

ssia

Improving Social Care in Wales
Gwella Gofal Cymdeithasol yng Nghymru

The Social Services and Well-being (Wales) Act 2014
Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014

Creating Change: An E-Resource Guide to the changes required by the Act
Creu Newid: E-Ganllaw i'r newidiadau sy'n ofynnol o dan y Ddeddf

ENGLISH ▶

CYMRAEG ▶

www.ssiacymru.org.uk



Contents

Foreword and Vision for the Act	3 - 4
The Purpose and Audience	5 - 6
Background to the Social Services and Wellbeing (Wales) Act	7
List of Key Organisations/Stakeholders (Involved in and Affected by the ambition of the Act) considered by this resource	8
Elected Members	9
Council and NHS commissioners	10
User/carer and Advocacy	11
A User and Carer Perspective	12 - 15
Health Professionals	16
Social Care Providers	17
Providers of Information Advice and Assistance (IAA)	18 - 19
Community and Neighbourhood	20
Council funded social care	21
Inspectors and Regulators	22

Foreword

The Social Services and Well-being Act (Wales), has provided a new legal framework for social care in Wales. Its aim is to provide a framework for local authorities and health, to engage with and empower citizens, to help them achieve independence and well-being, and where necessary, to obtain the support they need. People who need this support and their carers, are voicing a demand that they should have as much control as possible over their lives and the support they need to maximise their independence.

To support local authorities, health and key partners to understand what the new duties in the Act will require in practice, the Social Services Improvement Agency has developed a living resource for both elected members, and officers charged with delivering changes.

This resource :-

- articulates the new vision underlying the Social Services and Well-being (Wales) Act
- describes the behaviours across the whole system needed to deliver that vision
- does this in a way which would enable sector leaders to plan the steps they need to take to embed those behaviours

The e-resource will develop over time and reflect discussions with local government colleagues as to what their information needs continue to be..

The 'Vision' for the Act

The hallmarks of this new 'Vision', which are very different from the practice of the last 20 years, and marks a new approach for Wales, they are;

- the citizen to have as much control as possible, services being person-centred, through focussing on the outcomes each individual wants to achieve
- being as interested in the strengths and capacity each person brings as in their care & support needs
- furnishing people with the information, advice and assistance they need, in a way they can use (including exploiting technological solutions), is key to helping them make good choices about their own way to well-being.
- at all times, maximising each person's independence and connecting them to their communities, reducing or delaying their reliance on social care and health interventions by such means as use of telecare/telehealth and reablement programmes

- ensuring that a person gets the additional support they need, where they cannot otherwise achieve their wellbeing outcomes
- when someone does require additional support , avoiding duplicate assessment processes, so that the right support is received first time
- minimising bureaucracy and form-filling, and keeping things simple, both to improve each person's own experience and to make best use of scarce resources.

Acknowledgment

In places across Wales and led by social services within local authorities, bold steps have already been taken towards this new vision and we have drawn heavily on that experience to create this resource.

The Purpose and Audience

In delivering the vision, there is much work to be done to support local authorities and their colleagues to implement the Act, fully by 2016. Everyone would agree that we still have a long way to travel towards the Vision. It is vital that we all share the ambitions and understand what changes are required of us. We hope this e-resource will contribute to that.

The e-resource will:-

- explain the context and history of this aspect of this important Act, which is a very early use of the Wales Government's new law-making powers, and seeks to bring together previously diverse and confusing laws related to social care functions in one coherent Act (above)
- highlight the parts that a range of organisations and people must play if this approach is to achieve its full potential

- allow you to select the appropriate sections as they are needed. They are written in order to allow you to do this and as such, you will see many key points repeated
- show how from the user/carer perspective as well as some of those organisations who represent them, how this new approach will play out in the lives of real people – what difference it will make.

Audience

Those who have followed the development of the ideas behind this legislation, from the Commission to Sustainable Social Services, will have a good grasp of the new vision and its implications. But there are many for whom there is only an awareness of impending change, and little else. It is vital that the vision and aims are widely understood and influence behaviour day-by-day.

This e-resource supports those seeking to explain the changes, and to help everyone understand what they mean for them and how they need to do things differently, if the high aims of the changes are to be realised in peoples' lives. Whilst at present, the immediate audience is local government, key partner organisations (leaders charged with delivering the changes within the NHS, leaders in advocacy, voluntary and user-led organisations and carers' groups) might also find the messages of value.



