

Health and Social Care Committee HSC(4)-11-12 paper 4

Inquiry into residential care for older people - Welsh Local Government Association and the Association of Directors of Social Services Cymru



DATE: 16 December 2011

RESPONSE BY: ADSS Cymru/WLGA Joint Response

RESPONSE TO:

The Health & Social Care Committee of the National Assembly for Wales

ON: The Inquiry into Residential Care for Older People

The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities, the three fire and rescue authorities, and four police authorities are associate members. It seeks to provide representation to local authorities within an emerging policy framework that satisfies the key priorities of our members and delivers a broad range of services that add value to Welsh Local Government and the communities they serve.

The Association of Directors of Social Services Cymru (ADSS Cymru) is the acknowledged professional leadership organisation for Social Services in Wales. It represents the interests of the 21 statutory Directors of Social Services and the

heads of services (adults, children and business) that support them in delivering Social Services responsibilities and accountabilities, across the twenty-two Councils in Wales. Its primary purpose is to support social care & health policy development and formulation, and thus, provide a national voice for the care and protection of adults and children in vulnerable situations in Wales.

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To: Mark Drakeford, AM
Chair, Health and Social Care Committee
National Assembly for Wales.

Dear Mark,

Re: Inquiry into Residential Care for Older People

ADSS Cymru and WLGA welcome the opportunity to respond on behalf of the local government family to your inquiry into Residential Care for Older People.

The response is submitted jointly by ADSS Cymru and WLGA, and as such provides professional and political perspectives to the wider agenda of providing sustainable services to older people in Wales.

Our response will focus on key issues that continue to present significant challenges to service transformation, and based on your request for evidence based on the Terms of Reference outlined in your letter dated 24 October, 2011.

You will have received detailed responses to your Inquiry from a number of local authority social services departments, and for your information we have attached key messages arising from their responses as Appendix 1.

In developing our response we have consulted with Elected Members and statutory directors of social services, heads of adult services responsible for the planning and delivery of residential and home care to older people, NHS colleagues and key external partners including GP'S and the Royal College of Psychiatrists.

We believe that considering Nursing Homes as part of your inquiry would add considerable value and provide a greater overview of the service, its pressures and challenges.. Nursing care is part of the same continuum of care for vulnerable older people, and we would consider both residential and nursing care as potential options for individuals depending on their presenting needs.

Executive Summary

- i. ADSS Cymru, WLGA and the Social Services Improvement Agency (SSIA) are actively supporting local authorities in the development of new models of services for older people in Wales as part of our wider work on [‘Sustainable Social Services’](#).
- ii. These models of care are predicated on a person-centred approach, with a sharper focus on preventative care, early intervention and reablement. We share the vision of the Welsh Government, to support older people to remain as independent as possible for as long as possible in their homes. Where this is no longer possible we endeavour to ensure they are accommodated close to home in community or residential settings that can appropriately meet their needs.
- iii. It is important to recognise that there is place for residential care in Wales, as it can be the most appropriate means of meeting the increased or complex needs of an individual where they are no longer able to remain living independently. We are mindful however that care has to be fit for purpose and many authorities are developing modernised provision (e.g. the new community services and facilities that form the basis of the Builth Wells project). However the modernisation of services is often met with significant local political opposition. It is important that as part of the ‘Sustainable Social Services’ agenda Local Government and partners locally and nationally are able to develop a stronger dialogue around delivering services differently and using money more effectively, clearly setting out the benefits to local communities.
- iv. However in achieving this we would expect that there is national recognition by Government of the need to ensure alignment of key policies such as [‘Together for Health’](#) and [‘Sustainable social services’](#). At present we are not convinced that this has happened at a national level, and may reduce the potential beneficial effect at a local authority/LHB level. In addition work commissioned by the NHS (Setting the Direction) and Social Services Improvement Agency ([Better Support at Lower Cost](#)) around modernised community provision and resourcing needs to inform policy making.
- v. Demographic projections indicate a steady increase in the 50+ population, and that statistic coupled with the economic downturn has placed severe pressures on councils to meet the needs of local populations. The current

system for funding of care is no longer fit for purpose, and needs early resolution. We urge that Welsh Government continues to lobby that the report of the [Dilnot Commission](#) (July 2011) is considered by the UK Government in a timely and effective manner, and that within Wales '[Paying for Care](#)' remains a policy priority through an informed and well publicised commitment across Welsh society.

