

Western Bay Health and Social Care Programme

Annual Report

2016/17



**Caring Together
Western Bay**
Health and Social Care Programme
Gofalu Gyda'n Gilydd
Bae'r Gorllewin
Rhaglen Iechyd a Gofal Cymdeithasol

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Foreword

We're pleased to bring you the Western Bay Programme's Annual Report for 2016/17, which outlines the significant progress the Programme has made over the past year.

The introduction of the Social Services and Wellbeing (Wales) Act in April 2016 has been a key driver for change over the past 12 months. Its principles are based on collaboration, integration, prevention and empowering those receiving services by ensuring their needs and aspirations remain at the very heart of service planning and delivery.

The Act represents an important culture shift for health and social care services in Wales. In Western Bay, we've welcomed the opportunity to embrace change by coming together, sharing information and resources and shaping strong and sustainable services for the future.

An example of this would be the creation of the Western Bay Regional Partnership Board, which was formally constituted as a statutory body in 2016 and builds on the considerable partnership working across health and social care services.

The Board's membership includes carer, independent sector, third sector and service user representatives, who work alongside Western Bay's constituent Local Authorities and the Health Board.

In the face of a challenging financial climate, demographic changes and a growing demand for care services, productive regional partnerships are absolutely fundamental to ensuring service excellence. It's very encouraging to see so many positive outcomes for people using our services, as can be demonstrated in the case studies included in this report.

The work of the Western Bay Regional Citizens' Panel has also gathered momentum during 2016/17. Panel meetings are held in different venues across the three Local Authority areas and offer citizens the opportunity to discuss a wide range of health and social care matters, demonstrating the Programme's commitment to fostering positive relationships with stakeholders.

We've also been pleased to be able to showcase the excellent work being undertaken by our integrated teams in the Health and Social Care Network Hubs. Over the last year, Minister for Public Health and Social Services, Rebecca Evans, AM has visited sites in Swansea and Bridgend and has had nothing but praise for the dedication and drive of the staff.

Finally, we are delighted to be publishing our first Population Assessment which will be presented in a dynamic format and will provide a strong basis for better service planning in future.

We would like to take this opportunity to once again thank staff, colleagues in partner organisations and all other regional stakeholders for their hard work and commitment to the Programme over the past year. Although there's still work to be done, it's heartening to see regional collaboration bringing about real improvements for our most vulnerable citizens at a local level.



Cllr. Rob Stewart

Leader - City and County of Swansea Council

Chair of Western Bay Regional Bay Partnership Board



Prof. Andrew Davies

Chairman – Abertawe Bro Morgannwg University Health Board

Vice Chair of Western Bay Regional Partnership Board

Western Bay

Health and Social Care Programme

Our vision:

The Programme's vision is to provide high quality services that protect children and adults from harm, promote independence and deliver positive outcomes for people in Bridgend, Neath Port Talbot and Swansea.

To achieve this, the ABMU Health Board and the Local Authorities of Bridgend County Borough Council, Neath Port Talbot County Borough Council and the City and County of Swansea are working together through the Western Bay Health and Social Care Collaborative, with third and independent sector partners. The primary purpose of the Collaborative is to provide a strategic mechanism for co-ordinating a programme of change in a suite of projects that partners have identified as a common concern.

Our key aims are:

- ☒ To promote **prevention and wellbeing** from a citizen centred perspective, that will support and strengthen both the care delivered and the health and wellbeing benefits to the people of Western Bay
- ☒ To **integrate** services more effectively for the benefit of service users and carers
- ☒ To focus on the person through an approach committed to personalisation, **independence**, social inclusion and choice
- ☒ To fulfil a shared responsibility that adults and children at risk of harm in Western Bay are **safeguarded** against all forms of abuse by working together to keep adults and children safe and to promote their welfare
- ☒ To make **service improvements**, to **avoid service costs increasing** and to **ensure services are sustainable** for the future, in the face of growing demand and the current financial climate.

These are delivered through:

- ☒ Community Services Programme (Older People)
- ☒ Contracting and Procurement Project
- ☒ ABMU Carers Partnership
- ☒ Welsh Community Care Information Solution (WCCIS)
- ☒ Workforce Development Steering Group
- ☒ Population Assessment Steering Group
- ☒ Learning Disability / Mental Health Commissioning Boards
- ☒ Children and Young People Commissioning Board
- ☒ Children's Service Head of Service Group
- ☒ Regional Safeguarding Boards for Children and Adults

The Western Bay Regional Partnership Board:

The Western Bay Regional Partnership Board was formally established in 2016 with the first formal meeting taking place in November 2016. The Social Services and Well-being (Wales) Act 2014 introduced a statutory role for a Regional Partnership Board, although this was preceded by the Western Bay Regional Partnership Forum, which was originally established on a non-statutory footing in 2014 to progress and oversee the Western Bay Health and Social Care Programme.

The Western Bay Regional Partnership Board is responsible for managing and developing services to secure strategic planning and partnership working between Local Authorities and the Health Board and to ensure effective services, care and support are in place to best meet the needs of the population.

Membership includes:

Western Bay Regional Partnership Board		
Name	Partnership Body / Partner Organisation	Role
Cllr Rob Stewart	C&C of Swansea	Leader / Chair of RPB
Prof. Andrew Davies	ABMU HB	Chairman / Vice Chair of RPB
Cllr Huw David	Bridgend CBC	Leader
Cllr Ali Thomas	NPT CBC	Leader
Cllr Phil White	Bridgend CBC	BCBC Member / Portfolio Holder
Cllr Hailey Townsend	Bridgend CBC	BCBC Member / Portfolio Holder
Cllr John Rogers	NPT CBC	NPT Member / Portfolio Holder
Cllr Peter Richards	NPT CBC	NPT Member / Portfolio Holder
Cllr Jane Harris	C&C of Swansea	C&CS Member / Portfolio Holder
Cllr Christine Richards	C&C of Swansea	C&CS Member / Portfolio Holder
Cllr Mark Child	C&C of Swansea	C&CS Member / Portfolio Holder
Alex Howells	ABMU HB	Interim Chief Executive
Siân Harrop-Griffiths	ABMU HB	Director of Strategy
Maggie Berry	ABMU HB	Non Member Officer
Susan Cooper	Bridgend CBC	Corporate Director of Social Services and Well-being and 'Lead Director' for Western Bay
Nick Jarman	NPT CBC	Director for Social Services, Health and Housing
Dave Howes	C&C of Swansea	Chief Officer for Social Services
Melanie Minty	Care Forum Wales	Policy Advisor
Gaynor Richards	NPT CVS	Third Sector Representative (CVC)
Emma Tweed	Care and Repair	Third Sector Representative (National)
Carwyn Tywyn	Mencap Cymru	Third Sector Representative (Local)

Rosita Wilkins	Service User / Citizen Representative	Service User / Citizen Representative
Linda Jaggers	Carer / Volunteer Ambassador for Carers Wales	Carers Representative
Co-opted Members		
Darren Mepham	Bridgend CBC	Chief Executive / Chair of Western Bay Leadership Group
Steven Phillips	NPT CBC	Chief Executive
Phil Roberts	C&C of Swansea	Chief Executive
Sara Harvey	Western Bay Programme	Western Bay Programme Director

How have the Regional Partnership Board objectives been met?

