

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CABINET

21ST NOVEMBER 2017

SOCIAL SERVICES AND WELLBEING ACT: IMPLEMENTATION PROGRAMME REGIONAL SOCIAL SERVICES AND WELLBEING PROGRAMME

**REPORT OF THE GROUP DIRECTOR, COMMUNITY & CHILDREN'S SERVICES,
IN DISCUSSIONS WITH THE RELEVANT PORTFOLIO HOLDERS, COUNCILLOR
HOPKINS, COUNCILLOR LEWIS AND COUNCILLOR LEYSHON**

Author: Sian Nowell, Head of Transformation. Tel. No. 01443 668827

1. PURPOSE OF REPORT

- 1.1 To update Cabinet on developments to create the Regional Pooled Fund (Older People) for care home Accommodation and to present the Regional Market Position Statement (Care Home Accommodation) for Cabinet consideration and endorsement.
- 1.2 To present the final draft of the Regional Statement of Strategic Intent for Children, Young People and Adults with Learning Disabilities (that include autism and complex needs) and their families, alongside the outcome of the engagement programme undertaken for Cabinet consideration and endorsement.
- 1.3 To present a first draft of a Regional Strategy for Supporting Children, Young People and Families for Cabinet consideration and authorisation for officers to consult more widely on its content with service users and other stakeholders as set out in the engagement plan

2. RECOMMENDATIONS

It is recommended that Cabinet:

- 2.1 **Note** the update on the Regional Pooled Fund for care home Accommodation.
- 2.2 **Consider and endorse** the Regional Market Position Statement (Care home accommodation).
- 2.3 **Consider** the outcome of the engagement activity with service users and stakeholders and **endorse** the final Regional Statement of Strategic Intent for Children, Young People and Adults with Learning Disabilities and Equality Impact Assessment (Appendix 4).

- 2.4 **Consider** the draft Regional Strategy for Supporting Children, Young People and Families and **authorise** officers to undertake the proposed programme of engagement as set out in the engagement plan.

3. BACKGROUND

- 3.1 The Social Services and Well-being (Wales) Act 2014 ("the Act") came into effect on 6th April 2016.

- 3.2 The Act requires that Local Authorities and their Local Health Board establish a Regional Partnership Board to manage and develop services to secure strategic planning and partnership working between Local Authorities and Local Health Boards and to ensure effective services, care and support are in place to best meet the needs of their population.

- 3.3 The Cwm Taf Social Services and Wellbeing Partnership Board ("the Board") is now established; currently Chaired by Councillor Geraint Hopkins, RCT Cabinet Member for Adult and Children's Community Services.

- 3.4 The Board has set its objectives as:

- the population assessment required by section 14 of the Act is undertaken and effective;
- the outcome of the population assessment is taken into account when creating, publishing and delivering strategic plans;
- the partnership bodies provide sufficient resources for the partnership arrangements to be effective;
- pooled funds are established where appropriate including ensuring that pooled funds are established and managed in relation to care home accommodation to take effect from 6th April 2018 and that pooled funds are established and managed in relation to the Integrated Family Support Service to take effect from 6 April 2016;
- information is shared and used effectively to improve the delivery of services, care and support, underpinned by technology and common systems;
- there is progress on the integration of services for the following:
 - Older people with complex needs and long term conditions, including dementia;
 - People with learning disabilities;
 - Carers, including young carers;
 - Integrated Family Support Services;
 - Children with complex needs due to disability or illness.

- 3.5 The focus has been on the preparatory work to establish the strategic frameworks to guide service development over the next 5 - 10 years and the completion of the Population Assessment earlier this year was a significant milestone for the Board in that regard.
- 3.6 In response to the Population Assessment, a Joint Area Plan must be produced by 1st April 2018 by the two Local Authorities and the UHB under the direction of the Board.
- 3.7 Welsh Government has issued statutory guidance on the development of the plan that states that joint area plans must include:
- the actions partners will take in relation to the priority areas of integration for regional partnership boards;
 - the instances and details of pooled funds to be established in response to the population assessment;
 - how services will be procured or arranged to be delivered, including by alternative delivery models;
 - details of the preventative services that will be provided or arranged;
 - actions being taken in relation to the provision of information, advice and assistance services; and
 - actions required to deliver services through the medium of Welsh.”
- 3.8 Whilst important, this long-term planning will not necessarily have an immediate impact on how people experience services and it is fortunate therefore that the Board have had access to the Intermediate Care Fund (now renamed the Integrated Care Fund) from Welsh Government as this has facilitated the introduction of new service models that have had an immediate impact, such as the community co-ordinators, the stay well @home service, the early stroke discharge service and the integrated autism service.

Integrated Care Fund

- 3.9 This fund (previously known as the Intermediate Care Fund) is intended to support the Board develop and transform services in the health, social care, housing and voluntary sectors.
- 3.10 In Cwm Taf the allocation of the fund has been achieved in Partnership and the Investment plan in place for 2017/8 is attached as Appendix 1 for your information.
- 3.11 For 2017/18 Welsh Government has ring fenced part of the allocation to support a new Integrated Autism Service, and the roll out of the Welsh Community Care Information System.

Delivering Transformation Grant

- 3.12 The Delivering Transformation grant was originally allocated to the Cwm Taf region to support to maintain and oversee the Regional Implementation Plan for the Board and manage the work programme and business support requirements.
- 3.13 This Grant was transferred into the RSG for both RCT and Merthyr Tydfil Council from April 2017 but there is agreement between the Local Authorities to retain the resource as a pooled fund to support the regional programme.

4. OLDER PEOPLE

Stay Well @ Home Service

- 4.1 Members will be familiar with the Stay Well @ Home Service which became operational this year. This service is a significant development for the Board both in terms of supporting older people and facilitating the integration of Health and social Care Services. A 6 month review of performance is currently being undertaken and will be available in due course. .

Pooled fund in relation to the exercise of care home accommodation

- 4.2 The Board is required to establish and maintain a pooled fund in relation to the exercise of their care home accommodation functions by April 1st 2018.
- 4.3 There is a workstream within the regional plan to steer the development, introduction and operation of a pooled fund on behalf of the Board within the requirements set in the Regulations and Part 9 Statutory Guidance (Partnership arrangements) of the Act.
- 4.4 To date the work has focussed on the preparatory work required to support the Pool including:
- The development of a regional Market Position
 - The development of a Regional Care home Contract and specification.
 - An integrated approach to agreeing fees with providers.

Market Position Statement (MPS)

- 4.5 The Board previously published a Joint Commissioning Statement for Older People's Services 2015-25 and in this document identified a new approach to accommodation with care and support for older people which had implications for current and prospective providers of care home services. The development of a regional MPS has clarified this position further.
- 4.6 The final draft of this MPS, endorsed by the Board, and attached to this report as Appendix 2, forms the basis for future dialogue and stronger partnership between commissioners and providers specifically with regards to:
- Sharing information and analysis of future population needs

- Providing a review of the current 'market' of services
- Describing our future approach to commissioning services
- Identifying the potential future shape of the market to enable providers to position themselves and meet future demands/needs
- Describing how commissioners can more effectively engage and support service providers to achieve a healthy and sustainable market.

4.7 The MPS is informed by the outcome of the following activities:

- The population assessment
- A market analysis (demand, supply, quality and sustainability)
- A market survey
- A service user survey
- Commissioner and provider workshops
- Senior officer consideration and comment

Regional Care Home Contract and Service Specification

4.8 The previous Care Home contract in place across the Region was agreed in 2004 and therefore had become outdated with regards to:

- The Social Services and Wellbeing (Wales) Act 2014
- The Registration and Inspection of Social Care (Wales) Act 2016 and the
- The Older People's Commissioner for Wales review into the Quality of Life and Care of Older People living in Care Homes In Wales (Nov 2014)
- The National Outcome Framework

4.9 The outcomes required by the revised contract are centered around personalised care, dignified care, staying healthy and safe care which represents a departure from the previous approach that focussed on task based requirements.

4.10 The workstream for the Contract is reaching a conclusion and it is anticipated that we will issue the revised contract early in the New Year.

Consolidation of fee's

4.11 The two Local Authorities continue to use the same methodology to determine their fees but the outcome is based on local costs. There is no immediate plan to introduce common fees across the region but National work led by John Bolton may influence further work in this regard.

The Pooled Fund

4.12 A Terms of Reference for the Pooled fund has been agreed which sets out the scope of what services will be included in the pooled arrangement. This essentially encompasses all older persons independent, residential and nursing placements in establishments located within the regional footprint.

- 4.13 The workstream has developed a project plan and the key areas of work are summarised below. Conclusion of these areas of work will form the basis of the Legal agreement required to govern the fund.
- The terms of the Pooled fund including the agreed hosting arrangements and financial contributions
 - The detailed functions of the Pooled fund
 - The Governance of the Pooled fund
 - The financial protocol for the Pooled fund (including the arrangements for cost recovery, payment, host and administration costs, record keeping and accountancy etc.)
 - The implementation arrangements for the Pooled fund (e.g. the commissioning protocols etc.)
 - The information sharing protocol
- 4.14 The timeline for this project is challenging as the final Legal agreement and proposed Pooled fund will require the authorisation of both Local Authorities and the UHB prior to the April deadline. Whilst cautious, we are not currently anticipating a delay in meeting the requirement and Cabinet should expect to see a more comprehensive proposal for the Pooled Fund presented for their consideration and endorsement in the next 2-3 months.

5. PEOPLE WITH LEARNING DISABILITIES

- 5.1 RCT County Borough Council, Merthyr Tydfil County Borough Council and Cwm Taf UHB, have worked together to develop a Joint Statement of Strategic Intent for Children, Young People, and Adults with Learning Disabilities (that includes autism and complex needs) and their families which describes a shared commitment to deliver a new model for health and social services.
- 5.2 Cwm Taf's draft strategy for learning disability services is focused on the following key messages:
- Maximise the use of universal services
 - Increase early intervention, prevention, information, advice and assistance
 - Build community support and develop people's independence
 - Sustain people in their own homes
 - Enable people to live full lives and achieve their potential
 - Keep people safe
 - Make the best use of our resources
- 5.3 An engagement plan was initiated earlier this year and since May there has been activity across the region to both raise awareness and seek public and stakeholder views.

- 5.4 The outcome of this engagement is summarised in the report attached as Appendix 3 and of note the service model described has received widespread support.
- 5.5 It is recommended that members consider this final draft Statement of Intent; updated to reflect issues that were raised during the engagement process, and endorse the document for implementation.
- 5.6 The Statement of intent is accompanied by the required comprehensive Equality Impact Assessment attached as Appendix 5.

6. CHILDREN AND YOUNG PEOPLE

- 6.1 The draft Cwm Taf Regional Strategy for Supporting Children, Young People and Families has been produced jointly by partners in Cwm Taf in response to the population analysis, and consultation with the public and professionals in 2016 and 2017. It is intended to remain relevant until 2022 and is proposed as the shared vision, principles and objectives to direct the work of all partners over that period.
- 6.2 The documents attached as Appendix 6 and 7 set out how the partners will work together to address Welsh Government legislation and where necessary pool resources to ensure high quality, accessible and integrated services to help children, young people, families and communities effectively.
- 6.3 Cwm Taf's strategy for Children, Young People and Families is focused on the following key aim, that:
- Children, young people and families in Cwm Taf will live safe, healthy and fulfilled lives and achieve their full potential.
 - Families and communities will be more resilient and independent.
 - Our focus on communities will give children, young people and families the best possible environment to thrive.
 - The balance of resource will shift from safeguarding, substitute and complex care to early and targeted help.
- 6.4 To accompany the Regional strategy and attached as Appendix 8 is the proposed engagement plan developed as a result of conversations between Merthyr Tydfil and Rhondda Cynon Taf Councils and the Health Board. The plan aims to outline the levels and principles of engagement, the purpose, objectives and audiences for the Engagement Strategy, the core messages that will be consistently delivered throughout the engagement activities and the plan for what activities should happen when and with whom.

7. REGIONAL COMMISSIONING

- 7.1 The Board has commissioned a review of the regional commissioning function with a view to formalising and enhancing support for the regional work

programme now that it is progressing to a more detailed implementation stage.

7.2 The review has taken a broad approach, examining:

- The ongoing national requirements
- Good practice elsewhere in the UK
- The local context
- Stakeholder views

7.3 The recommendations of the review are to create a regional commissioning hub with dedicated capacity to manage the commissioning programme for the region, funded through the resource made available by Welsh Government for Delivering Transformation.

7.4 These recommendations are currently under consideration and the outcome is planned to conclude before Christmas to ensure the arrangements are in place for the new financial year.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 A comprehensive Equality Impact Assessment was undertaken during the development of the Joint Commissioning Statement for Older People's Services 2015-25 endorsed by Cabinet on the 18th of February 2016.

8.2 A comprehensive Equality Impact Assessment is attached as Appendix 5 in respect of the Joint Statement of Strategic Intent for Children, Young People, and Adults with Learning Disabilities (that includes autism and complex needs) and their families.

8.3 A comprehensive Equality Impact Assessment will be required, and completed to accompany the final draft of the Regional Strategy for Supporting Children, Young People and Families following completion of the engagement process.

9. CONSULTATION

9.1 The development of the Market Position Statement included a market survey, a service user survey and commissioner and provider workshops.

9.2 The outcome of the engagement activity relating to the draft Joint Statement of Strategic Intent for Children, Young People, and Adults with Learning Disabilities (that includes autism and complex needs) and their families is attached as Appendix 3:

9.3 Whilst the draft Regional Strategy for Supporting Children, Young People and Families is informed by the engagement undertaken as part of the population

assessment_2017, Appendix 8 sets out the intended engagement plan for this Draft strategy.

10. FINANCIAL IMPLICATION(S)

- 10.1 There are no direct financial implications aligned to this report for the Council, however, the implementation of the Social Services and Wellbeing (Wales) Act requires a stronger emphasis on community and universal prevention services and all three recommended documents support the ongoing shift of resources away from traditional long terms services and towards services that promote wellbeing and independence.

11. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

- 11.1 The Social Services and Wellbeing (Wales) act 2014 is the significant influence for the documents presented in this report.

The fundamental principles of the Act of note are:

People	Putting an individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being
Well-being	Supporting people to achieve their own well-being and measuring the success of this care and support
Earlier intervention	Increasing preventative services within the community to minimise the escalation of critical need
Collaboration	Strong partnership working between all agencies and organisations

12. LINKS TO THE COUNCIL'S CORPORATE PLAN / OTHER CORPORATE PRIORITIES/ SIP

- 12.1 The Strategy will support the delivery of the Council's corporate priority "promoting independence and positive lives for everyone" by helping local people with care and support needs to stay living independently at home.

13. CONCLUSION

- 13.1 Each of the partner organisations in Cwm Taf provides a wide range of activities and services across the region that respond to vulnerable children, young people, adults and families. Each partner is committed to promoting high quality, responsive services to the public but recognise that they also

have to work together if services are to be transformed to meet the challenges faced.

Other Information:-

Relevant Scrutiny Committee

The Children and Young People Scrutiny Committee

The Health and Wellbeing Scrutiny Committee

LOCAL GOVERNMENT ACT 1972

AS AMENDED BY

THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CABINET

21st NOVEMBER 2017

**SOCIAL SERVICES AND WELLBEING ACT:
IMPLEMENTATION PROGRAMME
REGIONAL SOCIAL SERVICES AND WELLBEING PROGRAMME**

**REPORT OF GROUP DIRECTOR, COMMUNITY & CHILDREN'S SERVICES,
IN DISCUSSIONS WITH THE RELEVANT PORTFOLIO HOLDERS, COUNCILLOR
HOPKINS, COUNCILLOR LEWIS AND COUNCILLOR LEYSHON**

Background Papers

Cabinet Paper (18th of February 2016): Social services and wellbeing act: implementation programme joint commissioning statement for older people

Regulations and Part 9 statutory guidance (Partnership arrangements)
<http://gov.wales/docs/dhss/publications/151218part9en.pdf> of the Act

Welsh Government statutory guidance for the Area Plan:
<http://gov.wales/docs/dhss/publications/170206statutory-guidanceen.pdf>

Annual Report for the Cwm Taf social Services and Wellbeing Partnership board
2016-2017

<http://www.rctcbc.gov.uk/EN/GetInvolved/Campaigns/SocialServicesandWellbeingAct/RelatedDocuments/CwmTafSocialServicesandWellbeingPartnershipBoardAnnualReport20162017.pdf>

Officer to contact:

Sian Nowell, Head of Transformation. Tel. No. 01443 668827



CWM TAF REGIONAL SOCIAL SERVICES & WELL-BEING PARTNERSHIP

INTEGRATED CARE FUND INVESTMENT PLAN 2017/18

CWN TAF REGION INTEGRATED CARE FUND INVESTMENT PLAN 2017/18

INTRODUCTION & BACKGROUND

The Welsh Government published Guidance on the Integrated Care Fund (ICF), previously referred to as the Intermediate Care Fund, in April 2017. The Guidance sets out the objectives; conditions; governance requirements; and reporting arrangements to Welsh Government for ICF in 2017/18.

ICF ALLOCATIONS IN 2017/18

Revenue

The ICF Guidance confirms that the ICF is to continue at the level of £50m across Wales in 2017/18. Within this, Cwm Taf Region is to receive the following ICF revenue allocations:

	Frail & Older People	Prevention	Integrated Autism Service	WCCIS	Total
Cwm Taf	£2,910,000.00	£1,580,056.45	£367,000.00	£158,005.65	£5,015,062.10

Capital

In addition to the ICF revenue, the ICF Guidance also invites the Cwm Taf Region to bid against a capital allocation of c. £1.024m.

STRATEGIC APPROACH

This Investment Plan sets out the Cwm Taf Region's priorities against the c. £5m of revenue funding in 2017/18. To inform this, the Partnership has considered the following:

- Requirements set out under the Social Services & Well-Being (Wales) Act 2014
- The quarterly evaluation and annual review of Regional ICF schemes funded in 2016/17;
- Needs identified within the Cwm Taf Population Needs Assessment (published in April 2017);
- Feedback received from people (namely service users and their carers) during any local stakeholder engagement activities; and
- Alignment to the partners' and partnership strategic plans, including:
 - The Cwm Taf Joint Commissioning Statement for Older People's Services 2015-25;
 - The Cwm Taf Carers' Strategy;

- The draft Cwm Taf Joint Statement of Intent for People with Learning Disabilities and their Families;
- The emerging Cwm Taf Regional Shared Strategy for Children, Young People & Families; and
- The UHB's Integrated Medium Term Plan (IMTP) 2017-20.

CWM TAF ICF REVENUE SCHEMES

The Cwm Taf Region intends to build upon the good practice and progress achieved via the ICF in 2014/15, 2015/16 and 2016/17. Consequently, a range of schemes are to be progressed with the objectives of:

- Improving care co-ordination between health, social care, third sector and housing;
- Promoting/maximising independent living opportunities;
- Avoiding unnecessary admission or delayed discharge;
- Supporting recovery by increasing reablement provision;
- Establishing more proactive approaches;
- Facilitating integration; and
- Improving outcomes.

The following table outlines the Investment Plan for the Cwm Taf Region, in line with the requirements of the ICF Guidance 2017/18. All schemes are confirmed as being deliverable within 2017/18.

FRAIL AND OLDER PEOPLE
£2,910,000




LINKS TO THE CWM TAF POPULATION ASSESSMENT:
 The schemes below have been assessed as addressing the care and support needs of older people in Cwm Taf:

- Supporting people to live at home/ in the community
- Ensuring that as people get older they continue to enjoy their lives and do not have so many care and support needs
- Providing more tailored care and support for people with a higher level of need (e.g. the frail elderly) at, or as close to home as possible
- Helping people to regain their independence following a setback (e.g. illness or bereavement)
- Tackling loneliness and isolation
- Reducing reliance on long-term care

ICF Schemes 2017/18	Allocation in 2017/18	Lead Agency	Objectives	Anticipated Outcomes	Additional Funding Streams	Additional Information
Community Co-ordinators	£248,500	VAMT/ Interlink	<u>Prevention & Alternative Delivery Methods</u> Building strong partnerships across Cwm Taf, establishing links with groups and networks who work with older people as well as gathering local information on activities and services available for older people. Supporting older people to live independently in the community.	<ul style="list-style-type: none"> • Signposting • No. of referrals received • No. of new initiatives supported/ promoted • No. of new groups/ activities identified • No. of referrals made to other 3rd Sector agencies • No. of referrals made to Housing Associations • No. attending flu awareness/ myth busting sessions • No. attending bowel screening awareness/ myth busting sessions 		
5 Ways to Well-Being	£40,000	Merthyr & The Valleys MIND	<u>Prevention & Alternative Delivery Methods</u> Working in partnership with RSLs and Private Residential Home providers, to identify older people exposed to loneliness and isolation. The service provides social wellbeing and enablement. Activities are delivered by	<ul style="list-style-type: none"> • No. of sessions delivered • Total no. of hours delivered • No. of beneficiaries enrolled • Returning beneficiaries footfall • Total hours of volunteering • Feedback from beneficiaries • Feedback from volunteers 		

			volunteers who wish to gain skills and experience in the care and support sector.			
Additional Social Workers	£171,795	RCT CBC	<u>Prevention</u> To meet additional demand for assessment and care management	<ul style="list-style-type: none"> No. of requests for assessment Community Assessments Hospital Assessments Total completed Outcome (e.g. return to community, care home placement) 	Providing additional capacity to core services to meet demand for assessment and care management	
	£51,538	MT CBC				
Health & Social Care Discharge Co-ordinators	£97,014	RCT CBC, MT CBC, Cwm Taf UHB	<u>Prevention & Integration</u> Providing a single point of contact for health and social care staff to support joined up services, providing fast access, effective treatment, respect for the patients' preferences and the involvement of patients and carers with regards to hospital discharge planning. Promoting independence, recovery and social inclusion.	<ul style="list-style-type: none"> No. of referrals received (total) No. of referrals received (by hospital site) No. of referrals requiring further information 		Previously referred to as the Complex Discharge Team
Care Home Support Team	£181,901	Cwm Taf UHB	<u>Prevention</u> Working with primary care and the nursing home sector to prevent admission to hospital by identifying those residents whose health needs are more acute and require additional interventions .	<ul style="list-style-type: none"> No. of new referrals received No. of face to face contacts No. of non face to face follow ups 		
Increased Capacity within Intermediate Care, Reablement Service and Initial Response	£420,391	RCT CBC	<u>Prevention</u> Increased capacity within the Intermediate Care service to provide short-term intervention and reablement.	<ul style="list-style-type: none"> Hours of frontline support provided No. of Lifeline/ Telecare installations made % of service users who leave the service being completely independent, requiring no further support from statutory services 	Providing additional capacity to core services to meet demand for care and support	
	£80,845	MT CBC				

				<ul style="list-style-type: none"> • % of service users who feel the service enabled them to remain living independently in their own home • % of people said they had achieved their goals 		
Early Supported Stroke Discharge Service	£249,002	Cwm Taf UHB	<u>Prevention</u> Improved rehabilitation and earlier hospital discharge for stroke patients	<ul style="list-style-type: none"> • No. of referrals accepted into the service • % of total stroke patients within the UHB accepted on the service • No. of advice sessions/ programme provided • Average hospital length of stay for patients accepted by the service (days) • Average length of stay for all stroke patients (days) • % of patients assessed within 24 hours of referral to the service • % of patients who had their home programme initiated within 24 hours 		
Extended Reablement for People with Dementia	£97,014	RCT CBC Cwm Taf UHB	<u>Prevention & Integration</u> Providing support to people with dementia to remain as independent as possible, where resources can be focused on dementia patients who previously weren't able to access a range of reablement and intermediate care.	<ul style="list-style-type: none"> • No. of referrals made to the memory project • Hours of frontline support provided • No. of Lifeline/ Telecare installations made • % of service users who felt the service enabled them to remain living independently in their own home • % of people said they had achieved their goals • No. of bed days saved 		

Stay Well @Home Service	£1,272,000	RCT CBC, MT CBC, Cwm Taf UHB	<u>Prevention & Integration</u> Preventing unnecessary hospital admissions by assessing people in A&E and commissioning/ providing health, social care and third sector community support to facilitate patients' timely return home. For those people who require admission to hospital, integrated complex discharge assessments will be undertaken to support them to return home/ to a community setting.	As this is a large and complex new service, robust sets of PIs have been developed as follows.  SW@H - Perf data 02-02-17.docx  Performance for RCT Support @home.docx  Performance Indicators @Home Se These will be presented in summary form in the quarterly evaluation returns.		The total cost of this service in 2017/18 is £1,830,268 and has therefore been split between the allocations for frail and older people and the prevention allocation for carers (as in 2016/17).
Total	£2,910,000					

PEOPLE WITH LEARNING DISABILITIES, CHILDREN WITH COMPLEX NEEDS AND CARERS

£1,580,056.45

LINKS TO THE CWM TAF POPULATION ASSESSMENT:

The schemes below have been assessed as addressing the care and support needs of people in Cwm Taf:

Learning Disabilities


- Helping people with learning disabilities to be more independent of public services.
- Providing specialist support to people with complex/ enduring needs
- Helping people to live the lives they want to - to have more independence, to be in control of their own lives and needs and to be a part of their community.

