures.

- 35 (94.6%) of this group showed a level of understanding as to the nature of their Care and Support Plan (part 6).
- 2 (5.4%) Reviews recorded that this needed to be shared with the children / young persons.

**17. National Measure 33: Number and percentage of moves for Looked after Children.**

- 12 (19.7%) LAC Reviews reported that there was a change in a child's/young person's placement during this quarter; this compares to (18.1%) in the previous quarter.

The reasons for the changes in Placement were as follows:

- 1 Young person moved from a Parent & Baby Foster Carer due to it being a negative placement for mum's continued assessment to a further Parent & Baby Foster Carer placement.
- For 2 Young persons the movement of placement was due to the Carer giving notice on placement.
- 1 Other young person moved from a placement with parent to a placement with a foster carer due to neglect and Non-Accidental Injury.
- It was recorded at 2 Reviews that the young persons moved as a step down in planned care from a mother & Baby Residential to a placement with parent in the community

- 2 Reviews documented that the young person was moving from a short-term placement to a long-term placement with Kinship Carers.
- A breakdown of a foster carer placement resulted in 1 young person moving into a Residential Placement.
- 1 Young person moved from foster carers to a Residential Placement.
- At 2 further reviews it was noted that 1 young person moved from a short-term placement to another short-term placement whilst for the other young person the move from a short-term placement was to a long-term placement.

**18 Number and percentage of placement plans (including education and health provision) that are assessed as meeting the needs of Looked after Children.**

Target Set 100% - Target achieved 98.4%

- 60 (98.4%) Placement/care and support plans were recorded as meeting the needs of the children / young people, which compares to 91.7% in the previous quarter.
- 1 (1.6%) Review recorded that Placement/care and support plan wasn't meeting the needs of the child / young person. The reason recorded was that there was a deterioration in the child / young person's behaviour as the short-term placement had progressed.

**19. Number and percentage of Safeguarding Concerns identified for Looked After Children during this quarter**

- 3 (4.9%) LAC Reviews identified safeguarding concerns for the young person; it was confirmed that the concerns were being addressed.

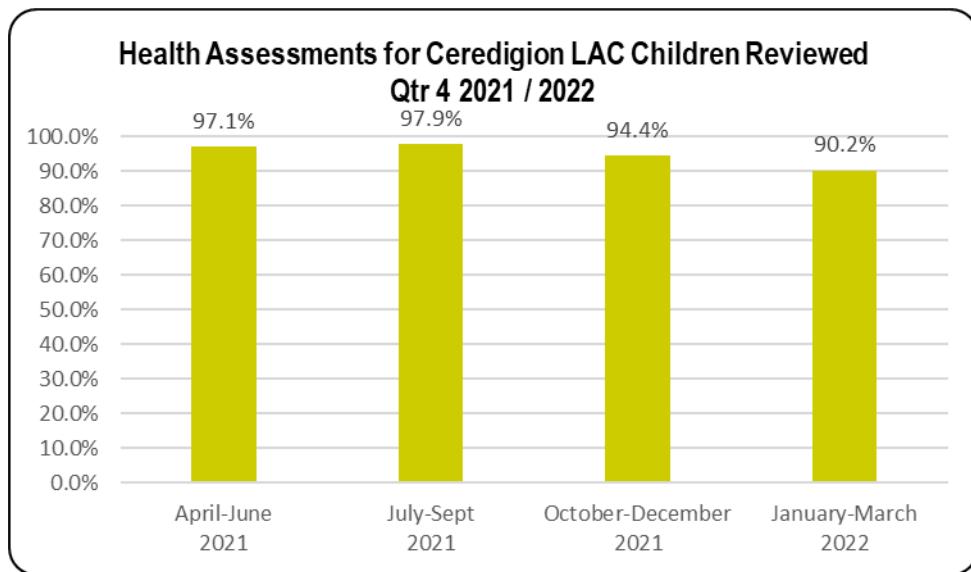
**20. Number of Looked After Children's names on the Child Protection Register.**

- 3 (4.9%) Reviews confirmed that the young person's name was included on the Child Protection Register.

**21. Number and percentage of Looked After Children who received Health Assessments in accordance with statutory requirements**

Target Set 100%- Target achieved 90.2%

- 55 (90.2%) Children/Young People Looked After had an up-to-date health assessment reported at their review, which compares to 94.4% in the previous quarter.
- 6 (9.8%) Children/Young People Looked After did not have an up-to-date health assessment at their review, however health assessments have subsequently taken place for all of these Children/Young People.



**Comment:** Health Assessments are now in place for all above young people

- 22. The percentage of children registered with a dentist within 20 working days of becoming looked after**

Target set: 100% Target Achieved 66.7%

#### **Registered with a dentist**

The data for registering a child / young person with a dentist within 20 days of start of placement relates to 6 children / young persons.

- 4 (66.7%) Reviews recorded that the child / young person was registered with a dental practitioner within 20 working days of the start of placement.
- 2 (33.3%) Reviews noted that the child / young person was yet to be registered with a dental practitioner.

**Comment:** Both these young persons were under 1 years old.

\*\*\*\*\*

#### **Registered with a dentist**

The data for this performance indicator relates to 50 Children / Young persons as 11 Children / Young persons having a first LAC Review were taken out of the above equation to coincide with National Measure requirements.

- 43 (86.0%) Children and young people were registered with a dentist. This compares to 96.8% in the previous quarter.

7 (14.0%) Children and young people needed to be registered with a dentist.

**Comment:** 6 of the above reviews were in respect of 3 children who were reviewed twice within the quarter; the other young person had been referred to a dental service.

**23. National Measure 30: Number and percentage of Looked After Children who have had their teeth checked by a dentist within 3 months of becoming Looked After.**

**Seen by a dentist**

The data for being seen by a dentist within 3 months of becoming looked after relates to 4 children.

- 3 (75.0%) Reviews recorded that the child / young person had been seen by a registered dentist within 3 months of becoming LAC.
- 1 (25.0%) Review recorded that the child / young person had not been seen by a registered dentist within 3 months of becoming LAC.

\*\*\*\*\*

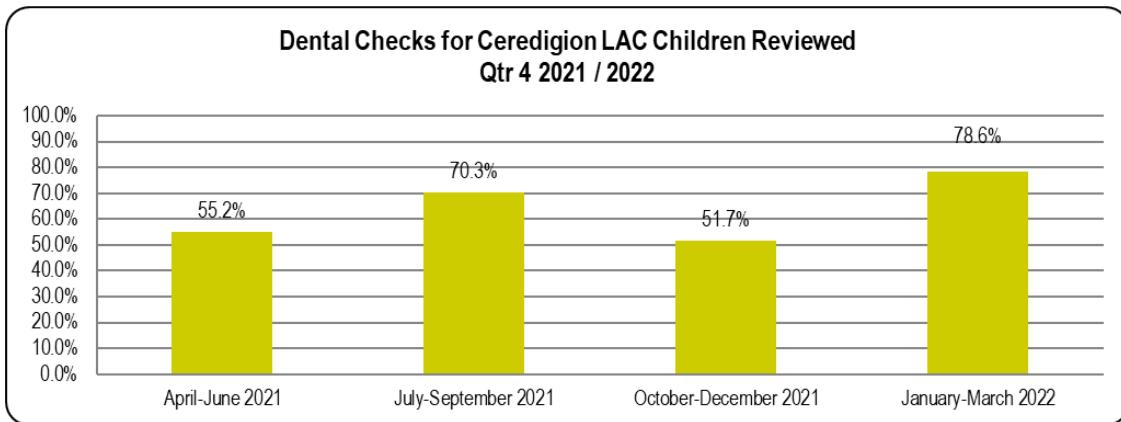
**Seen by a dentist**

Target Set 90% - Target achieved 78.6%

The data for this performance indicator relates to 42 Children / young persons as 19 Children / Young persons were under 2 years of age and / or having their first LAC Reviews and were taken out of the above equation to coincide with National Measures requirements.

- 33 (78.6%) Children and young people were recorded as having a dental check during the preceding 12 months, which compares to 51.7% in the previous quarter.
- 9 (21.4%) Children and young people were recorded as not having had dental checks.

**Comment:** Routine dental checks had been put on hold due to Covid19 pandemic and guidance from Welsh Government.



**24. National Measure 31: Percentage of children looked after who were registered with a GP within 10 working days of the start of their placement**

- 20 (90.9%) Reviews recorded that the child was registered with a provider of general medical services within 10 working days of the start of placement.
- 2 (9.1%) Reviews reported that this action remained outstanding but would be an action from the LAC Review.

**25. Number and percentage of children looked after who were registered with a GP**

Target Set 100% - Target achieved 98.4%

- 60 (98.4%) Children and young people were registered with a GP, which compares to 100.0% in the previous quarter.
- 1 (1.6%) Review recorded that the child / young person would be registered following the LAC Review.
- 55 (91.7%) Children had their immunisations up to date.
- 5 (8.3%) Children were late in receiving their immunisations; however it was confirmed at 4 reviews that work was ongoing in this respect, with an accelerated immunisation programme being undertaken for the other young person.

1 Review was taken out of the equation as the parent was refusing to allow the child to have an immunisation.

**26. Number and percentage of Looked After Children assessed as requiring CAMHS services that are referred and receive an assessment /service.**

Target: 50%

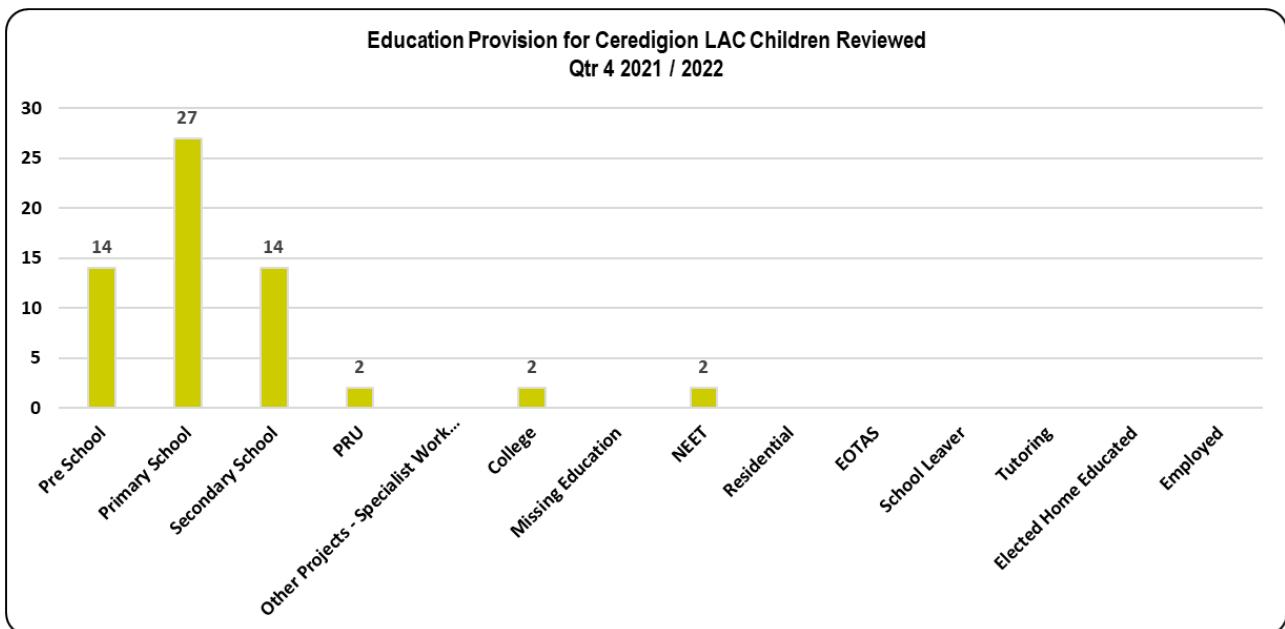
Actual Performance

- 3 (4.9%) LAC Reviews recorded that a child/young person had been referred to CAMHS, it was confirmed at all 3 Reviews that the referral had been accepted for the child/young person.
- 57 (100.0%) LAC Reviews recorded that children/young people's mental/emotional health had been considered during the Health Assessment and/or during discussions in the meeting.
- 4 Reviews recorded that the child / young person was too young, these were therefore taken out of the equation.

**27. Nature of Education Provision:**

During this quarter the children and young people reviewed were in the following educational provision.

<b>Education Provision</b>	
Pre-school children	14
Primary school pupils	27
Secondary school pupil	14
PRU	2
Other Projects-Specialist Work Placement	
College	2
NEET	2
EOTAS	
Missing Education	
Residential	
School Leaver	
Tutoring	
Elected Home Educated	
Employed	
<b>Total</b>	<b>61</b>



- 28. Number and percentage of Looked After Children of school age who had a Personal Education Plan within 20 school days of entering care or joining a new school.**

Target Set 70% - Target achieved 100.0%

The data for this performance indicator relates to 37 children / young persons who were of compulsory school age and therefore eligible for a Personal Education Plan.

- 37 (100.0%) Children and young people of statutory school age had an up-to-date Personal Education Plan.
  - 12 (100.0%) Reviews recorded that the PEP had been completed within 20 school days of becoming Looked After or 20 school days of a change in school as required.
  - 25 (100.0%) Reviews recorded that the young person had an up-to-date Personal Education Plan.

\*\*\*

- 10 (25.0%) Children and young people attending school/college were identified as having a recognised highest additional learning need.

\*\*\*

- 14 (34.1%) Reviews deemed that the children / young persons attending school/college were underachieving educationally. All 14 (100.0%) Reviews recorded that the young people were receiving support.
  - \*\*\*
- 11 (100.0%) Reviews identified that the educational provision had been put in place at the start of the placement.

\*\*\*\*

- 1 (2.7%) Reviews identified that there had been a period whereby the child / young person had been out of education awaiting a school placement
- 29. National Measure 32: Percentage of Looked After Children who have changed schools and outside of transitional arrangements**
- Target Set 0% - Target achieved 10.8%
- 4 (10.8%) Reviews recorded a change of school which was not transitional, which compares to 6.2% in the previous quarter.
- 30. Number and percentage of Looked After Children who were excluded from school**

Target Set 12% fixed term exclusion –Target achieved 2.7%Target Set 1% permanent exclusion – Target achieved 0.0%

- 1 (2.7%) Reviews reported that the young person had been excluded on a fixed term basis during the review period. This compares to 8.3% in the previous quarter.
- 0 (0.0%) Reviews reported that the young person had been excluded from school permanently, which is consistent with the previous quarter.

There were exclusions during this quarter: -

7 sessions - 3.5 days

14 sessions - 7 days

Total - 21 sessions = 10.5 days

## SECTION THREE

### CONSULTATION AND PARTICIPATION

**1. Local Performance Indicator: Number and percentage of Looked After Children of age and understanding consulted by the Social Worker or attended their review**

Target Set 100% – Target achieved 100.0%

The data for this performance indicator relates to 41 reviews as 20 reviews recorded that the children / young persons were not of an age and level of understanding to be included in the consultation process although 3 of these children / young people were present at their review.

- All 41 (100.0%) Reviews recorded that consultation had taken place

Breakdown of consultation

19 Children / young people attended their review via Teams.

22 Children / young people completed consultation papers or/and had their views represented by professionals, parents, carers or advocates.

- The IRO had direct contact with 4 child / young person during the review period outside of the review meeting.

**2 Local Performance Indicator: Number and percentage of Children who were aware of their right for an Advocacy Service / Independent Visitor Scheme**

Target Set 100% - Target achieved 100.0%

The data for this performance indicator relates to 42 reviews as 19 reviews recorded that the children / young people reviewed were not of an age and understanding to be informed about their right for Advocacy / Independent Visitor Scheme and were therefore taken out of the equation.

- 42 (100.0%) Children / young persons were informed of their right for an Advocacy / Independent Visitor Scheme and a referral made.