- ☒ The Western Bay Health and Social Care Programme was initially established by the four Chief Executives of the three Local Authorities and the Health Board in January 2012, prior to any legislation mandating partnership working. Strategically, they acknowledged that given the economic and financial issues facing health and social care, strong partnership working was essential in order to try and tackle and resolve some of the issues.
- ☒ A Partnership Forum comprising elected members, the Chairman of ABMU Health Board and wider partners was established in 2014 to further embed joint working and act as a precursor to the Regional Partnership Board. Every programme and project within Western Bay has a Director as a Sponsor, which helps drive the change at both a strategic and political level. For example, the largest area of work is the Community Services Programme which has the Chief Operating Officer for the Health Board as Sponsor.
- ☒ The governance arrangements have been reviewed and amended as the programme has evolved and new legislation has been introduced, ensuring robust decision making processes. The groups and boards for the various strands of the programme include officers from all partner organisations, including the third sector and these groups are used to share health and social care intelligence in order to inform changes which will improve delivery of services, care and support.
- ☒ A regional Population Assessment has been completed for the Western Bay region and is due to be published on 1st April 2017 on www.westernbay.org.uk. The purpose of the Population Assessment is to ensure that Local Authorities and Local Health Boards jointly produce a clear and specific evidence base in

relation to care and support needs and carers' needs to underpin the delivery of their statutory functions and inform planning and operational decisions. This will ensure services are planned and developed in an efficient and effective way by public sector partners to promote the well-being of people with care and support needs.

The Population Assessment will drive change by enabling both Local Authorities and Local Health Boards to focus on preventative approaches to care and support needs. It will provide the information required to support resource and budgetary decisions; ensuring services and outcomes are targeted, sustainable, effective and efficient. It will underpin the integration of services and particularly support the duties set out in Part 9 of the Act.

- ☒ A joint programme office has been established to support partnership arrangements with resources identified and work is progressing towards a pooled budget to support this infrastructure for the next 3 years.
- ☒ There are a number of partnership agreements and pooled fund arrangements that have been developed for Western Bay services over the last few years. A partnership agreement (Section 33) has been established for Intermediate Care Services for each locality in Western Bay and is managed through Joint Partnership Boards in Bridgend, Neath Port Talbot and Swansea.
- ☒ Partnership agreements (Inter-Authority agreements) have also been developed and agreed for the regional Integrated Family Support Services, the regional Adoption Service, the Joint Equipment Store and the regional Youth Offending Service. Work is currently underway to develop a partnership agreement (Section 33) for the Area Planning Board which oversees regional Alcohol and Substance Misuse Services.
- ☒ A regional Care Homes Strategy has been completed and the next stage of implementation will be the development of a pooled fund for care homes accommodation.
- ☒ Western Bay partners are committed to the implementation of the national Welsh Community Care Information Solution, with Bridgend County Borough Council already live. This system will further enable the integration of health and social care through the sharing of information, which will underpin the whole work programme within Western Bay.
- ☒ Western Bay partners are continually working towards ensuring services and resources are used in the most effective and efficient way to improve outcomes for people in their region, examples of which are included in this report.

The Western Bay Regional Citizens' Panel:

The Western Bay Regional Citizens' Panel was established in 2016 with the aim of providing a strong strategic voice for stakeholders, offering a greater awareness of and involvement in the Western Bay Programme's activities and a clearer understanding of how organisations can work collaboratively to deliver against the requirements of the Social Services and Well-being (Wales) Act 2014.



Panel membership is drawn from the mailing lists of the three Councils for Voluntary Services in Bridgend, Neath Port Talbot and Swansea. Membership is 'fluid', ensuring meetings and any engagement activities are open to all interested parties (service users, carers, family members, representatives from health and social care related organisations, Local Authority Elected Members).

This approach was favoured by those who attended the first panel meeting in February 2016, who felt it embodied the spirit of the Social Services and Well-being (Wales) Act's principles around offering 'greater voice and control'.

During a workshop session held at the first meeting of the panel, the members agreed that three meetings/workshop sessions per year would be adequate, although additional meetings could be scheduled should the need arise.

The panel is also keen to engage virtually when this is appropriate (e.g. participation in online surveys, consultation activities, etc.)



Meetings generally include a short presentation on a particular aspect of Western Bay's programme of work, and an interactive workshop allowing panellists the opportunity to share any comments and suggestions on how services can work co-productively with citizens to ensure the needs and well-being goals of service users and carers remain at the heart of health and social care service planning and delivery.

The Western Bay Regional Citizens' Panel has met five times since its inception in February 2016.



Membership includes service users, carers and representatives from voluntary sector organisations, and sessions are delivered in partnership with the three Third Sector Health Social Care and Well-being Coordinators (based in Neath Port Talbot Council for Voluntary Services, Swansea Council for Voluntary Services and Bridgend Association of Voluntary Organisations).

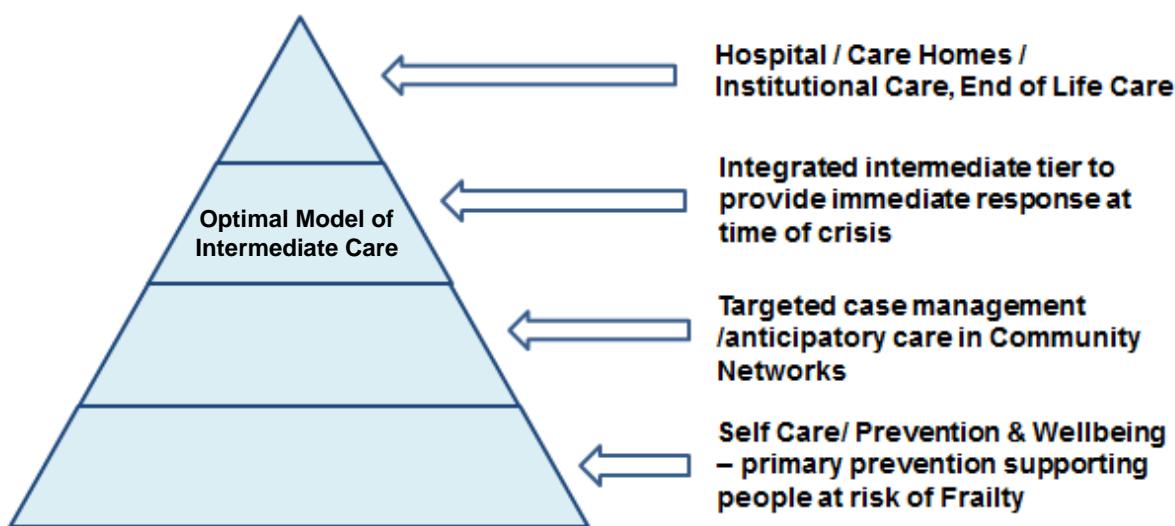


Key Areas of Progress in 2016/17

Transforming Care Services for Older People Intermediate Care Services

The integrated approach between health and social care in Western Bay has overcome challenges around silo working and inertia in well-established organisations, while also working across geographical boundaries. The focus has been on expanding 'Intermediate Care' teams so that, where possible, people can be cared for in their own homes rather than be admitted into hospital. The approach also supports those leaving hospital, helping them to settle back into a safe and comfortable home.

