

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL  
MUNICIPAL YEAR 2017-18**

**HEALTH & WELLBEING SCRUTINY  
COMMITTEE**

**16<sup>TH</sup> APRIL, 2018**

**REPORT OF THE GROUP DIRECTOR,  
COMMUNITY & CHILDREN'S SERVICES**

**Agenda Item No. 3**

**PROGRESS UPDATE IN  
RESPECT OF IMPLEMENTING  
THE SOCIAL SERVICES AND  
WELL-BEING ACT**

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**1. PURPOSE OF THE REPORT**

This report provides Members with an overview of the progress that has been in changing current service models and details the robust self assessment process that has also been put in place following the implementation of the Social Services Well-Being (Wales) Act, 2014.

**2. RECOMMENDATIONS**

It is recommended that Members scrutinise the contents of the report.

**3. BACKGROUND**

3.1 The introduction of the Social Services and Well-being (Wales) Act 2014 (the Act) signalled a generational change in the way that care and support for vulnerable people in Wales is delivered.

3.2 The Social Services and Well-being (Wales) Act received Royal Assent and became law on 1st May 2014. The Act was implemented in April 2016.

**4. THE LEGISLATION**

4.1 The Act translates into law much of what was set out in the Welsh Government "White Paper" "Sustainable Social Services for Wales: A Framework for Action". It replaces previous duties to provide a single coherent legal framework. It must be considered with the Regulations, Guidance and Code of Practice. Key themes of the rationale are that demographic change, higher public expectations and constraints on public spending made the traditional ways of providing social care unsustainable. Rather than retrench by restricting help to a smaller number of people it advocates a new approach which builds on existing strengths, but includes these main features:

- **a strong voice and real control for the individual:** working with people to find ways to achieve their desired outcomes linked to a national outcomes framework, boosting direct payments, supporting greater use of advocacy. Central to the Act is the concept of **well-being** – helping people to maximise their own well-being.
- **new models of service:** promoting innovation, mobilising community resources and promoting social enterprises, co-operatives and other user-led organisations.
- **preventative services:** a new tier of services to assist recovery and restoration, mobilising community resources and comprehensive information, advice and assistance services to prevent or delay the need for managed care.
- **simplicity:** making systems easier and more accessible, reducing complexity, streamlining assessment and care planning arrangements, reducing the burden of guidance, regulation and inspection.
- **integration:** working across professional and organisational boundaries to make best use of resources and help achieve the best outcomes for individuals and families with complex needs.
- **professionalism:** ensuring that social services and social care are delivered by a confident, well-trained workforce.
- **safety:** strengthening safeguarding arrangements particularly for adults, improving transitional arrangements at key stages of a person's life, extending the role of the Public Services Ombudsman.

## 5. **THE CONTEXT**

5.1 Rhondda Cynon Taf CBC undertook a significant programme of preparation in 2014 and 2015 in readiness for commencement of the new legislation from April 2016. This included strengthening governance and performance management arrangements, developing new policies, staff guidance and leaflets for the public. Changed commissioning plans and service delivery models for older people, people with a learning disability, children and young people and carers were introduced. The Council strengthened safeguarding arrangements across all services. Preparatory work for the new statutory Partnership with Merthyr Tydfil CBC and Cwm Taf Local Health Board was also completed for its establishment from May 2016. All of these developments illustrate that despite continuing to face significant financial pressures, good progress has been and is being made in response to the requirements of the new legislation.

5.2 Despite the financial constraints and its impacts, the Council can demonstrate a considerable commitment to the transformational change required by the new framework for delivery. Progress has been made in changing current service models and a robust process of self-assessment has been put in place.

Our longer term objectives are that:

- By 2020 social care services for adults will be remodelled to focus on minimising intervention and maximising independence, with a greater

emphasis on early intervention. This approach, working with housing, health services and other partners, will enable more people to stay independent and live for longer in their own homes;

- We will better manage the huge costs of A&E and hospital admissions, we will work towards social care commissioning becoming fully integrated with health services, such as primary and community care thereby improving the experience of those using health and social care services;
- We will ensure that more young people with complex disabilities will stay in Rhondda Cynon Taf, where they grew up, and live in their own homes, with opportunities to engage in education, training, culture and the arts, helping them to grow in independence;
- More people with mental health issues will receive support in the community to help them stay well, reengage in learning, get a job and remain active, with support focused on helping people with their whole life, not simply providing a diagnosis;
- Rhondda Cynon Taf's residents will be some of the most active and healthy in South Wales, benefitting from improved leisure facilities, visiting our theatres, libraries and heritage sites and making use of the County Borough's parks and open spaces.

