

Legal and Regulatory Services /
Gwasanaethau Cyfreithiol a Rheoleiddiol
Direct line / Deialu uniongyrchol: 01656 643147
Ask for / Gofynnwch am: Andrew Rees

Our ref / Ein cyf:
Your ref / Eich cyf:

Date / Dyddiad: 2 September 2015

Dear Councillor,

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

A meeting of the Adult Social Care Overview and Scrutiny Committee will be held in the Council Chamber, Civic Offices Angel Street Bridgend CF31 4WB on **Tuesday, 8 September 2015 at 10.00 am.**

AGENDA

1. Apologies for Absence
To receive apologies for absence (to include reasons, where appropriate) from Members /Officers.
2. Declarations of Interest
To receive declarations of personal and prejudicial interest (if any) from Members/Officers in accordance with the provisions of the Members Code of Conduct adopted by Council from 1 September 2008 (including Whipping Declarations)
3. Approval of Minutes 3 - 12
To receive for approval, the minutes of the meeting of the Adult Social Care Overview and Scrutiny Committee of 22 June 2015.
4. Forward Work Programme Update 13 - 16
5. The Social Services and Wellbeing (Wales) Act 2014, Including Eligibility Criteria and Supporting Vulnerable People Update 17 - 30
Invitees:

Cllr P White - Cabinet Member Adult Social Care Health and Wellbeing
Darren Mepham - Chief Executive
Jackie Davies - Head of Adult Social Care
Carmel Donovan - Integrated Community Services Manager
Ian Oliver - Group Manager, Commissioning and Transformation

6. Urgent Items

To consider any items of business in respect of which notice has been given in accordance with Part 4 (paragraph 4) of the Council Procedure Rules and which the person presiding at the meeting is of the opinion should by reason of special circumstances be transacted at the meeting as a matter of urgency.

Yours faithfully

P A Jolley

Assistant Chief Executive Legal and Regulatory Services

Distribution:

Councillors:

M Butcher

N Clarke

PA Davies

N Farr

Councillors

EM Hughes

PN John

B Jones

JE Lewis

Councillors

LC Morgan

D Sage

M Thomas

E Venables

MINUTES OF A MEETING OF THE ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE HELD IN COUNCIL CHAMBER, CIVIC OFFICES ANGEL STREET, BRIDGEND CF31 4WB ON MONDAY, 22 JUNE 2015 AT 10.00 AM

Present

Councillor D Sage – Chairperson

M Butcher	N Clarke	PA Davies	EM Hughes
PN John	B Jones	JE Lewis	M Thomas
E Venables			

Invitees:

Susan Cooper	Corporate Director - Social Services & Wellbeing
Ian Oliver	Group Manager Commissioning and Transformation
Councillor PJ White	Cabinet Member Adult Social Care, Health and Wellbeing

Officers:

Kym Barker – Scrutiny Officer
Mark Galvin – Senior Democratic Services Officer - Committees

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor L Morgan as he had a hospital appointment.

2. DECLARATIONS OF INTEREST

The Chairperson, Councillor D Sage, confirmed that that he had a personal interest in Agenda Item 5., in that he was a recipient of Homecare. He added that if Members went into any great detail on this item, for example on the charges associated with this provision, he may decide to declare a prejudicial interest and leave the meeting.

3. APPROVAL OF MINUTES

RESOLVED: That the Minutes of a meeting of the predecessor Health and Wellbeing Overview and Scrutiny Committee were approved as a true and accurate record

A Member in relation to Minute 157, asked if the proposals in respect of B leaf were still going ahead. The Scrutiny Officer replied that there were.

A Member referred to Page 5 of the Minutes and the second paragraph, and asked if information was now available with regard to data on the numbers of women who misuse drugs and alcohol during pregnancy, and if this could contribute to dementia

when the unborn child is elderly. The Scrutiny Officer once more advised that she would investigate this matter with the Corporate Director – Social Services and Wellbeing

Finally, a Member referred to the point regarding available of new funding to deliver the Dementia Strategy and Delivery Plan. She asked what the timescale would be before this funding is able to be utilised. The Scrutiny Officer confirmed that she would also investigate this, and send an email to members outside of the meeting.

4. HOMECARE - QUARTERLY STATUS REPORT AT APRIL 2016

The Chairperson welcomed the Invitees to the meeting.

The Corporate Director – Social Services and Wellbeing advised Members that when a report was initially presented to Cabinet on the subject of Homecare, it asked for regular updates on the topic in the form of quarterly reports for progress in respect of the service which was a fragile area, and also to share information as and when matters developed, with Scrutiny.

The report before Committee today, included a considerable amount of information, including the number of hours being committed to this service area, different trends of the service, and looking where the service presently stood and where it wanted to get to.

In terms of staffing in relation to the future of the service, the Corporate Director – Social Services and Wellbeing confirmed that Members would be kept fully up to speed on this as the service area changed its shape in the future. Trade Unions were being updated on a monthly basis as to any proposals to alter the staffing complement of the service to meet its future needs accordingly. Regular consultation was also ongoing regarding this with staff, and Independent providers.

She referred to Paragraph 3.6 of the report, that reminded Members that in November 2014, Cabinet had endorsed a detailed Transformation Plan for the service which set out the arrangements to retain specialist and complex care internally (2518 weekly care hours), and to outline that generic homecare hours would be commissioned from the independent sector.

Paragraphs 4.1 and 4.2 of the report, respectively outlined details of the Transfer Plan – Internal Homecare Services hours, showing current hours (Baseline) and future hours (Target) in accordance with the proposed changes to the service.

These hours obviously did not take into account any urgent hours for critical cases that come up from time to time unexpectedly.

The Corporate Director – Social Services and Wellbeing advised that as hours of the service committed internally would reduce, hours that staff were working reflected would reflect this. Further details regarding this were shown in Paragraph 4.3 of the report.

She concluded her submission by referring to the report's financial implications.

A Member asked if there was any data available that reflected client satisfaction (or otherwise) in terms of service provision.

The Corporate Director – Social Services and Wellbeing advised that this hadn't been progressed yet as part of the change in arrangements, though such information could be shared with members in due course. Engagement with service users and/or their

families etc was undertaken on whether or not they were happy with the service, by way of Customer Satisfaction Forms. Records of these and other complaints or positive letters of comment made in respect of the service, were kept on record in the Wellbeing Department, and acted upon as necessary. A Consultation exercise was also undertaken with clients, and feedback received from this could be put in the next quarterly report.