- vi. The social care system in Wales provides care and support through a means-tested system, which is delivered at the local level by local authorities. Further consideration of the means testing of social care versus NHS funded care that is free at the point of provision is called for.
- vii. Local Authorities mostly purchase residential care from independent providers, and traditionally rates are negotiated at a local authority level in line with demand, demography and need. However as part of our collaborative agenda, work is underway to negotiate fees in a range of service areas at a regional or national level. In our response to 'Sustainable social services', we set out our support in principle for a national care contract. We fully accept the principle and potential benefits of a national care contract. However, before this can be achieved we believe significant work is needed at a national and local authority level to address current tensions between the statutory and independent sectors and reach a mutually satisfactory solution which provides a basis for constructive joint working in the future, and which recognises the financial challenge faced by local authorities.
- viii. We expect that as part of the partnership agenda with providers, they work with local authorities towards achieving the following outcomes as part of 'Sustainable social services' :
 - a focus on outcomes for older people in residential and nursing homes
 - a requirement for independent providers to demonstrate a clear link between costs, outcomes and quality in the pricing of residential home fees
 - the development of robust needs analysis and joint commissioning strategies, particularly for high cost, low volume placements
 - working with the CSSIW and HIW for improved regulatory practice using an outcome focused approach
 - encouraging the uptake of high quality care home staff training from authorities and private companies

Response

1. Definitions

For the purpose of this exercise and common understanding residential care refers to long-term care given to adults in a residential setting rather than their home. People with disabilities, mental health problems, or learning difficulties are often cared for at home by carers (paid or unpaid), such as family and friends, with additional support from social services or other agencies. However, if home based care is not appropriate for the individual, residential care may be required. For individuals with complex needs that also require medical intervention/support, nursing homes provide a similar service with registered general nurses to supervise the nursing tasks. Residents in nursing homes will be more dependent than those in residential care homes.

For the purposes of this Inquiry we did not consider other various models of supported living where an individual may maintain tenure; however, it is important to bear in mind that there is a range of flexible care options that are available to older people in addition to residential care.

2. Demography

Ensuring appropriate models of social care provision and funding is a key policy priority in Wales, and an extremely challenging one given the nature of the service, and the fact that it spans devolved and non devolved policy and legislative functions.

WLGA and ADSS Cymru support a continued focus on this area through policy and legislation to ensure services and funding models are sustainable. We are already working to implement the findings of the [John Bolton report](#), and to develop more sustainable models of service through 'Setting the Direction' and 'Sustainable Social Services'. We strongly advocate that existing policy and legislative opportunities such as '[Sustainable social services](#)', the [Social Services Bill](#), [Dilnot Commission](#) and [Paying for Care](#) are used to best effect, given the likely impact on public services of changing demography in Wales, as demonstrated by the following headline facts:

- A growing Welsh/UK population.
- An aging population (50+) with an increased risk of dementia, and of physical and mental health problems, i.e. those with inter-related needs.

- An increase in the number of individuals with complex needs at risk of entering residential care at an earlier age (e.g. those with Learning Disabilities).
- That by 2020 a minimum of 243 Extra Care Housing places will be required to meet future demand.

These risks are assessed as part of LA commissioning plans for older people, particularly to effectively manage the market environment of high cost, low volume provision.