Children with Complex Needs

- Providing early intervention and support
- Providing support with self esteem, positive relationships and life skills
- Reducing Adverse Childhood Experiences (ACEs)
- Supporting children and young people to take control of their own lives and well-being, helping them to live their best possible lives
- Providing services which work with children in all parts of their lives, including their homes, families, schools and communities
- Providing support and assistance with meeting the challenges of parenting

<u>Carers (of all ages)</u>						
<ul style="list-style-type: none"> • Recognising that “one size does not fit all” for carers • Improving how we identify carers so we are better able to meet their needs • Providing the right information, advice and assistance, together with a range of services to help people carry out their caring role • Helping carers to have a ‘balanced’ life, where their own well-being is not affected negatively by their caring responsibilities and to help them to continue to connect with a life alongside their caring responsibilities • “What good looks like for carers is when we get it right for the person they are caring for.” 						
ICF Schemes 2017/18	Allocation in 2017/18	Lead Agency	Objectives	Anticipated Outcomes	Additional Funding Streams	Additional Information
Stay Well @Home Service	£558,268	See above	See above	See above		See above
Community Capacity Grant (CCG)	£60,000	VAMT, Interlink	<u>Prevention & Alternative Delivery Methods</u> Pump priming Third Sector projects aimed at combating loneliness and isolation, promoting health lifestyles and wellbeing, preventing unnecessary hospital admissions and supporting hospital discharge.	To be developed per project and summarised within the quarterly valuation returns.	UHB Funding Carers’ Grant	Bids have been invited. Successful bids to be confirmed in June/July 2017.
Learning Disability Joint Packages of Care	£961,788.45	Cwm Taf UHB, RCT CBC, MT CBC	<u>Prevention & Integration</u> Creation of a pooled budget for LD joint packages of care to improve case management and move on arrangements ensuring individuals’ needs are met in the right place at the right time.	<ul style="list-style-type: none"> • No. of joint packages of care supported • Other outcome measures will be developed and confirmed within a legal agreement 	The UHB and Local Authorities will top up the pooled budget to a maximum of £1.6m	
Total	£1,580,056.45					

INTEGRATED AUTISM SERVICE £367,000						
LINKS TO THE CWM TAF POPULATION ASSESSMENT: The schemes below have been assessed as addressing the care and support needs of people with Autism (of all ages) in Cwm Taf: <ul style="list-style-type: none"> • Improving access to care and support • Helping people to feel more in control of their lives • Providing integrated/ holistic care and support 						
ICF Schemes 2017/18	Allocation in 2017/18	Lead Agency	Objectives	Anticipated Outcomes	Additional Funding Streams	Additional Information
Integrated Autism Service (IAS)	£367,000	Cwm Taf UHB, RCT CBC, MT CBC	<u>Prevention & Integration</u> More effective partnership, multi agency working, integration and engagement to meet the needs of individuals with autism and their families / carers.	The service will be delivered in line with Welsh Government Guidance. Outcome measures will be confirmed in the Memorandum of Understanding which is currently under development.	This service will complement the recently established Neurodevelopmental Service.	Some slippage may be incurred in 2017/18 due to recruitment. This will be used to support the non-recurrent set up costs for the service.
Total	£367,000					





WELSH COMMUNITY CARE INFORMATICS SYSTEM (WCCIS) £158,005.65						
ICF Schemes 2017/18	Allocation in 2017/18	Lead Agency	Objectives	Anticipated Outcomes	Additional Funding Streams	Additional Information
A range of Regional proposals have been developed to support implementation and roll out of WCCIS (confirmation of proposals to follow)	£158,005.65	RCT CBC, MT CBC, Cwm Taf UHB	Ensuring we the Region has the capacity, skills and equipment in place to successfully implement and roll out WCCIS	<ul style="list-style-type: none"> • Support service delivery • Ensure continuity and delivery of performance reports • Provide a robust approach to end user training • Ensure successful data migration • Regional Delivery Plan 	Core capital and revenue funding	Please find breakdown attached:  Confirmed WCCIS Priorities.docx
Total	£158,005.65					

ICF CAPITAL SCHEMES

Capital bids were invited and considered against the following locally determined criteria (in line with the ICF Guidance):

- Improved outcomes for either:
 - Older people with complex needs or long term conditions (e.g. frailty or dementia)
 - People with learning disabilities (adults and/ or children)
 - Children with complex needs due to disability or illness
 - Carers (including young carers)
- Preventing hospital admission
- Supporting hospital discharge
- Preventing unnecessary long-term admission to residential care
- Facilitating collaboration/ integration between health & social care
- Supporting alternative delivery models
- Promoting and maximising independent living opportunities
- Addresses a care and support need identified in the Cwm Taf population needs assessment
- Identifies local accommodation solutions for individuals who are currently placed out of area
- Provides additionality
- Reduces demand on health and/or social care (e.g. invest to save)

Following approval by the Cwm Taf Transformation Leadership Group, the ICF capital bids to be submitted to the Capital Consortia for consideration are attached as the Annex D pro formas in the table below.

Organisation	Scheme	Amount Bid For	Bids
RCT CBC	Supported Housing at Crown Avenue	£300,000	 RCT ICF Bid - Annex D - Capital Proforma -
RCT CBC	Development of an extra care facility at the Maesyffynon site in Aberaman	£700,000	 RCT ICF Bid - Annex D - Capital Proforma -
Merthyr Tydfil CBC	Valleys LIFE Dementia Hub – Merthyr Tydfil	£146,000 (reduced from £196,000)	 ICF Update May 17 - MT Capital Bid- versio
Cwm Taf UHB	Valleys LIFE Dementia Hub – Ysbyty George Thomas	£500,000	 Cwm Taf ICF Bid - YGT - 31 May 2017. d1
Total		£1,646,000	

The capital schemes identified above are confirmed as being deliverable in 2017/18.

GOVERNANCE

Full details can be found in the Cwm Taf Region's ICF Written Agreement 2017-20, as agreed by the Cwm Taf Regional Social Services & Well-Being Partnership Board.

CONCLUSION

The Cwm Taf Health & Social Care Region is proud of the positive progress which was made through the utilisation of ICF monies in 2014/15, 2015/16 and 2016/17. This has laid strong foundations for the integration of health, social care and third sector services for older people in Cwm Taf, and more latterly for people with learning disabilities, children with complex needs and carers. All schemes have the intention of promoting independence & well-being, reducing crises and improving outcomes. We believe the opportunity presented by the continued allocation in 2017/18 will further enable the Cwm Taf Region to deliver transformational change across the priority areas and client groups specified in this Investment Plan.



VOLUNTARY ACTION
MERTHYR TYDFIL
GWEITHREDU GWIRFODDOL
MERTHYR TYDFUL



MERTHYR TYDFIL
County Borough Council
Cyngor Bwrdeistref Siroc
MERTHYR TYDFUL



Rhondda Cynon Taf



STRONG HERITAGE | STRONG FUTURE
RHONDDA CYNON TAF
TREFADAETH GADARN | DYFODOL SICR



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

Cwm Taf Social Services and Wellbeing Partnership Board

DRAFT

Market Position Statement for Care Home Services

Draft 2017

Draft

Market Position Statement for Care Home Services

1 Introduction

The Councils of Rhondda Cynon Taf and Merthyr Tydfil, together with Cwm Taf University Health Board are collaborating as the “Cwm Taf Health and Social Care Partnership”. We are committed to working closely together across a regional footprint to deliver sustainable improvements in services for our older population.

Together we have already published our Joint Commissioning Statement for Older People’s Services 2015-25¹. In this document, we identify a new approach to accommodation with care and support for older people which will have implications for current and prospective providers of care home services. This Market Position Statement (MPS) describes our strategic intentions and should form the basis for future dialogue and stronger partnership between commissioners and providers.

This MPS is aimed predominantly at care home providers; however its strategic approach and our future service model will have implications for a broader range of services and service providers. Also, whilst this document relates predominantly to the provision of care home services for older people, we currently experience shortages in the provision of local, accessible care home placements for younger adults.

2 What is a Market Position Statement?

We recognise that service providers have a fundamental contribution to make to the future direction of services and we are committed to working together through strong strategic partnerships. This MPS provides a foundation to this approach. It has been developed to be used by current and potential service providers so that we can:

- Share information and analysis of future population needs.
- Review the current ‘market’ of services.
- Describe our future approach to commissioning services.
- Identify the potential future shape of the market to enable providers to position themselves to meet future demands/needs.
- Describe how we as commissioners and providers can more effectively engage and support service providers to achieve a healthy and sustainable market.

¹<http://www.rctcbc.gov.uk/EN/Resident/AdultsandOlderPeople/JointCommissioningStatementforOlderPeoplesServices201525.aspx>

3 Why do we need a Market Position Statement?

We are facing a period of great change and need to do things differently. New legislation means we have to rethink our approach to supporting individuals in communities. We know our population is changing too and expect to be commissioning different care and support services for older people in our region during the next 15 years. This will have implications for care homes.

3.1 National Legislation and Policy

The ***Social Services and Wellbeing (Wales) Act (2014)***² came into force in April 2016. It reforms and integrates social services law and emphasises improving wellbeing outcomes for people who need care and support, including carers. It introduces a common set of processes to ensure people receive the right support at the right time, strengthens collaboration and the integration of services, and provides for an increased focus on prevention and early intervention. The Act is based on the following principles:

- **Voice and control** - putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.
- **Prevention and early intervention** – increasing preventative services within the community to reduce the need for on-going managed care.
- **Wellbeing** - supporting people to achieve their own well-being and measuring the success of care and support.
- **Co-production** - encouraging individuals to become more involved in the design and delivery of services.

The Welsh Government Guidance, “**A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs**” (2014)³ defines in more detail the expectations of Welsh Government for older citizens. It calls for, and we commit to, delivering “a truly integrated system” which displays three key characteristics:

- “Services should be co-designed with the people who use them.
- Services are consciously planned, refocusing activities on those people receiving care and removing barriers to integrated working.
- Services should be developed in partnership with all of our key partners including different sections of our own Local Authorities, health, housing, communities and the third and independent sectors.”

The ***Regulation and Inspection of Social Care (Wales) Act***⁴ received Royal Assent on 18 January 2016. It places service quality and improvement at the heart of the regulatory regime and strengthens protection for those who need it. Regulation will move beyond compliance with minimum standards, and focus more on the

² <http://www.legislation.gov.uk/anaw/2014/4/contents>

³ <http://gov.wales/docs/dhss/publications/140319integrationen.pdf>

⁴ <http://www.legislation.gov.uk/anaw/2016/2/contents/enacted>

quality of services and the impact which they have on people receiving them. The Act:

- establishes a regulatory regime which is consistent with the changes which are being delivered by the Social Services and Well-being Act 2014
- contributes to more effective public services by creating a regulatory regime which enables and empowers both citizens and service professionals
- provides a robust and meaningful response to the clear lessons which have been learnt from the exposure of failures in the system - most recently the Flynn Review
- renames the Care Council for Wales as Social Care Wales with a broadened remit from April 2017

In her report "***A Place to Call Home?***"⁵, the Older People's Commissioner for Wales lays out the key components of a good quality of life for older people living in care homes in Wales. Following a review against these standards, she draws seven key conclusions:

1. *"Too many older people living in care homes quickly become institutionalised. Their personal identity and individuality rapidly diminishes and they have a lack of choice and control over their lives.*
2. *Too often, care homes are seen as places of irreversible decline and too many older people are unable to access specialist services and support that would help them to have the best quality of life.*
3. *The emotional frailty and emotional needs of older people living in care homes are not fully understood or recognised by the system and emotional neglect is not recognised as a form of abuse.*
4. *Some of the most basic health care needs of older people living in care homes are not properly recognised or responded to.*
5. *The vital importance of the role and contribution of the care home workforce is not sufficiently recognised. There is insufficient investment in the sector and a lack of support for the care home workforce.*
6. *Commissioning, inspection and regulation systems are inconsistent, lack integration, openness and transparency, and do not formally recognise the importance of quality of life.*
7. *A current lack of forward planning means that the needs of older people in care homes will not be met in the future."*

We expect that a response to these conclusions should form a shared agenda for commissioners and providers alike.

⁵ http://www.olderpeoplewales.com/Libraries/Uploads/A_Place_to_Call_Home_-_A_Review_into_the_Quality_of_Life_and_Care_of_Older_People_living_in_Care_Homes_in_Wales.sflb.ashx

3.2 Population

The ***Cwm Taf Population Assessment***⁶ was published in March 2017. This provides a detailed analysis of the future needs of our population. To inform this MPS, we have considered this document alongside Daffodil⁷ population projections. This demand analysis is shown at Appendix 1. Its key points are as follows:

- The population of people aged 65 and over is expected to grow by 30.4% by 2025, far above the overall growth rate of 2.7% for the population aged 18 and over. This may have implications both for the number of people requiring care in some form and for the number of people in the workforce available to fill social care jobs.
- The population aged 80 and over is forecast to grow by 71.3%. This older group is likely to need more health and social care and support than younger age groups.
- The population aged over 75 with dementia is forecast to grow by 61% to 4,676. Demand for dementia care continues to increase across the UK and the need for specialised care and support for people with this condition will place increasing pressure on the health and social care system.
- The Cwm Taf area is the most deprived in Wales. This has consequences for council income and the number of self-funders in care homes able to contribute to overall funding of the system. There is also likely to be an impact on levels of ill-health, which may result in higher demand for health and social care services.
- 44.5% of people in Cwm Taf aged 75 and over live alone. Within this group, those falling ill will be likely to need support in the absence of a partner or or some other individual providing care. It may be anticipated that an increasing number of people within this group will require residential, nursing or other forms of care as they get older.

3.3 Doing Things Differently

Continuing with current models of service is not an option. There are considerable challenges that, if not managed creatively, will see resources increasingly targeted at those in greatest need. Restricting the number of people receiving support to those with the highest needs may result in a short term reduction in demand. However, without adequate preventative strategies, we will not secure the sustainability that can deliver long term financial and workforce capacity, to guarantee better outcomes for people.

A whole system approach is required where we as commissioners work together with private and third sector partners, to identify risk and take action before or at times of crisis, so that people can regain independence.

⁶ <http://www.ourcwmtaf.wales/SharedFiles/Download.aspx?pageid=179&mid=436&fileid=15>

⁷ <http://www.daffodilcymru.org.uk/>

Key Points:

- We expect an increase in our population of people over the age of 85 years of over 70% in the next 10 years.
- Underpinned by recent legislation, we expect to see a culture change in care and support services, where individuals are no longer regarded as passive recipients but active participants
- We expect care home providers to be guided by the principles of voice and control, prevention and early intervention, wellbeing and co-production.

4 Our Shared Service Model

We have worked together to develop a shared service model which will underpin a consistent approach to commissioning across the region.

4.1 Our Vision

Together, we have adopted a common vision for integrated health and social care services for older people: “Supporting people to live independent, healthy and fulfilled lives”. This will be achieved by providing health and social care services that are:

- Integrated, joined up and seamless.
- Focused on prevention, self-management and reablement.
- Responsive and locally delivered in the right place, at the right time and by the right person.
- Safe, sustainable and cost effective.

And which will:

- Promote healthy lifestyles and prevent ill health.
- Promote independence and protect the vulnerable.
- Improve services and joint working.

4.2 Outcomes

We need to be sure that we focus our attention on making a difference. We need to be able to see that the support that we offer has improved the health and wellbeing of our citizens. For that reason we need to be clear what “outcomes” we are seeking through this joint commissioning statement:

- Older people live longer, healthier and happier lives.
- Older people live life to the full and are enabled to maintain their independence for as long as possible.
- Older people who become ill, frail or vulnerable receive the care and support they need at the right time in the right place.

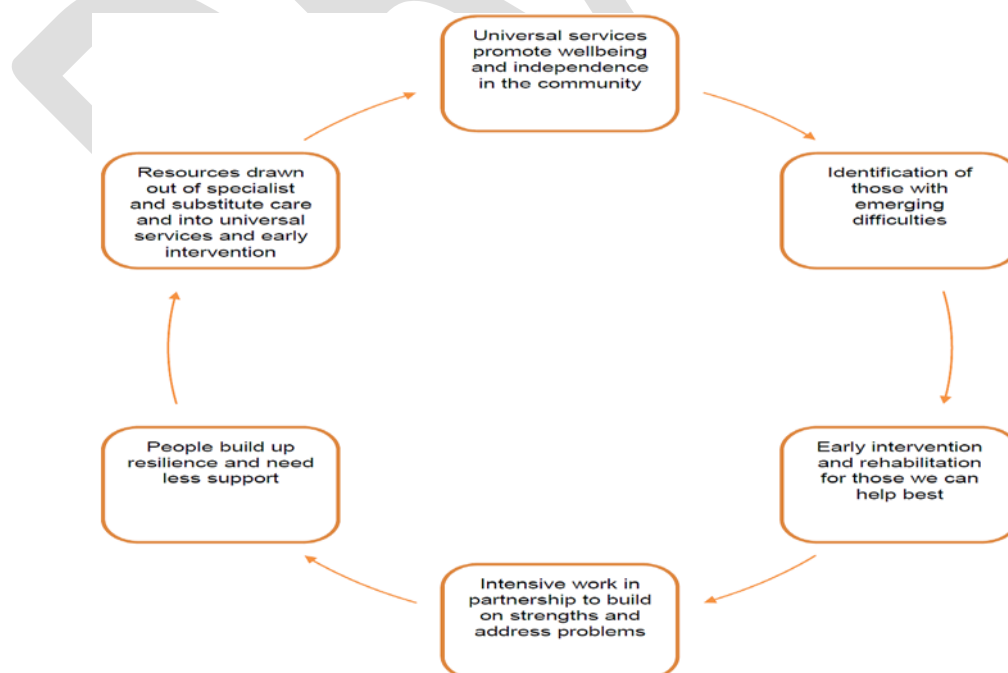
- All individuals and communities recognise the need to take more responsibility for their own health and wellbeing and are supported to do this.
- That people are treated with dignity and respect and treat others the same
- That People are heard and listened to.
- That People know and understand what care, support and opportunities are available and use these to help them achieve their well-being
- That people get the right care and support, as early as possible.

4.3 Our Approach

Our role is to complement family, social and community networks. We want to support people to continue to live fulfilled lives as they grow older, and when they need it, to help them tackle life problems (e.g. ill-health, bereavement, becoming socially isolated). This is important not only for the individuals concerned, but for the resilience, wellbeing and development of our communities as a whole. It is our intention to better support older people who have become isolated to reconnect with their communities.

To do this we need to make the right services available at the right time, and ensure that they are efficient and well co-ordinated. By doing so we can support people as soon as they need it, help them to remain happily within their family and community, and for some, avoid expensive and disruptive specialist and substitute care. By doing this successfully over time we can also take some resources out of specialist and substitute care and into better community and universal services. Our service model is illustrated below:

Figure 1: Cwm Taf Health and Social Care Partnership: Service Model



Key Points:

- Our service model will:
 - Intervene earlier and more quickly, averting the need for long term care
 - promote independence for people in their own homes
- Older people may continue to choose to live in a care home, but the needs of these people are liable to become more complex
- Care homes will continue to be an important component in our “whole system” of care and support.

5 Market Analysis

A detailed analysis of the care home market has been undertaken by the Institute of Public Care at Oxford Brookes University (IPC) (Appendix 2). It supports a shared understanding of the current market within the region, its sustainability and capacity to meet future need. It will underpin the strategic commissioning priorities outlined in the MPS. Key points from the Market Analysis are:

5.1 Capacity

- The number of General Nursing beds in Merthyr Tydfil has decreased significantly during the five year period.
- The number of General Nursing EMI beds available in Rhondda Cynon Taf reduced significantly between 2015 and 2016.
- Unless we are able to manage the demand for care home beds, the forthcoming increase in the number of older people over the next 15 years will require an unsustainable level of capacity and resource.

5.2 Responding to Demand

- The market in Merthyr Tydfil currently appears to be less able to respond to the need for care home beds than in Rhondda Cynon Taf.
- Particular pressures across the region appear to be in the provision of general and EMI nursing home placements and EMI residential placements.

5.3 Quality and Sustainability

- Where commissioners have had concerns about care homes, common themes include:
 - A lack of strong leadership
 - Inconsistent management
 - Poor care planning
 - Insufficient and poor staffing
 - Problems with recruiting qualified nurses
- Average occupancy of care homes in Rhondda Cynon Taf is in excess of 90%.

5.4 Resources

- In 2015-16, nearly £53.2m was spent by local authorities and the health board across the Cwm Taf Region.
- Including NHS funded nursing care, Cwm Taf University Health Board Invests over £21.2m in the care home sector
- The local authorities of Rhondda Cynon Taf and Merthyr Tydfil have spent:
 - Over £34.6m in the care home sector as a whole
 - Over £12.3m in residential care provision
 - Over £10.5m on EMI residential care provision
 - Over £9.7m on placements in registered nursing homes
 - Over £1.7m on placements in EMI nursing home placements
- Across the region, **and if no alternative models of care are put in place** to manage the demand for care home beds, it is estimated that, by 2030, the total annual resource required to meet the need of the growing older population will need to increase by over £35m to nearly £87m

Key Points:

- The care home market is not currently able to meet demand effectively , in particular for nursing and dementia care beds.
- Recruitment and retention, in particular for registered nurses is a shared challenge with the NHS across the Region
- Based on current projections of our older population and within our existing outdated service model, we would need to commission up to 1,000 additional beds across the Region by 2030
- In the context of a new and modernised service model, we **do not expect the care home sector to grow significantly over the next 10 years**, although we want to ensure that we can meet more complex needs for nursing and dementia care in different environments including high quality facilities.

6 Market Survey: What Care Home Providers Have Told Us

To inform this MPS, IPC has undertaken a web-based survey of care home providers across the Region. Emails were sent to 63 known providers. There were 26 responses, which represents a response rate of over 40%, a very good rate for such surveys. A full report is provided at Appendix 3. The responses may not necessarily represent the diversity of views across the market, nevertheless, the following themes were highlighted:

- The provision of reasonable fees continues to be a key issue for providers, especially at a time when their reported costs are increasing significantly.
- Recruitment and retention, especially of nursing staff, is a key challenge.
- Individuals are being referred to care homes (perhaps especially residential establishments) with increasing levels of complexity and dependency. This is challenging providers to meet these needs within existing fee levels.

- The relationship between providers and commissioners was generally regarded by respondents as positive.
- Respondents identified the potential for improved strategic engagement between commissioners and providers.
- A significant proportion of providers identified some appetite to change and develop to meet local strategic requirements.
- There is an opportunity for improved collaboration between health and social care commissioners.
- Existing communication and partnership mechanisms should be maintained and enhanced.

In addition to the survey, commissioners arranged a half day workshop on 9th May, to introduce the MPS, present a summary of the Market Analysis and discuss further the key themes from our survey. Whilst the event was attended by representatives from only six providers, we felt able to confirm the above themes and further noted:

- Those providers in attendance were committed to improving trust and partnership with commissioners.
- A Regional Provider Forum was regarded as the best mechanism to promote this.
- The terms of reference for this regional forum should be co-produced with provider representatives.
- The provider forum should develop an annual Action Plan.
- Trust would be improved if the forum were to be chaired by senior commissioner representatives from both local authorities and the Health Board.

Key Points:

- We will pursue our strategic intentions based on an assumption that care home providers will, like us, seek to develop positive strategic partnerships.
- This strategic partnership will be conducted via a redesigned and developed Regional Care Home Forum with senior commissioner presence

7 Residents' Survey: What Care Home Residents Have Told Us

To inform this MPS, IPC has undertaken a series of interviews with residents in care homes across the Region to gauge their levels of satisfaction with their care and to seek any lessons for future consideration. The subject areas discussed took their lead from the 2014 report of the Older People's Commissioner for Wales, 'A Place to Call Home'. All of the people spoken to were positive, including being complimentary about the care staff that worked with them.

"When you come to a place like this you're always comparing it to home. It will always be second best"

Only one of the people spoken to commented that they felt 'at home', but most were very positive about their lifestyles. There were some concerns expressed about a

lack of activities to fill the days but participants also acknowledged their more limited options for activities. All spoke positively about their environment, their rooms and their care.

Key Points:

- Generally care home residents appreciate the quality of the care and environment provided in care homes
- We will expect providers to work with us to “raise the bar” in terms of the quality of life future care home residents can expect as required in the Older People’s Commissioner’s report “A Place to Call Home?”