Background to the Social Services and Well-being (Wales) Act

It is widely acknowledged that public services need to remain responsive to the changing needs of the citizens they serve. In Wales it is well rehearsed that our unique demography places a set of significant challenges on public care services. These include issues such as increasing numbers of elderly people living longer, numbers of looked after children and children in need, economic pressures on individual family and organisational budgets and changes to the pattern of service provision.

In Wales, the strong ‘Yes’ vote, in the referendum on primary law making powers (2011) gave the Welsh Government (WG), the ability to make laws in Wales for the first time and recognising the significant pressures on social services, the Welsh government made a commitment to legislate.

The resulting Social Services and Wellbeing (Wales) Act, provided a pathway for Welsh Government to recast how support for people with a care/support need should be provided. It harnessed the widely supported concepts of improved wellbeing, through information, advice and assistance, and recognised that only through preventative

approaches, and taking a co-productive approach to our engagement with people, could services become more effective and sustainable for the future.

The Act itself is the first Wales only piece of legislation for Social Care. It consolidates previous duties into one single and coherent legal framework, and also incorporates a range of new duties which will require the wider public service, led by Councils to:

- Prioritise improved wellbeing of citizens and greater access to support
- Work across service boundaries in partnership
- Provide vulnerable adults with legal protection
- Reduce outdated bureaucratic systems in respect of assessment

The Act marks a significant change to social services law, and service provision. In ensuring the aims of the Act to improve wellbeing are realised, it is important that a shared narrative is established and adopted, by those leading delivery. This Act requires the engagement of the wider public service, from Councils to Health, to Police and also requires the engagement and cooperation of the independent and voluntary sector. The Act rightly, recognises the leadership role of social services in leading change, but requires a strong partnership approach to ensuring that wellbeing, becomes the business of all public services in Wales, as a result of this progressive legislation.

Key Organisations/Stakeholders Involved in and Affected by the ambition of the Bill*

It is important to recognise when using this document, that some organisations may find themselves sitting within more than one category

In the spirit of the new legislation, everything that follows refers as much to carers as to those they care for.

Similarly, all stakeholders should undertake to refer to a suitable advocate where they believe an individual may not otherwise either be able to articulate their wishes and /or achieve their rights or entitlements.

Each of the options below set out how key stakeholders and organisations might be involved and affected by the Social Services and Well-being (Wales) Act:

- **Elected Members and LA Managers**
- **Council and NHS commissioners**
- **Health Professionals**
- **Users, Carers and Advocacy**
- **A User and Carer Perspective**
- **Social Care Providers**
- **Providers of Information, Advice and Assistance (IAA)**
- **Community and Neighbourhood**
- **Council funded social care**
- **Inspectors and Regulators**

The role of Elected Members and Local Authority Senior Officers

i) Ensuring that all citizens have ready access to Information, Advice & Assistance which gives them the confidence they need, to control, as far as possible, their own affairs, and maximise their independence and well-being

ii) Act in a leadership role, to engage and work with local authority partners from across a range of service, a, with a part to play in 'place shaping' for inclusion, wellbeing and maximising independence (e.g. planning, leisure, public health, transport, retail, food-outlets)

iii) Take an outcomes focus in all commissioning activity

iv) Working collaboratively with service providers to achieve redesign and transformation which

will maximise independence for individuals and value for money (whoever pays).

v) Invest in those services which are proven to work best in maximising independence to ensure they reach those who need them most

vi) Withdraw funding from services which encourage people into unnecessary dependence or do not promote dignity, and in doing so, in an open and transparent way, which articulates the new vision to the public and those service users reliant on existing provision..

vi) Implement, the new National Outcomes Framework for wellbeing, as a way to measure performance, and inform improvement, alongside routine evaluation of service impact. (refer to 2.vii for example)

Council and NHS commissioners need to

i) ensure that all citizens have ready access to IA&A which gives them the confidence they need to control, as far as possible, their own affairs and maximise their independence and well-being

ii) seek to use all their organisation's levers of influence with all of those, in all sectors, with a part to play in 'place shaping' for inclusion, wellbeing and maximising independence (e.g. transport, retail, food-outlets)

iii) take an outcomes focus in their commissioning activity

iv) work collaboratively with service providers to achieve redesign and transformation which will maximise independence for individuals and value for money (whoever pays).