Overarching Strategic Framework for Delivering Intermediate Care Services



The Optimal Model of Intermediate Care comprises several key features that have been implemented across the region to ensure equity and consistency of access to services. It forms part of a wider strategic framework for delivering older people's services, as shown above.

The Model's constituent elements include:

Common Access Point

Access via one contact number, on the basis of that conversation, either they are offered a rapid response, advice and information or signposting, including third sector, where appropriate. Where applicable, a proportionate assessment will be undertaken to access the most suitable response or intervention.

Rapid Response

The rapid response service is available through a rapid clinical response (doctor, nurse and/or therapist). The response will be within 4 hours between 8am and 8pm. The main intention of rapid response is avoiding admission where appropriate or expediting discharge.

Access for people with Dementia

A rapid response access pathway for a person with dementia that needs support from a mental health professional during a crisis.

Step-up/Step-down Assessment

A package of care lasting up to 6 weeks, usually in a residential setting which provides care and support to maximise independence. This would normally be offered where support is needed to avoid hospital admission, or when someone needs intensive support upon discharge from hospital.

Reablement

Reablement focuses on helping people to regain skills that they may have lost, due to hospital admission or illness. A package of care lasting up to 6 weeks which may include both health and social care interventions to address the client's individual needs.

Third Sector Brokerage

A third sector representative who operates as part of a Common Access Point to provide alternative solutions where statutory support is not needed.

Our service change is helping manage demand appropriately and is helping us to achieve significant improvements for services users, including:

- The person, their choice and preferences are at the centre of every intervention, where appropriate.
- More people remaining independent confident and safe in their own homes for longer.
- Appropriate assessment and intervention carried out in a person's home and realignment of capacity to enable this to happen.
- A suite of support and care services are available so less people are asked to consider long term residential or nursing home care, particularly in a crisis.

Intermediate Care: What difference has it made?

Welsh Government provided Intermediate Care Funding, which included a significant proportion of funding for older people. A variety of schemes have been funded, developed by local authorities, health board and third sector partners.

Funding for community equipment, assistive technology and adaptations to older people's homes have facilitated quicker discharge from hospital in order to maintain people's independence and in some cases have avoided hospital admissions

altogether. There are specific schemes across Western Bay which provide residential care as an alternative to remaining in a hospital bed, whilst arrangements are made for a package of care at home. These schemes have been successful in reducing the length of stay for older people in hospital and in some cases preventing re-admissions to hospital for frail, older people.

The British Red Cross was funded to implement a pilot a scheme in Morriston Hospital Emergency Department to tackle frequent attenders. The scheme aimed to reduce the number of inappropriate and unnecessary presentations at the Emergency Department (ED) as well as reducing the impact and use of wider public services including the Police and the Welsh Ambulance Service, which has resulted in significant financial savings and reduced attendance and time spent at the Emergency Department.

There are a variety of funded schemes that tackle social isolation and loneliness of older people, which in turn increases their sense of wellbeing, through befriending and mentoring schemes, community companions and groups, and provision of community meals. Other schemes fund mindfulness and Tai Chi classes for community groups for older people, bringing people together with the aim to increase their wellbeing. There are a number of preventative schemes, for example, a scheme which looks to identify older people who feel isolated and lonely and link in with community health and social care professionals working pro-actively to avoid issues escalating which in turn avoids hospital admissions.

There are schemes supporting carers both within the hospital setting and community teams ensuring they are given the right information at the right time to support them in their caring role.

An example of a scheme funded by the Intermediate Care Fund is the Promoting Independence initiative by Care and Repair.

The following case example highlights the difference it has made for citizens...



**Care & Repair Western Bay
Gofal a Thrwsio Bae'r Gorllewin**

Mr & Mrs M

This couple contacted the agency for support after Mrs M fell and broke both arms and a leg, which resulted in an eight week hospital stay. Mr M had also had a motorbike accident some 50 years ago and lost his right leg.

Following her stay in hospital a Physiotherapist visits Mrs M once a month to go through exercises and check on her progress.

Care & Repair Western Bay and The Gateway (the starting point for all enquiries Social Services enquiries for the Neath Port Talbot area) have a very close working partnership. The Local Authority have supervised Care & Repair Western Bay's Trusted Assessor training and are aware of the level of support the organisation and its staff can supply.

Mr and Mrs M contacted The Gateway to discuss access issues and the possibility of rails being fitted to aid their mobility.

A brief assessment was undertaken by staff at The Gateway, which resulted in a direct referral to Care & Repair Western Bay.

Care & Repair Western Bay arranged a Caseworker visit to carry out an assessment of the needs of the clients and undertake a Healthy Home Check (this looks at each room of the house, as well as the outside of the home and highlights where improvements and adaptations are needed).

The couple felt they had confidence in the Caseworker and discussed their nervousness with regard to their mobility issues. The Falls Clinic at the local hospital was suggested, but both felt this was not suitable for them at the time. The Caseworker recommended the reforming of both the front and rear steps, and for external galvanised rails to be installed to the rear of the property.

An application to the Healthy Home Grant fund was made and these works were duly completed.

The Caseworker and clients also discussed some tripping hazards that had been identified and recommendations were made to reduce the risk of falls. A Security Survey was completed, as was a Fire Safety Audit. A benefit health check also highlighted that the couple were in receipt of all their benefit entitlements.

Outcomes include:

- ☒ A co-ordinated response from professionals, The Local Authority Social Services and Care & Repair Western Bay, with relevant information sharing to achieve effective response with support from the Healthy Home Grant
- ☒ No duplication in the assessment process
- ☒ Care & Repair Western Bay Caseworker support, with a client led solution to their issues, including:
 - Benefit Health Check
 - Healthy Home Check
 - Security Survey
 - Fire Safety Audit
 - Energy Efficiency Measures suggested.

Other ICF Case Studies from across the Region:

Bob's Story:

Bob is 76 and lives in the Clas area of Swansea. Thanks to the work of the Acute Clinical Response (ACR) service, he was able to be discharged from hospital early and continue to receive his treatment in the comfort of his own home.