The Group Manager Commissioning and Transformation added that when the Authority went out with its services to Domiciliary Care Agencies in a few months, this would then naturally allow for increased engagement and feedback from Service Users and Contractors, and anything arising from this again could be shared with Members accordingly.

A Member asked a question with regard to the number of hours the service delivered, and information regarding turnover rates as illustrated in bullet point two of Paragraph 4.3 of the report.

The Group Manager Commissioning and Transformation, advised that the turnover rates shown in this part of the report, were based on previous service activity and including a lot of work in respect of the Re-ablement service. Some of the changes implemented, would help people live more independently in the future. Savings projected from the change to the service were in track he added, as per projected demand. Homecare hours were not generally reducing he stated, as people were continuing to live longer.

A Member asked if there was an average of 15 minutes committed per client per visit from a Carer.

The Corporate Director - Social Services and Wellbeing explained that some visits took this long, but this was generally the minimum, as part sometimes of a much wider package.

A Member noted from the report that there were no cases of Redundancy or Voluntary Early Retirement resulting from the change to the staff structure.

The Corporate Director – Social Services advised that this was the case, but she added that this was quite a volatile area of employment with sometimes some considerable turnover of staff during the course of any one period.

A Member asked why there was such a turnover of staff in the Homecare Service, largely due to cases of long term sickness absence, for example through employees receiving lumbar related injuries due to the manual handling of service users.

The Corporate Director – Social Services and Wellbeing advised that she would look into the reasons for this, and come back to Members accordingly in due course, though there didn't appear to be much of a trend to rely on in terms turnover of staff during for example the last 5 years.

A Member once more referred to the Consultation exercise that was ongoing with staff and Trade Unions in respect of changes to the service, and asked what was actually being consulted upon.

The Group Manager – Commissioning and Transformation advised that the Transfer Plan and Re-Commissioning Plan were in the main being consulted upon, and that there

was extensive consultation with staff and Trade Unions etc, regarding the changes and how these would affect the staffing compliment in the service.

A Member referred to Paragraph 4.21 of the report, and asked if the Invitees could expand a little on the Member "Champion" Scheme, that involved Elected members visiting service users and talking to care staff to help gather their views, which could also possibly be rolled out to the independent sector providers.

The Group Manager – Commissioning and Transformation added that a similar questionnaire to the one referred to above, was also circulated periodically to service users and more often than not, feedback from them on the standard of care facilities being provided was very positive.

The Corporate Director – Social Services and Wellbeing, that there were 6 such Champions, and a further report would be presented to Members in due course, on this matter. The pilot scheme for this had been a huge success she added, and though in the past the scheme had involved BCBC Home care staff, it was the intention to roll this out to the Independent Sector also. When this took place, there may be a need to expand the current number of Champions.

The Cabinet Member, Adult Social Care, Health and Wellbeing advised that the Cabinet wholeheartedly supported Member engagement with service users (as part of the rota visiting programme) and Home Carers also, particularly in relation to future services and programmes such as Early Intervention and Prevention.

The Corporate Director – Social Services and Wellbeing advised that the Social Services Department had completed its Annual Report and this would be submitted to a meeting of Council in July. There was also a meeting of the Social Services Annual Reporting Framework Research and Evaluation Panel scheduled for next Monday, and as part of that report there would be a section on Quality Assurance. Practices had been reviewed so that as part of the Homecare service review, service users had been notified of the proposed changes that were going to be implemented.

In terms of outcomes, a Member asked the Invitees if it would be possible at the next Committee meeting to have feedback on how the older element of society were becoming more independent and giving examples of some of the reasons for this.

The Corporate Director – Social Services and Wellbeing advised that this could be facilitated, not just with regard to Homecare, but other elements of the Prevention and Wellbeing agenda, and an item to this effect, could be added to the Committee Forward Work Programme.

A Member noted that in under future arrangements BCBC would only be catering for the most needy and for the more acute cases, whilst other less complex services would be externalised to the private sector. She was aware that the Re-ablement service was free, and asked if this would continue under the private sector.

The Corporate Director – Social Services and Wellbeing advised that this service was only free for a period of 6 weeks, and was normally available after a person being assessed following a stay in hospital. She added however, that this service was remaining in-house so current arrangements for this element of service would remain as is. She added that in terms of Homecare services overall, 52% was currently being provided internally and 48% by the independent sector. The latter percentage would however increase following the completion of the remodelling of the service.

The Group Manager Commissioning and Transformation confirmed that the last 6 months had seen an increase in capacity for the Bridgeway service, particularly in respect of supporting cases of dementia. He added that mechanisms were still endeavouring to be put in place to support individuals to live as independently as they could in a community type setting/environment, prior to them being assessed to ascertain if they require any further support initiatives over and above this.

In terms of the Direct Payment service, he added that further work was required to see if this could be provided as an internal rather than an external service, as there may be issues of legality regarding this. Also, what had to be taken into consideration, was how much would the Authority charge for this service compared to what an Independent provider would charge.

The Cabinet Member Adult Social Care, Health and Wellbeing reinforced to Members that the service area of Adult Social Care was going through a major transformation process in terms of the remodelling of the service, and that obviously arising from this, changes to the services offered and the manner in which they are provided would be made. This would inevitably involve balancing budget allocation against the various categories of care support that needed to be provided. He felt that the provisions of the report indicated that there was obviously a need for change in the manner within which services needed to be provided, but was confident that the local authority were moving in the right direction to ensure that this would be achieved.

Conclusions

The Committee noted the report, which provided a quarterly monitoring and status update on the Homecare Remodelling Project and transformation plans.

- Members queried how changes to the staffing structure had been achieved without redundancy or early voluntary retirement cases. The Officer replied that savings have been realised as a result of a staff leaving the authority and that that Union representatives have been consulted and kept informed throughout the restructuring period.
- Members were concerned at the rate of staff turnover and the lack of information available on exit interviews, and queried the reasons for this. The Officer replied that the reasons for staff leaving were not always clear, but that that the rate was no worse than the Welsh average and that staff departures were hard to predict.
- Members asked how long social workers stayed with clients in their home, as there were concerns that some visits may be for only fifteen minutes. The Officer responded that clients receiving a 15 minute visit would only do so as part of a much wider care package. The average visit was for one hour and some were for over an hour.
- Members queried the projected figure for the amount of assessed hours delivered by internal homecare services. The Officer advised that the expected timings for achieving the target number of hours may slip by a few months.
- Members queried where the Locality Managers are based and asked about the areas they cover. The Officer replied that the Locality Managers are based at the Waterton depot in Bridgend and that they travel to their allocated areas from there.
- Members queried whether future visits undertaken by the six Elected Member Champions to service users using the internal homecare service in order to gather their

views. The Officer said that the scheme had been very successful and that Members would be provided with the feedback gathered so far from the scheme and updated on plans for the scheme in future.

