CEREDIGION COUNTY COUNCIL

Report to:	**Cabinet**
Date of meeting:	**5th October 2021**
Title:	**Through Age & Wellbeing Strategy 2021 – 2027 and Action Plan**
Purpose of the report:	**For Cabinet to consider the Through Age and Wellbeing Strategy 2021-2027 for recommendation for approval to Council**
For:	**Decision**
Cabinet Portfolio and Cabinet Member:	Cllr Alun Williams and Cllr Catherine Hughes,

It was agreed in 2017 that a systematic review of all structures and service areas should be undertaken to ensure that services across the Council have the capacity and capability to meet the priorities of the Corporate Plans and Objectives.

The transformation of services has progressed well with the final major change being the integration of social care and lifelong learning into the three services Porth Cymorth Cynnar, Porth Gofal and Porth Cynnal who along with Customer Contact make up the 4 main areas that fall within the Through Age & Wellbeing Programme of change.

Formal restructuring of these services started in late 2019 with the implementation of the Corporate Manager structure across the services. The pandemic then delayed progress during 2020 but this was then further progressed from September 2020 onwards. It was recognised that a clear strategy was required to drive and communicate the need for change and how this would be achieved.

Updates and workshops with members have taken place throughout the period of change. Staff and Trade Unions have been engaged and consulted during each part of the process.

STRATEGY AND ACTION PLAN

At the outset of the programme a vision was created that reflected the ambitious programme of change:

‘To ensure every child, young person and adult in Ceredigion will be able to reach their full potential. To ensure fair access for all to excellent universal and targeted services that supports the health and wellbeing of all citizens.

To develop skills and resilience that will last a lifetime and enable individuals to cope well with the challenges and pressures that they may face.’

The Through-age & Wellbeing Strategy clarifies the vision and plans for the implementation The Through Age and Wellbeing strategy sets out the vision and associated approaches that will be taken to transform how the wellbeing and safety of the people of Ceredigion is supported. Giving a timeline of 2021-2027 to achieve the changes.

The strategy describes the journey the Council will take, alongside its partners, to transform its way of working. It provides the strategic context to drive future commissioning, operational service delivery, care management and the Councils role in the integration of services. The strategy sets out how we will:

- Put in place a new Through Age and Wellbeing Model of delivery
- Reduce demand on managed care and support and focus resources on those who most need them
- Support our workforce to develop a new approach to supporting individuals within Ceredigion
- Focus on preventative services which help people to remain independent or regain the independence they want and value
- Provide services within budget
- Work with partners to provide a more joined up health, wellbeing and social care system

The Strategy highlights 5 key objectives, these are underpinned by 12 focused areas of need that look at the root causes of why families and individuals may need information, advice, support and/or care.

The purpose of the Action Plan is to clearly outline what is required over the next three years (and to signal what is likely in the years beyond that) to address the root causes in order to meet the 5 key objectives of the Strategy and, alongside our partners, rebalance the care and support to provide sustainable services within Ceredigion.

	Has an Integrated Impact Assessment been completed? Yes and is ongoing **If, not, please state why -** ***Summary:*** **Long term:** **Collaboration:** **Involvement:** **Prevention:** **Integration:**
Recommendation(s):	**To approve the Through Age and Wellbeing Strategy 2021-2027 and Action Plan for approval by Council.**
Reasons for decision:	**To recommend that the Through Age and Wellbeing Strategy 2021-2017 is approved by Council**
Overview and Scrutiny:	The strategy and action plan were considered by Healthier Communities & Learning Communities

	Overview and Scrutiny Committee on 17th September 2021 and recommended for approval.
Policy Framework:	Social Services & Wellbeing (Wales) Act 2014 Wellbeing of Future Generations (Wales) Act 2015 RISCA
Corporate Priorities:	Enabling individual and family resilience
Finance and Procurement implications:	On completion of the Action Plan, the aim is that the services will be financially more resilient.
Legal Implications:	The Strategy meets the requirements of the Social Services and Wellbeing (Wales) Act 2014
Staffing implications:	Continued restructure of services and teams to meet the strategy.
Property / asset implications:	None.
Risk(s):	Failure to implement the Strategy and the Action Plan.
Statutory Powers:	Social Services and Wellbeing (Wales) Act 2014 Wellbeing of Future Generations (Wales) Act 2015
Background Papers:	None.
Appendices:	Through Age & Wellbeing Strategy and Action Plan
Reporting Officer:	Caroline Lewis
Date:	19/9/21

Ceredigion County Council – Through Age and Wellbeing Strategy – Action Plan

The Through-age & Wellbeing Strategy clarifies the vision and plans for the implementation of the Through-age and Wellbeing programme. The Strategy highlights 5 key objectives and in turn these are underpinned by 12 focused areas of need that look at the root causes of why families and individuals may need information, advice, support and/or care. These are:

Substance Misuse

- Substance misuse is the use of alcohol, illegal drugs, or over-the-counter or prescription medications in a way that they are not meant to be used that can negatively impact the health and day to day life of the person, their relationships and their family. The TAW will provide information and advice to educate the residents of Ceredigion, provide healthy diversionary activities that promote positive choices and provide direct support where necessary to individuals and families affected by substance misuse.

Mental Health

- Mental health problems affect around one in four people in any given year. Such issues range from common problems such as mild depression and low level anxiety to more severe conditions such as schizophrenia and bi-polar disorder. They cost the UK economy around £34 billion a year. The ability to sign post, provide advice/information and or timely interventions at an early stage could prevent them reaching a crisis and empower them to manage their own wellbeing.

Financial concerns

- Families that have financial concerns or worries may fall into crisis, the ability to signpost to advice and information regarding a range of financial issues including benefits and debt managements will support families and individuals to manage their own circumstances and prevent financial hardship and housing difficulties

Isolation

- The feeling of being isolated from family and friends may cause individuals, such as children and young people, single-parent families, carers and the elderly to become worried and anxious. By identifying these issues early, support can be put in place to mitigate against potential escalation. Advice and assistance can be provided and people can be signposted to community groups, clubs or organisations where relevant.

Frailty

- Frailty refers to a person's mental and physical resilience, regardless of age and whether able bodied or otherwise, or, their ability to bounce back and recover from events like illness and injury. It doesn't mean a person lacks capacity or is incapable of living a full and independent life. For people at risk of frailty there are potentially preventable or modifiable risk factors or conditions. These include alcohol excess; cognitive impairment, falls, functional impairment, hearing problems, mood problems, nutritional compromise, physical inactivity, polypharmacy, smoking, vision problems, social isolation and loneliness. It is important that people living with or at risk of frailty have access to well planned, joined-up and local, preventative and early help services to avoid problems arising in the first place and rapidly deployed response services should anything go wrong.

Domestic Abuse

- Domestic abuse is an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, by a partner or ex-partner or by a family member or carer. Children/Young People are adversely affected by living with the effects of Domestic Abuse in their lives and along with mental health and substance misuse issues, domestic abuse is the most prevalent causes of children being the subject of child protection procedures and in some cases, becoming children who are looked after. By developing a strategy to tackle domestic abuse at an early intervention/prevention level and also where necessary, providing intensive support to families when their situation is at a critical point in their lives, we aim to reduce, in time, the number of children who become looked after by the Local Authority and enable and support children to live happy and fulfilled lives, thriving within their own family and community,

Independence

- A valued, independent life is one where a person is given respect, dignity and privacy and is supported to make their own choices in all aspects of their lives. A better awareness of the role that positive risk-taking can play in helping people retain or regain their independence is central to any support and intervention strategy, as are deeper skills around strengths based assessment, advocacy support and individually tailored goals; all centred on voice, choice and control.

Education Employment Training

- Current projections suggest that the economy will fall into recession with unemployment increasing significantly, in particular in areas such as Ceredigion, due to the structure of its economy, i.e. small enterprises which are more vulnerable in times of financial crisis. Some individuals who may be at a greater risk of financial hardship and reliance on financial support, may require advice and assistance, employability support and an opportunity to access skills training in order to help them back into work.

Poor Quality Housing / Homelessness

- Housing conditions can influence our physical health and have a negative influence on our mental health and wellbeing. Children living in crowded homes are more likely be stressed, anxious and depressed, underachieve (educationally & socially) and have poorer physical health. A safe, settled home is the cornerstone on which individuals and families build a better quality of life, access services they need and gain greater independence. Being homeless has a negative impact on peoples' health and makes it difficult to access support services and increases the risk of crisis.

Dementia

- The predominance of old-age specific incidences of dementia is falling and a growing body of evidence supports the premise of potentially modifiable risk factors for dementia across all age groups. These include education levels, hypertension, hearing impairment, smoking, obesity, depression, physical inactivity, diabetes, low social contact, alcohol consumption, traumatic brain injury and air pollution. The potential for prevention/delay is high, especially when there is a focus on keeping cognitively, physically, and socially active in mid and later life and opportunities to signpost for early intervention following diagnosis (for people and their carers) are improving each year.