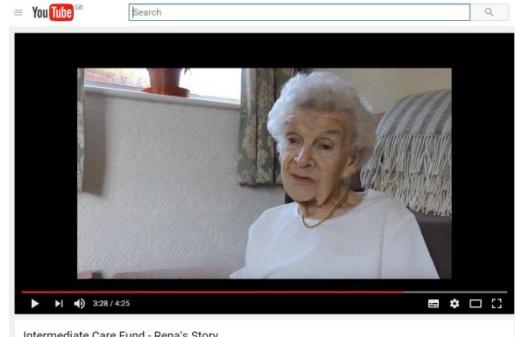
Click here to view Bob's story on 'Western Bay TV':
www.youtube.com/watch?v=82nyzktUygg



Rena's Story:

Rena is 93 and lives alone in Llandarcy, Neath Port Talbot. In this clip, her daughter Catherine explains how Neath Port Talbot's Acute Clinical Team (ACT) helped her mum to avoid an unnecessary hospital admission following a fall in the home.

Click here to view Rena's story on 'Western Bay TV':
<https://www.youtube.com/watch?v=hQNzNkKmvM8>



Mrs P's Story:

Bridgend Community Resource Team (CRT)

Mrs P is a 91 year old former Red Cross nurse who lives with her son in Bridgend. She was managing well until she suffered a flare up of her arthritis which caused her legs to become swollen.

***"I wouldn't have wanted to go into hospital.
I would rather stay at home."***

During this time, she also developed an infection which meant she was in danger of suffering from acute pressure area damage.

When the District Nurses became aware of her situation, Mrs P was referred to the Bridgend CRT.

Working together with Mrs P and her son, the Team came up with a comprehensive care plan which allowed Mrs P to be treated in her own home, rather than be admitted into hospital.

Arrangements were made for a bed to be brought into the living room and for specialist equipment to be installed in the home to enable Mrs P to get in and out of bed safely.

The CRT Nurses, Therapists and Carers all joined forces to support Mrs P through this acute episode, and within 2 weeks she showed real signs of improvement.

To help get Mrs P back on her feet, the CRT's short term enabling service took over her care and worked with her to improve her mobility and increase her confidence. Specific goals were also agreed, with the help of the CRT Therapist and Support Workers.

Mrs P can now move around the ground floor of her home using a walking frame, use the bathroom by herself, and carry out some household tasks that she previously found difficult to manage.

Mrs P was delighted to have avoided a hospital admission and now manages safely in her own home with the help of home care services.

The Intermediate Care Fund monitoring return, which details the outcomes achieved from the various initiatives will be available from the end of April 2017.

Anticipatory Care Planning

Anticipatory Care planning aims to support the development of integrated care, enabling proactive management of our most vulnerable residents who are already known to health and social care services.

Its aim is to avoid unnecessary admissions to hospital or care homes and enable people to live in their own home for longer by providing a person-centred, co-ordinated, and responsive service.

The approach comprises:

- ☒ Services centred on populations of 20 – 50,000 people (cluster networks)
- ☒ Local multi-professional teams
- ☒ Strong links with voluntary sector
- ☒ Single point of access
- ☒ Understanding of the population
- ☒ Focus on the most vulnerable
- ☒ Manage care holistically
- ☒ 3 cluster networks
- ☒ Over 500 ‘potentially vulnerable’ patients reviewed
- ☒ Standardised Anticipatory Care Process and Anticipatory Care Plans agreed
- ☒ An Information Sharing Protocol developed specifically for Anticipatory Care allowing information to be shared with members of the Multi-Disciplinary Team.

Of those with Anticipatory Care Plans:

- ☒ No patients have had an emergency admission to hospital
- ☒ There has been a reduction in unscheduled contact with health & social care services
- ☒ There has been an improvement in proactive communication.

'I initially had my reservations about this – I figured it would either be:

- 1) just a bit of a talking shop in which nothing actually got done, or*
- 2) something that would generate a load of work for us.*

In fact, neither of these things were true and I have been pleasantly surprised by the process.'

General Practitioner

It makes such a difference when one lives alone without any family to know that someone is interested in their welfare, so your call was really worthwhile.

Anticipatory Care Patient

Care Homes Strategy

Over the past 5 years, the care homes market has become increasingly complex, with a number of different challenges, such as demographic changes, closure of homes, homes not meeting quality thresholds and increasing numbers of older people with complex needs. All four organisations within the Western Bay collaborative have committed to participating in, developing and implementing a long term commissioning strategy for care homes for older people. The strategy envisages an environment that actively promotes choice and control, underpinned by robust quality assurance tools ensuring the delivery of effective, positive outcomes. It seeks to ensure that residents can access to information and advice, including advocacy, to make informed choices.

Objectives include:

- ☒ **Better access to care home services most suitable to people's needs –** Including the type and level of provision and other factors such as their preferred location, layout and environment. A specific aspect of this is that the Western Bay Partners hope to reduce the number of people living in care homes outside of the region because the services they want and require are not available.
- ☒ **Increased choice for service users –** This includes choice for a person about which care home they live in. It also includes choice for a person about the service they receive whilst living in a care home, e.g. in relation to food, activities and other aspects of their lifestyle.
- ☒ **Consistent high levels of quality standards for service users –** This includes adhering to the agreed regional quality standards framework on a contract monitoring basis as well as evidence from service user, family and staff's positive feedback.
- ☒ **Increased independence for service users –** This focuses on the way services are delivered and should lead to people living as independently as they can in the care home they call home.
- ☒ **Services that offer value for money –** There is clarity, transparency and shared expectations about the fees paid to care home providers and the services delivered to residents.
- ☒ **An effective and sustainable care home market –** The care home market and the commissioners and providers within it will be able to operate effectively and the commissioning model will achieve the right balance between the needs and requirements of all parties to ensure the market is sustainable in the long term.
- ☒ **Attract high quality care home providers to the Western Bay area –** Ensure the concept of developing and expanding business practices for care home providers is an attractive option within Western Bay

Local implementation plans are being progressed, with work commencing on creating a **pooled fund** for care home accommodation between the Local Authorities and Health Board.

Regional Quality Framework (RQF)

The RQF is a document created by My Home Life Cymru in partnership with the Western Bay Health and Social Care Programme to assess the quality of care delivered to care home residents in the areas of Bridgend, Neath Port Talbot and Swansea.

It helps commissioners to monitor care services in a more consistent manner, setting out a clear ratings system of Gold, Silver and Bronze.

An accompanying Toolkit has been devised offering practical guidance for care homes to benchmark and strive for continuous improvement against a clear set of criteria.



