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Welsh Local Government Association and NHS Confederation

Transitional and longer-term implications of the Social Services and Well-being (Wales) Bill 2013

Report

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Executive Summary

The Social Services and Wellbeing (Wales) Bill 2013 appears to be broadly welcomed by the NHS, local authorities and the independent sector across Wales. Many details of the policy are yet to be specified in the final Act and associated guidance, and this means that blanket predictions of implementation costs would, at this point, be unhelpful. However, the Bill clearly presents a number of challenges to local partners including better integration, a 'whole' local area approach and understanding the needs of, and engaging meaningfully with the local population.

The successful implementation of the Bill will also depend heavily on the interplay between well-being, prevention, assessment, eligibility and information and guidance if it is to achieve its aims and enable local partners to meet the challenges set out in *Sustainable Social Services: a framework for action* and *Together for Health*.

Further, without the implementation of the well-being agenda at the heart of the Bill, local partners will struggle to meet the demands placed on them through changing demographics and welfare reform and implementation of other elements such as new assessment and Direct Payments arrangements could prove to be costly.

Clearly implementation will be complicated and require a whole system change in local areas. It will take place in a period of significant increased demand and reduced resources due to demographic and economic factors. Implementation for most local areas is unlikely to be cost-neutral although for some, significant progress has already been made and the Bill will simply provide the legislative underpinning of existing practice. The real costs of implementation will vary hugely from area to area depending on where they have already got in terms of their local arrangements.

Some transition costs might reasonably be expected to be met by local partners through existing responsibilities to improve and develop services, and through the use of (perhaps increasingly restricted) development budgets.

While local authorities and their partners would no doubt value further national support for implementation of the Bill, and there are many examples of how this kind of support can help local partners to deliver effective change, analysts and the Government have made it clear that 'there is no more money' to do this.

Given the financial climate and the nature of the proposed legislation, and particularly that it emphasises the responsibility that local partners will need to take in working out the details of arrangements together at a local level, there is an equally, if not more significant role that the Welsh Government will have in ensuring that developments across the country are co-ordinated, that local areas learn from each other, and that resources are not wasted by being developed in parallel in different places unnecessarily.

The report explores the key implementation issues that the Welsh Government, local authorities and the NHS may need to consider in particular as they look to work together to make the aspirations of the Bill a reality in the current climate, and these are summarised below.

Local Authorities

- Undertake a rigorous self-assessment and agree a plan for service development with local area partners.
- Agree the forms of local integration most needed to deliver the changes in pathways and services to secure better outcomes for citizens.
- Explore with citizens and with local 3rd sector partners how to create a culture of engagement and greater co-production in services
- Undertake a local cost-benefit analysis of their development plans and review budgets accordingly.
- Place well-being at the heart of service provision.
- Develop a commissioning strategy to realign services to focus on early intervention and prevention, and improve outcomes.
- Seek to develop and commission services which offer cost-effective and integrated solutions to care.
- Develop local arrangements which fit the proposed assessment and eligibility framework and support staff through guidance and training.
- Review existing information systems and information sharing protocols and identify improvements needed.
- Develop and strengthen their partnership working across a range of agencies.
- Respond to the demands of developing a 'whole' council approach to service delivery.
- Work with the third sector to deliver cost-effective public services.

Local Health Boards

- Undertake a rigorous local self-assessment and agree a plan for service development with the local authority.
- Undertake a cost-benefit analysis of the plan and review budgets accordingly.
- Agree the level and type of integration needed to best deliver the service and pathways changes needed.
- Engage with professions about the best approach to undertaking more creative wellbeing assessments with individuals.
- Review information systems and protocols and identify improvements needed.
- Work effectively with local partners in regions as well as locally.

The Welsh Government and national agencies

- Strengthen the definition of well-being across social services and health organisations, by working collaboratively with representatives to understand the implications of the current, broad-based definition.
- Review national performance and inspection frameworks to ensure that they are cost-effective in measuring the impact of emerging arrangements.
- Co-ordinate a national single programme of change across all key national local government, NHS and voluntary sector bodies in Wales to ensure a consistent set of messages and common discourse.
- Support local authorities and the NHS to develop a coherent model of early intervention and prevention services, including evidence of best practice and practical support and ideas for implementation.
- Ensure that good practice is shared across Wales through a common approach to analysing progress against the Bill, sharing approaches that work and supporting evaluations where these would be relevant across the country.
- Co-ordinate the development and sharing of local protocols, frameworks, information systems and professional practices to ensure that local solutions are developed cost effectively within a common framework.
- Support local partners to free up funding through pooled budgets and invest to save measures.
- Consider the relationship between housing and well-being as part of the integration agenda.

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Report

1 Introduction

The Institute of Public Care at Oxford Brookes University was asked by the Society of Welsh Treasurers, Welsh Local Government Association (WLGA) and the Welsh NHS Confederation – with additional support from the Wales Council for Voluntary Action (WCVA) and Association of Directors of Social Services Cymru (ADSS) – to analyse the potential transitional and long-term implications of the Social Services and Well-being (Wales) Bill, herein referred to as 'the Bill'.

The Bill is the mechanism by which those elements of the wider national 'Sustainable Social Services' programme, which require legislative change, will be delivered. It is intended that the Bill will receive Royal Assent in early 2014 and at that point become the first Social Services Act of the Assembly. The aim of the Bill is to draw together the existing legislation which governs social services in Wales. It draws together children's and adult's social services and – where possible – integrates services so that provision is based on need rather than age[1]. The purpose of the Bill is, as the WLGA noted in its initial response[2]

- A clearer focus on improved wellbeing outcomes for the people using services;
- Greater control and choice for citizens about the help they want and improved access to that help, without unnecessary bureaucracy;
- More effective and better integrated models of care and support and a more responsive range of services; and
- A better qualified workforce with skills that enable them to work across organisational boundaries.

[1] Welsh Government (2012) Social Services (Wales) Bill. Consultation Document.
[2] WLGA (March 2013): Social Services and Wellbeing (Wales) Bill, Stage 1 Evidence

The Bill was introduced in January 2013, and there are a number of opportunities during pre-legislative scrutiny to introduce amendments, with the WLGA and Welsh NHS Confederation having already submitted submitting written evidence to the stage 1 scrutiny of the Health and Social Care Committee.

2 Report remit and purpose

The purpose of this report is to:

- Offer an independent analysis of likely resource implications of the Bill, specifically in relation to new duties on local authorities and the NHS, working with partners across the public and independent sector, to deliver a range of wellbeing and preventative services.
- Review the resources implications of the Bill, and examine the potential longer term impact, including any potential benefits that will accrue through investment in wellbeing and preventative services (and the timescale in which these are likely to be realised).
- Consider the implications of the Bill for the wider public sector and for private and voluntary agencies that offer care and support.
- Draw together evidence from research and practice in Wales and elsewhere to inform the conclusions.
- Draw on the evidence available to make judgements about the likely level of resource impact of the Bill for local authorities and their partners, whilst recognising the inherent difficulties associated with this.

The report aims to inform the WLGA and Welsh NHS Confederation response to the Bill consultation by focussing on those areas of the Bill in relation to well-being, assessment, eligibility and charging; namely Part 1 through to Part 5 (inclusive). Where relevant Parts 7 and 9 of the Bill have also been considered.

Specifically the report concentrates on those parts of the Bill relating to co-operation and partnership arrangements between local authorities, the NHS and the voluntary sector, although the duty to promote co-operation with other organisations is recognised. These parts of the Bill were chosen as they are most likely to have an impact on how local authorities and their partners implement *Sustainable Social Services for Wales*. The report looks at how these elements of the Bill will shape the transformation of social services and health services in Wales, and the impact of changes such as demography, service redesign and welfare reform on its implementation. In order to be able to complete the analysis, a number of assumptions have been made:

- Very significant constraints on public expenditure in Wales, perhaps for the next decade, will limit the capacity of the both the NHS and local

government to respond to changing demands. The capacity of the Welsh Government to centrally fund new initiatives will also be significantly constrained over this period[34].

- Many of the detailed implications of the Bill will need to be revised in light of legislation and associated guidance and directions from the Welsh Government.
- Much of the practical implementation of the final Act will be down to local partners to design and deliver in response to the needs of their local population and to the very different existing current arrangements across the country.

The analysis in the report is based upon:

- A review of the Bill itself; its explanatory memorandum and consultation responses received thus far.
- A review of the available evidence and research published across Wales and the rest of the United Kingdom on the implementation and effectiveness of specific care and support programmes relating to well-being.
- IPC research and evidence in relation to assessment processes; social care transformation; early intervention and prevention and market facilitation.
- Contributions from the IPC team of public care analysts including Professor Keith Moultrie, Professor Andrew Kerslake, Professor John Bolton, Dr Usha Boolaky, Steve Pitt, Margaret Sheather and Mark Molloy.

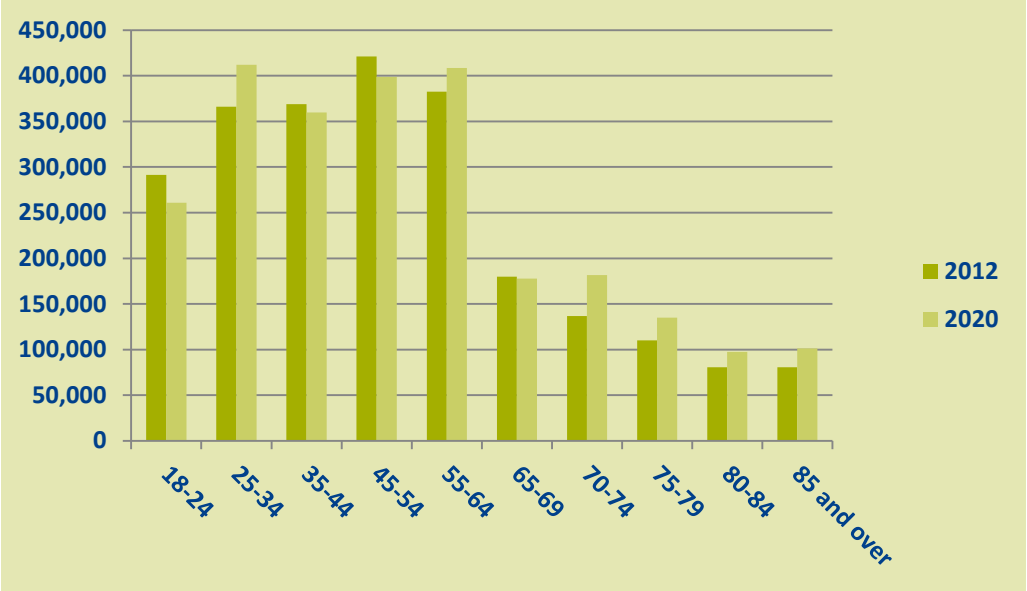
3 National context

Social services and their NHS and independent sector partners across Wales are undergoing a transformation in the way they support citizens. They are also facing unprecedented financial pressures, increasing demand for services, and changing expectations in the quality and type of care and support people receive[5,6]. This is driving fundamental change in the way services are provided and accessed to support greater efficiencies and maintain people's independence and well-being for as long as possible.

[3] Institute of Fiscal Studies (Sept 2013) Scenarios for the Welsh Government Budget to 2025-26
[4] Crawford R, Joyce R and Philips D (2012) Local Government Expenditure in Wales, Institute of Fiscal Studies
[5] Welsh Assembly Government (2011) Sustainable Social Services for Wales: A framework for Action
[6] See Nuffield Trust (2011) A Decade of Austerity, and PSSRU (2010) Projections of Demand for and Costs of Social Care for Older People 2010-30

Data from the Daffodil website[7] shows that Wales, in line with the much of the rest of the UK, will see an increase in its older people's population between 2012 and 2030, with the numbers of people aged 85 and over almost doubling. It is likely that the number of children and young people aged 25 years and under will remain relatively static at just a 0.5% increase between 2012 and 2030. Figure 1 shows there is likely to be fall in the number of adults aged 18-24 and 35-54 between now and 2020 but that there will be a 33% increase in those aged between 70-74, and an overall increase by 9% in adults aged over 65.

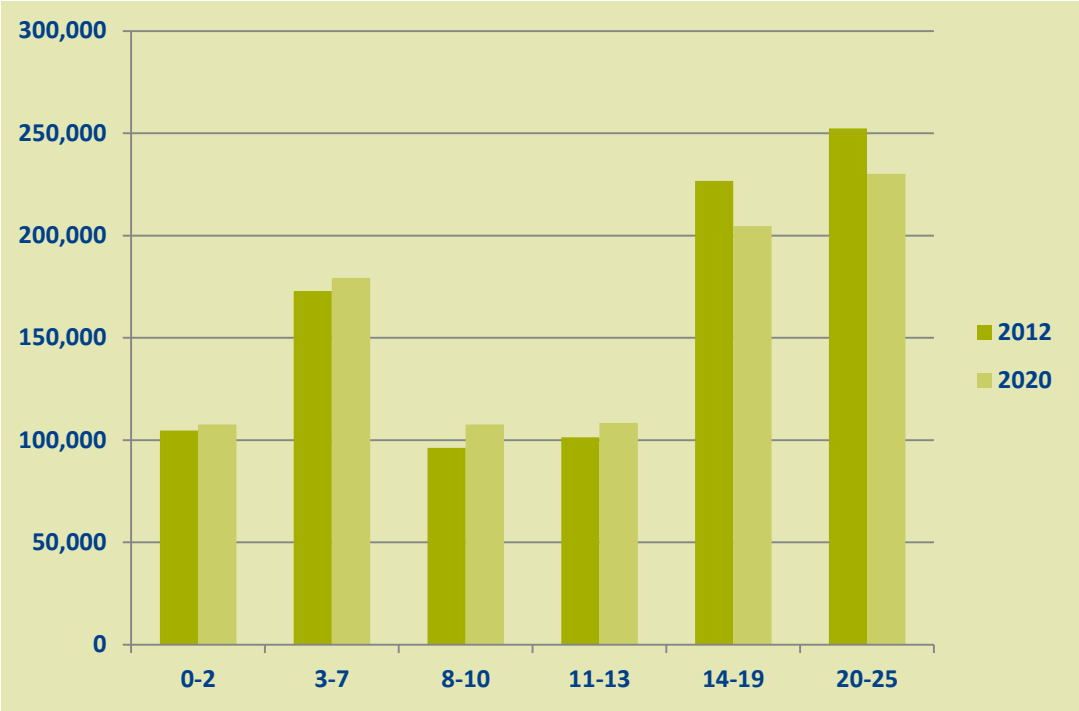
Figure 1: Projected change in adults aged 18 and over in Wales by 2020



This, however, belies the full picture and likely impact on demand for services. For instance forecasts from Daffodil also predict there is likely to be an increase of nearly 27,000 people living with dementia in 2030[8]; (although a small recent report has suggested that this projection might turn out to be slightly exaggerated)[9]. The picture for the children and young people's population in the shorter term is equally mixed, with an overall decrease of 2% by 2020, and the most notable drop between the ages of 14-25 (Figure 2). Nevertheless numbers of children in care have increased by nearly 10% between 2003 and 2010[10] and there is no evidence from recent unpublished figures across Wales that this trend is changing.

[7] Daffodil (June 2013) http://www.daffodilcymru.org.uk
[8] Ibid
[9] Matthews FE, Arthur A, Barnes LE, et al. (2013) A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the Cognitive Function and Ageing Study I and II. The Lancet.
[10] SSIA (2011) National trends for Children in Need

Figure 2: Predicted change in children and young people aged between 0-25 in Wales, by 2020.



Overall there were 20,240 children in need across Wales in 2012, representing 2% of the overall population of children and young people aged between 0 and 25. By comparison in 2011-12 there were 78,749 adults aged 18 and over in receipt of social services support, representing 13% of the total population of adults across the country[11]. The reality is, of course, that beyond the bare population projections of increased underlying need as a result of population change, the number of people actually demanding health, wellbeing and social care support will be significantly affected by local socio-economic factors, national and local policy changes and the types of services which people can access.

Even without demographic changes, many policy makers now maintain that social and economic factors are likely to influence demand and capacity hugely across the nation over the next 10 – 20 years as the impact of the economic situation and austerity measures begins to take hold. For instance, a report in 2013 by WLGA and ADSS found that 17 of 22 authorities in Wales are already overspending on social services[12]. A recent study by 'Wales Public Services 2025' estimates that increased demand for the whole of social services would increase social services spending from

[11] StatsWales (July 2013) Adults receiving services by local authority, client category and age group. Including physical disability, learning disability, mental health, substance misuse, and other vulnerable people.
[12] WLGA and ADSS Cymru (May 2013) Additional evidence to the Health and Social Care Committee

around 10% of the devolved budget to between 13% and 15%[13]. The WLGA predict that likely revenue support grant reductions of 4% are expected in each of the next 2 years[14]. Indeed between 2010-11 and 2014-15 the Assembly revenue budget has been cut in real terms by £1 billion and completely protecting the social services element in this period is not considered a viable option[15].

At the same time, analysis of the planned welfare reforms by The Centre for Regional Economic and Social Research[16] calculate that by the time they come into full effect it will remove in the region of £19bn from the economy in Britain. This will lead to lower disposable income, and lower local spending, and is predicted to have a disproportionate effect on Wales due to the higher numbers of people claiming benefits for 5 years or more[17]. The report estimates that old industrial areas such Merthyr Tydfil, Blaenau Gwent, Neath Port Talbot and Rhondda Cynon Taf are amongst the top twenty local authority areas across Britain to be hit the hardest with losses to the local economy of between £670 (Rhondda Cynon Taf) to £720 (Merthyr Tydfil) per working age adult per annum.

Those most likely to be affected by the changes are the poorest households with children, with non-working lone parents losing more than 12% of their income in 2014-15, as well as workless couples with children, and families with children under five and/or with more than two children being disproportionately affected[18], and thus potentially pushing more children into poverty and into care. *Building Resilient Communities*,[19] the Welsh Government's action plan for tackling poverty through Communities First clusters will be essential to helping mitigate the impact of the reforms. Meanwhile the WLGA is working with local authorities to understand and analyse any impacts of the reforms as the data emerges.