8 Our Future Commissioning Intentions

In the context of the Joint Commissioning Statement for Older People’s Services that we have already published, and having carefully considered the additional analysis undertaken to inform this MPS, we have the following commissioning intentions with regard to Care Home Services across the Cwm Taf Region:

8.1 Overall Strategic Approach

The Cwm Taf Health and Social Care Partnership emphasise prevention, early intervention and the promotion of independence. We want to reduce the demand for long term managed care including care home placements.

We will place more emphasis on meeting people’s needs in modern Extra Care Housing facilities and we expect that this will reduce the demand for placements in residential care homes significantly.

We recognise that individuals may still choose to move to a residential care home.

We aim to support older people with dementia in Extra Care Housing, but note that they and their families may choose a care home environment.

Where appropriate, we will meet older people’s nursing care needs in the community (including in extra care facilities). However, we expect there will continue to be a significant need for places in nursing homes including (and especially) for people with dementia and other mental health problems.

Generally, we will continue to regard care homes as an important part of the range of services that are available to people and communities.

8.2 Key Messages for Care Home Providers

8.2.1 Capacity

- We expect to commission significantly fewer residential care home placements over the next 15 years.
- We anticipate that developments in community based healthcare services will result in fewer people requiring nursing home care.

- Initially, and until Extra Care models are fully developed, we want to consolidate through our commissioning arrangements, more consistent provision of high quality dementia care and nursing care in care homes.
- We would like to work with providers to develop flexible models of short term care in care homes to support, for example:
 - Discharge from hospital
 - Assessment
 - Appropriate reablement interventions
- We currently experience shortages in the provision of local, accessible care home placements in the following categories:
 - Younger adults with complex disabilities including brain injuries
 - Adults with a learning disability (especially older people)
 - People under the age of 65 with dementia.
- We want to strengthen or provision of reliable and accessible respite care in care homes. We will consider issuing block contracts for these. (However this will always be predicated in quality and service delivery.)
- Generally we want to make sure we make best use of capacity that is available.

8.2.2 Business development and Support

- We will work with existing providers who wish to adapt their business to meet our future commissioning needs.
- Our Councils' business support services will be available to service providers who wish to plan for changes in their business to support those businesses to identify the advice, assistance and development support they need and how to access it.
- We will work closely with any provider who wishes to close a care home and plan to ensure continuity of care for all residents.
- We expect to engage as early as possible with providers seeking to develop new capacity to ensure that it meets local need.

8.2.3 Quality

- We will develop our approach to quality of care and environment in care homes to focus much more clearly on outcomes for individuals and quality of life.
- Based on this, we will expect care home providers to work with us to evolve and demonstrate that people in our area can live fulfilled lives in high quality care homes.
- We will work with care home providers to co-produce new quality frameworks and toolkits to support this approach.
- We will offer training and support in the use of these.
- Once new quality frameworks are in place, we will only contract with care homes that are committed to, and can deliver this level of quality of life for its residents.

8.2.4 Workforce Development

- Our Social Care Workforce Development Plan will continue to be the means by which we ensure a high quality social care workforce.
- It will be a contractual requirement that care home providers comply with all specified training.
- We will develop training in leadership and management for care home managers.
- We will work with providers to develop new collaborative approaches to recruitment especially with regard to registered nurses.
- We will collaborate with providers to raise the profile of careers in care homes and to develop the labour market.

8.2.5 Fees

- In the context of our commissioning intentions described above, we will work with service providers towards a sustainable and high quality range of service provision.
- We will continue to work and negotiate care home fees with service providers with due regard to an agreed model of costs for care.

8.2.6 Partnership

- We will develop a regional care home provider forum.
- We will co-produce the Terms of Reference for this forum with service provider representatives.
- We will regard this forum as the vehicle for ensuring a collaborative approach to the strategic requirements described above.
- Together with service providers we will publish an annual work plan for the provider forum.
- We will work with providers to build trust, confidence and transparency.
- We will expect from providers a commitment to attend provider forum meetings.

9 Summary and Conclusion

We have worked together to produce this MPS for Care Home Services. We know that we need to take a different approach to the way care and support is made available to the growing number of older people in our communities. This will have very significant implication for the future role of care homes. Although change is necessary, emphasising independence in communities and alternative models of accommodation with support, we will continue to regard care homes as an important part of the range of services that are available to people and communities.

We want to make a step change in our relationships with providers, promoting an environment of positive partnership. We believe the shared aspiration that will bind

this partnership is pursuit of improving quality of life for those members of our communities that will continue to choose to live in care homes.


DRAFT



Cwm Taf Social Services and Wellbeing Partnership Board

The Cwm Taf Joint Statement of Strategic Intent for Children, Young People and Adults with Learning Disabilities (including autism and complex needs) and their families

**Analysis of Stakeholder Engagement Report
September 2017**

Contents		Page
1.	Introduction	3
2.	What did we do?	4
3.	Focus group Findings	7
4.	Service User Group Findings	8
	Findings from the online suggestion box	9
6.	Conclusion	10
	Information and Questionnaire used  LD survey doc.pdf	

1. Introduction

The Cwm Taf Social Services and Wellbeing Partnership are working together to look at the way they provide health and social care services to people with a learning disability of all ages and those with complex needs and/or autism and their families.

Our joint vision is that people with a learning disability will be able to access modern services that promote their independence, reduce reliance on long term services and emphasize choice and control.

That children, young people and adults with a learning disability (that includes autism and complex needs) will be able to access efficient and effective services that enable person centred outcomes and minimise escalation of need and risk through the promotion of early intervention, prevention, greater independence and access to opportunities.

Our strategy for learning disability services is focused on the following key messages:

- Maximising the use of universal services
- Increased early intervention, prevention, information, advice and assistance
- Building community support and developing people's independence
- Sustaining people in their own homes
- Enabling people to live full lives and achieve their potential
- Keeping people safe
- Making best use of our resources

This work is set within the context of the Social Services and Wellbeing (Wales) Act 2014 and it outlines the strategic approach to the commissioning of learning disability services by partners across Cwm Taf.

The statement encompasses individuals with learning disabilities of all ages and those with complex needs and/or autism and their families. Individuals with learning disabilities are those who have:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with:
- A reduced ability to cope independently (impaired social functioning)
- Which started before adulthood with a lasting effect on development

2. What did we do?

- 2.1 The initial draft statement of strategic intent for Children, Young People and Adults with Learning Disabilities (including autism and complex needs) and their families (referred from now on as the Statement) was developed in response to what service users, carers and other stakeholders had told us previously and with reference to good practice and research from elsewhere.

The engagement activity we have undertaken during 2017 was intended to make sure that we have correctly addressed the things that you told us and that the Statement is focussed on what matters

- 2.1 Over a 16 week period, between the 11th of May and the 31st of August a number of staff briefings, stakeholder focus groups and service user conversations have been undertaken across the region.

The Focus groups

Focus Group	Participants
Parent Carers	8 participants
Council Staff outside Social Services	11 participants: libraries, leisure, adult education, customer services, community wellbeing, contact centre, youth engagement & participation, housing, integrated transport unit.
Adult Health	8 participants: therapies & health sciences, mental health, learning disability, primary care, OT, carers co-ordinator, nutrition & dietetics, substance misuse, patient care & safety, district nursing.
Children's Health	14 participants: OT, SALT, physio, dietician, neurodevelopment team, nursing, paediatrician, commissioning, psychiatrist, early years, planning, engagement & participation.
LD Community Groups	9 participants: Touch Trust, RCT, Mencap, Arts Factory, Autism for Children, Dewis, Viva
Wider Community Groups	7 participants

Each focus group lasted two hours and followed a similar procedure. Participants were asked to introduce themselves by stating who they were, what their role was and what that meant they were responsible for. The facilitator then spent ten minutes setting the context around the Social Services Well-being Act (SSWB Act) and the Cwm Taf Statement of Intent for Learning Disabilities. Each focus group was then asked the same set of questions:

- What impact has the SSWB Act had so far?

- Is there anything in the Statement of Intent that stands out to you?
- What things would you like to do differently?
- What impact would it have?
- What would it take to be able to do it differently?
- How would you like us to take the engagement forward?
- Who else could help us?
- Any other resources that could help us?

The discussions were allowed to flow naturally and the facilitator didn't move onto the next question until the discussion naturally paused. The focus groups were recorded, transcribed and the data analysed using Nvivo.

Stakeholder Briefing

At the start of the engagement process officers from across the Partnership created a comprehensive stakeholder map (available on request) to ensure that all briefing materials could be widely distributed and operational staff updated and involved

To support effective service user engagement a focus group was facilitated on the 19th of May. This session was arranged for staff (from across the service) and the self advocacy group (Peoples First) to consider how best they could engage with and gather the views of the wide range of people with learning disabilities with differing levels of need and communication skills. The outcome of this session was to ensure effective conversations with service users about the plan and its content

Meetings with service users (Peoples First)

Peoples first facilitated conversations with service users about the Statement of intent in a series of meetings during July

These sessions were very well attended and utilised the 'easy read' document produced to support the engagement process

Service user participation at these meetings were as follows

Merthyr	18
Rhondda	8
Taf Ely	10

Online suggestion box

To further capture people's views and reflections, an online suggestion box was created on the Cwm Taf Hub.

Officers from across the partnership publicised this online facility within their service areas, with stakeholders, service users and carers. This facility was also publicised through the stakeholder briefings and focus groups

Participants that recorded their views in the online suggestion box were as follows :

A person with a learning disability	1
A carer for someone with a learning disability	14
A professional working with people with learning disabilities	35
other	7
Total	57

ABMU Mental Health and Learning Disabilities Commissioning Board

Abertawe Bro Morgannwg UHB is the provider of specialist LD health services for our population in Cwm Taf

Officers presented the Statement of Intent to their Mental Health and Learning Disabilities Commissioning Board on the 10 August 2017 where it was agreed and given their support

3. Focus Group Findings

The findings are grouped under three themes (Universal, Universal Plus, and Early Intervention) that reflect the model for commissioning an ordinary life described in the statement of intent.

These findings are a summary of the key issues raised; a more detailed illustration of the discussion is available on request

Universal

- There is a direct correlation between families having a bad experience of universal services not coping with their family member with learning disabilities and the conclusion that the only solution therefore is a specialist service.
- There is a lack of community infrastructure
- There is a need for social prescribing
- There is a need to empower people with learning disabilities and their families
- There is a need to increase community presence and contribution so as to reduce stigma
- There is a need to support and empower staff working in universal services
- Community environments need to be more accessible.

Universal Plus

- Participants consistently stated that universal plus does not currently exist and is again the reason that people jump to the conclusion that the ONLY solution is a specialist service.

Early Intervention

- Issues around early intervention consistently centred around challenging behaviour and the lack of access families have to support that helps them to manage and reduce such behaviours.

Meetings with service users (Peoples First)

These findings are a summary of meetings with service users, facilitated by Peoples First. The findings below reflect the structure of each meeting and identify the key themes recorded in the minutes. A more detailed record of each meeting is available on request

When asked if the statement of intent addressed the important things for them they noted particularly that it did not address:

- Transport as they felt particularly that transport was key to supporting access to the things they want to do
- Access to places to support people with learning disabilities feel more part of the community and help them be more independent

The things they identified as 'what matters' to them were (in summary):

- Healthy eating,
- Keeping fit and able to exercise (walking, swimming, dancing, going to the Gym, shopping, football, badminton, bowling, Zumba),
- Access to IT and communicating online with friends
- Being with partners, friends and family and socialising, going places with them
- Living with family,
- Learning and maintaining new skills Gardening, Arts and Crafts
- Working /having a job
- Having access to good local doctors and being confident to tell the doctor how you feel and having them listen to you
- Being Active
- Being happy
- Health and well being of family
- Having a break and a holiday

It was noted in particular during these meetings that communication with service users needs to be prioritised with regards to any changes to services and that they are concerned to ensure that they are fully engaged in any change to service delivery in the future

Online suggestion Box findings

These findings are a summary of the responses recorded in the online questionnaire which was live from May to August 2017. A more detailed record of the online response is available on request

Of those who participated 90% recorded that they felt the statement of intent recorded the most important things for them

For those who didn't agree their comments referred primarily to the fact the document was written at a high level and lacked the detail of how it would be applied in practice

In addition there was specific reference to the fact the draft document does not refer to the Additional Learning Needs and Education Tribunal (Wales) Bill 2016 and its implications

When invited to provide further comment about the statement of intent and its content these included

- Support for the development of universal services
- Concern with regards to financial resources to manage both low level support and specialist care
- An emphasis on requests to improve communication both in terms of engagement and in relation to service delivery

When asked what they felt mattered the most to people with learning Disabilities the respondents identified the

- Having the right care and support when they need it
- Being independent
- Being with friends and family
- Being cared about
- Being able to take part in what's going on in the community
- Being active and involved in new things
- Having a safe and comfortable home
- Being able to learn new skills
- The health and wellbeing of their carer/parent
- Having good advice and support to keep themselves healthy
- Being treated as a respected individual

Feedback from Education

People working locally in our Education Services have noted that the figures quoted in table 1 of the Statement of Intent do not reflect their experience.

For example, the number of young people in RCT that have needed a statement saying that they have a Special Educational Need has grown by 46% since 2012 (from 564 to 823 pupils in 2016).

This discrepancy between actual growth in education and predicted growth in health and social care could be as a result of variations in reporting criteria but more work is required to examine the data to improve confidence in its reliability for future service planning across all services

The initial draft of the SOI did not refer to the Additional Learning Needs and Education Tribunal (Wales) Bill 2016. (Introduced in December 2016)

This significant piece of Welsh Legislation has currently progressed to Stage three of the Welsh Assembly process and is set to become Law early next year (with an implementation date to be determined). It is anticipated that the implications of the Bill will be significant for Local Authorities and joint planning between Health, Social Care and Education will be required to co-ordinate its implementation, the extent of this task will become clearer as the Bill progresses and its Regulations, Codes of Practice are formally agreed

Conclusion

Generally the Statement of Intent has received widespread support particularly the service model for commissioning an ordinary life.

We have heard that access to universal and community services and activities is currently a challenge for people with learning disabilities, and service users in particular identified the practical difficulties they face whilst trying to live an ordinary life in the community.

We have noted that we need to continue to look at what matters to people with learning disabilities and their families and to engage them effectively in the design of the service going forward. This is because our understanding of accessibility to both universal services and community services has to be informed by the experiences of those who are trying to access them to ensure the key challenges they face are addressed

The Statement of Intent is intended as a strategic statement for partners to use as a framework for further commissioning and development but the nature of this high level document was frustrating for some who are anxious to understand how planned change will affect them directly

A strong message from all participants was the need to communicate more effectively with people and to engage them in any change and development of the service

To that end the Regional Steering group that involves representation from both Merthyr and RCT Local Authorities, Cwm Taf University Health Board, People First and third sector community groups will be responsible to ensure effective engagement and communication activities with service users, carers parents, staff and other stakeholders during the next steps are prioritised

Prior to embarking on the more detailed work to implement the model and to conclude the work on the actual statement itself we will amend the draft document to incorporate the Additional Learning Needs and Education Tribunal (Wales) Bill 2016 and its implications. It is noted that as this Bill progresses its requirements will necessitate closer working between Health, Social Care and Education particularly with regards to planning transition

It is acknowledged that there is a discrepancy between the figures published in table 1 of this Statement of Intent and the experience of actual demand in Education Services. Further work has already been identified as required to establish a more robust register of people with a learning disability in Cwm Taf and it is noted that this planned work should include colleagues from Education so that projected data in the future can be reported with greater confidence and transparency

For further information and access to more detailed reports please contact

Sian Nowell
Head of transformation - Cwm Taf Region

Heddfan, Ilan avenue
Rhydfelen, Pontypridd
CF37 5PN

Tel: 01443 668827
email:sian.nowell@rctcbc.gov.uk



Cwm Taf Social Services and Wellbeing Partnership Board

Cwm Taf Statement of Strategic Intent

Children, Young People, Adults with Learning Disabilities (that includes autism and complex needs) and their families.

2017

Children, Young People, Adults with Learning Disabilities (including autism and complex needs) and their families.

1	Contents.....	2
2	Introduction.....	3
3	Key National and Local Messages	4
4	Strategic Direction	5
5	Pathway.....	7
6	Demand Profile: What can we predict about the learning disability population across Cwm Taf?.....	15
7	Service Utilisation.....	19
8	Resources: Meeting future demand and delivering financial sustainability.....	19
9	Regional Operating Model.....	21
10	Market Shaping: Universal Services	22
11	Market Shaping: Universal Plus.....	22
12	Market Shaping: Early Intervention.....	24
13	Market Shaping: Intensive intervention.....	24
14	Market Shaping: Specialist Intervention.....	26
15	Messages for Providers	27

Introduction

This Joint Statement of Strategic Intent is set within the context of the Social Services and Wellbeing (Wales) Act 2014 and it outlines the strategic approach to the commissioning of learning disability services by partners across Cwm Taf. Strategic commissioning is about analysing and prioritising needs in our communities and designing and delivering services that target our resources in the most effective way. A shift in local demographics, the new policy landscape and the changing expectations and needs of individuals with learning disabilities and their families necessitates an updated analysis of needs and a modernising of services.

This statement encompasses individuals with learning disabilities of all ages and those with complex needs and/or autism and their families. Individuals with learning disabilities are those who have:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with:
- A reduced ability to cope independently (impaired social functioning)
- Which started before adulthood with a lasting effect on development

The degree of these difficulties varies considerably from mild to severe and each individual is different and therefore the range of support required varies from minimal to extensive. While some people with mild learning disabilities may have few significant problems, those with severe learning disabilities may have a variety of interconnecting needs that impact greatly on all aspects of their lives. People with a learning disability will often experience other difficulties. Autism itself, for example, is not a learning disability but around half of people with autism will also have a learning disability. For some people it is not the degree of learning disability that determines the level of support they need but the presence of some other significant factor, e.g. mental illness, offending behaviour or autism.

This statement summarises an agreed analysis of need, and describes a shared vision of strategic direction for service development for the future. The strategic approach described takes a whole systems perspective. This document underpins the individual agency implementation and action plans.

“We have to do different things, not the same things differently”

**(Gwenda Thomas,
Deputy Minister for
Social Services:
January 2014)**

Currently, too many people are in receipt of traditional residential and day centre style services. Too few people are supported to continue to live in their local communities. Not enough people access education and employment services. There are still too few children and adults accessing flexible support via direct payments.

Key National and Local Messages

The Social Services and Wellbeing (Wales) Act 2014 that came into force in April 2016 also brings with it an emphasis on wellbeing. Key principles embedded within the Act include:

- Ensuring adults and children who need care and support and carers (including young carers) have a voice, more control over their lives and are at the heart of decision making
- Working in partnership, including the integration of services across health and social care with a focus on the delivery of preventative approaches, based on building strengths and promoting independence with the right level of care and support
- The provision of appropriate advice, information and assistance, strengths based and person centred assessment inclusive of young people and carers

The Cwm Taf Social Services and Wellbeing Partnership Board have committed to a range of strategic intentions across the region in line with the implementation of the Social Services and Wellbeing (Wales) Act 2014. Specific to learning disabilities is the commitment to developing new models for delivering care and support.

The Cwm Taf University Health Board Quality Strategy 2014-2017 has identified the need for effective care and improving health outcomes for people with a learning disability accessing general hospital care, including the implementation of the 1,000 Lives guidance for improving the care of patients with a learning disability.

A fundamental principle for limiting the use of institutional (including hospital) settings is key to improving the life outcomes of people. Such settings remove individuals from their families and community thus reducing their voice and increasing isolation. They provide significant environmental challenges for the individual potentially resulting in distress and associated behaviours and institutionalised workforce cultures that can escalate to instances of abuse. The 'Forward Together Strategic Framework for South Wales Learning Disability Collaborative (Adult Services)' (2013) promotes the use of mainstream services through reasonable adjustments. The Mansell Report (2007) states that this approach not only improves the quality of life of individuals but also provides cost benefits, which in this time of austerity is important.

In considering the specific needs of children, young people and adults with a learning disability (including autism) and behaviours that challenge, it is recognised that every effort should be taken to provide a person centred approach that provides services around the individual within a community setting. The Children Commissioner (England) 2015 undertook a study of the impact of young people placed in 52 week residential placements which identified a detachment from their families and local community. This often results in dependency on the unit and the staff, and an increased cost to commissioners.

ALN Transformation Programme (Additional Learning Needs and Education Tribunal (Wales) Bill 2016) seeks to transform the separate systems for additional learning needs in schools and learning difficulties and/or learning disabilities in further education, with the vision to create a more joined up systems approach for learning ages 0 – 25 with ALN. In which it proposes that the term ‘additional learning needs’ replaces that of those people with special educational needs and learning difficulties and/or learning disabilities.

The expectations of Welsh Government are that learners with ALN will, overcome existing barriers to learning to achieve their full potential, improve the planning and support to learners with ALN, placing their needs, wishes, views and feelings at the heart of the process. It also identifies the importance of identifying needs early in order to put into place timely and effective interventions to deliver an identified outcome.

Strategic Direction

Cwm Taf’s strategy for learning disability services is focused on the following key messages:

- Maximizing the use of universal services
- Increased early intervention, prevention, information, advice and assistance
- Building community support and developing people’s independence
- Sustaining people in their own homes
- Enabling people to live full lives and achieve their potential

Evidence Base

The Statement of Strategic Intent is based on our analysis of intelligence gathered from a wide range of sources:

Predictive Intelligence

We use demographic analysis of the region’s current and future population, applying prevalence and performance data to help forecast need.

System, Community and Personal Intelligence

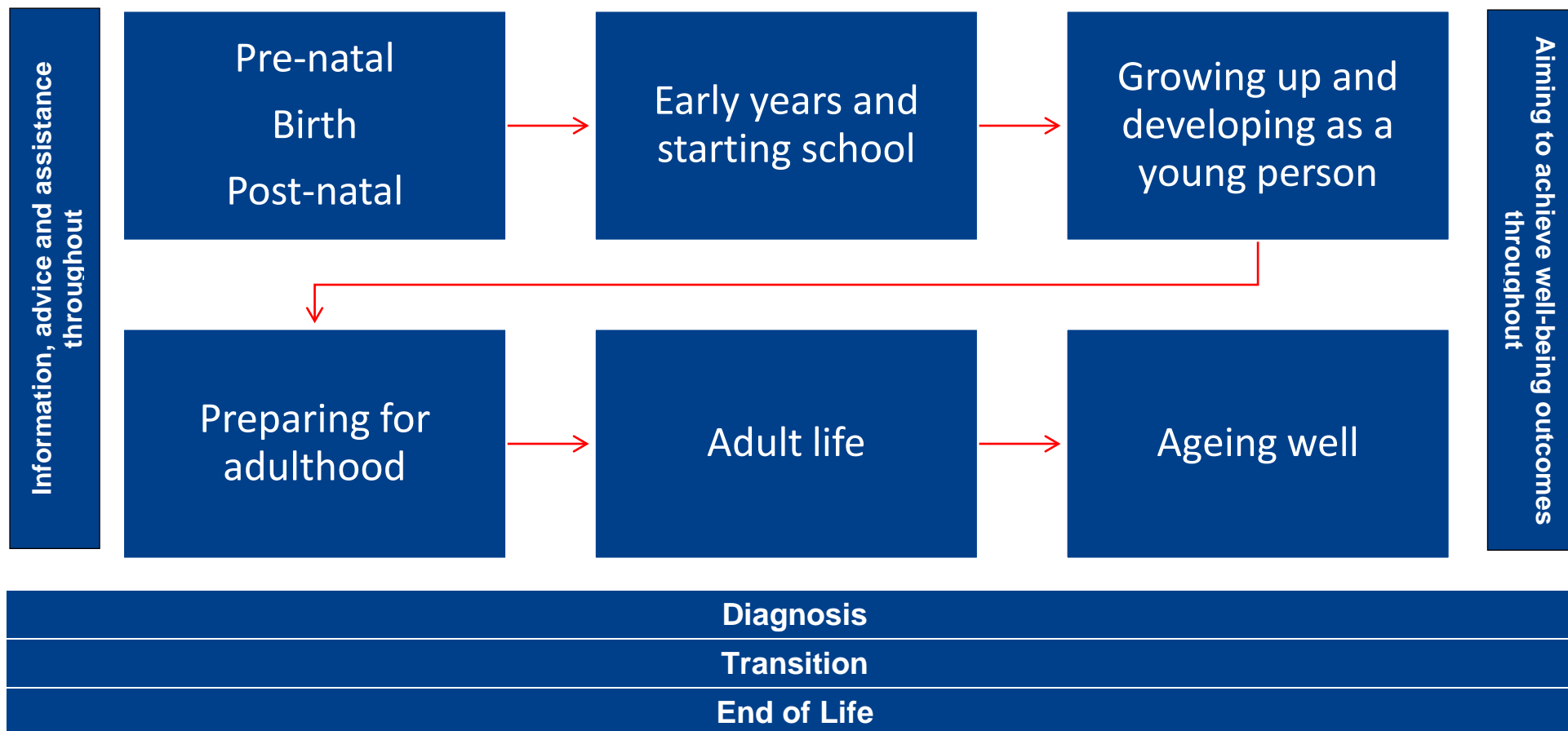
We maintain links with a wide range of organisations through our contractual arrangements and through engagement networks. We will continue to use focus groups and ongoing dialogue to gather the views of people who use services and their families.