Poor Physical Health

- Individuals who have been identified as being in poor physical health typically exhibit health conditions such as diabetes, asthma, arthritis and heart disease, which may have been caused by behavioural factors such smoking, drinking, drug use, lack of exercise and a poor diet. Poor physical health can lead to an increased risk of developing mental health problems. By working with partners, e.g. Health, to identify these cases early, and by providing individuals with advice and information regarding a range of services available to them both through the Wellbeing Centres and out in the community, it will enable them to better manage their own health, which will prevent physical health problems from developing.

Neglect of Children

- Child neglect is a form of abuse, the results of which deprives a child of their basic needs and can include the failure to provide adequate supervision, health care, clothing, or housing, as well as other physical, emotional, social, educational, and safety needs. By safeguarding & offering support to parents and families through preventative services such as parenting support, budgeting, and positive behaviour management it can enable them to better meet the needs of their own children.

The purpose of the following Action Plan is to clearly outline what is required over the next three years (and to signal what is likely in the years beyond that) to address the root causes in order to meet the 5 key objectives of the Strategy and, alongside our partners, rebalance the care and support that is provided within Ceredigion.

Priority 1: **PROMOTE POSITIVE HEALTH AND WELLBEING AND SUPPORT PEOPLE TO SELF SUPPORT**					
Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
1.1 **A new model for the delivery of information, advice and assistance.**					
1.1.1 To improve the information and advice available regarding Direct Payments and promote the recruitment of Personal Assistants	1 2 3 4	Isolation Independence Education, training and employment, Mental health, Substance Misuse, Dementia	To develop a direct payments support service that provides a range of information, in accessible formats that will enable service users to consider creative and empowering approaches to support their wellbeing with reduced reliance on specialist services and provide opportunities for recruitment of personal assistants.	Porth Gofal	Year 1
1.1.2 Establish an In-House financial advice and support service	1 2 3 5	Financial concerns Poor Quality Housing, Independence	To provide information and advice to service families and individuals that will allow them to manage their finances and prevent financial hardship including housing difficulties. Connect this to Wellbeing Centre strategy, service development & planning	Finance to work with the Pyrth to agree approach	Year 2
1.1.3 Coordinated approach to Information Advice & Assistance (IAA) via our website information regards all services; promotion of existing services	1 2 3 4	All	Clear, easily accessible and up to date information on the range of services and support within Ceredigion that will support people to help themselves and know how to access support	ICT led group with staff from the Pyrth.	Year 1
1.1.4 Establish marketing/comms strategy to promote preventative offers and information on services being offered by our partners	1 2 3 5	All	Signal to Corporate the support needed to lift awareness of new ways of working and new services on offer and how to access them	To be determined - Needs to link to 1.1.3	Year 2
1.1.5 Develop Clic as the first point of contact and an information service	1 2 3	All	Will promote the single and easy access to information and referral service and reduce burden on Social Workers to provide this information	Customer Contact (Clic)	Year 1

Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
1.1.6 Develop focused and universal services that will be available at Lampeter wellbeing centre	1 2 3	All (The service focus of the centre would need to be determined)	• To improve the mental, emotional, physical and social wellbeing of the residents in the Lampeter area/Mid County • To improve the guidance and support available to vulnerable individuals and families who encounter challenges • Further develop strengths-based, outcome focused services for citizens • Safeguard and nurture the most vulnerable • Reduce burden on statutory services	Porth Cymorth Cynnar	Year 1/2
1.1.7 Develop focused and universal services that will be available at Plascrug wellbeing centre	1 2 3	All	• To improve the mental, emotional, physical and social wellbeing of the residents in the Aberystwyth area/North of the County • To improve the guidance and support available to vulnerable individuals and families who encounter challenges • Further develop strengths-based, outcome focused services for citizens • Safeguard and nurture the most vulnerable • Reduce burden on statutory services	Porth Cymorth Cynnar	Year 2/3
1.1.8 Develop focused and universal services that will be available at Cardigan wellbeing centre	1 2 3	All	• To improve the mental, emotional, physical and social wellbeing of the residents in the Cardigan area/South of the County • To improve the guidance and support available to vulnerable individuals and families who encounter challenges • Further develop strengths-based, outcome focused services for citizens • Safeguard and nurture the most vulnerable • Reduce burden on statutory services	Porth Cymorth Cynnar	Year 3/4

Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
1.1.9 Develop focused and universal services that will be available in other towns via pop-up provision and through the mobile outreach provision	1 2 3	All	• To improve the mental, emotional, physical and social wellbeing of the residents in the 'hard-to-reach / rural areas in Ceredigion • To improve the guidance and support available to vulnerable individuals and families who encounter challenges • Further develop strengths-based, outcome focused services for citizens • Safeguard and nurture the most vulnerable • Reduce burden on statutory services	Porth Cymorth Cynnar	Year 4+
1.1.11 Improve IAA on assistive technology, aids and appliances available (Promote the "Connect" programme)	1 2 3 4 5	Isolation Frailty Independence Housing Dementia Poor physical health	To provide self-help opportunities for early assistance within the persons home and local communities in order to empower individuals to maintain independence and individual resilience	Porth Gofal	Year 2
1.2 **A tiered approach to prevention.**					
1.2.1 Develop a Wellbeing & Prevention Plan	1 2 3 4 5	All	To develop a Wellbeing and Prevention Plan to align with the Through-Age and Wellbeing Strategy, Future Gens Act and SSWBA. The plan will outline the key priorities required to achieve the vision. The plan will be based on evidence, data and on feedback received through community engagement. The plan will provide us with detailed actions to inform change and improvement and support the development of the Porth Cymorth Cynnar service.	Porth Cymorth Cynnar	Year 1
1.2.2 Agree Wellbeing Plan	1 2 3 4 5	All	Establish how what the timescales will be for the Wellbeing and Prevention Plan to be agreed through our internal democratic processes.	Porth Cymorth Cynnar	Year 2

Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
1.2.3 Develop a Through Age Sensory Service that will support the needs across the continuum for a range of service users including Prevention health checks for care home residents and community.	1 3 4	Isolation Frailty Independence Dementia Poor physical health	To support individuals with sensory impairments to live independently and lead fulfilled lives.	Porth Gofal -	Year 2
1.3 A robust range of support for Carers. No specific actions required as the Carers service currently provides effective and robust support. Need to ensure that focus is maintained on how the strategy impacts on this service					
1.4 Maximising the potential of community assets.					
1.4.1 Review the Community Connectors roles – do determine roles and responsibilities. Possible focus on outreach to combat Isolation, independence, promotion to Community Councils, clubs and organisations within each local community. Coordinate with CAVO and volunteers	1 2 3	Isolation, Independence, Education Employment Training	To undertake an independent review of the Community (Outreach) Connectors roles in order to identify gaps in community infrastructure and to identify the growing complexity of people's needs (Two key challenges facing our services). The review will provide comprehensive recommendations to inform change and improvement and will support the development of the Early Intervention Service	Porth Cymorth Cynnar	Year 1
1.4.2 Enhance community safety prevention of offending and risky behaviours via outreach projects, working closely with statutory / partner organisations/3rd sector	1 2 3 5	All	Work with partners (statutory & 3rd sector) to gain a comprehensive understanding of the key characteristics of 'what works' in terms of early interventions. Develop targeted outreach projects in order to prevent or reduce youth crime, offending or anti-social behaviour	Porth Cymorth Cynnar	Year 1

Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
1.4.3 Needs Assessment – Developing a public engagement programme that will determine needs. Enhancing the Population Needs Assessment	1 2 3 4 5	All	Refocus investment and service development	Engagement team to work with the Pyrth to agree approach	Year 2
1.4.4 Review how we work with third sector to address issues within strategy (isolation, frailty, independence etc. and promote community involvement	1 3	Independence Isolation Frailty Dementia	Undertake a review / analysis of third party contracts to ensure that they remain 'fit for purpose' and offer best value and meet growing concerns in the county e.g. isolation, frailty etc	Porth Cymorth Cynnar	Year 2/3

Priority 2: **STRENGTHEN FAMILIES SO THAT CHILDREN AND YOUNG PEOPLE REMAIN WITH THEIR FAMILY**					
Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
2.1 **Rolling out a whole family approach with a wide range of different statutory and voluntary agencies to work with a family. This coordinated partnership approach helps build on family strengths and bring about sustainable change in identified areas of concern for the whole family.**					
2.1.1 Review the existing approach to TAF and our "whole family" approach to determine a new Through Age approach to the provision of Early Intervention and Prevention	1 2 4 5	Neglect of Children Mental Health Domestic Abuse Substance Misuse	Clearly define the meaning of the 'Whole Family Approach'. Review current TAF model and make recommendations for change. The 'Whole Family' approach should be a family-led strategy that provides adults and children with the tools they need to set their own goals, make their own decisions and create plans in order to achieve long-term change and stability.	Porth Cymorth Cynnar	Year 1
2.1.2 Further adoption of Family Group Conferencing across the programme (early stages/prevention)	1 2 5	Neglect of Children Mental Health Domestic Abuse Substance Misuse	To facilitate early help and advice to families who may require support in addressing emerging concerns around their ability to cope with challenges and maintaining the safety and wellbeing of specific family members. Promoting family and individual resilience with less reliance on statutory services	Porth Gofal	Year 1
2.1.3 Enhance the Integrated Family Support and Edge of Care service to provide intensive, preventative support for children who are on the edge of coming into care	2 4 5	Neglect of Children Mental Health Domestic Abuse Substance Misuse	To reduce the risk of children coming into local authority care whenever it is safe to do so	Porth Cynnal	Year 1
2.1.4 Development of the Safe Reduction of Looked after Children Strategy	2 4 5	Neglect of Children Mental Health Domestic Abuse Substance Misuse	To ensure collective discussions across the TAW and with other relevant services in agreeing key strategic priorities and actions in addressing safe reduction of looked after children	Porth Cynnal	Year 1
2.1.5 Approve and implement the Safe Reduction of Looked after Children Strategy	2 4 5	Neglect of Children Mental Health Domestic Abuse Substance Misuse	Ensure corporate and Council agreement and support of key strategic actions and priorities in safe reduction of looked after children	Porth Cynnal	Year 2

Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
2.1.6 Review support available for Special guardians and kinship carers as part of the development of the LAC safe Reduction Strategy	2 4 5	Neglect of Children Mental Health Domestic Abuse Substance Misuse	Support children to be cared for by their extended families and friends wherever it is safe and appropriate to do so	Porth Cynnal	Year 2
2.2 **Working with our partners to address the causes of family difficulties and vulnerabilities (e.g. ACEs).**					
2.2.1 Provide enhanced parenting support across the continuum and as a result of referrals from all sources - Support and Mentoring, Targeted Support	2 3	Neglect of Children Mental Health Domestic Abuse Substance Misuse Financial Concerns Homeless Poor quality housing	To review parenting support available and inform the development of universal and targeted parenting support	Porth Cynnal	Year 1
2.2.2 Establish an inclusive core provision for holiday and play activities (including provision of food) including After School and Weekends.	2 5	Neglect of Children	To deliver a targeted programme of structured activities / play opportunities for vulnerable children, young people and families during holidays, weekends and after school to support their social, emotional, physical and mental wellbeing (grant funded this year - but will need to identify future funding	Porth Cymorth Cynnar	Year 2
2.2.4 Strengthen support for re-unification of children and families following placements in care whenever it is safe and appropriate to do so as part of the LAC Reduction Strategy	2 5	Neglect of Children	Provide support for children to return to the care of their families whenever it is safe and appropriate to do so	Porth Cynnal	Year 2

Priority 3: **ENABLE INDIVIDUALS TO LIVE INDEPENDENTLY IN THEIR OWN COMMUNITY**					
Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
3.1 **A Multi-Disciplinary Team and key coordinator model of working that brings together a range of health, social care and other community services that focus on intervening early to keep people well and independent by delivering the right care at home or in the community.**					
3.1.1 Further development of the Porth Gofal Triage team to a Through Age model (including establishing a Porth Gofal hub at CILC Felinfach)	3 4	All	To provide an integrated triage of referrals with opportunities to provide signposting and onward referral to community early help and prevention services as well as targeted, short term services to meet identified support needs and therefore reducing the need for specialist long term care and support	Porth Gofal	Year 1
3.1.2 Explore and develop the key coordinator approach as a Through Age model	3 4	All	To explore whether a 'Key Co-ordinator' role within the TAW Model would be appropriate. The key coordinator would be the person who works in a support role with individuals / families. They could act as a single point of contact for the individual / family supporting them to coordinate their care across health, education, social care, housing, financial concerns etc. The Key Coordinator could over time empower individuals / families by providing them with support, resources and information to meet their individual needs	Porth Cymorth Cynnal	Year 1
3.2 **The range of equipment provision and the use of assistive technology.**					
3.2.1 Review the existing active technology in-house service: scoping possibilities of a hub/shop for Through Age delivery models	3	Independence Frailty Dementia	To develop an assistive technology and equipment strategy to inform the future work programme to increase accessibility and provision to the public as well as those referred via statutory services.	Porth Gofal	Year 1
3.2.2 Develop future delivery models for assistive tech and equipment for Through Age model	3	Independence Frailty Dementia	It will provide an accessible opportunity for individuals to source appropriate aids and equipment to maintain independence and wellbeing and increased individual resilience and reliance on statutory services	Porth Gofal	Year 2

3.3 **A range of service options that include rehabilitation, re-ablement, direct payments, day services and an enhanced domiciliary care provision.**					
Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
3.3.1 Develop new model/s for provision of Direct Payments	3 4	Independence	To empower individuals to manage their own support needs creatively and independently with reduced reliance on statutory services to meet needs	Porth Gofal	Year 1
3.3.2 Develop new through age model for re-ablement & domiciliary care / maximise the use of current provision and facilities	3	Independence Dementia	To provide a responsive service that is able to meet the growing demand for community care services whilst focusing on enablement and recovery and promoting independence and individual resilience	Porth Gofal	Year 1
3.3.3 Review provision of meals at home service including scoping community provision	3	Independence Frailty	To promote effective and efficient services in supporting people's independence	Porth Cynnal	Year 2
3.3.4 Develop Programme of Wellbeing for Chronic conditions and activities	3	Independence Frailty	Proactive services for people living with chronic conditions; choices that support what they can do not what they can't	Porth Cymorth Cynnar	Year 2
3.4 **An holistic approach to supporting young people as they transition into adulthood.**					
3.4.1 Review and develop required life skills support/training in areas such as housing, finance & employment	3	Independence Financial Concerns Isolation	Understand the requirements for life skills with a range of groups/service users and opportunities to meet those needs	Porth Cymorth Cynnar	Year 2
3.4.2 Focussed support for Care Leavers and young people with learning disabilities with work experience/apprenticeship	3	Independence Education Employment Training	To support employment opportunities for vulnerable persons	Porth Cynnal	Year 2
3.4.3 Develop opportunities for Co-operative/Social Prescribing/Social Enterprises	3	Independence Education Employment Training	Undertake a review to develop a better understanding of • what is meant by Co-operative/Social Prescribing/Social Enterprises • the reasons and need to develop social prescribing schemes • how this could work within Ceredigion	Porth Cymorth Cynnar	Year 4+

			• how this will impact and be of benefit to the residents of Ceredigion		
3.5 A whole system approach to supporting people to live with long term conditions (with a specific focus on dementia support).					
Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
3.5.1 Establish the model for Dementia Coordination (remit / role / service mapping & gapping plus desired outcomes)	3	Dementia Isolation	Determine model in order to apply direction of national / regional strategies in a local setting.	Porth Cynnal (Strategy/ Target Outcomes /Action plan)	Year 1/2
3.5.2 Develop Ceredigion Dementia Strategy and Action Plan	3	Dementia	To apply the national and regional strategies at a local level considering the range of support for dementia support and care	Porth Cynnal (Strategy/ Target Outcomes /Action plan)	Year 3
3.5.3 Establish relationships with providers to develop facilities, particularly in high-end dementia care / nursing care.	3	Dementia	To provide local solutions and provision for dementia across the continuum of need	To be determined with support from Corporate Services	Year 2
3.5.4 Identifying long term condition management programme, delivered via Wellbeing Centres in collaboration with the Health Board.	3	Poor Physical Health Frailty Independence	Deploying local services and support access points for citizens with long term conditions that do not require a care & support plan	Porth Gofal	Year 3

Priority 4: **PROVIDE PROPORTIONATE APPROACHES TO MANAGED CARE AND SUPPORT**					
Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
4.1 **An extensive coordinated intermediate care offer.**					
4.1.1 Establish what short term intervention (eg Dom Care and Enablement) will be offered by Porth Gofal across Through Age model (8 to 10 weeks)	4	Frailty Independence Dementia Poor Physical Health	To provide a holistic approach to community support with the initial focus on targeted short term support, enablement and recovery reducing the need for long term care packages	Porth Gofal	Year 1
4.2 **Timely and recovery focused approach to care and support.**					
4.2.1 Evaluate Programme 3 - Health and Social Care workers integrate with Dom Care and Enablement	4	Frailty Independence Dementia Poor Physical Health	To enable the development of a holistic approach to community support with the initial focus on targeted short term support, enablement and recovery reducing the need for long term care packages	Porth Gofal	Year 1
4.2.2 Review of provision of through age outreach support for people who have mental health difficulties in order to aid recovery	3 4	Mental Health	To inform development of through age early intervention and preventative support for people experiencing mental health difficulties.	Porth Cynnal	Year 1
4.2.3 Review of provision of through age outreach support for people who experience substance misuse	4 3	Substance misuse Mental Health	To inform development of through age early intervention and preventative support for people experiencing substance misuse difficulties	Porth Cynnal	Year 1
4.2.4 Strengthen provision of support for children and young people who need support with mental health difficulties	4 3	Mental Health	To promote children and young people's emotional and mental well-being	Porth Cynnal	Year 2

Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
4.2.5 To review the range of respite provision for Through Age , day / part day / Residential/ 3rd Sector in order to develop a strategic plan for future provision	4 3 2	Frailty Independence Dementia Poor Physical Health Mental Health	To ensure that there is a range of appropriate respite support available to maintain independence and support for carers, reducing the need for longer term care and support services	Porth Gofal	Year 2
4.3 **A range of accommodation options that can meet short, medium and long terms needs for care and support.**					
4.3.1 Agreement with Registered Social Landlord's for the provision of a range of accommodation including opportunities for crisis accommodation	4 2	Homeless Poor quality housing Neglect of Children Mental Health Domestic Abuse Substance Misuse	Availability of a range of accommodation and housing options to support individuals and families to live well and maintain wellbeing with less reliance on specialist services	Porth Gofal	Year 1 to 3
4.3.2 Review housing and accommodation and care provision for people with Acquired Brain Injury to inform future support	4	Mental Health Substance Misuse	To review provision to inform strengthening support for people with acquired brain injuries.	Porth Cynnal	Year 1 to 3
4.3.3 Enhance accommodation provision for supported housing for vulnerable groups notably people experiencing Mental Health difficulties Substance Misuse difficulties, Learning	4 2	Mental Health Domestic Abuse Substance Misuse Homeless Poor quality housing Neglect of Children	Promote opportunities for housing/accommodation for vulnerable groups	Porth Cynnal	Year 2

Priority 5: **PROTECT INDIVIDUALS AND KEEP THEM SAFE FROM ABUSE, HARM AND NEGLECT**					
Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
5.1 **Developing joined up and proportionate safeguarding arrangements for adults and children – within the Council and with partner agencies.**					
5.1.1 Increase opportunities for more local & regional placements for children & families by developing the Parent & Baby facility and participation in the development of the Safe Accommodation Scheme for Children with Complex Needs	5 4	Neglect of Children	Increasing more local and regional placement choice for children and families and ensuring better quality outcomes.	Porth Cynnal	Year 2 -3
5.1.2 Develop a through age safeguarding team within Ceredigion CC that will align as far as possible the arrangements for adults and children whilst ensuring compliance with relevant legislation & guidance.	5	All	To develop effective through age safeguarding arrangements across the model that also take account of age specific requirements	Porth Cynnal	Year 1
5.1.3 Developing safeguarding threshold and pathway protocols across the model	5	All	To establish necessary protocols and thresholds to support safe and effective working across the model	Porth Cynnal	Year 1
5.2 **Focusing specifically on the causes and effects of domestic abuse (e.g. substance misuse/ mental health/ financial pressures).**					
5.2.1 Review local and regional support available for victims of domestic abuse to promote effective access of services.	5	Domestic Abuse	To ensure effective access to through services for people and families experiencing domestic abuse	Porth Cynnal	Year 2

Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
5.2.2 Strengthen support with safeguarding awareness and information on keep safe strategies for people at risk of harm	5	Domestic Abuse Neglect of Children	To provide support to reduce the risk of repeat safeguarding referrals and improve people's awareness of how they can keep safe from harm	Porth Cynnal	Year 2
5.2.3 Develop early intervention and preventative responses to low level reports that do not meet the threshold for safeguarding interventions for children and adults	5	Domestic Abuse Neglect of Children	To ensure early intervention and prevention for people and families at risk of experiencing safeguarding concerns	Porth Cynnal	Year 1
5.2.4 Promote access to the regional Perpetrator programme and support for victims of domestic abuse	5	Domestic Abuse	To increase opportunities for people to address violent and abusive behaviour and reduce the prevalence of domestic abuse	Porth Cynnal	Year 2
5.2.5 Continue roll out of VAWDASV training framework	5	Domestic Abuse	To increase awareness and capacity for effective responses to domestic abuse.	Porth Cynnal	Year 2

5.3 **Leading on a dedicated programme to ensure safeguarding is adopted as everybody's responsibility.**					
Action	X Ref	Area(s) of need	What will it achieve/impact on rebalancing care and support	Lead Porth	Year
5.3.1 Deliver safeguarding policy and procedure training to all staff within an agreed framework	5	Domestic Abuse Neglect of Children	To increase awareness and capacity for effective responses to safeguarding concerns	Porth Cynnal	Year 1

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Through Age and Wellbeing Model

Strategy | 2021 - 2027

Introduction

Welcome to Ceredigion County Council's Through Age and Wellbeing Strategy.

This strategy is a key part of the Ceredigion County Council Corporate Strategy that illustrates the main priorities for the Council. The priorities aim to enable the delivery of services that will enhance the social, economic, environmental and cultural well-being for the people of Ceredigion.

Providing support for all ages and needs is a significant challenge for the Council with limited resources. The profile of society and demographics have changed considerably over the last decade with a significant increase in the prevalence and impact of substance misuse, poor mental health and domestic abuse and older age groups living in Ceredigion. As a consequence, demand for certain services has increased placing a greater financial pressure on those service areas. In addition, the unemployment levels coupled with the low income levels has placed increased difficulties on the ability of people to access safe, affordable housing.

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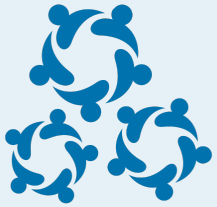
One of the key priorities within the corporate strategy is to **enable individual and family resilience**. Within this priority the Council seeks to achieve the following outcomes:

Citizens of all ages will have an improved quality of life

Improved support networks for families and those in need across the County

Improved well-being and health by adopting effective interventions



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.

Improved choice and quality of local housing.

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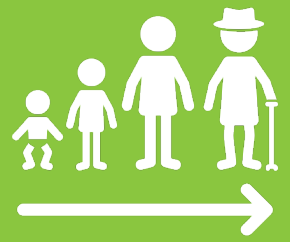
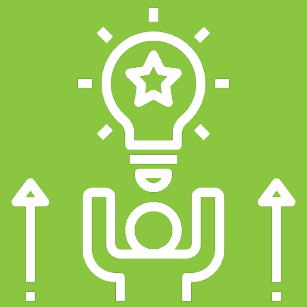
The priority that is focused on improving people's futures seeks to achieve the following outcomes:

Ceredigion and its citizens will…



have a sustainable population age profile



be equipped to realise their potential in the economic and social life of the County

have more opportunities, and be inspired to develop the physical, intellectual and social skills that lead to active and healthy lives

continue to be a vibrant home for the Welsh language and culture

All citizens

will have access to a range of health related programmes and interventions for all sectors of our communities, targeting those at greatest risk.

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The **Through Age and Wellbeing strategy** sets out the **vision** and associated **approaches** that will be taken to transform how the wellbeing and safety of the people of Ceredigion is supported

The **strategy describes the journey** the Council will take, alongside its partners, to transform its way of working. It provides the strategic context to drive future commissioning, operational service delivery, care management and our role in the integration of services.

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The strategy sets out how we will:

Put in place
a new Through Age and Wellbeing Model of delivery

Reduce demand
on managed care and support and focus resources on those who most need them

Support our workforce
to develop a new approach to supporting individuals within Ceredigion

Focus on
preventative services which help people to remain independent or regain the independence they want and value

Provide services
within budget

Work with partners
to provide a more joined up health, wellbeing and social care system

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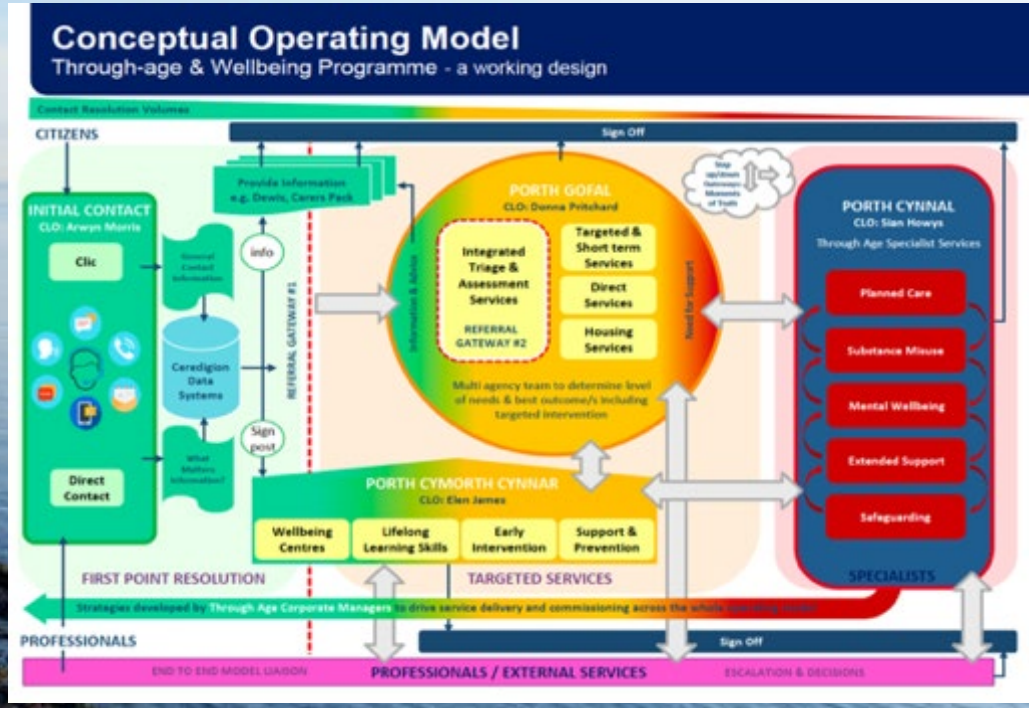
The Vision

Ceredigion County Council delivers value for money sustainable bilingual public services that support a strong economy and healthy environment while promoting well-being in our people and our communities,

To ensure every child, young person and adult in Ceredigion will be able to reach their full potential. To ensure fair access to excellent universal and targeted services that safeguard and support the health and wellbeing of all citizens. To develop skills and resilience that will last a lifetime and enable individuals to cope well with the challenges and pressures they face.