Further information requested

- Members requested further information about the how the Locality Managers manage their workload and provide an effective service locally while working out of Waterton.
- Members requested further information on the feedback gathered so far from the Member Champion Scheme and an update on plans for the future, to include information on how the monitoring capacity and arrangements have been strengthened to include a greater focus on quality assurance.
- Members requested that case studies be provided to help to illustrate the impact of changes to services and to evidence improved outcomes for service users.
- Members requested that this item stays on the Forward Work Programme with particular focus on Brokerage and how we work with partner organisation, to include feedback from clients on the quality and impact of the service and the information they receive and the outcomes that have been achieved for individuals and communities.
- Members requested further information on the reasons for staff leaving the service.

5. DEVELOPING EXTRACARE HOUSING

The Corporate Director – Social Services and Wellbeing submitted a report, the purpose of which was to provide the Committee with an update on the work being undertaken to develop new models of service for older people, through the transformation of traditional forms of residential care into Extra Care Schemes for the future.

She confirmed that this latest update report confirmed the present situation regarding progress made to date, and concentrated in particular, in respect of land issues ie where there were suitable areas upon which to provide an Extracare Housing facility; discussions with Registered Landlords and market values etc, in terms of any potential land sales.

She referred to the report, where details were outlined as to preferable areas of the County Borough where new Extracare Housing facilities could be provided, including suitable areas of land that could adequately accommodate these facilities.

She explained that timescales previously set had now slipped, as the Authority had planned to appoint an RSL by January 2015. The original timescales were shown in paragraph 4.14 of the report.

There was a proposal, the Corporate Director – Social Services and Wellbeing explained, to provide two Extracare facilities that would replace three Care Homes that currently existed. She emphasised to Members that there was no intention to close any of these three existing homes, until such time that the two new facilities had been fully completed and were ready for occupation.

The Corporate Director – Social Services and Housing added that a considerable amount of thought had been given to where the new facilities should be built, and it had

been agreed that one would be constructed in the north of the County Borough in the Maesteg area, though a location for the second facility had not as yet been decided upon, though the site of the Archbishop McGrath school had been discussed as a possible option. There was an obvious need to ensure that there was a geographical split in terms of the placing of the facilities after considering that there was already an existing facility in Kenfig Hill.

In terms of the facility being placed at Maesteg, an option had been discussed to place this upon the Lower Comprehensive school at Maesteg, though advice was being sought from Counsel on this, as there were procurement and state aid issues to overcome. Discussions on matters such as this, were going to be pursued tomorrow with Legal and Finance Officers. If the state aid problem could be resolved, then this would in all probability assist the timetabling programme for the provision of the facilities to advance and be more on target in terms of the scheduling of the developments.

The Corporate Director – Social Services and Wellbeing added that there was a third option as to the location of one of the new facilities, namely within the Ogmere Valley, and discussions were ongoing with Linc Cymru regarding this.

The Group Manager Commissioning and Transformation explained that an attraction of placing a facility at the Archbishop McGrath site, was that this would facilitate extra income for the development from monies relating to Section 106 Agreements.

A Member asked if interest from Registered Social Landlords had increased from that which was being shown previously.

The Corporate Director – Social Services and Wellbeing confirmed that there was, but that they were still seeking further information regarding certain legal implications regarding the provision of the facilities. A couple of RSL's however had shown a very keen interest she added.

A Member enquired if Officers had linked in with other Authorities had gone down the route of the provision of Extracare facilities as the Council were pursuing, and looked at the pitfalls that the Council were presently encountering.

The Corporate Director – Social Services and Wellbeing confirmed that Wrexham County Borough Council had looked at the provision of such facilities, including design changes of facilities, such as to cater for different categories of service users needs and requirements, for example sufferers of dementia.

A Member voiced some concern regarding the slippage of the schemes, and also asked if any lessons had been learnt, from any disadvantages that had arisen from the provision of the Llys Ton facility.

The Corporate Director – Social Services and Wellbeing agreed that there were concerns associated with delays in proceeding with the schemes, as this to a degree, did impact upon savings that needed to be met under the MTFS.

In terms of the Llys Ton facility, the Council's hands were tied to a degree in the design of that facility and what could be provided there, by virtue of the terms of Social Housing Grant funding. There would be more flexibility with the proposed new facilities, in that these were being funded through different sources to the above.

Issues raised by the Member in terms of insufficient car parking availability at Llys Ton, would obviously be looked at when developing the new facilities, as would the proximity

of the developments in relation to public transport accessibility also. In order for Extracare facilities to save the Authority money, this has to be successfully seen as an alternative to residential Care facilities.

The Group Manager Commissioning and Transformation added that care provision and the cost for individuals to reside there, were less expensive in facilities such as Llys Ton when compared to Independent Domiciliary Care provision. Also, residents there were in less of an institutional environment, in that they had their own individual accommodation as opposed to sharing a home. He further added that there was a need to provide a more varied type of care in these new facilities, than was being provided in more residential and domiciliary care facilities.

In response to a further Members question with regard to developing discussions further with Linc to explore the opportunity to upgrade the current sheltered housing model in Ogmores Vale, work was currently ongoing regarding this he added.

A Member referred to paragraph 4.6 of the report and the land options being considered upon which to place the facilities. He explained that he was happy to note that Maesteg was being considered, but urged Invitees to undertake a consultation process with local residents should this proposal be firmed-up in the future, particularly in respect of access and egress into the site in question.

The Corporate Director – Social Services and Wellbeing advised that a consultation exercise would take place with interested parties including residents in the vicinity of where an Extracare facility is to be provided.

As this concluded the debate on both the above two items, the Chairperson thanked the Invitees for attending and responding to questions, following which they left the meeting.

Conclusions

The Committee noted the report, which provided an update on the development of new models of service for older people.

- Members were concerned that timescales planned for the development of Extracare housing have slipped and that only one Registered Social Landlord is currently engaged in helping to determine options for the provision of the service. The Officer replied that the RSLs are finding the current financial situation challenging and that they have needed more information from the Authority.
- Members are concerned about the potential impact of the slippage in timescales and lack of interest from RSLs on the ability to fulfil the Medium Term Financial Strategy.
- Members queried the land options currently being considered for Extracare housing provision within the borough and were particularly concerned that options should address the needs of Valleys communities. The Officer confirmed that the Arch Bishop McGrath and Lower Maesteg Comp sites are being considered as an option. The Officer also said that the Authority is currently in the process of establishing the amount of Extracare provision to be provided by the developer of the Sunnyside site.
- Members queried the current situation regarding the housing association known as Linc and noted that they may require financial support in order to upgrade existing buildings. Members asked how much financial support they require. The Officer replied

they were still waiting for a response from Linc to enable them to establish how much funding is being sought and what it is needed for.