v) invest in those services which are proven to work best in maximising independence to ensure they reach those who need them most

vi) withdraw funding from services which encourage people into unnecessary dependence or do not promote dignity .

vi) require any funded services routinely to evaluate their impact and to learn from that and to adjust what they do, using well-being outcome measures as far as possible (refer to 2.vii for example)

The role of User/carer and Advocacy services is to

- i) Encourage people to take control of and responsibility for achieving their own well being, staying independent and contributing to the community
- ii) Refer on to social services where their different skills or capacity may be needed, but will not create the expectation that any particular services will be provided - rather that enough will be done to enable them to achieve continued well-being
- iii) Seek to ensure that individuals get the IA&A they need and access to universal or targeted services available in the community and to council -managed care and support where they meet the eligibility criteria

iv) Focus always on the outcomes people want and how they might best be achieved

v) Be alert to any signs of safeguarding concerns or doubts about mental capacity, explore those and where indicated, refer on to social services



A User and Carer Perspective

What Disables... Practices We Have to Give Up

Creating dependence and powerlessness by investing institutions with power and control.

Assessing people's deficits/needs against eligibility criteria and budgets in order to provide prescribed services.

What needs to be asked

What is the purpose of social support?

What is the citizen experience of social support?

An attitude that says:

- I am more powerful than you
- you are a problem and it's my job to fix you
- I look at you and think 'money'.

What Enables... Practices We Want to Adopt

Working together coproductively to maximise people's potentials and strengths by finding creative solutions which increase people's independence, choice and control and their opportunity to contribute to society.

An approach which says:

- I am part of helping you to recognise your strengths and to build your own support network
- You (the citizen), take the lead and we (the citizen and organisation) share responsibility.

What Disables... Practices We Have to Give Up

Services are bureaucratic, impersonal, inflexible, provider led and controlled by professionals.

Services are organised to suit providers. I get 15 minute calls from different people who are often running late, and then I'm put to bed at 8pm.

Services are designed just to help you get up in the morning.

What needs to be asked

How will we organise social support systems?

What Enables... Practices We Want to Adopt

Support is coproduced, citizen directed, flexible, community based and power is shared.

Citizens will work together co-productively so that people are rewarded for their contribution to meeting their own and each other's needs, rather than just their individual dependency on services.

This will mean that public services are built from the skills and assets of the people involved in them, alongside the money available to them.

For an example please see:
www.time2meet.org.uk

I am in full control of my support arrangements.

Support is focused on assisting you with what you get up for.

What Disables... Practices We Have to Give Up

Professionals make the decisions based on assessment and eligibility criteria. This is done to keep people safe and to meet organisational need, but doesn't support appropriate risk taking.

Resources are allocated only to people who are assessed as having "critical or substantial needs".

Organisations need to hold all the power because they hold all the responsibility.

"You can see it's not working when I'm bussed to the day service. You know where I am and what I'm doing but I'm not being productive and I'm bored."

What needs to be asked

What is the right basis and process for making decisions?

What Enables... Practices We Want to Adopt

Professionals ask individuals what sort of life they would like and what would need to change to make this happen.

Preventative support is available to promote individuals' well-being and help keep them out of managed services.

Individuals watch over their own decisions and disabled people's groups watch over the bigger decisions.

"You can see it's working because I'm taking responsibility and I'm sharing the risks."

What Disables... Practices We Have to Give Up

In the current system success is defined by measuring what service providers do.

Outcomes are prescribed by professionals and proxy measures give some indication of what services do.

What needs to be asked

How will we manage performance?

What Enables... Practices We Want to Adopt

Success is achievement of what matters to people and is measured over time.

Success is measured by collecting stories, not by counting things.

The primary quantitative measure of success is that there's less demand for managed services.

Coproduced by Disability Wales, Welsh Government, Children in Wales, Flintshire County Council, Barod Community Interest Company, Vanguard Consulting Wales Ltd, Community Lives Consortium and Dewis Centre for Independent Living. 12 February 2014

The role of Health Professionals is to

i) encourage people to take control of and responsibility for achieving their own well being, staying independent and contributing to community life.

ii) provide Information, Advice and Assistance (IAA) which will help people keep as well, active, involved and independent as possible

iii) provide effective and timely interventions (e.g. foot care, audiology, continence, memory clinics) which are vital to maintaining maximum independence

iv) refer on to social services where their different skills or capacity may be needed, but not create an expectation that particular services will be provided - rather that enough will

be done to enable them to achieve continued well-being

v) where there is consent, provide information and any assessment that other professionals or services may need in order to be able to help

vi) be alert to any signs of safeguarding concerns or doubts about mental capacity, explore those and where indicated, refer on to social services