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Through Age and Wellbeing Model

SSWBA - provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales. It places responsibilities on local authorities (with their partners) to develop a range of preventative support, to focus on what matters to people when providing service, to ensure individuals are protected from abuse, harm and neglect and to develop care and support markets.

WFGA - requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

RISCA - provides the statutory framework for the regulation and inspection of social care in Wales. It places the quality of services and improvement at the heart of regulation. It strengthens protection for those who need it and creates a regulatory system that is centred around people who need care and support, and the social care workforce.

Ceredigion Corporate Strategy - aims to re-invigorate the local economy and provide a prosperous, healthy, safe and affordable environment in which the citizens of Ceredigion can live and work and which will aim to try and retain young people in well paid jobs

West Wales Population Needs Assessment - provides a high level strategic analysis of the care and support needs of citizens and support needs of carers across West Wales. It assesses the extent to which those needs are currently being met and identifies where further improvement and development is required to ensure that individuals get the right support and are able to live fulfilled lives

Ceredigion Wellbeing Assessment - outlines what well-being looks like in the County and what Ceredigion's residents and communities want well-being to look like in the future. The assessment explores key issues which positively and/or negatively impact well-being and provides a basic overview and understanding of the nature and levels of well-being in Ceredigion

Rebalancing Care and Support White Paper - intends to develop a national framework for commissioning social care that will rebalance care and support. It will reduce complexity and ensure that quality is the key determinant of success in the social care market. It will have a strong focus on strengthening and supporting the workforce.

SSWBA – Social Services and Well-being (Wales) Act 2014 **WFGA** – Wellbeing of Future Generations (Wales) Act 2015 **RISCA** – Regulation and Inspection of Social Care (Wales) Act 2016

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CEREDIGION
NOW AND IN THE FUTURE

In 2020 the total population in Ceredigion was 72,695 including 11,318 students.

Current population projections suggest that the total population of West Wales will rise to 425,400 by 2033, with a rise in those aged over 65 years from 88,200 in 2013 to 127,700 by 2033.

Over half (58.5%) of Ceredigion's population speak Welsh, a 6% increase from the year ending September 2009.

The population of people aged over 65 living in Ceredigion will increase by **27%** by 2039.

There are **3,444** active third sector organisations (above the national average of 3,330)

The percentage of children receiving care and support with substance misuse problems in Ceredigion is 5%. (below the Wales average of 7.5%).

Child poverty in Ceredigion has increased by more than **3%** since 2014.

By 2033 the proportion of the population between 0-14 years in Ceredigion will reduce to 15% and 15 –24-year-olds will also reduce to 11%.

There is an expected significant rise in the numbers of people aged 65 and over with a learning disability from 395 in 2021 to 463 in 2035.

Ceredigion has a lower number of looked After Children (LAC) than the national average. Care and support needs span a wide range from universal, through early intervention, multiple needs and remedial intervention.

The region attracts high levels of inward migration of people over 65. The level for Ceredigion is 29% migration rate with 85% of these being over 65.

The predicted number of people aged 0 - 17 that will have a disability according to Disability Discrimination Act definitions in Ceredigion in 2035 will be 1006.

1381 people known to be diagnosed with Dementia in 2021, this figure is predicted to rise to 2021 by 2035.

Life expectancy in Ceredigion is good at 80.5 years for males and 84.1 years for females, both of which are above the national averages for males and females respectively.

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The Ceredigion context – case for change

- Increasing demand, reducing supply (high life expectancy)
- Reducing number of children and young people (aged 1-15)
- Increasing costs in the system
- Complex system to navigate
- The need for integrated solutions across sectors
- Under-utilisation of community assets
- High levels of alcohol consumption
- Lowest average earnings
- High number of children home educated in West Wales
- Increase in drug and alcohol misuse in rural and urban communities
- Rising cost of accommodation
- Poor standard of housing conditions (impacting on older people's wellbeing)
- Limited sheltered housing provision
- Retirement population invested in self development
- Many people receive care and support from families
- Workforce availability (numbers commuting in and out)
- Above average number of third sector organisations
- Overdependence on the public sector for employment

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Securing rights and entitlements
Control over day-to-day life (Adults)

Physical and mental health and emotional wellbeing

Physical, intellectual, emotional, social and behavioural development (Children)

Protection from abuse and neglect

Education, training and recreation

Domestic, family and personal relationships

Contribution made to society

Social and economic wellbeing

Participation in work (Adults)

Suitability of living accommodation

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To address the root causes of challenges and vulnerabilities for people and the reasons they come into contact with the service (e.g. adverse childhood experiences)
"we will resolve problems not contain them"
A whole Council approach
Strong partnership working
Increased resilience of individuals in their community
Reduced duplication of resources/ capacity and maximise what is already available
Move away from focusing on the individual and their challenges in isolation
To a more holistic approach that supports the person and their network (e.g. family and community support networks) as well as the individual
Reduced dependency on managed care and support
THIS IS WHAT WE ARE GOING TO AIM TO ACHIEVE
Strong early intervention and prevention infrastructure
To support people to develop their knowledge, skills and confidence to live well
To supporting people of all ages and their carers to manage their wellbeing
Whole population approaches
A transformational change in culture and practice
An approach to service delivery
That sees all elements of the Through Age Model providing the right support at the right time using a Team Around the Family/ Adult approach
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The **journey** to reprofile care and support in Ceredigion

ACTIVITY

Increase in universal and preventative support

Reduction in managed care and support

BUDGET

Increase in the budget allocated to Porth Cymorth Cynnar

Reduction in the budget allocated to Porth Cynnal

WHAT SUCCESS WILL LOOK LIKE

- We are meeting people's needs in the most timely way while helping them achieve what matters to them
- Decreased dependency on Council services
- Reallocation of resources and evidence to show that prevention is working as we are reducing the need for managed care and support
- We are maximizing the role of technology for individuals, staff and service delivery
- We have a highly skilled, effective and committed workforce
- We have a strong market with close relationships with providers that helps us to plan and commission effectively

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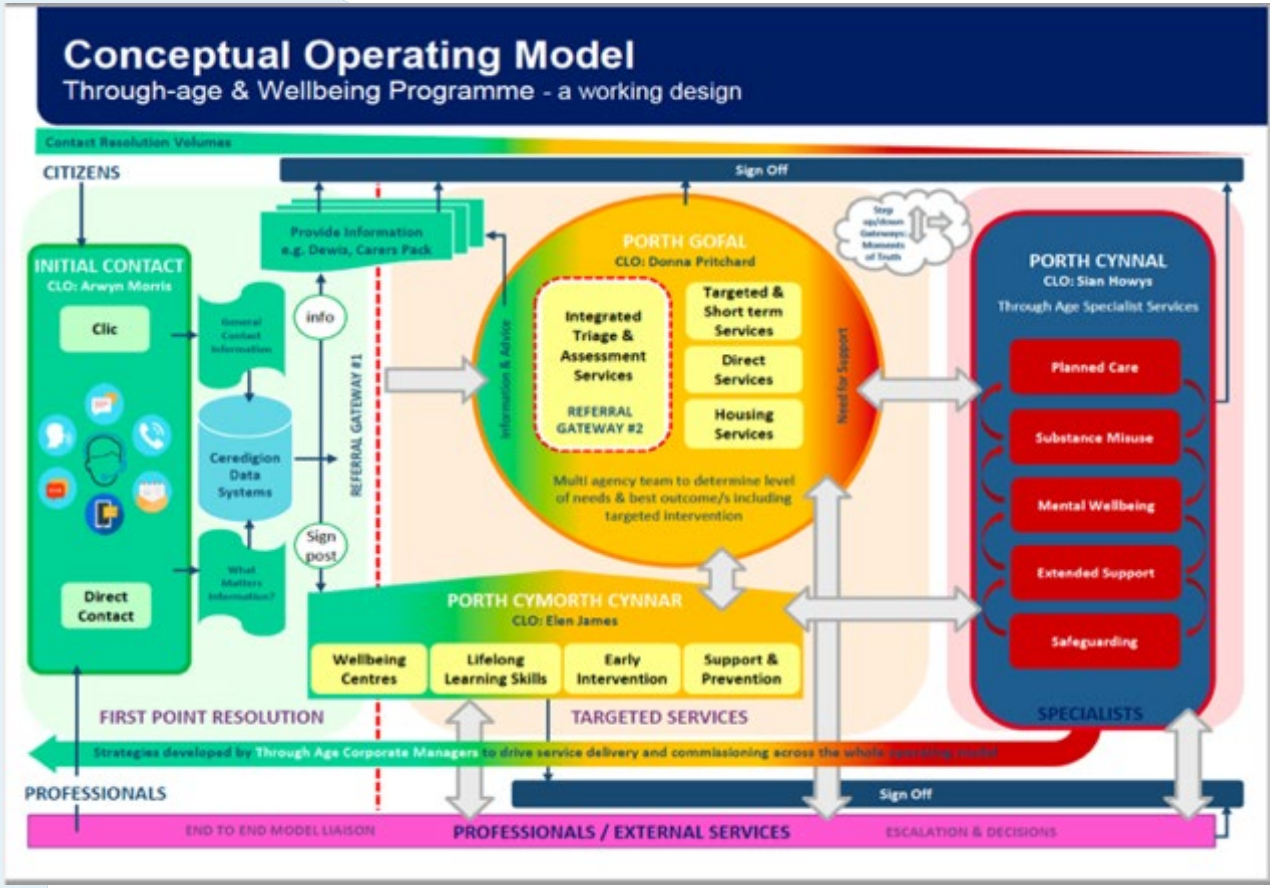
The **vision** for the Through Age and Wellbeing Model (TAWM)