**3 Local Performance Indicator: Number and percentage of Children informed about the Complaints Procedure**

Target Set 100% - Target achieved 100.0%

The data for this performance indicator relates to 32 reviews as 29 reviews recorded that the children / young people were not of the age / level of understanding and were therefore taken out of this equation.

- All 32 (100.0%) Children / young people knew about the complaints process, which compares to 97.6% in the previous quarter.

**4 Local Performance Indicator: Number and percentage of Parents consulted by the Social Worker before the review or who attended the review**

Target Set 80% - Target achieved 100.0%

The data for this performance indicator relates to 52 reviews as 9 reviews recorded that the parents were not involved in the statutory review process and these were therefore taken out of the above equation.

- All 52 (100.0%) Parents completed consultation papers or met with / spoke with the IRO prior and / or after the review or / and attended the review themselves or / and had their views represented by a professional.

Breakdown of consultation

Consultation Papers were sent to all 52 reviews.

35 Reviews confirmed that the parents were present or spoke to the IRO by phone prior and/or after the review.

**5 Local Performance Indicator: Number and percentage of Foster Carers consulted by the social worker or attends the Child's Review**

Target Set 100% - Target achieved 100.0%

The data for this performance indicator relates to 56 reviews as 5 reviews recorded that the child was placed with a parent or living independently, these reviews were therefore taken out of the equation.

- 56 (100.0%) Foster Carers completed consultation papers or / and attended the reviews during this period.

**6 Local Performance Indicator: Number and percentage of Health Representative attending the Review or Sending a Report**

Target Set 100% - Target achieved 90.2%

- 55 (90.2%) Reviews confirmed that information regarding health was available for the meeting.
- 6 (9.8%) Reviews reported that there was no health information at the meeting.

**Comment:** It was noted that 3 of these young people were living outside the area.

**7. Local Performance Indicator: Number and percentage of a School Representatives attending a Review or Sending a Report**

Target Set 100% - Target achieved 97.6%

- 41 (97.6%) LAC Reviews had a school representative attend or provided a written report, which compares to 100.0% in the previous quarter.

**8. Local performance Indicator: Number and percentage of LAC Review Documents completed by the Social Worker prior to the review**

Target Set 100% - Target achieved 83.6%

- 51 (83.6%) LAC Reviews confirmed that the LAC Review document had been completed by the Social Worker prior to the review, this compares to 86.1% in the previous quarter.
- 10 (16.4%) LAC Reviews confirmed that the LAC Review document had not been completed by the Social Worker prior to the review.

**Comment:** This is due to staffing issues within the Social Work Team. Measures are being put in place to address this issue.

## **SECTION FOUR: ISSUE RESOLUTION PROTOCOL**

The Issue Resolution Protocol was not initiated during this period for any child by the IRO. SL/FN to confirm

Although it was noted that Mid-Point reviews were not taking place, where needed, IRO were bringing reviews forward when there were concerns.

## **SECTION FIVE**

### **EVALUATION**

This information was unavailable for this quarter

## SECTION SIX

### PATHWAY PLANNING

#### **For over 16 years old and not LAC / over 18 year old care leavers**

32 Pathway Plan Reviews were held during the quarter.

**1 Performance Indicator: Percentage of Pathway Plan Review held within timescales**

- 27 (84.4%) Pathway Plan Reviews were held within timescales, which compares to 94.1% in the previous quarter.
- 5 (15.6%) Pathway Plan Reviews were held out of timescales. The reasons recorded were as follows: -
  - For 3 Pathway Plan Review there was a misunderstanding regarding the Review date and time due to change in workers / young person wanting to be present.
  - 2 Other Pathway Plan reviews recorded that they were out of timescales due to Annual Leave.

**2 Performance Indicator: Percentage of Young Persons with allocated Personal Advisor / Social Worker**

- It was identified at all 32 (100%) reviews that all the young persons had an allocated Social Worker or/and Personal Advisor.

**3 Performance Indicator: Percentage of Pathway Plan Review Record Completed for the Meeting**

- The Review Record had been completed for 24 (75.0%) Pathway Plan reviews, which compares to 64.7% in the previous quarter.
- 8 (25.0%) Reviews reported that the Review Record had not been completed at the time of the review.

**4 Performance indicator: Percentage of Young People Consulted for the Review Meeting**

- 31 (96.9%) Reviews confirmed that the young person had his / her views represented at the review or / and attended the review.
- 1 (3.1%) Review reported that the views of the young person had not been represented, this was due to the fact that the young person was refusing to engage with professionals.

**5 Performance indicator: Percentage of Young People attending their Review Meeting**

- 15 (46.9%) Reviews recorded that the young person attended their review.
- 17 (53.1%) Reviews recorded that the young persons had not attended their review.

**6 Performance Indicator: Percentage of Pathway Plan meeting young person's needs**

- 27 (84.4%) Reviews confirmed that the Pathway Plan was meeting the young person's needs.
- 4 (12.5%) Reviews reported that the Pathway Plan wasn't meeting the young persons' needs; the reasons recorded were as follows: -
  - 2 Young People were refusing to engage with professionals.
  - 1 Other young person was refusing to engage with professionals and being aggressive and threatening to staff.
  - For 1 other young person it was due to a change of accommodation from a 'When I am Ready' placement.
- 1 (3.1%) Review highlighted that it was unknown as to whether they Pathway Plan was meeting the young person's needs as there was no report completed for Review and no input from the young person.

**7 Performance Indicator: Percentage of Pathway Plans updated prior to Leaving Care/18<sup>th</sup> Birthday**

- 1 (50.0%) Pathway Plan Review reported that the Pathway Plan had been updated prior to the young persons' leaving care/18<sup>th</sup> Birthday.

**8 Evaluation This information was unavailable for this quarter**

## **SECTION SEVEN**

### **REGULAR SHORT BREAK CARE**

There was 1 Regular Short Break Care Review held during the quarter.

- 1 Performance Indicator: Percentage of Regular Short Break Care undertaken within the statutory time requirement**
  - This review was held within timescales.
  
- 2 Performance indicator: Percentage of statutory visits undertaken to children at Regular Short Break Care placements within the required timescale**
  - It was recorded that the statutory visits had been undertaken.
  
- 3 Performance Indicator: Percentage of Young Persons Consulted/Attended the Review Meeting**
  - The young person was represented/attended the review meeting.
  
- 4 Performance Indicator: Percentage of Parents Consulted for the Review Meeting**
  - It was documented that the parent either attended/was represented the review.
  
- 5 Performance Indicator: Percentage of Foster Carers Consulted for the Review Meeting**
  - It was verified that the Carers either attended/were represented at the review.

\*\*\*

## **SECTION EIGHT**

### **SHORT BREAKS**

There were no Short Break Reviews held during this period

\*\*\*

## **SECTION NINE**

### **FOSTER CARER REVIEWS**

There were no Foster Carer reviews undertaken during this period

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# Agenda Item 5

## CEREDIGION COUNTY COUNCIL

**Report to:** Healthier Communities Overview and Scrutiny Committee

**Date of meeting:** 27/10/2022

**Title:** A report on the findings of Ceredigion County Council's 2022 Air Quality Progress Report, In fulfilment of Part IV of the Environment Act 1995 Local Air Quality Management.

**Purpose of the report:** **To brief members on the findings of Ceredigion County Council 2022 Air Quality Progress Report**

### Introduction

It is currently estimated that poor air quality contributes to a reduced life expectancy and death, tallying an equivalent of between 1,000 and 1,400 mortalities in Wales each year. The World Health Organisation (WHO) states air pollution as the single largest environmental health risk, globally.

Local authorities have a duty under **Part IV of the Environment Act 1995** to monitor the air quality standards of their area and to report on this annually. Where pollutants are found to exceed statutory limits stipulated in **The Air Quality Standards (Wales) Regulations 2010** the authority must designate a Local Air Quality Management Area (AQMA) in locations of concern. In these areas Air Quality Action Plans (AQAP) must then be introduced and these can include a range of measures extending from traffic management to public information initiatives until the area is brought back into compliance with legal standards.

In Wales, Nitrogen Dioxide ( $\text{NO}_2$ ) and Particulate Matter ( $\text{PM}_{10}$ ) are the main two pollutants of concern, with Local Authorities having declared more than 40 AQMAs to date, one for Particulate Matter, the rest associated with Nitrogen Dioxide from road traffic.

### Air quality monitoring undertaken in Ceredigion

#### Statutory monitoring duties

In terms of statutory monitoring duties placed on Ceredigion County Council, there is a requirement to report on both  $\text{NO}_2$  and  $\text{PM}_{10}$  annually. Other pollutants contained in the regulations (namely  $\text{SO}_2$ , Benzene, 1,3-Butadiene, Carbon Monoxide and Lead) are exempt from mandatory reporting unless there is evidence of a local issue that needs to be addressed.

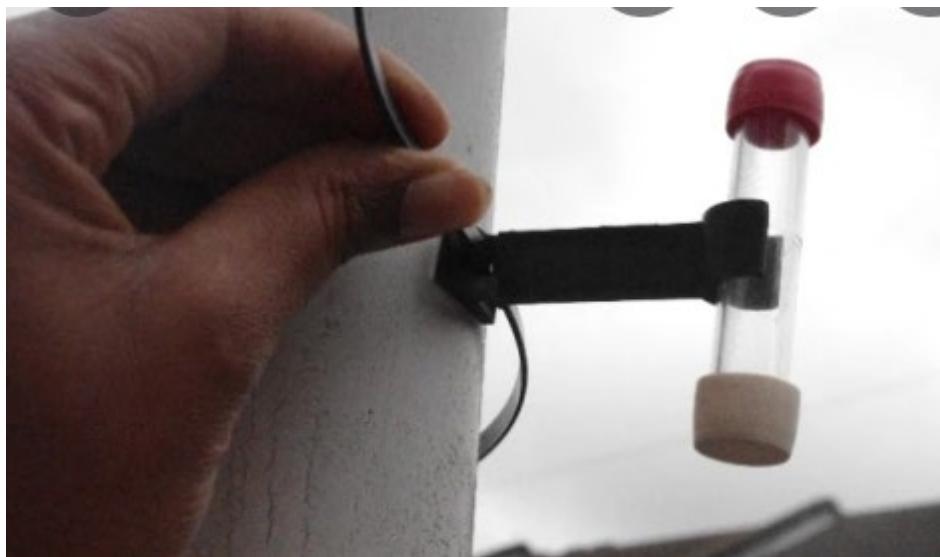
Given Ceredigion's rural location and lack of heavy industries, the authority is not subject to exceedances in relation to the pollutants exempt from mandatory reporting. The Department for Environment, Food and Rural Affairs (DEFRA) use data modelling to produce an Annual National Pollution Climate Map which is used to determine whether a pollutant is reaching legal limits. In the event of an exceedance being noted, this would then trigger the specific monitoring of an implicated pollutant by us as a local authority, however this was not the case in 2021 nor has it been in years prior.

#### Monitoring of $\text{NO}_2$

Nitrogen dioxide, or  $\text{NO}_2$ , is a gaseous air pollutant composed of nitrogen and oxygen and is one of a group of related gases called nitrogen oxides, or  $\text{NOx}$ .  $\text{NO}_2$  forms when fossil fuels such as coal, oil, gas or diesel are burned at high temperatures. It is a pollutant heavily

associated with vehicle emissions, particularly from diesel engines. NO<sub>2</sub> has been associated with adverse effects on hospital admissions for various diagnoses, and is known to cause increases in respiratory symptoms, asthma prevalence, cancer incidence, adverse birth outcomes and mortality.

Nitrogen Dioxide concentrations in Ceredigion is monitored by way of Diffusion Tubes which are usually fixed to a lamppost by the roadside. These tubes are collected monthly and sent to an approved laboratory for analysis. After 12 months' worth of data is collected, an average value is established for comparison against statutory limits.



Our current monitoring areas are based in the following locations:

Terrace Road, Aberystwyth  
Thespian Street, Aberystwyth  
Railway Station, Aberystwyth  
Morrisons Roundabout, Aberystwyth  
Mill Street, Aberystwyth  
High Street, Lampeter  
High Street, Cardigan  
Quay Street, Cardigan  
Pendam  
Talybont (New location 2021)  
Great Darkgate Street, Aberystwyth (New location 2021)

With the exception of Pendam (which is used as a rural background site for wider reference), these locations were mostly selected on the basis of being “worst case scenario” locations i.e. streets and roads which are subject to highest amounts of traffic congestion. However, locations such as Great Darkgate, along with the two Cardigan locations were selected, in part to observe what potential impact factors such as one-way systems and seasonally pedestrianised areas would have on localised NO<sub>2</sub> concentrations. Talybont and Great Darkgate Street, Aberystwyth were both sites newly established in 2021.

#### Monitoring of PM<sub>10</sub>

Airborne particulate matter (PM) is not a single pollutant, but rather is a mixture of many chemical species. It is a complex mixture of solids and aerosols composed of small droplets of liquid, dry solid fragments, and solid cores with liquid coatings. Particles vary widely in size, shape and chemical composition, and may contain inorganic ions, metallic compounds, elemental carbon, organic compounds, and compounds from the earth's crust. Particles are defined by their diameter for air quality regulatory purposes. Those with a diameter of 10 microns or less (PM<sub>10</sub>) are inhalable into the lungs and can induce adverse health effects.

Particulate matter can be sourced both naturally and by human activity and occur both indoor and outdoor depending on the source. Sources of PM include the following:

- Natural PM biological sources
- Burning of fuel in motorized vehicle engines
- Industrial processes
- Power generators
- Burning wood, candles and incense
- Stoves, heaters, fireplaces and chimneys
- Tobacco smoke

Data from DEFRA is used to monitor PM<sub>10</sub> concentrations in Ceredigion and this is what is used for the purposes of the Annual Progress report. Similarly, to non-reported pollutants, should this data indicate that the pollutant exceeded statutory limits, this would trigger specific monitoring by Ceredigion at various “worst case scenario” locations.

## Ceredigion County Council 2022 Air Quality Progress Report

Ceredigion's Air Quality Progress Report relates to data gathered in the previous year. Therefore the 2022 report relates to air monitoring data collected in 2021.

### NO<sub>2</sub> Data 2021

Site ID	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Raw Data	Bias Adjusted (0.78) and Annualised <sup>(1)</sup>
CERE/21A/NA9S9 (Terrace Road, <u>Aberystwyth</u> )							16.1	11.2	25.9	23.5	23.4	27.1	21.2	20.4
CERE/21A/NA9S6 (Thespian Street, <u>Aberystwyth</u> )							16.8	18.1	24.8	21.8	20.8	23.9	21.0	20.3
CERE/21A/NA9S10 (Railway Station, <u>Aberystwyth</u> )							18.4	19.9	23.1	19.6	22.4	25.7	21.5	20.7
CERE/21A/NA9S8 (Morrison, <u>Aberystwyth</u> )							18.6	15.8	20.1	16.7	18.7	13.5	17.2	16.6
CERE/21A/NA9S3 (Mill Street, <u>Aberystwyth</u> )							22.0	20.5	24.8	22.8	22.1	25.7	23.0	22.2
CERE/21A/NA9S5 (High Street, <u>Lampeter</u> )							13.2	15.0	16.9	16.6	19.1	20.0	16.8	16.2
CERE/21A/NA9S15 (High Street, <u>Cardigan</u> )							15.3	13.4		16.4	15.9	18.8	16.0	16.6
CERE/21A/NA9S12 (Quay Street, New <u>Quay</u> )							6.5	7.1	9.6	8.1	7.7	12.1	8.5	8.2
CERE/21A/NA9S11 ( <u>Pendam</u> )							2.2	1.8	3.5	2.6	1.3	3.5	2.5	2.4
CERE/21A/NA9S7 ( <u>Talybont</u> )							24.5	22.2	28.0	25.1	27.5	25.3	25.4	24.5
CERE/21A/NA9S14 (Great <u>Darkgate</u> , Street, <u>Aberystwyth</u> )							10.5	11.1	13.9	15.0	14.0	14.6	13.2	12.7

The statutory limit for NO<sub>2</sub> is an **annual mean of 40µg/m<sup>3</sup>**. The NO<sub>2</sub> concentrations noted at all locations of Ceredigion were well below this limit during all months when data was collected. The “Bias Adjusted and Annualised” column outlines Ceredigion’s annual average for each location and confirms our legal compliance.