The key aims of the RQF are:

- ☒ to establish a clear vision for quality for individuals living within care home settings, in order to improve the lives of people and promote positive outcomes
- ☒ to offer a more robust and transparent approach to service providers across the region regarding the collaborative expectations in terms of quality of care
- ☒ to monitor and support providers so that they may achieve the best quality of life in care homes in a way that achieves the principles of person/ relationship centred care.

Quality assurance was highlighted as an area of improvement for commissioners as part of the report findings from the Older People's Commissioner for Wales' 2014 review of care homes, and the recommendation for a need to develop mechanisms in order to test quality and outcomes for older people in care home settings clearly aligns with the aims of the RQF.

The RQF is being implemented across the region and will be incorporated into future commissioning activities.

Valuing and Supporting Carers

The Regional Partnership Board, recognising the importance of carers, sought more visibility of the well-established ABMU Carers Partnership by bringing it into the Western Bay governance.

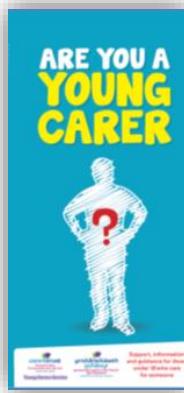
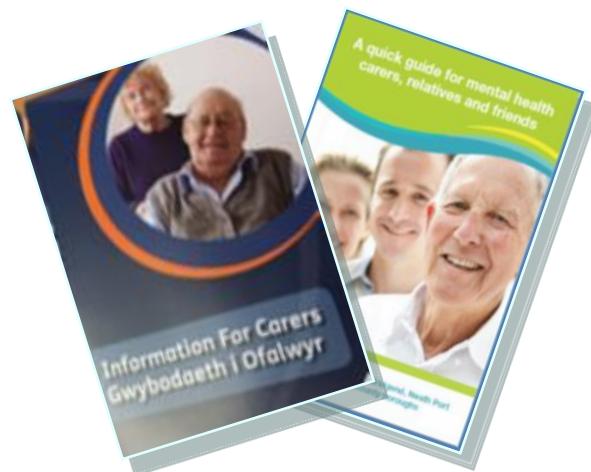
In Western Bay, the ABMU Carers Partnership works co-productively to offer a wide range of valuable services and resources to Carers of all ages.

Established in 2011, the Partnership is a collaborative arrangement between the ABMU Health Board, Bridgend County Borough Council, Neath Port Talbot County Borough Council, the City and County of Swansea Council, the Carers Services in each area, Third Sector organisations and Carers themselves.

Some of the Partnership's key achievements over the past year include the publication of the ABMU Carers Information Pack which includes a wealth of information relating to Welfare Benefits, getting a Carer's Assessment and how to access help and support in your local area.

A new guide specifically designed for Carers of people who are experiencing Mental Health issues has also been produced and circulated throughout the region.

Targeted work has been undertaken with Young Carers in the region, with the aim of raising their profile and providing an insight into the issues they face.



Young Carers in Swansea have also been involved in designing and producing a leaflet offering advice and support, in partnership with the Carers Trust Swansea Bay Crossroads Care Service.

In Neath Port Talbot, work has been undertaken with 14 GP Surgeries where a worker from Carers Trust Swansea Bay - Young Carers Service has provided information, support and awareness raising sessions to highlight what Young Carers need from GP Practices. The worker has also made contact with 19 schools in the Swansea and Neath Port Talbot areas, facilitating Young Carers awareness raising sessions to over 1000 Secondary School pupils.

A wide variety of training opportunities have been made available to Carers of all ages across the region. The purpose of the training is either to acquire skills which assist Carers in their role, or to learn new techniques which help Carers maintain their own health and well-being. One such course is 'Reclaim Your Life' - 12 training sessions organised in a partnership arrangement between Neath Port Talbot Carers Service and MIND.

Swansea Carers Centre's Education and Training project also offers a monthly programme of training delivered based on identified care needs. Training courses range from Stress Control, Emergency First Aid, to Body Confidence, Tai Chi and Sleep & Relaxation Techniques.

Adults with Learning Disabilities and Mental Health

The Contracting and Procurement project is a key work stream which has developed and is in the process of embedding outcome Focused Assessments for individuals with Learning Disabilities living in either Residential Care or Supported Living settings. The Outcome Focused Assessment reassesses an individual's needs, recognising their strengths and identifying areas that could be further developed. The process ensures that the individual has every opportunity to meet their full potential, including identifying areas where independence can be promoted. During the assessment, it is ensured that providers are able to deliver a sustainable service. This project has been extremely successful in improving outcomes for service users, as well as achieving a savings target of £1m during 2016/17.

Welsh Government provided a proportion of Intermediate Care Funding for people with Learning Disabilities. One scheme funded dedicated therapy provision in the specialist learning disability assessment and treatment unit as there were no dedicated therapists in this unit, which meant that any assessment or intervention had to be requested from the community teams which often led to delays and increased length of stay in the unit. Staff have been recruited and it is anticipated that the quality of the inpatient stay, length of stay and discharge process will all improve, decreasing the risk of placement breakdown for the service users.

Another scheme for people with learning disabilities was extension of the specialist behavioural service to a seven day service. This will enable the service to support community services by reducing the need for hospital admission out of hours and on weekends to the acute assessment units. Staff will be able to offer an extended service to patients and carers outside of the core hours in the event of difficulties and escalation of care. This newly established team has received positive feedback regarding out of hours (weekend) support from patients and carers.

A scheme in Swansea University for the development of supported volunteering opportunities for people with learning disabilities is another initiative that has been funded by the Intermediate Care Fund. Volunteers with Learning Disabilities have been recruited and in recent feedback parents and carers had reported that they had noticed that the volunteer had gained new skills, increased their confidence, improved relationships and improved general well-being.

ABMU Health Board established the Mental Health and Learning Disabilities Commissioning Board across health and social care and includes Bridgend County Borough Council, Neath Port Talbot County Borough Council, the City and County of Swansea, primary care and the voluntary sector. The Mental Health and Learning Disabilities Commissioning Board have agreed to the joint development of three strategic frameworks, which focus on adult mental health services, adult learning disability services and services for people with dementia. In addition the Board has agreed the following four priority areas, access to services, substance misuse, high cost residential and nursing placements and acute assessment services.

Advocacy

The Social Services and Well-being Act states that Local Authorities must arrange for the provision of an independent professional advocate when a person can only overcome any barriers to participate fully in the assessment, care and support planning, review and safeguarding processes with assistance from an appropriate individual, but there is no appropriate individual available.

Advocacy for Children

Senior officers in Western Bay have reviewed their current service provision for advocacy in terms of ensuring an independent advocacy service is available to eligible children. Current service contracts are in place with the same service provider in all three Western Bay authority areas until March 2017. It has been agreed to take forward the implementation of a commissioning programme for a regional advocacy service based on adopting the national approach.