The Welsh Government is clear that the Social Services and Well-being (Wales) Bill is about setting the framework for achieving a *"more sustainable footing for the sector"* and that everyone *"from Government to front line delivery must be prepared to think differently about how services are commissioned and delivered"*.[20] This includes greater integration

[13] http://www.walespublicservices2025.org.uk/wp-content/uploads/2013/09/Mark-Jeffs-WPS2025-Full-Report1.pdf
[14] (http://www.wlga.gov.uk/wlga-corporate-publications/funding-outlook-position-paper-l-council-cymru-l-financial-propects-for-welsh-local-government)
[15] Written Statement by The Welsh Government (18 July 2013) Social Services and Well-being (Wales) Bill – Finance and Funding for Implementation.
[16] Beatty, C. and Fothergill, S. (2013) Hitting the poorest hardest: the local and regional impact of welfare reform. Centre for Regional Economic and Social Research. Sheffield Hallam University.
[17] National Assembly for Wales (2011) Welfare in Wales service: Impact of reforms.
[18] Welsh Government (2012) Analysing the Impact of the UK Government's welfare reforms in Wales – Stage 1 analysis.
[19] Welsh Government (2013) Building Resilient Communities: Taking Forward the Tackling Poverty Action Plan
[20] Op cit 13

between social services and health as well as considering different types of services, and the balance between early intervention or prevention support and acute or substitute care. The Government confirmed its financial support for the sector in June 2013, adding £1.5m for the Sustainable Social Services implementation budget for 2013-14 to complement existing national support for the IFSS programme, regional collaboration, changes in safeguarding and adoption, and training.[21]

So, the reality is that a range of demographic and economic factors are already having a huge impact on the plans of local authorities and their partners. From IPC's discussions with local authorities and their partners across Wales it is clear that none have been standing still, waiting for the legislation to be introduced. Indeed, many have already been working to introduce arrangements which are proposed in the Bill for a number of years, and have already redesigned commissioning arrangements, integrated teams, assessment systems and practices, and retrained staff. The Bill is, for many, confirmation of the approach that they have been taking for some time to designing the best services to meet demand and need.

Consequently, many factors are in play which will influence the precise agenda facing partners in each local area as they seek to transform themselves to meet the demands of the next 10 years. Each local area will be starting from a different point, and will have its own approach to the way they deliver services. Wales also has considerable variation between the approaches needed by those local partners working in predominantly rural areas, versus old industrial and urban areas; each bringing their own unique set of characteristics to the table.

4 Part 2 of the Bill: General functions - well-being

Of the total 11 parts of the Bill, parts 2-5 are considered in detail below because they are concerned with the hub of the new model of social care and wellbeing as they apply to social services, the NHS and the voluntary and private sectors in Wales. The remaining parts deal with a range of specific measures such as safeguarding and provision of support for looked after children. These have been reviewed but are not discussed in depth.

In part 2, the General Functions section of the Bill, there is a duty placed on local authorities to:

- Promote the well-being of people who need care and support, and their carers.
- Better understand the needs of the local population and the ability and capacity of local services to meet that need.

[21] Welsh Government Social Services and Wellbeing (Wales) Bill – Finance and Funding for Implementation, 18 July 2013

- Develop a spectrum of services to prevent or delay the development of people's needs for care and support.

4.1 Potential impact on local areas

Arguably this part of the Bill is critical to the overall implementation of other elements such as the assessment and eligibility framework, and will be fundamental to ensuring local authorities can meet the potential increase in demand implied in the emerging demographic trends. However, there are a number of challenges associated with this part of the Bill including the development of a clear definition of well-being and a common understanding against which outcomes can be measured. The Bill currently states that well-being is classed as:

- Physical and mental health and emotional well-being;
- Protection from abuse and neglect;
- Education, training and recreation;
- Domestic, family and personal relationships;
- Contribution made to society;
- Securing rights and entitlements;
- Social and economic well-being;
- (and in relation to children) physical, intellectual, emotional, social and behavioural development; and 'welfare';
- (and in relation to adults) control over day-to-day life; and participation in work.

This ambitious definition is supported under Section 9, clause 143, which requires local authorities to make arrangements to promote co-operation in relation to both children's and adult's services across relevant partner organisations, including the NHS and police, and any other organisations who *"exercise functions or are engage in activities in relation to…"* adults or carers, and children in accordance with the Children's Act 2004. This clause allows local authorities to work with partners through making arrangements for:

- The provision of staff, goods, services, accommodation or other resources.
- Establishing and maintaining a pooled fund.
- Sharing information with each other.

The Bill makes specific reference to local authorities exercising their social services functions with a view to ensuring the integration of care and support provision with health provision and health-related support. However the very nature of well-being implies this part of the Bill will require the

whole of the local authority and its partners to contribute in order to effect real change.

Local authorities will need to consider how to ensure that social services resources are considered alongside other functions, including education, planning, leisure, health and regeneration. The approach aligns well with the Public Services (Social Value Act) 2012 which states that all public bodies in England and Wales are required to consider how the services they commission and procure might improve the economic, social and environmental well-being of the area. Nevertheless local authorities and their partners will need to carefully consider how they ensure a common approach is built across departments to promoting wellbeing in their local area.

Attempts in England to draw this together have included the Total Place programme, and the more contemporary Whole Place Community Budgets programme which seek to bring together partner organisations such as the NHS, Police, JobCentre Plus, and the voluntary and private sector to work with local authorities to redefine public services in response to local needs and pressures[22]. By allowing local organisations to work together, develop joint business plans through shared investment strategies and removing barriers to better outcomes the pilot sites are transforming services and driving down demand before it is created.

Early evaluation of the Whole Place approach does indicate some substantial aggregated savings across the pilot sites, with estimates of the potential five-year net benefit being in the region of £9.4 to £20.6 billion[23]. Much of the emphasis has been on agencies working better together and, rather than 'upfront' funding, the approach has brought together public sector organisations and Government expertise to deliver service transformation. Clarity about what outcomes were going to be achieved, how risk would be managed and how the savings would be shared have been pivotal to its success[24]. Whether or not this can be replicated elsewhere would be highly dependent on the final decisions taken by the Welsh Government on the definition of well-being, the responsibilities of different agencies to contribute to the agenda, and how the Government chooses to implement such changes.

Local authorities and Local Health Boards (LHBs) will need to be robust in analysing the needs of their local communities. This will demand greater, more detailed investigation of local data and information and of the available evidence, as well as mechanisms for monitoring and assessing outcomes at an individual and population level. This may necessitate building commissioning capacity and skills and refocusing commissioning

[22] Guide to Whole Place Community Budgets (2013) Local Government Association.
[23] Whole Place Community Budgets: A review of the potential of aggregation (2013) Local Government Association
[24] Ibid

activities to reflect the change in emphasis, as well as commissioning different types of service which move people away from more traditional types of care. It may be appropriate for authorities and their LHBs to consider joint or integrated commissioning functions.

Commissioners will require higher quality data at a national, regional and local level from both social services and the NHS. They will need to think creatively about their approach to engaging citizens in the design and development of services and, because the nature of well-being means it is difficult to attribute success (or failure) to one particular service, will need to pull information together from various parts of the local authority and its partners so these functions might work together effectively to respond to this element of the Bill.

In addition to greater 'whole systems' working, local authorities will need to look at the broad spectrum of services offered by their partners in order to understand what is meant in practice by universal versus targeted services. This will require a shift in practice both from the local authority perspective, the NHS and housing. It will mean working closely with the third sector to understand the mix of provision, including how they meet local needs and how some services, not usually classed as social care, may contribute to overall well-being of communities (e.g., citizen's advice bureau, local gardening schemes, lunch clubs etc.). The third sector will also need to be much more actively involved in the design and delivery of services, something which is discussed in more detail in Section 5 on social enterprises.

Understanding the triggers which lead to individuals developing a reliance on social services support will be essential. Working across organisational boundaries will need to be targeted and specific, and will require a thorough understanding of how local agencies can influence the well-being of their communities. Re-balancing care services will require time and re-investment of resources, even if the long-term ambitions are that it will be more or less cost-neutral (see Example 1, Partnership of Older People Projects). Prevention and early intervention programmes will play a pivotal role in delivering better outcomes, reducing demand for unnecessary acute and substitute care and delivering integrated re-ablement for older people will offer the opportunity for people to remain independent despite long-term conditions or illness[25].

Example 1: The Partnership for Older People Projects (POPP) were funded by the Department of Health to develop services aimed at older people promoting their health, well-being and independence. With 29 local authorities in England, and £60m of funding the programme worked with health and voluntary sector providers to develop services ranging from

[25] Submission to committee inquiry into residential care for older people (2011) Welsh Re-ablement Alliance

low-level interventions such as lunch clubs through to more formal initiative such as rapid response services. Because of the scale of the programme it has been evaluated more robustly than some; with some studies demonstrating a reduction of 47% in overnight hospital stays and by 29% in Accident and Emergency departments, whilst others show that – in the short-term - there is no notable difference in emergency hospital admissions[26]. Individual analyses of POPP interventions have demonstrated more specific benefits. For instance Southwark was awarded £1.8 million from project to develop a hospital discharge pathway focussed on rehabilitation and screening patients to identify those most likely to have health and social care needs on discharge. As a result there was an increased use in intermediate care services, and in mental health referrals. The programme also saw a reduction in the length of stay for patients on elderly wards and reduction in the number of care home placements equating to an estimated saving of £720,000 in care home packages overall and a saving of 3,744 bed days across the two acute care trusts involved[27].

There is a risk that, despite the equal emphasis placed on adult's and children's well-being within the Bill, demographic pressures, limited or diminishing resources and competing priorities across social care and health may result in the focus of early intervention and wellbeing support shifting substantially towards the provision of adult well-being services and away from children's services. Although the prevention and well-being agenda in children's services often differs in focus and approach to that within adults, it offers as a great a challenge in implementation and will need to form an integral part of securing well-being within the wider community over the longer-term.

A recent Children's Society report defined well-being as both subjective (how children are feeling) and objective (the conditions which affect those feelings such as health and education); arguing that policy has historically focussed upon the latter element, but that both need to be considered to ensure greater well-being within children. They list six priorities for children's well-being based on research across the UK:

- The conditions to learn and develop.
- A positive view of themselves and an identity that is respected.
- Having enough of what matters to them.
- Having positive relationships with family and friends.
- A safe and suitable environment and local area.

[26] Steventon, A., Bardsley, M., Billings, J., Georghiou, T., and Lewis, G., (2011) An evaluation of community based interventions on hospital use. The Nuffield Trust
[27] Southwark Hospital Discharge: a focus on rehabilitation reduced the length of time in hospital and the number of care home placements, generating saving of £1 million. (2011) Money matters: IRISS

- Opportunity to take part in positive activities to thrive[28].

There is a growing evidence base for the efficacy and cost effectiveness of early intervention[29] (e.g. example 2, parenting programmes) demonstrating that some well-directed intensive support for children and young people can have long lasting impact on outcomes for even the most difficult families. For instance the Troubled Families Programme has estimated that significant savings can be made (in some cases these are projected to be as much as £32,000 per family per year) through targeted interventions[30]. Also 'Team around the Family' approaches are offering multi-disciplinary, targeted interventions when families have low to moderate additional needs (Example 3, Integrated Family Support Services)[31].

Although much of the discussion in national policy documents (such as *Sustainable Social Services* and the recent written statements[32] by Gwenda Thomas AM) demonstrate an on-going commitment to early intervention and prevention approaches in children's services, the Bill does not specifically outline how well-being will be improved through children's services. Much of the current work undertaken in this area is delivered through targeted packages of support and in response to specific funding streams and the challenge presented within the Bill is around how this can be integrated into a 'whole' system approach. How successfully local authorities meet this element of their general duties will be dependent on future regulations and guidance.

Example 2: Parenting programmes targeted at the parents of children with, or at risk of, developing conduct disorders, aim to improve the parenting styles and the parent-child relationship. Whilst there is evidence available to suggest these are effective interventions there has been – up until now – little evidence on their cost-effectiveness. Recent work estimates that these interventions can cost in the region of £1,177 per family but that effective parenting programmes can save in the region of £9,288 per child over a 25 year period[33].

[28] Promoting positive well-being for children: a report for decision makers in parliament, central government and local areas (2012) The Children's Society
[29] Allen, G (2011) Early intervention: the next steps. HM Government
[30] The Cost of Troubled Families (2013) The Department for Communities and Local Government.
[31] Early intervention and prevention with children and families (2012) Institute of Public Care
[32] Op cit 13
[33] Knapp, M., McDaid, D. and Parsonage, M. (editors) (2011) Mental Health promotion and mental illness prevention: the economic case. PSSRU, LSE and Department of Health

Example 3: The Integrated Family Support Service (IFSS) aims to support some of the most vulnerable children and families in Wales. The service aims to integrate provision and requires local authorities to work with their local health board to support families with complex needs. It is a statutory service, unique to Wales, and is being rolled out across the country following an initial pilot phase. Teams comprise, at a minimum, nursing, social work, health visitor staff to work intensively with families to deliver focussed interventions. Early evaluation suggests most families receiving support value the input, particularly those which are identified early, and evidence is emerging regarding the impact on complex problems such as substance misuse[34].

Depending on local arrangements, there may also be some tensions in the relationship between the emphasis on promoting well-being and the choice and control available to individual citizens who are eligible for health and social care support. There may be similar challenges in balancing choice, risk and safety whilst focussing on the citizen's desired outcomes and balancing this with the need for effective safeguarding. Consolidation of current children's safeguarding arrangements should provide greater consistency and avoid duplication, but rigorous efforts will be needed to ensure that transitions between the current arrangements to the new proposed arrangements are carefully managed and monitored.

The success of developing a wider well-being agenda will also be dependent on the wealth and capacity of the local population to contribute to its own care, make informed decisions and articulate what it defines as well-being. Similarly, the scope and capacity of local voluntary and community services and networks to respond to citizens' needs and changing policy will also heavily influence the type of activity which local authorities will need to focus upon in order to meet the requirements of this part of the Bill. The WCVA is clear that this is fundamental and recommends that:

- Welsh Government should restate and strengthen its commitment to real citizen engagement in the design and scrutiny of public services.
- Co-production should be placed at the heart of future public service thinking, design and delivery.
- There should be a duty on local authorities to develop an early intervention and support strategy in partnership with the third sector, to identify the help that is available and can be developed, and to ensure that it is adequately resourced.[35]

[34] Thom, G. and Delahunty, L (2013) Evaluation of the Integrated Family Support Service: Second Interim report. Welsh Government.
[35] WCVA Submission to the Commission on Public Services Governance and Scrutiny, 20 August 2013

Local authorities and their health and third sector partners will already have a good understanding of their local populations, but targeting limited resources at those which need the most support, or on interventions which are known to be most effective may be essential in the coming years. This may be particularly relevant in rural areas, where physical location can make a significant difference of provision of well-being services and an individual's capability to access them.

Finally, the Welfare Reform Act (2012) which seeks to pull together a range of individual benefit streams, making the benefits system fairer and more affordable, may disproportionately affect those on the lowest incomes, families and children as well as those with disabilities. The links between poverty, inequality and lack of well-being are well-documented, and carers' capacity to cope with the changes may result in an overall increase in the levels of local need. Local authorities will need to think about how they mitigate the impact of the reforms in their planning processes in order that demand for social services does not increase as a result.

4.2 Local authority resource implications

Some of the activities associated with improving well-being outlined above should fall under current commissioning arrangements. In his 2011 report for the SSIA, IPC's Professor John Bolton analysed the progress made across many Welsh local authorities in relation to improving information and guidance, re-ablement and new models of housing support[36]. He argued that councils had made good progress to reshape their services for older people and that all demonstrated effective practice in one or more areas of support, despite varying progress across the country.

Likewise, children's services programmes such as Families First and Flying Start have begun to change the configuration of resources, offering better integrated support for families at risk of poverty[37,38]. In Blaenau Gwent for example the programme includes new health workers, specialist youth support in secondary schools, a team around the family services run by the voluntary sector, and an advocacy service jointly run with other authorities.[39]

Different approaches have had different financial starting points: in the case of service transformation in adults much of the work has been undertaken within the existing financial envelope of the local authority budget; whilst in children's services additional funding has been provided to help reshape service provision. Deciding which approach to take in order to implement

[36] SSIA (2011) Better Support at Lower Cost: Improving efficiency and effectiveness in services for older people in Wales
[37] Families First: Pioneer Stage review (2012) GHK and Arad Research
[38] http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/flyingstart/?lang=en
[39] Unpublished information supplied by Blaenau Gwent Families First Co-ordinator 9 September 2013

the Bill will need to be subject to further discussion between the Welsh Government and its stakeholders.

A review of the available evidence suggests that, although there is no research into the costs associated with whole scale transformation such as is outlined in the Bill, it is unlikely to be cost-neutral for local partners in the shorter term. However, while perhaps attractive to some, the reality is that there is not a simple financial formula which can be applied to judge the real cost of such complex whole system changes. Actual costs will depend substantially on the extent and speed of implementation and – as discussed above – this will vary across local areas as some are further along the transition pathway than others. Indeed, it might be argued that some authorities have moved so far down the route described there will actually be a greater cost in not implementing parts of the Bill.

Financial support is obviously seen as helpful in delivering services transformation. In England, in local authority circular *Transforming Adult Social Care*[40], the Department of Health committed additional resources to help local authorities shape their provision in a more personalised way. This included increasing the social care budget but also a range of specific grant based approaches. This funding model has not continued under the coalition government's agenda for change. More recently English local authorities have been given additional money through a transfer of £859m of funding from the NHS to authorities s in England in2014/15 to improve outcomes or deliver adult social care transformation programmes in line with health and well-being agenda[41].

Adults services in England have also benefitted from strong support networks through initiatives such as the 'Think Local Act Personal' partnership, the 'National Market Development Forum' and the current 'Developing Care Markets for Quality and Choice Programme' which pull together Government, local authorities and providers to offer on-going support and guidance on how to implement better more citizen directed support. However this needs to be tempered by the fact that local authorities in England have – on the whole – experienced greater cuts to their budgets to date, (while there has been a ring-fencing approach to NHS funding), than those in Wales. If Wales were to adopt a similar approach then clear leadership at a national and local level as to what constitutes well-being and the steps needed to be able to promote it will be essential.

[40] Department of Health (2008) Transforming Adult Social Care: Local Authority Circular
[41] Department of Health (2012) Letter to Paul Baumann: Funding transfer from the NHS to social care in 2013/14 – what to expect

Example 4: The Scottish Telecare Development programme represented a significant investment in infrastructure to develop community based telecare services with the aims of reducing admissions to hospital, improve the speed of discharge and also help people remain as independent as they could. Around £6.8 million was given to partnerships to implement around 73 projects. Evaluations demonstrated that typical telecare packages[42] cost between £4,000 and £109,000 with the bulk of these packages falling to social care rather than health. However, evidence suggests that despite the wide variation in costs, there are significant savings to be made in terms of planned health and social care interventions; reducing the probability of unplanned admissions to hospital and the length of stay for those who are admitted[43].