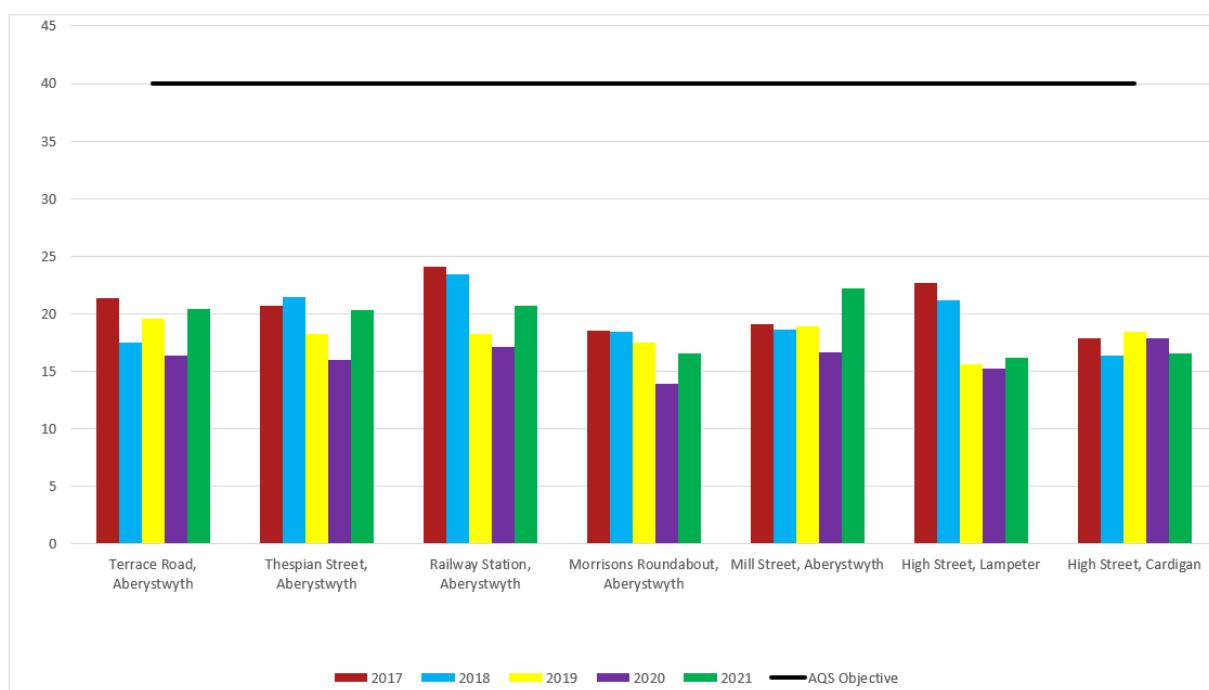
It should be taken into account that only 6 months’ worth of data could be collected in 2021 due to lockdown restrictions. This meant an annualization procedure had to be implemented in order to produce average annual values to compare with the legal limit. Annualisation is a process whereby hourly data from the 2 closest national air monitoring stations is inputted into the calculation in order to produce a valid estimate of the true average value for each of our

monitoring sites. Data from Narbeth, Pembrokeshire and Aston Hill, Shropshire monitoring sites was used for our data in 2021. Given the need for annualization during 2021, it is possible that the true annual average NO<sub>2</sub> levels in Ceredigion may slightly differ from what is reported above, however any difference is likely to be negligible, and the true values from each monitoring site would certainly remain within the legal limit.

The new monitoring location of Talybont was found to have the highest annual mean concentration of NO<sub>2</sub> at **24µg/m<sup>3</sup>**. This is likely due to the busy Trunk Road going through the town that is often subject to commuters to Aberystwyth, HGVs traveling through the county and tourists visiting the county in summer months. This concentration is currently still well within the statutory limit however the site will be monitored closely in future.

Due to a lack of monthly data from the first 6 months of 2021 there is insufficient data to make valid conclusions regarding the impact of temporary street pedestrianisation and newly formed one-way streets in our towns. It will be the aim of the 2023 Air Progress report to look what impact these changes in localised traffic systems have in locations such as Great Darkgate Street, Aberystwyth along with the two Cardigan monitoring sites.

#### Trends in Annual Mean NO<sub>2</sub> Concentrations during the last 5 years of monitoring

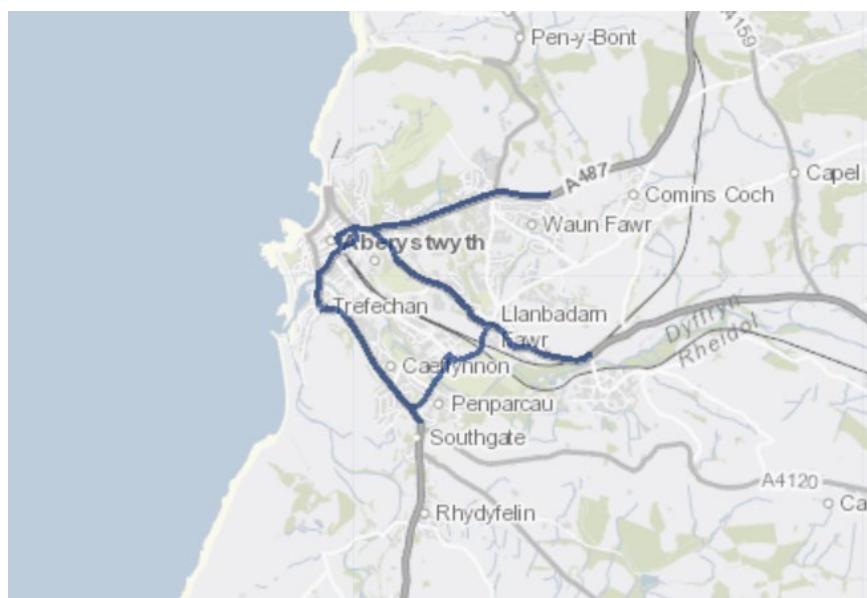
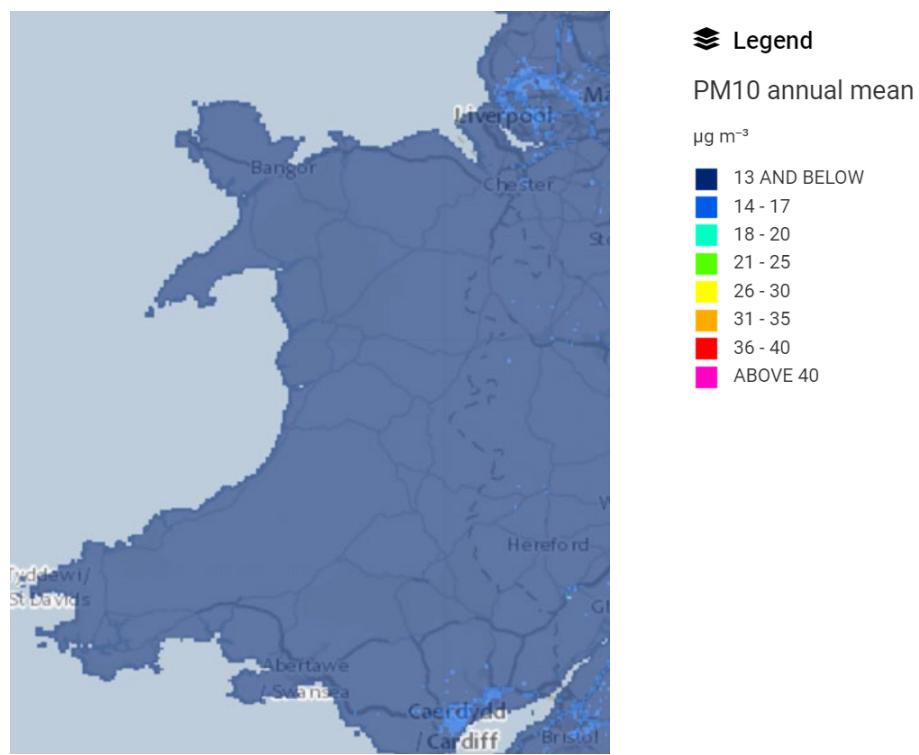


As can be observed in the above graph, annual NO<sub>2</sub> concentrations at most monitoring locations were slightly higher in 2021 than in 2020. The most likely explanation for this is the easing of COVID-19 lockdown restrictions in 2021 leading to increased vehicle emissions on our roads. However, NO<sub>2</sub> concentrations at all locations were still well below an annual mean of **40µg/m<sup>3</sup>**. The monitoring conducted in 2022 will continue to monitor this annual trend.

## PM<sub>10</sub> Data 2021

The Statutory limit for PM<sub>10</sub> is an annual mean of 40µg/m<sup>3</sup>.

As can be seen in the below data mapped by DEFRA, similarly to the whole of rural Wales, Ceredigion's air was subjected to less than 13µg/m<sup>3</sup> as an annual mean of PM<sup>10</sup> in 2021 which is less than a third of the statutory limit. This included our busiest town namely, Aberystwyth. Of note is the fact that concentrations only exceeded this average in more built-up industrial areas such as South Wales and Merseyside.



## **Conclusion**

Although NO<sub>2</sub> concentrations were found to be marginally higher in 2021 than in 2020, Ceredigion continues to experience some of the best air quality standards in Wales with all monitoring locations being highly compliant with legal standards. Any increase in NO<sub>2</sub> noted in 2021 comparative to 2020 may be attributed to the lifting of lockdown restrictions. It will be the aim of next year's Air Quality Progress report to continue to monitor statutory pollutant levels in the county to ensure continued compliance with legal standards.

<b>Has an integrated impact assessment been completed? If not, please state why</b>	No, there are no proposed changes to current policy or arrangements as a result of the report.
<b>Wellbeing of Future Generations:</b>	
<b>Long-term:</b>	Public Protection, Air Quality compliance is a statutory duty of the authority and contributes towards the Well-being goals within the Well-being of Future Generations Act (Wales) 2015.
<b>Collaboration:</b>	Public Protection collaborate with partner agencies including DEFRA and Welsh Government when it comes to Air Quality.
<b>Involvement:</b>	Public Protection publishes an annual Air Quality Progress Report available to the public.
<b>Prevention:</b>	Public Protection Air Quality monitoring ensures any exceedances of statutory limits can be quickly identified and addressed.
<b>Integration:</b>	Public Protection activity is in line with the objectives of health partners and makes a contribution to a number of the Wellbeing goals within the Well-being of Future Generation (Wales) Act 2015.

**Recommendation(s):**

That the scrutiny committee note the content of the report, and recommend to Cabinet that the report is published on the council website, and submitted to DEFRA, in line with statutory requirements.

**Reason(s) for decision:** To meet the legal obligations of the authority to monitor air quality, and to publish its findings.

**Contact Name:** Heddwyn Evans, Elis Gwyn  
**Designation:** Environmental Health Manager, Senior Environmental Health Officer  
**Date of Report:** 6<sup>th</sup> October 2022  
**Acronyms:** AQMA- Air Quality Management Area  
AQAP- Air Quality Action Plan

**Background Papers:**

Ceredigion County Council  
2022 Air Quality Progress Report

**Corporate Lead Officer:** Alun Williams (Policy, Performance & Public Protection)



**Ceredigion County Council**  
**2022 Air Quality Progress Report**  
**In fulfilment of Part IV of the Environment Act 1995**  
**Local Air Quality Management**  
Date: October 2022

Information	Details
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<b>Report Reference Number</b>	CCC/AQ/2022
<b>Date</b>	05/10/2022

## Executive Summary: Air Quality in Our Area

### Air Quality in Ceredigion

This Air Quality Strategy Progress Report confirms, as in previous years, that **all existing statutory air quality Standards and Objectives** were complied with in 2021, at all locations in Ceredigion. As in previous years, therefore, it is not considered necessary to progress to more detailed assessments of air quality in Ceredigion or to declare any Air Quality Management Areas (AQMAs).

Ceredigion's main source of air pollution is that of vehicle emissions, from the county's road network. The County's economy is also heavily reliant on tourism, with the population of the county doubling during summer school holiday periods leading to increases in vehicle emissions. Despite this, measured trends for NO<sub>2</sub> in recent years at "hot-spot" locations in the county are downward with no exceedances of the standards detected at any locations (including road-side and "worst-case" locations). This downward trend did not continue in 2021 with Nitrogen Dioxide concentrations being slightly higher than those observed in 2020, however this is likely attributable to the lifting of COVID-19 lockdown measures which were in place in 2020 and the associated increase in road traffic.

Data Modelling conducted by DEFRA, indicated that Ceredigion's air was subjected to less than 13µg/m<sup>3</sup> as an annual mean of PM<sub>10</sub> in 2021. This included our busiest town namely, Aberystwyth. Air pollution in Ceredigion, specially relating to Nitrogen Dioxide and PM<sub>10</sub>, continues to be amongst the lowest in Wales.

### Actions to Improve Air Quality

The monitoring data collected for 2021 did not identify any requirement to undertake a Detailed Assessment or for the declaration of an AQMA. The authority however, continues to monitor the air quality of the area and reviews captured data on an ongoing basis to inform whether reactive action is required.

### Local Priorities and Challenges

In the summer of 2021, Ceredigion County Council implemented temporary pedestrianised areas in the main tourist towns of Ceredigion, which included Aberystwyth, Aberaeron, New

Quay and Cardigan whereby their high streets were temporarily pedestrianised during busy months subject to high levels of tourism. The temporary pedestrianised areas posed the potential to vary localised air quality due to various streets being relieved of vehicle emissions with other streets potentially being subject to increased emissions due to the formation of one way streets around the pedestrianised areas.

The NO<sub>2</sub> monitoring locations in Quay Street and High street, Cardigan along with a new location established in Great Darkgate Street, Aberystwyth were used in 2021 in order to observe any variance in localised air quality caused by changes to traffic arrangements. The pedestrianisation of Cardigan High Street and Aberystwyth appears not have any significant impact on NO<sub>2</sub> concentrations and levels remained well within statutory limits. However, consideration should be given to the fact that only 6 months' worth of raw data (July-December) could be collected by way of diffusion tubes in 2021, with pedestrianisation not being in effect for the majority of these months. This limited monitoring was due to COVID-19 regulations restrictions during the first half of 2021. Going forward it will be a priority to continue to monitor for Nitrogen dioxide in the county's major towns to ensure valid conclusions as to the impact of pedestrianisation on localised air quality can be drawn.

In 2021 the new monitoring location of Talybont was found to have the highest annual mean concentration of NO<sub>2</sub> at 24µg/m<sup>3</sup>. This is likely due to the busy Trunk Road going through the town that is often subject to commuters to Aberystwyth, HGVs traveling through the county and tourists visiting the county in summer months. This concentration is currently still well within the statutory limit and the site will continue to be monitored in future.

## How to Get Involved

Members of the public can obtain further information on air quality by contacting the report author.