3. **Vision**

The shared vision across Wales is that older people, with appropriate support, can live happily, healthily and safely in their own homes, for as long as possible. Thus, the holistic model of care for older people has been to develop relevant, appropriate and flexible services to meet people's changing needs, whilst at all times encouraging independence and self determination. This has contributed to a strong ethos of developing [person-centred/citizen directed services in Wales, particularly for people with learning disabilities](#).

Significant work has already been implemented through the [Social Services Improvement Agency](#), and in partnership with the NHS through programmes such as 'Setting the Direction', work on reablement and the '[Gwent Frailty Project](#)'. We expect that this work will continue as part of 'Sustainable Social Services' and that the commitment from Government to develop an outcomes framework as part of this agenda will support partners to develop a shared vision and objectives in complex areas of service provision such as this.

Keeping people in their homes and communities also supports them to meet their need for relative independence and overall well-being. Thus, promoting community care as opposed to institutional care is often more expensive, but the outcomes for the individual can be much better.

Where residential care may be more appropriate to support the complex needs of an older person, all attempts are made to keep individuals 'close to home', that is, within the same community. However, there are difficult decisions taken by families and authorities as there might not be adequate provision of appropriate or quality EMI residential care in the locality.

4. **Planning & Delivery.**

Residential care can be an appropriate means of meeting the increased or complex needs of an individual, but that care has to be fit for purpose. The close partnership developed by Local Health Boards and Councils has brought significant advantage in being able to establish a focused person-centred approach for service improvement for older people, including those in residential care.

Collaborating more closely with the NHS has encouraged whole systems thinking, and this has resulted in effective strategic planning. This needs to be built upon and extended. Joint assessment, planning and reviewing, to shape better pathways of care that focus on outcomes for older people has helped to prevent inappropriate hospital admissions and/or delayed transfers of care to residential, nursing or home care settings.

Crucial to better care planning and service development is the involvement of users and carers in the process, and local authorities are working to develop better ways of involving them in care planning process in a way that is effective and engaging. [The Social Services Improvement Agency's 'Getting Engaged'](#) programme is a testament to this commitment and learning continues to be developed and embedded. In addition we look forward to working with colleagues in Welsh government to commence changes to the assessment process to ensure its more outcome focused, less bureaucratic and more person centred.

Effective strategic collaboration with the NHS has supported a Human Rights approach across alternative care options for older people. Joint assessment and planning has supported clear care pathways and outcomes for older people in residential and nursing homes.

Greater professional awareness has led to better understanding that the management of risk is enhanced in the effective planning and delivery of good quality services, and this is more consistent with taking a Human Rights approach across the board. This means educating and training professionals to utilise residential care in a flexible way, for example, to provide temporary respite care for a vulnerable older person so that his or her Carer has a well deserved break from caring, or to provide a brief period of rehabilitation following hospital care.

The emphasis on reducing inequities and the management of 'overlapping' services for older people means that the NHS and Councils need to bridge the gaps in the health/ social care interface, through a much greater sense of shared responsibility. We continue to lobby for 'joined up' policy making at a

national level with clear alignment between key strategic policy and legislation to support further collaboration with the NHS. We would welcome a greater move towards a shared ownership of key parts of the agenda, through adopting a person centred approach to service provision.

There is still much progress to be achieved and we continue to develop ways to overcome the challenges to integrated working, such as cultural and resource. We welcome the announcement of plan rationalisation and believe there will be new opportunities as part of the requirement for local government to develop a Single Integrated Community plan. However in achieving this we would expect that there is national recognition by Government of the role of health in contributing to the plans, through alignment of national policy: 'Together for Health' and 'Sustainable social services'. At present we are not clear that this has happened at a national level, and are concerned that a missed opportunity may reduce the potential beneficial effect at a local authority/LHB level.

5. **Eligibility**

We have moved away from a system where local authorities provided the majority of residential care, to one where local authorities operate a system of eligibility for Community care, the majority of which is now purchased by local authorities (and those people who can afford to pay for care) from independent providers.