- Members were concerned that the community have not engaged as expected with the Llys Ton facility and queried whether experience from this project has been used to inform current and future developments. The Officer advised that, since Llys Ton was built, financial modelling and standards required for the provision of such facilities and services have changed, lessons have been learned and that issues such as parking and transport issues are being addressed.
- Members felt that the report lacked information on outcomes and feedback from service users and requested that this information is included in reports coming to the Committee in future.

Further information requested

- Members requested further information on the new timescales for the developments and on the impact of the slippage on achievement of MTFS.
- Members requested projected figures for demand and provision of care throughout the Authority.
- Members requested more information on the coverage for service provision for Valleys communities.
- Members requested information on plans for consultation with residents, staff and other stakeholders on the development and provision of Extracare housing, to include information on specific consultation on access and egress.

6. FORWARD WORK PROGRAMME 2015-16

The Assistant Chief Executive – Legal and Regulatory Services presented a report to Committee, outlining suggested topics for consideration in the development of its Forward Work Programme for 2015-16.

The Committee considered the suggested topics for inclusion in the above, and to identify 12 primary topics for inclusion in the Programme. It was acknowledged that some of the dates for the items on the Forward Work Programme may be subject to change following the meeting and Members were asked for their contribution to be received in time for inclusion in the Forward Work Programme Update to be reported at the Adult Social Care Overview and Scrutiny Committee meeting on 8 September 2015.

RESOLVED: That the report be noted.

7. CORPORATE PARENTING CHAMPION AND BUDGET RESEARCH AND EVALUATION PANEL NOMINATION REPORT

The Assistant Chief Executive – Legal and Regulatory Services submitted a report, that requested the Committee to nominate one Member as its Corporate Parenting Champion to represent the Committee as an Invitee to meetings of the Corporate Parenting Cabinet Committee, and secondly to seek nominations for the Budget Research & Evaluation Panel in line with the Corporate Resources and Improvement Overview & Scrutiny Committee's recommendations made as part of the 2015/16 budget setting process

RESOLVED: (1) That Councillor E Venables be nominated as the Committee Champion to represent the Committee as an Invitee to meetings of the Corporate Parenting Cabinet Committee

(2) That the following Committee Members be nominated to sit on the Budget Research and Evaluation Panel, on behalf of the Committee:-

Councillor D Sage
Councillor M Thomas

8. FORWARD WORK PROGRAMME UPDATE

The Assistant Chief Executive – Legal and Regulatory Services, submitted a report, the purpose of which, was to present the items due to be considered at the Committee meeting to be held on 8 September 2015; seek confirmation of the information required for the subsequent scheduled meeting to be held on 11 November 2015, and finally to present a list of further potential items for prioritisation by the Committee.

RESOLVED: That the report be noted.

9. URGENT ITEMS

None.

The meeting closed at 1.00 pm

REPORT TO ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

8 SEPTEMBER 2015

REPORT OF THE ASSISTANT CHIEF EXECUTIVE – LEGAL AND REGULATORY SERVICES

FORWARD WORK PROGRAMME UPDATE

1. Purpose of Report

1.1 The purpose of this report is to:

- a) present the items due to be considered at the Committee's meeting to be held on 11 November 2015 and seeks confirmation of the information required for the subsequent scheduled meeting to be held on 13 January 2016;
- b) present a list of further potential items for prioritisation by the Committee.

2. Connection to Corporate Improvement Objectives / Other Corporate Priorities

2.1 The key improvement objectives identified in the Corporate Plan 2013-2017 have been embodied in the Overview & Scrutiny Forward Work Programmes. The amended Corporate Improvement Objectives adopted by Council on 25 February 2015 formally set out the improvement objectives that the Council will seek to implement between 2013 and 2017. The Overview and Scrutiny Committees engage in review and development of plans, policy or strategies that support the Corporate Themes.

3. Background

3.1 At its meeting on 22 June 2015, the Adult Social Care Overview and Scrutiny Committee determined its Annual Forward Work Programme for 2015/16.

4. Current Situation / Proposal

Meetings of the Adult Social Care Overview and Scrutiny Committee

4.1 In relation to the Committee's next scheduled meeting to be held on 11 November 2015, the table below lists the items to be considered and the invitees due to attend.

Topic	Invitees	Specific Information Requested	Research to be Undertaken by the Overview & Scrutiny Unit
Mental Health Update and dementia	Susan Cooper - Corporate Director – Wellbeing, Cllr P White - Cabinet Member Adult Social Care Health and Wellbeing, Avril Bracey - Group Manager, Mental Health, Safeguarding and Quality	To provide an update to Members of developments in the mental health services and of any outcomes from the Mental Health Commissioning and Delivery Plan. Report to include an update on dementia	To be confirmed.
Topic	Invitees	Specific Information Requested	Research to be Undertaken by the

			Overview & Scrutiny Unit
Reconfiguring Learning Disability Services	Susan Cooper - Corporate Director – Wellbeing, Cllr P White - Cabinet Member Adult Social Care Health and Wellbeing, Mark Wilkinson - Group Manager, Disability and Transition	To provide an update on the remodelling of learning disability services as part of the wider remodelling adult social care programme.	To be confirmed.

4.2 The table below lists the item to be considered and the invitees due to attend in respect of the subsequent meeting of the Committee to be held on 13 January 2016.

Topic	Invitees	Specific Information Requested	Research to be Undertaken by the Overview & Scrutiny Unit
Directorate Budget Consultation Process (accounts for time = 2 items)	Susan Cooper - Corporate Director – Wellbeing, Cllr P White - Cabinet Member Adult Social Care Health and Wellbeing Jackie Davies - Head of Adult Social Care, Finance Manager Laura Kinsey - Head of Safeguarding and Family Support	Presented annually - Consideration of Directorate Budget for 2016/17	To be confirmed.

4.3 The table below lists all potential items that the Committee received at their meeting on 22 April 2015, which are put to the Committees for reprioritisation as appropriate.