The Regulatory Impact Assessment[44] (RIA) analyses the anticipated costs of implementing the Bill into a discrete group of activities, some of which it attempts to cost in some detail, whilst others it acknowledges will be dependent on subsequent regulation and guidance. These areas are:

- Reform and integration of social care law in Wales (including costs associated with training, dissemination of information, and costs to the Welsh Government of implementing the changes).
- The provision of preventative and early intervention services.
- The provision of accessible, high quality information for individual, carers and families.
- A nationally consistent system for assessments and eligibility for both users and carers.
- Collaboration amongst local authorities and between local authorities and local health boards to ensure there is efficacy in the commissioning and delivery of care.

The RIA also assumes that many of the activities under the Bill will fall under current practice, particularly in relation to prevention services and the development of information and guidance. Although some of these costs will be borne nationally and are associated with the mechanics of implementing the Bill, it is also anticipated that at a local level there will be additional transitional costs, including costs associated with local workforce development, and the restructuring of existing organisational arrangements. In the transition period some authorities may decide to have existing services operate alongside new, preventative-based models, and as a result may see their spending rise, while others may choose not to allow this overlap and risk difficulties in meeting needs. Longer term costs will be most associated with new models of commissioning and care delivery, both

[42] Exploring the cost implications of Telecare service provision (2010) Newhaven Research
[43] Evaluation of the Telecare Development Programme (2009) York Health Economics Consortium
[44] Social Services and Well-being (Wales) Bill: Explanatory Memorandum incorporating the regulatory impact assessment and explanatory notes (Jan 2013) Welsh Government

in terms of the types of staffing required and also the nature of the services put in place, and the intention of the Bill and of the local areas is that these will be reduced as a result of more effective services and a different set of expectations from citizens. Predicting the changes in resource requirements as a result if these changes, which will be very much down to the way in which partners develop and design their services, is not possible.

Additional costs from the provision of a broader range of wellbeing services to people in need are likely to fall to local authorities; yet the evidence suggests that early intervention and prevention services in the adult care sectors result in financial benefits to the NHS, rather than the local authority (see example 4, The Telecare Development Programme), and this will need to be recognised in future funding arrangements.

Whether or not local authorities and the NHS have the capability to achieve this long-term reconfiguration will depend greatly on the flexibility of legislation, funding streams, relationships across departments within the authority, and their partnership arrangements (see example 5, The Gwent Frailty Project), along with the national support that is provided to ensure that good practice is shared; and that service users, carers and all citizens understand and work with the approach proposed in the legislation.

Example 5: The former Gwent authorities have collaborated to develop the Gwent frailty programme with a focus upon keeping people as independent as long as possible. The programme was funded through Invest to Save and the health and public service budgets and it has been forecast that initial set up costs will be in the region of £12.5 million to establish the model[45]. The programme provides local community resources teams, run jointly between health and social care, which focus on urgent assessments, rapid response services, emergency care at home and re-ablement services. It aims to bring together statutory agencies, and the voluntary and independent sector to provide short term interventions which prevent admissions to hospital[46]. It is anticipated that in the medium term expenditure will be released through realignment of hospital beds, efficiency savings, overall reductions in the pressures on acute care and a reduction in the costs of purchasing residential and nursing beds. Whilst the need for residential care is likely to diminish leading to more home care orientated services. It is also hoped that by supporting voluntary sector services that provide low-level support the programme will be able to enhance people's wellbeing and keep them independent and result in a reduction in the need for Continuing Healthcare and high intensity social care support packages.

Certainly the Bill will require new types of services, moving away from more traditional models of care and different approaches to assessment, staffing

[45] http://www.bgs.org.uk/index.php/walescaremodels/523-icwales
[46] http://www.gwentfrailty.torfaen.gov.uk/

arrangements and commissioning. It will require flexibility in funding streams, strong partnership working across agencies and clarity around outcomes. Although this part of the Bill sets out the direction of travel, it will be down to further regulations and policy to determine how it will be most effectively implemented and to local partners to use the resources they have available to them to maximum effect.

4.3 Health resource implications

Although generally treated in policy and legislation as two separate entities, health and social care together form the mainstay of the care system within Wales and the rest of the UK. Good social care can reduce the need for health interventions, prevent admissions to hospital and intercede to stop conditions from escalating to levels which require high cost care packages. Moreover, co-ordinated care is known to improve the service user experience and quality of life; can bring down costs and offer professionals opportunities to work creatively[47]. It is therefore reasonable to assume the Bill will inevitably impact on the NHS – both in terms of direct practical implications around joint working, but also in relation to the contribution both professions make towards improving well-being across Wales.

In line with potential burdens on social services across Wales due to the increasing older people's population, it is well documented that community and hospital based services are facing unprecedented pressure[48,49]. Health inequalities across Wales still remain, with pockets of deprivation leading to higher incidences of poor health outcomes, whilst recruitment and retention of staff remains a challenge[50]. Funding is limited, with no prospect of improvements in the near future, and unlike England, the NHS Wales budget is not ring-fenced. Under these conditions, the NHS cannot maintain the status quo and providing different types of services to address local needs, in different settings, will be pivotal to ensuring the care and support system remains viable.

As part of its approach to addressing these challenges the Government outlined the need for better primary and community care located to close to home in *Setting the Direction*[51], with the aim of diverting people away from hospital where possible. It argued that service fragmentation and a lack of service co-ordination led to crisis management and excessive emergency admissions to hospitals. It pushed for close alignment between health and social services and for co-ordinated and coherent preventative care,

[47] Palfreman, M. and Jepson, W. (2011) Efficiency and Innovation Board: New models of service delivery – Study into integrated approaches to service delivery that promote independence and wellbeing. SSIA and NLIAH
[48] NHS Wales: Forging a Better Future (2011) Bevan Commission
[49] 21st Century Healthcare, Progress Report (2013) Welsh Government
[50] Together for health: A five year vision for the NHS in Wales (2011) Welsh Government
[51] Setting the Direction: primary and community services strategic delivery programme (2010) Welsh Assembly Government

through continuing and intermediate care services; including rapid response, enablement, rehabilitation, admission avoidance and accelerated discharge services.

This agenda was subsequently reflected in *Together for Health*[52] which set the vision for the NHS in Wales until 2016; stating a commitment to early intervention and prevention, and developing simplified, integrated services to tackle health inequalities and improve well-being. Since then some progress has been made towards developing locality networks across Wales to integrate commissioning and provision and support people to maintain their independence safely (see Example 6, Bridgend Intermediate Care Services). However there is still some distance to travel; shifting care away from more traditional models of delivery has proved difficult[53] and over the past 12 months increasing demand has placed a strain on emergency services.

Example 6: The intermediate care service in Bridgend[54] offers community integrated re-ablement service, which brings together the existing Community Reablement Team, the Community Disability Rehabilitation Team, and BridgeLink Telecare, under one roof. It includes an Early Response Team that links into the 24/7 mobile personal care service provided as part of the Telecare element of the service. A new referral centre has been established providing a single point of access to the CIIS services and has close links to BridgeStart, the Council's home care enabling service.

The service is fully integrated with a team of over 70 health and social care staff working together. All services are designed to help people get back on their feet and maintain their independence following an illness, accident, or other event that has reduced their independence. Performance data indicates that within the first year of it's operation it helped 145 people leave hospital early, with estimated savings of £152,000, and enabled 115 people to change their home care needs releasing a further £613,888. Additional savings came from the avoidance of hospital admissions and residental care, as well as ambulance call outs.

The Bill offers an opportunity for the Welsh Government to shape the integration of social services and health agenda in a way which has not been done in Wales since devolution. It will set the tone for the relationship between health and social services in the foreseeable future, and lay the foundation for service redesign and development.

[52] Op cit 45
[53] Bridges, E. and James, V. (2012) Getting back on your feet: re-ablement in Wales. WRVS

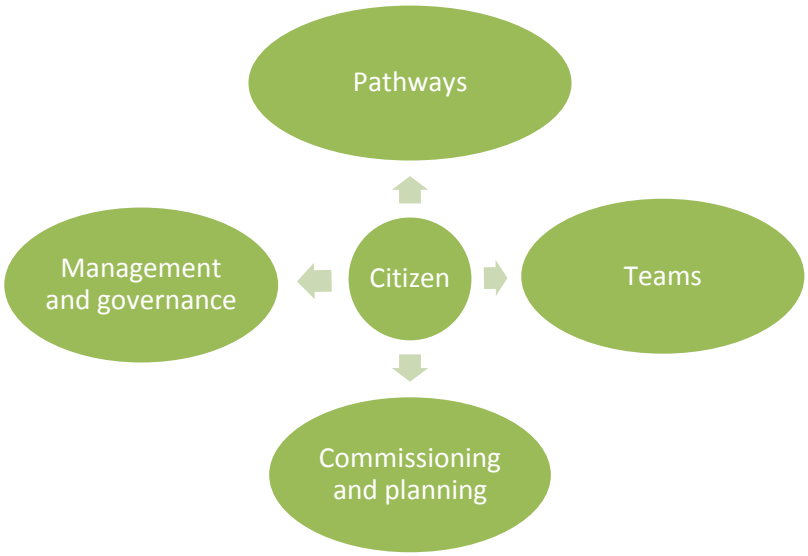
The Bill places the leadership responsibility for developing joint approaches to improving well-being within the hands of the local authorities. It places a duty on partner organisations to co-operate with local authorities when requested. For health services this includes producing joint strategic assessments of need with local authorities for children's and adults services, which will be linked to the Welsh health, social services and well-being strategies. Yet despite the emphasis within the Bill towards whole systems approaches to care and well-being, and the evident policy base for greater health and social services integration[55], the Bill does not outline the expectations for the NHS in contributing to well-being, not does it allow partner organisations such as the NHS to make reciprocal requests for greater integration from local authorities.

On the one hand, this approach allows local areas the freedom to respond to local needs. Partnerships and integrated services can be developed in response to thorough analyses of provision, and structural arrangements such as pooled budgets can be settled more flexibly. On the other hand, successful integration around the well-being agenda is highly dependent on ensuring there is a real and shared understanding across local authorities and their NHS partners about what well-being comprises. However, the anecdotal evidence presented within the consultation responses[56] suggests that a joint definition is not in place. Further work is likely to be needed at a national, regional and local level to ensure there is clarity in relation to the respective roles of each organisation and their individual contributions to the outcomes they are trying to achieve if integration is to work.

Some steps have already been made towards this, for instance the *Framework for Delivering Integrated Health and Social Care*[57] consultation document provides some information on how the Welsh Government expects local authorities and LHBs to work together in relation to older people with complex needs, outlining an ambitious plan for developing co-ordinated and integrated services by December 2014. In addition the Government has assembled a task group with representatives from the NHS, third sector and local authorities to advise on the implementation of integrated services more widely.

IPC's work in this area has led to a conceptual framework for understanding 4 different aspects of integrating care around the citizen – these are complementary but very different forms of integration, each with a specific series of development approaches involved:

[55] Well-being statement for people who need care and support and carers who need support (2013) Welsh Government
[56] Social Services and Well-being (Wales) Bill: Stage 1 Committee report (July 2013) National Assembly for Wales: Health and Social Care Committee
[57] Welsh Government (July 2013) A framework for delivering integrated health and social care for older people with complex needs.



Local partners will need to be very clear about the approach they are taking, the rationale behind it and the specific objectives of their local arrangements.

A national, co-ordinated response to improving well-being is vital, whilst strong joint local leadership (including the third sector and housing) will help embed it as an approach. The Bill also makes provision for the Welsh Government to make regulations which forcibly create partnership arrangements across the NHS and/or other local authorities should this be required. How and under what circumstances this will be implemented remains to be seen and getting the balance between good guidance and being overly prescriptive will need to be struck – the evidence suggests there is no clear one size fits all approach to developing more integrated services[58], and local areas will need flexibility to develop their own arrangements.

In terms of analysing the implications for health specifically, at its most basic level this will require LHB's to consider:

- The findings from the joint strategic assessment of need to understand what services might best improve outcomes and the well-being of local populations.
- Working with local authorities to map current service provision and highlight any gaps, as well as understand the relationship and potential barriers to good quality health and social care.
- Working with and engaging service users to understand their experience of the health and social care system, in particular what elements of the care pathway impact on their well-being (either negatively or positively).

[58] From the Ground Up: A guide to integrate service delivery and infrastructure (2010) Integrated Care Network and Community Health Partnerships, Department of Health

- Establishing partnership approaches to designing and developing services, working closely with the third sector and involving them in the commissioning of new approaches.
- Working with local authorities to understand information needs, shared responsibilities and where service boundaries lie.
- Training and development, and support, for staff and health professionals in response to any planned changes to service delivery.
- Monitoring progress and evaluating the success of the programme.

Much of the activity could be considered to be part of the existing LHB role, but consideration will need to be given as to how this might be best achieved. For instance joint health and social care commissioning functions might be one step closer to integration through co-location of services and staff, or joint arrangements in relation to specific services or programmes. Integration is often most successful when working within established relationships; there are good governance structures and clear outcomes in place; and agreed protocols for information sharing[59]. Strong financial arrangements are also fundamental to success. Again some areas will be well down the road to better integration, whilst others may still have some distance to travel.[60,61,62](see example 7, Locality Based Community resource teams).

Example 7: Hywel Dda Health Board, Carmarthenshire County Council and Carmarthenshire Association of Voluntary Services developed Locality Based Community Resource Teams in 2008. The aim was to implement a multi-disciplinary approach which empowers people to make informed decisions about their lives and solve their own issues in collaboration with community groups, and facilitated by health and social care. The approach has grown and developed over that time, with regular multi-disciplinary team meetings to discuss care and support for individuals, pulling together GPs, community nurses, practice nurses, social workers, occupational therapists, physiotherapists, housing and re-ablement officers amongst many others. Individuals who are identified as being at risk of an unscheduled hospital admission are offered a range of services to support them to remain at home and prevent the need for more costly care packages.

They are currently developing an in reach social care service and the newly created primary care mental health team is co-located with the Community Resource Teams, along with other specialist services both statutory and third sector services (Carmarthenshire Complex Neurological Service, Stroke Association, Third Sector Broker, Chronic Disease Nurses,

[59] Ibid
[60] Op Cit 46
[61] Op Cit 48
[62] Op Cit 32

Falls and Frailty Specialist Nurse etc.). Innovative use of telecare and telehealth has enabled effective monitoring of individuals with chronic conditions as well as dementia and is offered as an integral part of care packages.

The service also offers the Acute Response Team (ART) which provides 24/7 rapid response community nursing to enable individuals to remain at home while working in collaboration with the GP Out of Hours service. ART work alongside the local authority's Through the Night domiciliary care service which provides regular planned care through the night across the county as well as unscheduled response to telecare monitoring concerns, working alongside the social care out-of-hours service.

The approach did require some additional investment: The Through the Night service was funded by innovative use of Continuing Health Care money, while Welsh Government Invest to Save money was used to fund additional community nursing. This has, however, increased capacity and enabled a more holistic view of individuals and their respective needs. It is anticipated that future costs should reduce as consideration is given to joint procurement and commissioning. The approach has also been based on good will between the partners and whilst health and social care staff are co-located there are no reciprocal office charges.

The costs associated with integration are well documented[63] and it is broadly accepted that it requires up front funding before services realise actual savings[64]. It is frequently quoted that 'integration costs before it pays'[65], generally requiring some start-up support, staff and systems. There may also be some additional costs where existing services run side-by-side to new models of delivery and where staff are moved across organisational boundaries (see Example 8, The Cwm Taf @Home Service). Training and development for existing and new staff is crucial, as is time spent developing good governance and management structures.

Currently the RIA does not account for any anticipated implementation costs for health in response to the Bill. However it does acknowledge this may need to be revisited once detailed regulations are in place and commits to producing a full analysis of any subsequent changes. Once again, it could be argued that many partners across health and social care have moved significantly in practice already, and that while additional funding would no doubt be welcome, many of the changes needed are part of a wider programme of change and development taking place already in

[63] Op Cit 40
[64] http://www.theguardian.com/healthcare-network/2013/may/16/integration-long-difficult-costly
[65] Leutz W.N. (1999) Five laws for integrating medical and social services: lessons from the United States and United Kingdom. *Millbank Quarterly* 77(1): 77-110

local areas. Cost implications will vary significantly from one local area to another.

Example 8: The Cwm Taf @home service brings together:

- CIAS – community integrated assessment service
- Community ward
- Community IV therapy, and
- Re-ablement.

It aims to improve the support available in the community to manage patients who do not necessarily require hospital admission. It does this by preventing crisis or deterioration in a patient's condition which could lead to hospital admission and to provide alternatives to acute based care. Services are delivered by a range of professionals with the involvement of social care and third sector colleagues to provide a holistic response to our patients. The objectives of the services are to:

- Provide a proactive multi-disciplinary assessment to individuals who are becoming more frail, to maintain their independence and well-being.
- Provide a timely assessment in the community for those patients who present at A&E but do not require admission.
- Increase the capacity of re-ablement services to broaden access routes in order that all patients who could benefit from a programme get access.
- Increase the level of support provided to Nursing and Residential Homes to reduce the number of avoidable admissions and transfers to hospital utilising the governance framework of the "Community ward"
- Increase the capacity of community services to provide IV antibiotic therapy to people in their own homes which traditionally would have required hospital admission.

The Community IV therapy and re-ablement services were already in existence and the capacity of the re-ablement service increased as a result of additional funding received from Welsh Government (£1.5 million under Invest to Save) for the development of @Home services. This funding also supported the development of the CIAS and Community Ward. The service brings together existing staff, as well as redesigning some roles to take on new responsibilities and work in new settings in order to deliver person-centred care.

Funding such programmes has included directly commissioned provision as a result of savings or decommissioning services elsewhere, grant funding (e.g. invest-to-save), shifting funds directly from the NHS into local authorities and pooled budgets. Each of these options is not without risk, and understanding where that risk lies and how to mitigate it is essential if such approaches are to be adopted more widely; particularly where two or more local organisations are looking to integrate their provision. Robust

evaluation of approaches will enable local authorities and LHBs to monitor progress towards the aims of integration, but adequate time to embed the changes and respond to any challenges this presents will be key.

There is very limited evidence about the actual cost-effectiveness of integrated compared to non-integrated services, with studies tending to focus on the process of integration rather than the costs, although as discussed in the examples outlined in Section 4.2, early intervention and prevention programmes appear to offer the most cost-effective solutions (see Example 9, Supporting People) and these tie in well with the overall direction of the Bill.