Due to the intense financial pressures that councils are now facing, most local authorities have raised the eligibility threshold to '*substantial*' and '*critical*'. People with moderate or low needs are sign-posted elsewhere (usually to voluntary sector organisations); however, the risk is that moderate need may escalate to substantial without appropriate or adequate community support.

6. **Funding of Care**

Unlike NHS services, social services are not free at the point of provision. This means older people are assessed to determine if they are to contribute toward the cost of their care in a residential or nursing home.

There are significant challenges ahead as public services seek to respond to current financial pressures. This is particularly pertinent to the provision of adult social care where recent performance data shows that out of the total adult population in Wales, 2,343,014 (those aged between 18 and over) 1 in

26 are supported by their local authority. Out of these supported the majority (72%) are aged 65 or over. Social services in particular, continue to face considerable pressure in the context of an ageing population with more complex and demanding needs. There are high levels of entitlement and high expectations from users and carers, along with a strategic commitment to supporting as many people as possible to live independently in the community. It is therefore crucial that any reforms are able to respond to these very real issues.

The costs of both residential and non-residential social services are predicted to rise significantly over the next 20 – 30 years largely due to demographic growth which prompted the "[Paying for Care](#)" consultation [Welsh Assembly Government (2009) *Paying for Care in Wales: Creating a Fair and Sustainable System*], and the subsequent work undertaken by the Dilnot Commission 'Fairer Care Funding' for the UK Government. We now have a direction of travel with 'Sustainable Social services' but issues around paying for care are yet to be resolved. The reality is that Welsh councils are struggling within existing budgets to meet demand and improve services. A comprehensive reappraisal of NHS and Local Government funding/resources is needed.

People who fund all or part of their own care are not seeing improving levels of investment on . savings or assets due to the economic downturn. Thus, many have dropped below the national thresholds and funding is now being picked up by social services. There needs to be further consideration of the means testing of social care versus NHS funded care that is free at the point of provision.

If we want to move from reliance on the acute sector to community based provision, we are of a view that the present social care funding arrangements are no longer fit for purpose, and needs reform. We are mindful that it will be the UK Government that will address the detail of a reformed financial system for Wales. However, there is central role for the Welsh Government to ensure that resources intended for the care system in Wales are protected, and that funding is sufficient and sustainable.

In our joint consultation response to '[Paying for Care](#)' we outlined key principles on which local government believe that future reforms should be predicated. These include securing sustainable funding, achieving a national/local balance and the delivery of citizen centred services through prevention, intervention, and reablement.

Our analysis of the proposed models of funding suggested that the majority of our membership is in favour of the taxation option being revisited. The view at a local level is that taxation may present the most sustainable

mechanism of securing funds, and feel that sufficient explanation for its ruling out has to date, not been provided by Government. We acknowledge, however the significant implications of this method.

In addition to the WG consultation on '[Paying for Care](#)' The WLGA and ADSS Cymru gave evidence to the '[Fairer Care Funding](#)' Enquiry by the Commission on Funding of Care and Support earlier this year. The Commission's report (July 2011) recognised that the present system of funding of care and support for adults, conceived in 1948, is not fit for purpose for the 21st Century. It proposed a new model of the cost of care in the future. The report confirmed that everyone who receives their care for free now will continue to do so but a cap is proposed so that individuals should take responsibility for their own costs up to a certain point but, after this point, the state should pay. The Commission proposed a significant increase in the threshold at which means-tested support is taken away, so that extra protection is given to those with the lowest incomes and wealth. The combination of the capped cost model and an extended means test would ensure that no one going into residential care would have to spend more than 30% of their assets on their care costs. Furthermore, to tackle the extremes of the 'postcode lottery', it recommended a shift to a new national eligibility threshold and better assessment processes for both those needing care and those giving care (carers). The Enquiry notes that around one in 10 people, at age 65, face future lifetime care costs of more than £100,000. As a result, in paying for care, some people can lose the majority of their income and assets. In particular, those entering residential care are often forced to sell their homes – this is widely regarded by the public as unfair. We endorse the general direction of travel of the Commission's recommendations for England, and the implication for Wales has to be carefully considered.