- To ensure every child, young person and adult in Ceredigion will be able to reach their full potential.
- To ensure fair access to excellent universal and targeted services that safeguard and support the health and wellbeing of all citizens.
- To develop skills and resilience that will last a lifetime and enable individuals to cope well with the challenges and pressures they face.



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How we will **achieve** our vision

To ensure every child, young person and adult in Ceredigion will be able to reach their full potential. To ensure fair access to excellent universal and targeted services that safeguard and support the health and wellbeing of all citizens. To develop skills and resilience that will last a lifetime and enable individuals to cope well with the challenges and pressures they face.

To achieve our vision we have developed a Through Age and Wellbeing operating model that is designed to ensure people get the right level and type of support, at the right time, to prevent, reduce or delay the need for ongoing support, and to maximise people's independence and to be able to remain in their own home in their own community wherever possible.

In order to do this we will:

- support those at a disadvantage and those who encounter challenges,
- further develop strengths-based, outcome focussed services for citizens,
- safeguard and nurture the most vulnerable,
- aim to be the benchmark standard for excellence and innovation in Wales and beyond,
- upskill our workforce to work collaboratively to improve the guidance and support available to individuals and families in Ceredigion.

We will always consider the view of the individuals, professionals and partners, as well as the wider Ceredigion workforce in the development and evolution of the model and we will always seek to be:

- Accessible
- Friendly
- Innovative
- Approachable
- Non-judgemental
- Efficient
- Supportive
- Timely
- Effective

The Through Age & Wellbeing model is foremost an operating model focusing on the delivery of integrated through-age services and Client journey rather than a *systems* or *process* strategy

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WHAT WE WILL DO...

PEOPLE: We will work collaboratively across the teams, and with all Health, Third Sector and external partners, to ensure better outcomes for all our Clients and their families; providing the right help at the right time.

PROCESS: We will seek continuous improvement, meeting legislative and statutory requirements and using collaborative principles and methodologies in everything we do, sharing best practice across Teams and ensuring robust management and supervision.

TECHNOLOGY: We will use technology to be efficient in the allocation of work, to streamline repeat activity and provide assistance. We will drive a systems strategy that gives data oversight to ensure automated sharing of data between systems and ensure efficient use of data and recording processes.

THE PRINCIPLES THAT UNDERPIN OUR MODEL

CONTROLS: We will protect the Local Authority from Operational Risk exposure and we will aim to improve the overall profile for all our partners.

QUALITY ASSURANCE: We will increase our quality assurance activity to ensure we are continually reviewing the best interest of service uses and ensure high standards of support are delivered.

SUSTAINABILITY: We will provide a service to the public that is not only fit for purpose, to meet the need of the citizens of Ceredigion, but also be efficient and sustainable for future demands placed on the Authority.

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THE PRINCIPLES THAT UNDERPIN OUR MODEL

Experiences should feel client focused and the Through Age and Wellbeing Model sets out to provide continuity and security with regard to:

- Access to flexible support resources
- Avoidance of barriers to collaboration, e.g. passing referrals back and forth would be wasteful and not Client centric
- Preventing duplication
- Preventing the model developing a sense of ‘processing’ and instead keeping the focus on the individual, their wellbeing and care and support needs

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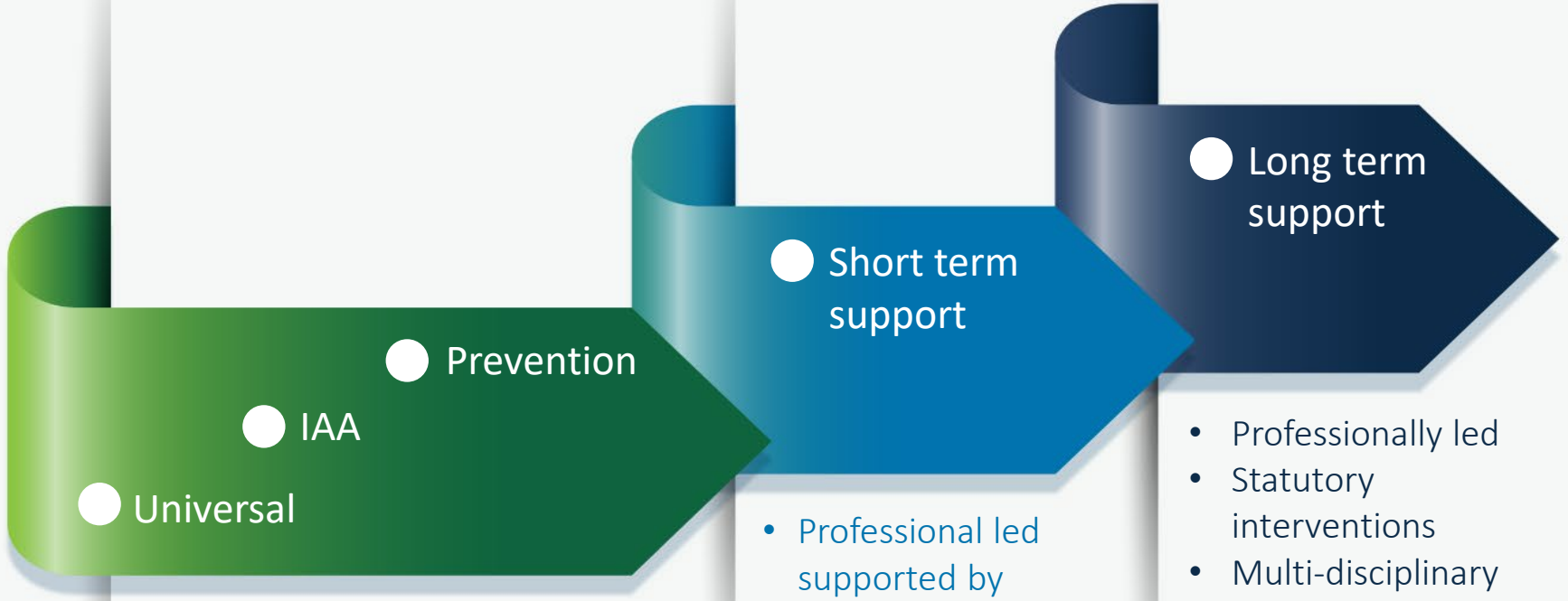
The individual's journey through the TAWM…by 2027

We aim to provide first point resolution with regard to provision of information, advice and assistance when appropriate.

Proportionate Assessments and signposting, which will release capacity and time for more complex, planned care and through-age specialist services when eligible care and support needs are identified.