## Table of Contents

<b>Executive Summary: Air Quality in Our Area .....</b>	i
<b>Air Quality in Ceredigion.....</b>	i
Actions to Improve Air Quality .....	i
Local Priorities and Challenges .....	i
How to Get Involved .....	ii
<b>1 Actions to Improve Air Quality.....</b>	1
1.1 Previous Work in Relation to Air Quality.....	1
1.2 Air Quality Management Areas .....	2
1.3 Implementation of Action Plans.....	3
<b>2 Air Quality Monitoring Data and Comparison with Air Quality Objectives .....</b>	4
2.1 Summary of Monitoring Undertaken in 2020 .....	4
2.1.1 Automatic Monitoring Sites .....	4
2.1.2 Non-Automating Monitoring Sites .....	4
	15
2.2 2021 Air Quality Monitoring Results .....	18
2.3 Comparison of 2021 Monitoring Results with Previous Years and the Air Quality Objectives .....	21
2.3.1 Nitrogen Dioxide (NO <sub>2</sub> ) .....	21
2.3.2 Particulate Matter (PM <sub>10</sub> ) .....	22
2.3.3 Particulate Matter (PM <sub>2.5</sub> ).....	22
2.4 Summary of Compliance with AQS Objectives as of 2021 .....	22
<b>3 New Local Developments .....</b>	23
3.1 Road Traffic Sources (and Other Transport).....	23
3.2 Industrial / Fugitive or Uncontrolled Sources / Commercial Sources .....	23
3.3 Other Sources.....	23
<b>4 Policies and Strategies Affecting Airborne Pollution .....</b>	24
4.1 Local / Regional Air Quality Strategy.....	24
4.2 Air Quality Planning Policies .....	24
4.3 Local Transport Plans and Strategies .....	25
4.4 Active Travel Plans and Strategies .....	26
4.5 Local Authorities Well-being Objectives .....	26
4.6 Green Infrastructure Plans and Strategies .....	28
<b>5 Conclusion and Proposed Actions.....</b>	30
5.1 Conclusions from New Monitoring Data .....	30
5.2 Conclusions relating to New Local Developments.....	30
5.3 Other Conclusions .....	30
5.4 Proposed Actions.....	31

<b>References .....</b>	<b>32</b>
<b>Appendices .....</b>	<b>32</b>
<b>Appendix A: Monthly Diffusion Tube Monitoring Results.....</b>	<b>33</b>
<b>Appendix B: A Summary of Local Air Quality Management .....</b>	<b>35</b>
Purpose of an Annual Progress Report .....	35
Air Quality Objectives .....	35
<b>Appendix C: Air Quality Monitoring Data QA/QC.....</b>	<b>37</b>
QA/QC of Diffusion Tube Monitoring .....	37
Diffusion Tube Annualisation.....	38
Diffusion Tube Bias Adjustment Factors .....	38
NO <sub>2</sub> Fall-off with Distance from the Road.....	38
<b>Glossary of Terms .....</b>	<b>41</b>

## Tables

Table 2.1 – Details of Non-Automatic Monitoring Sites

Table 2.2 – Annual Mean NO<sub>2</sub> Monitoring Results

Table A.1 – Full Monthly Diffusion Tube Results for 2021

Table B.1 – Air Quality Objectives Included in Regulations for the Purpose of LAQM in Wales

## Figures

Figure 2.1 – Maps of Non-Automatic Monitoring Sites

Figure 2.2 – Trends in Annual Mean NO<sub>2</sub> Concentrations

# 1 Actions to Improve Air Quality

## 1.1 Previous Work in Relation to Air Quality

In previous Air Quality Strategy Progress Reports it was established that there were no exceedances of air quality standards for any of the priority air pollutants contained in Regulations at any location in Ceredigion (including at congested roadsides). Furthermore, no exceedances were anticipated in the future on the basis of observed trends and modelled predictions.

A checklist approach and screening tools have historically been used to identify potential sources of air pollution in the county over many years. All possible sources of air pollution suggested in Technical Guidance have been considered with the ongoing monitoring of NO<sub>2</sub> having been deemed as necessary. Monitoring locations are regularly reviewed in line with emerging issues and developments as recommended in guidance etc.

The last Progress Report for Ceredigion was submitted in September 2020 and was accepted by DEFRA / Welsh Government as accurately representing the state of air quality in Ceredigion. Results presented in the report were generally in accord with national projections.

There are no significant sources of industrial air pollution in Ceredigion - industrial, road and other developments in recent years have been relatively low impacting in air quality terms.

It was reported in a previous Progress Report (using data modelled by DEFRA for 2015) that estimated PM2.5 concentrations approached a Scottish standard of 10µg/m<sup>3</sup> (also the World Health Organisation guideline standard) at some congested roadside locations in the main town of Aberystwyth. Results modelled by DEFRA at road-side locations in Aberystwyth in 2018, however, were lower (between 6 and 8µg/m<sup>3</sup>). This is below the mandatory Scottish and World Health Organisation guideline standard. PM2.5 is an important health related parameter and the Scottish mandatory and WHO guideline standard is a stringent one that will be difficult to achieve at some roadside locations in the UK.

It has not been considered necessary to declare any air quality management areas in Ceredigion or to develop action plans to improve air quality in the county. There were no significant new developments in the county in 2021 (industry etc.) that significantly affected air quality. Local Transport Plans, a Carbon Management Plan and Economic Development and Planning Strategies acknowledge the importance of air quality and aim to limit or reduce the impact local emissions make in the county

## 1.2 Air Quality Management Areas

Air Quality Management Areas (AQMAs) are declared when air quality is close to or above an acceptable level of pollution (known as the air quality objective (Please see Appendix B)). After declaring an AQMA the authority must prepare an Air Quality Action Plan (AQAP) within 18 months setting out measures it intends to put in place to improve air quality. AQMA(s) are seen by local authorities as the focal points to channel resources into the most pressing areas of pollution as a priority.

Ceredigion County Council has no Air Quality Management Areas (AQMAs) or any locations in the county where air pollutant concentrations exceed / approach national standards / objectives. It has not been necessary, therefore, to develop Air Quality Action Plans or an Air Quality Strategy.

## **1.3 Implementation of Action Plans**

There are no Air Quality Management Areas in Ceredigion. It has not been necessary to develop and implement Action Plans or to produce an Air Quality Strategy.

## 2 Air Quality Monitoring Data and Comparison with Air Quality Objectives

### 2.1 Summary of Monitoring Undertaken in 2021

#### 2.1.1 Automatic Monitoring Sites

There are currently no automatic monitoring sites operating within Ceredigion.

#### 2.1.2 Non-Automatic Monitoring Sites

Ceredigion County Council undertook non-automatic (passive) monitoring of NO<sub>2</sub> at nine locations during 2021. Table 2.1 presents the details of the sites.

Maps showing the locations of the monitoring sites are provided in Figure 2.1. Further details on Quality Assurance/Quality Control (QA/QC) and bias adjustment for the diffusion tubes are included in Appendix C.

**Table 2.1 – Details of Non-Automatic Monitoring Sites**

Site Name	Site Type	Associated with Named AQMA?	X OS Grid Reference	Y OS Grid Reference	Site Height (m)	Collocated with a Continuous Analyser?	Distance from monitor to nearest relevant exposure (m) <sup>(1)</sup>	Distance from Kerb to Monitor (m)
Terrace Road, Aberystwyth	Urban Centre	N/A	258470	281700	2.5	N	1	1
Thespian Street, Aberystwyth	Urban Centre	N/A	258630	281800	2.5	N	10	1
Railway Station, Aberystwyth	Urban Centre	N/A	258500	281620	2.5	N	1	1
Morrisons Roundabout, Aberystwyth	Roadside	N/A	259590	280570	1.5	N	200	1
Mill Street, Aberystwyth	Industrial	N/A	258379	281519	1.5	N	1	1
High Street, Lampeter	Urban Centre	N/A	257790	248140	1.5	N	1	1
High Street, Cardigan	Urban Centre	N/A	217790	246180	1.5	N	1	1
Quay Street, Cardigan	Urban Centre	N/A	217661	245959	1.5	N	1	1
Pendam	Rural	N/A	272240	283330	1.5	N	500	1
Talybont	Roadside	N/A	265462	289275	1.5	N	1	1

Site Name	Site Type	Associated with Named AQMA?	X OS Grid Reference	Y OS Grid Reference	Site Height (m)	Collocated with a Continuous Analyser?	Distance from monitor to nearest relevant exposure (m) <sup>(1)</sup>	Distance from Kerb to Monitor (m)
Great Darkgate Street, Aberystwyth	Urban Centre	N/A	258230	281631	1.5	N	1	3

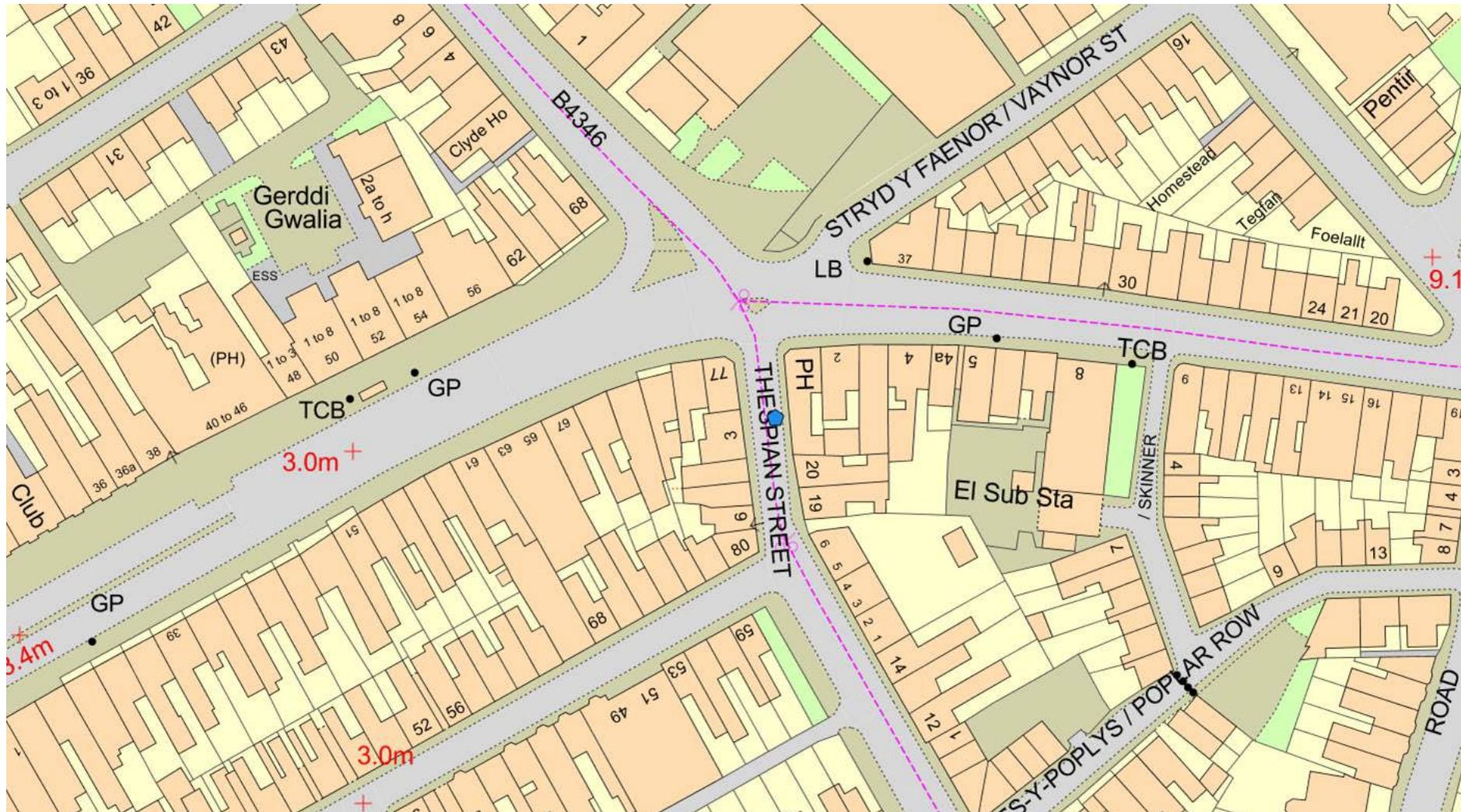
**Notes:**

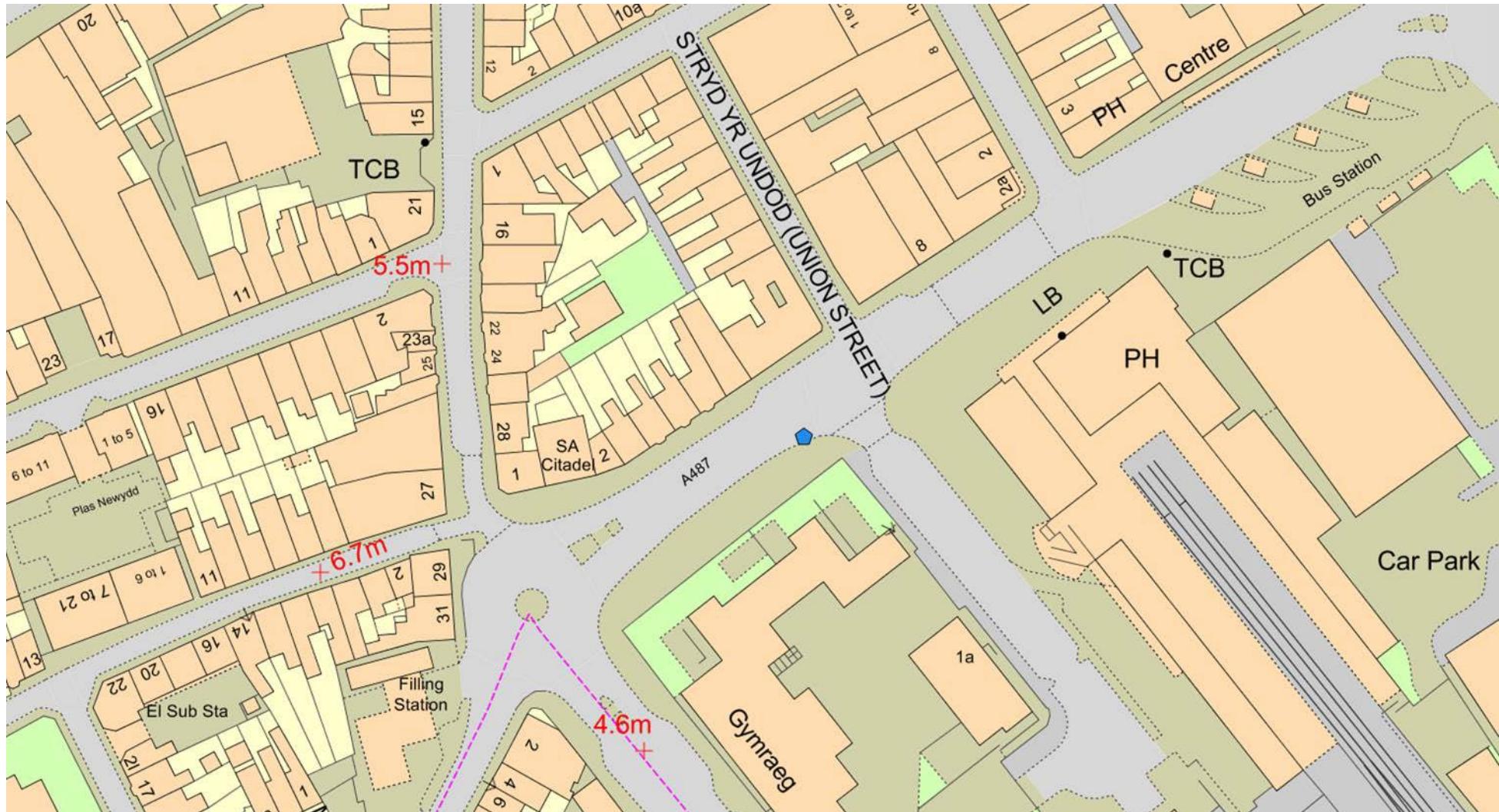
(1) 0m indicates that the sited monitor represents exposure and as such no distance calculation is required.