Example 9: The Supporting People Programme in England, offered strategically planned, integrated housing support services to vulnerable people with the aim of improving their independence and well-being. It offers people a stable environment by providing cost-effective and high quality housing support to complement existing health and care services. It is highly preventative to ensure that service users' needs do not escalate to require intensive health and social care support. The economic evaluation demonstrated the programme had net financial benefits of £3.41 billion per annum, against an overall investment of £1.61 billon. [66]

One of the biggest challenges facing the NHS is how to respond if the Bill, as a result of consultation responses, charges the NHS with a duty to support well-being that is on a par with that for local authorities. Although highly speculative at the present point in time, such alterations in the Bill could at a minimum result in no change of approach, with local authorities and LHBs continuing to work towards joint health, social services and well-being strategies, and commissioning care separately. At a maximum it could lead to opportunities for LHBs and local authorities to consider reshaping their roles within communities and offering stronger leadership to achieve the aims and ambitions of the Bill.

One potentially significant tension in implementing this part of the Bill is the current arrangements between the 7 LHBs and 22 local authorities, which may result in considerable duplication of systems and services. Economies of scale will need to be sought through stronger joint and integrated commissioning practices and better working across boundaries will be essential to implement the changes.

4.4 Two additional questions

In addition to the analysis above there are two further questions with a potential impact on local authorities, social services and health organisations:

[66] Benefits Realisation: Assessing the evidence for the cost-benefit and cost-effectiveness of integrated health and social care (2010)

- Under the current definition of well-being within the Bill would local authorities be open to legal challenge if, in response to financial pressures, services which local people could demonstrate improved their well-being were cut (e.g. cultural, leisure or day services)? To prevent such challenges, local authorities and their partners will need to demonstrate robust, evidence based commissioning practice and consultation. In the absence of one or other (or both) local authorities may leave themselves open to challenge.
- How do housing, housing related support and equipment contribute to the well-being of local populations under the arrangements for the Bill? In its current form the Bill makes little reference to housing, housing related support or equipment; other than to bring together existing legislation and make reference to the fact that the Welsh Government believes this to be picked up elsewhere. Professionals have long believed that appropriate housing and adaptations can prevent the need for high costs care packages. Regardless of a strong evidence base[67,68] to support this notion developing integrated support is often difficult to get established in practice. The draft Care Bill in England has attempted to tackle this by pulling together existing legislation and clearly stating that local authorities must make arrangements for co-operation with officers who are responsible for housing[69]. With the repeal of existing legislation and no similar clause within the Welsh Bill, this could leave a potential gap in the statutory obligations of local authorities to provide better, more integrated services. This has been highlighted by the Health and Social Services Select Committee, which recommended that housing should be included within the definition of well-being[70].

Summary:

The well-being agenda outlined within the body of the Bill forms an integral part of the *Sustainable Social Services* framework and without it, much of the remainder of the Bill will be difficult to implement effectively at a time of fiscal constraint and demographic pressure in adults services. In response to this section of the Bill local authorities will potentially need to:

- Adopt a 'whole council' approach to addressing well-being; working with and across departments.
- Develop and strengthen partnership arrangements with health and other statutory agencies.
- Develop a greater understanding of local need, supply and provision of services; and how these influence better outcomes.

[67] Heywood, F and Turner, L (2007) Better outcomes, lower costs. Office for Disability Issues, Department of Work and Pensions
[68] Health, Well-being and the Older People Housing Agenda (2012) The Housing LIN
[69] Draft Care Bill (2013-14) Department of Health
[70] Op Cit 50

- Ensure both children and adult's services are focussed on early intervention and prevention.
- Monitor the impact of welfare reforms on the well-being of their local populations.
- Seek to develop flexible funding streams by redesigning existing services and working with partner agencies to free up funds for transforming services in line with the Bill.

In the long term, outwith the potential impact of changes in demand as a result of changing demographics and expectations, the whole assumption of the Bill is that the changes proposed will ultimately be cost neutral or even reduce costs by reducing demand for expensive complex care.

There is no evidence to show that this assumption is inevitably wrong, and indeed there are examples which illustrate where such savings can be achieved. However, the multiplicity of factors which will effect demand and supply on local authorities in the next decade, means that trying to strip out the potential costs of the Bill (and any detailed guidance which is not yet written) from the others with any degree of accuracy would be somewhat esoteric.

In terms of transition costs, it may be argued that local authorities will have a very difficult period to negotiate as they seek to change the configuration of local services, revise early response arrangements and recruit and train people to work differently. Certainly national resources can be used to support these kind of changes, including:

- National guidelines and frameworks
- Financial resources to support training and to support the transition of internal and external services to new ways of working and new contracts
- National training and development programmes
- Public information to help citizens across Wales to understand the changes taking place

These would no doubt be welcomed and could help to promote a greater degree of consistency of practice across the country. However, it needs to be remembered that all local authorities and their local and regional partners have resources at their disposal to help manage change in this area and that many are already well on the journey. Many of the activities needed will be replicable from one local area to another and there may be strong arguments for further extending the level of co-operation between regions which is already a defining characteristic of approaches to change in the public sector in Wales.

The overall resource implications for the NHS are likely to focus around potential service reconfiguration during the period of transition. The Bill offers the potential for local authority and community health services to reduce demand for expensive acute, substitute and nursing care, but this will be within the context of changing patterns of demand and tight resources. Through further integration across health and social care on local areas, some of the barriers to securing more effective services may be removed.

5 Part 2: General functions: social enterprises

The term 'social enterprise' encompasses a whole range of organisational forms and it is important to recognise this complexity when discussing the likely implications of this part of the Bill. The Bill places a duty on local authorities to:

- Promote the development of new models of delivery through social enterprises, co-operatives, user led and third sector services.
- Promote the availability of preventative services from the third sector in the arrangements it makes for providing care and support and informing people in its area about what services are available.

A 'social enterprise' is not actually a distinct legal entity but rather a title summarising an overall approach to organisational form. It describes a business that exists for a social purpose. Various different legal structures can be used to set up a social enterprise but it would be expected to:

- Have a clear social or environmental mission set out in its governing documents.
- Generate the majority of its income through trade.
- Reinvest the majority of its profits to further its social or environmental mission.

Social enterprises can be set up as private limited companies; companies limited by guarantee; limited liability partnerships; unincorporated associations; sole traders; or as industrial and provident societies. They can also be set up as Community Interest Companies (CICs), which were created as legal entities specifically for social enterprises, either as a private company limited by shares or as a company limited by guarantee. Some charitable care organisations, such as Age UK for example, have created social enterprise arms so that they can trade. There is no specific regulator for social enterprises (although there is a regulator for CICs). Many people would see a very close link in practice between the aims of social enterprises and the overlapping terms covering third sector organisations.

5.1 Potential impact

The third sector in Wales is well-developed with strong links between organisations and local authorities and the NHS. They are actively involved in the design, development and delivery of services and are likely to be increasingly seen as a potential vehicle for social services delivery as local authority budgets shrink. They offer cost-effective options for local authorities looking to outsource services and often play a vital link between health and social care[71] (see Example 10, Care and Repair Cymru).

Example 10: Care and Repair Cymru is the national body for the care and repair movement in Wales. Operating through 22 local agencies across Wales they offer a range of services from minor adaptations, through to home improvements and welfare advice. They are involved in numerous initiatives to promote independence, including the Rapid Response Adaptations Programme, funded by the Welsh Government to reduce the need for hospital admissions or social care; and the Gwent Frailty Project. Analysis suggests that for every £1 invested in the Rapid Response Adaptations, the NHS saves £7.50 through a combination of avoiding admission to hospital, or through accelerating discharge. Nationally, in 2008-09 this equated to a saving of £15 million[72]

The Kings Fund report *Social Enterprise in Healthcare* states that social enterprises can add to the plurality of provision and improve co-production; offering staff the opportunity to take control, innovate and be actively involved in decision making. They can bring a number and range of advantages, not least the ability to integrate a range of well-being services around the needs of the service user and citizen (see Example 11, Café Zecta 3).

Example 11: Cafe Zecta 3[73], based in Abertawe Bro Morgannwg University Health Board's Primary Care Resource Centre, is a run as social enterprise. It is open to the general public and aims to promote a healthy lifestyle through promoting healthy eating choices for users. All profits from the café go back into the community through Neath Port Talbot Council for Voluntary Services. The Café works with GP practices to ensure that they continue to support healthy lifestyles and they offer a range of local services such as delivery and buffet menus.

However, having more social enterprises cannot be an end in itself. Their development will only be worthwhile if it can be demonstrated that they have a positive impact on the outcomes for local people. In order to promote the 'right kind' of enterprise, local authorities will need to understand 'what works' in terms of interventions, the mix of service

[71] Op Cit 42
[72] Ibid
[73] http://www.nptcvs.com/what-we-do/cafe-zecta-3/

provision in their area and those services which are currently provided by not-for-profit agencies.

The push for social enterprises may indeed have some unintended consequences, not least that the content of the Bill promotes one type of delivery model over another; regardless of whether or not it is the most effective in a particular given situation (i.e. form should follow function, rather than the other way round?). Given this, local political buy-in will be essential if this element of the Bill is to succeed and the formation of social enterprises should not be at the detriment of existing quality, outcomes-focussed and cost-effective options.

Local authorities may need to work together to ensure there is enough volume/demand for specific services in order to make an organisation viable, as well as understand how their current commissioning arrangements may support or hinder the development of new delivery models. They will need to improve their understanding of service user requirements in order to ensure that new delivery models meet needs and improve outcomes. Indeed as part of its overarching well-being function, an authority is charged with *"… [promoting]… care and support and preventative services in its area in ways that involve service users in the design and running of services"*[74] which implies a greater role of service user forums and feedback mechanisms. It will also mean a more prominent role for business development support for care providers from local authorities, requiring local authorities to understand the local care market; help providers shape and plan their businesses, and develop effective commissioner-provider relationships.

This will need greater commercial skills and knowledge than may already exist within authorities in order to have a good understanding of the different types of operating models and the benefits/weaknesses of the approach so they can assess organisations when approached. If local authorities do not wish to build in-house capacity to specifically support social enterprises, there are external agencies within Wales which may offer similar opportunities (e.g. Example 12, The Wales Co-operative Centre[75]).

Example 12: The Wales Co-operative Centre is funded by the Welsh European Funding Office, and the Welsh Government to help co-operatives, social enterprises, community groups and voluntary organisations targeting social, digital and financial exclusion across Wales. It offers business consultancy support, training, development, and technology support.

The ability of local authorities to implement this portion of the Bill will depend greatly on:

[74] Social Service and Well-being (Wales) Bill (2013) Welsh Government
[75] http://www.walescooperative.org/

- The capacity of the authority to offer good business development support.
- The type and mix of existing and potential providers within an area. In Wales local authorities frequently report a basic shortage of supply and capacity of good quality social care providers.
- The relationships between neighbouring authorities and the level of demand for services.
- The drive to reduce the cost of provision by decommissioning in-house services.
- National and regional support for developing social enterprises.
- Local political will and community buy-in.

5.2 Resource implications

Early evidence suggests that mutuals (including social enterprises) can offer significant benefits to employees and service users; and often result in more innovative, efficient and productive services[76]. Initial studies also suggest that the social return on investment of social enterprises can offer a return of between £2.52 and £5.67 for every £1 invested[77]. Whilst this offers opportunities for the third sector to develop new models of provision, this part of the Bill may also open up greater opportunities for local authorities to consider splitting their roles as commissioners versus providers, and decommissioning in-house services into social enterprises. Should local authorities look to decommission services this will need to be carefully and appropriately managed, with estimates for the change taking anywhere between 3-5 years to implement successfully.

Local authorities will need to consider the costs of such approaches in terms of implementing employment legislation and the Transfer of Undertaking (Protection of Employment) Regulations (TUPE) arrangements as well as the political impact of such decisions (see example 13, Hounslow). The relationship between the commissioner and provider will need to be explored, with consideration given to the monitoring of performance and the level of risk for the provider by opening up services to a wider market.

Example 13: Hounslow has guidance for voluntary and community sector organisations seeking to develop social enterprises. The advice covers the benefits of a social enterprise model and the Council's commitment to supporting their development. It offers advice on business planning and the legal requirements. Moreover it signposts organisations to sources of potential funding, further information and guidance[78].

[76] Our Mutual Friends (2011) Mutuals Task Force
[77] Measuring social value: how five social enterprises did it (2010) Department of Health
[78] http://www.hounslow.gov.uk/index/community_and_living/voluntary_sector/support_voluntary_community/socialenterprise.htm

Although social care and health care are hugely significant elements of the local economy across Wales, there is currently no readily available data on the level of business support for social enterprises in this sector, and a review of those Welsh authorities with clear guidance in place (e.g. Example 15, Wrexham County Borough Council[79]) suggests some of the work has been through grant-funded specific projects. However most, if not all, local authorities have some existing business support functions for the council as a whole and drawing upon this would be one, potentially cost-effective way, of supporting the development of the care market and social enterprises.

Similar approaches are being explored in England and Scotland through 'market facilitation' activities which aim to engage providers in dialogue around the needs of the local population and ensure that services are offered which meet needs and promote better outcomes. Although support for this has been limited, programmes such as the National Market Development Forum and Developing Care Markets for Quality and Choice[80], have offered local authorities input and guidance, and pulled together national thinking and evidence on best practice.

Approaches in Wales include the Wales Council for Voluntary Action (WCVA) Wales Wellbeing Bond, which allows for 3rd sector services to be set up and developed by partners across sectors using a risk sharing approach to investment[81](See Example 14, Wales Well-being Bond)) and encourages robust business planning and management processes.

Example 14: The Wales Wellbeing Bond promotes the development of preventative programmes aimed at promoting partnerships between the third sector and public sector organisations. The bond is financed through the WCVA Communities Investment Fund and supports local partnerships to develop new and innovative services which can deliver demonstrable savings to the public sector, or improved service delivery. The services are run by third sector organisations and seek to move support away from acute/crisis driven services to those which are based within the community. Importantly the risk for developing services is shared between the stakeholders, and the original bond only needs to be paid back once the service has delivered the targets which were agreed at the outset[82].

Cardiff Council are also investigating the potential for their Children's Services to develop a Social Impact Bond that focuses on Looked After Children (LAC) who present with such significant challenging behaviour and risk taking behaviour that their placement stability is considered threatened. The Bond would seek to promote a new approach to contracting for

[79] WCBC Social Economy Project http://www.wrexham.gov.uk/english/business/social_economy/se_toolkit.htm
[80] ADASS and DH project at http://ipc.brookes.ac.uk/dcmqc.html
[81] WCVA (2012) Wales wellbeing Bond Transforming Public Services Together
[82] Wales Wellbeing Bond (2012) Wales Council for Voluntary Action

services to help prevent these LAC from requiring external residential placements, or return to Cardiff those young people who are currently placed in external residential placements where their care plan supports a return to Cardiff.[83] It is hoped that the approach will lead to significant savings in the LAC placements budget. [84]

Example 15: As part of the Social Economy Project, an ESF Objective 3 initiative, and in partnership with Liverpool Plus, Wrexham Borough Council has produced a step-by-step guide to setting up a social enterprise for community groups and organisations. It covers a range of business development processes from market research, through to governance arrangements and financial management. It can be used on its own or with business development support from the Council[85].

Because social enterprises and other third sector organisations can access a range of funding sources outside of the local authority, set up costs to the local authority can range from the very minimal – if external agencies are looking to adopt this approach – or potentially very expensive if decommissioning in-house services.

5.3 Social enterprises – models for delivering integrated health and social care

The Welsh Government is clear that it views the third sector as an integral partner in the delivery of healthcare in Wales[86] reflecting wider changes in the make-up of service provision (in 2010 – over 9% of the 68,000 social enterprises in the UK operated in the health and social care arena[87]). Consequently, there is a potential role for social enterprises in relation to supporting the development of integrated health and social care services more widely.

However the Bill currently only explores the local authority's role in promoting social enterprises, and the duty of the NHS to co-operate with the overall aims of the Bill and it does not go into further detail about what this may, or may not look like. As discussed elsewhere (see Example 10, Care and Repair Cymru), there is potential for the third sector to actively support prevention and re-ablement services. Working with local authorities to explore opportunities to do this will be critical if the NHS is to divert demand away from acute and substitute care.

[83] Cardiff Council Cabinet (6 December 2012) Report- Social Impact Bonds
[84] Cardiff Council Children and Young People Scrutiny Report – Social Impact Bonds 10 September 2013
[85] Manual for developing Social Enterprises (2006) Wrexham Borough Council and Liverpool Plus
[86] http://www.nhswalesgovernance.com/display/Home.aspx?a=373&s=12&m=0&d=0&p=0
[87] Social Enterprises in healthcare (2011) The Kings Fund

There are already many examples of these services developing across Wales, for example the WCVA notes the Community Lives Consortium (CLC) in Swansea, a non-profit making organisation which provides support for adults with learning disabilities who want to live successful lives in the community by working in partnership with Social Services and health agencies in Swansea and Neath Port Talbot. CLC is a membership organisation with 146 members including service users, relatives, staff, staff from related professional organisations and members of the public.

In 2010 CLC adopted a new system for helping people plan their lives which resulted in plans which more closely reflected the aspirations and situations of the people involved. They claim this led to on-going savings in support costs compared to previous arrangements.
Under the arrangements for the Bill, and associated policy such as *Delivering Local Healthcare,* the seven LHBs will continue to work with local authorities and providers to offer a range of community based services. This may be open to further guidance and regulations at a later stage, but joint commissioning plans – such as those set out in the *Framework for Delivering Integrated Healthcare* – will be essential in understanding 'what works' and articulating the direction of travel. Whilst targeted initiatives such as the Gwent Frailty Programme and the 'Wyn' Campaign will offer opportunities for health to work with local authorities and the third sector to shape services and respond to needs appropriately (see Example 16, the Wyn Campaign).

Example 16: Cardiff and Vale Health Board in partnership with Cardiff Council, Vale of Glamorgan Council and Third Sector organisations are working together to implement the Integrated Health and Social Care Programme. The overall aim of the programme is to integrate community health and social services in Cardiff and the Vale of Glamorgan over the next 3-5 years. The campaign focuses on health, social care and third sector partners working together to improve the experience of older people in the area. Known as the 'Wyn' campaign to reflect the complete transformation of services centred around the citizen, the programme aims to provide older people with a range of seamless services to 'regain and retain independence'. Based on the principle of virtual teams supporting older people a programme of workforce development was designed to consider the workforce elements required to provide seamless services to the frail and elderly population. The workforce approach has been ambitious and includes high level workforce planning, team development and staff engagement. Although early days at the time of writing this report, the approach has brought together key managers and front line staff to help design care pathways, and led to the co-location of some teams, however it is recognised that to integrate care pathways effectively time to embed approaches, to consult more widely and share learning is crucial.