7. Providing Choice for Older People

Developing the market in Wales to provide a range of services and choice of service providers is a key commitment from local authorities but is often a challenging. Local Authorities purchase a large proportion of residential care from independent providers, but there are problems in setting, annually, a standard contracting rate for places in independent residential care homes. We fully accept the principle and potential benefits of a national care contract. However, before this can be achieved we believe significant work is needed at a national and local authority level to address current tensions between the statutory and independent sectors and reach a mutually satisfactory solution which provides a basis for constructive joint working in the future.

A number of external developments have made it necessary for local authorities to review how care home fees are determined. In August 2010, the Welsh Government published new statutory guidance on commissioning social services; [Fulfilled Lives, Supportive Communities: Commissioning Framework Guidance and Good Practice](#) sets out the responsibilities of local authorities in this area of work. The Framework has two parts. Part 1 of the guidance was issued under Section 7(1) of the Local Authority Social Services Act 1970. It contains thirteen standards; these provide the benchmark against which the effectiveness of local authority commissioning activity will be measured. In addition to the legislation and statutory guidance surrounding residential placements and commissioning of placements, there has been a successful public law challenge to Pembrokeshire Council's policy for setting care home fees, known as the 'Forest Care Home' case ^[1]. Although the judicial review covered the fee setting process and methodology adopted by Pembrokeshire, the judgment has implications for all local authorities when negotiating fees with independent providers of residential care homes.

The WLGA and ADSS Cymru are currently working with Welsh Government and the Care Forum Wales to take forward an improved approach in recognition of the need for greater consistency and to ensure future judicial challenge is avoided, given the financial implications which result in local authorities facing legal bills of millions of pounds that is resource diverted away from frontline services. An important step, recently achieved is the sign up by Local Government, NHS, Welsh Government and the Independent Sector to a jointly owned 'Memorandum of Understanding'.

At the same time, we recognise that we have to develop as far as possible a shared understanding across key stakeholders about factors such as market risks, the needs of current residents within nursing and residential care homes, the needs of the care and nursing home providers, the needs of other residents in the local authority area and finally the needs of other service sectors within the local authority's areas of responsibility. This work is time consuming and fraught with difficulties including continued threats of legal challenge by independent providers.

The level of payment has a considerable impact upon the budgets of the social services departments because of the number of placements involved. This will be a considerable cost pressure in coming years. Local authorities will need to undertake a programme of work with the independent sector as a matter of urgency to ensure that the services provided are efficient, effective and mindful of the pressures on the public purse. They will be asking providers to demonstrate that their financial arrangements keep people safe, asking them to show that their business is sustainable in terms of occupancy

rates, cash flow, volumes and transparent accounts. The quality of residential placements varies greatly across Wales. So, it is equally important that providers demonstrate a clear link between costs, needs and quality in the pricing of residential home fees.

Rurality has its own challenges. Authorities like Powys cover large rural areas and thus, it is not possible to have the economies of scale and critical mass as elsewhere. Where numbers in specific geographical locations are small, the financial sustainability of providers is important in managing and developing the market. Yet in rural settings, there is a need to provide smaller units of care, smaller units of care home support, within a broader range of residential and community/at home service, but this is not an attractive option to current care providers. The cost of travel to deliver care at home represents a significant overhead to the cost of care. Effective partnership working with the independent sector is critical in order to negotiate reasonable fees for good quality care, but with reductions in spending and with grant streams ending local authorities' purchasing power has deteriorated.

To address the many challenges described above, local authorities are developing robust needs analysis and joint commissioning strategies which allow the independent sector to be better informed and thereby plan their services for the future, and allow authorities to manage the market more efficiently. The demise of large scale providers of residential care (e.g. Southern Cross) has created uncertainty for all parties. The market is turbulent and may continue to be unstable over the next few years. Thus, balancing social responsibility for the well-being of older people within financial constraints is even more challenging. As a start, providers' financial viability has to be assessed.