**Figure 2.1 – Map(s) of Non-Automatic Monitoring Sites**



## Terrace Road, Aberystwyth

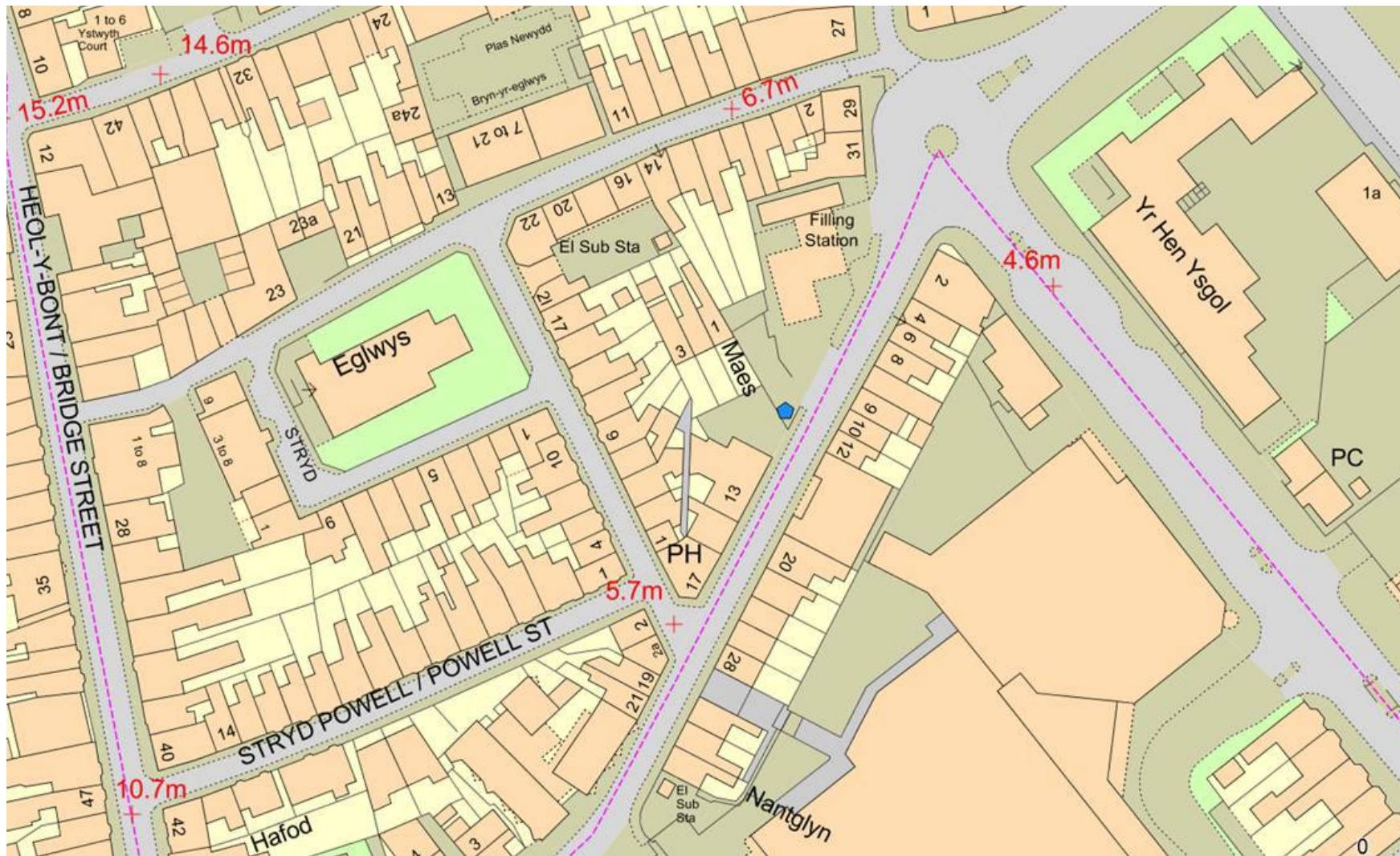




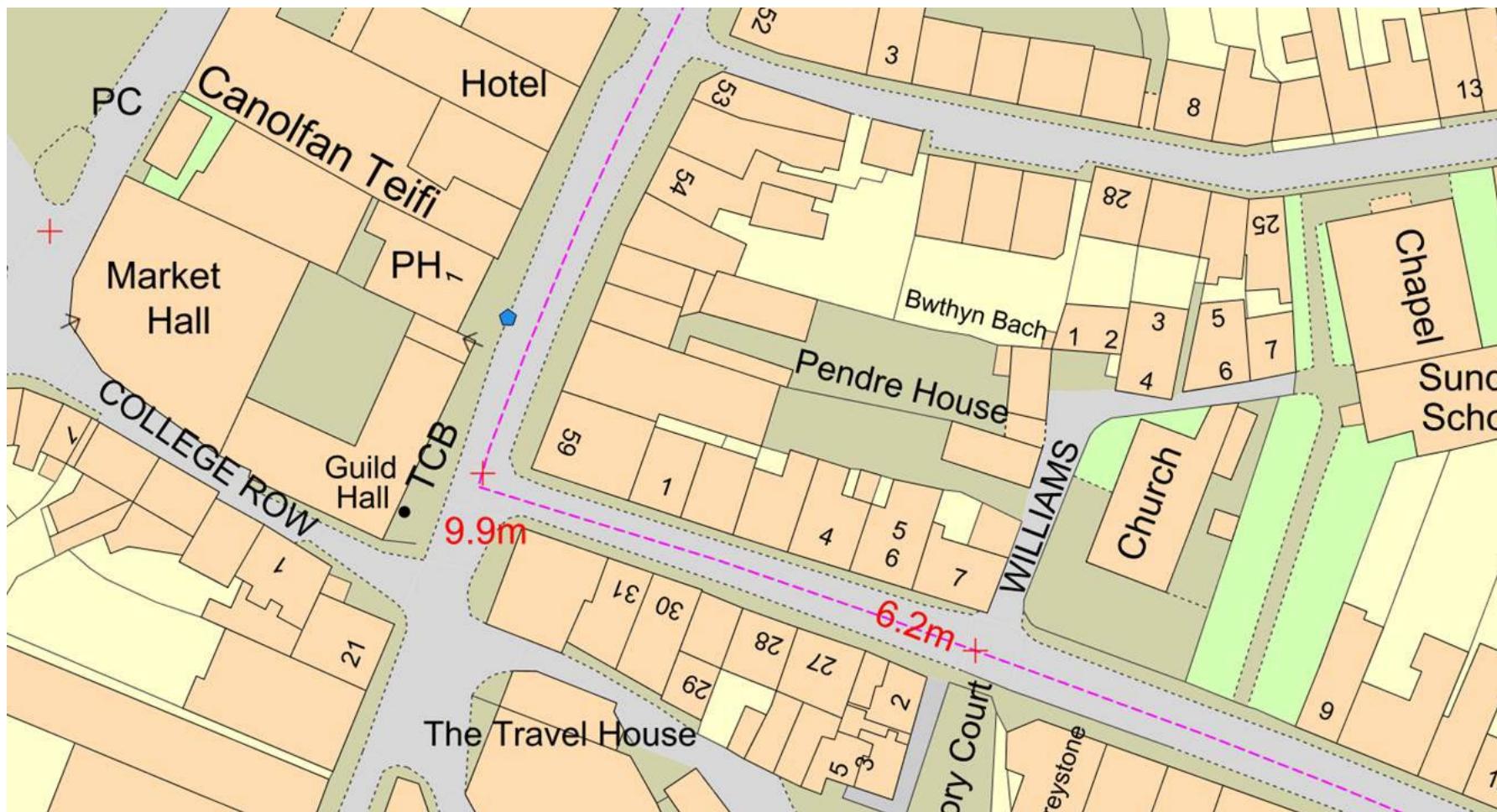
## Railway Station, Aberystwyth



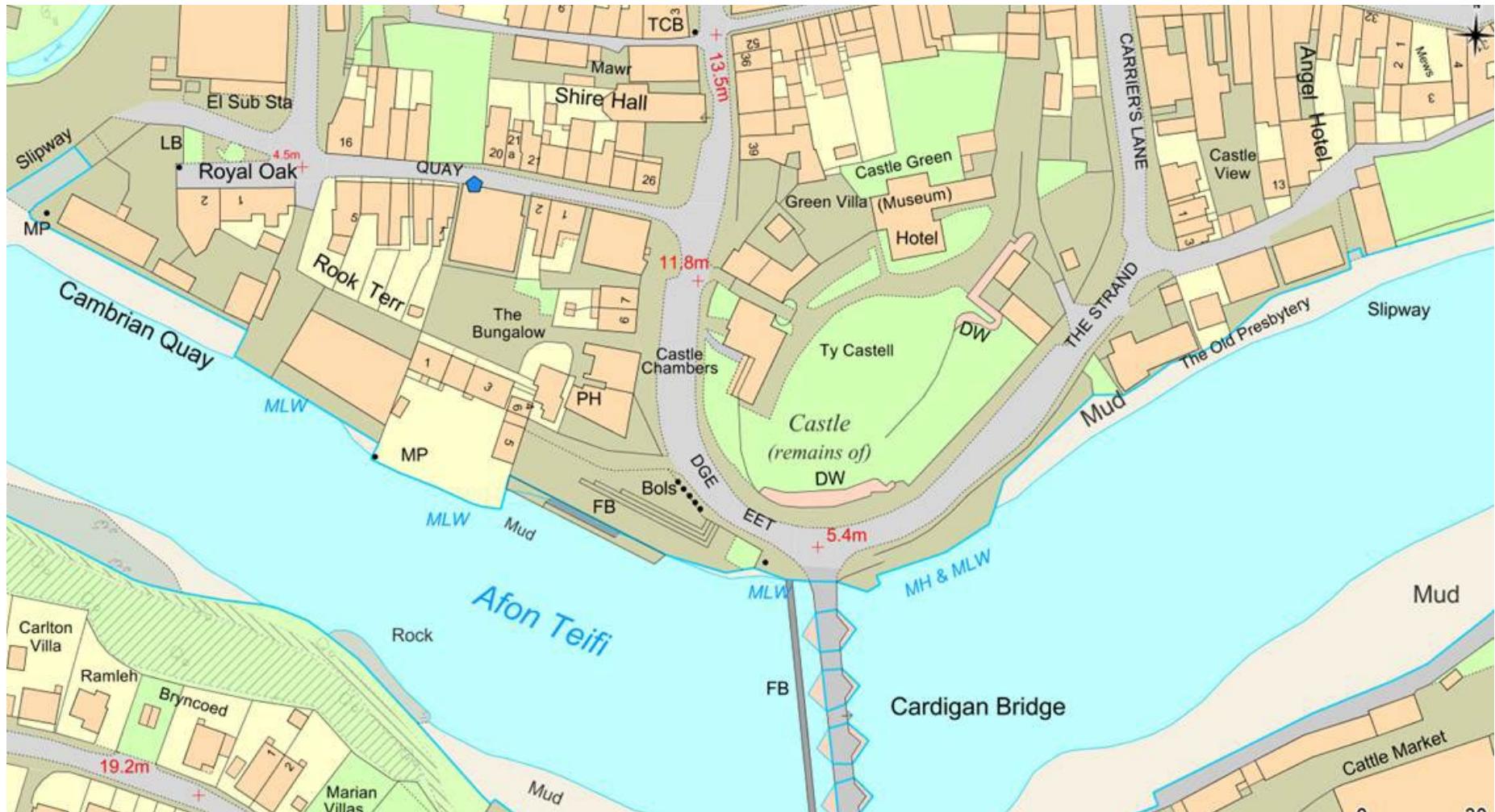
## Morrison's Roundabout, Aberystwyth



## Mill Street, Aberystwyth



**High Street, Cardigan**



**Quay Street, Cardigan**



## High Street, Lampeter



## Pendam



## Talybont



## Great Darkgate Street, Aberystwyth

## 2.2 2021 Air Quality Monitoring Results

**Table 2.2 – Annual Mean NO<sub>2</sub> Monitoring Results (µg/m<sup>3</sup>)**

Site ID	Site Type	Monitoring Type	Valid Data Capture for Monitoring Period (%) <sup>(1)</sup>	Valid Data Capture 2021 (%) <sup>(2)</sup>	2017	2018	2019	2020	<u>2021</u>
Terrace Road, Aberystwyth	Urban Centre	Diffusion Tube	100	50	21.4	17.5	19.6	16.3	20.4
Thespian Street, Aberystwyth	Urban Centre	Diffusion Tube	100	50	20.7	21.5	18.3	15.8	20.3
Railway Station, Aberystwyth	Urban Centre	Diffusion Tube	100	50	24.1	23.4	18.3	17.0	20.7
Morrisons Roundabout, Aberystwyth	Roadside	Diffusion Tube	100	50	18.5	18.4	17.5	13.8	16.6
Mill Street, Aberystwyth	Urban Centre	Diffusion Tube	100	50	19.1	18.6	18.9	16.5	22.2
High Street, Lampeter	Urban Centre	Diffusion Tube	100	50	22.7	21.2	15.6	15.0	16.2
Quay Street, Cardigan	Urban Centre	Diffusion Tube	100	50	n/a	n/a	n/a	10.1	8.2
High Street, Cardigan	Urban Centre	Diffusion Tube	83	42	17.9	16.4	18.4	17.7	16.6
Talybont	Roadside	Diffusion Tube	100	50	n/a	n/a	n/a	n/a	24.5
Great Darkgate Street, Aberystwyth	Urban Centre	Diffusion Tube	100	50	n/a	n/a	n/a	n/a	12.7

**Notes:**

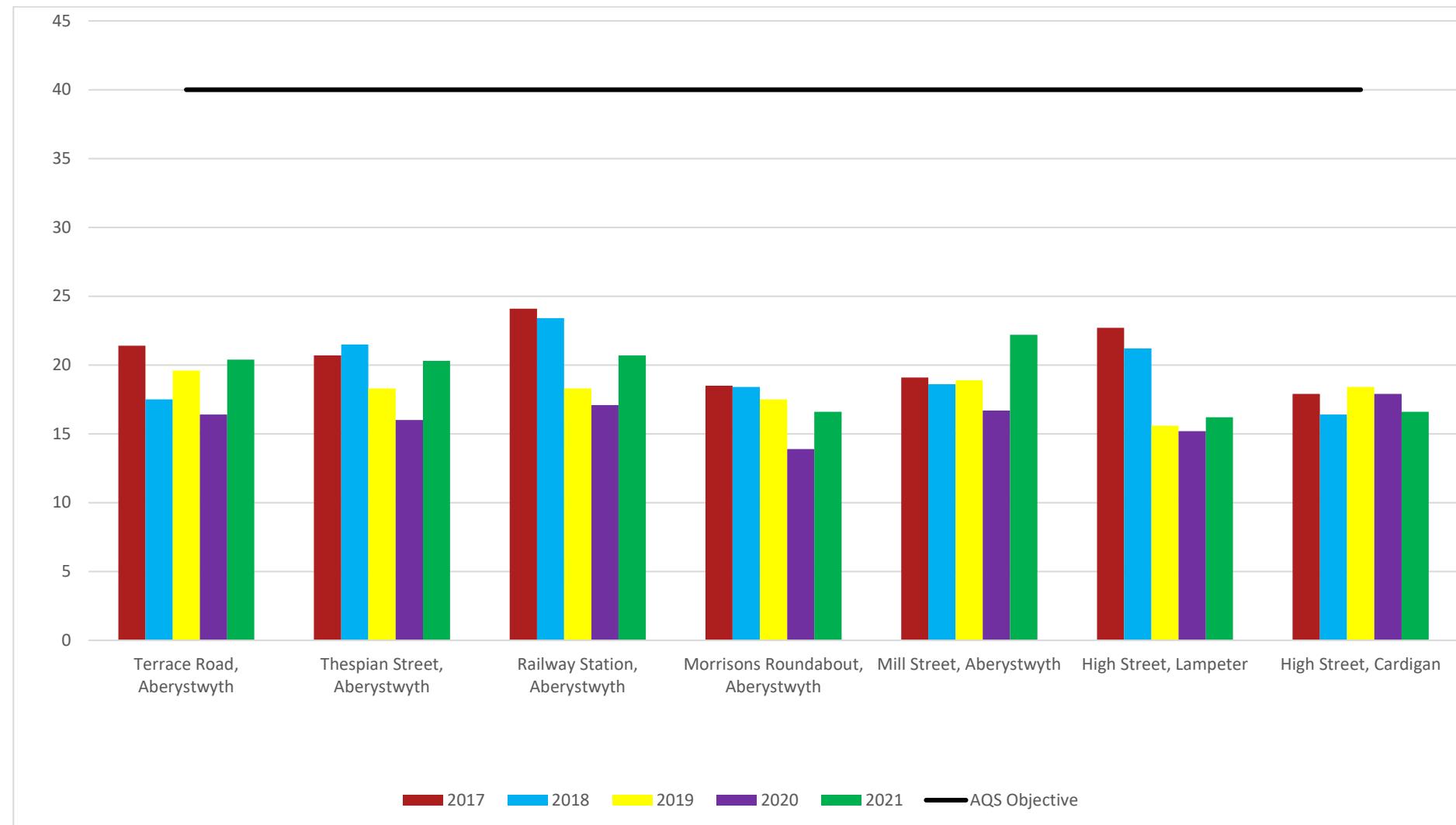
Exceedances of the NO<sub>2</sub> annual mean objective of 40µg/m<sup>3</sup> are shown in **bold**.