Advocacy for Adults

Western Bay partners are currently working with the support of the national Golden Thread Programme, which is delivered by Age Cymru and funded by the Welsh Government, to support partners in the commissioning of independent professional advocacy for adults. Bridgend County Borough Council have established an initial pilot for independent professional advocacy (IPA) which will be evaluated in order to further develop the design and specification of future IPA services. Work is in early stages in the City and County of Swansea, Neath Port Talbot County Borough Council and the ABMU Health Board.

Children with Complex Needs

As a result of obtaining Intermediate Care Funding, a work stream was identified to undertaking Outcome Focused Assessments for Children with Complex Needs in Managed Care Services across Western Bay. The methodology used to review individuals in adult care is currently being piloted with a small number of children to assess the strengths, weaknesses and appropriateness of using the methodology within this service area.

A pilot project was funded by the Intermediate Care Fund which aims to minimise the effect on Ethnic Chinese children with Autistic Spectrum Disorder (ASD) by improving the understanding of autism within the Chinese community and supporting the family with ASD to access to local service providers. A number of Ethnic Chinese older people have received information posted to households and information posted on a forum and some are already reporting a better understanding of autism.

Investment from the Intermediate Care Fund has enabled the Disabled Children's Team within Bridgend County Borough Council partnered with the Prevention and Well-being service and third sector to improve community based short break and respite opportunities for disabled young people with complex needs, siblings and families. 10 – 12 partner organisations have already committed to participating to the

programme and it is anticipated that this programme will facilitate more disabled young people and families to connect with community opportunities and broaden their support networks.

The Intermediate Care Fund has enabled City and County of Swansea to finance adaptations to the home of a foster carer in order for them to be able to offer short breaks to children with complex physical disabilities.

Funding has also paid for training of social services staff in Trauma Recovery training & Positive Behaviour Support training for children with Learning Disabilities and complex needs in City and County of Swansea. These courses have upskilled staff to be able to work with families to address behaviours and support families to build resilience and better manage their children's needs.

The Early Years Intervention project is another scheme funded by the Intermediate Care Fund, which is a preventative service providing early intervention to children with disabilities in order to ensure a more sustainable and less intense crisis driven service in the future. The scheme has provided play opportunities for 4-11 year olds and the objectives have been to enhance the lives of young children with disabilities to enable them to have better social skills, experience the world through play, learning about skills for future independence and to also enhance family life by providing a service that offers time apart, the team would work with the families, promote healthy eating, independence and wellbeing.

ABMU Health Board have established the Children & Young People's Commissioning Board which involves key partners and stakeholders. The Board has agreed the following three over-arching priority areas and a programme of work is progressing with clear timescales:

- Children and Young People have good emotional health and wellbeing
- Narrowing the gap in developmental milestones across the social gradient for all children by age three years
- Increase the percentage of babies being breastfed at birth, six weeks and beyond.

Integrated Family Support Services

The Integrated Family Support Service (IFSS) is a multi-agency service working with children and families affected by substance misuse across the Western Bay region.

The service has been operational since 2013 and has established consultation surgeries in each of the Local Authority areas. These have been designed to raise awareness of the service among social care professionals, and to assist them in identifying and dealing with potential referrals.

The success of these solution-focussed sessions have led to the development of 'Added Value' consultations, which are intended to support Social Workers handling cases where it is unclear whether a referral to the IFSS is appropriate. 'Added Value' sessions help identify alternative methods of engaging with families, and offer a 'safe space' for staff to consider what is working well within the family unit and what action needs to be taken to ensure the best outcome for the child.

Key outcomes include:

- ☒ Over the past 12 months, the IFSS has received 107 referrals (the Welsh Government target for Western Bay is 100).
- ☒ Of these, the main substance misuse issue was alcohol abuse.
- ☒ A total of 461 Health and Social Care sector staff have participated in a series of IFSS training modules, with 130 achieving full accreditation.

Implementing the National Health and Social Care System: Welsh Community Care Information Solution (WCCIS)

The Welsh Community Care Information Solution (WCCIS) has been nationally procured to support the transformation of Social Care, Community Health, Mental Health and Therapy Services across Wales. WCCIS is a unique solution that will allow local authorities and health services to share care records and optimise services for citizens across Wales.

Western Bay partners are committed to the implementation of the national Welsh Community Care Information System Project as a region. Bridgend County Borough Council (BCBC) acted as the lead authority for the procurement of WCCIS and manages the Master Services Agreement on behalf of all Wales. Bridgend were the first authority to implement WCCIS on a local level and successfully went live on 26th April 2016. This system will further enable the integration of health and social care, through the sharing of information, which will underpin the whole work programme within Western Bay

Indicative dates for implementation of WCCIS are currently between December 2017 and February 2019. Further detailed readiness and planning work is underway and go-live dates will be confirmed once completed. The Intermediate Care Fund has funded readiness activities supporting the implementation across the region.

Integrated Autism Service

Work has begun to develop a regional Integrated Autism Service, which will be consistent with the national model currently being rolled out across Wales. The integrated autism service will be all age, integrated and outcome focussed and the service aim is to address the gaps highlighted in the recent national consultation, for example, diagnosis and assessment services for adults, support for emotional and behavioural issues, support for ASD specific issues and life skills and access to social and leisure opportunities within communities.

Regional Services

- ☒ The Western Bay Regional Adoption Service has been established since February 2015 and has been successful in recruiting new adopters and placing children with adopters.
For example, in 2016/17 there were 65 children placed and 45 new adopters approved (figure as at February 2017).
- ☒ Collaboration has taken place in the Youth Offending Services with a Western Bay Youth Justice and Early Intervention Service Management Board being established in 2014 and a Shared Service Manager appointed. The collaboration has seen an improvement in performance has improved through partnership working and targeting of resources. For example, the early identification of cases for preventing offending has risen in the last year from 143 to 177. This has impacted upon those being arrested and going to the bureau reducing the number of young people from 389 to 312. These young people are still diverted away having a knock on effect reducing the number of young people being brought before the courts from 148 to 116.
- ☒ The Regional Children's and Adult Safeguarding Boards were established and have been operational since April 2013 with business plans approved and annual reports produced.

Prevention and Well-being

Principles of Prevention Framework

The Social Services and Wellbeing (Wales) Act 2014 recognises the pivotal role of early intervention and prevention in delivering a sustainable health and social care system. In addition, there is compelling national and international evidence that early intervention, if implemented properly, can work to improve outcomes and deliver cost benefits. Western Bay partners have therefore agreed and adopted a number of principles in relation to prevention and wellbeing services and agreed to identify where the principles can be embedded, within service planning and commissioning.

The Anticipatory Care project, included earlier in the report, is a preventative approach. In addition, the Intermediate Care Fund has funded a number of preventative type schemes, for example Local Area co-ordination which is described below.