- Self help and brokerage
- Empowering conversation
- Wellbeing centres
- Connecting people to local solutions and guided self help

- Professional led supported by volunteers
- Community venues
- Multi-disciplinary including voluntary sector and partners

- Professionally led
- Statutory interventions
- Multi-disciplinary
- Specialist social work support

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How we will deliver a seamless and proportionate approach to care and support

Highly individualised and managed care and support provided or arranged when people are unable to meet their own care and support needs and keep themselves safe

Intermediate short term help and intensive support to help individuals to strengthen their resilience and regain independence

Low level short term help that is provided directly or self managed to help people address emerging concerns as early as possible. Online support wherever possible. Someone to help if needed

Accessible, quick universal services that connect people to their communities (e.g. schools, roads, libraries, leisure facilities)
Close working with community groups, partners and voluntary organisations to offer a range of support

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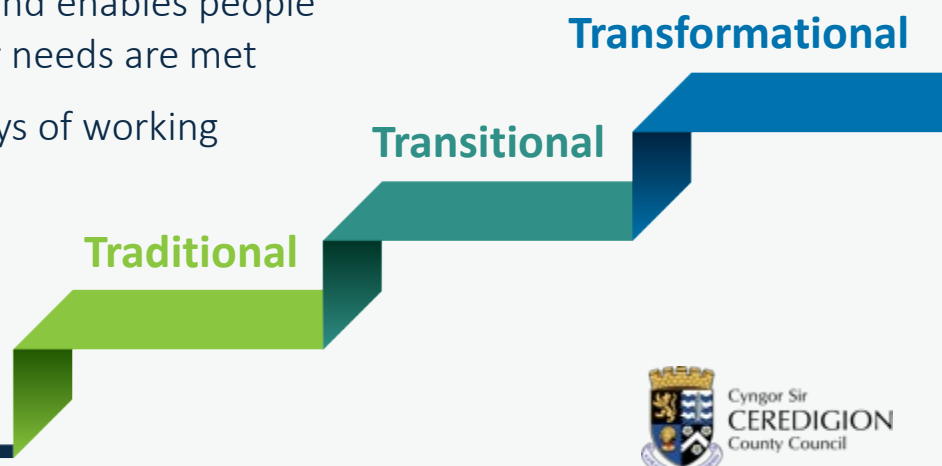
How practice will change in Ceredigion

MOVING FROM A PRACTICE APPROACH THAT…	TO A PRACTICE APPROACH THAT…
Does things to/ for people and creating dependence	Focuses on enabling people to do things for themselves, promoting independence
Sees the individual in isolation	Support the family and social network
Responds to what people can't do	Enables people to build on what they can do and the support they have around them
Is led by the traditional service responses	Is led by a good 'what matters conversation' that identifies what is important to the person
Is based on a one-size fits all	Is creative and innovative and tailored for the person and his/her network
Is risk averse and escalates cases to high end managed care and support	Promotes positive risk taking and enables people to exercise choice in how their needs are met Is prepared to try different ways of working

We will align services so that we have 'one person/point of contact' working/liaising with the family, rather than multiple people from various services across the model in order to avoid duplication of services and support.



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The way we will work

This is the practice model that we will adopt across our leadership, processes and systems , practice, commissioning and the relationships we have with all people we work with and support.

Voice, choice and control

Strength based

Positive risk taking

Co-production

Outcome focused (what matters)

Proportionate

Signs of Safety

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The way we will work – how it will look

Voice, choice and control

PEOPLE

- will be able to make choices and decisions that are meaningful to them.
- will be able to express who they are and what they want to be different in their life.

STAFF

- will take into account the views and experiences of the people they support on an ongoing basis to have 'choice' and 'control' in decisions that affect them.
- the person and their network will plan, implement and evaluate the choices the individual has made.

LEADERS

- will ensure practitioners develop interpersonal relationships between people, their families, carers and networks and the staff working with them.
- will actively listen and respond to the experiences of staff in working in this way.

Strength based

PEOPLE

- will feel supported with their independence, resilience, ability to make choices and wellbeing.
- will be able to draw on their personal resources, abilities, skills, knowledge, potential, etc.

STAFF

- will value the capacity, skills, knowledge, connections and potential in the people they support, their networks and communities.
- will work in collaboration with the people they support to help them do things for themselves

LEADERS

- will acknowledge and celebrate success and the impact of the work undertaken by staff.
- will prioritise the development of the skills and confidence of practitioners

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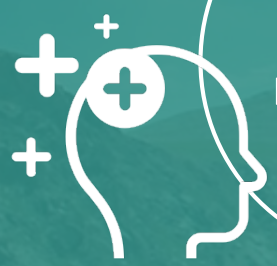
The way we will work – how it will look



Positive risk taking

PEOPLE

- will feel empowered and enabled to have the freedom of choice and the right to make their own decisions, on everything from how they want to be cared for, to how they want to spend their free time.

STAFF

- will work with the person and their network and other agencies to:
- weigh up the potential benefits of exercising one choice of action over another
- identify the potential risks involved
- look beyond the potential physical effects of risk to consider the mental aspects of risk, such as the effects on wellbeing or self-identity
- develop plans and actions that reflect the outcomes of the individual

LEADERS

- will support reasonable risks and give permission to practitioners to work in this way
- will enable practitioners to use available resources and support to help individuals to achieve their outcomes and minimise potentially harmful outcomes.

Co-production

PEOPLE

will feel that they are active in:

- managing their wellbeing and working towards their personal goals;
- making decisions about the care and support they receive, in relation to what's important for their lives;
- engaging with and shaping services and support.

STAFF

- will work to an equal relationship with the person and their network so that they are part of the whole process

LEADERS

- will work collaboratively with partner agencies to design and deliver services and in an integrated way wherever possible.
- will hold partners to account to ensure they take responsibility for supporting individuals' wellbeing

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The way we will work – how it will look

Outcome focused (what matters)

PEOPLE

- are able to do the things that are important to them in their lives

STAFF

- will acknowledge the person and their network's strengths and develop an understanding of what is important to them and work towards establishing a shared sense of purpose to which everyone can contribute.
- will move away from only identifying needs and problems and matching those to service solutions

LEADERS

- will trust practitioners to make decisions, including those that involve resource decisions and taking risks in order to support the achievement of outcomes for individuals.

Proportionate

PEOPLE

- will not feel that the process and approach to support them is unnecessarily intrusive
- will receive support in a timely manner and only with aspects of their life where this is needed

STAFF

- will provide the least intrusive response appropriate to the risk presented.
- will consider and address all risks so that no further harm is done.

LEADERS

- will take a far less adversarial approach, with proportionate involvement and respectful relationships being at the heart of their practice

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THE VISION AND OBJECTIVES

To ensure every child, young person and adult in Ceredigion will be able to reach their full potential. To ensure fair access to excellent universal and targeted services that safeguard and support the health and wellbeing of all citizens. To develop skills and resilience that will last a lifetime and enable individuals to cope well with the challenges and pressures they face.

- Promote positive health and wellbeing and support people to self support
- Strengthen families so that children can remain in their care
- Enable individuals to live independently in their own communities
- Provide proportionate approaches to managed care and support
- Protect individuals and keep them safe from abuse, harm and neglect

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01

OBJECTIVE

PROMOTE POSITIVE HEALTH AND WELLBEING AND SUPPORT PEOPLE TO SELF SUPPORT

THIS WILL BE ACHIEVED BY DEVELOPING:

- a new model for the delivery of information, advice and assistance
- a tiered approach to prevention
- a robust range of support for carers
- maximising the potential of community assets

WHAT THIS WILL MEAN FOR THE FUTURE:

- There will be an easily accessible digital information and online self assessment process so that people can find solutions for themselves
- There will be a coordinated approach to information, advice and guidance that is easily accessible, for example through our Wellbeing Centres
- There will be an integrated and community based approach to supporting people to live independent and healthy lives
- Individuals will be supported to maintain their own health and wellbeing using resources they have themselves and around them

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An IAA model for Ceredigion

External agency referrals for care and support and safeguarding reports

CLIC Libraries

Porth Cymorth Cynnar
Porth Gofal
Porth Cynnal

Online self help and self service
- Information
- Advice
- Transactional services and assessments

Supported access
- Information
- Advice
- Start of a what matters conversation
- Signposting to other services

Wellbeing Centres/ Location based services
- Information, advice and assistance
- What matters conversation
- Supported self management
- Signposting and/or referrals to other services

Intensive and specialist support
- Professional led
- Information, advice and assistance through a structured assessment
- Referrals to other services

Early intervention and prevention ..... Wellbeing ..... Safeguarding

02

OBJECTIVE

STRENGTHEN FAMILIES SO THAT CHILDREN AND YOUNG PEOPLE REMAIN WITH THEIR FAMILY

THIS WILL BE ACHIEVED BY:

- rolling out a whole family approach with a wide range of different statutory and voluntary agencies to work with a family. This coordinated partnership approach helps build on family strengths and bring about sustainable change in identified areas of concern for the whole family
- working with our partners to address the causes of family difficulties and vulnerabilities such as domestic abuse, poor mental health and substance misuse and wider ACE's

WHAT THIS WILL MEAN FOR THE FUTURE:

- Family units (all generations) are supported to stay together and support each other
- When families reach or are close to a point of crisis they will be able to access support to respond to challenges and build their resilience after the crisis has passed

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03

OBJECTIVE

ENABLE INDIVIDUALS TO LIVE INDEPENDENTLY IN THEIR OWN COMMUNITY

THIS WILL BE ACHIEVED BY DEVELOPING:

- a Multi Disciplinary Team and key co-ordinator model of working that brings together a range of health, social care and other community services that focus on intervening early to keep people well and independent by delivering the right care at home or in the community
- the range of equipment provision and the use of assistive technology
- a range of service options that include rehabilitation, reablement, direct payments, day services and an enhanced domiciliary care provision
- a holistic approach to supporting young people as they transition into adulthood
- a whole system approach to supporting people to live with long term conditions (with a specific focus on dementia support)

WHAT THIS WILL MEAN FOR THE FUTURE:

- Individuals will have access to timely support to help them to maintain or regain their independence
- Assistive technology will be key in supporting individuals to be maintain their independence
- Individuals will be able to remain in their local communities with the support of their networks wherever possible
- Individuals needs will be met through integrated services but with the most appropriate person co-ordinating their care

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04

OBJECTIVE

PROVIDE PROPORTIONATE APPROACHES TO MANAGED CARE AND SUPPORT

THIS WILL BE ACHIEVED BY DEVELOPING:

- an extensive co-ordinated intermediate care offer
- a timely and recovery focused approach to care and support
- a range of accommodation options that can meet short, medium and long terms needs for care and support
- co-ordinated support to address the impact of substance misuse, poor mental health and financial difficulties

WHAT THIS WILL MEAN FOR THE FUTURE:

- Individuals with greatest vulnerabilities will be able to access the right support to help them live their life in the way they want whilst making sure their needs are met, their outcomes achieved and any risks managed
- Individuals needs will be met through joined-up services but with the most appropriate person co-ordinating their care
- Individuals will have access to timely support that is right for them as their needs fluctuate

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05

OBJECTIVE

PROTECT INDIVIDUALS AND KEEP THEM SAFE FROM ABUSE, HARM AND NEGLECT

THIS WILL BE ACHIEVED BY:

- leading on a dedicated programme to ensure safeguarding is adopted as everybody's responsibility
- developing joined up and proportionate safeguarding arrangements for adults and children – within the Council and with partner agencies
- focusing specifically on the the causes and effects of domestic abuse (e.g. substance misuse/ mental health/ financial pressures)

WHAT THIS WILL MEAN FOR THE FUTURE:

- Individuals will be supported at the earliest point to prevent them experiencing abuse, harm or neglect
- Families receive consistent and joined-up support when there are safeguarding concerns impacting on more than one person in the family
- Individuals' wider wellbeing will be actively promoted not just the areas of concern

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The Foundations

Finance

- Proportionate allocation of resources
- Quality assurance and monitoring of spend to ensure value for money (in-house and external)
- Exploring options for charging as enabled in Part 5 of the SSWBA
- Maximising all funding streams to support whole family units and not targeted just at eligible individuals
- Understanding and recognising return on investment

Workforce

- Strong transformational leadership
- Develop staff to have the right skills, knowledge, experience and confidence
- Supportive management approach and working environment
- Support staff to work collaboratively with partners

Strategic commissioning Data and intelligence

- Detailed profile of the needs and outcomes of the population
- Understanding of patterns of demand and supply
- Up to date information about what the market is supplying and what works
- Strong relationships with providers to be able to shape the market
- Increased investment in early intervention and prevention

Technology

- Assistive technology for individuals
- Intelligent and integrated data systems Use of social media to engage with individuals
- Online access to Council services
- Mobile digital technology for staff

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The delivery infrastructure

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The delivery infrastructure… **in practice**

- Commissioning Strategies
- Quality Assurance Framework
- Workforce Strategy
- Prevention Strategy
- Dementia Strategy

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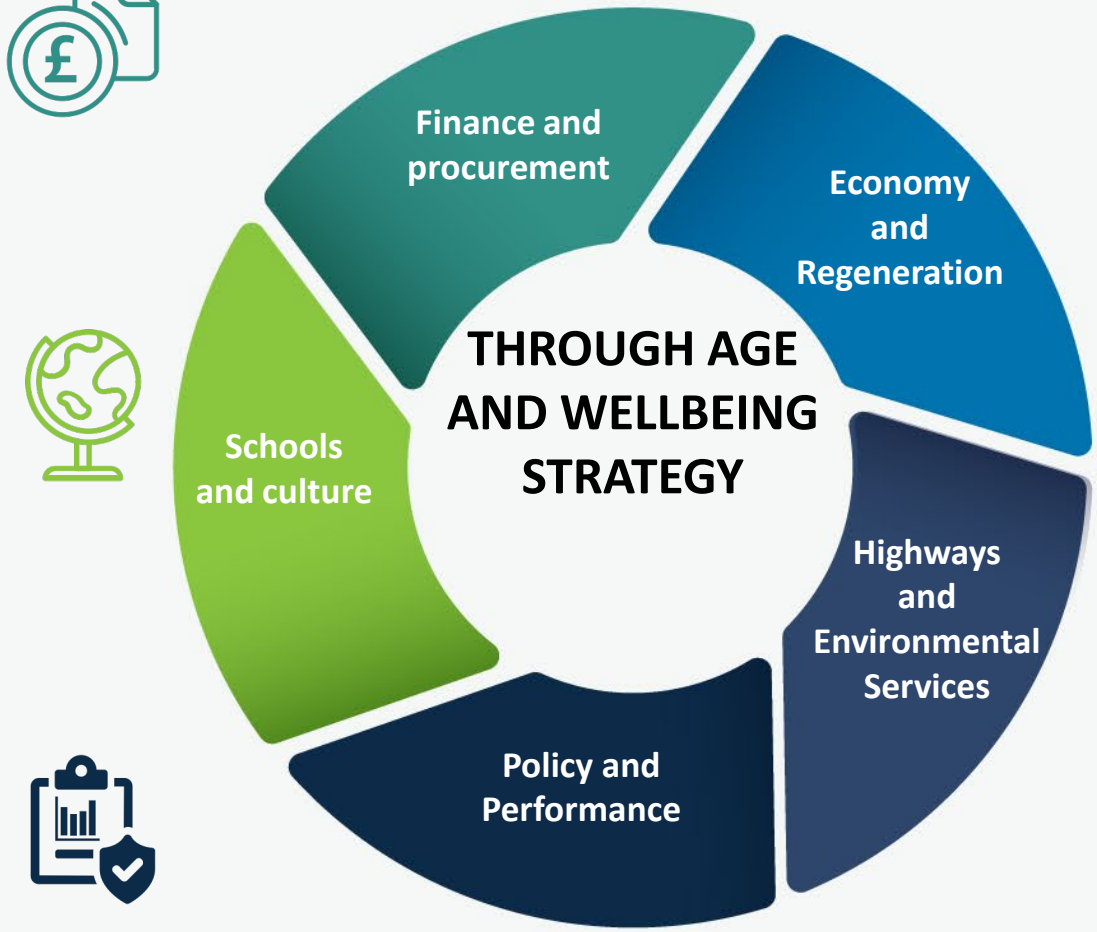
The delivery infrastructure

- Quality monitoring of finances
- Outcome based commissioning and procurement practice
- Aggregation and maximisation of funding available (e.g. grants)

- Whole family approaches to supporting children
- Using school sites and community buildings as community resources
- Schools supporting community resilience

- Strategic partnerships interdependencies
- Ensuring links with corporate strategy



- Maximising opportunities through Economic Ambition Strategies
- States Services supporting adaptations of buildings (e.g. wellbeing hubs)

- Accessible and available car parking to access community resources
- Accessible and available transport infrastructure

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The transitional approach to achieving the vision

YEAR 1

- Information, Advice and Assistance
- Prevention
- Developing the workforce

YEAR 2

- Rehabilitation and Reunification
- Commissioning services

YEAR 3

- Rebalancing long term care and support

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REPORT TO: **Cabinet**

DATE: **05 10 2021**

LOCATION: **Virtual Meeting**

TITLE: **Through Age & Wellbeing Strategy 2021-2027 and Action Plan**

PURPOSE OF REPORT: **To provide feedback from the Healthier Communities Overview and Scrutiny Committee held on 17 September 2021 – Members of the Learning Communities Overview and Scrutiny Committee also present at the meeting**

BACKGROUND:

At its 17 September 2021 meeting, Members considered the Through Age & Wellbeing Strategy 2021-2027 and Action Plan.

The Chair welcomed Caroline Lewis, Corporate Director, to present the report.

Members of the Learning Communities Overview and Scrutiny Committee were invited to attend the meeting and contribute to discussions.

In 2017 it was agreed that a systematic review of all structures and service areas should be undertaken to ensure that services across the Authority have the capacity and capability to meet the priorities of the Corporate Plans and Objectives. This has progressed well although the pandemic did delay progress during 2020 but work has further progressed from September 2020 onwards. The Strategy is a key part of the Corporate Strategy.

Following discussion, Committee Members were asked to consider the following recommendation:

RECOMMENDATION:

- To recommend the approval of the Through Age and Wellbeing Strategy 2021-2027 and Action Plan for Cabinet approval.

Members agreed to recommend that Cabinet approve the Through Age and Wellbeing Strategy 2021-2027 together with the Action Plan, subject to consideration of the following recommendation:

- That there is improved communication between Local Authority Services and the CLIC service in future. Please note that there is an agenda item scheduled to be presented to the Corporate Resources Overview and Scrutiny Committee meeting on the 14th October 2021 - to provide an update on CLIC Customer Services. Members agreed that all CLIC staff should be praised for their commitment and hard work.

The Chairman thanked the Officer for attending and presenting in a clear, concise manner.

Councillor Bryan Davies
Chairman of the Healthier Communities Overview and Scrutiny Committee