Summary:

The commitment to social enterprises within the Bill offers local authorities and the NHS the opportunity to consider new models of community driven provision, which may have previously been difficult to access. It offers opportunities for local voluntary and community groups to become actively involved in delivering services, as well as the option for the public sector to consider decommissioning in-house provision into social enterprises.

However there is little evidence to suggest that social enterprises inevitably offer better value for money or improved outcomes. Although community based models are often felt to offer better value for money the evidence base still needs to be developed.

Authorities and LHBs will need to assess each potential development on its own merit and ensure that it offers the best possible value and outcomes for service users. This will necessitate a good understanding of local needs and supply of services elsewhere, as well as sound commercial knowledge of different provider models as part of their commissioning role.

So, although there is the potential for (but not the inevitability of) efficiency and effectiveness gains in promoting the use of social enterprises, and a growing experience of helping to build these services across Wales, there is nonetheless the risk that the costs of developing and supporting these developments could be significant. Authorities and LHBs will need to be very smart in using resources to promote business development in health and social care and there is no guarantee that such investment will lead to more efficient or effective services.

Shorter-term local resource implications could include providing development support for organisations seeking to develop new social enterprise care services with through building capacity within their own commissioning teams or linking with business development/regeneration departments; and potentially any costs associated with moving in-house provision into external provision. Importantly, any changes will need local political buy-in and a good knowledge of the type and mix of providers already within the local area.

National support for local authorities and the NHS in pursuing this agenda may be helpful to ensure that these complicated market development agendas do not get lost in dealing with shorter-term change management tasks in local authorities. Support through support for good practice, guidance, advice and co-ordination may be needed to ensure that this part of the Bill moves from principle to delivery.

6 Part 2: General functions, information and guidance

This part of the Bill places a duty on local authorities to:

- Secure the provision of an information, advice and assistance service to provide people with information and advice relating to care and support and provide assistance to them in accessing it.
- Ensure that information and advice is available to all people regardless of whether they have needs for care and support.
- Include information and advice about the care and support system provided for under this Bill, the type of care and support available in a local authority area and how to access it and how to raise concerns about people who appear to have needs for care and support or support.
- Moreover, LHBs and NHS services are under a duty to facilitate the service by providing the local authority with information about the care and support that they provide.

6.1 Potential implications for local authorities

It is increasingly accepted that providing good quality information and guidance can support people to remain independent for as long as possible and may contribute to achieving savings by reducing the demand for high cost care packages (see example 19, LinkAge Plus). In children's services Family Information Systems have offered a range of support from signposting through to more complex interventions such as advice on benefits, grant applications and local childcare provision[88].

The significance of this section of the Bill is that whilst information and guidance has always been important, it has not previously always been seen as a central tenet of good social, health and wellbeing care and therefore the types and quality of support offered across local areas has varied. By pulling this together within the body of the Bill, and in line with the wider well-being agenda, it is now seen as a key role for local authorities who will need to assess their current arrangements to see how they perform and how they can use information and guidance to influence the impact of other elements of the Bill such as assessment, well-being, and prevention. How far authorities then have to go to reshape their current offer will depend heavily on the type of information and guidance they already have in place, as well as the development of any national resources, such as the web portal currently being explored by the SSIA (see example 17, SSIA Citizen Portal for Social Care Health and Well Being for Wales).

[88] Department for Children, Schools and Families (now DfE) (2009) Family Information Services: Evaluation of Service Provided.

Example 17: The Social Services Improvement Agency (SSIA) is looking to develop a national Citizen Portal for Social Care Health and Well Being for Wales which will offer citizen's access to national, regional and local information relevant to their social care, health and wellbeing. This will include written, audio, and video material. The aim of the portal is to draw together existing information from local authorities, so that the citizen will be able to access information on locally specific aspects of social care, health and wellbeing. The portal will signpost people where appropriate rather than duplicate existing information. The aim of the portal is to reduce duplication across all 22 local authorities and provide citizen's with a clear reference point to access good quality information and guidance quickly and easily. Local authorities will be offered national templates to standardise information, as well as the opportunity to continue to use their own information and virtual resources directories[89].

Regardless of the method of delivery, for local authorities to meet the aspirations of the Bill, most will need to review the content of their information and guidance, and how this links with other related functions such as assessment. This will include reviewing monitoring data, numbers of users, types of information requested and what support is offered. Accessibility for a wide range of users will be essential and a variety of materials will need to be developed in order to meet specific needs[90] (see example 18, The Gloucestershire Village Agent Scheme). Local authorities will need to ensure that all information and guidance is kept up to date and that it responds to changes in their local priorities and agenda under the other parts of the Bill such as greater use of well-being services.

Links between local authority information and guidance and other services such as health, crime prevention, and community services has shown to be an effective way of improving well-being[91]. Local voluntary organisations may be able to offer support through their existing networks, and the use of peers to help engage hard-to-reach groups. Authorities may also want to consider how they work with their neighbours to maximise their information and guidance and improve quality standards. There may also be opportunities to consider new models of providing information and guidance through social enterprises, as opposed to more traditional, in-house approaches. However, the Bill does not dictate how these arrangements will be put in place, nor explicitly identify the leverage which local authorities will have with which to get partners engaged.

[89] Specification for the development of a national Citizen Portal for Social Care Health and Well Being for Wales (2013) SSIA
[90] Godfrey, M. and Denby, T (2007) Literature review: Older People Accessing Information and ICT's. Centre for Health and Social Care, Leeds Institute of Health Sciences. University of Leeds
[91] Dunning, A. (2005) Information, advice and advocacy for older people: defining and developing services. The Joseph Rowntree Foundation.

Example 18: Gloucestershire was one of the original 8 pilot sites of the LinkAge initiative and it developed the role of the Village Agent, using local older people as sources of information for citizens. The aim was to provide face to face information and support which enables older people to make informed choices about their future needs and address issues around the rural isolation of older people. It brings together high quality information and advice, an opportunity to bridge the gap between communities and organisations that offer help and support and contributes to the building of local communities. It has demonstrated that older people are more likely to source information and access services from someone they know and trust, thereby promoting and supporting longer term independence, but also emphasising the need for local authorities to offer a variety of options in terms of information and guidance[92].

Local authorities may also want to consider how information and guidance works, not only for those accessing support, but also for the commissioning role in terms of gaining a better understanding of service user/customer interactions with the local authority and the types of services/outcomes they are most interested in. What is not clear at this stage is how this part of the Bill will be monitored in terms of contributing to improved outcomes, nor how quality will be assessed. These will need to be addressed if local authority information and guidance is to prove an effective mechanism for promoting and supporting well-being.

For LHBs good quality information to inform citizens, and to help them make good decisions about the health and care support that they need is equally important. As part of any integration arrangements partners will want to explore the extent to which their overlapping arrangements for providing information and advising the public and potential service users can be managed together.

6.2 Resource implications for local authorities

Information, advice and guidance services are difficult to attribute costs and potential savings to as much of the literature is based on evaluating the numbers of people accessing the support and their experience of the service rather than the actual impact it had on their outcomes. Nevertheless, there is an opportunity under this part of the Bill for local authorities and their partners in Wales to offer better, more targeted and responsive information and guidance due to their size and unitary nature, although there are inevitably design and development costs (see Example 19 LinkAge Plus and Example 20, FirstStop).

The longer term evidence base would suggest it can help save money (see example 19). For some authorities it will mean initial up-front investment in

[92] Wilson, L., Crow, A., Willis, M. (2008) Village Agents: overall evaluation report. Inlogov, School of Government and Society, University of Birmingham.

infrastructure, and a strong commitment to partnership working – both within authority areas and across boundaries. The London Borough of Bromley, for instance implemented its web-portal 'MyLIfe' for around £80,000 with on-going annual costs of £42,500[93].

This is an area where the potential for integrated approaches between local agencies, and across regions and indeed the country as a whole would appear to be significant. Individual agencies will perhaps need to invest in infrastructure such as IT equipment and public access sites, but in terms of software development and information maintenance and updating there would appear to be a very strong financial argument for integrated or co-ordinated approaches. Indeed the NHS will be expected to contribute under the Bill, and this may offer opportunities for joint working and integration of information and resources, aligned with better integration of services.

Whatever approach is taken, and depending on the starting point of each local authority, improving information and guidance will require staff resources and capacity to ensure infrastructure and information is in place. Updating information, and reflecting current provision, will require greater partnership working and this will have both time and financial costs associated with this. There will arguably also be advertising costs as local authorities seek to improve citizen engagement with the services on offer, and potentially some training costs associated with raising awareness across other public sector organisations and providers such as GP's, voluntary and community groups.

Example 19: LinkAge Plus aimed to test the limits of holistic working between central and local government and the voluntary and community sector to improve outcomes for older people, improving their quality of life and wellbeing. Its aim was to bring together the various forms of mutual help, services and support for older people at local level in a way that adds value. Improved information and advice, and access to services was fundamental to the programme, with single gateway access services, contact centres and strong IT and website development. Around £10 million was invested by the Department of Work and Pensions in eight pilot sites, much of which was invested in the voluntary and community sector. Despite this initial upfront sum, the national evaluation of the programme demonstrated that a holistic approach to service delivery can quickly deliver net savings, breaking even in the first year and delivering a net present value of savings over a five-year period of £1.80 per £1 invested. The programme also facilitated a range of other services including fire and crime prevention and home adaptation services. It was estimated that this alone increased the potential savings to £2.65 per £1 invested.[94]

[93] http://bromley.mylifeportal.co.uk/home/DefaultAlt2.aspx
[94] Davis, H and Ritters, K (2009) LinkAge Plus: national evaluation end of project report. Department for Work and Pensions

Example 20: The evaluation of the FirstStop information and advice service for older people suggests that initial start-up costs can be attributed to investment in the technology required to respond to enquiries and link up agencies as required. Costs were also associated with developing partnerships across specialist agencies. Running costs are mainly associated with staffing and preliminary analysis shows that the unit cost decreases over time as the service attracts more customers. The start-up funding was sourced from grants[95].

6.3 Information and guidance implications for health

Under the arrangements of the Bill, LHBs and NHS Trusts are required to facilitate the development of information and guidance by providing the local authority with information on the services they offer. The Bill offers opportunities for LHBs and local authorities to work closely to offer better integrated information and support services should they choose to. Given the central theme of the Bill and the wider well-being agenda it is reasonable to suggest that although not a statutory requirement, this should be explored in more depth.

For LHBs and local authorities seeking to develop more innovative approaches which helps to respond to the well-being agenda, strong partnership and integrated information options may offer better support and guidance to people on the care available in their area (see example 21, the Walkden Gateway Centre) and divert people away from more costly care options.

Example 21: The Walkden Gateway Centre in Salford is an integrated care centre, developed originally by the Salford Primary Care Trust and the City Council. The centre offers a range of primary care services and council services, and utilises joint information systems which allow the local authority and health services to combine their administrative functions and reduce duplication. The system allows staff to tailor their interaction with service users and flag-up any other services across council and health functions which might be of benefit. It also enables health and the council to monitor service user interactions, and tailor services within the centre to specific needs. It also has the added benefit of supporting the health services within the centre and local authority to share information through the better understanding of each other's information requirements. For example, in 2010 the PCT was struggling to find appropriate measures to assess the uptake of the winter 'flu vaccination, but now the eligibility information held by the local authority is available to the PCT enabling them to improve their performance information.[96]

[95] Evaluation of the FirstStop information and advice service for older people, their families and carers (2010) Cambridge Centre for Housing and Planning Research.
[96] Op Cit 52

In practice good quality information and guidance requires those contributing to appreciate how services fit within a wider care system and the roles of different professionals. It will require an understanding of service user interactions with health organisations, as well as knowledge of the types of information and support they are likely to require (see example 22, Ceredigion Community Services Integration). Key health professionals are likely to need support and training on what information is available so that signposting can be effective and LHBs will play a pivotal role in linking GP practices with the wider developments locally. Working with local authorities to establish these approaches will be important.

Example 22: Ceredigion Community Services Integration Programme brings together Hywel Dda Primary and Community Care and Ceredigion Adult Social Services, to deliver integrated community based health and social care for older people, people with physical disabilities and/or long-term conditions. The work is supported by the SSIA and comprises four workstreams:

A single point of access, targeted interventions, planned care and support, and quality assurance, performance, policies and procedures, with the aim of preventing admission to hospital, improving discharge from hospital and improving community care services. The programme of change is ambitious and aims to bring together a range of services to provide seamless care for people within the area. The single point of access will bring information together and signpost people to other services where relevant; it will offer good quality advice and reassurance from professionals where needed and will be supported by a brokerage service provided by the third sector. It aims to ensure well-being and enable people to access universal services in a timely and appropriate manner.

For those people requiring additional support the targeted intervention team will build upon the existing Re-ablement and Acute Response Services based on recovery, re-ablement and rehabilitation either in the individuals own home or accessing where possible accommodation, with appropriate facilities fully equipped with tracking devices, assistive technology, and access to therapy services etc. Planned care and support services will enable those with long term conditions to remain as independent as possible through domiciliary care services, day care, and residential and nursing care where appropriate.

There are clearly mapped points of referral and assessment processes; as well as emerging team structures. It is recognised that this will be a combination of restructuring existing systems and services to better meet needs, as well as transformation of services to implement the new model. Implementation will be incremental were possible, so for instance the single point of access will build on the existing systems, the Contact Centre in social services and will be reviewed as it is develops.

Since the Bill focuses upon the local authority responsibility to provide information and guidance, it could be argued that a large portion of costs associated with this are likely to fall under local authority responsibilities. At a basic level this is most likely to involve printed and web-based information and NHS partners will need to provide staff to participate in the design and development of content or IT infrastructure. There may also be additional training costs for NHS staff to familiarise themselves with new information systems.

However, for those local authorities and LHBs looking to remodel services in response to demand, and if the Bill is amended to place a greater responsibility on the NHS for well-being, the contribution and input for LHBs in particular should be re-examined. Innovative models, such as the Ceredigion approach, recognise that information and guidance need to be part of a wider system of care and whilst utilising existing systems to implement such approaches, recognise that these will need to develop in line with service developments elsewhere.

Summary:

It is increasingly accepted that good quality information and guidance can help reduce the demand for high cost care packages and support people to remain independent for as long as possible, The emphasis on information and guidance within the Bill demonstrates the role it will play in contributing to the well-being agenda and how far local authorities have to go to implement this part of the Bill will be dependent on their existing structures and systems.

Without robust and up-to-date information and guidance much of the well-being agenda will be difficult to implement, and arguably regardless of their starting point all local authorities will need to invest in reviewing their current arrangements in line with the Bill. In order to implement it effectively local authorities need to map current provision systematically, and work across area boundaries and local agencies in order to capture the full range of services on offer. Accessibility to a wide range of users will be essential and a variety of materials will need to be developed in order to meet specific needs. There is very real potential to do this on a joint, regional or national basis, and an area where it might make sense to focus some national resources.

Many local authorities and their LHB partners see this aspect of their role as key and are already developing new approaches and investing in developing and maintaining new approaches. This is not a cost-neutral activity and much of the work undertaken elsewhere has involved upfront investment in staff and IT systems, as well as innovative programmes of delivery using peer support and voluntary and community agencies for implementation. Certainly central resources to support regional and national web-based resources and to share good practice will continue to

be important in ensuring that resources are not wasted across the local areas in Wales. No doubt local partners would welcome additional support from national sources, although it could equally be argued that local partners should be expected to re-distribute their existing resources if they believe that this will result in more effective engagement with citizens and use of resources.

7 Part 3: assessing the needs of the individual

This part of the Bill places a duty on local authorities to:

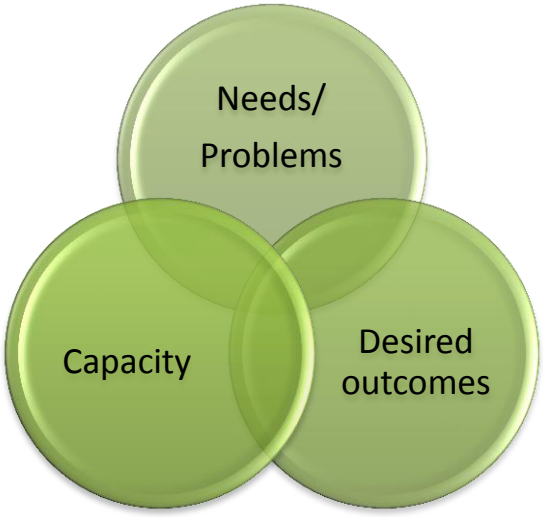
- Assess the needs of children and adults for care and support.
- Consult with the person involved in the assessment.
- Undertake a carer's assessment.

It allows for a refusal of assessment but is clear under what circumstances it may occur, and makes provisions for a combined assessment for the individual and their carer.

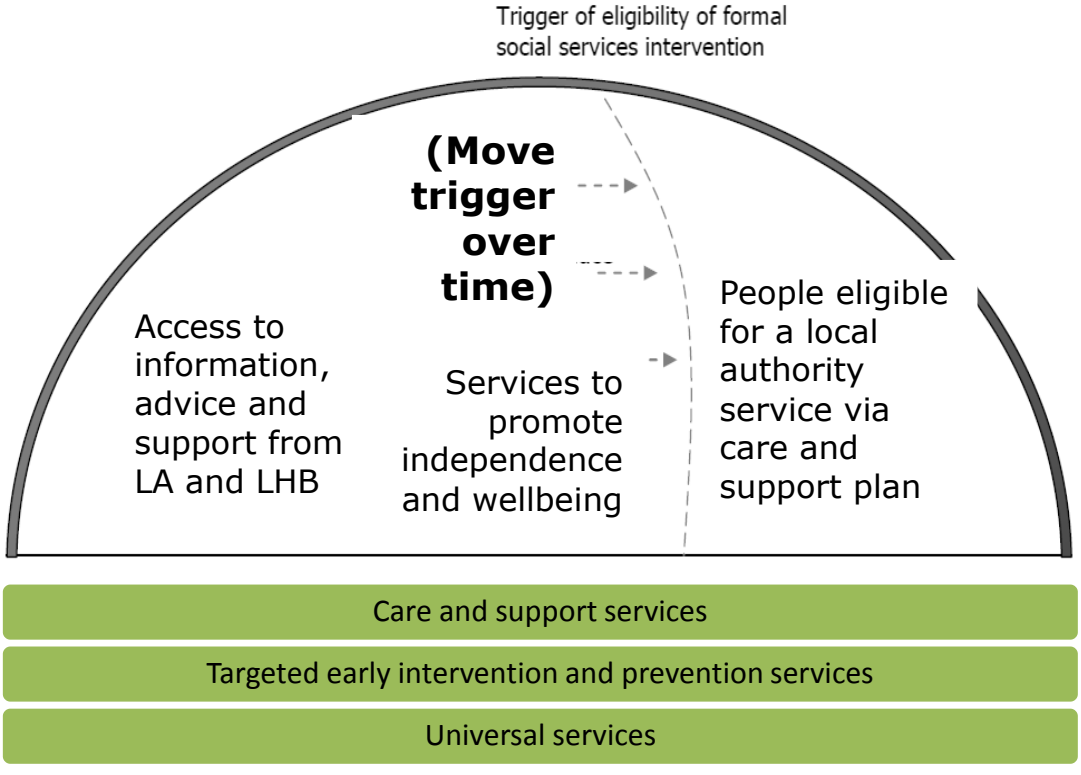
7.1 Potential implications

This part of the Bill cannot be seen in isolation but must be seen as part of the wider well-being agenda, in particular the opportunity to offer people access to well-being services prior to or instead of becoming eligible for social care. It sits within the proposals for national assessment and eligibility framework to meet the commitments made by the Welsh Government in *Sustainable Social Services* and will be affected primarily by the structure and approach towards developing a proportionate assessment process.