Local Community Initiatives: Western Bay

- ☒ Local Area Co-ordination (LAC) - Neath Port Talbot and Swansea
- ☒ Local Community Co-ordination (LCC) - Bridgend

LAC/LCC are long-term, preventative approaches to supporting people (both adults and children) who may be isolated, excluded or who face challenges due to their age, physical health or mental health.

The evidence base is well documented, and shows that LAC and LCC empower people to achieve their personal well-being goals by recognising that individuals with care and/or support needs can often be supported in place by accessing the strengths within themselves, their families and communities.

In Western Bay, Neath Port Talbot County Borough Council and the City and County of Swansea subscribe to the 'Inclusive Neighbourhoods' model of Local Area Coordination. Bridgend County Borough Council's approach is being progressed as Local Community Co-ordination.

What difference has it made?



Local Community Coordination testimonials can be found on the www.lcc.community website under 'Personal Stories'.

Case Study – Neath Port Talbot

Emma Jones is the Neath Port Talbot Local Area Coordinator for the Skewen, Longford and Neath Abbey areas.

Her role includes supporting people to build and develop their vision for a good life by getting to know the person, their family and neighbourhood and helping individuals gain confidence and feel connected with their local community.

Here, she tells us about her journey with 19 year old Zoe, who is making great progress thanks to this new, person-centred way of working...



Zoe is 19 and has learning disabilities. She was referred to Local Area Coordination by her doctor after being prescribed medication to treat depression. Zoe spent a great deal of time sleeping and had lost motivation to participate in any social activities.

After the referral was received, I arranged to meet Zoe at home and spent a few hours chatting with her and her mother about LAC and its key principles. Zoe was initially nervous and reluctant to chat, but she soon relaxed and started to open up. Zoe said she felt low and that her mood rapidly changed throughout the day: “One minute I feel ok, the next very down”. She explained that although she was bored, she couldn’t be bothered to do anything and had lost confidence.

During the discussion, I asked Zoe what she was interested in and what she felt would improve her life. After giving it some thought, Zoe started to identify activities she would like to try. These included working with and helping animals, making her own art and taking some exercise.

Over the next few months, I met with Zoe on a regular basis and was able to build a positive, trusting relationship which allowed her to talk about her problems, address some issues, break down barriers and plan what her vision for a better life would look like.

Together, we were able to look at creative opportunities where she was able to focus on her interests and pursue her goals. I supported Zoe with introductions and spent time alongside her with all activities until she felt confident enough to undertake them independently. I also helped connect Zoe with other local young people with similar interests.

I think it's fair to say that Zoe's life has started to be transformed. She is undertaking a number of activities which are helping to increase her confidence and motivation.



These days, a typical week for Zoe will include:

- ☒ Volunteering at Llys Nini Animal Rescue Centre.
- ☒ Volunteering at the 'Dognasium', where her role includes walking, feeding and training dogs, as well as taking advantage of the organisation's training opportunities.
- ☒ Participating in a new weekly community 'walk and talk' group set up by Local Area Coordination in partnership with the 'Go Green for Health' project.
- ☒ Creating her own artwork as part of the Dragon Arts and Learning 'Upcycling' initiative.

Zoe has come such a long way and it's been wonderful to see.

She's recently expressed an interest in taking up rugby, so our next plan is to find a local women's rugby team for her to give it a go. There's no stopping her now!

Case Study – Swansea

In the words of Ronan Ruddy, Local Area Coordinator

I first met Barbara in October, having received the introduction from her GP. She is a carer for her adult son who recently was hospitalised. Her husband passed away ten months previously. She was finding it difficult to cope. I spent a long time with Barbara the first time I visited her. She had a lot on her plate that she needed some help with. Since losing her husband she had become extremely isolated. Her son, who is in his 50s, has a learning difficulty and alcohol problems. He had recently been admitted to hospital with a bleed on his brain. She was extremely concerned about him and was in the process of dealing with his empty flat and a lot of his correspondence. Her daughter lives in England and calls down when she can.



The first thing we did together was go through the pile of mail for her son and I helped her read and understand it. She was having some difficulty reading the mail, even with the aids she had. I discussed this with her and she said her eyesight had gotten worse recently. She also said that she had burned herself while filling a hot water bottle. We decided to make a referral to the Sensory Team who would be able to do an assessment for her and provide her with advice and additional aids to make sure she can see things better and stay safe. She also said that she would contact Specsavers and ask them for a new eye test with the view to getting a stronger magnifier for reading.

During the course of these tasks, Barbara was talking about herself and her history. She had been a very popular singer and had won the Eisteddfod three times when

she was a young girl. She always enjoyed working and was a very keen Welsh speaker. She really enjoyed attending her local Church but hadn't been in a long time as she had so much on her mind. She missed her husband a lot since he passed away.

I made a referral for Barbara to the counselling service at the Carer's Centre after she told me what a relief it was to have someone to talk to about her problems with her son and how much it was benefiting her. I thought that someone with counselling expertise would be able to provide a great service for her, which would have an immediate benefit. She reported that the counsellor had helped her a lot

In January, it was time for Barbara's son to move into supported living from the hospital. I spoke with Barbara's daughter when there were concerns around this. His mood was fluctuating and it was hard to tell if it was what he wanted or not and whether it suited him. They didn't feel they had good lines of communication with his social worker, and Barbara in particular felt that she wasn't always kept up to date with what was happening. I contacted the social worker and talked with him about how Barbara was feeling and he said he hadn't realised. He contacted her straight away and talked through some things with her. I also visited her son in hospital which he was extremely pleased about as he wasn't getting any visitors. The move happened and so far has been ok, with a few minor concerns coming to light. Knowing that her son is living somewhere safe and where he is happy will be a big weight off Barbara's mind

Swansea's Local Area Coordination team have also produced a video describing the model and the benefits for individuals and communities:

<https://www.youtube.com/watch?v=8R8nSUx7Uf0>

A formative evaluation of the first year of operation of Local Area Coordination (in Swansea and Neath Port Talbot, and of Local Community Coordination in Bridgend) was commissioned by Western Bay Regional Partnership and was undertaken by the Institute of Life Sciences at Swansea University.

The evaluation focusses on the set-up and initial activities of these initiatives, with particular focus on emerging outcomes for individuals, Coordinators and communities, early indications of financial cost/benefits and the establishment of community networks.

The evaluation indicates that LAC/LCC is tackling a broad range of social and personal issues, and that Coordinators are adding value across a range of public service pressures.

The findings from the formative evaluation support research evidence from other UK (and Western Australia) Local Area Coordination sites. People report feeling better connected, less isolated and more hopeful for the future, there are avoided calls upon Social Worker support, fewer unnecessary visits to GPs and fewer calls upon mental health services.

The evaluators have made a series recommendations across the themes for the further development of LAC / LCC in the Western Bay region.