Topic	Proposed Date	Specific Information Requested	Research to be Undertaken by the Overview & Scrutiny Unit
Community Services	11 February 2016	Content/Focus to be identified	Susan Cooper - Corporate Director – Wellbeing, Cllr P White - Cabinet Member Adult Social Care Health and Wellbeing (other invitees?)
Item tbc	11 February 2016	Item tbc	Susan Cooper - Corporate Director – Wellbeing, Cllr P White - Cabinet Member Adult Social Care Health and Wellbeing (other invitees?)
Prevention, Wellbeing and Local Community Co-ordination	6 April 2016	Content/Focus to be identified	Susan Cooper - Corporate Director – Wellbeing, Cllr P White - Cabinet Member Adult Social Care Health and Wellbeing (other invitees?)
Item tbc	6 April 2016	Item tbc	Susan Cooper - Corporate Director Wellbeing, Cllr P White - Cabinet Member Adult Social Care Health and Wellbeing (other invitees?)

5. Effect upon Policy Framework and Procedure Rules

- 5.1 The work of the Adult Social Care Overview and Scrutiny Committee relates to the review and development of plans, policy or strategy that form part of the Policy Framework and consideration of plans, policy or strategy relating to the power to promote or improve economic, social or environmental wellbeing in the County Borough of Bridgend.

6. Equality Impact Assessment

- 6.1 None

7. Financial Implications

- 7.1 None.

7. Recommendations

The Committee is recommended to:

- (i) Note the topics due to be considered at the meeting of the Committee for 11 November 2015 and confirm if it requires any additional specific information to be provided by the invitees listed or the Overview & Scrutiny Unit;
- (ii) Determine the invitees to be invited to attend, any specific information it would like the invitees to provide and any research that it would like the Overview & Scrutiny Unit to undertake in relation to its meeting for 13 January 2016;
- (iii) Revisit and consider the list of future potential items for the Committees Forward Work Programme and reprioritise as the Committees feels appropriate.

Andrew Jolley,
Assistant Chief Executive – Legal & Regulatory Services

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Background Documents: None

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO THE ADULT SOCIAL CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

8 SEPTEMBER 2015

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

THE SOCIAL SERVICES AND WELLBEING (WALES) ACT 2014, INCLUDING ELIGIBILITY CRITERIA AND SUPPORTING VULNERABLE PEOPLE UPDATE

1. Purpose of Report

1.1 The purpose of this report is to update the Committee on:

- The consultation and engagement with stakeholders about the changes that the Social Services and Wellbeing (Wales) Act, 2014 will bring and the implications of the new proposed National Eligibility Criteria for managed care and support services;
- The confirmation of the new National Eligibility Criteria announced by the Minister for Health and Social Care on 11th May 2015;
- The Cabinet decision of 16th June 2015 to approve the raising of the Council's eligibility criteria from moderate to that of substantial and critical and of the work against the Medium Term Financial Strategy;
- The Service Level Agreement with Age Concern and how the Directorate are working with the 3rd Sector by assisting in developing and expanding their services;
- The Regional Community Services Project Board;
- The Meals at Home Service.

2. Connection to Corporate Improvement Plan / Other Corporate Priority.

2.1 The report links to the following improvement priorities in the Corporate Plan:

- Working together to help vulnerable people to stay independent;
- Working together to tackle health issues and encourage healthy lifestyles;
- Working together to make the best use of our resources.

3. Background.

Assessment Framework and Eligibility Criteria

3.1 On 3rd February 2015, Cabinet approved the proposal to raise the Council's eligibility criteria from moderate to that of substantial and critical subject to further consultation. On 16th June 2015, a report updated Cabinet on the progress against the consultation and engagement events that were carried out in respect of the proposed change. These events have focussed on groups representing the interests of older and disabled people, and their families and carers, to ensure that they are aware and understand the changes that the new Act will bring, especially

the new Assessment Framework and the implications of the new proposed National Eligibility Criteria for managed care and support services.

- 3.2 Specifically, a number of stakeholder groups received presentations on the new Act and Eligibility Criteria, and they include: The Carers Forum, County SHOUT (the voice of older people in Bridgend) Porthcawl Shout, The Third Sector Health Social Care and Wellbeing Forum, mental health stakeholders and the Parents Forum. Furthermore a briefing was prepared and sent out in the March 2015 edition of the Health Social Care and Wellbeing Bulletin. In that publication, all 57 third sector recipients were invited to contact the Directorate if they wished to have a presentation on the Act and the new Eligibility Criteria, and the interim proposals to raise the existing Eligibility Criteria. All organisations affiliated to the Bridgend Association of Voluntary Organisation's (BAVO) health social care and wellbeing forum and specific service user organisations were contacted and were asked to feedback and contact the Directorate with their views; to date the Directorate has received no requests for further presentation, nor any feedback on the proposals; our partners in BAVO have also confirmed that they have received no representations or concerns in their third sector meetings.
- 3.3 On 11th May 2015, the Minister for Health and Social Services announced the new National Eligibility Criteria. The new eligibility process is made up of two parts: the first part of the eligibility process is to assess if care and support intervention can address the need, risk or barrier, or enhance the resources that will enable the individual to achieve their personal well-being outcomes. The second part of the process is the determination that the individual's well-being outcomes cannot be met, or cannot be sufficiently met, solely through care and support co-ordinated by themselves, their family or carer, or others. If this is the case, the individual requires support through a care and support plan, to co-ordinate their care and support or to manage it completely.
- 3.4 This new National eligibility criteria, was as anticipated in the previous Cabinet report and the interim arrangements proposed at that time have been implemented; this included further analysis and reviews of existing service users currently in the 'moderate' category for eligibility to services.

Third Sector

- 3.5 The Council supports and funds a range of third sector agencies to support people within the community through prevention and wellbeing services. There are services which offer advice and support and also provide the direct delivery of care services.
- 3.6 The Council carries out an annual review of third sector funded agencies. As part of the review, Social Services are in the process of visiting all third funded agencies in line with the corporate third sector review processes. The corporate third sector review was developed in partnership with the Community and Voluntary agencies and aims. The review enabled the Council to set clearer outcomes with third sector agencies and help agencies to develop more robust arrangements for overseeing the contracts.
- 3.7 There is a Voluntary Sector Compact in place which is an agreement between the Council, partners and third sector organisations, which sets out the principles for working in collaboration. However, it is recognised that there is an opportunity to

strengthen the arrangements in place with the community and voluntary sector in order to work in partnership to meet the Council's priorities.