8. Developing Better Care for Older People

Local Authority responses to the Inquiry shows that there is greater investment in preventative, early intervention, and reablement services by collaborating more with the Third Sector to build capacity and consolidate community cohesion. It is important that outcomes for older people in residential care and domiciliary care, and the experience of care for older people in residential settings are properly evidenced.

Local Authorities are considering the implications of recommendations of the SSIA report by John Bolton [Better Support at Lower Cost: Improving Efficiency and Effectiveness in Services for Older People in Wales, April 2011.](#) It is hoped that it will help address serious service deficits for older people.

New and emerging models of care, such as the Gwent frailty programme, Bridgend's reablement & intermediate care and Merthyr's extra care programmes, are some of the exciting initiatives that focus on older people with very complex needs e.g. those with dementia. The impetus behind all models is to reconfigure services to maximise independence and self determination as a key customer focus

ADSS Cymru and the WLGA work closely with the SSIA - Social Services Improvement Agency's [Reablement Learning & Improvement Network](#) to develop community based reablement services. The network comprised of local authority officers is chaired by a member of our Association, a head of adult services in a local authority.

Developing *Extra Care* and other housing options is an important strand to delivering the strategic shift away from residential care. Enhanced supported community living (e.g. tenancy based models with integrated social and clinical services) amongst others have helped older people with changing needs. We are awaiting results of the Welsh Government's study into the viability of Extra Care housing.

A key plank of local governments commitment to the 'Sustainable social services' agenda is partnership working across social care and health and the requirement to modernise services, deliver improved outcomes for service users and cost efficiencies. As such Local authorities are collaborating regionally to create regional commissioning hubs for high cost/low volume (typically LD; MH; PD & sensory loss) adult residential placements. For example the South East Wales Improvement Collaborative (SEWIC) has a change programme that consists of a three stage strategic approach that seeks to develop platforms that will deliver disinvestment in residential and secondary care and movement towards community and primary care solutions; contribute towards greater service user choice and control; and promoting and maintaining independence and wellbeing.

Key elements of the this programme is the development of the regional brokerage procurement hub targeting new placement activity; controlling costs across the region and delivering cost avoidance; coupled with the ongoing review and 'right sizing' of existing high cost/low volume placement costs which are delivering significant cost savings across the region. Further, the programme is developing commissioning platforms as alternatives to residential care such as the development and extension of the 'Shared Lives' service that delivers more person centred support and cost savings against comparable residential and day care models.

The Mid & West Wales Social Services Improvement Collaborative (MiWWSSIC) are building on their existing regional high cost/low volume adult procurement hub; assessing outcomes to date; and putting in place developments to ensure the service moves forward and delivers the required outcomes.

More work on supporting development of new service models, led by [SSIA](#), forms an important part of the local government response to 'Sustainable social services' and will be a key component of sustainable social services in Wales into the future.

9. Capacity & Training

We welcome the protection to the social services budget, however in real terms budgets are reducing which have resulted in a reduction of professional capacity, and on providing a broad range of services to citizens and the community. The Third Sector is likewise experiencing cuts to their grants and reduced commissioning of services from local authorities. This has impacted the range of services it is able offer to support individuals with low or moderate need. As mentioned above, moderate need can soon escalate to substantial or critical need without appropriate community support, and at this point social services is accessed, adding to further pressure on councils.

We have deep concerns on the quality and provision of appropriate staff training in specialist residential care (e.g. learning difficulties, EMI). We are concerned that the lack of uptake of local authority training by some providers is not always financially motivated but stems from a lack of priority given to development of care home staff. The direct impact is on service quality and outcomes for older people.

10. Regulation and Inspection

There is a need for more robust and regular review processes for residential homes in order to raise standards, and challenge discriminatory practice. To this end, ADSS Cymru has been in discussions with the CSSIW about the review arrangements for the new regulatory framework. Both CSSIW and HIW regulatory frameworks require a level of integration in order to support new models of health and social care.