- Keeping people safe
- Making best use of our resources

Our vision is that people with a learning disability will be able to access modern services that promote their independence, reduce reliance on long term services and emphasize choice and control. That children, young people and adults with a learning disability (including those people with autism and complex needs) will be able to access efficient and effective services that enable person centred outcomes and minimize escalation of need and risk through the promotion of early intervention, prevention, greater independence and access to opportunities.

Pathway

Below is the support pathway that can be adapted for local use. A clear and effective support pathway will enable accessible information, and where required access to and provision of services and support. A lifelong support pathway shows a person's journey over time and is grouped into a series of key stages. The pathway indicates what should be happening at critical points in someone's life, and can help people with learning disabilities, their families and professionals navigate the complex system. There are a number of issues that can occur at any point in the pathway. These are depicted by the boxes running along the bottom.



Achieving Well-being Outcomes

The Social Services and Wellbeing (Wales) Act 2014 includes a National Wellbeing Statement (outlined below) which describes the wellbeing outcomes that people who need care and support, and carers who need support, should expect in order to lead fulfilled lives. The Cwm Taf regional approach aims to support people with learning disabilities and their families to experience these outcomes.

National Well-being Domains	Some example well-being outcome statements (taken from the National Well-being Statement)
Securing rights and entitlements	<ul style="list-style-type: none"> ■ My individual circumstances are considered. ■ Control over day to day life.
Physical and mental health and emotional well-being	<ul style="list-style-type: none"> ■ I am happy and do the things that make me happy. ■ Physical, intellectual, emotional, social and behavioural development.
Protection from abuse and neglect	<ul style="list-style-type: none"> ■ I am safe and protected from abuse and neglect.
Education, training and recreation	<ul style="list-style-type: none"> ■ I do the things that matter to me.
Domestic, family and personal relationships	<ul style="list-style-type: none"> ■ I belong.
Contribution made to society	<ul style="list-style-type: none"> ■ I feel valued in society.
Social and economic well-being	<ul style="list-style-type: none"> ■ I contribute towards my social life and can be with the people that I choose.
Suitability of living accommodation	<ul style="list-style-type: none"> ■ I live in a home that best supports me to achieve my well-being.

The full version of the Well-being Statement can be found at: <http://gov.wales/docs/dhss/publications/150722wellbeingen.pdf>

Information, advice and assistance

Information and advice is fundamental to enabling people to take control of, and make well-informed choices about, their care and support. Not only does information and advice help to promote people's well-being by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support and carers need for support. Providing high quality and timely information and advice should be considered a preventative service in its own right.

Information is given to children, young people and adults with learning disabilities and their families along the whole pathway. Information needs to be set out clearly, be up to date, and be easy to get hold of. The provision of right information, given at the right time, at every stage, is very important. The range of information needed includes:

- Information about the process of support and care, including what will happen next and what is due to happen when
- Information about the disability including diagnosis and how it will/may change over time, plus trusted and reliable websites
- Health care arrangements
- Community support and options available
- Services available, including entitlement to services and waiting times
- Support options including short breaks, counselling and support groups
- Financial information

Advice is a way of working co-productively with an individual or family to explore the options available. This will require practitioners to undertake a proportionate assessment. Assistance involves another person taking action with the individual to access care and support. Assistance should follow the provision of information and advice where it is judged that an individual, or perhaps the family in the case of a child, will need extra help to enable them to access opportunities such as community resources or preventative services. Some individuals may also require advocacy to ensure they understand what is available to them so that they can engage and participate fully in decisions that affect them.

Pre-natal, birth, post-natal

People Involved

Parents know their children best and will often be the first to notice that their child may need additional help. The people involved will vary dependent where/when parents notice that something is not what they were expecting. Any of the following could be involved for example: Family member, Friend, Parent/carer support group, Midwife, Health visitor, Specialist health visitor, Specialist nurse, GP, Paediatrician, Hospital doctor, Teacher, Independent third sector provider e.g. playgroup leader.

The Aim

The aim at this stage is to ensure that parents feel supported from the start. Parents should be given clear explanations about what is going to happen next, and where to get further information and help. Professionals should recognise the vulnerability of families where there is a child with disabilities, and be aware that for disability services 'one size does not fit all'. Parents will be provided with an invitation to be placed on the Children with Disabilities Register which is used to inform planning of services and as a way of keeping in contact with families about events, offers and services. Parents are given an Early Support Developmental Journal to enable parents/carers, family members and the practitioners they work with to notice and celebrate everything that a child learns to do, as time goes by.

Early years and starting school

People Involved

Could be for example: Key worker, early years care providers, teachers, additional learning needs staff, nursing, independent third sector provider e.g. playgroup leader, children's centre staff.

The Aim

The aim at this stage is to establish early networks and ensure smooth moves into child care and school, and to ensure that families continue to receive support and services early on to help minimise problems from arising in the future, in line with the Additional Learning Needs Bill and the draft code of Practice I. We aim to ensure that services are outcome focused and when new services are started, the parents do not have to retell their journey. Services are outcome focused. Meetings are held, and services delivered, in appropriate venues which are convenient for families and where professionals are located.

Growing up and developing as a Young Person

People Involved

Could be for example: Key worker, teachers, school nurse, play/sport co-ordinators, national or regional disability sport organisations, club leaders.

The Aim

The aim at this stage is to ensure that families know what is available and that children and young people have opportunities to engage in a range of activities appropriate to their wishes and needs. It is also to ensure that young people have a smooth route into secondary school and receive the information they need to support them growing up. Parents are regularly provided with up to date

information about what opportunities are available via the key worker, support groups, and also via mailings from the Children with disabilities register. A range of play and sport activities are available on a regular basis. Socialisation opportunities for parents are provided, for example music therapy groups for children include a space for parents to meet. Transport to and from activities is available, if required. Schools are community-focussed and provide opportunities for children without disabilities to act as mentors to help support disabled pupils. Existing play facilities are accessible by children and young people with disabilities. Play work staff are trained to effectively support disabled children within community based provision to provide socialization opportunities both with other disabled children and with non-disabled children.

The key worker and the family meet together with teachers to plan the move to secondary school. This meeting is also used to review existing services and progress towards outcomes. Support for young people is provided during adolescence - sex and relationship education for young people with disabilities and support for families is given via the school and/or school nurse. True inclusion is experienced - the young person has social opportunities including after school activities, and is actively encouraged to access these.

Preparing for adulthood

People Involved

Could be for example: Key worker and transition team - this will include staff from the education department, schools, children and adult health and social services, careers services, housing, leisure, youth services, providers, further education.

The Aim

The aim at this stage is to ensure that the family begins to prepare for the young person's move to adulthood. That they have clear expectations about what options and services are available and are able to make informed choices about the future. Annual school reviews involve the young person, parents and all professionals involved with the family. Reviews look at services and support currently being provided and outcomes are reviewed across all areas of the young person's life. Support needs for family are also reviewed. Services are available that together can support a meaningful life for the young person, and to help them make the transition to greater independence, including opportunities for further education, training, work experience and volunteering.

Adult Life

People Involved

Could be for example: Parents, other family members, friends, neighbours, GP, further education staff, employer, landlord, social worker, specialist healthcare staff, third sector providers.

The Aim

The aim at this stage is to ensure that the adult with a learning disability has the same opportunities as anyone else to live a satisfying and valued life. They should have a home within their community, be supported to develop and maintain relationships and get the help they need to live a healthy, safe and fulfilling life. They should have access to education, training, volunteering, paid employment, social and leisure activities and opportunities to be part of and contribute to their local community. They should have genuine choice and control over whom they live with and whether they live alone, with family or in a friendship group.

Ageing Well

People Involved

Could be for example: Parents, other family members, friends, neighbours, GP, further education staff, employer, landlord, social worker, specialist healthcare staff, third sector providers.

The Aim

Older people with learning disabilities share many of the same experiences of growing older as everyone else and they have the same needs as other older people. Like others, people with learning disabilities have the potential to age successfully and so the aim at this stage is to ensure that older people with learning disabilities have choice and control over their lives to enable them to age well. Most people with learning disabilities live with their parents and these families are growing older together. The situation can be complex, as the person with learning disabilities may also be supporting the older family carer. Older people with learning disabilities and their carers therefore need a wide range of information, advice, assistance, person centred care and support options, and early planning for living arrangements in later life.

Diagnosis

People Involved

Could be for example: Consultant doctor, specialist nurse, GP, key worker, education psychologist, therapist, social workers, psychiatry.

The Aim

Diagnosis can occur at various times in the person's pathway. The aim at this stage is to ensure that parents (and depending on age the person themselves) are given clear explanations about the disability, know what services are available and understand what

support is available to them. Where there are ongoing health challenges, these need to be looked at within the context of the person's disability.

Transition

People Involved

Could be for example: Key worker and transition team - this will include staff from the education department, schools, children and adult health and social services, careers services, housing, leisure, youth services, providers, further education, carer support services and third sector services.

The Aim

Transition can occur at any time in the individual's life pathway, e.g. from childhood to youth; youth to adulthood; changing care needs; ageing parents/carers; death of parents/carers. Where the transition can be planned, for example in preparation for adulthood, transition planning is timely, person centred with the young person's preferences, goals and aspirations taking centre stage. The transition process brings together the people who will ensure that families and young people with a disability can plan ahead for the future as they enter adulthood. The transition plan is focused on individual needs, regardless of what those needs might be, and agreed with young people and their parents. Early engagement is crucial in the preparation for transition as it helps to broaden views about what is possible and provides time to thoroughly investigate options.

End of Life

People Involved

Could be for example: Parents, other family, friends, GP, chaplain (all faiths), nurse, learning disability nurse, palliative carer/nurse.

The Aim

People with a learning disability are as prone to the full range of ill-health conditions as the rest of the population, including malignant and non-malignant life-limiting conditions. The aim is for early diagnosis and effective health outcomes for everyone, including access to specialist palliative care services if appropriate. While some people with a learning disability recognise their own ill health, many cannot. Families and professional carers play a major role in noticing symptoms of potential ill health, and encouraging people to seek out medical advice. Once ill health is noticed, some people with learning disabilities need help to access clinics and attend appointments. Holistic care is central to the delivery of quality end-of-life care and support, regardless of disability, race, culture or creed. As death approaches, the person should be given the opportunity to express their preferences about their end of life care. The

person may wish to say goodbye to their friends, families and carers, and every opportunity to help them to do this should be made. All people involved with the person's life will need varying degrees of support to manage their sense of loss.

Demand Profile: What can we predict about the learning disability population across Cwm Taf?

There is forecast to be only a small increase in the number of children from 0 to 17 with a learning difficulty. The number with severe or profound learning disabilities is expected to increase by seven by 2025.

Table 1: Children aged 0-17 predicted to have a learning difficulty, by age, projected to 2024

	2016	2020	2025	% change 2016-2025	Actual forecast change in number 2016-2025
Children aged 0-17 with a moderate learning difficulty	2,245	2,283	2,282	1.65	37
Children aged 0-17 with a severe learning difficulty	290	295	295	1.72	5
Children aged 0-17 with a profound learning difficulty	71	73	73	2.82	2

Source: Daffodil. Numbers may not sum due to rounding

Education services use a definition of learning difficulty which includes children with conditions such as dyslexia. Furthermore, some children with autism but without a learning difficulty will not be included. This is one of the reasons that it is important for local areas to have a learning disability register as a way of collecting more accurate data.

Projections for those aged 18 and over with a moderate or severe learning disability show an overall decrease of 20. However, as the overall figures suggest, there is expected to be a rise in the number of people aged 75 and over with a moderate or severe learning disability. This is a relatively low number but these individuals are more likely to need some degree of support. It is also worth noting the additional 19 people forecast to have a moderate or severe learning disability in the 55-64 age group, once again indicating that demand for some level of support is unlikely to reduce in the medium term.

Table 2: People in Cwm Taf 18 and over estimated to have a moderate or severe learning disability

	2016	2020	2025	% change 2016-2025	Actual forecast change in number 2016-2025
18-24	166	154	149	-10.24	-17
25-34	205	205	197	-3.90	-8
35-44	217	219	233	7.37	16
45-54	219	205	184	-15.98	-35
55-64	176	188	195	10.80	19
65-74	111	112	109	-1.80	-2
75-84	37	41	49	32.43	12
85 and over	12	14	17	41.67	5
Total	1,143	1,138	1,133	-0.88	-20

Source: Daffodil. Numbers may not sum due to rounding

2,269 adults and 726 children in Cwm Taf are predicted to have an autism spectrum condition. Approximately 50% of them will have a learning disability too.

Table 3: People in Cwm Taf predicted to have a learning disability (18 and over)

	2016	2020	2025	% change 2016-2025	Actual forecast change in number 2016-2025
18-24	718	663	633	-11.84	-85
25-34	953	955	917	-3.78	-36
35-44	862	872	925	7.31	63
45-54	973	913	816	-16.14	-157
55-64	810	865	904	11.60	94
65-74	682	696	673	-1.32	-9
75-84	354	390	469	32.49	115
85 and over	130	148	180	38.46	50
Total population	5,482	5,502	5,517	0.64	35

Source: Daffodil. Numbers may not sum due to rounding

Overall, the population of people with learning disabilities in Cwm Taf is expected to increase by just 0.64%. There is a significant drop in the projected number of people aged between 18 and 34 predicted to have a learning disability. However, this does not reflect the expected changes within specific groups which are likely to affect demand for services. The most notable forecast change is that the number of people aged 75 and over with learning disabilities is predicted to grow considerably. There is also a notable increase forecast among the 55-64 age group, suggesting that demand among older groups will persist beyond the next ten years.

How healthy are people with learning disabilities in Cwm Taf likely to be?

Better health and social care has meant that people with a learning disability are living longer than before. However, children, young people, adults and older people with learning disabilities are at increased risk of experiencing physical health difficulties. People with learning disabilities die younger and experience poorer health than the general population. These differences are to a large extent avoidable and thus represent health inequalities (Emerson et al, 2011). It is important for all older people to look after themselves and keep healthy to try to minimize age related illnesses like stroke, heart disease and diabetes. Older people with a learning disability may need additional support to do this.

- People with learning disabilities are 10 times more likely to have a serious sight problem than other people. 6 in 10 people with learning disabilities need glasses and often need support to use them.
- 40% of adults with learning disability experience moderate to severe hearing loss.
- Overall, the proportion of people with learning disabilities who die from **cancer** in the UK is lower than among the general population (12-18%, compared with 26%), although they have proportionally higher rates of **gastrointestinal cancer** (48-59% vs 25% of cancer deaths). People with learning disabilities with cancer are less likely to be informed of their diagnosis and prognosis, to be given pain relief, to be involved in decisions about their care and they are less likely to receive palliative care.
- **Coronary heart disease** is a leading cause of death amongst people with learning disabilities (14-20%).
- **Respiratory disease** is possibly the leading cause of death for people with learning disabilities (46-52%) with rates much higher than for the general population. Adults with learning disabilities are 2.6 times more likely to die from asthma than those who do not have learning disabilities.
- The prevalence of **epilepsy** in the British population is between 0.5% and 1%: among those with moderate learning disability this prevalence rises to 15%. Among those with severe and profound disability the rate raises further to 30%, with seizures commonly being multiple and resistant to drug treatment.
- The prevalence of **mental health problems** in people with learning disabilities is considerably higher than in the general population (164 adults predicted to have LD & schizophrenia, 328 LD & anxiety disorder, 219 LD & depression). The prevalence of psychiatric disorders is 36% among children with learning disabilities, compared to 8% among children without learning disabilities. This equates to 935 children currently.
- The prevalence of dementia is higher amongst older adults with learning disabilities compared to the general population (22% vs 6% aged 65+) and they also tend to develop it at a younger age and at a faster rate. People with Down's Syndrome are at particularly high risk of developing dementia, with the age of onset being 30-40 years younger than for the general population.

Challenging Behaviour

Challenging behaviour usually begins in childhood or young adulthood and without effective intervention is highly persistent; around 30% of young children (aged 0-3) and 10-15% of adults with learning disabilities display behaviour difficulties. Not all of these people will have a moderate, severe or profound disability and hence not all of them will be in receipt of learning disability services. Many of these people will be at risk of offending and will come into contact with the criminal justice system, substance misuse services or mental health services.

Current Service Utilisation

A significant proportion of people with learning disabilities will not require social care services or specialist health services. Like the rest of the population they will come into contact with universal services which they will find more accessible if reasonable adjustments are made.

Approximately 10% of the predicted population of children and adults with learning disabilities are known to G.P. surgeries across Cwm Taf. Data collected by the disabled children teams suggests that almost all children with a learning disability are known to social care services as children. However, there is a drop off after school of the number of people known to, and in receipt of adult social care.

23% of the predicted population of adults with learning disabilities are in receipt of social care services across Cwm Taf. There has been an increase in the number of people with learning disabilities in receipt of services since 2014. The exact increase is difficult to calculate as data has not been collected consistently over the years.

In terms of the types of services being utilised we know that too few people access universal services. Too many people are in receipt of traditional residential and day centre style services. Too few people are supported to continue to live in their local communities. Not enough people access education and employment services. There are still too few children and adults accessing flexible support via direct payments.

Resources: Meeting future demand and delivering financial sustainability

As highlighted in the Cwm Taf Older Persons Joint Commissioning Statement (2015), advances in preventative medical interventions and the promotion of public health have led to the population as a whole living longer including the population of individuals with a learning disability. This means that significantly more people are likely to seek access to health and social care support over the next twenty years. This increase in demand will occur alongside challenges to the current pattern of services, as public sector spending also comes under increasing pressure. If care services were to simply increase in line with the population, this would lead to a near doubling of care costs between 2010 and 2026.

Currently the pattern of spend is to target resources at those in greatest need. For 2015/2016 Merthyr spent approximately 35% of the overall budget for adults with learning disabilities on residential and/or nursing care and 38% on supported living. Rhondda Cynon Taf spent 17% on residential and/or nursing care and 50% on supported living. Rhondda Cynon Taf spent only 5% on direct payments

and Merthyr spent only 1%. Both Local Authorities spent only 3% of the overall budget on assessment and care management. In health there is increasing expenditure on continuing health care and spend on acute placements has not decreased.

The risk of targeting resources at those in greatest need is that whilst it meets the short term demand it does not reduce growing demand or provide a sustainable solution. The Social Services and Wellbeing (Wales) Act recognises this. It calls for the development of creative solutions such as community asset based approaches that enable individuals to access mainstream and universal services through appropriate reasonable adjustments and innovative support options. Delivering this will require investing less in residential provision and more in direct payments. Assessment and care and support planning is another area where more investment is needed so that staff can spend time helping those in need of care and support to find community solutions.

Within Cwm Taf secondary care learning disability services are currently commissioned from a regional network managed by Abertawe Bro Morgannwg University Health Board. As the commissioner Cwm Taf University Health Board is currently undertaking a review to establish the current baseline position of the service relevant to the local population. Once complete this review will inform the commissioning work outlined within this statement of intent”.

Greater transparency and sharing of information in terms of numbers and expenditure across all services will support future demand management. It will also inform decisions about where to invest to facilitate sustainable outcomes for people effectively and efficiently. Pooling resources and commissioning specialist services at a regional level will help to make economies of scale.

Cwm Taf Regional Operating Model

The model for service provision is a dynamic one which responds to people's changing needs, provides targeted intervention and support where needed, enables individuals to return to independence as quickly as possible, and supports people by providing continuing access to universal services and community support.

Achieving Personal Well-being Outcomes

Protection from abuse and neglect

Securing rights and entitlements

Domestic, family and personal relationships

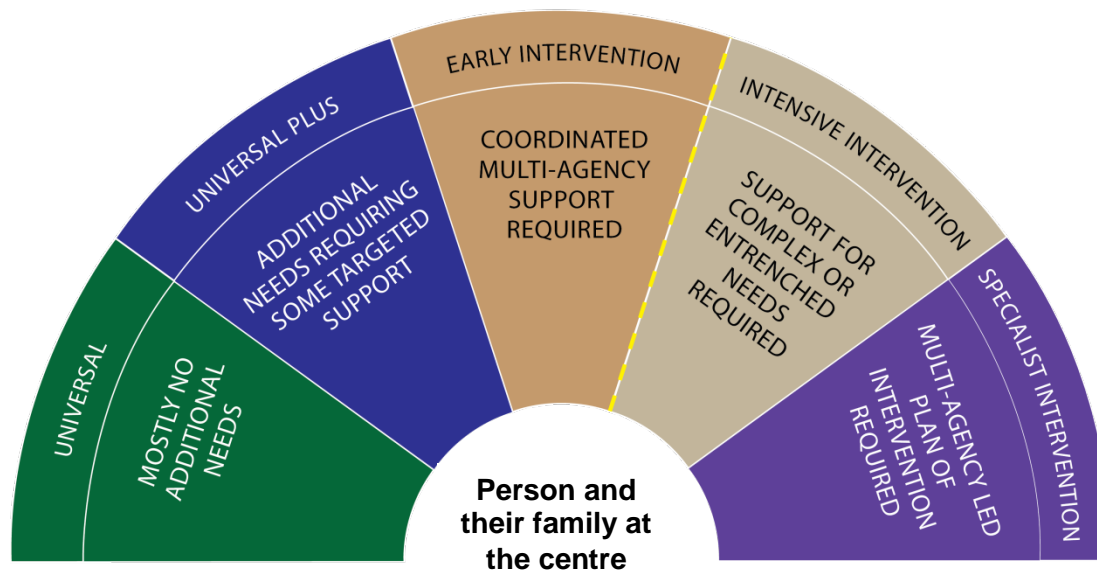
Social and economic well-being

Physical and mental health and emotional well-being

Education, training and recreation

Contribution made to society

Suitability of living accommodation



Information, advice, assistance and advocacy

Commissioners understand their local population now and in the future

Market Shaping: Universal Services

Universal services include: leisure services (e.g. sports centre, cinema, social clubs, community and faith groups etc); information services (e.g. library, job centre, citizen's advice, charitable organisations etc); education services (e.g. college, adult education, etc); health services (e.g. dentist, optician, counselling, pharmacy, GP etc).

The vast majority of people with learning disabilities do not require social care and hence live in the community with limited support. People with learning disabilities are at higher risk of many physical and mental health conditions, have fewer opportunities to work and often experience social deprivation. Supporting people with learning disabilities to lead healthy, meaningful lives and preventing the need for more intensive service provision requires universal services to be accessible. Making services accessible means that 'reasonable adjustments' need to be made to the service.

What are the implications for commissioning?

- Commissioners should work with those that commission and manage mainstream activities/services to find ways to make them accessible, in line with Equality Act duties. This should include playgrounds and other leisure activities that disabled children struggle to access.
- Commissioners will need to work with mainstream services to enable adults and children with a learning disability and/or autism who display behaviour that challenges to be included.

Market Shaping: Universal Plus

On average people with learning disabilities have poorer health and die younger than other people. In part this is because they are more exposed to causes of ill health through greater levels of material deprivation, poorer health-related behaviours and physical conditions often associated with causes of learning disabilities. But it is also partly a result of poorer understanding of physical changes and problems that indicate illnesses or conditions that could be treated and of how to get help from health services.

Example

Reasonable adjustments making access to primary care easier include:

- Desensitisation work/visits
- Car parking for carers/families
- Longer consultation slots
- Alternative arrangements in relation to using the waiting room
- Easy Read information leaflets
- Liaising with community learning disability teams

People with learning disabilities should be able to access primary, community and secondary healthcare services in the same way as the general population. There is a need for support for people with learning disabilities across the life course to understand and express their needs in relation to their health and wellbeing, and to access health-based information together with support and opportunities to lead healthy lifestyles.

What are the implications for commissioning?

- Commissioners from social care should work with the local voluntary sector and GPs to consider what information, advice and assistance needs to be available in the community.
- Commissioners from health should develop pathways to support targeted interventions that will decrease health inequalities.
- Commissioners from health should continue to commission the learning disabilities enhanced service. Currently there are 29 out of 42 practices providing the service but a focus should be made to encourage greater take up especially in Merthyr Tydfil where take up is the lowest.
- Commissioners from health should continue to work with the local authorities to identify known patients with learning disabilities and to share the information with the GP Practices undertaking the enhanced service.
- Commissioners from health should continue to provide the annual health check to patients who are registered with GP Practices who do not provide the enhanced service.