The assumption is that any person who considers they have a health or care need can, as now, request an assessment and that this will be offered on a proportionate basis by the most appropriate service or professional. However, should the local authority consider that a citizen (including a carer) would be unable to meet their own care and support needs and achieve defined outcomes without the local authority managing a care and support plan with them, then they should have access to a specific assessment for such support. It will be up to individual local authorities and their partners to make the arrangements needed for assessment in their local area within an overall national framework. The framework is likely to be rather less detailed than previous guidance, but will be expected to be consistent for all citizens whatever their age or particular need, and cover at least 3 main domains:



The impact of this measure in the Bill could be significant but this will depend primarily on how individual local authorities and their partners implement it, how professionals and clinicians exercise their professional judgement in relation to meeting people's needs, and any subsequent guidance. If local areas have good early intervention and prevention services in place; are able to redirect people towards low-level support and well-being services; and offer better, more integrated support for vulnerable citizens, then the assessment process can contribute to a reduction in the number of individual or families requiring more formal support. The SSIA report to the Welsh Government in January 2013 summarised the model as follows:



Notwithstanding the potential impact anyway of the likely increase in the numbers of people requiring assessments, due to the projected increase in older people across Wales, there is no reason to assume that changes in assessment requirements will inevitably lead to greater costs in the longer term for local authorities. Indeed, it could lead to downward pressure on overall costs:

- More responsive information services, early support, informal assessments and preventative community support will result in fewer people needing to secure a formal care and support assessment and plan, thus reducing transaction costs.
- Better quality early intervention and prevention services will reduce the need for more costly acute and substitute care.

However, some authorities and their local partners will need to be very careful to ensure that the result of the Bill is not that:

- The number of people being provided with (perhaps unnecessary) in-depth assessment increases disproportionately.
- Proportionate assessments for early help and more formal care and support assessments in practice lead to higher levels of service provision than currently.
- More people end up with low levels of support funded through social services than currently, but that this support is ineffective in reducing demand for high levels of care and support.
- More people end up with high cost packages of care and support than currently.
- Regulations regarding financial contributions from individuals result in greater expenditure

Local arrangements will require a clear focus on diversion from formal care or there is a risk of drawing more people into the formal system too early[97]. Depending on the approach local areas decide to take, they will need to ensure their assessment processes support the administration and delivery of integrated services as partners will be required to contribute to the assessment if necessary (Example 23, the common assessment framework). Consideration will need to be given to changes in staffing levels and mix to meet demand, and also to the skills mix needed in professional practice across social care, health and education in order to ensure that assessments are outcomes focussed. Local partners will need to engage with the public to encourage them to make best use of community information and resources to help them to maintain their health, promote wellbeing and successful growth and development. As the SSIA/IPC note, citizens will also be encouraged to

[97] Access to care and well-being in Wales (2013) SSIA and the Institute of Public Care

- Use community resources to minimise the impact of health, wellbeing or development problems, and to enhance their level of independence.
- Play an active role in assessing their own needs, controlling their care and support, and in living as independently possible.[98]

There is a danger that the definition of well-being adopted is too loose to develop clear consistent responses and local authorities may find themselves more open to legal challenge about their response to individuals, which will require local authorities to build capacity to respond through clear policies and procedures, and staff training.

There is however the potential for a decrease in the number of complaints if processes become more streamlined and better integrated and local authorities and their partners should look to monitor these trends carefully. Local partners will need to make local judgements about the specific arrangements for assessments, including safeguarding, detailed assessment frameworks, and resource allocations. They will need to ensure their processes for assessment adhere to the Mental Capacity Act 2005 in their policies and procedures.

Information sharing and information technology will play an important role in relation to the efficacy of assessment processes and will need to be aligned with any national assessment framework. There will be the need to develop information sharing protocols and find better technical solutions to the electronic transfer of information between health and local authorities and between the statutory and other sectors. Frontline staff need to able to transfer information quickly and securely to develop effective assessments and support plans. Depending on the levels of previous investment in local authorities, systems may need to be reviewed to ensure they can capture the relevant information and any increase in demand.

Example 23: Recent evidence on the common assessment framework (CAF) for children and young people suggests that costs to implement can be a little as £100 through to £8,000 per assessment for more serious, and complex levels of need. The process was in the region of £3,000 in most cases. However most cases reported at least some improvement for the child or the family and there was a strong sense that the team around the family approach provided better personal, financial and societal outcomes. By forecasting what future outcomes might have been without an early stage CAF and support package being put in place, savings ranged from £41,000 to £60,000 in the majority of cases. Importantly, the savings associated with investing in assessments and interventions early enough significantly lowered the likely future costs of support[99].

[98] Op cit
[99] Easton, C., Gee, G., Durbin, B., and Teeman, D. (2011) Early intervention, using the CAF process and its cost-effectiveness. Findings from LARC3. Slough: NFER

In relation to children's services despite the fact that many local authorities will experience a decrease in their under 18 population over the next 10 years, core assessments continued to increase across Wales in 2011/12[100]..

The Bill is clear that its terms are in relation to *'people´* and makes specific reference to children and the services they require where needed. It assumes that needs analysis and commissioning for well-being will extend to all people in Wales regardless of their age, and children and adults should have the same rights to assessment. It proposes a common core to an integrated assessment process and leaves room for reviewing current assessment tools and practice (see example 24, Flexible Assessment Practices).

Example 24: The Munro Review of Child Protection (2011)[101] made a number of recommendations in relation to assessments for children; particularly with regard to allowing practitioners to exercise their professional judgement and less prescriptive practices. A trial of 8 local authorities in England has been looking at developing new single assessment records, and being more flexible on the timescales taken to complete assessments. The advantages of this approach is that it allows practitioners to offer more flexible approaches to meeting needs, build rapport and trust and engage with children and their families more effectively. Feedback from the families involved in the trials suggested that it had been well-received and that in general it had allowed social work practice to be needs led and outcomes-focussed. Yet there is the risk that with no upper time limit, the constant pressure of juggling commitments means that assessment processes can slip[102].

How easily local authorities and their partners can respond to this part of the Bill will depend on:

- Their existing arrangements in relation to assessment processes, and how well implemented they are.
- Their unique demographic profile, and the demand for proportionate assessments.
- The quality of local information and community resources (see also well-being agenda in Part 2 of Bill).
- The final definition and implementation of 'proportionate' assessment for those with well-being needs.

[100] Welsh Government (2012) Referrals, Assessments and Social Services for Children, Wales, 201-2012
[101] The Department for Education (2011) The Munro Review of Child Protection: Final Report
[102] Munro, E.R. and Lushley, C. (2012) The impact of more flexible assessment practices in response to the Munro review of Child Protection: Emerging findings from the trials. Childhood Wellbeing Research Centre.

- The capacity of local professional practice across social care, health, education and well-being services to develop new approaches to responding in constructive and creative ways to people asking for an assessment.
- The ability to integrate assessment across organisational boundaries. This will have significant resource implications both in terms of aligning and integrating the actual assessment process, but also in terms of working across cultural and operational boundaries.

7.2 Resource implications

In response to the Bill, local partners will need to review their assessment processes to understand who needs to carry them out, how their costs are structured, and where the greatest savings can be made.

One of the biggest drivers pushing local areas to examine the impact of this part of the Bill on their own arrangements is the potential implications of reports such as the Institute of Fiscal Studies[103] predictions in terms of likely cuts to social care budgets between now and 2020. Currently assessment and care management in adults services contributes 12% to the overall spend on social care across Wales, with just under half of that spent on older people (5.82%)[104]. Assuming the adult's population across Wales will increase by 5%[105] between now and 2020, and the predicted cuts of up to 9% cuts in the social services budget come into play, this will increase the proportion of spend on adult's assessment and care-management to 14% by 2020 (see Appendix 1). This does not take into account the impact of inflation, or any changes to the assessment process or individual local authority settlements.

Although a crude estimate, what this does show is that the proportion of available money to spend on actual care will decrease between now and 2020 if steps are not taken to mitigate the effect of an ageing population. Consequently local authorities need to understand at what level any cuts in their budget will impact on effective assessment, and how best to divert demand away from full assessment procedures.

The recent Audit Commission report in England, *Reducing the costs of assessments and reviews*[106] suggests that most authorities can make improvements – and savings – in their adult assessment processes through better business processes and proportionate assessments which would allow for a more flexible mix of staff levels depending on the needs of the

[103] Op Cit 3
[104] Data on expenditure on adult social services taken from StatsWales. June 2013 https://statswales.wales.gov.uk/Catalogue
[105] Data taken from - Daffodil: Projecting the need for care services in Wales. June 2013 http://www.daffodilcymru.org.uk/
[106] Reducing the costs of assessments and reviews: an adult social care briefing paper for councils (2012) Audit Commission

local population. Torbay and Richmond both offer self-assessment opportunities for carers[107], whilst Torbay is also piloting the role of carer co-ordinators which liaise with GP surgeries to screen carer health and offer information and guidance[108].

Further work by IPC in conjunction with the Social Services Improvement Agency for Wales (SSIA) for the Welsh Government highlights the need for greater consistency across Wales and demonstrates that any new arrangements should be based on 3 pillars: better access to information and community resources for everyone; proportionate wellbeing support for those who need some help; and a guarantee of managed support for those who need it. Findings from the work showed that the general consensus amongst local authority and NHS managers, professionals and leaders from across Wales, was that proportionate assessment *"should be up to the local authority and health services and partners to determine who should undertake such assessments and what they would look like, but this should not preclude professionals undertaking these assessments on behalf of other professionals".*

The work also outlined the likely impact on a range of stakeholders by adopting such an approach from individuals and families, through to the Welsh Government, emphasising the need for better education of any new approaches, the role of integrated professional work practice, and strong leadership to implement any future framework.

For LHBs there may be some initial concern that the Bill is in fact expecting health professionals (and other professionals such as teachers) to undertake a whole range of new proportionate assessments on behalf of social services, with all the resource implications with go along with this. However, in practice, local partners who have gone down this route already describe a very limited change in the overall demand on community services[109]. It does require that all community-based professionals and services see themselves as working collaboratively with a citizen to help them secure the care and support they need, just as they would do currently through good professional practice – but it is not expected that they will need to manage any subsequent arrangements. Should a citizen or professional identify that someone may not be able to manage their own care and support without a formal plan, then social care support would need to be explored. What will change is that professionals will be expected to undertake assessments in a different, more collaborative way and that skills development and good guidance will be needed to achieve this.

[107] Do you support someone through your care? Self assessment. Torbay Care Trust and Torbay Council.
[108] Early diagnosis enhanced service: Torbay Care Trust
[109] For example, unpublished presentations by Monmouthshire, Carmarthenshire and Bridgend to the Welsh Govt UAP Review Project, September 2013

Summary:

This part of the Bill outlines the way in which local authorities will be required to conduct assessments of children, adults and carers. Its impact will be heavily influenced by the numbers of people requiring assessment, with a potential surge in demand from the projected increase in older people across Wales, and their carer's. However, this part of the Bill cannot be seen in isolation and forms part of the wider well-being agenda, particularly through the development of a national assessment and eligibility framework which will aim to support people at the earliest stages of their care and support needs and prevent them from requiring further high cost care.

The push for greater integration of assessments and the introduction of proportionate assessments should allow local authorities to manage and respond to demand as it changes, and there is no reason to assume that the changes proposed will inevitably lead, in the long term, to greater costs for local authorities. Indeed there is the potential for savings and greater cost-effectiveness if individual authorities get their assessment practice right.

However, in the shorter term there are likely to be transition costs for some local authorities and their partners in moving systems, protocols and practices on from their current position. A number of local authorities have moved on from existing guidance however, and are already operating in this way. For them it would probably cost more to go back to previous arrangements than to move forward with implementation of the Bill.

For local areas to respond to this part of the Bill they will need to think about how their assessment processes support well-being, and restructure systems and teams where required. Staff training will be essential to implement any new framework and IT infrastructure may also need to change in response. Partners will want to explore new approaches to carrying out proportionate assessments, pulling in other skills and staff from health and voluntary and community organisations, and ensuring that immediate constructive responses to an individual's wellbeing needs do not get caught up in unnecessary bureaucracy.

There are likely to be very significant opportunities for joint work on the design of systems, protocols and new practices across regions and across the country as a whole in this area. Although no doubt some authorities will want to ensure their arrangements meet the very particular circumstances of their local population, it is likely that differences will be, in practice very small and that to encourage a degree of consistency of practice (and expectation for the citizen) there are strong arguments for pooling development resources at national and regional levels where appropriate.

8 Part 4: Meeting needs

In Part 4, the Bill states that if a person is deemed as having a need for care and support following assessment, the local authority must carry out an eligibility assessment to determine whether or not it is an 'eligible need' and whether or not the local authority has a duty to meet that need. It:

- Places a duty on local authorities to meet the needs of adults, children and carers.
- Makes a distinction between adult and child carers.

There is an over-riding duty to undertake an assessment and meet the needs of specific groups of children and adults including those who are at risk of abuse or neglect, and children who are looked after.

8.1 Potential impact

Again, this part of the Bill should not be seen in isolation from the other elements in relation to well-being and prevention, and assessment. It aligns well with on-going developments in England in response to the Dilnot report[110] and has been broadly welcomed by stakeholders in Wales. However, in what way this fits with potential increases in the numbers coming forward for assessments, the proposals for a national assessment eligibility framework and the wider definition of well-being is likely to be worked out in detail in detailed guidance accompanying the final Act.

There has long been a call for eligibility to be aligned with the service user's needs, rather than as a tool to ration resources, and critics would argue that this has been how eligibility criteria have often used in practice. Similar attempts elsewhere to standardise eligibility criteria have had mixed results, with the Fairer Access to Care Services Criteria (FACS), for example coming under criticism for restricting decisions around the types of care and support a person could receive.

Assuming that the final guidance on eligibility results in a much less prescriptive national framework (although with certain safeguards to ensure that key groups have automatic access to care and support) then there are 2 routes that local authorities and their partners might need to go down:

- They might replicate the level of detail currently provided to professionals through frameworks such as the UAP and CAF locally, preferring to be very explicit about the expectations on professionals. This approach will be likely to have little impact on costs or resources either way, and will be unlikely to help the local authority create a different overall offer to citizens.

[110] Dilnot, A (2011) Fairer Care Funding

- They might loosen the guidance to encourage more flexible and creative professional responses in partnership with the citizen. This carries with it inherent risks that budgets and resources will become less predictable and manageable – but also that if applied creatively will help to achieve the overall aims of the legislation and local policy.

To implement the approach to eligibility outlined in the 2nd of the routes above in the shorter term, local authorities will need to review the new framework once in place against their current arrangements, and current assessment processes, whilst training will need to be provided for staff to implement new criteria. It will be important for local authorities to monitor the levels of people meeting criteria, and those which are sub-threshold in order to understand demand, and forecast need. They will also need to consider how interventions specifically prevent people from meeting the eligibility criteria and commission services which will enable people to remain independent. Examples of this include Good Neighbour Schemes in Pembrokeshire which offer low level support with day to day activities[111], through to more intensive intermediate care services.

Although not a direct impact of the Bill, local authorities and their partners will need to consider how changes in the economic climate and welfare reform may influence the application of eligibility over the next few years. Anecdotally social services are receiving steady increases in referrals due primarily to economic distress and it is difficult to see this reducing significantly in the near future. Increasing local poverty will impact on individual and community outcomes if measures are not taken to support communities, particularly where there has been a long history of steady decline.

Children, in particular, often become entrenched within the system, achieving less academically and suffering ill-health which then carries on into adulthood[112]. Recent estimates indicate that the cost of spending on services as a result of child poverty in the UK rose between 2008 and 2013 from £12 billion to £15 billion, whilst tax receipts lost to Government from people earning less, having grown up in poverty rose from £3.3 billion to £3.5 billion[113]. Social services staff will need training and support in order to be able to respond to these changes and any potential increase in demand for services will need to be off-set by developments in early intervention, prevention and well-being services which have a clear evidence base for their benefits. Areas which will need careful monitoring include:

- Level at which criteria are set.
- The way in which criteria are applied across Wales.

[111] http://www.pembrokeshire.gov.uk/content.asp?id=14696&language=
[112] Joseph Rowntree Foundation (2008) Estimating the costs of child poverty
[113] Hirsch, D (2013) The cost of Child Poverty in 2013. Centre for Research in Social Policy, Loughborough University.

- The quality of the initial care assessment and care plan.
- Population changes and demographics.
- Existing service provision and its capacity to respond to changes in the volume of demand as well as the type of demand.
- Potential increases in costs to meet needs of carers which have not previously been assessed.
- Depending on the level at which criteria are set, some local authorities may see changes in the numbers of people meeting the eligibility criteria for some, or all services.

8.2 Resource and cost implications

The scale and nature of the change will depend on the assessment processes already in place and the levels of eligibility set compared to those applied currently. The immediate challenges will be where the local authority criteria are set at a higher level to those being introduced. In these cases councils may see an increase in demand for some services, although an Audit Commission review in 2008 showed that changes in criteria actually had little bearing on overall social care expenditure[114] as actual assessment practice tended to adjust to fit the changed criteria .