The role of Social care providers is to

- i) structure their services to maximise independence, drawing on the best available evidence of what works
- ii) work collaboratively with commissioners to achieve redesign and transformation which will maximise independence for individuals and value for money (who ever pays)
- iii) keep all interventions and care plans under regular review and alert commissioners to any changes of which they should or need to be aware
- iv) withdraw services where they are no longer needed or helping or indeed are restricting independence
- v) ensure dignity, choice and respect for those who are least able to maintain their own independence
- vi) be alert to any signs of safeguarding concerns or doubts about mental capacity, explore those and where indicated, refer on to social services
- vii) evaluate the impact of their service delivery, learn from that, and adjust what they do, using well-being outcome measures as far as possible

The role of Providers of Information, Advice and Assistance (IAA) is to

i) employ skills and behaviours (courtesy, respect, attentive listening, clarification, motivation) which will engage people in finding their own best way to wellbeing

ii) equip themselves with knowledge (or know where to find out about) how people can connect with their natural communities, contribute their skills and capacity and maximise their independence - through activities and services universally accessible in all sectors, through targeted services and through taking up preventative interventions as well as through eligibility for local authority arranged social care

iii) structure their conversations to reach agreement on a) what outcomes the person wants or needs to achieve, b) what steps need

to be taken to do that, c) what further actions if any, they will take and in what timescale

iv) provide as much assistance as people need to achieve wellbeing and/or obtain the social care/support they need, but no more than that - as far as possible leaving people in control and managing their own affairs

v) be clear at the end of any contact what follow-up there may be if any- either ensuring that the person knows how to re-contact or undertaking to be in touch at an appropriate interval to review progress and /or to evaluate the effectiveness of their own actions and any recommended intervention

vi) be alert to any signs of safeguarding concerns or doubts about mental capacity, explore those and where indicated, refer on to social services.

vii) evaluate their impact using outcome measures as far as possible e.g. they might follow up a sample of their contacts (possibly 1 in 10) with a telephone call after 6 weeks to ask:

- was our response prompt and courteous?
- did you find it helpful?
- were we clear about the outcomes you were seeking to achieve?
- on a scale of 1-10, how far do you think we helped you achieve those outcomes?
- is there any more we can do to help?
- do you know how to get hold of the help you need should your circumstances change in the future?



The role of Community & Neighbourhood Organisations is to

- i) seek actively to involve people who might be excluded by ill-health, disability, frailty or lack of confidence
- ii) encourage them to be as active as possible and to take on responsibilities
- iii) give sound healthy-living and safeguarding advice
- iv) organise activities which will foster good health and wellbeing
- v) provide Information, Advice and Assistance (IAA) which will help people keep as well, active, involved and independent as possible
- vi) refer on to social services where their different skills or capacity may be needed , but not create an expectation that particular services will be provided - rather that enough will be done to enable them to achieve continued well-being
- vii) be alert to any signs of safeguarding concerns or doubts about mental capacity, explore those and, where indicated, refer on to social services.

The role of Council funded social care is to

i) always begin by establishing what outcomes the individual is seeking to achieve

ii) explore with them how far they might be able to achieve those outcomes for themselves, with the benefit of IA&A and through using universal and targeted services and available preventative interventions, including the support of family, friends and neighbours.

iii) establish whether their needs, or their lack of capacity to meet them, might entitle them to care and support managed by the council (including through a direct payment), and if that might be the case, apply the statutory eligibility tests

iv) set out clearly in writing to the individual, exactly what has been agreed about outcomes, needs, eligibility, actions and follow-up

v) encourage and assist those eligible for managed care and support to take up direct payments where ever possible

The role of Inspectors and Regulators is to

- i) ensure that the measures and standards they use fully reflect the essentials of this new approach to how citizens are helped
- ii) expect organisations to evaluate and report on their own performance, using well-being outcome and quality (rather than process) measures wherever possible (reference 2.vii)
- iii) provide an independent channel of user-feedback on services, focussed on individualised outcomes and the quality of experience
- iv) collaborate with other regulators to minimise duplication, ensure consistency, and maximise effectiveness

