



CITY AND COUNTY OF SWANSEA
DINAS A SIR ABERTAWE

**To/
Councillor Jane Harris
Cabinet Member for Adults &
Vulnerable People**

BY EMAIL

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Date 12 January 2017
Dyddiad:

Summary: This is a letter from the Scrutiny Programme Committee to the Cabinet Member for Adults & Vulnerable People following the meeting of the Committee on 12 December 2016. It is about the 4-tier Model for Adult Social Care, Supporting People to Live at Home, Residential Care Services, Social Services and Well-being (Wales) Act 2014, Partnerships with the Health Service, and Integration of Health and Social Care.

Dear Councillor Harris,

Cabinet Member Question Session – 12 December

Thank you for attending the Scrutiny Programme Committee on 12 December 2016 and answering questions on your work as Cabinet Member for Adults & Vulnerable People. Thank you for providing a written paper, that gave some headlines from this cabinet portfolio, in support of your appearance.

We wanted to explore priorities, actions, achievements and impact, in relation to your areas of responsibility.

Amongst the things you highlighted to the committee included a focus on:

- developing effective ways of working that involve staff using improved systems, improved performance measures alongside better financial organisation
- greater integration of health and social care to avoid duplication, improve effectiveness and reduce waste

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- access to information, developing resilient communities, improving skills around reablement, and effective commissioning, contracting and monitoring.

We are writing to you to reflect on what we learnt from the discussion to share the views of the committee, and, where necessary, raise any outstanding issues / actions for your response. The main issues discussed are summarised below:

The 4-tier Service Model for Adult Social Care

We discussed the future of adult social care and the development of a new model and approach. We asked you about the new 4-tier service structure (ranging from universal to specialist support), each tier delivering a different level of support and each supporting a smaller number of people than the tier below. We understood it focused on ensuring that people have access to the right level of care at the right time, and over time aimed to reduce dependency and demand for managed care, shifting resources from complex and statutory services to universal and early intervention.

We asked about some of the specific interventions that might be included under these tiers, for example:

- Adequate transport services to enable people to have access (tier 1)
- Community organisations which are able to detect risk factors (tier 2)
- Daytime activities to help people connect (tier 2)

We discussed that limited provision of community transport / car schemes called for more local services and opportunities for home visits etc, and a greater role played by the third sector in developing community activities and skills.

We also asked about budgetary pressures from the reported increase in domiciliary care. We acknowledged that the council had no choice but to meet the increased expenditure, whether or not services were being directly provided by the council or commissioned.

We discussed specialist telecare support and the development of assistive equipment. We agreed that technology provided great potential for monitoring in the home, but were not sure how far things have developed and were being utilised locally. We asked if you could inform us of current charges for telecare / community alarms, and whether an increase is planned for the next financial year?

Supporting People to Live at Home

We asked about the Council's capacity to support people to live in their own homes for as long as possible. You talked about our ability to ensure that people can manage at home, particularly where needs may not necessarily be acknowledged by the individual. We heard that the issue of demand for the service was not necessarily due to increasing numbers but people staying at home for longer. You told us that much of the ability to meet demand depended on commissioning support from external providers.

You cited improvements in systems around discharge from hospital, access to domiciliary care, and direct payments. With regard to direct payments, which give people more flexibility over how their care and support is arranged, we heard that there is a pressure to get the right number of personal assistants trained but the council was helping do this, and ways to help encourage, inform and promote this independence. A question was raised about the employment of personal assistants and work place pensions. You undertook to check and clarify this.

Residential Care Services

We asked about the stability of private sector providers and the ability to respond to market failure in residential care. You acknowledged that there was a pressure on residential care services and with providers already operating at near full capacity there was some concern about flexibility. However you told us that good monitoring arrangements, and contingency plans are in place. We discussed the disadvantage of having a smaller number of big providers, as compared with a large number of smaller homes, managed by different providers, in terms of coping with failure.

Social Services and Well-being (Wales) Act 2014

There was also discussion about the implications of the Social Services and Wellbeing Act on requirements for the assessment of need. We talked about the focus of the new Act and some concerns that have been raised by people about changes to the assessment process and re-assessments that have been carried out.

We heard that the Act has simplified the way people's needs are assessed but committee members were aware of individuals who were not happy about new assessments. You felt that the move away from long rigorous assessments was a better approach, but that did not mean assessments were now not robust. You advised that anyone not satisfied with the way they have been assessed can request a review of any decisions made, and, if still unhappy, a re-assessment.

Partnerships with Health Service and Integration of Health and Social Care

We asked about the relationship between health and the authority and how things have developed with regard to closer working. Members remarked at how health always appeared to be in some state of turmoil, and increasing pressure on social services. You conceded that the effective integration of health and social care was still a complex issue not just locally but nationally. There was a particular issue around managing those discharged from hospital with continuing support needs. You told us that this was a priority and efforts were being made to tackle it.

Key Decisions

We concluded the session by asking you about key decisions likely to be taken over the coming months. You pointed to the various Commissioning Reviews that were in progress or planned which would lead to cabinet consulting on and making important decisions about future service provision and delivery. You also highlighted the improvement and development of the 'Hub' approach to day services, with integrated / co-located health and social care staff within the community, as a priority.

Your Response

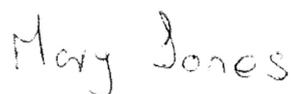
In your response we would appreciate your comments on any of the issues raised in this letter. We would be grateful, however, if you could specifically refer to our request for you to provide further information on:

- charges for Telecare / Community Alarms; and
- the requirements of Work Place Pensions in relation to Direct Payments e.g. employment of a carer.

Please provide your response by 2 February. We will then include both letters in the agenda of the next available committee meeting.

We look forward to meeting you again to follow up on portfolio developments and hearing about achievements and impact.

Yours sincerely,



COUNCILLOR MARY JONES

Chair, Scrutiny Programme Committee

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