Western Bay Community Services Board

Intermediate Tier Business Case

- 3.8 In June 2013 the Western Bay Programme Board approved a Strategic Outline Business Case for a Transformation Programme relating to the needs of the frail older population across Western Bay. Cabinet received a report in June 2014 updating on the progress of integrating health and social care services for older and physically disabled people within the County Borough, and seeking approval to continue with the strategic direction as set out in the report.
- 3.9 Bridgend County Borough Council and Abertawe Bro Morgannwg University Health Board (ABMU) have made significant progress in the integration of health and social care over recent years. This has ensured better outcomes for people whilst also meeting the policy aspirations of the Welsh Government for better joined up care.
- 3.10 A key aspect of this integration agenda has been the development of an intermediate care team known as the Community Resource Team (CRT). This is an integrated team made up of health and social care staff with one integrated single manager.
- 3.11 The CRT delivers a suite of short term interventions that address needs at a time of crisis or when people's needs change, with the aim of maximising recovery and on-going independence thereby:
- Avoiding inappropriate admission to hospital;
 - Delaying the need for long term care;
 - Facilitating earlier hospital discharges;
 - Tailoring individual care packages to meet identified needs.

4. Current situation / proposal.

Assessment Framework and Eligibility Criteria

- 4.1 The Social Services and Wellbeing (Wales) Act 2014 received Royal Assent in May 2014 and will be fully implemented in April 2016; at this point the new National Eligibility criteria and process will be applied to all people requiring managed care and support services.
- 4.2 Following the engagement processes outlined above with stakeholders and the publication of information sent to all third sector partners in the Health Social Care and Wellbeing Bulletin, the Directorate has not been asked for any further presentations or requests for information, nor have there been any particular concerns raised about the proposed interim changes to eligibility criteria, nor about the application of the new National eligibility criteria from April 2016. The Directorate has an information work stream associated with the implementation of the Act, and is continuing a process of awareness raising about the implementation and implications of the 2014 Act. For example, there have been briefings for health and

social care staff and the Directorate is currently engaged in delivering “Getting in on the Act Sessions” for staff within the authority partner organisations, and the Independent and Third Sector.

- 4.3 At the 21st May 2015, there were 205 people in the moderate category: following the analysis of these moderate cases, it was determined that 73 had been incorrectly categorised. Given that many of our existing service users are frail older people, it would not be unexpected that a number of them would have increased needs from when they were last reviewed. They were reallocated to the appropriate eligibility criteria; and of the remaining 132 cases, the process of reviewing these cases is being undertaken by the Transformation and Review Team, to ensure that all people receive an appropriate strengths-based assessment of their needs, to support them in attaining their wellbeing outcomes. These reviews are on an individual basis and will include information on the new assessment criteria to ensure that the service users are appropriately informed.

Third Sector

- 4.4 There is a plan to strengthen the mechanisms in place with community and voluntary services in order to have more meaningful engagement with third sector agencies. The platforms for engagement will help contribute towards the development of a corporate third sector strategy, setting out the vision to work collaboration with community and voluntary services for the future.
- 4.5 In terms of the service level agreements with third sector agencies, they will be updated as part of the third sector review. The service level agreement with Age Connect for the provision of Better@home services came to an end within 2014/15. The Better@home service is now being delivered by the internal homecare service in line with the remodelling of homecare work. The Council continues to commission services from Age Connect to support people with dementia within the community and day services.

Regional Community Services Board

- 4.6 The additional Intermediate Care Fund has further enhanced the well-established model of intermediate care services delivered by the Community Resource Team (CRT) in Bridgend.
- 4.7 The current service model includes the following elements:

4.7.1 Short Term Assessment and Reabling Team

This integrated, multi-disciplinary team provides a short period of therapeutic support in a Service user’s own home. Members of the service may visit up to 4 times a day to provide the individual with support to help them to regain the skills they need for maximum independence.

4.7.2 Bryn y Cae Reablement Unit

The Bryn y Cae Reablement Unit is suitable for individuals who, for short periods of time, are likely to need more intensive support with activities of daily living than it would be possible to provide at home. The Reablement Unit is situated in a dedicated wing of the Bryn y Cae Residential Care Home, Brackla, Bridgend.

4.7.3 Early Response Team

Early Response is a model designed to prevent avoidable admission to hospital by providing rapid health and social care assessment/diagnosis and (if appropriate) immediate access to short term nursing/therapy or social care support. This proactive model, overseen by a Community Geriatrician, is designed to prevent or stop a progressive deterioration in a person's physical condition or level of independence by short term health and social care intervention.

4.7.4 Telecare and Mobile Response

In addition to supporting the Early Response element of the CRT, this team also provides a comprehensive 24-hour service as part of a telecare package, responding to calls for assistance either via a lifeline activated by the Service user or by the proactive use of telecare sensors. The service provides direct assistance including personal care where appropriate and also co-ordinates and supports an emergency response when required. The service also supports the assessment, installation and maintenance of the telecare equipment and carries out proactive calling to support service users when required. There are now over 1700 people in Bridgend supported by a telecare package. For example, for new users of the service after the first 6 to 8 weeks, the mobile response service will visit people at home, to check that the equipment is working and check that the person understands how it works and how to contact the service if they have a concern or a problem. If people do contact the service with concerns they will receive a follow-up home visits to ensure everything is working satisfactorily.

4.7.5 Better@Home

This new service development supports the more timely discharge of in-patients by the earlier identification of patients who could benefit from the service, then supporting secondary care based staff to discharge earlier to community services, initially those provided by the CRT. The service arranges the required care to meet individual needs until their ongoing service intervention, which may be either Short Term Enabling Team or long term homecare package, is available. This service will be further enhanced, in time, to deliver case management for an individual whilst they recover from their hospital event and then identify the most appropriate on going service which may include enabling homecare, Reablement, long term homecare or Continuing Health Care (CHC) package, enabling them to remain at home.

4.8 Through the recent ICF investment the service has seen further recruitment of health and social care staff enabling the ability to deliver services over 7 days by registered professional staff. Other resources to assist the service meet its objectives include:

- Purchase of additional community equipment stock due to increasing numbers of people supported to stay at home.
- Recruiting multi-disciplinary staff to achieve the vision set out in the Western Bay strategic business case for the service;
- Purchased additional specialist equipment to facilitate more detailed assessment;

- Increased specialist services such as Speech and Language therapy, Medicine's Management and Dietetic resource within the CRT which has enabled greater and faster access to these services;
- Commissioning third sector projects to deliver services such as the Care & Repair Hospital to Home scheme;
- Establishing fast access to community clinics where people can access health and social care services to avert inappropriate admission to long term care services or having to be seen at the hospital;
- Establishing the Mobile Response Team to a 24hour/7 day a week service;
- Moving the early response and short term enabling services to 7 day working for the qualified staff;
- Successful establishment of Phase 1 of Better@home, a service that facilitates faster hospital discharge whilst the person awaits commencement date of their ongoing support package.