If the assessment and eligibility framework can be implemented locally in such a way that it forms part of the whole care system and is aligned with information and guidance services, professional practice and commissioning and service development, then this should have a significant and positive impact on the demand for services. It could be argued that this change will steer local authority and particularly social services approaches to assessment and eligibility much closer to the current NHS model, whereby clinicians use their professional judgement as the basis for identifying how best to respond to needs – rather than a preset organisation template. The long-term resource implications for local areas will depend very much on the approach they adopt, and perhaps rather more on wider population and economic factors than on the Bill.

9 Part 5: A duty to meet needs (adults and children)

A significant part of the Bill draws together existing legislation to meet the needs of children and adults across Wales, and it is unlikely that there will be considerable changes for local authorities or their partners to implement as a result. The Bill states that local authorities will have:

- A duty to meet eligible needs of children and adults.
- A duty to meet those needs which a local authority considers necessary to meet in order to protect an adult from abuse or neglect.

[114] Audit Commission (2008) The effect of Fair Access to Care Services Bands on Expenditure and Service Provision, London: CSCI and Audit Commission

- A duty to meet those needs of children who are at risk of abuse or neglect or any other harm.

By pulling together adults and children's legislation it is hoped the Bill will pave the way for greater integration and better transition between services. Co-operation between partners is emphasised and the Bill sets out a decision-making structure for children that mirrors that set-out for adults. It is clear on the assessment and service provision obligations for disabled children and young carers. There is also provision for the Welsh government to direct two or more local authorities to make joint arrangements for adoption services.

In relation to adults, the Bill does not impose a duty for local authorities to meet the needs of self-funders unless the adult requests support to meet their needs, or they lack the capacity to make suitable arrangements. In both cases the local authority can recover the full charge of providing or arranging care, as well as charge a brokerage fee.

9.1 Potential impact on local authorities

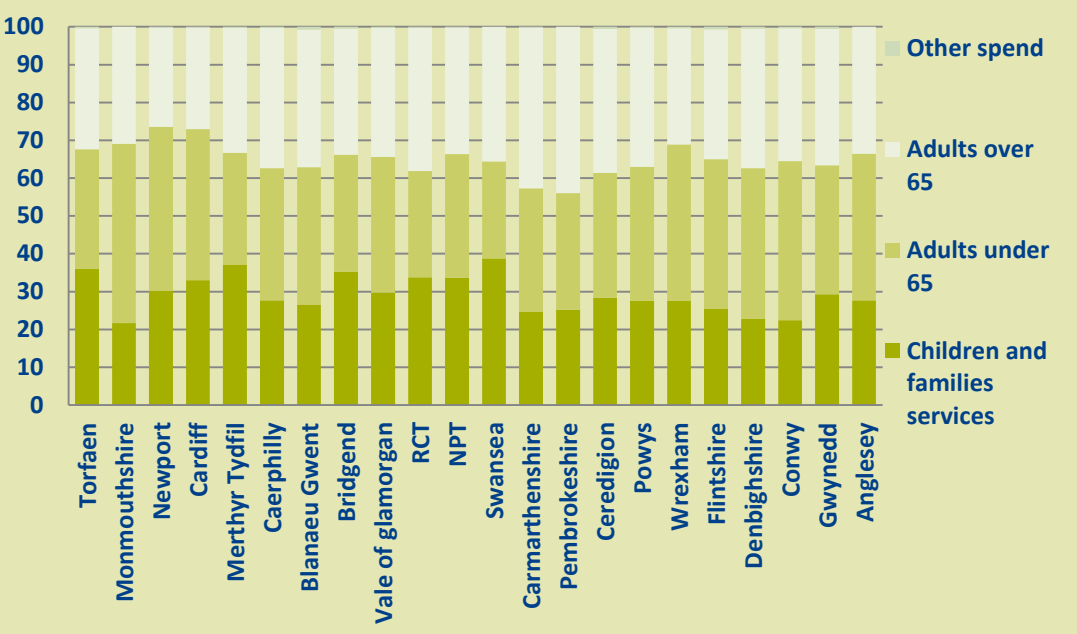
The ability of local authorities to respond to this section will depend greatly on their individual responses to the earlier parts of the Bill in relation to well-being and information and guidance, as well as their current arrangements for children's and adult's services. For instance, as Figure 3 demonstrates the proportion of the overall social services spend on adults alone per authority in 2011-2012 was approximately 70%. Combine this with increases in the number of adults predicted to require support as the current population ages, with reduced local authority budgets and it is potent mix for further pressures on social care, health and wellbeing services.

Authorities will need to take a view on the balance between meeting the needs of those who are eligible for care and support, and the benefits to be gained overall in terms of well-being, through better early intervention in situations with those currently not at risk, but likely to be at risk in due course. It will be crucial that local authorities offer joined up, integrated services, in order to prevent those most at risk from becoming more entrenched within the care and support system.

Local authorities will need to consider the current relationship between children's and adult's services, reviewing their transition processes and any gaps and discrepancies in provision. In line with the earlier analysis the duty to meet needs will require whole council approaches, drawing together social care and education in order to identify those at risk of 'falling between the cracks' at an earlier stage. Services will need to be further aligned with health, and – arguably – the duty to involve citizens in the strategic direction of services will require greater consultation and support for children and young people to ensure that needs are met.

Safeguarding systems will need to change in line with the Bill, and mechanisms to update reports and monitor referrals will need to be tightened, if nothing else due to the potential increases in demand. For those people who will be diverted into low-intensity well-being services, methods of tracking their progress and monitoring outcomes will be essential if authorities are to manage quality. In other words, much of this section of the Bill requires local authorities to review processes and the culture of care provision as part of their on-going service development and transformation.

Figure 3: Proportion of social services spend between services by client and age, 2011-12



Changes in the regulatory framework within Wales, and proposals to amend the Bill, mean that local authorities will have a duty to provide immediate support for those with care needs, if their provider fails[115] which will require councils to consider how they support and facilitate local care markets.

Do these measures require a level of change which is substantially different from that which would be expected from a positive on-going improvement agenda in any one authority? Compared to the challenges which will be presented through population changes and budget pressures it appears that the requirements of the Bill in this area will be relatively small.

[115] Welsh Government (27 June 2013) Written Statement – Policy Statement for Social Service Regulation and Inspection.

9.2 A duty to meet needs – carers

The Bill simplifies the law relating to carers, pulling together existing legislation into one place. Recognising the important role informal care providers in relation to preventing people from needing formal services, under the Bill carers will be treated in the same way as persons in need of care and support and will be wholly integrated into the system. Once an assessment is carried out, local authorities will have to assess eligibility for support, using the framework to be set out in the regulations. This will be carried out alongside the approach for the people they care for. Moreover the Bill takes into account the particular issues raised by children acting as carers.

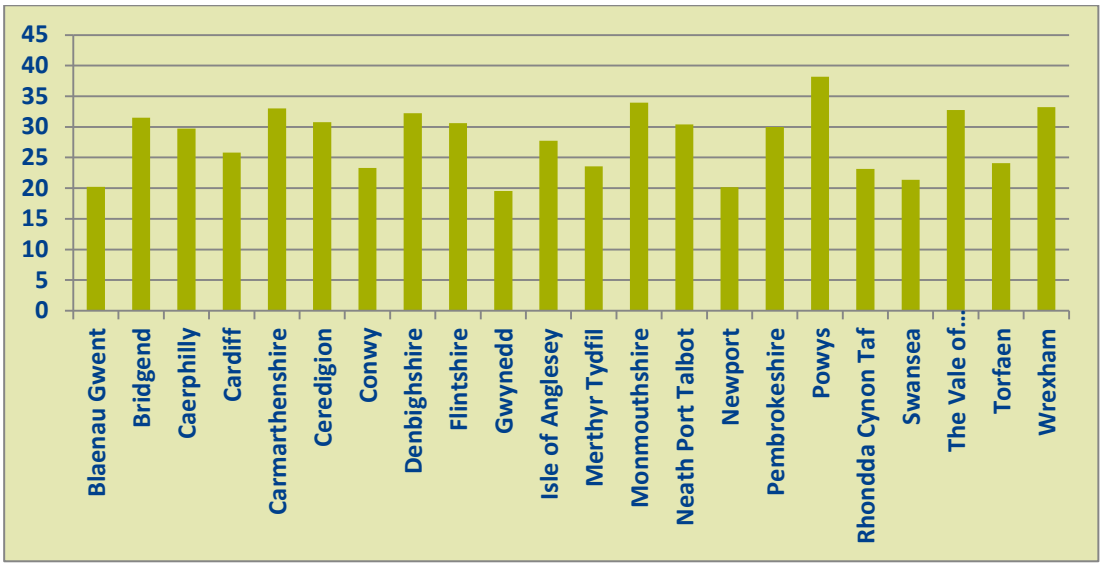
There is some debate amongst the consultation responses as to how carers would be defined and the impact this might have on the numbers in a local population. Under the proposals the Bill allows councils to determine what constitutes a carer and there is some concern this will result in variations across Wales. It is not yet clear how the Bill would address this and how, therefore, local authorities would need to support their local carer population.

However, even without this detail in place, there is sufficient evidence nationally to suggest that one of the biggest under-developed areas of social services is support for informal carers[116,117]. Carers offer a significant amount of unpaid support to people with social care needs. There were 22,093 carers of adults known to social services across Wales, with a further 1,070 young carers in 2012[118]. This is likely to be an underestimate of the total number of carers. However, between now and 2020, there is an estimated 17% increase in the number of adults aged 65 and over providing unpaid care across Wales, with no comparable data for children[119].

Moreover, this is likely to impact local authorities differently across Wales (see Figure 4).

[116] Hussein, S. (2010) Who Cares for the Family-Carers of adults and older people? Social Workforce Periodical. Issue 10. Kings College London, Social Care Workforce Unit.
[117] Welsh Government (2013) The Carers Strategy for Wales
[118] StatsWales July 2013
[119] Daffodil July 2013

Figure 4: The percentage increase in unpaid carers aged 65 and over, by local authority in Wales[120].



For instance, areas such as Powys could experience an increase in the region of 40% of the number of unpaid carers in the population between now and 2020, and this will need to be closely monitored once the Bill comes into play. Without this group of people, demand on social services will increase further and it is vital that local authorities see supporting carers as a core part of their well-being agenda, putting in place mechanisms to support those that care so that services – in the longer-term – do not become overburdened.

In response to this demand local authorities will need to ensure they understand the needs of their carer population, in particular what types of support they need and therefore the services they will require. Depending on the position of the local authority at the time of implementation, the Bill may require them to review local services and seek to develop new services where there are gaps.

Research has shown that much of the current support for adult carers tends to be focussed on offering information and advice, respite and advocacy services as well as some community support work but as a general rule these are under-developed or difficult to access[121,122]. Improving the current situation is likely to involve greater engagement of the voluntary and community sector and social enterprise models may offer opportunities to enhance local carer support (see example 25, Blackpool Carer's Centre). Finding ways of developing light touch assessments will be crucial to off-set

[120] Daffodil July 2013
[121] Kelly, T., (2007) Supported to care? Carer's views of services. Princess Royal Trust for Carers and Scottish Government
[122] Pickard, L (2004) The effectiveness and cost-effectiveness of support and services to informal carers of older people. Audit Commission and PSSRU

the potential increase in demand for assessments and monitoring how early support for carers prevents their needs from escalating will be essential. Authorities should also monitor the impact of the welfare reforms which may reduce carer's ability to support individuals.

Example 25: Blackpool Carer's Centre offers full and part-time carer's, many of whom are children, a range of services to support and enhance their lives. The centre works with the local council and NHS, offering a range of services including signposting, short-breaks, counselling, and support workers. They offer family support and have a GP liaison officer working with local practices to identify 'hidden' carers. The centre developed a social enterprise shop in 2011/12 in response to changes in their funding. It hopes that it will provide a source of much needed income to continue the work they do.

By comparison for young carers identification is one of the first hurdles to overcome, and the most effective types of support appear to be targeted, team around the family approaches. This requires better partnership working across health, social care and education (see example 26, Young Carers Pathfinder Programme[123]) and targeted interventions.

Example 26: The Young Carer Pathfinder programme was carried out in 18 local authorities across England, with the aim of developing family focussed approaches to identifying and supporting those children and young people with caring responsibilities. In recognition of the fact young carers are often with families with complex needs, the aim of the programme was to allow authorities to develop flexible, integrated, and holistic packages of support to address those factors which led to excessive caring responsibilities on children. Referrals for the programme came from social care, education, health and voluntary organisations, and often as a result of complex issues such as mental health or substance abuse. Integrated responses from the voluntary, community and local authority sector meant Team Around the Family approaches worked well and allowed provision to respond to the needs of the individual family, rather than being service-led. Importantly better support for the adults, meant a reduced caring burden being placed on the children. The average cost of Pathfinder support was £4,331 per family with savings estimated at £8,191per family. On average 66% of the savings were accrued in the first year of exiting the programme[124].

[123] Ronicle, J. and Kendall, S. (2011) Improving support for Young Carers – a family focussed approach. Department for Education

[124] York Consulting (2011) Turning around the lives of families with multiple problems: an evaluation of the families and young carers pathfinders programmes. Department for Education.

9.3 Powers to meet needs

This part of the Bill provides discretionary powers for local authorities which will allow them to meet the care and support needs of an individual irrespective of their eligibility in response to urgent need, or to act to protect a person. It also clarifies the limits on local authority powers and duties to meet needs when the responsibility lies elsewhere (e.g. NHS, housing). What is not clear from the Bill is what these powers will be, nor how agencies will work together to identify those that might require these powers. There are opportunities under this part of the Bill to consider early intervention and prevention services, as part of the overall package of support offered by social services, but this would need to be closely linked to the information and guidance offer, and a clear statement across agencies about when it would be appropriate for this type of input.

9.4 Direct payments

The Bill places a duty or discretion to make direct payments onto local authorities, but does not vary significantly from current provisions. It allows Ministers to make further provisions in relation to a range of other matters including the manner in which amounts are to be determined and conditions which the local authority may/must attach to payments. It is, however, clear on the need to extend Direct Payments and there is some discussion about whether or not subsequent regulations would allow them to be used to purchase residential accommodation. As yet there is no specific provision for the development of a framework for the implementation of self-directed support and it is left up to the local authorities to develop their own approaches.

9.5 Potential impact

Direct payments are seen as tool for getting money to service users, and to promote independence, social inclusion and enhanced self-esteem[125]. They have been widely rolled out across Wales, England and Scotland, although in practice their uptake has been patchy and they are yet to be implemented fully everywhere. Evidence from England suggests that the take up of Direct Payments has been broadly positive[126] and there is some discussion as to whether or not they should be seen as the main vehicle for citizen-directed services.

There has traditionally been higher uptake of Direct Payments amongst those with a physical disability or sensory impairment, although the numbers of older people using Direct Payments is slowly increasing. Groups which have historically struggled to engage with Direct Payments

[125] Care Service Efficiency Delivery (2007) Cost-effective Implementation of Direct Payments
[126] National Audit Office (2011) Users of Social Care Personal Budgets

include people with learning disabilities, mental health problems and black and ethnic minority groups. Local authorities have reported significant advantages in extending Direct Payments including more user involvement, and fewer complaints[127]. The research suggests that better than average implementation of Direct Payments stems from:

- Strong user-led organisations, who actively contributed to the process of developing Direct Payments.
- Demand from service users and carers.
- Positive attitudes from staff.
- Effective support schemes.
- Local authority leadership.
- Provision of good quality information and advice[128].

For local authorities to respond effectively to the demands placed on them by the Bill to improve and increase uptake of Direct Payments they will need to consider their own approaches to Direct Payments, their role as a broker for those in receipt of payments and the mechanisms in place which encourage the take up and use of direct payments, as well as the factors which influence this. The greater use of Direct Payments will also link directly into the well-being agenda and the need for councils to offer good quality information and guidance across the breadth of their services. Particular attention will need to be paid to the role and relationship between safeguarding and personalisation in relation to Direct Payments, in order to help service users access good quality, safe and appropriate care. Direct Payments will need to be seen as 'business as usual' rather than as an aside to other, more traditional service led forms of care, and service users will need support to understand the benefits of such an approach.

Authorities will need to understand the ability of their local care markets to respond to changes in the uptake of Direct Payments, and ensure they have robust mechanisms in place to assessment and capture improvements in outcomes. There are some tensions which exist between the role of the local authority as a commissioner, and as laid out in guidance, versus the role of direct payments in moving away from large block contracting arrangements for providers.

IPC's work across England as part of the national 'Developing Care Markets for Quality and Choice' Programme on behalf of ADASS and the Department of Health, would suggest that anecdotally, many local authorities are struggling to support providers in the transition away from

[127] Riddell, S., Ahlgren, L., Paerson, C., Williams, V., Watson, N. and McFarlane, H. (2006) The Implementation of Direct Payments for People who use Care Services. Edinburgh: Scottish Parliament

[128] Davey, V. Fernandez, JL. Kanpp, M., Vick, N., Jolly, D., Swift, P., Tobin, R., Kendall, J., Ferrie, J., Pearson, C, Mercer, G., and Preistley, M. (2007) Direct Payments: A national Survey of Direct Payments Policy and Practice. London School of Economics. PSSRU

traditional contracting arrangements towards Direct Payments, where there is less focus on time and task approaches to charging, and where service users can opt to change provider at any point. This introduces a level of business risk for providers, which many – particularly small providers – can often struggle to manage. Likewise the Bill does not deal effectively with the relationship between Direct Payments and the local authority, and the impact that greater personalisation may have on benefitting the NHS, or how they link with other aspects of health policy.

The reality is that little work has been done to understand the impact of Direct Payments on other forms of contracting and the potential savings which might be achieved as a result. There is often the real risk that rapid moves to extending uptake can lead to some providers being ill-equipped to respond. In England, where there has been a focus on improving the local care market, authorities are beginning to look at the role they might play in supporting providers to respond to the challenges placed on them through greater uptake of Direct Payments, by identifying those which are most likely to be affected and offering business support and advice.

9.6 Resource and cost implications

Slow uptake and implementation is often attributed to costs incurred in setting up the processes to support Direct Payments, the resources required and the potential costs to the service user of using this approach. The Care Service Efficiency Delivery Programme[129], amongst others, argued that whilst initial set-up costs may be required – particularly if existing systems were running in tandem with Direct Payments – there were also savings to be made. It found that costs specifically accrued in relation to:

- The initiation of the Direct Payment process, particularly in terms of setting up service user records, support planning and initial payment.
- The support services responsible for helping service users manage their payments, including setting up bank accounts, sorting out payroll etc. where required.
- Any additional training required for staff, support for hiring PAs and brokerage functions.