In relation to residential care it is problematic when CSSIW utilise an artificial categorisation of dementia nursing and dementia residential care which places residents at risk of having to have to move from a care setting to a nursing home on the grounds of a diagnosis or clinical needs assessment. We support the College of Psychiatrists who advocate a move away from the use of

diagnostic categories as the primary influence in considering the type of care home a client should access. The needs and wants of an older person are paramount, and the environment that is most conducive to supporting these is the preferred choice. Indeed, our view is supported by the National Dementia Strategy for Wales.

11. **Concluding Remarks**

At the heart of social services is a commitment to enable and empower citizens and service professionals. We advocate for older people to have control over their own lives so that they are able to live confidently, whatever the setting. To this end, ADSS Cymru, WLGA and the Social Services Improvement Agency will now work in partnership with other key partners to lead improvement across older people's services. This will fundamentally change services and help embed an ethical approach which we, along with service users, believe are necessary to underpin a dignified life, characterised by independence, choice, social inclusion, and well-being. For individual older people who access residential care, this could not be more important, as they have expectations and needs. For Social Services, it is about ensuring the commissioners and practitioners understand how outcomes can be achieved and how the levels of service and direct support can be quantified for each individual older person in residential care. For providers, it is about delivering improved outcomes for older people, so that their aspirations and life is fulfilled. For the regulators and inspectors it is about accepting that outcomes are an intrinsic part of monitoring and evaluating the quality of care in residential homes.

Over the last 18 months, WLGA and ADSS Cymru have been actively involved in shaping the Welsh Government's primary agenda for social services in Wales, '*Sustainable Social Services: A Framework for Action*' (SSSFFA). The framework provides a clear policy framework with core requirements to achieve sustainability, such as financial efficiency, regional collaboration across councils and sectors, and quality service outcomes. Within this context, there are specific challenges in delivering and sustaining a range of residential or community based . services so that older people can exercise choice, both between providers and options in how their aspirations can be met.

The Older People's Commissioner is undertaking work around advocacy and older people entering residential care and the findings of this work should inform and support this enquiry.

ADSS Cymru and WLGA are committed to playing a pivotal role in addressing the challenges of service provision in respect of residential care, and we look forward to a mature engagement with the National Assembly for Wales and the Welsh Government as we move forward.

We hope that our response is helpful, and we look forward to providing oral evidence to the H&SC Committee Inquiry in 2012.

Councillor Meryl Gravell OBE

WLGA Spokesperson for Social Services

Welsh Local Government Association



Parry Davies,

President, ADSS Cymru and

Director of Social Services, Ceredigion Council &

Interim Director Care & Well-being, Powys County Council



Nygaire Bevan

Chair of the All Wales Heads of Adult Services (AWASH) Group &

Head of Adult Services, Powys Council



Executive summary from 'Better Support at Lower Cost'

The current environment is one of unprecedented challenge for social services in Wales. The pressures on public finances combined with an ageing population pose particular problems for those who lead and work in social care. Whilst there is recognition that 'more of the same' won't do, a consistent and realistic understanding of the radical change required has yet to emerge.

It is increasingly recognised that the twin goals of improving efficiency and delivering better outcomes for service users are not necessarily in conflict with each other. Some councils recognise that the kinds of service transformation they are now contemplating would make sense in terms of service improvement even if current financial constraints – which require Welsh councils to find 4% annual efficiencies over the next 3 years - were not present.

The policy context in Wales presents particular opportunities and challenges. The Welsh Assembly Government's commitment to 'Citizen Directed Support' sits well with models that aim to maintain and support independence for the individual in ways that suit their specific circumstances. However, imminent changes in national charging policy will place a limit of £50 a week regardless of the package of care in question and the individual's ability to pay. The resulting need for councils to make up the difference will mean additional pressure on budgets that are already severely stretched.