4.9 The CRT continues to build on the previous year's developments. The additional funding has enabled the service to test new ways of working with the third sector, forging close partnerships as both agencies work towards the same aim of keeping people at home, accessing statutory services only when necessary and moving their care closer to home.

4.10 The Regional Board is currently finalising a formal legal agreement known as a Section 33 agreement which will be a pooled fund arrangement. Once in place this agreement will seek to achieve:-

- the highest quality of seamless care with Service users being at the heart of service planning, commissioning and delivery;
- Increase the operational efficiency and economies of scale of the services and ensure sustainability of the rebalanced health and social care services;
- Optimise the mix of service provision skills across health and social care and develop more rewarding jobs and careers for staff;
- Support greater and more coordinated engagement with the third sector and carers;
- Enhance creativity and problem solving within the various multidisciplinary services with quicker decision making.

4.11 The financial contribution to the Pooled Fund arrangement will be:

£2,145,000 from Bridgend County Borough Council;
 £2,187,043 from Abertawe Bro Morgannwg University Health Board;
 TOTAL pooled fund indicative value - £4,332,043.

4.12 There have been many positive outcomes for the users of Community Resource Team. Below is a case study example and an extract of feedback received in the service:

Case Study and Survey Feedback

Mrs H is aged 93 and was admitted to A&E following a fall. A referral was received from the OT requesting a stair lift; this was processed via the Independent Living Project. Following a home visit, a Safety at Home referral was processed for a rail by the ground floor WC, security measures as Mrs H lives alone and also repair to the rear threshold step as it was causing a trip hazard.

Mrs H also didn't have any smoke alarms fitted at the property, therefore the Home Safety Office fitted these following a Home Fire Safety Check. A full financial assessment was completed which resulted in an Attendance Allowance award of £81.30 per week, a reduction of £130 per year on her electricity bill and £22 per month reduction in her Welsh Water bill.

SURVEY FEEDBACK

"We both feel that the CRT were fantastic. Each and every member that came was very kind, caring and considerate. We have both felt more confident after receiving the help of the team. Also, we have become more independent with the help of the team. Life is much easier for us both since the stroke. It was very frightening at first but now are able to cope very well, thanks to the team!" August 2014.

"A belated thank you for all the help, support, encouragement given to my aunt....Before CRT her GP had advised she was not safe living on her own. Her confidence and belief in her own abilities were at an all time low. All the carers that visited were in her words "wonderful girls". At the age of 91, in poor physical health, consistent pain and double vision, she has been given the confidence and techniques to manage her own needs. She is almost completely independent. Most importantly she is living in her own home with her self-respect, pride and dignity intact. In fact, since she has the new bath aid, she baths twice a day!! Thank you so much." October 2014.

"A thorough brief as provided to me in hospital prior to commencing the service. All team members were completely professional throughout and were a credit to their profession. The service was superb in every possible way and I would have no hesitation in recommending it to anyone who may be in a position to receive it in the future. The past six weeks has completely rebuilt my confidence, independence and quality of life in every possible aspect...friendliness and professionalism was portrayed by throughout by all team members. Thank you from me and my husband for everything you have done for me in the past 6 weeks". December 2014.

Meals at Home

- 4.13 In March 2015, an options appraisal for 2015/16 was presented to Cabinet. The recommended option, which was 'service efficiencies and a small increase in charges' was approved by Cabinet. As part of this option, a 30p increase per hot meal was proposed, and an additional tea-time service was to be offered. To allow the service efficiencies to be made, a chilled meal was to be provided on a Saturday.
- 4.14 The increase of 30p (from £3.94 up to £4.24) per meal for the cost of a meal charged to the service user was implemented from Sunday 3rd May 2015, and the new tea-time service was implemented from Monday 24th August 2015. However, some issues were identified during the consultation sessions and Catering Services have had to review the 'chilled meal' aspect, and the model moving forward will be pending further consultation with staff and Trade Unions.
- 4.15 The provision of a daily hot meal for those who need it remains an important part of the support packages available, to enable people to remain living at home for as

long as possible. However, it is recognised that even through implementing the ‘service efficiencies’ option in 2015/16, where some of the requirements of the Medium-Term Financial Strategy have been met, the service cannot continue to be delivered in its existing form.

- 4.16 In light of the above, and in line with preparation for the Social Services and Wellbeing (Wales) Act 2014, the Directorate is exploring some longer-term remodelling solutions which may also deliver greater benefits in the future. A further report and options appraisal will be presented to Cabinet shortly, proposing a strategic direction for the service in the longer-term.

5. Effect upon Policy Framework and Procedure Rules.

- 5.1 The new National Eligibility Criteria will amend the current policy from April 2016.

6. Equality Impact Assessments.

- 6.1 An equality impact screening on the assessment framework was completed in December 2013 and refreshed as a result of the 2014 Act. Indications from the screening suggest that attention will need to be paid to the result of the scoping and findings of the proposed prevention and wellbeing strategy, with particular consideration being given to gaps in universal service provision to groups with protected characteristics. In addition, the impact on all service users of the implementation of the determination that the individual’s well-being outcomes cannot be met, or cannot be sufficiently met, solely through care and support co-ordinated by themselves, their family or carer, or others will only be full understood once the process of review assessment is completed.
- 6.2 A full Equality Impact Assessment will need to be completed as part of the programme of change and will assess the relevance of this work to the Authority’s public equality duties and potential impact on protected equality characteristics.

7. Financial Implications.

- 7.1 The target savings set in the MTFs against the implementation of the Integrated Assessment Framework for the three years starting 2014-15 are illustrated in the chart below.

	2014/15	2015/16	2016/17	Total
Budget /Savings	30,000	1,399,000	1,155, 000	2,584,000

- 7.2 A Changing the Culture Project Board has been established and is chaired by the Head of Adult Social Care, with a view to delivering a consistent monitoring tool for all changes in ways of working. The Board will monitor progress on the right sizing of high cost packages and complex care packages to achieve the significant cost savings associated with the change of practice as well as monitoring of the culture change in assessment and care planning as well as the changes to eligibility criteria and the coordination of packages for the shared lives scheme. The management and monitoring of progress in delivering these efficiencies will be monitored through the Changing the Culture Project Board and its associated projects; reports tracking and analysing the impact of change on people coming into managed care and support, strengths based work approaches and the impact on budgets, are being

developed as part of this process,. This project reports into the Remodelling Adult Social Care Board which is part of the Council's transformation programme.