Provision of Information, Advice and Assistance (IAA)

City and County of Swansea and Bridgend County Borough Council have signed up to the National Information, Advice and Assistance database, DEWIS Cymru. Neath Port Talbot are utilising their Family Information System (FIS). The third sector organisations utilise an information database called Info-engine and work is currently ongoing to establish links between DEWIS Cymru and Info-engine.

The 111 Wales pilot was launched in October 2016 by ABMU Health Board and is now live across the whole of the Western Bay region. 111 is the new free-to-call number for people to access health advice from the correct professional in the quickest time possible and is part of a plan to improve urgent and unscheduled care.

A regional IAA group which includes officers from all partner organisations has also been established in order to develop and agree regional principles for IAA, in order to ensure consistency of approach across the Western Bay region.

Co-production Pilot for IAA Service

A pilot to co-produce the design and development of the IAA services for the City and County of Swansea has been undertaken in order to trial the approach and share the outcomes and principles with other partners. This involved working co-productively with a variety of stakeholders in order to improve the well-being of people with social care needs. The pilot produced a set of co-designed set of outcomes and principles which will be used to inform future commissioning intentions and service design. In addition, a guidance for commissioning in relation to co-production and service redesign of the IAA service has informed the process in Swansea. Western Bay partners have agreed to adopt the principles of co-production and the findings from the IAA redesign across the region.

Continuing to Improve Partnership Working and Integration

Empowering People through Innovative Practice Event

Friday 21st October 2016 saw health and social care professionals from Bridgend, Neath Port Talbot and Swansea come together to celebrate the achievements of the Programme's Contracting and Procurement project.

The event, entitled 'Empowering People through Innovative Practice' featured guest speakers representing each of the Western Bay partner organisations who shared their experiences of adopting pioneering methods to engage with and support

individuals receiving social care services.

Since its inception in 2014, the project has made a significant impact on the lives of service users across the region. The introduction of outcome-focussed commissioning has enabled Western Bay change agents to work closely with care providers to review existing care plans to identify opportunities for progression and ensure the needs and personal aspirations of service users remain at the heart of care provision.

The event's varied agenda included:

- ☒ an interactive presentation from Sarah Day and Melys Phinnemore of Practice Solutions, who introduced their digital initiative 'SeeMe', which encourages service users to create their own video profile outlining their personal well-being goals, as well as their hopes and aspirations in terms of their support needs.
- ☒ 'Putting People and Innovation back into Commissioning' - a keynote address by Jon Skone, advisor for Alder Advice and panel member with the Care Council for Wales.
- ☒ a short workshop session, where participants were asked to share their views on what they'd heard during the session, identify barriers to innovation and make suggestions for more person-centred and pioneering working practices.
- ☒ A series of digital stories promoting person-centred working across the region
 - ⇒ <https://www.youtube.com/watch?v=YsfrJh2nnyE>
 - ⇒ <https://www.youtube.com/watch?v=UxJYX0MYAXs&t=33s>
 - ⇒ <https://www.youtube.com/watch?v=6otBlt1fO5k&t=15s>

Developing Alternative Models of Delivery

Investment from the Delivering Transformation Grant for Western Bay has funded three Social Enterprise Officer posts, whose role is to focus on supporting the development of Social Enterprises that impact positively on Western Bay Health and Social Care priorities and help support new services, opportunities and activities that would enhance personal wellbeing and deliver against the provisions of the Social Services and Wellbeing Act. This scheme focuses on development support and capacity building for third sector organisations, helping to improve sustainability and develop additional local services to meet the health and wellbeing needs of citizens. The scheme has been very successful in previous years, with a large number of organisations being supported. Existing providers have also been supported to create new services and enterprises.

Surfability UK CIC, which offers sporting endeavours to improve the abilities of people with disabilities for the benefit of their health and wellbeing, have received information, help and funding advice. Ystalyfera Health and Wellbeing Centre has received intensive support to help ensure the transference of the asset into new ownership of a local development trust organisation. The Food Shed CIC, which provides over 80 meals a day and employs staff across Neath Port Talbot and

Bridgend, has received funding and HR support. This enterprise recently won the Business Forum, 'Business of the Year'. An evaluation and outcomes report including case studies is to be published shortly.

Workforce

A significant amount of training has taken place for health and social care staff within Health, Local Authorities and private care providers across Western Bay in relation to the Social Services and Wellbeing (Wales) Act, including awareness training, Act core module training and training on specific areas, such as Advocacy.

'Train the Trainer' workshops took place last year followed by the roll-out of training to direct care staff in Local Authorities and the private sector.

Regulating for Successful Outcomes Event

On 15th February 2017, care providers from across Bridgend, Swansea and Neath Port Talbot came together for the regional 'Regulating for Successful Outcomes' event.

Delivered by the Western Bay Workforce Development Steering Group, the event's key focus was on the new Regulation and Inspection of Social Care (Wales) Act 2016 and the changes it will bring for care providers.

The packed agenda included keynote speeches from representatives from the Care and Social Services Inspectorate Wales (CSSIW) and the Care Council for Wales, as well as an eminent Business Psychologist who specialises in change management. Delegates also had the opportunity to participate in a Q&A session with a panel of professionals.

Programme Communications

The work plan of Western Bay's dedicated Communications and Engagement Officer has included:

- ☒ The development of a Communications Strategy for the Programme, as well as an additional Strategy relating to the promotion of the Social Services and Well-being (Wales) Act 2014 across the region. The Communications and Engagement Officer was a member of the Welsh Government's Social Services and Well-being Act Communications Steering Group created in 2015 to develop and oversee the delivery of the national awareness raising campaign for the Act.

- ☒ The production of a quarterly bilingual newsletter highlighting the progress of Western Bay projects and work streams, and promoting positive outcomes for service users and their families. The tenth edition is in progress and is scheduled for circulation at the end of April 2017.
- ☒ Managing the content of the Western Bay Programme's website, writing clear and concise copy describing the Programme's key areas of work, sourcing links to training resources/learning materials relating to the Social Services and Well-being (Wales) Act, and drafting 'Latest News' items from across the region.
- ☒ Liaising with Communications leads, and other relevant colleagues from across the Western Bay constituent organisations to promote the health and social care integration agenda and raise awareness of the work of the Programme. This takes the form of bulletins and press releases for publication on partners' internal and external websites.
- ☒ Assisting with arrangements and overseeing promotion of Western Bay stakeholder events (e.g. Ministerial visits, Western Bay Citizens' Panel workshop sessions). The Officer has also compiled visual display boards outlining the work of the Programme. These were exhibited at the ADSS Cymru conference (June 2016) and at the World Mental Health Day event in Swansea Grand Theatre (October 2016).
- ☒ Digital promotion of the Programme's activities/service users' experiences via the 'Western Bay TV' YouTube channel (www.youtube.com/channel/UCsOWHVVBy63xWHXHfNLxDxg). The Communications and Engagement Officer is responsible for recording and editing all video content using a DSLR video capable camera and Movie Maker editing software.