5.3 Much of our work on these big issues is done with other organisations. Working collectively, as we all face similar challenges, we have more scope to provide better solutions over the years ahead.

5.4 There are clearly substantial challenges ahead, particularly in relation to balancing a complex agenda for change and increasing demand for care and support with available resources, successfully introducing a new informatics systems (WCCIS) in 2018, re-provisioning long term services and upskilling social workers and others through on-going investment in training and development to deliver the new approaches to practice that are being required. Further improving our Quality Assurance and Risk Assessment arrangements to provide ongoing assurance and support the Council in effectively addressing our change and improvement priorities.

## 6. **SUMMARY OF PROGRESS**

6.1 **Part 1 - Implementation Processes:** A significant amount of time and effort was devoted to preparation for introduction of the Act and its subsequent implementation. A robust project management approach was put in place strongly led at the regional and local level, supported by effective local planning, to ensure effective co-ordination and driving forward of the planning and delivery of implementation.

6.2 **Part 2 – General Functions:** The Population Needs Assessment (PNA) has been produced within the timeframe. The area plan has also been finalised and pooled budget arrangements for older people's residential care have been agreed across the region.

6.3 There are also good examples in both Children's and Adults services which demonstrate the development of community and preventative responses.

- 6.4 However, there is still more work to be done on engaging more fully with the third sector and service users on this as well as more generally through the Citizens Panel, the promising Building Community Capacity work and the Social Value Forum.
- 6.5 Client group based Statements of intent are in place and the focus will now need to be on implementing sustainable integrated service delivery options to meet the needs of our Community.
- 6.6 **Part 2 – IAA:** The ethos of IAA is being practiced and further improvements will be made with introduction of WCCIS in 2018. The systems, and procedures have been carefully planned and implemented, with the principles of proportionate assessment, “what matters” conversations and the active offer of Welsh language in place. There are also some good examples of working with the 3<sup>rd</sup> sector on IAA and Preventative Services e.g. Community Coordinator posts.
- 6.7 **Parts 3 and 4 Assessing and Meeting Needs – Adults and Carers:** Work was undertaken to ensure compliance with the requirements of the Act, including preparation of staff through training events; new documentation and practice guidance and a planned re-structure of Adult services, long term assessment and care management teams to ensure a “suitably qualified” workforce.
- 6.8 **Part 5 – Charging:** The Council has ensured that it continues to meet the new requirements through revisions to procedures and working practices as necessary.
- 6.9 **Parts 3, 4, and 6 Children’s Services:** There is evidence of some real strength in relation to RCT’s delivery against the requirements of the 2014 Act including extensive practitioner guidance and procedures, a clear vision for the delivery of the service that responds to the ethos of the Act and robust arrangements for supporting children looked after.
- 6.10 **Part 7 – Safeguarding:** Across RCT and Merthyr there has been considerable progress made, in working towards the implementation of a Cwm Taf Safeguarding Board and MASH. This has included significant work with key partners to develop multi agency policies, procedures and information sharing across both Adults and Children’s services. Scrutiny has been engaged in these developments.
- 6.11 **Part 9 – Co-operation, Integration and Partnership:** Cwm Taf has established a Social Services and Well-being Partnership Board (Regional Partnership Board) which is supported at an operational strategic level by a Transformational Leadership Group of senior managers. Good preparation has led to strong progress being made in establishing relationships, understanding and processes. There is however now a need for additional

capacity to meet the challenges ahead including delivering against the Area Plan and the Statements of Intent that have been developed.

- 6.12 **Part 10 – Advocacy:** There is confidence that there are good processes in place to identify and address advocacy needs.