- 7.3 The impact of changing the criteria is difficult to quantify but it is anticipated some level of savings will be achieved and will contribute towards the MTFS savings requirements set out at paragraph 7.1. It is acknowledged that until the reassessment of all service users is completed, it will not be possible to say with any certainty what the actual impact will be on delivering the savings in the MTFS. It also should be noted that the majority of these individuals are long-standing service users and their numbers have and will continue to reduce over time, and it is therefore likely that the savings contribution will accumulate over a period of time. The outcome of the comprehensive review assessments of all people in this category need to be completed before any changes to eligibility can be discussed; this will give a clear indication of the impact on existing users and the Authority's finances. It should be noted, that by the nature of the frail people in services, reassessment may mean some people's risks have increased since they were last reviewed and potentially their needs may be critical or substantial. This assessment of eligibility is crucial in determining the financial impact of no longer providing services to those with a moderate category.
- 7.4 As well as the cost of reviewing each existing service user, there are also other costs to be considered, such as the continued and extended investment in preventative services, such as welfare rights, third sector brokerage, as well as running existing services in the period of reducing demand.
- 7.5 The overall saving will be achieved via a range of actions, not just reviewing the eligibility criteria. This will include changes to the assessment process, seeking to signpost individuals to more appropriate services than Local Authority as well as anticipating additional income from client contributions. The service, through its Changing the Culture Project Board, and Remodelling Programme has in place robust monitoring arrangements to ensure achievement of savings targets.
- 7.6 Social Services and Wellbeing invest £5,752,645 into Third Sector agencies. The funding commissions services from 17 agencies and provides core funding towards a further 6. £4,876,009 is commissioned care from domiciliary care agencies and £876,636 contributes towards the prevention and wellbeing agenda.
- 7.7 The first year 2014 /2015 of the Business Case was financed through the availability of Welsh Government's short term Intermediate Care Funding (ICF). The aim of the ICF is to provide pump-priming monies to develop integrated working between Local Authorities, health and housing to support older people to maintain their independence.
- 7.8 The fund in the first year (2014-15), comprising of revenue and capital monies, allocated on a regional basis. This totalled £9,435,000 for the Western Bay footprint, with £1,905,000 allocated to Health and Social Care in Bridgend. This comprised of £1.270m revenue and £0.635m capital. There has been further funding from Welsh Government for 2015 /2016 for intermediate care which is being channelled through Health Boards in Wales.
- 7.9 The Medium Term Financial Strategy also sets out a saving of £122,000 for the Meals at Home service in the current year. Part of this saving will be met through

realigning income budgets to reflect a higher-than-budgeted level of income for this service (£50,000) and the 30p increase in the charge to service users will achieve a further £16,500. The shortfall of savings will be met from within the service.

8. Recommendation.

8.1 It is recommended that the Committee:-

- Note the new National Eligibility Criteria announced by Welsh Government on 11th May 2015 attached as **Appendix 1**;
- Note the consultation and engagement that has been undertaken to date and Cabinet approval to raise the Council's eligibility criteria from moderate to that of substantial and critical;
- Note the details of current activity with the Directorate and the third sector;
- Note the update on the Regional Community Services Project Board;
- Note the ongoing work taking place in relation to meals at home.

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10 **Background documents**
None

**National Eligibility Criteria announced by Welsh Government on 11th
May 2015**

**New rules to put people in control of their care and support needs
unveiled**

Major changes to the way people's needs are assessed to decide if they need a package of care and support in Wales have been unveiled by Health and Social Services Minister, Mark Drakeford.

Under the changes to the eligibility criteria for social care, which have been laid before the National Assembly for Wales, the rules will be simplified so that people receive the right care, in the right place, at the right time, that's appropriate to their circumstances and needs.

The current approaches to eligibility and assessment of people across Wales are often inconsistent. The new model is designed to bring these processes under one framework while recognising the different needs of children and adults

The new eligibility model will remove the current cliff-edge decisions where people receive care and support services only when their needs are at or near crisis point. This will be replaced with a more individualised approach that will require local authorities to put in place an appropriate and wherever possible, preventive response for each individual.

The new arrangements will focus on local authorities working with people and their carers and families to identify strengths, capacity and capability to maximise an individual's wellbeing and independence. This approach will ensure that people can stay in control of decisions made about their care and support.

The changes are being introduced as part of the most wide-ranging reforms to social care law in Wales in 60 years, when the Social Services and Well-being (Wales) Act 2014 comes into force in April 2016.

Mark Drakeford said:

"The new Social Services and Well-being (Wales) Act does not just change a few rules here and there. The changes being outlined today will ensure people have much stronger control over the care and support they need to live their lives. This is not simply a case of adjusting what we do now.

"It replaces and rewrites the legislative basis for care and support in Wales. It represents a new social care landscape in Wales. It is a wide-ranging reform of which Wales should be proud.

“At its core is an approach that focusses on people, in a way which strengthens their voice and gives them more control over their lives. It focuses on people’s abilities as well as needs – acknowledging that people themselves want to stay in control of what happens to them.

“The proposed changes are crucial to enable current and future generations to live their lives as fully as possible, providing the correct level of support to promote their wellbeing and to help sustain them in their families, networks and communities.”

The new approach will reduce the number of people who require a care and support plan by introducing opportunities to help people retain independence, and access early intervention and prevention services, without the need for a formal plan. Intervening in the right way, at the right time will mean that many people can be supported in their own communities outside the formal social care system, and families can be supported to stay together.

Policy detail

How the new eligibility criteria will work

- When someone needs help from social services, local authorities will need to begin by understanding what matters to that person, what their circumstances are and what they are trying to achieve.
- The first part of the eligibility process is to assess if care and support intervention can address the need, risk or barrier, or enhance the resources that will enable the individual to achieve their personal well-being outcomes.
- The second part of the process is the determination that the individual’s well-being outcomes cannot be met, or cannot be sufficiently met, solely through care and support co-ordinated by themselves, their family or carer, or others. If this is the case, the individual requires support through a care and support plan, to co-ordinate their care and support or to manage it completely.

Other provisions

For many people there will be community-based services that can help, often run by voluntary agencies or by people themselves, and the assessment might show that the person can achieve the outcomes they want by accessing services like these. There are many examples in place already.

People may not know about these services so during the assessment local authorities will be required to provide information, advice and assistance to help people access the support they need.

People will be able to use **direct payments** to pay for the care and support they consider is right for them. The rules will mean that the use of direct payments will be extended to other forms of care and support (for example for long term residential

care) and to individuals who are currently excluded from receiving direct payments (for example people with drug or alcohol problems).

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