This study reveals that against this backdrop all councils in Wales have begun to reshape their services for older people, with much evidence of a shift towards a reablement approach to care and general reductions across Wales in the number of older people being cared for in traditional residential settings. As would be expected, the rate of progress is mixed and some councils are further down this road than others. The configuration of services and balance between, for example, residential and non-residential care is mixed across the country. However all councils demonstrate effective practice in one or more areas of their service, and a commitment to build on this as they move into the future. In doing this it will be important to concentrate on creating robust financial plans to support their commissioning strategies, developing further the use of assistive technology and reconfiguring services through the decommissioning of traditional, high cost services in favour of more preventative models. Genuine partnership with health (already evidenced through a number of joint strategies for older people and cross-sector approaches to service delivery), the third and private sectors will be important in maximising efficiency and ensuring that people are supported proportionately and in a way that maintains independence as long as possible. Ensuring that other local government services – notably housing and leisure – are involved in the development of new models will also be vital.

Drawing on examples of good practice in Wales and evidence from successful models elsewhere in the UK, the report suggests a future model of care for Wales which seeks to improve outcomes for users, encourage support within the community thus reducing pressure on traditional social care services and develop new approaches to commissioning which optimise the money available.

Establishing such a model will involve significant challenges for councils and their partners: shifting prevailing cultures within social services as patterns of care change, being prepared to see numbers of people cared for go down as more people are supported effectively 'outside the system' and seeking genuinely citizen-centred approaches that will call into question traditional modes of delivery. The clear evidence is that councils and other organisations are up to this challenge. With support from national government and agencies like the Social Services Improvement Agency (SSIA) the opportunity is there to consolidate recent advances and build older people's services fit for the 21st century.

Full version can be viewed here: www.ssiacymru.org.uk/4845



Demonstrating Improvement through Reablement

Promoting independence is a cornerstone of social services policy and within this awareness of demographic pressures and the growing focus on outcomes has meant that reablement services are becoming increasingly important.

In 2007, SSIA held its first Learning Exchange event – “From the margins to mainstream: Exploring models for reablement” and following on from this sought expressions of interest for its “Demonstrating Improvement” Fund with a number of applications received about the development of reablement services. It was therefore agreed that a collaborative approach should be taken and a scoping workshop identified the key areas that people wished collectively to address which led to the formation of an Action & Learning Set (ALS).

The definition of reablement adopted by the ALS is: *“services for people with poor physical or mental health or disability to help them live as independently as possible by learning or re-learning the skills necessary for daily living.”*

The ALS have contributed their knowledge, skills and time over the last twelve months, supported by Whole Systems Partnership, to develop a Reablement Toolkit.

The toolkit contains:

- A baseline questionnaire with the ability to interrogate this by Authority or by question posed;
- A self-assessment tool against a gold standard with the ability to prioritise development areas and plan for change;
- A simulation tool designed to indicate the scale and impact of an optimised reablement service.
- A competency framework

Using the toolkit Authorities can self-assess their reablement services and prioritise local developments, as well as identify and share notable practice from elsewhere. In addition the toolkit provides access to a systems model that simulates potential capacity



requirements and can be scaled to give an indication of the likely capacity required and benefits expected from an optimised reablement service. This is supported by a ‘business case’

framework which complements these tools and assists in the preparation of a business case for the development of reablement services locally.

Underpinning any successful reablement services is a well trained and developed workforce. The training sub group of the ALS have identified the competences needed.

Work remains ongoing and a discussion forum has been created to enable further dialogue and shared learning.

Reablement Resources

There a whole host of resources available, including a local authority on-line questionnaire and standards toolkit, discussion forums, document resources and an on-line capacity model.

SSIA web resources and discussion forum:
www.ssiacymru.org.uk/reablement

Toolkit:
<http://www.ssiareources.org.uk/reablement/>

Capacity Model:
http://ns360.ukclouddns.com/netsims/peter%20lacey/ssia_reablement_model_nov_09/

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