However, it also argued that much of these costs would also be seen through the management of local authority provision and that once set up, Direct Payments save local authorities money as fixed monthly payments direct to the service user, cut out other administrative tasks, including complex tendering and contracting arrangements with providers.

[129] Op cit 118

9.7 Right to a care and support plan and review of plans

This part of the Bill places a duty on local authorities to provide and keep under review care and support plans for children, adults and carers with eligible needs. It also states that they have a duty to carry out further assessments and revise the plan if there has been a change in the person's circumstances.

This requirement does not differ substantially from current arrangements, and the Bill does not suggest how any changes would be implemented but there is the prospect for further regulations to allow more detail to be developed in line with the other areas of the Bill. As such it offers the opportunity to local authorities to examine how care and support plans can be used to understand the effectiveness of services on outcomes, and as such offer useful commissioning information in relation to needs analyses. It also offers the scope for further discussions around who should be able to undertake support planning and reviews; including whether or not potential savings can be made by reviews being independent of the professionals who have assessed need.

9.8 Portability of prescribed care and support plans

The Bill attempts to provide some consistency in relation to the portability of care and support plans, so that if people move across local authority boundaries the new authority will be under a duty to accept the existing needs assessment. The new authority will be expected to provide services consistent with that assessment 'as far as is reasonable and practical' for a limited period until the planned review date. It will not apply, however to looked after children where it will remain the responsibility of the authority who has placed the child to oversee the care and support planning and arrangements for review. Nor will it apply to those people who are placed by their local authority into care away from where they normally live, but have no change of residency.

Duties will require the local authority to notify the receiving authority when an individual has informed them they will be moving area. The receiving authority must put in place transitional arrangements until it carries out a review/reassessment of the person's care and support needs. This will not include plans which are under the local authority discretionary powers.

To implement this, local authorities will need to ensure there are robust methods for the transfer of assessments and care plans. There will need to be clear mechanisms for co-operation between partner organisations such as health and education, but at this stage it does not appear that the requirements of the final Act will be more onerous than existing good practice. How well placed local authorities are to respond to the changes brought in by the Bill will depend largely on the likely demand for portability of plans, and the existing processes in place in local areas to support this.

Some consideration will also need to be given as to how best to monitor portability to ensure the local authority is meeting its obligations.

What is not clear at this stage is the likely impact of the national eligibility framework across Wales which is designed to reduce the post-code lottery of care across Wales and whether or not this will reduce the number of people moving areas if they experience an improvement in their local provision.

Summary:

Much of this part of the Bill pulls together existing legislation and guidance from elsewhere, and it impact will be dependent on the decisions taken by local authorities in their response to the other, earlier parts around well-being and information and guidance. It deals specifically with the processes by which the well-being agenda can be implemented, focussing on eligibility criteria, Direct Payments, review of care and support plans and the portability of assessments.

Needs assessment and eligibility will be determined through the development of the national framework, and will form part of the on-going transformation of social services already underway across Wales. It will underpin attempts to move away from councils rationing care through eligibility criteria and authorities will need to take a view on the balance between meeting the needs of those who are eligible for care and support, and the benefits to be gained overall in terms of developing low-level well-being services.

Fundamentally local areas will need to push for greater integration between health and social services (at a minimum) and across their transition services in order to prevent those most at risk from becoming entrenched within the care system. To do this they will need to develop a clear understanding of the types of input which helps prevent people from becoming eligible for support over time and target resources at evidence based services which are known to support better outcomes.

There are some potential tensions around demand as a result of the welfare reforms, with greater poverty often resulting in increased demand for services. Local partners will need to monitor this and respond accordingly. Local partners will also need to consider the likely impact on their own practice in relation to the portability of assessments, particularly reviewing current processes and ensuring they meet the requirements of the Bill.

Direct payments will be extended, and although there may be some costs associated with initial set-up of any wider roll-out, the evidence suggests that over time local authorities will save money through reduced

administration costs. Local authorities will have to work with provider organisations, monitoring their quality and ensure they offer value for money. Authorities will need to work with providers as more people move towards direct payments, to ensure they can respond and remain financially viable. Facilitating their local care market will be essential if councils are to offer a breadth and depth of services to meet a range of needs.

10 Part 5: Charging and financial assessment

The Bill makes provision which allows local authorities to impose charges for providing or arranging a service where appropriate. However, much of the Bill pulls together existing legislation in relation to deferred payments; the recovery of charges and interest; misrepresentation and non-disclosure. Local authorities will no longer be required to charge for residential accommodation as they are currently under section 22 of the National Assistance Act 1948 and further regulations will be developed to produce a framework for setting charges and assessing the ability of an individual to pay.

The Bill makes separate provision for charging for preventative services and for the provision of information, advice and assistance. Again, the detail of this will be covered further regulations.

The implications for charging and financial assessment are at best patchy as the Bill leaves much open to further regulations in the future. However, this in itself is cause for concern. In 2008, the Audit Commission report *Positively Charged* showed that of all the sources of revenue generated through charging, social services was the highest[130]. With potentially new abilities to charge for services such as information, advice and guidance, local authorities may seek to generate revenue to fill funding gaps through the current version of the Bill. This is a significant change to the existing arrangements and requires further clarity on defining what services will, or will not, be in the mix. For example, would or could local authorities charge for low level, early intervention and prevention services? If they did, would this mean a decrease in people accessing services and a longer term increase in the numbers requiring more support at a later date, thereby blocking local authority capacity to meet their general functions in relation to overall well-being?

A further consideration for local authorities across Wales is the likely impact of the self-funding population and changes to their level of financial support. The Local Government Information Unit report *Independent Ageing*[131] estimated that – in England – an average of 41% of people entering residential care each year self-fund, and of those, 25% will run out of money

[130] Positively Charged (2008) Audit Commission
[131] Independent Ageing: Council support for care self-funders (2011) LGiU

through a decrease in the value of their assets; choosing inappropriate high cost care packages; living longer and/or spending down their capital assets. This figure may even be higher in some parts of Wales, where house prices are lower (e.g. Blaenau Gwent) than the UK average[132] and where the relative wealth of the population is likely to mean fewer self-funders, with fewer resources to fall back on. It is therefore essential that local authorities develop approaches to understanding their local self-funding population, and develop mechanisms to help them access high quality and appropriate care at the earliest point possible, in order to reduce the risk of this group falling back on already stretched local authority funding (example 27, West Sussex Carewise).

Example 27: As part of its information and advice to adults, West Sussex , offers support through Carewise which provides access to approved independent financial advisors who offer advice on preserving savings and the types of care people can afford [133].

As it stands at the moment, under the Bill, local authorities would – at an absolute minimum – need to consider carefully which interventions and services had most impact at improving well-being and analyse their cost-effectiveness. This would need to be mapped against budgets and population forecasts to determine where charges could be most effectively applied, with minimal negative impact on citizens accessing services. In turn this would need monitoring and evaluating, particularly in relation to those who weren't accessing services as a result of charges, but who need them. Unintended consequences on partner organisations, such as health, should also be monitored. Consideration to collaboration across local authority boundaries would need to be given – particularly where there is an overlap in service providers, so that charges can be proportional and consistent.

In terms of integrated services, careful consideration and planning will need to be given. In areas where there is potential for overlap there may be some confusion as to whether or not needs were social care based, or health based. From an NHS perspective, if needs can be easily identified as social services responsibility and can therefore be charged for, this reduces their costs. Likewise from a service user perspective, if something can be identified as a health need then this is then free of charge. Clear guidance and local policy will help to address when and where charges should be applied and under what circumstances.

[132] Land Registry Figures for January to March 2013. Average house prices in Blaenau Gwent are listed as £86,000. The average for Wales is £150, 000 and the average for the UK is £239,000.

[133] https://www.westsussex.gov.uk/living/social_care_and_health/adults_looking_for_support/money_and_legal_advice/carewise_-_care_funding_advice.aspx

Summary:
The implications for charging and financial assessment are open to further regulations in the future. However with potentially new opportunities for local authorities to charge for services such as information and guidance there may be some temptation to try and recoup lost revenue from elsewhere. It will, however, require local authorities to gain a greater understanding of their whole community including self-funders in order to map those most likely to fall back on local authority funding, to ensure that any charges are appropriate and for services which can improve outcomes. Local authorities will need to understand where charges can be applied with minimal negative impact on citizens, charges across local authority boundaries and the potential impact on uptake of low level services.

11 Part 7: Safeguarding

This section covers the further development of safeguarding arrangements in Wales. In particular it:

- Specifies the requirements for local adult safeguarding boards, children's safeguarding boards and the National Independent Safeguarding Board.
- Specifies the duties and powers that local authorities have in investigating safeguarding concerns, and the use of adult protection and support orders
- Clarifies the resources that partners may contribute to the running and activities of local boards.

Local partners will need to consider carefully how they develop their local arrangements to meet the needs of the final measures in the Act and subsequent guidance in this area. The Bill does extend the requirements on local partners, particularly in terms of adult safeguarding, but many would argue that this, like many other sections of the Bill, simply draws together what is developing good practice in the area. Subject to amendments and the final Act it would appear that local partners will need to ensure that some of the existing systems and arrangements are reviewed, that new assessment and support arrangements take account of the safeguarding measures, and that there is sufficient training of front-line staff across agencies to ensure that they understand and can operate within the specific future framework.

12 Conclusions

The Bill is some way from final legislation at the current time and will be subject to further regulations and guidance. In the meantime, the approach of this report has been to consider the potential implications using examples, research and evidence from elsewhere, as well as drawing upon

IPC's unique role and experience in relation to implementing social services reform across Wales, England and Scotland.

The Bill places a number of challenges on local authorities and the NHS and their partners. Better integration, a 'whole' local area approach and understanding the needs of, and engaging meaningfully with the local population will be essential if authorities are to meet the challenges outlined above. The successful implementation of the Bill will depend heavily on the interplay between well-being, prevention, assessment, eligibility and information and guidance if it is to achieve its aims and enable local partners to meet the challenges set out in *Sustainable Social Services: a framework for action* and *Together for Health*. Without the well-being agenda at the heart of the Bill and its implementation, authorities will struggle to meet the demands placed on them through changing demographics and welfare reform and implementation of other elements such as assessment and Direct Payments could prove to be costly.

As the report indicates local areas implementing the Bill will be doing so during a period of significant increased demand due to demographic and economic factors. Implementation for most local areas is unlikely to be cost-neutral although for some, significant progress has already been made and the Bill will simply provide the legislative underpinning of existing practice. Some, if not most of the transition costs might reasonably be expected to be met by local partners through existing responsibilities to improve and develop services, and through the use of (perhaps increasingly restricted) of development budgets.

Nevertheless local authorities and their partners would no doubt value further national support for implementation of the Bill, and there are various examples of this in the past - some 'pump-priming' money up front, either in the form of specific grants; organisations coming together to work in partnership or the conscious reallocation of funds away from other services. National initiatives to bring together expertise from across the sector have helped to convey messages and underpin the direction of travel; whilst individual programmes of support for change have helped shift the focus away from services to improving outcomes.

This must, however, be set against the backdrop of the fact that many of the initiatives which have been robustly evaluated were originally set up before the 2008 economic crisis. This is not to say that social care has stood still in the intervening years, but rather is indicative of the length of time many programmes of work have taken to establish themselves in order to be able to see specific benefits – both in terms of outcomes for the citizen, and also in savings.

Given this environment the Welsh Government will need to think about how it supports implementation as it shapes the detailed regulations. Similarly local areas will need to think boldly about the whole system they operate

within, work closely as partners and take strategic decisions about real change in a fiscally constrained environment. Significant changes to services may require additional funding through targeted programmes to shift organisational barriers and cultural expectations in the longer term. At the same time, considering new models of delivery through social enterprises offers up real opportunities for authorities to reshape services in response to detailed analyses of need and current supply.

Importantly the available evidence suggests that for this type and level of change, the resource implications are heavily dependent on the speed with which it has to come into effect. Our analysis suggests that planned transitions, with focussed support and (where needed) funding to kick-start new approaches, with realistic timescales for implementation will be crucial to ensure long term transformation is embedded. Reinvesting resources from elsewhere will be key locally to securing much of the change needed, and local partners will need support in the early stages to help them understand where they are 'now' in order to continue to transform their services in line with the Bill. Clear and detailed implementation plans at a national and local level will be essential and on-going support across Wales for partners to come together and share approaches and practice will support greater collaboration and learning.

It is clear that there is the need for strong integrated national and local leadership to implement the Bill. Developments in policy elsewhere such as *Together for Health* and the *Framework for Delivering Integration in Health and Social Care* will need to be rolled out in conjunction with the Bill if it is to succeed and the whole system of care must be actively challenged to respond if the Bill is to achieve its aims. Those programmes which have had the biggest impact in recent years have introduced bold new approaches to delivery; and brought together Government support; national agencies; representative bodies; specialist expertise and local leaders and staff to work together towards producing better outcomes.

Key factors likely to impact on successful implementation:

Those factors most likely to enable the Bill to be implemented effectively are:

- A shared understanding of what well-being means, and how it can be developed nationally and locally, across local authorities, the NHS and their partners.
- Flexibility around budgets and innovation in funding streams.
- Encouraging new and different provider models.
- Strong national, regional and local leadership.
- An emerging and developing evidence base for what works in terms of service delivery and design.
- Alignment between processes, systems and organisations (e.g.,

assessment processes, information and guidance systems and integration between social services and health).

However, there are a number of factors which may adversely impact on the Bill's implementation, namely:

- The current position of individual local partnerships in relation to developing and delivering well-being and prevention services.
- The difference in size and scale, and therefore capacity, of individual local partnerships to respond to the challenges set out.
- The disproportionate impact of the Welfare Reform Act on Wales.
- Demographic trends and competing priorities across partner organisations.
- Diminishing budgets and limited ability to free up additional transition funding in the short-term.

The final details of the legislation are still to be worked out. It is clear that partners across Wales broadly welcome the thrust of the legislation and that many have already made very considerable strides along the path it outlines. Local partners would no doubt welcome any further resources that can be offered to help them manage transition, although the Government has been very clear that, beyond the current settlement *'..there simply is no more money.'* [134] However, given the nature of the proposed legislation, and particularly that it emphasises the responsibility that local partners will need to take in working out the details of arrangements together at a local level, there is an equally, if not more significant role that the Welsh Government will have in ensuring that developments across the country are co-ordinated, that local areas learn from each other, and that resources are not wasted by being developed in parallel in different places unnecessarily. The following checklist outlines some of the key implementation issues the Welsh Government, local authorities and the NHS may need to consider in particular as they look to work together to make the aspirations of the Bill a reality.

Checklist for implementation:

Local authorities may wish to consider how they can:

- Undertake a rigorous self-assessment and agree a plan for service development with local area partners.
- Agree the forms of local integration most needed to deliver the changes in pathways and services to secure better outcomes for citizens.
- Explore with citizens and with local 3rd sector partners how to create a

[134] Welsh Government Social Services and Wellbeing (Wales) – Finance and Funding for Implementation 18 July 2013

culture of engagement and greater co-production in services

- Undertake a local cost-benefit analysis of the plan and review budgets accordingly.
- Place well-being at the heart of service provision.
- Develop a commissioning strategy to realign services to focus on early intervention and prevention, and improve outcomes.
- Seek to develop services which offer cost-effective and integrated solutions to care.
- Develop local arrangements which fit the proposed assessment and eligibility framework and support staff through guidance and training.
- Review existing information systems and information sharing protocols and identify improvements needed.
- Develop and strengthen their partnership working across a range of agencies.
- Respond to the demands of developing a 'whole' council approach to service delivery.
- Work with the third sector to deliver cost-effective public services.

Local Health Boards may wish to consider how they can:

- Undertake a rigorous local self-assessment and agree a plan for service development with the local authority.
- Undertake a cost-benefit analysis of the plan and review budgets accordingly.
- Agree the level and type of integration needed to best deliver the service and pathways changes needed.
- Engage with professions about the best approach to undertaking more creative wellbeing assessments with individuals.
- Review information systems and protocols and identify improvements needed.
- Work effectively with local partners in regions as well as locally.

The Welsh Government and national agencies may wish to consider:

- Strengthening the definition of well-being across social services and health organisations, by working collaboratively with representatives to understand the implications of the current, broad-based definition.
- Reviewing national performance and inspection frameworks to ensure that they are cost-effective in measuring the impact of emerging arrangements.
- Co-ordinating a national single programme of change across all key national local government, NHS and voluntary sector bodies in Wales to ensure a consistent set of messages and common discourse.
- Supporting local authorities and the NHS to develop a coherent model of early intervention and prevention services, including evidence of

best practice and practical support and ideas for implementation.

- Ensuring that good practice is shared across Wales through a common approach to analysing progress against the Bill, sharing approaches that work and supporting evaluations where these would be relevant across the country.
- Co-ordinating the development and sharing of local protocols, frameworks, information systems and professional practices to ensure that local solutions are developed cost effectively within a common framework
- Supporting local partners to free up funding through pooled budgets and invest to save measures.
- Consider the relationship between housing and well-being as part of the integration agenda.

The Institute of Public Care
30 September 2013

13 Appendix 1: Assessment and care management costs in Wales

Projections of the adult population across Wales[135]

	2012	2015	2020	2025	2030
Total population aged 18 and over	2,418,260	2,466,470	2,532,650	2,595,750	2,663,120
% change	0	2	5	7	10
Total population aged 65 and over	590,342	636,565	694,680	756,035	830,250
% change	0	1	3	5	7

Social Service expenditure in Wales on assessment and care management (adult's services) in 2011/12[136]

	Total expenditure across Wales (£000's)
All adults	126,704
Older People	60,277
Mental Health	19,455
Physical Disability	19,287
Learning Disability	21,810
Other services	5,875

[135] Data taken from Daffodil June 2013
[136] Data taken from StatsWales July 2013

Proportion of overall adult social care budget spend on assessment and care management in 2011-12 and projected spend in 2020 (£000's)[137]

	2011/12	2020	2020
Total spend on adults services	1,035,765	1,035,765[138]	942,546[139]
Total spend on assessment and care management	126,704	133,039	133,039
Spend on OP assessment and care management	60,277	66,612	66,612
Proportion of spend on assessment and care management	12%	13%	14%
Proportion of spend on OP assessment and care management	6%	6.5%	7%

[137] Data taken from StatsWales July 2013
[138] Assumes budget remains the same
[139] Assumes the budget suffers a 9% decrease as outlined in the IFS Report *Local Government expenditure in Wales: Recent trends and future pressures*