7. **HOW WELL IS THE SERVICE CONTRIBUTING TO AND DELIVERING OUTCOMES FOR THE COMMUNITY?**

**Below is a summary of individual Service Area performance:**

**Short Term Intervention Services**

- 7.1 Short term care management continues to complete over 80% of assessments on time and this is reflected positively in delay transfers of care performance of the team.
- 7.2 Assessment timescales within the Adaptations and Community Equipment (ACE) Team have fallen during the last 12 months as the service has carried a number of vacancies over the past year due to difficulties recruiting to Occupational Therapy (OT) posts. As a result the waiting list for assessments has increased. Recent recruitment has been successful with only 1 vacancy remaining and reducing the waiting list remains a priority. A positive development was the recruitment of an OT in September 2017 to undertake a project to reduce domiciliary care "double handling" visits from two people to one person by using specialist equipment.
- 7.3 The waiting list for sensory assessments has continued to reduce now over 90% of people are being seen within agreed standards.
- 7.4 The Support@Home Service continues to be judged as performing well with CSSIW inspection reports having no regulatory requirements. While reducing its overall number of hours of provision the service has supported capacity issues across the market by acting as a service of "last resort" and has developed the response team of the Stay Well@Home Service - consistently meeting the 4 hour response target set.
- 7.5 Initial performance data for the Stay Well@Home Service is very positive. For example;
- in the first 6 months, over 200 people have been discharged from hospital using this new service
  - as at September 2017, there is a 5% increase in zero length of stay for patients aged 75+ in comparison with the previous year
  - there are less patients staying 5 days or more in hospital in comparison to previous years
  - the number of patients transferred to a community hospital has reduced by 50% since April 2017

### **Long Term (Locality) Assessment Services**

- 7.6 Development work has been undertaken over the last year to ensure the Service Area is able to meet the requirements of the Social Services and Well-being (Wales) Act. For example, new decision and authorization arrangements have been introduced that support staff in moving their practice from deficit models to asset and strength based approaches focused on what matters; the work to ensure this practice is fully embedded is a continuous endeavor.
- 7.7 Managers in each Locality now meet daily to agree individual requests for commissioned care and support packages, improving the timeliness of decision making and to provide feedback to practitioners regarding the quality of their assessments. Examples of “good” practice are identified, shared and stored online. This has enabled support and intervention for people, their carers and communities to be based on their personal wellbeing outcomes and therefore satisfy the requirements for Part 3 and 4 of the ACT. Notwithstanding this, practice can still be variable, and not always as good as it needs to be at all times in all parts of the service and on going learning and development for front line staff and first line managers, continues to support and embed practice that emphasises people’s strengths and abilities.
- 7.8 One of the key challenges in evaluating our performance is developing the right suite of measures and mechanisms for reviewing the evidence of how well we are doing. In 2017, we have undertaken a review of performance information and monitoring systems across the Service Area and new improved arrangements are still being developed to ensure that we can report fully on all measures and capture the evidence that matters most in understanding the impact of what we do. Monthly quality assurance meetings are now held between Head of Service, Service Managers and Team Managers to understand financial/service activity. These are supported by managers from Business support and Corporate Finance, presenting key information which informs decision making and enables managers to take corrective action when and where appropriate
- 7.9 Performance in relation to the Mental Health Performance Measure remains positive overall and during August 2017, HIW and CSSIW undertook a joint inspection of the Cynon CMHT. Feedback from Inspectors was positive overall, with no areas of significant concern identified.

### **Adult Safeguarding Services**

- 7.10 Improvements in the working practices and performance of the Adults Safeguarding Team have continued to be made. Caseloads are better managed and the team caseload has reduced from a 165 high in 2015 to 81 in November 2017. This increase in caseload throughput has eradicated the backlogs of work previously accumulated by the Team. In 2016/17, the Safeguarding Team handled 3551 suspected adult at risk reports. However, there have been 2549 suspected adult at risk reports during the first 6 months of 2017/18 to date, which represent a 43% increase compared to the previous

year. Despite this increase, the Safeguarding Team has continued to improve performance levels; for example, increasing the percentage of safeguarding enquiries completed within 7 days to over 95%. Further work is being undertaken with Partners to understand and investigate the reasons for the increase in reports.

- 7.11 The number of DoLS assessments undertaken in 2017 has reduced due to reductions in the contribution by social workers in Locality Care and Support teams and fewer hours being completed by agency staff. This has resulted in an increase in the DoLS assessment waiting list, which currently stands at 791 (November 2017) compared to 725 reported in November 2016. At present, it continues only to be possible to complete assessments for those identified as incurring the greatest risk either to the Human Rights of the individual service user or to the Council as a corporate body.

### **Accommodation Services**

- 7.12 In-house Learning Disability Supported Living and Respite Services and In-house Residential Care Homes are judged as performing well with CSSIW inspection reports having no regulatory requirements in the past 12 months. Over the past year the Accommodation Service has continued to improve working practices, for example reviewing and implementing changes to falls protocols, on-call arrangements and staffing rotas across residential care as well as modernising and developing service delivery to meet the changing service need.

### **Day and Independent Living Services**

- 7.13 Work continues to develop a range of quantitative and qualitative measures as part of a new quality assurance framework for the Service Area. The Service Area, like others, has also been modernising and developing service delivery options to meet changing service needs.