NO<sub>2</sub> annual means exceeding 60µg/m<sup>3</sup>, indicating a potential exceedance of the NO<sub>2</sub> 1-hour mean objective are shown in **bold and underlined**.

Means for diffusion tubes have been corrected for bias. All means have been “annualised” as per LAQM.TG16 if valid data capture for the full calendar year is less than 75%. See Appendix C for details.

(1) Data capture for the monitoring period, in cases where monitoring was only carried out for part of the year.

(2) Data capture for the full calendar year (e.g. if monitoring was carried out for 6 months, the maximum data capture for the full calendar year is 50%).

**Figure 2.2 – Trends in Annual Mean NO<sub>2</sub> Concentrations (µg/m<sup>3</sup>)**

## 2.3 Comparison of 2021 Monitoring Results with Previous Years and the Air Quality Objectives

During 2021, Ceredigion County Council collected diffusion tube data for NO<sub>2</sub> at eleven locations (including the Pendam, Rural Background site). Site details are outlined in Table 2.1- 'Details of Non-Automatic Monitoring Sites' with maps of each site being provided in Figure 2.1- 'Non-Automatic Monitoring Sites'.

Comparison of 2021's data in relation to previous years is outlined in Table 2.2- 'Annual Mean NO<sub>2</sub> Monitoring Results' and is illustrated in Figure 2.2- 'Trends in Annual Mean NO<sub>2</sub> Concentrations'. A breakdown of monthly data gathered in 2021 is outlined in Table A.1- 'Full Monthly Diffusion Tube Results for 2021'.

### 2.3.1 Nitrogen Dioxide (NO<sub>2</sub>)

Valid data capture was achieved at 50% for all monitoring locations except Cardigan High Street (42% due to one month whereby the diffusion tube was lost). The low data capture meant that an annualisation procedure had to be implemented, a breakdown of which is outlined in Appendix C. Monitoring for NO<sub>2</sub> at Talybont and Great Darkgate Street, Aberystwyth was only started in January 2020 hence the lack of previous year data in Table 2.2.

The annual mean concentration data recorded for NO<sub>2</sub>, during 2021, at each of the monitoring locations, as presented in Table 2.2, did not exceed the annual mean NO<sub>2</sub> AQS objective level of 40µg/m<sup>3</sup> (see Appendix B).

As displayed in Figure 2.2, the NO<sub>2</sub> annual mean concentrations monitored at all monitoring locations have seen a general steady decrease from 2017 to 2020 without interventions in the form of AQMAs having been implemented. Annual Mean data from 2021 was not consistent with this trend with a slight increase being observed this however this is to be expected due to a national lockdown being in implementation during the majority of 2020 which led to a decrease in vehicle emissions.

The impact of street pedestrianisation on Nitrogen dioxide levels in Cardigan and Aberystwyth could not be fully assessed using 2021 data due limited data being available for periods that street pedestrianisation was in implementation (i.e. summer months). It was noted however that levels at these locations were well within statutory limits. Diffusion tube monitoring will continue at these sites during 2022 in order to gather adequate data to form valid conclusions based on future trends observed and will be reported on in 2022.

The new monitoring location of Talybont was found to have the highest annual mean concentration of NO<sub>2</sub> at 24µg/m<sup>3</sup>. This is likely due to the busy Trunk Road going through the town that is often subject to commuters to Aberystwyth, HGVs traveling through the county and tourists visiting the county in summer months. This concentration is currently still well within the statutory limit and the site will continue to be monitored in future.

### **2.3.2 Particulate Matter (PM<sub>10</sub>)**

Ceredigion County Council does not monitor for PM<sub>10</sub> however data modelling conducted by DEFRA, indicated that Ceredigion's air was subjected to less than 13µg/m<sup>3</sup> as an annual mean of PM10 in 2021. This included our busiest town namely, Aberystwyth.

### **2.3.3 Particulate Matter (PM<sub>2.5</sub>)**

Ceredigion County Council does not monitor for PM<sub>2.5</sub>.

## **2.4 Summary of Compliance with AQS Objectives as of 2021**

Ceredigion County Council has examined the results from monitoring in the county of Ceredigion. Concentrations are all below the Objectives, therefore no further action is required.

## 3 New Local Developments

### 3.1 Road Traffic Sources (and Other Transport)

As has been discussed in prior sections of the report, Ceredigion County Council's introduction of temporary street pedestrianisation in the main towns of the county whereby their high streets were temporarily pedestrianised in summer months may lead to improvements in pedestrianised areas of the towns. However a lack of monthly data due to lockdown restrictions meant that no valid conclusions can be drawn based on 2021 data, however their impact will be reported on in the 2023 report.

### 3.2 Industrial / Fugitive or Uncontrolled Sources / Commercial Sources

There were no new Industrial/Fugitive or Uncontrolled Sources/Commercial Sources of significance identified in Ceredigion, in 2021, in accordance with the guidance.

### 3.3 Other Sources

There were no other new sources of significance identified in Ceredigion, in 2021, in accordance with the guidance.

Other than road traffic sources, Ceredigion County Council confirms that there are no new or newly identified local developments which may have an impact on air quality within the Local Authority area.

Ceredigion County Council confirms that all the following have been considered:

- Road traffic sources
- Other transport sources
- Industrial sources
- Commercial and domestic sources
- New developments with fugitive or uncontrolled sources.

## 4 Policies and Strategies Affecting Airborne Pollution

### 4.1 Local / Regional Air Quality Strategy

There are no AQMAs declared in Ceredigion. Therefore, there are no AQAPs. As Ceredigion is a largely rural county Air Quality is generally good, and there are no policies or strategies that have been produced that specifically focus on Air Quality.

### 4.2 Air Quality Planning Policies

Pollution control and planning systems have tended to evolve over the years as separate entities. Authorisations under the pollution control regimes aim to control the ways in which prescribed processes operate, in order to limit and render harmless any pollution emitted to the atmosphere. The planning system, however, regulates the location of development and the control of operations in order to avoid or minimise the adverse effects that any potential for pollution may have on the use of land and the environment, to the extent that it may affect present or future land use.

It is recognised in Ceredigion that land use planning is an important part of an integrated approach to achieving air quality objectives and reducing the emissions of air pollutants (including those that contribute to global warming). A Ceredigion Unitary Development Plan (UDP) provided guidance on how planning applications should be viewed by the Local Planning Authority. The main objectives of the UDP, that impact on air quality included:

- a. **Objective Gen 1** - to encourage a pattern of land use that focuses development in areas that minimize demand for travel and have the capacity to support it;
- d. **Objective GEN 4** - to ensure development is appropriately located, well designed and minimizes impacts on the environment;
- e. **Objective ENVE1** - to promote efficient uses of energy in development and to encourage environmentally friendly energy generation systems;
- g. **Objective ENVU 1** - to encourage sustainable investment and improvements in infrastructure facilities to cater for existing and future needs, without compromising the quality of the environment.

The UDP also contained specific policy relating to Air Quality as follows:

ENVP1.4 Air Quality (UDP) – states that:

“Proposals should not pose significant additional harm to air quality”. Where possible proposals should:

1. Be appropriately located in order to reduce the need to travel
2. Be accessible by a choice of means of transport
3. Promote the use of energy efficient methods

Work on the UDP was stopped when the Authority resolved to develop a local development plan (LDP) for Ceredigion. This is a live and on-going Plan, that carefully considers matters relating to air quality, that will continue to be developed and reviewed in the future but containing the same underlying principles in relation to air quality and mitigating local impacts.

### **4.3 Local Transport Plans and Strategies**

The Mid Wales Joint Local Transport Plan has been jointly produced by the three Mid Wales Local Authorities (LAs) of Ceredigion, Powys and Gwynedd (for Meirionnydd). The LTP is a statutory document that sits alongside the LDP. The vision of the LTP is for the Mid Wales LAs to plan for and deliver in partnership an integrated and affordable transport system in the region that facilitates economic development, ensures access for all to services and opportunities, sustains and improves the quality of community life, and makes an active contribution to the management of carbon and the quality of the environment. Outcomes of the LTP that benefit Air Quality include:

- **Improving Health and Well-being by Increasing Walking and Cycling:** Levels of cycling and walking for both necessary active travel and recreation, by residents and visitors, will be increased.
- **Benefits and Minimised Impacts on the Environment:** The potential for transport movements to reduce carbon emissions and improve the local and global natural and built environment will have been maximised and negative impacts minimised, including adaption to the effects of climate change.

A set of higher-level interventions have been developed that together aim to deliver the outcomes sought for the LTP, which includes:

- **Improving Strategic Connections.**
- **Improving Accessibility to Employment and Services.**
- **Encouraging Walking and Cycling.**
- **Integrated Public Transport Networks.**

## 4.4 Active Travel Plans and Strategies

The Active Travel (Wales) Act 2013 was introduced in 2014 and required local authorities to continuously improve facilities and routes for pedestrians and cyclists and to prepare maps identifying current and potential future routes for their use. The Act required new road schemes (including road improvement schemes) to consider the needs of pedestrians and cyclists at the design stage. The Act is intended to enable more people to walk and cycle and generally travel by non-motorised means. Making walking and cycling safer and more practical encourages healthier lifestyles, reduces air pollution, reduces noise, reduces carbon emissions and improves the environment.

The aim of the Active Travel Plan in Ceredigion is to improve Health and Well-being of locals and visitors by increasing walking and cycling. Infrastructure improvements and behavioural change initiatives in Ceredigion aim to increase levels of walking and cycling both for necessary, active travel and for leisure and includes factors such as road bridges, cycle routes, footway/ footpath provision, safe routes to school, travel planning as well as road safety measures to assist vulnerable users. Ceredigion County Council submitted its latest Existing Route Maps and Future Route Maps to the Welsh Government in March 2022 and the Minister for Climate Change approved these on 3 August 2022..

## 4.5 Local Authorities Well-being Objectives

Air pollution is considered to be the biggest environmental contributor to the burden of disease in the UK. People already suffering from poor health and/or who live in the areas of poorest air quality are more likely to be affected by air pollution. Poorer urban communities are disproportionately affected.

The associated health effects do not only relate to the more obvious and direct impacts of air pollution. Air pollution affects the growth of crops and contributes to the acidification of inland and coastal waters. This can lead to important impacts on the food chain.

The Welsh Government considers it important that all local authorities commit themselves to ensuring that air pollution remains below objective levels. The Welsh Government has suggested that local authorities should include air quality management in corporate and over-arching strategies to raise its profile and deliver actions in an integrated manner. To this end, it is important that local authorities apply the sustainable development ideal in their work and are able to demonstrate to the public that they are making progress towards achieving the seven well-being goals defined in the, “Well-being of Future Generations (Wales) Act 2015”; *Well-being of Future Generations (Wales) Act 2015*

The Act requires local authorities to set well-being objectives and publish an annual report showing the progress made in achieving the objectives. Local authorities are required to ensure that information from reviews and assessments of local air quality informs local well-being and is incorporated into the local well-being plan. This should emphasise the local authority’s role in delivering cleaner air. It should aim to raise the profile of air quality keeping the issue high on its list of local priorities. Welsh Government encourages local authorities to deliver air quality improvements in a corporate and multi-disciplinary way enabling them to build air quality considerations into wider policy areas - such as land use planning, transport planning, energy efficiency, waste management, economic development and regeneration. Local authorities are also urged to attempt to work more closely with neighbouring authorities - thereby strengthening the role of regional groupings.

The Act recognises that Wales also faces other major global challenges - such as climate change. Global warming and climate change are driven by emissions to the atmosphere. National targets have been set for reducing carbon emissions and “Climate Change and Natural Resources” is one of the six Public Service Boards that is contributing to the development and delivery of the Well-being of Future Generations (Wales) Act 2015 in Ceredigion. This group meets on a regular basis in Ceredigion and is currently preparing and developing action plans. The Council also has a Carbon Management team that has successfully reduced local carbon emissions and now works to reduce emissions further with the aim of making the Council net carbon neutral by 2030 (in line with the Welsh Government target). Being a rural county, the public sector employs one third of Ceredigion’s population with the Local Authority being the main employer in the sector.

The authority's carbon management plan implements a target of reducing scope 1 emissions (which includes that of vehicle emission) by 15% of levels observed in 2017/18 by 2023 which is currently on course to being achieved.

## 4.6 Green Infrastructure Plans and Strategies

The preparation of Green Infrastructure Policies, Plans and Strategies is a new requirement under Edition 10 of Planning Policy Wales. It is coordinated by the Planning Policy Team of Ceredigion County Council.

Local authorities are required to adopt a strategic and proactive approach to green infrastructure and biodiversity by producing up-to-date inventories and maps of existing green infrastructure and ecological assets and networks. Such Green Infrastructure assessments should make timely, pragmatic and inclusive use of existing datasets and the best available information to develop an integrated map-based evidence resource. Doing so will facilitate a proactive approach and enable contributions towards the Council's well-being goals to be maximised.

A Green Infrastructure Assessment is being used in Ceredigion to develop a robust approach to enhancing biodiversity, increasing ecological resilience and improving wellbeing outcomes. Stakeholder engagement events have been held in the county to guide its Green Infrastructure Assessment. The engagement exercises generated lots of interest, responses and ideas. Outputs have been collated and summarised and have identified key strategic opportunities where the restoration, maintenance, creation or connection of green features and functions can be used to deliver the most significant benefits. Detailed maps for market towns in Ceredigion, for example, reveal the current extent (and loss) of hedgerows and woodland etc in and around these town. Hedgerow and tree loss over a period of time will be used as a starting point for tree re-instatement / planting plans in Ceredigion.

Planning authorities are required to use the best available data to monitor a set of key species and habitats, and incorporate these indicators into their Annual Monitoring Reports. This data will be used to indicate whether there has been a net gain or loss of biodiversity and trends will be used to determine future priorities for planning and decision making. The need for ecosystems, habitats and species to adapt to climate change will be considered as part of the Green Infrastructure Assessment.

Parks, open spaces, playing fields, woodlands, wetlands, road verges, allotments and private gardens are examples of green infrastructure while sustainable drainage systems, swales, wetlands, rivers, canals and their banks and other water courses are often referred to as blue infrastructure. Access to, and engagement with, this natural environment is associated with positive health outcomes, including improved physical and mental health, and reduced risk of cardiovascular disease and other chronic conditions. Access to recreational infrastructure, such as parks and playgrounds, has been found to be associated with reduced risk of obesity among adolescents and increased physical activity levels. Similarly, park improvements can increase visits / use and physical activity levels of children and older people. Living near green spaces, such as parks and other open spaces can improve health, regardless of social class.