Example

Cornwall Cancer Screening Team have developed pathways for breast, cervical and bowel screening for people with learning disabilities. The pathways can be adapted to suit other areas and can be found at:

www.improvinghealthandlives.org.uk/publications/1126/Making_Reasonable_Adjustments_to_Cancer_Screening

Market Shaping: Early Intervention

The provision of preventative and early intervention approaches can reduce the escalation of need and risk, improve personal outcomes and build capacity. Identifying need at its earliest point and providing the appropriate information, advice, assistance and, where required, intervention can delay or prevent escalating need that can often be costly. Being responsive to low level needs must be a consistent and collaborative approach across partners, in which the ability to share information and communicate effectively is key. The Social Services and Wellbeing (Wales) Act specifically mentions reablement and habilitation (i.e. the process of supplying a person with the means to develop maximum independence in activities of daily living through training, education, and/or treatment) as being key elements of preventative services. Reablement is about helping people, including children, to restore their skills and abilities they previously had in order to return to maximum independence. Habilitation aims to slow the progression of a disability or to enable an individual to gain new functional or communication skills. For people with complex needs who have always required a high level of input, prevention and habilitation, is about enabling and progression. Examples include therapy for a child who is not walking or talking at the expected age or teaching adults with learning disabilities the fine motor coordination required to dress themselves. Most local authorities in Wales employ mobility specialists in education or Rehabilitation Officers Visual Impairment (ROVIs) in social services to support children and young people with visual impairment.

What are the implications for commissioning?

- Commissioners across children's and adult's services should ensure availability of early intervention programmes.
- Commissioners across children's and adult's services should ensure availability of a range of support and training for families and carers.
- Commissioners should provide flexible and creative short break/respite options.

Market Shaping: Intensive intervention

One important requirement of services is that they are able to retrieve crises; to manage them while they occur and to steadily bring the situation back to one in which the problems can be tackled over the longer term. This requires specialist support provided by a range of services, across children's services, Child and Adolescent Mental Health Services (CAMHS), and specialist community learning disability teams. Support should be built around the needs of the individual through a 'Collaborative Care' model. Individuals should expect continuity of care and support through close collaboration between services/agencies, including between specialist and mainstream services. Anyone who requires additional support to prevent or manage a crisis should have access to hands-on intensive 24/7 multi-disciplinary health and social care support at home, or in other appropriate community settings, including schools and short break/respite settings. This support should be delivered by members of highly skilled and experienced multi-

disciplinary/agency teams. The interface between specialist routine multi-disciplinary support services and this type of intensive support service should be seamless.

People who present an immediate risk to those around them and/or to themselves may require admission to a hospital setting when their behaviour and/or mental state is such that assessment and/or treatment is temporarily required that cannot be provided safely and effectively in the community. Everyone who is admitted to a hospital setting for assessment and treatment should expect this to be integrated into their broader care and support pathway, with hospitals working closely with community services.

For all inpatient provision (secure or not) children admitted to hospital should be placed in an environment suitable for their age and must have access to education.

Example Positive Behaviour Support (PBS)

PBS is built on a strong evidence base for supporting individuals with behaviour that challenges. PBS is a multi-component framework for delivering a range of evidence based supports to increase quality of life and reduce the occurrence, severity or impact of behaviours that challenge. The commissioning of services should be based upon the principles of positive behaviour support which is a framework used by all Providers in Cwm Taf.

The Positive Behaviour Support Academy is a collective of organisations and individuals in the UK who are working together to promote PBS as a framework for working with children and adults with learning disabilities who are at risk of behaviour that challenges. pbsacademy.org.uk

What are the implications for commissioning?

- Commissioners should ensure the availability of specialist integrated multi-disciplinary health and social care support in the community for people with a learning disability and/or autism, covering all ages. They should ensure alignment with local and national Autism Strategies, the CAMHS network and the ALN Bill.
- Within Cwm Taf community and secondary care learning disability health services are currently commissioned from a South Wales regional network managed by Abertawe Bro Morgannwg University Health Board. Commissioners of these services should maintain effective performance management to ensure that the needs of the local learning population are met and

that these services provide value for money. Commissioners should also ensure that all local partners are engaged in both the performance monitoring of the service, any plans for reconfiguration and future developments proposed for the network

- Commissioners should ensure this specialist health and social care support includes an intensive 24/7 support function to minimize escalation and manage crisis in the community.
- Commissioners should work with their local providers to develop models of alternative short-term accommodation.
- Commissioners should ensure inter-agency collaborative working, including between specialist and mainstream services.
- All professional involved should ensure that hospital admissions are supported by a clear rationale of assessment, treatment, and desired outcomes, and that services are as close to home as possible; Social workers should be working with individuals, families/carers, clinicians and local community services to ensure that the discharge planning process starts from the point of admission, or before.

Market Shaping: Specialist Intervention

Everyone with eligible care and support needs should have a single person centred care and support plan, incorporating a range of other plans where appropriate, which they have been involved in developing and of which they have a copy. Plans should focus on what is important to the individual. For children and young people up to the age of 25 with an additional learning need, this should take the form of a single plan than incorporates the [n](#)-individual development plan (IDP) required under the ALN Bill and the care and support plan required under the SSWB Act. Both the ALN Bill and the SSWB Act set the expectation that these plans should be pulled together into a single plan that gets reviewed in a meeting involving all stakeholders..

Where people live, who they live with, the location, the community and the built environment need to be understood from the individual perspective. People with a learning disability can live successfully in different types of housing. They can cope with the full range of tenures including home ownership. There is a need to increase the use of assistive technology to support people to live as independently as possible.

Through increased use of direct payments people should have access to activities and services within the community; they should have opportunities to learn new skills, have new experiences, gain independence and employment and be supported to develop and maintain relationships. People should be able to access a range of services that meet their cultural and/or spiritual needs.

What are the implications for commissioning?

- Commissioners should work in a co-productive way to redesign services through robust person centred planning and use of direct payments. Commissioners should ensure that service specifications are based on person centred outcomes.
- Commissioners should ensure a multi-disciplinary approach to developing IDP and care and support plans
- Commissioners should work with the local voluntary sector to consider what additional or different local services are needed to ensure that people using direct payments have a range of services to choose from.
- Commissioners should co-produce local housing solutions leading to security of tenure, that enable people to live as independently as possible, rather than in residential settings.
- Commissioners should improve the quality of day services for people with profound and multiple disabilities or complex needs by training staff in and implementing person centred active support.
- Commissioners should incentivise the development of co-operatives.

Messages for Providers

Example

Support Tenants (Homeshare): Some learning disabled householders share their housing with a person in return for some low level activity such as making meals.

Good Neighbours schemes: the good neighbour is recruited and paid a small retainer fee in return for providing low levels of support. This works well for people with a learning disability who need a fast response in a situation but do not need constant supervision.

We want to invest in better information and preventative services and encourage the development of community provision for a wider set of needs through reasonable adjustments, responding to emerging needs so that we can reduce or defer the need for care and support. We expect that opportunities will exist for a number of social enterprises to enter the market delivering new models of social inclusion that have a preventative element aimed at reducing need for both social and health care.

We want to develop services that better meet the needs of carers, including innovative approaches to short breaks. There will be opportunities for micro providers delivering schemes to teach skills, such as independent travel training, cooking, managing finances etc.

We aim to develop an approach that will lessen demand for residential services. We want to encourage the development of innovative models of high quality, local accommodation and the use of assistive technology.

We want to encourage a focus on the development of community provision for complex needs so that we can lessen demand for acute support and reduce the number who require crisis support. There are opportunities for providers who have creative, cost-effective local education, housing and support solutions to avoid the need to place individuals in specialist college placements.

We want to encourage the development of employment services e.g. job buddy support, work experience, on the job training opportunities to provide assistance to people with learning disabilities to gain paid employment.

We need services that can meet the needs of older people with learning disabilities, especially older people with learning disabilities and dementia.

Example Person Centred Active Support (PCAS)

PCAS is an approach that is fundamental to providing effective, person centred support. It isn't about supporting a particular person to get involved in a specific activity. It is about understanding that there isn't anything we shouldn't be supporting people to be involved in. We know when PCAS is being implemented because staff no longer have any discussions about WHAT they should be supporting people to be involved in, instead there is plenty of discussion about HOW they involve people in everything.



Cwm Taf Social Services and Wellbeing Partnership Board

Cwm Taf Joint Statement of Strategic Intent: Children, Young People and Adults with Learning Disabilities (that include autism and complex needs) and their families.

EQUALITY IMPACT ASSESSMENT

1. INTRODUCTION

The development of a Cwm Taf Joint Commissioning Statement for children, young people, adults with learning disabilities (that include autism and complex needs) and their families has been considered against the Equality Act 2010 and specifically the Public Sector Equality Duty, which came into force on 5th April 2011.

As part of this duty, public sector bodies in Wales are required to publish an assessment of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as 'protected characteristics'. Whilst deprivation does not constitute a 'protected characteristic' it is relevant because people from protected groups are more likely to experience it and because there are such high levels of deprivation in our local community. 36% of the Cwm Taf population live in areas which are among the most deprived 20% in Wales.

The need for the collection of evidence to support decisions and for engagement mean that the most effective and efficient impact assessment is conducted as an integral part of policy development or service re-design, with the assessment being commenced at the outset. These will help to eliminate discrimination, tackle inequality, develop a better understanding of the community, and target resources effectively.

Services for children, young people and adults with learning disabilities (that include autism and complex needs) and their families.

Research indicates that people with learning disabilities want to lead ordinary lives and do the things that most people take for granted.

They want to study at college, get a job, have relationships and friendships and enjoy leisure and social activities.

The key theme that has run through national policy and good practice guidance for almost 40 years is the need to provide services that support people to have healthy, meaningful, ordinary lives.

‘The concept that people with a learning disability have the same rights and aspirations as those without is the foundation upon which commissioners and providers should develop services that prevent the need for social care

The *Statement on Policy and Practice for Adults with a Learning Disability* laid out the rights for people with a learning disability living within Wales:

‘All people with a learning disability are full citizens, equal in status and value to other citizens of the same age. They have the same rights to:

- Live healthy, productive and independent lives with appropriate and responsive treatment and support to develop to their maximum potential.
- Be individuals and decide everyday issues and life-defining matters for themselves joining in all decision-making which affects their lives, with appropriate and responsive advice and support where necessary.
- Live their lives within their community, maintaining social and family ties and connections which are important to them.
- Have the support of the communities of which they are a part and access to general and specialist services that are responsive to their individual needs, circumstances and preferences.

This was mirrored in the 2011 commissioning guidance which set out guidelines for commissioning sustainable services which promote independence and encourage commissioners to think longer term about what might be needed for the learning disability population in Wales.

To date these still form central tenets of learning disability provision across Wales and as such there has been no subsequent review or update of policy. Therefore the most significant piece of policy and legislation impacting people with learning disabilities across Wales in recent years is the Social Services and Wellbeing (Wales) Act 2014.

For people with learning disabilities this Act has significant potential to improve their experiences of services as it provides a single legislative framework for the provision of services across the age ranges. This means that local authorities and their partners should be considering the wellbeing of individuals at all stages of their development, including through the traditional ‘transitions’ phase from children and young people’s services through to adult services, and through the provision of care and support into older age. It also legislates for the provision of advocacy services and for people to have strengths based assessments of need which considers all aspects of wellbeing as defined by the Act. It provides for carers through a right for their needs to be independently assessed beyond that of the person they care for

The Social Services and Wellbeing (Wales) Act 2014 includes a National Wellbeing Statement which describes the wellbeing outcomes that people who need care and support, and carers who need support, should expect in

order to lead fulfilled lives. The approach to commissioning good lives aims to support people with learning disabilities and their families to experience these outcomes.

The following principles underpin the approach to commissioning good lives:

- Designing services from the individual up, but with their relationships right upfront as well.
- Designing services so that they reflect, and maintain or strengthen, the assets of the person and their relationships.
- Consequently, involving the person and their relationships fully in the design of the services.
- Designing services so that they reflect best practice in relevant professions.
- Consequently, promoting social inclusion, autonomy, choice, respect, and valued roles for the person, as well as effective specialist skills and techniques.

Rhondda Cynon Taf (RCT) County Borough Council, Merthyr Tydfil County Borough Council and Cwm Taf University Health Board have worked together to develop a Joint Statement of Strategic Intent for Children, Young People, and Adults with Learning Disabilities (that includes autism and complex needs) and their families which describes a shared commitment to deliver a new model of integrated health and social services.

2.THE VISION AND SERVICE MODEL

Together, we have adopted a common vision statement for integrated health and social care services for people with a Learning disability and autism:

Our vision is that people with a learning disability will be able to access modern services that promote their independence, reduce reliance on long term services and emphasize choice and control. That children, young people and adults with a learning disability (including those people with autism and complex needs) will be able to access efficient and effective services that enable person centred outcomes and minimize escalation of need and risk through the promotion of early intervention, prevention, greater independence and access to opportunities..

The model we have devised for service provision is a dynamic one which responds to people's changing needs, provides targeted intervention and support where needed, enables individuals to progress, and supports people by providing continuing access to universal services and community support.

Universal Services

The vast majority of people with learning disabilities do not require social care and hence live in the community with limited support. People with learning disabilities are at higher risk of many physical and mental health conditions, have fewer opportunities to work and often experience social deprivation. Supporting people with learning disabilities to lead healthy, meaningful lives and preventing the need for more intensive service provision requires universal services (e.g. leisure services, GPs, colleges, etc) to be accessible. Making services accessible means that 'reasonable adjustments' need to be made to the service.

Universal Plus

On average people with learning disabilities have poorer health and die younger than other people. People with learning disabilities should be able to access primary, community and secondary healthcare services in the same way as the general population. There is a need for support for people with learning disabilities across the life course to understand and express their needs in relation to their health and wellbeing, and to access health-based information together with support and opportunities to lead healthy lifestyles.

Early Intervention

Identifying need at its earliest point and providing the appropriate information, advice, assistance and, where required, intervention can delay or prevent escalating need that can often be emotionally, socially and economically costly. Being responsive to low level needs must be a consistent and collaborative approach across partners.

Intensive intervention

One important requirement of services is that they are able to retrieve crises; to manage them while they occur and to steadily bring the situation back to one in which the problems can be tackled over the longer term. This requires specialist support provided by a range of services, across children's services, Child and Adolescent Mental Health Services (CAMHS), and specialist community learning disability teams. Support should be built around the needs of the individual through a 'Collaborative Care' model. Individuals should expect continuity of care and support through close collaboration between services/agencies.

Specialist Intervention

Everyone with eligible care and support needs should have a single person centred care and support plan, incorporating a range of other plans where appropriate, which they have been involved in developing and of which they have a copy. Plans should focus on what is important to the individual. For

children and young people up to the age of 25 with a special educational need (SEN), this should take the form of an Education, Health and Care (EHC) plan. Through increased use of direct payments people should have access to activities and services within the community; they should have opportunities to learn new skills, have new experiences, gain independence and employment and be supported to develop and maintain relationships. People should be able to access a range of services that meet their cultural and/or spiritual needs.

3.OUR COMMISSIONING PRIORITIES

Cwm Taf's strategy for learning disability services is focused on the following key messages:

- Maximize the use of universal services
- Increase early intervention, prevention, information, advice and assistance
- Build community support and develop people's independence
- Sustain people in their own homes
- Enable people to live full lives and achieve their potential
- Keep people safe
- Make the best use of our resources

The outcomes we want to achieve

The definition of a Good Life is

*Somewhere to live, something to do, someone to love
(home, occupation, relationships)*

The outcomes we are seeking to achieve for people with a Learning disability and their families are

- that they will be able to access modern services that promote a sense of belonging to and inclusion in their local community.
- That services maximise independence, reduce dependency and emphasize choice and control.
- That children, young people and adults with a learning disability will be able to access efficient and effective services that enable citizen centred wellbeing outcomes
- That children, young people and adults with a learning disability will be able to access efficient and effective services that minimize escalation of need and risk

How that will feel for people with a learning disability in Cwm Taf (based on the WG outcome framework) is

- My individual circumstances are considered.
- I have control over day to day life
- I am happy and do the things that make me happy.
- I am safe and protected from abuse and neglect
- I do the things that matter to me.
- I belong.
- I contribute towards my social life and can be with the people that I choose.
- I feel valued in society.
- I live in a home that best supports me to achieve my well-being.

Current Service Utilisation

A significant proportion of people with learning disabilities will not require social care services or specialist health services. Like the rest of the population they will come into contact with universal services which they will find more accessible if reasonable adjustments are made.

Approximately 10% of the predicted population of children and adults with learning disabilities are known to G.P. surgeries across Cwm Taf. Data collected by the disabled children teams suggests that almost all children with a learning disability are known to social care services as children. However, there is a drop off after school of the number of people known to, and in receipt of adult social care.

23% of the predicted population of adults with learning disabilities are in receipt of social care services across Cwm Taf. There has been an increase in the number of people with learning disabilities in receipt of services since 2014. The exact increase is difficult to calculate as data has not been collected consistently over the years.

In terms of the types of services being utilised we know that too few people access universal services. Too many people are in receipt of traditional residential and day centre style services. Too few people are supported to continue to live in their local communities. Not enough people access education and employment services. There are still too few children and adults accessing flexible support via direct payments.

Resources: Meeting future demand and delivering financial sustainability

Currently the pattern of spend is to target resources at those in greatest need. For 2015/2016 Merthyr spent approximately 35% of the overall budget for adults with learning disabilities on residential and/or nursing care and 38% on supported living. Rhondda Cynon Taf spent 17% on residential and/or nursing care and 50% on supported living. Rhondda Cynon Taf spent only 5% on direct payments and Merthyr spent only 1%. Both Local Authorities spent only 3% of the overall budget on assessment and care management. In

health there is increasing expenditure on continuing health care and spend on acute placements has not decreased.

The risk of targeting resources at those in greatest need is that whilst it meets the short term demand it does not reduce growing demand or provide a sustainable solution. The Social Services and Wellbeing (Wales) Act 2014 recognises this. It calls for the development of creative solutions such as community asset based approaches that enable individuals to access mainstream and universal services through appropriate reasonable adjustments and innovative support options. Delivering this will require investing less in residential provision and more in direct payments. Assessment and care and support planning is another area where more investment is needed so that staff can spend time helping those in need of care and support to find community solutions.

Within Cwm Taf, secondary care learning disability services are currently commissioned from a regional network managed by Abertawe Bro Morgannwg University Health Board. As the commissioner Cwm Taf University Health Board is currently undertaking a review to establish the current baseline position of the service relevant to the local population. Once complete this review will inform the commissioning work outlined within this statement of intent”.

Greater transparency and sharing of information in terms of numbers and expenditure across all services will support future demand management. It will also inform decisions about where to invest to facilitate sustainable outcomes for people effectively and efficiently. Pooling resources and commissioning specialist services at a regional level will help to make economies of scale.

A Needs Assessment has been undertaken to inform the development of the Statement of Intent. In addition, the following information is relevant in relation to protected characteristics.

4. UNDERSTANDING THE DEMOGRAPHIC PROFILE

Better health and social care has meant that people with a learning disability are living longer than before. However, children, young people, adults and older people with learning disabilities are at increased risk of experiencing physical health difficulties. People with learning disabilities die younger and experience poorer health than the general population. These differences are to a large extent avoidable and thus represent health inequalities (Emerson et al, 2011). It is important for all older people to look after themselves and keep healthy to try to minimize age related illnesses like stroke, heart disease and diabetes. Older people with a learning disability may need additional support to do this.

In 2010, a review into health inequalities of people with learning disabilities in the UK highlighted striking differences between the general health of people with learning disabilities when compared to their non-disabled counterparts

They found there were potentially five key areas where health inequalities arose. These were:

- Social determinants such as poverty, poor housing conditions, and unemployment.
- Increased risk arising from genetic and biological factors associated with the learning disability.
- Communication difficulties and reduced health literacy.
- Personal health risks and behaviours.
- Difficulties in accessing services, including scarcity of services, poor understanding of needs particularly around communication, and potentially diagnostic overshadowing where the physical symptoms are seen to be issues arising from their learning disability.

Challenging Behaviour

Challenging behaviour usually begins in childhood or young adulthood and without effective intervention is highly persistent; around 30% of young children (aged 0-3) and 10-15% of adults with learning disabilities display behaviour difficulties. Not all of these people will have a moderate, severe or profound disability and hence not all of them will be in receipt of learning disability services. Many of these people will be at risk of offending and will come into contact with the criminal justice system, substance misuse services or mental health services.

Gender

It has been noted that women with learning disabilities have markedly different patterns of contraceptive use to women in the general population, with greater use of long term methods such as depot injection, oral contraceptive, intrauterine device or sterilisation and significantly less use of barrier methods. Evidence suggests that women with learning disabilities are not given sufficient information or fully involved in decisions about contraception. Furthermore, there is evidence that women are prescribed contraception even when they are not sexually active or when they are past child-bearing age (McCarthy, 2009).

Studies in other countries have shown that women with learning disabilities and in particular women with Down's syndrome tend to have earlier menopause than other women. A recent UK study found that women with learning disabilities had similar experiences of menopausal symptoms to other women but they had a poorer understanding of menopause and menstruation (Willis et al, 2011).

Age

There is forecast to be only a small increase in the number of children from 0 to 17 with a learning difficulty. The number with severe or profound learning disabilities is expected to increase by seven by 2025.

APPENDIX 5

Table 1: Children aged 0-17 predicted to have a learning difficulty, by age, projected to 2024

	2016	2020	2025	% change 2016-2025	Actual forecast change in number 2016-2025
Children aged 0-17 with a moderate learning difficulty	2,245	2,283	2,282	1.65	37
Children aged 0-17 with a severe learning difficulty	290	295	295	1.72	5
Children aged 0-17 with a profound learning difficulty	71	73	73	2.82	2

Source: Daffodil. Numbers may not sum due to rounding

Projections for those aged 18 and over with a moderate or severe learning disability show an overall decrease of 20. However, as the overall figures suggest, there is expected to be a rise in the number of people aged 75 and over with a moderate or severe learning disability. This is a relatively low number but these individuals are more likely to need some degree of support. It is also worth noting the additional 19 people forecast to have a moderate or severe learning disability in the 55-64 age group, once again indicating that demand for some level of support is unlikely to reduce in the medium term.

Table 2: People in Cwm Taf 18 and over estimated to have a moderate or severe learning disability

	2016	2020	2025	% change 2016-2025	Actual forecast change in number 2016-2025
18-24	166	154	149	-10.24	-17
25-34	205	205	197	-3.90	-8
35-44	217	219	233	7.37	16
45-54	219	205	184	-15.98	-35
55-64	176	188	195	10.80	19
65-74	111	112	109	-1.80	-2
75-84	37	41	49	32.43	12
85 and over	12	14	17	41.67	5
Total	1,143	1,138	1,133	-0.88	-20

Source: Daffodil. Numbers may not sum due to rounding

2,269 adults and 726 children in Cwm Taf are predicted to have an autism spectrum condition. Approximately 50% of them will have a learning disability too

Table 3: People in Cwm Taf predicted to have a learning disability (18 and over)

	2016	2020	2025	% change 2016-2025	Actual forecast change in number 2016-2025
18-24	718	663	633	-11.84	-85
25-34	953	955	917	-3.78	-36
35-44	862	872	925	7.31	63
45-54	973	913	816	-16.14	-157
55-64	810	865	904	11.60	94
65-74	682	696	673	-1.32	-9
75-84	354	390	469	32.49	115
85 and over	130	148	180	38.46	50
Total population	5,482	5,502	5,517	0.64	35

Source: Daffodil. Numbers may not sum due to rounding

Overall, the population of people with learning disabilities in Cwm Taf is expected to increase by just 0.64%. There is a significant drop in the projected number of people aged between 18 and 34 predicted to have a learning disability. However, this does not reflect the expected changes within specific groups which are likely to affect demand for services. The most notable forecast change is that the number of people aged 75 and over with learning disabilities is predicted to grow considerably. There is also a notable increase forecast among the 55-64 age group, suggesting that demand among older groups will persist beyond the next 10 years

Health

Overall, the proportion of people with learning disabilities who die from cancer in the UK is lower than among the general population (12-18%, compared with 26%), although they have proportionally higher rates of gastrointestinal cancer (48-59% vs 25% of cancer deaths). People with learning disabilities with cancer are less likely to be informed of their diagnosis and prognosis, to be given pain relief, to be involved in decisions about their care and they are less likely to receive palliative care.

Coronary heart disease is a leading cause of death amongst people with learning disabilities (14-20%).

Respiratory disease is possibly the leading cause of death for people with learning disabilities (46-52%) with rates much higher than for the general population. Adults with learning disabilities are 2.6 times more likely to die from asthma than those who do not have learning disabilities.

The prevalence of epilepsy in the British population is between 0.5% and 1% among those with moderate learning disability this prevalence rises to 15%. Among those with severe and profound disability the rate raises further to 30%, with seizures commonly being multiple and resistant to drug treatment.

Physical Disabilities

People with learning disabilities are 10 times more likely to have a serious sight problem than other people. 6 in 10 people with learning disabilities need glasses and often need support to get used to them.

People living independently or with family are significantly less likely to have had a recent eye examination than people living with paid support staff.

The Foundation for People with Learning Disabilities states that around 40% of adults with a learning disability experience moderate to severe hearing loss

In some cases the hearing loss may exacerbate the effects of an individual's learning disability, because it may sometimes go unrecognised or undiagnosed, with the behaviours associated with hearing loss being instead considered part of the learning disability.

Untreated hearing loss can contribute to delayed speech and language development, difficulties with learning, and problems communicating with others, so a diagnosis as early as possible is vital, especially for people who may already experience difficulties in these areas.

Hearing problems are particularly common among people with Down's syndrome, and, as with the general population, become both more likely and more extensive as people age.

People who have a disability are twice as likely than people without a disability to have no access to a car (Office for Disability Issues 2009). Disabled people are also less confident in using public transport because of physical access issues but also because of staff attitudes (Framework for Action on Independent Living 2012).

Mental health

The prevalence of mental health problems in people with learning disabilities is considerably higher than in the general population.

The prevalence of psychiatric disorders is 36% among children with learning disabilities, compared to 8% among children without learning disabilities.

The prevalence of dementia is higher amongst older adults with learning disabilities compared to the general population (22% vs 6% aged 65+) and they also tend to develop it at a younger age and at a faster rate. People with Down's Syndrome are at particularly high risk of developing dementia, with the age of onset being 30-40 years younger than for the general population.

Ethnicity

Cwm Taf has lower representation from ethnic groups other than white than Wales as a whole. However there are Polish, Portugese and Czech people living in the local community and their access issues will need to be considered in terms of language issues and availability of transport.

Language can represent a further barrier for people with learning disabilities in accessing public transport and services generally. It can also create further barriers to understanding during diagnosis, treatment and during recovery. The use of translation services may be appropriate and there are supportive policies in relation to these services.

Whilst there is no specific evidence available to examine the ethnicity of people with a Learning disability in Cwm Taf at this point it is worth noting that evidence shows that people from different ethnic groups respond differently to health promotion campaigns which may not be sensitive to language or cultural differences. In planning and delivering health and wellbeing activities, providers need to be mindful of these issues. However, the importance of family and community support networks is well recognised by many ethnic groups which will be helpful in building community capacity.

Marriage and Civil Partnership

Many people with a learning disability say that relationships are important to them - yet only 3% of people with a learning disability live as a couple, compared to 70% of the general adult population

Several barriers make it difficult for people with a learning disability to have personal and sexual relationships:

- Meeting people is more difficult.
- Social isolation is more common.
- The balance between risk and rights when it comes to people with a learning disability having intimate or sexual relationships is often skewed towards restricting their choices, both in the family home and other living arrangements.

These social attitudes are restricting, which means that people with a learning disability are often not getting the freedom or privacy to have intimate or sexual relationships.

Mencap have set out what is required to ensure people with a learning disability (relevant to people who have capacity to consent) are able to develop positive, informed, healthy and safe intimate relationships which are:

- Support to meet other people and form relationships
- Access to high quality and accessible sex education
- The opportunity to express their sexuality and have intimate relationships
- The right and wish to have an intimate sexual relationship balanced against any risk around safety and abuse

Religion

There is a lower representation in every religious group in Cwm Taf than is seen in Wales as a whole. Higher than average proportions of the population stated that they had no religion.

However it is important that services take cultural needs into account. A guide to cultural issues has been developed by Mental Health Advocacy Services (partly commissioned by the Health Board).

Sexuality and transgender

This information is not currently available. However in general terms, research has suggested there may be an association between harassment and poor mental health. Some evidence suggests lesbian, gay and bisexual and transgender people, are perhaps more likely than other groups to face hostility and misunderstanding, and are more likely to experience poor mental health.(How Fair is Britain?). Recent research looking at the mental health and emotional wellbeing of transgender people has found rates of current and previously diagnosed mental ill health are high.

The Isolation to Integration report found that gay men and lesbians are at greater risk of becoming lonely and isolated as they age because they are more likely to live alone and have less contact with family.

Lesbian, gay, bisexual and transgender (LGBT) people with a learning disability can face 'double discrimination', with their sexual rights denied on the basis of their learning disability as well as their sexual orientation or gender identity.

The Mencap requirements set out above in section 3.5 apply equally for LGBT people

Deprivation

Over 40% of residents in Merthyr Tydfil live in the most deprived fifth of Wales and within Rhondda Cynon Taf over 30% of residents live in the most deprived fifth of Wales. Higher levels of deprivation are evident in every category compared with the rest of Wales and this has implications for access to health generally, as well as other issues such as transport, unemployment and prosperity.

This has implications for our health and wellbeing given the association between deprivation and ill-health, which manifest in shorter life expectancy than the rest of Wales. There is also a gradient in life expectancy across Cwm Taf with higher levels of deprivation in valley communities, compared to the less deprived areas along the M4 corridor

The Office for National Statistics in 2011 found that across the UK, employment rates were lowest (at 12%) for those with severe learning difficulties.

According to the Foundation for People with Learning Disabilities over 65% of people with learning disabilities would like to be in paid employment but this

contrasts with 2010/11 statistics which found only 6.6% of adults with learning disabilities were in some form of paid work.

Of those who were in employment they worked part-time, with men more likely to work 30+ hours than women.

Carers

More than half of adults with a learning disability live with their families. Even if they live away from the family home, their family carers are still likely to be involved in supporting them in various ways and unlike many other carers, family carers of people with learning disabilities are likely to have experienced a lifetime of caring and to care for decades. They may also of course have several caring roles as they age.

People with learning disabilities who continue to live with their families into middle age and beyond often find themselves in a mutual caring role as their parents get older. Like other carers people with learning disabilities are happy to care for others and proud of what they are doing. However, they may need some help in the role, and support to make decisions about the type and amount of caring they are doing. Its worth noting that the social services and wellbeing (Wales) Act 2014 gives Carers an equal right to assessment, this assessment should be carried out in the best way to meet an individual's needs and focus on what matters to the person and how they can use their own strengths and resources to do those things.

People with disabilities are living longer and for their parents and carers this creates anxiety with regards to what will happen when they are too old to care, have a crisis or when they die. For some who are not currently involved with social services, services and support has changed beyond recognition from the days when people were offered the choice between leaving their relative in institutional care or taking them home. Working together to build more effective universal and community services could help ensure advice and information is more readily available outside of formal services and encourage older carers to begin developing contingency plans for the future

A comprehensive Cwm Taf Carers Strategy has been developed and formally agreed for the region which responds to the most common issues raised by carers. This can be found on the following link

<http://cwmtaf.wales/how-we-work/plans-and-reports/cwm-taf-carers-strategy-2016-2019/>

Welsh Language

In Cwm Taf, 12.3% of adults and 8.9% of children are able to speak Welsh. The proportion of those who are able to understand, speak and/or write Welsh varies within this.

More than just words...., the Welsh Government's original strategic framework for Welsh language services in health, social services and social care, launched in 2012, has led to a number of improvements that have helped

support Welsh speakers receive health, social services and social care services in their first language. This has been achieved by making the best use of the existing skills and resources across our NHS and social services.

One of the key principles of *More than just words...* is the Active offer. An Active Offer simply means providing a service in Welsh without someone having to ask for it. It means creating a change of culture that takes the responsibility away from the individual and places the responsibility on service providers and not making the assumption that all Welsh speakers speak English anyway.

Human Rights

At its most basic, care and support offers protection of people's right to life under Article 2 of the European Convention by ensuring their most fundamental physiological needs, such as eating, taking medication, getting up in the morning and going to bed at night are met. But for those who require it, and those with whom they share their lives, the availability and organisation of care and support also determines whether they enjoy a number of other important human rights including freedom from inhuman and degrading treatment (under Article 3 of the Convention) and the right to respect for private and family life (under Article 8).

One crucial element of ensuring people are treated with dignity is for providers to understand the significance of human rights legislation. The legal framework of human rights law requires that health and social care workers, alongside other providers of public services, respect the dignity of people using services.

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. There are ongoing tensions between adherence to these values and the need to protect people from abuse, neglect and harm. For example, someone with a Learning disability may want to do something that presents a risk to themselves or others, and in such a case workers would need to consider whether this decision has been made with capacity. If so, then they should strive to find a way of ensuring the person's safety while respecting their right to choose what they want to do. If the person may lack capacity, they should be assessed according to the Mental Capacity Act 2005 (MCA).

Whilst providers and commissioners in Cwm Taf must take responsibility for adherence to human rights and equalities legislation this is also enforced through external inspection and regulation.

4. STAFF WHO MAY BE AFFECTED BY THESE PROPOSED CHANGES

Analysis undertaken to develop the Statement has shown that the majority of partner resources, including staffing, are focussed on specialist services whereas we need a stronger emphasis in the future on Community, Universal and universal plus services.

We will need to consider the implications of the new service models for our staff. It is recognised that if staff are required to relocate or work differently, eg as part of integrating services, their personal characteristics and circumstances are taken into account, particularly if their journey is more difficult or their work pattern changes e.g. their age and family commitments.

There are appropriate organisational change policies in place within the local authorities and the University Health Board to manage any staff changes required as a result of this work

5. THE ENGAGEMENT EXERCISE

The initial draft statement of strategic intent for Children, Young People and Adults with Learning Disabilities (including autism and complex needs) and their families (referred from now on as the Statement) was developed in response to what service users, carers and other stakeholders had told us previously and with reference to good practice and research from elsewhere.

The engagement activity undertaken during 2017 was intended to make sure that we have correctly addressed the things that stakeholders told us and that the Statement is focussed on what matters

Over a 16 week period, between the 11th of May and the 31st of August a number of staff briefings, stakeholder focus groups and service user conversations have been undertaken across the region.

Stakeholder Briefing

At the start of the engagement process officers from across the Partnership created a comprehensive stakeholder map (attached as appendix 1) to ensure that all briefing materials could be widely distributed and operational staff updated and involved

To support effective service user engagement a focus group was facilitated on the 19th of May. This session was arranged for staff (from across the service) and the self advocacy group (Peoples First) to consider how best they could engage with and gather the views of the wide range of people with learning disabilities with differing levels of need and communication skills. The outcome of this session was to ensure effective conversations with service users about the plan and its content

The Focus groups

Focus Group	Participants
Parent Carers	8 participants
Council Staff outside Social Services	11 participants: libraries, leisure, adult education, customer services, community wellbeing, contact centre, youth engagement & participation,

		housing, integrated transport unit.
Adult Health		8 participants: therapies & health sciences, mental health, learning disability, primary care, OT, carers co-ordinator, nutrition & dietetics, substance misuse, patient care & safety, district nursing.
Children's Health		14 participants: OT, SALT, physio, dietician, neurodevelopment team, nursing, paediatrician, commissioning, psychiatrist, early years, planning, engagement & participation.
LD Groups	Community	9 participants: Touch Trust, RCT, Mencap, Arts Factory, Autism for Children, Dewis, Viva
Wider Groups	Community	7 participants

Each focus group lasted two hours and followed a similar procedure. Participants were asked to introduce themselves by stating who they were, what their role was and what that meant they were responsible for. The facilitator then spent ten minutes setting the context around the Social Services Well-being Act (SSWB Act) and the Cwm Taf Statement of Intent for Learning Disabilities. Each focus group was then asked the same set of questions:

- What impact has the SSWB Act had so far?
- Is there anything in the Statement of Intent that stands out to you?
- What things would you like to do differently?
- What impact would it have?
- What would it take to be able to do it differently?
- How would you like us to take the engagement forward?
- Who else could help us?
- Any other resources that could help us?

The discussions were allowed to flow naturally and the facilitator didn't move onto the next question until the discussion naturally paused. The focus groups were recorded, transcribed and the data analysed using Nvivo.

Focus Group findings

The findings are grouped under three themes (Universal, Universal Plus, and Early Intervention) that reflect the model for commissioning an ordinary life described in the statement of intent.

These findings are a summary of the key issues raised. A more detailed illustration of the discussion is available on request

Universal

- There is a direct correlation between families having a bad experience of universal services not coping with their family member with learning disabilities and the conclusion that the only solution therefore is a specialist service.
- There is a lack of community infrastructure
- There is a need for social prescribing
- There is a need to empower people with learning disabilities and their families
- There is a need to increase community presence and contribution so as to reduce stigma
- There is a need to support and empower staff working in universal services
- Community environments need to be more accessible.

Universal Plus

Participants consistently stated that universal plus does not currently exist and is again the reason that people jump to the conclusion that the ONLY solution is a specialist service.

Early Intervention

Issues around early intervention consistently centred around challenging behaviour and the lack of access families have to support that helps them to manage and reduce such behaviors.

Meetings with service users (Peoples first)

People's first facilitated conversations with service users about the Statement of intent as part of a series of meetings during July.

These sessions were very well attended and utilised the 'easy read' document produced to support the engagement process

Service user participation at these meetings were as follows

Merthyr	18
Rhondda	8
Taf Ely	10

Findings from the meetings with service users (Peoples first)

These findings are a summary of meetings with service users, facilitated by Peoples first. The findings below reflect the structure of each meeting and identify the key themes recorded in the minutes. A more detailed record of each meeting is available on request

When asked if the statement of intent addressed the important things for them they noted particularly that it did not address:

- Transport as they felt particularly that transport was key to supporting access to the things they want to do
- Access to places to support people with learning disabilities feel more part of the community and help them be more independent

The things they identified as 'what matters' to them were (in summary):

- Healthy eating,
- Keeping fit and able to exercise (walking, swimming, dancing, going to the Gym, shopping, football, badminton, bowling, Zumba),
- Access to IT and communicating online with friends
- Being with partners, friends and family and socialising, going places with them
- Living with family,
- Learning and maintaining new skills Gardening, Arts and Crafts
- Working /having a job
- Having access to good local doctors and being confident to tell the doctor how you feel and having them listen to you
- Being Active
- Being happy
- Health and well being of family
- Having a break and a holiday

It was noted in particular during these meetings that communication with service users needs to be prioritised with regards to any changes to services and that they are concerned to ensure that they are fully engaged in any change to service delivery in the future

Online suggestion box

To further capture people's views and reflections, an online suggestion box was created on the Cwm Taf Hub. Officers from across the partnership publicised this online facility within their service areas, with stakeholders, service users and carers. This facility was also publicised through the stakeholder briefings and focus groups

Participants that recorded their views in the online suggestion box were as follows:

A person with a learning disability	1
A carer for someone with a learning disability	14
A professional working with people with learning disabilities	35
other	7
Total	57

Online suggestion Box findings

These findings are a summary of the responses recorded in the online questionnaire which was live from May to August 2017. A more detailed record of the online response is available on request

Of those who participated 90% recorded that they felt the statement of intent recorded the most important things for them

For those who didn't agree their comments referred primarily to the fact the document was written at a high level and lacked the detail of how it would be applied in practice

In addition there was specific reference to the fact the draft document does not refer to the Additional Learning Needs and Education Tribunal (Wales) Bill 2016 and its implications

When invited to provide further comment about the statement of intent and its content these included

- Support for the development of universal services
- Concern with regards to financial resources to manage both low level support and specialist care
- An emphasis on requests to improve communication both in terms of engagement and in relation to service delivery

When asked what they felt mattered the most to people with learning Disabilities the respondents identified the

- Having the right care and support when they need it
- Being independent
- Being with friends and family
- Being cared about
- Being able to take part in what's going on in the community
- Being active and involved in new things
- Having a safe and comfortable home
- Being able to learn new skills
- The health and wellbeing of their carer/parent
- Having good advice and support to keep themselves healthy
- Being treated as a respected individual

Outcome of the engagement activity

Generally the Statement of Intent has received widespread support particularly the service model for commissioning an ordinary life.

We have heard that access to universal and community services and activities is currently a challenge for people with learning disabilities, and service users

in particular identified the practical difficulties they face whilst trying to live an ordinary life in the community.

We have noted that we need to continue to look at what matters to people with learning disabilities and their families and to engage them effectively in the design of the service going forward. This is because our understanding of accessibility to both universal services and community services has to be informed by the experiences of those who are trying to access them to ensure the key challenges they face are addressed

The Statement of Intent is intended as a strategic statement for partners to use as a framework for further commissioning and development but the nature of this high level document was frustrating for some as they are keen to understand how change will affect them directly

A strong message from all participants was the need to communicate more effectively with people and to engage them in any change and development of the service

To that end the Regional Steering group that involves representation from both Merthyr and RCT Local Authorities, Cwm Taf University Health Board, People First and third sector community groups will be responsible to ensure effective engagement and communication activities with service users, carers parents, staff and other stakeholders during the next steps are prioritised

Finally prior to embarking on the more detailed work to implement the model and to conclude the work on the actual statement itself we need to amend the draft to incorporate the Additional Learning Needs and Education Tribunal (Wales) Bill 2016 and its implications

6. POTENTIAL POSITIVE AND NEGATIVE IMPACT IDENTIFIED

Positive:

The primary beneficiaries are people with learning disabilities as the Statement provides a positive focus rather than a negative discrimination based on their disability

There will be a positive impact in terms of a culture change which promotes independence, social inclusion, greater choice and control.

The proposed service model (five interrelated levels) will improve health and social care outcomes eg by increased availability of services that promote health and wellbeing but also the opportunities to target support and care to those who need more intensive help. This will have a positive impact on both people with low level learning disabilities as well as those with more complex needs.

The emphasis on a 'good life' (*Somewhere to live, something to do, someone to love*) is likely to have a beneficial impact on people with a learning disability

placing a greater focus on quality of life outcomes for people living in our communities.

The model will encourage the development of more opportunities to be available as locally as possible, at home or within local communities. This will have a positive impact by promoting accessibility and addressing the barriers currently experienced like transport.

Home based and community care can minimise disruption to people's lives. It can also be easier to meet individual spiritual and cultural needs if people remain part of their own community and any groups to which they belong. Privacy eg LGBT status and family life, including marital and civil partnership status can also be preserved.

The improved coordination of services to be achieved by the collaborative approach taken by partners and the development of this Joint Statement of Intent will ensure people with learning disabilities can access the services they need in the right place at the right time, delivered by the right person.

Negative

There may be a negative impact on family members/carers who feel that they have to take on additional responsibilities and a significant unpaid caring role. This could particularly impact on certain cultures and/or where women are traditionally expected to take on that role.

As noted in section 3 the Cwm Taf Social Services and wellbeing Partnership are implementing a Carers strategy to support carers in the communities of RCT and Merthyr Tydfil and the Social Services and Wellbeing (Wales) Act 2014 provides carers with an equal right to assessment with a focus on what matters to the person

During the engagement activity it was clear that people with learning disabilities and their families are very anxious about changes to their services and are concerned to seek commitment that they will be engaged in any change that may have an immediate impact on their daily routine.

The steering group taking forward the co-ordination of work to respond to the statement of intent will endeavour to engage people with learning disabilities and their families in the work going forward paying attention to the communication of information as well as co-producing solutions with those who have a direct stake in the outcome

There is an expectation that suitable universal and community services will be available to support people with learning disabilities appropriately in the community but this will require resource particularly with regards to the training and development needs of staff across all agencies to ensure their understanding of the specific communication and engagement needs of this group of people are addressed effectively

In part some of the changes required to traditional service models will create efficiencies that can support new models of service; through utilising mainstream facilities for example. In addition the Social Care Workforce Development Grant is available to support the training needs of all staff groups across the statutory, independent and 3rd sector organisations working in social care - its allocation is influenced by Partnership priorities

Overall it is considered that the benefits to be gained from the implementation of the Joint Commissioning Statement for Learning Disabilities will outweigh any negative impacts. The potential negative impacts will be addressed as identified below and as the Strategy is implemented.

7. PLANS TO ALLEVIATE ANY NEGATIVE IMPACT

Support for carers

A comprehensive Cwm Taf Carers Strategy has been developed and formally agreed for the region which responds to the most common issues raised by carers

Engagement and communication

The steering group overseeing the next steps will comprise of partner representatives, Peoples First (self advocacy) service users and carers. This group will from the outset agree an engagement plan

The purpose of the engagement plan is for the group to think through how stakeholders are going to be appropriately informed and involved in each stage of the development of the business case and the implementation of the delivery model.

Effectively engaging and communicating with stakeholders including staff will help facilitate the change management process. It will also help identify as well as reduce the potential risk of stakeholders not engaging in or being committed to the changes. This plan is not a plan for consulting stakeholders about whether any changes should or should not take place. The case for change has been accepted and the focus now is to develop and implement the best solutions to deliver the agreed Vision and outcomes.

The objectives of the engagement plan is to

- Achieve a shared understanding of what we are doing and why.
- Ensure that a whole system approach is taken towards the agenda for change and that the relevant individual parts of the system understand their contribution towards its delivery.
- Maximise the opportunity for participation of stakeholders into the development and implementation of the changes.
- Build credibility and trust and create an environment that encourages openness and meaningful dialogue.

- Ensure all stakeholders know what is happening, when and how it will affect them.

This Statement of intent is a high level document that does not go into the detail of service change at an operational level

As a result it is anticipated that each significant service change undertaken within the services to people with Learning disabilities will require specific consideration with regards to a more detailed Equality Impact Assessment

8. MITIGATION

An effective EIA takes into account the views and opinions of those who may be affected by the policy and what is already known about how the policy might affect different groups. This includes national evidence, Public Health Wales information, census data, public and service user views wherever possible in order to identify and address issues.

The consideration of mitigating measures and alternative ways of doing things is at the heart of the Equality Impact Assessment process. Different options have been considered in the development of the Statement of intent as covered in this document. The consideration of mitigation of adverse impacts is intertwined with the consideration of all actions. Mitigation can take the form of lessening the severity of the adverse impact.

Ways of delivering services which have a less adverse effect on the relevant equality category or issue, or which better promote equality of opportunity for the relevant equality category, have been considered.

The preliminary issues and potential mitigations have been listed earlier in this document and will be revisited as the service changes are agreed and developed. This initial document represents stage one of the equality impact assessment.

10. SUMMATION – GENERAL DUTY

Due Regard to 3 elements of general equality duty

This Equality Impact Assessment is representative of a real attempt to address the following questions:

Does this Statement Of Intent help to eliminate discrimination?

Yes, although there is no perceived discrimination in the way services are currently provided, the move to this new model that supports an 'ordinary life' will help achieve the outcomes we are seeking to achieve for people with a Learning disability and their families to:

- access modern services that promote a sense of belonging to and inclusion in their local community.

- maximise independence, reduce dependency and emphasize choice and control.
- access efficient and effective services that enable citizen centred wellbeing outcomes
- be able to access efficient and effective services that minimize escalation of need and risk
- enable greater privacy and personalised care that meets their individual needs and lifestyles.

Does this service change help promote equality of opportunity?

Yes, this model of service provision should enhance the service offer to all people with a learning disability and their families , supporting an ordinary life in our communities

Does this service change help foster good relations between people possessing the protected characteristic and those that do not?

Yes we have considered the population as a whole from cradle to grave and looked particularly at the needs of older people with a learning disability and their carers to recognise their particular needs particularly now that people are living longer and with more complex care needs in the community

Where concerns relating to equality have been raised, these have been identified and explored in order to establish possible mitigation and to avoid discrimination against any particular groups and to promote equality of access to services. This has involved engagement with different groups in relation to the use of appropriate media, fora and by building on existing relationships.

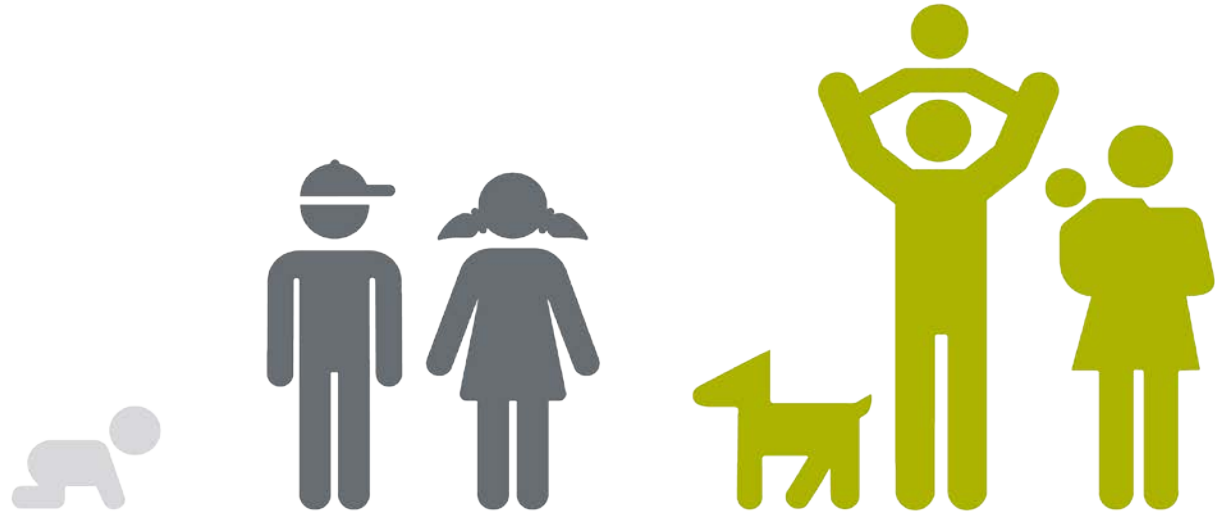
The composition of the local population (2011 Census and Public Health information) has been analysed and issues considered.