Improving access to green infrastructure and spaces also contributes to reducing **exposure to environmental hazards and air pollution, improving air quality, reducing the impact of climate change**, protecting against flooding and erosion, and increasing social participation among older adults.

## 5 Conclusion and Proposed Actions

### 5.1 Conclusions from New Monitoring Data

Ceredigion County Council has no Air Quality Management areas and has no areas close to Air Quality Strategy Objectives. It has not been considered necessary, therefore, to declare any Air Quality Management Areas or to prepare a Local / Regional Air Quality Strategy.

### 5.2 Conclusions relating to New Local Developments

Ceredigion County Council confirms that there are currently no new local developments that will require more detailed consideration and none that give rise for any Detailed Assessments. As in previous rounds of Review and Assessment, results reported in this Report indicate that all statutory air quality Standards and Objectives are complied with in Ceredigion by specified dates at all locations (including the most heavily trafficked roadside locations).

Monitoring and new assessments for this report have not revealed any places in Ceredigion where the combustion of fuels (in motor vehicles, industry, or in domestic properties) or fugitive emissions are causing, or are likely to cause, significant air quality problems. The review suggests that there are no traffic-related air quality problems at the busiest road locations and in the most congested towns in Ceredigion. There are no major industries close to heavily populated areas and only a small number of Part B processes and small combustion plants, in the county (mostly categorised as “low risk”).

### 5.3 Other Conclusions

To summarise, Ceredigion is rural with very few air-polluting industries. This list of air polluting industries has not changed since the last Progress Report for Ceredigion and road traffic continues to be the dominant source of air pollution in Ceredigion with the volume of road traffic increasing though remaining relatively low in national terms. Air quality continues to be monitored in some of the most congested and sensitive areas of Ceredigion. The purpose of this is to check compliance and confirm local and national

projections. Monitoring is also undertaken as required to identify any changes associated with changes in industrial activity, the volume and composition of traffic, road layouts, new local developments, as a result of local concerns and requests and any other factors that contribute to air pollution in the county. Monitoring for nitrogen dioxide using passive diffusion tubes is used from time-to-time in periodic baseline and screening exercises to identify any new, emerging air pollution “hot-spots” focusing in particular on schools, industrial sites, residential areas, various businesses, garages, the rail network, bus stations, dry cleaning and paint shops, and in the vicinity of new road layouts etc. Passive samplers are inexpensive and can be deployed in relatively large numbers to provide the spatial coverage and resolution necessary to effectively map an area and identify potential sources of pollution. Volumes of traffic in the county, even in the most congested town (Aberystwyth), are relatively low when compared with other parts of the country and do not approach the heavily trafficked classification described in Guidance. The ratio of heavy goods vehicles to the total number of vehicles is also low in Ceredigion because of the lack of industry.

## 5.4 Proposed Actions

This air quality review for Ceredigion has not identified the need to progress to more detailed assessments for any of the priority air pollutants. National Air Quality Indicators are very low for nitrogen dioxide and PM<sub>10</sub> Ceredigion – amongst the lowest in Wales. Monitoring will be undertaken as necessary at any emerging hot-spot locations or as a result of any new concerns or developments. Monitoring which was set up in Talybont in 2021 due to concerns of regular traffic congestion observed on Trunk Road A487 on account of roadside parking on the main road going through of the village will continue. The result of the monitoring will be reported on in the 2023 report.

As it stands, nitrogen dioxide in recent years at all “hot-spot” locations have presented no exceedances of the legal standards at any locations (including road-side and worst case locations). Monitoring will be continued at these locations in the future to ensure continuing compliance with the most stringent standards. The next Progress Report for Air Quality in Ceredigion will be prepared and submitted in September 2023.

## References

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23. Technical Support, <http://laqm.defra.gov.uk/helpdesks.html>
24. Clean Air Plan for Wales - <https://gov.wales/clean-air-plan-wales-healthy-air-healthy-wales>

## Appendices

Appendix A: Monthly Diffusion Tube Monitoring Results

Appendix B: A Summary of Local Air Quality Management

Appendix C: Air Quality Monitoring Data QA/QC

## Appendix A: Monthly Diffusion Tube Monitoring Results

**Table A.1 – Full Monthly Diffusion Tube Results for 2021 ( $\mu\text{g}/\text{m}^3$ )**

Site ID	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Raw Data	Bias Adjusted (0.78) and Annualised <sup>(1)</sup>	Distance Corrected to Nearest Exposure <sup>(2)</sup>
CERE/21A/NA9S9 (Terrace Road, Aberystwyth)							16.1	11.2	25.9	23.5	23.4	27.1	21.2	20.4	
CERE/21A/NA9S6 (Thespian Street, Aberystwyth)							16.8	18.1	24.8	21.8	20.8	23.9	21.0	20.3	
CERE/21A/NA9S10 (Railway Station, Aberystwyth)							18.4	19.9	23.1	19.6	22.4	25.7	21.5	20.7	
CERE/21A/NA9S8 (Morrison, Aberystwyth)							18.6	15.8	20.1	16.7	18.7	13.5	17.2	16.6	
CERE/21A/NA9S3 (Mill Street, Aberystwyth)							22.0	20.5	24.8	22.8	22.1	25.7	23.0	22.2	
CERE/21A/NA9S5 (High Street, Lampeter)							13.2	15.0	16.9	16.6	19.1	20.0	16.8	16.2	
CERE/21A/NA9S15 (High Street, Cardigan)							15.3	13.4		16.4	15.9	18.8	16.0	16.6	
CERE/21A/NA9S12 (Quay Street, New Quay)							6.5	7.1	9.6	8.1	7.7	12.1	8.5	8.2	
CERE/21A/NA9S11 (Pendam)							2.2	1.8	3.5	2.6	1.3	3.5	2.5	2.4	
CERE/21A/NA9S7 (Talybont)							24.5	22.2	28.0	25.1	27.5	25.3	25.4	24.5	
CERE/21A/NA9S14 (Great Darkgate Street, Aberystwyth)							10.5	11.1	13.9	15.0	14.0	14.6	13.2	12.7	

**Notes:**

Exceedances of the NO<sub>2</sub> annual mean objective of 40µg/m<sup>3</sup> are shown in **bold**.

NO<sub>2</sub> annual means exceeding 60µg/m<sup>3</sup>, indicating a potential exceedance of the NO<sub>2</sub> 1-hour mean objective are shown in **bold and underlined**.

- (1) See Appendix C for details on bias adjustment and annualisation.
- (2) No distance corrections were required in 2021

## **Appendix B: A Summary of Local Air Quality Management**

### **Purpose of an Annual Progress Report**

This report fulfils the requirements of the Local Air Quality Management (LAQM) process as set out in the Environment Act 1995 and associated government guidance. The LAQM process places an obligation on all local authorities to regularly review and assess air quality in their areas and to determine whether or not the air quality objectives are being achieved. Where exceedances occur, or are likely to occur, the local authority must then declare an Air Quality Management Area (AQMA) and prepare an Air Quality Action Plan (AQAP) within 18 months of declaration setting out the measures it intends to put in place in pursuit of the objectives. Action plans should then be reviewed and updated where necessary at least every five years.

For Local Authorities in Wales, an Annual Progress Report replaces all other formal reporting requirements and have a very clear purpose of updating the general public on air quality, including what ongoing actions are being taken locally to improve it if necessary.

### **Air Quality Objectives**

The air quality objectives applicable to LAQM in Wales are set out in the Air Quality (Wales) Regulations 2000, No. 1940 (Wales 138), Air Quality (Amendment) (Wales) Regulations 2002, No 3182 (Wales 298), and are shown in Table B.1.

The table shows the objectives in units of microgrammes per cubic metre  $\mu\text{g}/\text{m}^3$  (milligrammes per cubic metre, mg/m<sup>3</sup> for carbon monoxide) with the number of exceedances in each year that are permitted (where applicable).

**Table B.1 – Air Quality Objectives Included in Regulations for the Purpose of LAQM in Wales**

Pollutant	Air Quality Objective: Concentration	Air Quality Objective: Measured as	Date to be achieved by
<b>Nitrogen Dioxide (NO<sub>2</sub>)</b>	200µg/m <sup>3</sup> not to be exceeded more than 18 times a year	1-hour mean	31.12.2005
<b>Nitrogen Dioxide (NO<sub>2</sub>)</b>	40µg/m <sup>3</sup>	Annual mean	31.12.2005
<b>Particulate Matter (PM<sub>10</sub>)</b>	50µg/m <sup>3</sup> , not to be exceeded more than 35 times a year	24-hour mean	31.12.2010
<b>Particulate Matter (PM<sub>10</sub>)</b>	40µg/m <sup>3</sup>	Annual mean	31.12.2010
<b>Sulphur dioxide (SO<sub>2</sub>)</b>	350µg/m <sup>3</sup> , not to be exceeded more than 24 times a year	1-hour mean	31.12.2004
<b>Sulphur dioxide (SO<sub>2</sub>)</b>	125µg/m <sup>3</sup> , not to be exceeded more than 3 times a year	24-hour mean	31.12.2004
<b>Sulphur dioxide (SO<sub>2</sub>)</b>	266µg/m <sup>3</sup> , not to be exceeded more than 35 times a year	15-minute mean	31.12.2005
<b>Benzene</b>	16.25µg/m <sup>3</sup>	Running annual mean	31.12.2003
<b>Benzene</b>	5µg/m <sup>3</sup>	Annual mean	31.12.2010
<b>1,3 Butadiene</b>	2.25µg/m <sup>3</sup>	Running annual mean	31.12.2003
<b>Carbon Monoxide</b>	10.0mg/m <sup>3</sup>	Maximum Daily Running 8-Hour mean	31.12.2003
<b>Lead</b>	0.25µg/m <sup>3</sup>	Annual Mean	31.12.2008

## Appendix C: Air Quality Monitoring Data QA/QC

### QA/QC of Diffusion Tube Monitoring

#### Diffusion Tube Bias Adjustment Factors

The diffusion tube supply analyst was Socotec Didcot, the method was 50% TEA in acetone and the bias adjustment factor used was the 2021 overall factor of 0.78 (Spreadsheet Version Number: 06/21), which was sourced from the Defra database of national bias adjustment factors [<https://laqm.defra.gov.uk/bias-adjustment-factors/national-bias.html>].

#### Factor from Local Co-location Studies

No co-location data was available.

#### Discussion of Choice of Factor to Use

No opportunity for a co-location study was available so the national adjustment factor was used, which was sourced from the Defra database of national bias adjustment factors [<https://laqm.defra.gov.uk/bias-adjustment-factors/national-bias.html>].

#### QA/QC of Diffusion Tube Monitoring

Data for the laboratory precision of NO<sub>2</sub> diffusion tube analysis is provided by Defra <https://laqm.defra.gov.uk/diffusion-tubes/precision.html>.

As advised by Defra, for the purposes of LAQM, laboratory diffusion tube precision is separated into two categories, "Good" and "Poor" as follows: tubes are considered to have "good" precision where the coefficient of variation (CV) of duplicate or triplicate diffusion tubes for eight or more periods during the year is less than 20%, and the average CV of all monitoring periods is less than 10%. Tubes are considered to have "poor" precision where the CV of four or more periods is greater than 20% and/or the average CV is greater than 10%.

In relation to the summary results that Defra provide the following is advised:

*"Please note that the performance of a laboratory may change from one year to another. Therefore, when assessing the performance of a laboratory using the findings [provided in the summary results], account should be taken of the proportion of "poor" precision co-location results, not just the presence or absence of poor*

## Diffusion Tube Annualisation

Annualisation is required for any site with data capture less than 75% but greater than 25%. Annualisation was required for all of Ceredigion County Council's monitoring sites in 2021 due to lockdown restrictions preventing the installation and collection of diffusion tubes for 6 of the 12 months. As part of the annualisation procedure, data gathered from two rural automatic monitoring sites were considered, namely from Narbeth, Pembrokeshire and Aston Hill, Shropshire. Details of the calculation method undertaken is provided in Table C.2.

## Diffusion Tube Bias Adjustment Factors

Ceredigion County Council have applied a national bias adjustment factor of 0.78 to the 2021 monitoring data. A summary of bias adjustment factors used by Ceredigion County Council over the past five years is presented in Table C.1.

**Table C.1 – Bias Adjustment Factor**

Year	Local or National	If National, Version of National Spreadsheet	Adjustment Factor
2021	National	06/22	0.78
2020	National	06/21	0.76
2019	National	09/20	0.75
2018	National	06/19	0.76
2017	National	09/18	0.77
2016	National	06/17	0.79

## NO<sub>2</sub> Fall-off with Distance from the Road

No diffusion tube NO<sub>2</sub> monitoring locations within Ceredigion required distance correction during 2021.

**Table C.2 – Annualisation Summary (concentrations presented in  $\mu\text{g}/\text{m}^3$ )**

Site ID	Annualisation Factor-Narbeth	Annualisation Factor- Aston Hil	Average Annualisation Factor	Raw Data Annual Mean	Annualised Annual Mean
Terrace Road, Aberystwyth	1.2474	1.2474	1.2363	21.2	26.2
Thespian Street, Aberystwyth	1.2474	1.2251	1.2363	21.0	26.0
Railway Station, Aberystwyth	1.2474	1.2251	1.2363	21.5	26.6
Morrisons Roundabout, Aberystwyth	1.2474	1.2251	1.2363	17.2	21.3
Mill Street, Aberystwyth	1.2474	1.2251	1.2363	23.0	28.4
High Street, Lampeter	1.2474	1.2251	1.2363	16.8	20.8
High Street, Cardigan	1.3877	1.2809	1.3343	16.0	21.3
Quay Street, Cardigan	1.2474	1.2251	1.2363	8.5	10.5
Pendan	1.2474	1.2251	1.2363	2.5	3.1
Talybont	1.2474	1.2251	1.2363	25.4	31.4
Great Darkgate Street, Aberystwyth	1.2474	1.2251	1.2363	13.2	16.3

**Table E.1 – Impact Matrix**

Category	Impact Rating: None	Impact Rating: Small	Impact Rating: Medium	Impact Rating: High
Automatic Monitoring – Data Capture (%)	More than 75% data capture	50 to 75% data capture	25 to 50% data capture	Less than 25% data capture
Automatic Monitoring – QA/QC Regime	Adherence to requirements as defined in LAQM.TG16	Routine calibrations taken place frequently but not to normal regime. Audits undertaken alongside service and maintenance programmes	Routine calibrations taken place infrequently and service and maintenance regimes adhered to. No audit achieved	Routine calibrations not undertaken within extended period (e.g. 3 to 4 months). Interruption to service and maintenance regime and no audit achieved
Passive Monitoring – Data Capture (%)	More than 75% data capture	50 to 75% data capture	25 to 50% data capture	Less than 25% data capture
Passive Monitoring – Bias Adjustment Factor	Bias adjustment undertaken as normal	<25% impact on normal number of available bias adjustment colocation studies (2020 vs 2019)	25-50% impact on normal number of available bias adjustment studies (2020 vs 2019)	>50% impact on normal number of available bias adjustment studies (2020 vs 2019) and/or applied bias adjustment factor studies not considered representative of local regime
Passive Monitoring – Adherence to Changeover Dates	Defra diffusion tube exposure calendar adhered to	Tubes left out for two exposure periods	Tubes left out for three exposure periods	Tubes left out for more than three exposure periods
Passive Monitoring – Storage of Tubes	Tubes stored in accordance with laboratory guidance and analysed promptly.	Tubes stored for longer than normal but adhering to laboratory guidance	Tubes unable to be stored according to be laboratory guidance but analysed prior to expiry date	Tubes stored for so long that they were unable to be analysed prior to expiry date. Data unable to be used
AQAP – Measure Implementation	Unaffected	Short delay (<6 months) in development of a new AQAP, but is on-going	Long delay (>6 months) in development of a new AQAP, but is on-going	No progression in development of a new AQAP
AQAP – New AQAP Development	Unaffected	Short delay (<6 months) in development of a new AQAP, but is on-going	Long delay (>6 months) in development of a new AQAP, but is on-going	No progression in development of a new AQAP

## Glossary of Terms

Abbreviation	Description
AQAP	Air Quality Action Plan - A detailed description of measures, outcomes, achievement dates and implementation methods, showing how the LA intends to achieve air quality limit values'
AQMA	Air Quality Management Area – An area where air pollutant concentrations exceed / are likely to exceed the relevant air quality objectives. AQMAs are declared for specific pollutants and objectives
APR	Air quality Annual Progress Report
AURN	Automatic Urban and Rural Network (UK air quality monitoring network)
Defra	Department for Environment, Food and Rural Affairs
DMRB	Design Manual for Roads and Bridges – Air quality screening tool produced by Highways England
FDMS	Filter Dynamics Measurement System
LAQM	Local Air Quality Management
NO <sub>2</sub>	Nitrogen Dioxide
NO <sub>x</sub>	Nitrogen Oxides
PM <sub>10</sub>	Airborne particulate matter with an aerodynamic diameter of 10µm (micrometres or microns) or less
PM <sub>2.5</sub>	Airborne particulate matter with an aerodynamic diameter of 2.5µm or less
QA/QC	Quality Assurance and Quality Control
SO <sub>2</sub>	Sulphur Dioxide

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# Agenda Item 6

## Cyngor Sir CEREDIGION County Council

**REPORT TO:** Healthier Communities Overview and Scrutiny Committee

**DATE:** 27 October 2022

**LOCATION:** Hybrid meeting

**TITLE:** Draft Forward Work Programme 2022/23

**PURPOSE OF REPORT:** Review the current work programme of the Committee

**REASON SCRUTINY HAVE**

**REQUESTED THE INFORMATION:** The forward work programme of the Committee is reviewed and updated at each meeting

**BACKGROUND:**

Overview and Scrutiny Committees oversee the work of the Council to make sure that it delivers services in the best way and for the benefit of the local community.