11. MONITORING ARRANGEMENTS

The impact of this statement of intent will be closely monitored and careful consideration will continue to be given to the points highlighted in this equality impact assessment.

Further and as noted above specific service change resulting from our commitment to this high level statement will require further comprehensive equality impact assessment and as such this assessment is considered as the first step

A Shared Regional Strategy for Supporting Children, Young People and Families



Cwm Taf Social Services and Well-being Partnership Board

Content and Glossary

Introduction and context	4
Vision statement	5
Cwm Taf area	7
Our population	8
A history of partnership	9
Our shared vision	10
Some of the challenges we face together	11
Our shared principles	12
Our three-year shared objectives	13
Governance and accountability	17
Performance and delivery	18

Social Services and Well-being (Wales) Act is a new law that the Welsh Government says will give people more of a say in the care and support they receive.

Well-being of Future Generations (Wales) Act 2015.
This Act is about improving the social, economic, environmental and cultural well-being of Wales.

Population assessment captures the needs and resources of the local population how public resources can best be deployed to support them.

Well-being Assessment (WBFG) are expected to capture the strengths and assets of the people and communities in the area in their assessment.

Cwm Taf Public Services Board have committed to a range of strategic intentions across the region including to deliver the goals of the Well-being of Future Generations (Wales) Act.

Universal services are those services (sometimes also referred to as mainstream services) that are provided to, or are routinely available to, all children, young people and families.

Early help is about working with children and families to help them deal with difficulties or challenges as soon as they arise.

Introduction and context

This document sets out how we will work together to address Welsh Government legislation and how we will pool our resources to ensure high quality, accessible and integrated services that will help children, young people, families and communities quickly and effectively.

It explains our shared vision, and how it will be implemented, overseen and measured to ensure it is implemented effectively.

Introduction and context

The plan has been produced jointly by partners in Cwm Taf in response to a population analysis, and consultation with the public and professionals in 2016 and 2017. It is intended to remain relevant until 2022.

We have proposed a shared vision, principles and objectives which will direct the work of all partners over that period.

Vision statement

Our shared vision is that children, young people and families in Cwm Taf live safe, healthy and fulfilled lives and that they are able to achieve their full potential by building resilient communities.

Introduction and context

The Cwm Taf Public Services Board will make sure that all our activities and services are driven by this strategy.

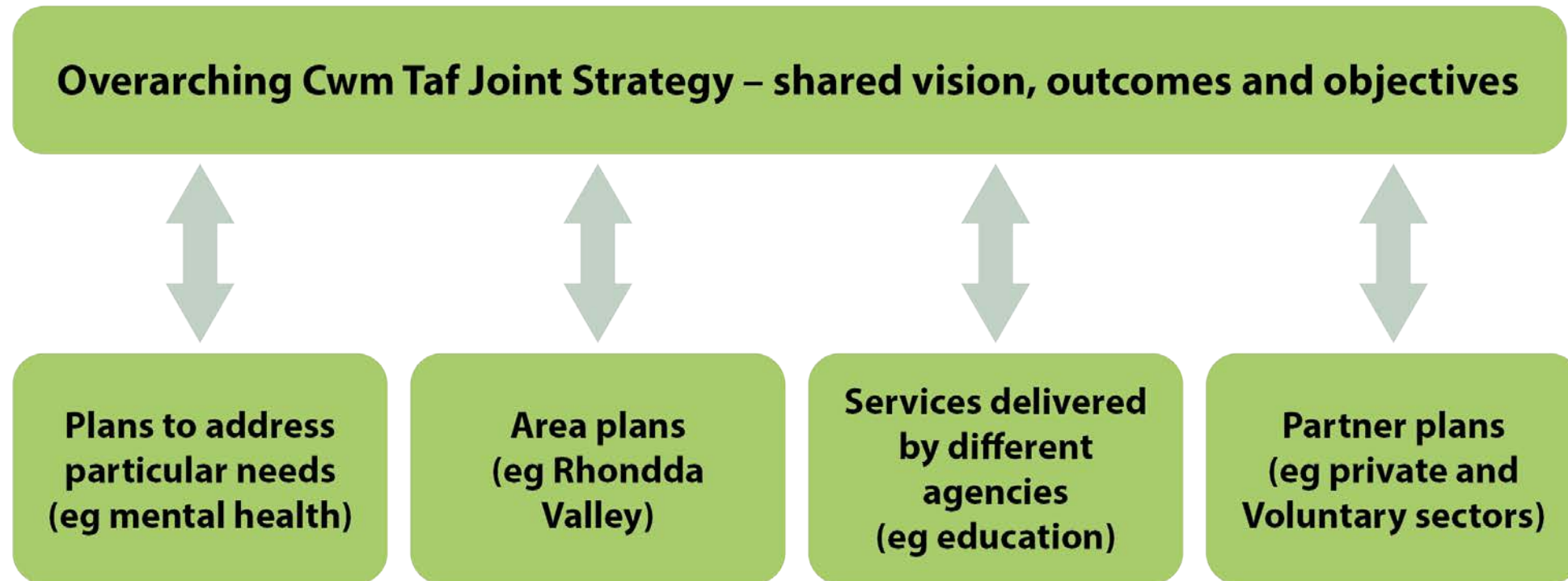


Figure 1. The alignment of the joint strategy and local plans and strategies

Cwm Taf area

The partnership is made-up of public and third sector organisations in the Cwm Taf region.

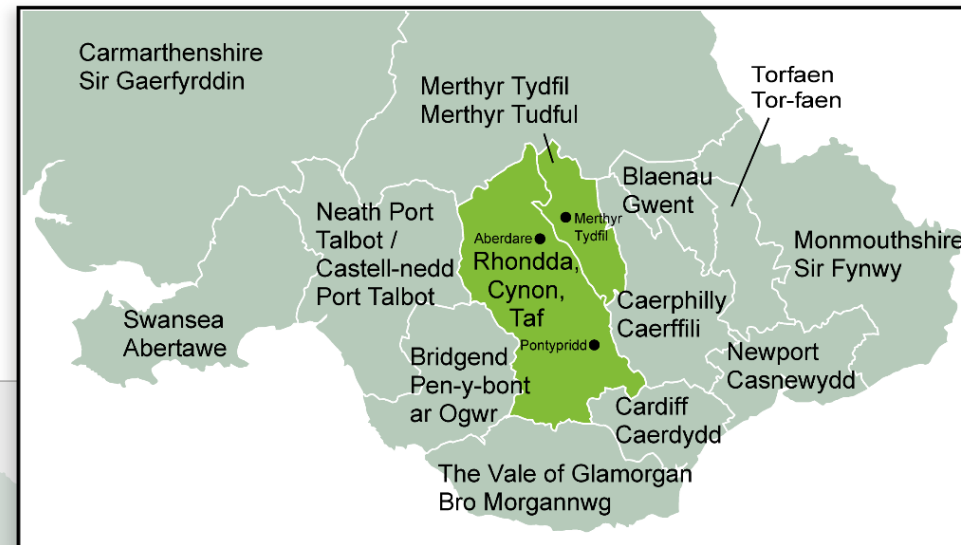
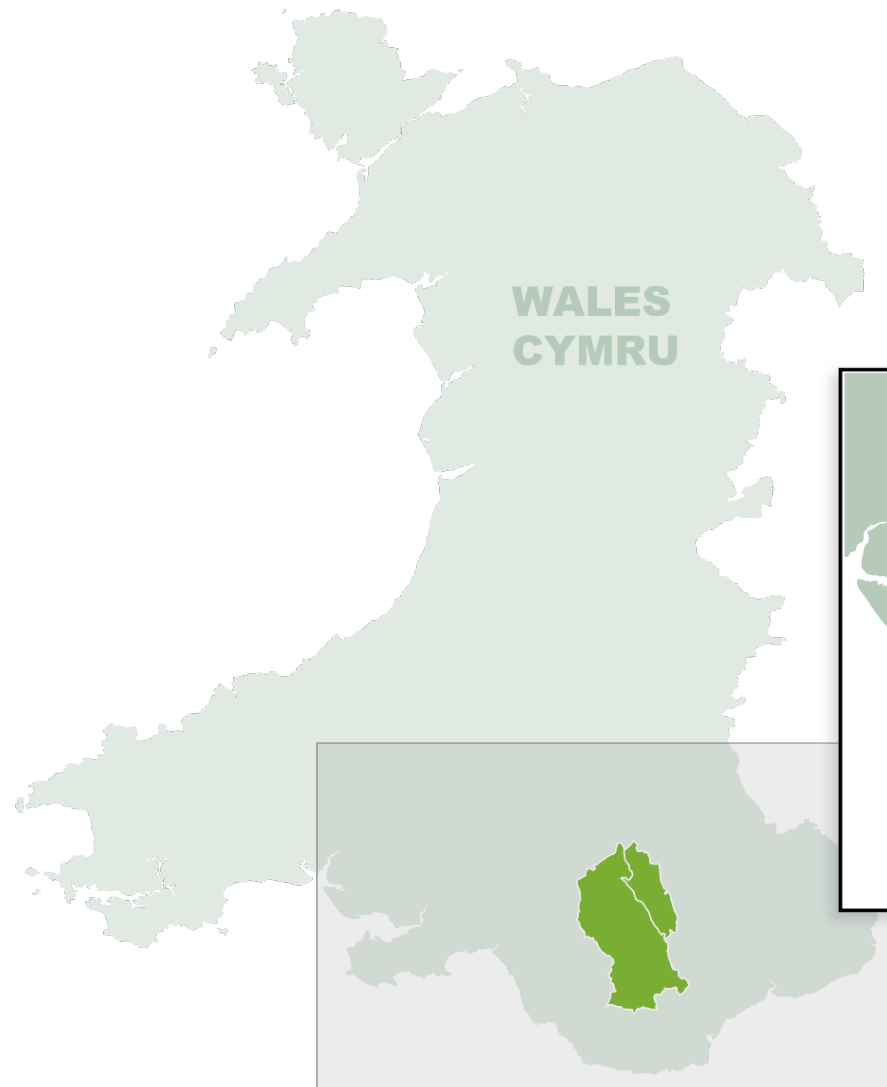


Figure 2. Map of the Cwm Taf region

Our population

Cwm Taf is a great place to grow up, but children, young people and families do face challenges.

3.064 million people live in Wales. 10% of the Wales' population live in Cwm Taf.

For every 100 adults in Wales 47% have suffered at least one ACE during their childhood and 14% have suffered 4 or more

2,625 children in need (Inc. Disability) live in Cwm Taf and make up 13.5% of all children in need in Wales.

28.7% children aged 4 to 5 are overweight or obese in Cwm Taf, highest in Wales 26.2%

1 in 5 children report low life satisfaction in Wales.

2,615 children and young people are reported to have experienced mental ill-health in Cwm Taf and make up 13.5 % of all cases in Wales.



765 children and young people are looked After in Cwm Taf, which is 13.5 % of all CYP looked after in Wales.

555 children and young people are on the Child Protection Register in Cwm Taf, and make up 18.5% of all such children in Wales.

56% of pupils in Merthyr and 62% in RCT gained A* - C grade in GCSE

3,263 self-reported young carers aged under 25 yrs in Cwm Taf, an increase of 16% since 2001.

Care leavers leaving school with no qualifications was 38% RCT and 29% Merthyr in 2016

483 households were assessed as homeless in Cwm Taf in 2016.

24% of children living households below average income in Cwm Taf in contrast to 22.2% in Wales.



A History of Partnership

In Cwm Taf we have a strong history of partnership working and this is evident on our collaborations:

- Cwm Taf Public Services Board
- Cwm Taf Safeguarding Board
- Cwm Taf Youth offending Service
- Cwm Taf Multi-agency Safeguarding Hub
- Vale, Valleys and Cardiff Adoption Collaborative
- Intensive Family Support Team
- Out of Hours Duty Service (MT, RCT and Bridgend)
- Joint Education and Psychology Service
- Cwm Taf Children and Young People's Emotional and Mental Health Partnership

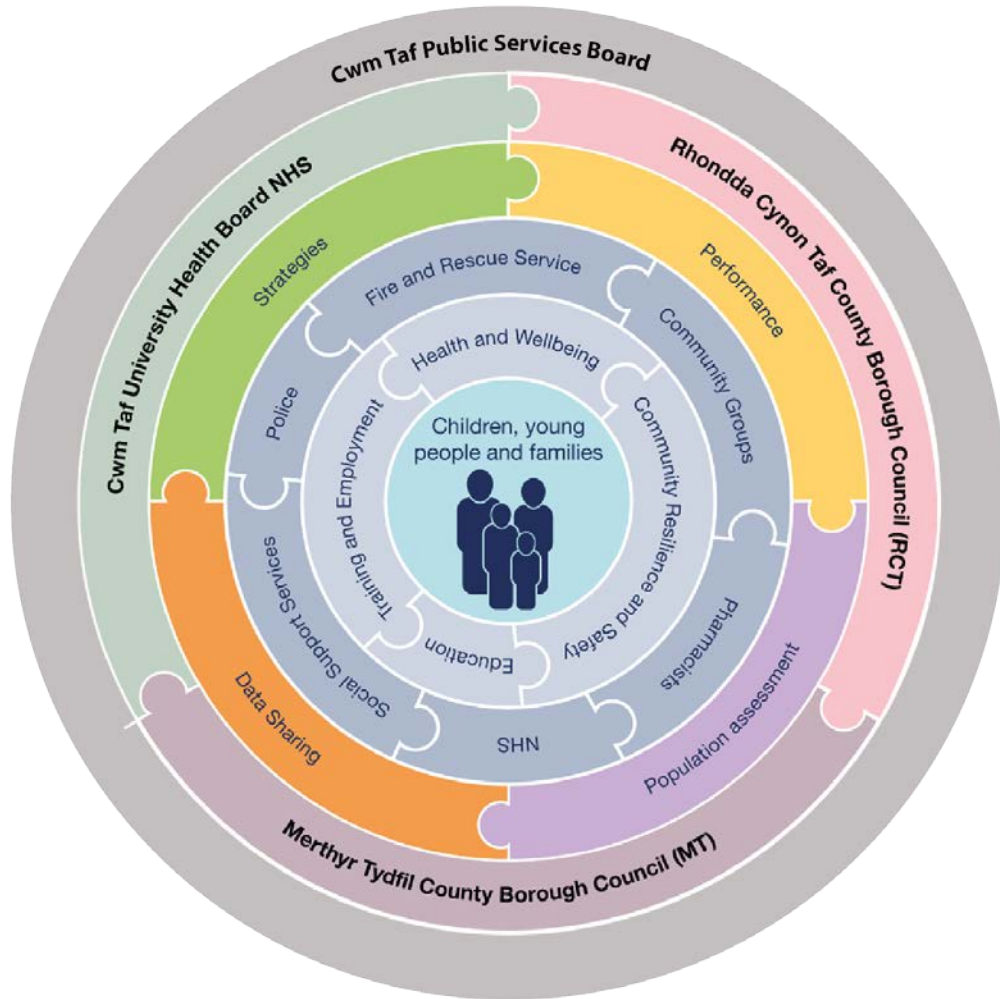


Figure 3. Cwm Taf partnership working

Our shared vision

Children, young people and families in Cwm Taf will live safe, healthy and fulfilled lives and achieve their full potential.

Families and communities will be more resilient and independent.

Our focus on communities will give children, young people and families the best possible environment to thrive.

The balance of resource will shift from safeguarding, substitute and complex care to early and targeted help.



Figure 4. Pathway to improving outcomes

Some of the challenges we face together

This is a challenging time for us all, as we work together to address issues including:



Significant changes in family and community structures



New technology



Increasing financial pressure on public services



Changing Public Expectations



Changing Population



Increasing complexity

Our shared principles

Over the next five years we will work as partners to deliver the Social Services and Well-being (Wales) Act 2014 and Well-being and Future Generations (Wales) Act 2015 and:

- Work better in partnership with local children, young people, families and communities to help them achieve their personal well-being outcomes and build resilience.
- Work positively with children, young people and families taking a strengths-based, co-production approach.
- Take a place based approach to working collaboratively in and with communities to develop the best possible environment for them to thrive
- Focus our intensive support on those children and young people who need help to deal with significant adverse experiences.

Our three-year shared objectives

In the next three years each partner will use our shared vision and principles as the basis for their own detailed plans and services. In addition, we will work together to secure the following twelve objectives:

- 1 We will work to achieve an integrated place-based approach to building resilient communities that prevents and mitigates the effects of adverse childhood experiences (ACEs).
- 2 We will invest in and collaborate with our local communities to support children, young people and families' learning, resilience, and wellbeing.
- 3 We will co-produce shared plans for the development and organisation of early help interventions in localities, underpinned by information sharing, joint-working arrangements and the active involvement of children, young people and families in their co-production.



Our three-year shared objectives

4 We will enhance partner's joint arrangements for safeguarding, risk assessment and information sharing, ensuring that they are successful in protecting children, young people and vulnerable adults in communities.

5 We will have a full range of integrated services for children, young people and families' with complex needs to provide care and support at the right time and place.

6 We will have a single set of advocacy arrangements in place to ensure that all children and young people are understood, and able to contribute fully in decision making, which are relevant to them.

7 We will have a pooled budget in place to support delivery of a continuum of family support services across Cwm Taf and increase our overall proportional spend in this area.



Our three-year shared objectives

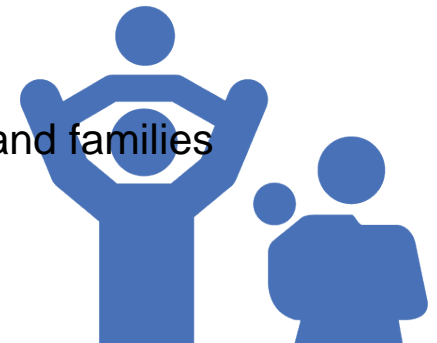
8 We will implement a shared framework for the assessment, eligibility and support for children, young people and families, to ensure we are collaborating effectively across professions and agencies.

9 We will have effective shared information arrangements in place between all key agencies across Cwm Taf.

10 We will have a shared performance framework reflecting our continuum of services, which meets the requirements of the Welsh Government and allows us to review the impact of our services on wellbeing outcomes for children, young people and families.

11 All of our local plans will be informed by a single population assessment for Cwm Taf, which will be kept under review.

12 We will have a workforce across Cwm Taf which is working effectively with children, young people and families in the spirit of the SSWB (W) Act.



Governance and accountability

- The strategy is owned by the Cwm Taf Regional Partnership Board, which will hold partners to account for its delivery and ensure that local plans are developed within these overall priorities.
- The Regional Partnership Board will review targets and performance measures (including relevant National and Regional Performance Indicators) to ensure that the strategy is having its intended impact.
- Every partner agency will seek agreement from the Partnership Board for any key local plans related to the strategy.



Performance and delivery

The Partnership Board will review the impact of the shared strategy through a twice-annual review, and an annual report to the Welsh Government covering:

- Population outcomes, needs and services from the data collected for the Government such as education returns, health performance and social care outcomes.
- Service activity and performance from the same sources and our locally collected data.
- Progress against milestones identified in the delivery plan for the five-year priorities and three-year objectives in this strategy.



A Shared Regional Strategy for Supporting Children, Young People and Families – Milestones, Measures and Regulations

The three central themes to the Cwm Taf Shared Vision (2017-2020):

The right universal services at the right time to promote wellbeing achievement and independence

- 1 We will work to achieve an integrated place-based approach to building resilient communities that prevents and mitigates the effects of adverse childhood experiences (ACESs).**
- 2 We will invest in and collaborate with our local communities to support children, young people and families' learning, resilience, and wellbeing.**

Focus on early help for those with emerging difficulties

- 3. We will co-produce shared plans for the development and organisation of early help interventions in localities, underpinned by information sharing, joint-working arrangements and the active involvement of children, young people and families in their co-production.**

Targeted intensive support for those who are really struggling

- 4. We will enhance partner's joint arrangements for safeguarding, risk assessment and information sharing, ensuring that they are successful in protecting children, young people and vulnerable adults in communities.**
- 5. We will have a full range of integrated services for children, young people and families' with complex needs to provide care and support at the right time and place.**

Three Year Enabling objectives

6. We will have a single set of advocacy arrangements in place to ensure that all children and young people are understood, and able to contribute fully in decision making, which are relevant to them.
7. We will have a pooled budget in place to support delivery of a continuum of family support services across Cwm Taf and increase our overall proportional spend in this area.
8. We will implement a shared framework for the assessment, eligibility and support for children, young people and families, to ensure we are collaborating effectively across professions and agencies.
9. We will have effective shared information arrangements in place between all key agencies across Cwm Taf.
10. We will have a shared performance framework reflecting our continuum of services, which meets the requirements of the Welsh Government and allows us to review the impact of our services on wellbeing outcomes for children, young people and families.
11. All of our local plans will be informed by a single population assessment for Cwm Taf, which will be kept under review.
12. We will have a workforce across Cwm Taf which is working effectively with children, young people and families in the spirit of the SSWB (W) Act.

The table illustrates how the three-year objectives of the Cwm Taf Children, Young People and Families Strategy will be measured using a combination of local milestones and measures from the Social Service and Wellbeing Act 2014 and Future Generations Act 2015.

Three year service model objectives

The right universal services at the right time to promote wellbeing achievement and independence

- 1 We will work to achieve an integrated place-based approach to building resilient communities that prevents and mitigates the effects of adverse childhood experiences (ACEs).
- 2 We will invest in and collaborate with our local communities to support children, young people and families' learning, resilience, and wellbeing.

Example local milestones	Social Services and Wellbeing Act and Wellbeing of Future Generations measures
<p>By 2018:</p> <ul style="list-style-type: none"> ■ A clear agreement to pool resources and grant allocations to support community development around children's zones/ neighbourhood networks. ■ Joint commissioning strategies agreed to secure these arrangements. ■ An agreed programme of implementation for neighbourhood networks/Children Zones. ■ An agreed regional plan to make best use of the shared estate to meet the needs of children, families and communities linked to the above. ■ Good quality (co-produced) and widely accessible information available to the public about the help and support available to children and young people to reduce the proportion of children and young people that are affected by adverse childhood 	<p>SSWBA</p> <p>People reporting they have received the right information or advice when they needed it [Standard 1]</p> <p>Percentage of children achieving the core subject indicator at key stage 2 and 4 [Standard 4]</p> <p>Young adults reporting they received advice, help and support to prepare them for adulthood [Standard 6]</p> <p>People reporting that they feel a part of their community [Standard 5]</p> <p>WFGA</p> <p>Percentage of people living in households in income poverty relative to the UK median: measured for children, working age and those of pension age.</p> <p>Percentage of people living in households in material deprivation.</p> <p>Measurement of development of young children.</p> <p>Percentage of people attending or participating in arts, culture or</p>

Example local milestones	Social Services and Wellbeing Act and Wellbeing of Future Generations measures
<p>experiences.</p> <ul style="list-style-type: none"> ■ The pooled budget in place for the neighbourhood network <p>By 2020:</p> <ul style="list-style-type: none"> ■ A tested children's zones/ neighbourhood networks arrangement in 4 pilot areas and a plan to roll out more widely. ■ Transfer of 10% of budgets from intensive and substitute care to early help services – where appropriate. ■ A revised estates infrastructure. 	<p>heritage activities at least three times a year.</p> <p>Percentage of people in education, employment or training, measured for different age groups</p> <p>Mean mental well-being score for people.</p> <p>Percentage of people satisfied with their ability to get to/ access the facilities and services they need.</p> <p>Percentage of people feeling safe at home, walking in the local area, and when travelling.</p> <p>Percentage of people satisfied with local area as a place to live.</p> <p>Percentage of people agreeing that they belong to the area; that people from different backgrounds get on well together; and that people treat each other with respect.</p> <p>Percentage of people who volunteer.</p> <p>The social return on investment of Welsh partnerships within Wales and outside of the UK that are working towards the United Nations Sustainable Development Goals.</p>

Focus on early help for those with emerging difficulties

- 3 We will co-produce shared plans for the development and organisation of early help interventions in localities, underpinned by information sharing, joint-working arrangements and the active involvement of children, young people and families in their co-production.**

Example local milestones	Social Services and Wellbeing Act and Wellbeing of Future Generations measures
<p>By 2018:</p> <ul style="list-style-type: none"> ■ A regional commissioning strategy for early help across the region, informed by the population assessment. ■ A regional commissioning strategy to support children and young people's mental health and wellbeing agreed <p>By 2020:</p> <ul style="list-style-type: none"> ■ Integrated MIA/TAF, early years, and Flying Start programmes across the region. ■ Terms of reference agreed for creating a pooled budget for early help services ■ Enhanced connection with schools and primary care services to co-ordinate information. ■ Clear and accessible pathways to the early help offer in each community zone. ■ Good quality services commissioned to deliver effective outreach, engagement and targeting of families starting to struggle or known to be at risk. ■ Consistent and effective Information advice and guidance for children, young people and families to reduce the effect of adverse childhood experiences. 	<p>SSWBA</p> <p>People reporting they have received the right information or advice when they needed it [Standard 1]</p> <p>People reporting they were treated with dignity and respect [Standard 1]</p> <p>People reporting they felt involved in any decisions made about their care and support [Standard 1]</p> <p>People who are satisfied with care and support that they received [Standard 1]</p> <p>WFGA</p> <p>Percentage who feel able to influence decisions affecting their local area.</p> <p>Percentage of people satisfied with their ability to get to/ access the facilities and services they need.</p> <p>Percentage of children who have fewer than two healthy lifestyle behaviours (not smoking, eat five fruit/ vegetables daily, never/rarely drink and meet the physical activity guidelines).</p>

Targeted intensive support for those who are really struggling

- 4 We will enhance partner's joint arrangements for safeguarding, risk assessment and information sharing, ensuring that they are successful in protecting children, young people and vulnerable adults in communities.

Example local milestones	Social Services and Wellbeing Act and Wellbeing of Future Generations measures
<p>By 2018:</p> <ul style="list-style-type: none"> ■ An agreed plan for reducing the number of children and young people needing safeguarding support, and enhancing the early help offer for families where safeguarding is a concern. ■ Implementation of plans to reduce incidents of repeat significant harm to children and young people across the region. <p>By 2020:</p> <ul style="list-style-type: none"> ■ An integrated Multi-Agency Safeguarding Hub (MASH) across the region ■ Terms of reference agreed to develop a pooled budget for the MASH. 	<p>SSWBA</p> <p>People reporting that they feel safe [Standard 3]</p> <p>The percentage of re-registrations of children on local authority Child Protection Registers (CPR) [Standard 3]</p> <p>The average length of time for all children who were on the CPR during the year [Standard 3]</p> <p>The percentage of assessments completed for children within statutory timescales [Standard 1]</p> <p>WFGA</p> <p>Percentage of people feeling safe at home, walking in the local area, and when travelling.</p>

5 We will have a full range of integrated services for children, young people and families' with complex needs to provide care and support at the right time and place.

Example local milestones	Social Services and Wellbeing Act and Wellbeing of Future Generations measures
<p>By 2018:</p> <ul style="list-style-type: none"> ■ Agreed statement of intent for CYP and adults living with learning disabilities. ■ Implementation of the Children and young people who are looked after strategy ■ New services for children and young people with Autism spectrum disorder (ASD) in place, and an agreed delivery plan. ■ A regional commissioning strategy to support children and young people's mental health and wellbeing agreed (including provision of specialist service CAMHS) ■ Implementation of a children's first dispute resolution process across partner organisations <p>By 2020:</p> <ul style="list-style-type: none"> ■ Implementation of the CYP and adults living with learning disabilities service model. ■ High quality information sharing arrangements for children with complex needs. ■ Will have an integrated Cwm Taf approach to provision of care and support to young people who are 16-25 including care leavers. 	<p>SSWBA</p> <p>People reporting that they feel safe [Standard 3]</p> <p>The percentage of re-registrations of children on local authority Child Protection Registers (CPR) [Standard 3]</p> <p>The average length of time for all children who were on the CPR during the year [Standard 3]</p> <p>Percentage of children achieving the core subject indicator at key stage 2 and 4 [Standard 4]</p> <p>People reporting they feel satisfied with their social networks [Standard 4]</p> <p>People reporting they can do what matters to them [Standard 4]</p> <p>The percentage of looked after children who have experienced (1) or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the year to 31 March [Standard 4]</p> <p>Young adults reporting they received advice, help and support to prepare them for adulthood [Standard 6]</p> <p>WFGA</p> <p>Percentage of people satisfied with their ability to get to/ access the facilities and services they need.</p> <p>Percentage of pupils who have achieved the "Level 2 threshold" including English or Welsh first language and Mathematics, including the gap between those who are eligible or are not eligible for free school meals. (To be replaced from 2017 by the average capped points score of pupils).</p>

6 We will have a single set of advocacy arrangements in place to ensure that all children and young people are understood, and able to contribute fully in decision making, which are relevant to them

Example local milestones	Social Services and Wellbeing Act and Wellbeing of Future Generations measures
<p>By 2018</p> <ul style="list-style-type: none"> ■ An agreed model for a single integrated service for advocacy across the region. <p>By 2020</p> <ul style="list-style-type: none"> ■ A single advocacy service in place with agreed quality standards, based on the national framework. 	<p>SSWBA</p> <p>People reporting they have received the right information or advice when they needed it [Standard 1]</p> <p>People reporting they felt involved in any decisions made about their care and support [Standard 1]</p> <p>People reporting they were treated with dignity and respect [Standard 1]</p> <p>People who are satisfied with care and support that they received [Standard 1]</p> <p>People reporting they can do what matters to them [Standard 4]</p> <p>People reporting they feel satisfied with their social networks [Standard 4]</p>

7 We will have a pooled budget in place to support delivery of a continuum of family support services across Cwm Taf and increase our overall proportional spend in this area.

Example local milestones	Social Services and Wellbeing Act and Wellbeing of Future Generations measures
<p>By 2018:</p> <ul style="list-style-type: none"> ■ Integrated family support services (IFSS) pooled budget continued ■ Areas within children and young People services where a pooled fund will enhance effectiveness identified and a detailed understanding of the resources available in the region mapped 	<p>SSWBA</p> <p><i>Note: Regulation 19 requires pooled funds to be established and maintained in relation to specific functions of partnership bodies. Regulation 14 enables each partnership body to delegate functions to another partnership body for the purposes of the partnership arrangements.</i></p>

<ul style="list-style-type: none"> ■ The pooled budget in place for the neighbourhood network <p>By 2020:</p> <ul style="list-style-type: none"> ■ Terms of reference agreed for creating a pooled budget for early help services ■ Terms of reference agreed for creating a pooled budget for MASH ■ Transfer of 10% of budgets from intensive and substitute care to early help services. 	
--	--

8 We will implement a shared framework for the assessment, eligibility and support for children, young people and families, to ensure we are collaborating effectively across professions and agencies.

Example local milestones	Social Services and Wellbeing Act and Wellbeing of Future Generations measures
<p>By 2018:</p> <ul style="list-style-type: none"> ■ A set of agreed common regional standards for assessment of care and support. <p>By 2020:</p> <ul style="list-style-type: none"> ■ Consistent practice across the region in assessment, care and support in all statutory agencies. ■ Further plans for building best practice and consistency across the private and voluntary sectors. 	<p>SSWBA</p> <p>People reporting they have received the right information or advice when they needed it [Standard 1]</p> <p>People reporting they were treated with dignity and respect [Standard 1]</p> <p>People with a care and support plan reporting that they have been given written information of their named worker in social services [Standard 1]</p> <p>People reporting they felt involved in any decisions made about their care and support [Standard 1]</p> <p>People who are satisfied with care and support that they received [Standard 1]</p> <p>The percentage of assessments completed for children within statutory timescales [Standard 1]</p>

	<p>The percentage of looked after children registered with a GP [Standard 2]</p> <p>The percentage of looked after children who have experienced (1) or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the year to 31 March [Standard 4]</p> <p>WFGA</p> <p>Measurement of development of young children.</p> <p>Percentage of children who have fewer than two healthy lifestyle behaviours (not smoking, eat five fruit/ vegetables daily, never/rarely drink and meet the physical activity guidelines).</p> <p>Percentage of live single births with a birth weight of under 2,500g.</p>
--	--

9 We will have effective shared information arrangements in place between all key agencies across Cwm Taf.

Example local milestones	Social Services and Wellbeing Act and Wellbeing of Future Generations measures
<p>By 2018:</p> <ul style="list-style-type: none"> All partners implementing WCCIS (e.g. Wales Community Care Information System) for Wales. Plan to incorporate vulnerability profiling mechanism to the operating model in the Community Zones agreed to ensure early help and targeted support is effective. <p>By 2020:</p> <ul style="list-style-type: none"> Effective placed based working operational with integrated communication and information sharing across all partner agencies. 	<p>SSWBA</p> <p><i>Note: Regulation 13 provides for the sharing of information between partnership bodies, integrated family support teams and regional partnership boards.</i></p>

10 We will have a shared performance framework reflecting our continuum of services, which meets the requirements of the Welsh Government and allows us to review the impact of our services on wellbeing outcomes for children, young people and families.

Example local milestones	Social Services and Wellbeing Act and Wellbeing of Future Generations measures
<p>By 2018:</p> <ul style="list-style-type: none"> ■ Framework of performance indicators agreed (including long term population outcomes) and reports available to the Partnership Board / PSB <p>By 2020:</p> <ul style="list-style-type: none"> ■ Performance framework providing reliable and relevant baseline for measuring performance of partners across the system. 	<p>SSWBA</p> <p><i>Note: Regulations 10, 11 and 12 provide for the objectives of the regional partnership boards, together with membership and reporting requirements.</i></p>

11 All of our local plans will be informed by a single population assessment for Cwm Taf, which will be kept under review.

Example local milestones	Social Services and Wellbeing Act and Wellbeing of Future Generations measures
<p>By 2018:</p> <ul style="list-style-type: none"> ■ Engagement with the community to develop the community zones updates current engagement evidence for children and young people <p>By 2020:</p> <ul style="list-style-type: none"> ■ Regional population assessment updated. 	<p>SSWBA</p> <p><i>Note: The population assessment is the starting point of how local authorities and Local Health Boards should work in partnership to improve the efficiency and effectiveness of service delivery. Part 2: Section 15 identifies duties on local authorities and Local Health Boards to assess care and support needs and arrange for the provision of preventative services within a local authority area.</i></p>

12 We will have a workforce across Cwm Taf which is working effectively with children, young people and families in the spirit of the SSWB (W) Act.

Example local milestones	Social Services and Wellbeing Act and Wellbeing of Future Generations measures
<p>By 2018:</p> <ul style="list-style-type: none"> ■ A framework across the region for all partner with standards of practice and information sharing for all professions. ■ A shared care force strategy to set expectations for all partners. <p>By 2020:</p> <ul style="list-style-type: none"> ■ A regional workforce programme of activities implemented locally, covering retention, recruitment learning and development. 	<p>SSWBA</p> <p><i>Note: Regulations 15 to 18 contain specific provision in relation to partnership arrangements for carrying out family support functions (as specified in Schedule 4) and the establishment of integrated family support teams. These arrangements are intended to provide continuity with current arrangements under Part 3 of the Children and Families (Wales) Measure 2010.</i></p>

Reference

Welsh Government (2015). Code of practice in relation to measuring social services performance, issued under section 145 of the Social Services and Well-being (Wales) Act 2014. [Accessed on 04.03.2017] available at: <http://www.assembly.wales/laid%20documents/sub-ld10272/sub-ld10272-e.pdf> [Accessed Welsh Government (2015). Well-being of Future Generations (Wales) Act 2015. [Accessed 04.03.2017] available at: <http://www.legislation.gov.uk/anaw/2015/2/contents/enacted>



A Shared Regional Strategy for Supporting Children, Young People and Families

Engagement Strategy

Introduction

This Engagement Strategy is a result of conversations between Merthyr Tydfil and Rhondda Cynon Taf Councils and the Health Board together with the Institute of Public Care (IPC). It aims to outline the levels and principles of engagement, the purpose, objectives and audiences for the Engagement Strategy, the core messages that will be consistently delivered throughout the engagement activities and the plan for what activities should happen when and with whom.

Background

Following the co-production of the joint strategy and measurement framework in 2016-17 the next steps is now implementation following a period of consultation with staff, partner organisations and the general public. This engagement strategy will:

- help us achieve our overall organisational objectives
- engage effectively with stakeholders
- demonstrate the success of our work
- ensure people understand what we collectively need to do
- change behaviour and perceptions where necessary.

Purpose

The regional (Cwm Taf) partnership board that has been established under the Social Services and Well-being Act has developed a draft statement of strategic intent for areas of work where we work individually and in partnership. The engagement plan attempts to scope out the activities required across the whole system. It requires engaging with services providing support to children, young people and families across the Cwm Taf region. The strategy aims to promote the right engagement for people at the right time, ensuring that their voices are heard before the implementation of the joint strategy. Ultimately, the engagement plan activities are not just dissemination events but instead the plan aims to build consensus for the changes. Hence it is both an engagement plan and the first phase of implementation of the Joint CYP and Families Strategy.

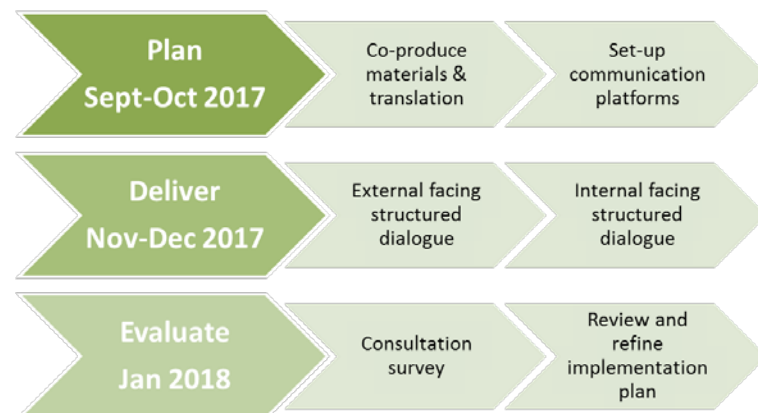
Objective

The objectives of the plan are to:

- Achieve a shared understanding of what we are doing and why.
- Ensure that a whole system approach is taken towards the agenda for change and that the relevant individual parts of the system understand their contribution towards its delivery.
- Maximise the opportunity for participation of stakeholders into the development and implementation of the changes.
- Build credibility and trust and create an environment that encourages openness and meaningful dialogue.
- Ensure all stakeholders know what is happening, when and how it will affect them.

Timeframe

The engagement strategy will run from December 2017 to March 2018.



The engagement activities will run over 16 weeks and comprises of three stages from planning, delivery and evaluation. Internal and external consultation activities will run in parallel and provide a degree of flexibility in how each structured dialogue is organised in order to fit the needs of different audiences.

Levels of engagement

Furthermore, it is important to be mindful that structured dialogue with internal and external audiences will need planning and delivering in different ways but contain the same key messages (detailed later).

Audience: External facing	Dissemination route	Method	Responsible
Parents of children with care and support needs	Family Centres & Community Centres	Structured dialogue, briefing sheet & survey monkey	Communication and Marketing teams
Children	Schools	Piggyback school's September mail out to parent and carers Inc. survey monkey & briefing sheet	Education lead
Young People	Colleges and Universities	Structured dialogue, briefing sheet & survey monkey	Participation worker
Young Patients	On hospital wards	Structured dialogue, briefing sheet & survey	Hospital youth worker/

		monkey	Paediatric Nurse
--	--	--------	------------------

Audience: Internal facing	Dissemination route	Method	Responsible
Staff	Partnership & employees briefing sessions one-day staggered event	e-bulletins/text/standing banner/ briefing sheet/item on agenda/ structured dialogue	IPC, MT, RCT and the Health Board
Providers	Partnership & employees briefing sessions one-day staggered event	e-bulletins/briefing sheet/ structured dialogue	IPC, MT, RCT and the Health Board
Third Sector	Partnership & employees briefing sessions one-day staggered event	e-bulletins/briefing sheet/ structured dialogue	IPC, MT, RCT and the Health Board
Service Users	In youth forums	Structured dialogue, briefing sheet & survey monkey	Participation worker

Engagement approach

This engagement approach comprises of a coordinated use of social media and real world events to capture and amplify the voices of children, young people, families, providers and staff as part of the consultation exercise.

Methods	Description of approach
Briefing sheet	The one page briefing paper should outline the aims and objective of the joint strategy and steer readers to key questions to elicit a response on service level implementation.
e-bulletins	Providers and key stakeholders internally/externally should be sent a briefing paper about the consultation process, what is being proposed, the scope to influence and the timing of consultation events.
Text/Twitter feeds/Facebook	Consultation message should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach. Where possible text, twitter and Facebook messages will be sent

	via the communication teams alerting staff to upcoming consultation events.
Monitor displays <i>tbc</i>	Nuggets of information about the new joint strategy will be presented across display monitors in each of the partner organisations and sent through the intranet to ensure all adult and children services staffs (e.g. back office and frontline) are aware and have opportunity to input into the consultation process.
Standing banner	Standing banner will display the share values, principles and objectives of the strategy and located in the foyers of strategically key locations of public buildings in Cwm Taf, where there is a critical mass on staff.
Structured dialogue	Youth forums will be bought together and consulted on the joint strategy. The precise format of the structured dialogue will be decided upon by the participation workers undertaking the consultation. The Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation period.
Item on staff meeting agendas	All children, young people and family teams will be approached to include the new strategy on their team meeting agenda. The briefing paper will serve as the discussion point and all staff team will have the opportunity to discuss, debate and feedback solutions to the implementation of the joint strategy.
Briefing sessions	Consultations should normally last for at least 16 weeks with consideration given to longer timescales where feasible and sensible. Formal consultation will be a one-day event with morning, midday and twilight sessions to increase access and engagement by executive members of the Council, senior and frontline staff as well as internal/external providers.
Online consultation	All the response from each stage of the engagement exercise will be collated and analysed using survey monkey. The survey monkey questionnaire will be designed by the communication teams and a shared link will be positioned on all publicity materials, social media and at all the structured dialogue events.

Timeline	Activity	Responsible
January 2018	Review and refine implementation strategy	RCT task group
November 2017	Structured dialogue events	IPC / RCT task group

October 2017	<p>Production of materials and translation followed by dissemination of material.</p> <ul style="list-style-type: none"> A. Briefing sheet (i.e. team meetings) B. Twitter invite /policy alert C. Facebook invite/policy alert D. e-bulletins E. Standing banner (positioned at strategic locations) F. Monitor display (animated PowerPoint presentation) G. Production of consultation survey (IPC to design) H. Eventbrite 	<p>Joint communication teams & IPC</p> <p>*Order of co-production: A, D, C, B, E, H, F&G.</p>
September 2017	<p>Agree timetable, production of materials and booking venue(s).</p>	<p>RCT task group</p>

The engagement strategy will be delivered jointly by Merthyr Tydfil and Rhondda Cynon Taf Councils and the Health Board. The communication strand and structured dialogue events will be led by the Directors of Children's Services, Head of Transformation for the Cwm Taf Region and the Lead Officer for Planning and Performance at the Health Board. They will each delegate responsibility for the delivery of the engagement strategy to their respective Market and Communication Teams, Youth Participation Teams and Paediatric Nurses. The table below provides the indicative list of names and outputs for the delivery team.

Delivery Team	Members names and contact details	Output
MTCBC Communication Team	Ceri Dinham, ceri.dinham@merthyr.gov.uk	Policy briefing sheet, Facebook, Twitter, e-bulletins, standing banner and monitor display.
Merthyr Youth Cabinet	Jamie and Janice	Structured dialogue (CYP)
Miskin Project have groups of young people and parents	Matthew Free	Structured dialogue (CYP&F)

Children looked after group	Sheryn Edwards and Ceri Mann	Structured dialogue (CYP)
RCT Marketing /Communication Unit	Sian Hickman	Policy briefing sheet, Facebook, Twitter, e-bulletins, standing banner and monitor display.
Education, young people and parents, Early Years Parenting Groups	Zoe Lancelot	Structured dialogue & e-bulletin (CYP&F)
RCT participation officer	Sue Phillips	Structured dialogue (CYP)
Paediatric Nurses		Tablet presentation (bedside consultation) (CYP)
Education lead	Sarah Bowen	e-bulletin (CYP&F)
Directors Children's Services, Head of transformation - Cwm Taf Region and IPC.	Sian Nowell Annabel Lloyd Ann Batley Darrell Clarke IPC	Structured dialogue (Staff, Providers and Executive members of the Councils)

Core Messages

Reasons for and nature of change

The purpose of this statement of strategic intent sets out how we will work together to address Welsh Government legislation and how we will pool our resources to ensure high quality, accessible and integrated services that will help children, young people, families and communities quickly and effectively.

It explains our shared vision, and how it will be implemented, overseen and measured to ensure it is implemented effectively.

It will align existing service plans and strengthen joint working between the NHS, local authorities and the voluntary sectors. It will help partners address the resource and capacity issues facing them over the next ten years, as well as the requirements of new and emerging Welsh Government legislation and policy.

The strategy is ambitious and commits to pooling of resources and sharing of information to maximise improvements in learning, health, wellbeing and social care of local citizens and patients. It covers the whole shared partnership responsibility of all agencies, and will need an ongoing commitment from each partner.

It includes our shared vision about the approach we are adopting, and how we plan to implement it over the next ten years. It describes how we will support people quickly when needs arise, and help to step down from services to rebalance the ever increasing reliance on intensive and remedial interventions. It will also help to better align services and systems to be responsive to the needs of our disadvantage communities.

The strategy will address the requirements of national policy and legislation including the Social Services and Wellbeing (Wales) Act 2014, which:

- Puts people at the centre of their care and empowers them to maximise their own well-being.
- Shifts the focus to prevention by encouraging people to use their own, family and community resources.
- Encourages partnership working and collaboration between organisations that provide care and support.

In addition, The Wellbeing of Future Generations (Wales) Act 2015 sets out new expectations for public bodies to improve how they plan and deliver services together. The act gives a legally binding common purpose as it sets out a series of goals which public services must strive to achieve. The Act provides a shared common framework for public bodies, with the aim of improving the social, economic, cultural and environmental wellbeing of Welsh communities by:

- Planning for the long term
- Focusing resources on preventing problems from occurring or escalating.
- Working collaboratively and taking an integrated approach to service delivery and
- Involving communities in the decisions that affect them.

It is within the letter and the spirit of both Acts that this statement has been developed.

There will be opportunities for input and involvement from stakeholders. These will include:

- Structured dialogue/ dissemination events
- Opportunities to provide suggestions and comments
- Individual engagement meetings
- Targeted communication campaign

Principles we wish to work to

- Address the needs of individual stakeholders in both 'what' and 'how'.
- Use existing channels of communication and tried and tested methods that work.
- Give people feedback on what difference their involvement has made and if not, explain why.
- Deliver consistent messages through a variety of vehicles.
- Be clear and simple – avoid jargon and make the complex simple.
- Make reasonable adjustments to maximise the ability for everyone to participate e.g. accessible formats and venues, use of interpreters and advocates.
- Keep promises – communicate when we say we will even if there is nothing to say.

Boundaries and Restrictions

What cannot be influenced

- The vision, strategic outcomes and the milestone and measurement and framework outlined in the Statement of Intent.
- The statutory responsibilities of both councils and health board in relation to delivering social care and achieving value for money.
- The Cwm Taf wide commissioning intentions.

What stakeholders can influence / contribute to

- The way in which Cwm Taf delivers health, social care and learning.
 - The practicalities of how the joint strategy can be delivered so that it works effectively in practice.
-

- The practicalities of how the joint strategy can be implemented and the transition to a new way of working to ensure this takes place as smoothly as possible.
- How the changes are communicated and making sure that the changes are communicated in the most appropriate and sensitive way.
- Identifying specific local issues and risks which will need to be taken into account and addressed.
- Ensuring equity and consistency.

Engagement monitoring and evaluation

The engagement strategy will conclude with an evaluation. The evaluation of the engagement strategy will collate who, how many and where stakeholders and the general public engaged in the process and answer what does success look like and how we will know when objectives have been met. We will use web analytics and routine counting instruments as well as testimonials to evaluate various sections of the engagement strategy. These are simple measures such as the number of responses to e-bulletins, hits to the website following a mail-out. They could also be focused on policy changes, for example has key messages been effectively discussed and debated and translated to policy and procedure at the service level? We will also include measures of media coverage; not only in terms of volume, but also breadth and depth. How often were key messages mentioned and has there been a shift in public attitude on issues you've been campaigning for?

Monitoring impact

85 % of children and adult public sector workers gained exposure to the key messages (e.g. senior managers, middle managers and front line staff)

70 % of voluntary sector providers gained exposures to key messages (e.g. senior managers, middle managers and front line staff).

60 % of secondary school children and young people living in Cwm Taf gained exposure to key messages (e.g. primary and secondary school, college, University and in training).

15 % Responses rate to online consultation

25 % Retweets of key messages

6 structured dialogue events (x3 with adults and x3 children and young people)

180 attendees at structured dialogue events

The production of a social impact assessment which captures the strengths and weaknesses in the joint strategy