The role of Overview and Scrutiny is to look at the services and issues that affect people in Ceredigion. The process provides the opportunity for Councillors to examine the various functions of the council, to ask questions on how decisions have been made, to consider whether service improvements can be put in place and to make recommendations to this effect.

Scrutiny plays an essential role in promoting accountability, efficiency and effectiveness in the Council's decision making process and the way in which it delivers services.

The main roles of the Overview and Scrutiny Committees:

- Holding the cabinet and officers as decision-makers to account
- Being a 'critical friend', through questioning how decisions have been made to provide a 'check and balance' to decision makers, adding legitimacy to the decision making process
- Undertaking reviews of council services and policy
- Undertaking reviews to develop council services and policies
- Considering any other matter that affects the county
- Ensuring that Ceredigion is performing to the best of its ability and delivering high quality services to its citizens
- Assessing the impact of the Council's policies on local communities and recommending improvement
- Engaging with the public to develop citizen centred policies and services

Effective Overview and Scrutiny can lead to:

- Better decision making
- Improved Service Delivery and Performance
- Robust Policy Development arising from public consultation and input of independent expertise
- Enhanced Democracy, Inclusiveness, Community Leadership and Engagement
- Adds a clear dimension of transparency and accountability to the political workings of the Council
- Provides an opportunity for all Members to develop specialist skills and knowledge that can benefit future policy making and performance monitoring processes
- Creates a culture of evidence based self-challenge

## CURRENT SITUATION:

### Questions to consider when choosing topics

- Is there a clear objective for examining this topic?
- Are you likely to achieve a desired outcome?
- What are the likely benefits to the Council and the citizens of Ceredigion?
- Is the issue significant?
- Are there links to the Corporate Strategy
- Is it a key issue to the public?
- Have the issues been raised by external audit?
- Is it a poor performing service?

### Choosing topics

Overview and Scrutiny Committees should consider information from the Corporate Strategy, Strategic Plan, Service Plans, the Corporate Risk Register, budget savings – proposals and impact, Quarterly Corporate Performance Management panel meetings and departmental input in choosing topics and designing their Forward Work Programmes, as well as any continuing work.

## RECOMMENDATION (S):

To review and update the current Forward Work Programme.

<b>Contact Name:</b>	Dwynwen Jones
<b>Designation:</b>	Overview and Scrutiny Officer
<b>Date of Report:</b>	17 October 2022
<b>Acronyms:</b>	FWP – Forward Work Programme

Committee	Item (description/title)	Invited Speakers	Purpose i.e. monitoring, policy, recommendation
<b><i>Healthier Communities</i></b>			
28 July 2022	Independent Reviewing Service Performance Management Report quarter 3  Housing Support Programme 2022-2026  Licensing - Fees	Elizabeth Upcott  Llyr Evans  Heddwyn Evans	Update for monitoring  Pre-Cabinet  Pre-Cabinet
27 October 2022	Dementia Regional Strategy  Independent Reviewing Service Performance Management Report quarter 4  Progress Air Quality Report	Donna Pritchard  Elizabeth Upcott  Heddwyn Evans	Pre-Cabinet  Update for monitoring  Pre-Cabinet
23 January Special meeting	Covid situation update  Invitation sent to representative from CAMHS	Carwen Evans	

16 February 2022 9.30am	Budget preparation		
13 April 2022	Housing Strategy	Cerys Purches- Phillips	Pre-Cabinet
Future Items	<p>Suggested items</p> <p>Update regarding Dementia Services – Hafan Deg, Awel Deg and Residential Homes in general</p> <p>Update on Fostering following 6 October 2021 discussions</p> <p>Update on Domiciliary Care following 6 October 2021 discussions to include cost details on outsourcing the service as the authority are at present, with a comparison with employing in-house carers.</p> <p>12 month plan for Day Services in the County</p> <p>Inspection of food outlets (re-inspection)– red on the risk register</p> <p>Update on the Through Age and Wellbeing Programme to include recruitment/staffing situation – red on the risk register</p> <p>Report on CAMHS Child Mental Health Service – to invite Head of CAMHS to a future meeting.</p> <p>Occupational Therapy Services – cost implications of outsourcing.Update regarding Dementia Services including Residential Homes</p>		

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# Agenda Item 7

## Minutes of the Meeting of HEALTHIER COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

held at the Hybrid - Neuadd Cyngor Ceredigion, Penmorfa, Aberaeron / remotely via video conference on Thursday, 28 July 2022

**PRESENT;** Councillor Caryl Roberts (Chair), Councillors Amanda Edwards, Elaine Evans, Eryl Evans, Keith Evans, Wyn Evans, Gwyn James, Sian Maehrlein, John Roberts & Carl Worrall.

**Also in attendance:** Councillors Rhodri Evans & Gareth Lloyd.

**Officers in attendance:** Elizabeth Upcott, Corporate Manager, Safeguarding; Alun Williams, Corporate Lead Officer, Policy, Performance and Public Protection; Carwen Evans, Corporate Manager, Public Protection; Heddwyn Evans, Environmental Health Manager; Llyr Hughes, Corporate Manager, Housing Services; Neris Morgans, Democratic Services Officer & Nia Jones, Corporate Manager, Democratic Services.

(10.00 - 10.22 am)

(10:30 – 11:58am)

*The meeting was suspended in response to technical issues and resumed at 10.30am.*

### 1 Apologies

- i. Councillors Ceris Jones (Vice-Chair), Mark Strong, Ifan Davies and apologised for their inability to attend the meeting.
- ii. Donna Pritchard, Corporate Lead Officer, Porth Gofal and Sian Howys, Corporate Lead Officer, Porth Cynnal apologised for their inability to attend the meeting.

### 2 Disclosures of personal interest (including whipping declarations)

Members are reminded of their personal responsibility to declare any personal and prejudicial interest in respect of matters contained in this agenda in accordance with the provisions of the Local Government Act 2000, the Council's Constitution and the Members Code of Conduct. In addition, Members must declare any prohibited party whip which the Member has been given in relation to the meeting as per the Local Government (Wales) Measure 2011.

Councillor Wyn Evans declared a personal interest under item 5.

### 3 Independent Reviewing Service Performance Management Report qtr 3 2021 2022

Councillor Alun Williams (Cabinet Member for Through Age and Wellbeing) presented the Independent Reviewing Service Report Quarter 3 2021/2022. Quarterly reports are taken to the Healthier Communities Overview and Scrutiny Committee as part of an ongoing examination of the topic to ensure that the Local Authority fulfils its duties as the Corporate Parent. The report

includes national and local standards and targets used to measure outcomes for looked after children (LAC) and care leavers at the time of their review meeting and includes Welsh Government Performance Indicators.

On the basis of the information available and the views expressed during the review meeting, the IRO makes a professional judgement about the effectiveness of a child/young person's care plan in meeting their needs and may recommend changes to the care plan. During the review meeting, the IRO considers whether the child/young person requires assistance to identify relevant other people to obtain legal advice/take proceedings on their behalf. This action was not deemed necessary by the IRO for any child in the period. In addition, the IRO has regard as to whether the child/young person's human rights are being breached in any way and, if so, might make a referral to CAFCASS Cymru. This action was not required at any of the review meetings in the period.

These reports are considered within Multi Agency LAC Quality Assurance Meetings which meet quarterly; these meetings provide an opportunity to identify and act upon performance and other issues with this area of work. The reports are also circulated and reviewed by Local Authority's Corporate Parenting Group, which takes place quarterly. Councillor Alun Williams proceeded to present a Summary of the Key Points noted on page 2 of the report.

Elizabeth Upcott noted they had not received any indication on how the new guidance on the changes to routine dental appointments would affect the service. Health professionals attend quality assurance monitoring meetings.

Councillor Alun Williams expressed disappointment with the announcement as the Council's key strategy with the Though-age and Wellbeing Model was to provide early intervention and prevention, which should reduce the need for more expensive services further on.

The Chair highlighted that there had been a significant increase in the number of LAC over the past 2 years, as reflected on page 4 of the report. She commended the service for a clear and well-presented report.

Elizabeth Upcott explained that a similar trend has been seen nationally following the pandemic, and although the number of children in care in Ceredigion was low compared to other local authorities, there was a concern and preventions were being put in place for the short and long term. Reference was made to the Nature of the Placement Provision of Children Reviewed and the Legal Status of Children reviewed in the Quarter. Pathway planning was explained to the committee members. It was highlighted that the local authority continued to have a legal responsibility to provide care and support to care leavers who are between 16-25 years old. Despite not all in this age bracket wanting to engage, all care leavers were assigned a Personal Assistant.

It was noted that there was a lack of foster carers nationally and although there has been an all-Wales recruitment drive, finding placements remains a

challenge. There are ongoing management plans in progress to manage this.

Elizabeth Upcott explained that staffing remained challenging, and they were actively pursuing all avenues, senior management was involved with action plans and regular meetings were held. She clarified that the quarterly reports were a requirement, and it kept all informed of any trends and gave an oversight as corporate parents.

The Chair highlighted that recruitment of Social Workers and Senior Social Workers was included on the risk register. She reinforced the importance of quarterly reporting.

In terms of the significant increase in LAC numbers, Councillor Alun Williams noted that the number was expected to decrease moving forward as local authorities deal with the post-covid emergence.

The Chair appreciated that an increase in LAC numbers had been seen nationally but she was conscious that Ceredigion was a smaller authority and could be a little more susceptible to the risk.

Committee Members expressed their appreciation for the department and for their hard work in very challenging times.

Following questions by the Committee Members, it was agreed to note the contents of the report and the levels of activity within the Local Authority.

#### **4 Housing Support Programme 2022-2026**

Llyr Hughes presented the background to the Housing Support Programme 2022-2026 as outlined in the report. The 4 background papers required under the current grant guidance were referred to, and it was noted that the 4-year plan identified 4 strategic priorities and also actions in moving forward. He clarified that the plan encompassed all housing needs, and it was underpinned by the overarching strategy.

In response to a query surrounding the new regulations for renting that will come into force on 1 December 2022, Llyr Hughes explained that landlords were leaving the market and others were increasing rent and bonds for the most vulnerable. There was a lot of anecdotal information circulating, but it was generally the picture across Wales.

In terms of 'no fault' evictions, Housing Options Service had a gateway service, and they were able to signpost people to the correct support. The Council are a part of Leasing Scheme Wales and aims to work closely with private landlords.

Members have seen an increase in enquiries from people who have received notices to leave private rented accommodation due to various reasons. Not only does this affect people's mental health but it reduces the availability of

rental accommodation. Ceredigion's Housing Options Service were commended for its support.

Members were reminded to direct residents to the Housing Options Service if in need of support with finding alternative accommodation. He appreciated there was a lack of affordable housing and that the housing allowances did not reflect private market rents.

Following questions by the Committee Members, it was agreed to recommend the Housing Support Programme and a Statement of Needs for Cabinet approval.

**5 A report on the proposed fees for The Animal Welfare (Licensing of Activities Involving Animals) (Wales) Regulations 2021**

Heddwyn Evans referred to the background and the current situation outlined in the report. It was noted that the proposed fees were in response to the increase in people selling pets privately and online rather than purchasing from a pet shop. A reference to the Current Situation was provided, which included that an introduction to the legislation was presented through the Democratic process in November 2021 and also Lucy's Law, which was already in place in England. The proposed fees listed on page 2 of the report reflects the additional work the authority has to undertake and the level of input from officers.

Reference was made to What is in and out of the scope: Selling Animals as Pets including the Business Test, In scope criteria, Guideline indicators of running a business of selling animals as pets, Out of scope criteria and Guideline indicators of "out of scope" activities as outlined in the report.

Members were provided with the opportunity to ask questions which were answered by Heddwyn Evans. The main points raised were as follows:

- Heddwyn Evans explained that they monitor online advertisements and the frequency of advertisements by unlicensed breeders, which may indicate that breeding was done as a commercial activity.
- There are difficulties with traceability in terms of monitoring the welfare of dogs once they had ended breeding as there is no legislation to support this. Protection is in place for licensed breeders that do not allow more than one litter a year and 6 in a lifetime. In addition, there is a retirement strategy in place and microchipping was a legal requirement. Work is continually being done to protect the welfare of animals.
- In terms of who was categorized as a breeder, Heddwyn Evans clarified that authorities were looking at various scenarios to ensure there was consistency. Monitoring over a course of time is key to see if the activity is commercial and to make a profit. Each case will be considered on its own merit before a decision is done.
- Following concerns raised by members that families may have a litter a year for additional income, Heddwyn Evans clarified there were no intentions to licence people in this position but rather, people who had litters from multiple dogs in a year.

- HMRC Badges indicate that a £1000 profit may suggest a commercial activity- Heddwyn Evans highlighted that this would raise concerns given the increase in prices recently.
- Monitoring websites, identifying breeders and patterns of operation is time-consuming. The added enforcement has been included in the fee. If additional resources will be required to undertake the work, consideration will need to be given to this.
- Concerns were raised by members that the difference in the definition of domestic or commercial activity was a grey area.
- Members felt that having a family pet was important, to educate children on how to care for pets.
- Alun Williams, CLO, reassured members that the aim was to target unlicensed people who were clearly operating as dealers of pets and are profiting from their actions. Having a licensing and fee structure for these new licences was mandatory from a legal perspective.

Following questions from the Committee Members, it was agreed to recommend the report and the proposed fee structure for Cabinet approval.

## **6 Minutes of the previous meeting**

It was AGREED to confirm the minutes of the meeting held on 15 March 2022.

Matters arising: None.

## **7 Draft Forward Work Plan 2022-2023**

It was AGREED to note the Forward Work Programme presented subject to the following:

- i. A workshop specifically for the budget of the services under the committee's remit (Autumn)
- ii. The Chair encouraged committee members to inform her of any issues they wished to explore as part of the committee's remit.

The Chair thanked all for their patience at today's meeting and apologised for the technical difficulties.

**Confirmed at the Meeting of the Healthier Communities Overview and Scrutiny Committee held on 27 October 2022**

**Chairman:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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