

**SOCIAL SERVICES AND WELL BEING (WALES) ACT 2014:  
IMPLEMENTATION OF ASSESSMENT DUTIES AND RESPONSIBILITIES**

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**Purpose of Report**

1. To provide Members with background information to inform their scrutiny of whether the requirements of the Social Services and Well Being (Wales) Act 2014 (*hereafter referred to as the Act*) regarding assessments of adults and their carers are being delivered and adhered to by the Council and partners.
  
2. This report sets out the following:
  - a. A summary of the Council's responsibilities under the Act with regard to assessment, including an outline of the required assessment process;
  - b. A summary of the views from the Third Sector with regards to what they believe the Act means regarding assessment;
  - c. An overview of the systems and processes that have been put in place in Cardiff to meet the new assessment requirements, including work with partners;
  - d. An outline of available information regarding clients and carers, pre and post implementation of the assessment requirements of the Act; and
  - e. An overview of relevant assessment issues raised previously by CSSIW Inspectors at a national level.
  
3. The following documents are attached as appendices:
  - a. **Appendix A** – Age Cymru '5 elements of assessment' table;
  - b. **Appendix B** – Cardiff Council Assessment flowcharts;
  - c. **Appendix C**– Service Level Agreement for First Point of Contact;

d. **Appendix D** – Preventative Services Board performance scorecard.

### **Summary of the requirements of the Act with regard to Assessment**

4. Part 3 of the Act deals with assessing the needs of individuals, which covers both service users and carers. Local authorities have a duty to assess a person who appears to need care and support. They may need care and support because of serious illness, physical disability, learning disability, mental health problems, dependence on alcohol or drugs or frailty because of old age. The Act sets out the following principles to be followed:

- a. Any individual with a care and support need has a right to an assessment regardless of the level of need or person's financial resources;
- b. The presumption is that an adult is best placed to judge their own well-being;
- c. The aim is to promote an adult's independence where possible;
- d. The assessment will establish a plan for how an individual will achieve personal outcomes – based on the principles of co-production, shared power to plan and deliver support, with all partners having a vital contribution in meeting personal outcomes;
- e. The assessment process starts when a person accesses the information, advice and assistance service;
- f. A single practitioner can undertake the assessment when no additional specialist advice is needed;
- g. Assessments must include assessing needs which are being met by carers and must take into account whether a person's carer is able and willing to provide care now or to do so in the future;
- h. Assessments must now comply with safeguarding and protection rules, and establish whether there is a reasonable cause to suspect an adult is at risk and if so "*act immediately and without delay*";
- i. Carers have the same rights to assessments as those they care for;
- j. The assessment must be completed in partnership with the individual with a focus on the personal outcomes they want to achieve;
- k. The assessment must be proportionate to the presenting needs of the individual;

- I. The assessment must be completed in line with the requirements of the national assessment and eligibility tool.

### **National Assessment and Eligibility Tool**

5. The assessment must be recorded using the national assessment and eligibility tool which comprises:
  - a. The national minimum core data set;
  - b. An analysis structured around the following five elements:
    - The person's circumstances
    - The person's personal outcomes
    - Barriers to achieving those outcomes
    - Risks to the person or to other persons if those outcomes are not achieved
    - The person's strengths and capabilities
  - c. The actions to be taken by the local authority and other persons to help the person achieve those outcomes;
  - d. A statement of how the practitioner assesses the identified action will contribute to the achievement of the personal outcome or otherwise meet needs identified by the assessment.

### **The national eligibility criteria for care and support**

6. The Care and Support (Eligibility) (Wales) Regulations 2015 set out national eligibility criteria for care and support for adults and carers. There are four conditions which must all be met for eligibility status to be conferred. These are:
  - a. Person's Circumstance: need arises from physical or mental ill-health, age, disability, dependence on alcohol or drugs or other similar circumstance;
  - b. Specified Outcomes: need relates to one or more of the outcomes specified (please see list below);
  - c. Ability to meet the need alone: the person is not able to meet that need either alone or with the care and support of others who are willing to

provide that care and support or with the assistance of services in the community to which the adult has access; and

- d. Achievement of Personal Outcomes: the person is unlikely to achieve one or more their personal outcomes unless the local authority provides or arranges care and support to meet the need or the local authority enables the need to be met by making direct payments.

7. The specified outcomes measured include:

- a. managing and maintaining nutrition, such as being able to prepare and eat food and drink;
- b. maintaining personal hygiene, such as being able to wash themselves and their clothes;
- c. managing toilet needs;
- d. being able to dress appropriately, for example during cold weather;
- e. being able to move around the home safely, including accessing the home from outside;
- f. keeping the home sufficiently clean and safe;
- g. being able to develop and maintain family or other personal relationships, in order to avoid loneliness or isolation;
- h. accessing and engaging in work, training, education or volunteering, including physical access;
- i. being able to safely use necessary facilities or services in the local community including public transport and recreational facilities or services; and
- j. carrying out any caring responsibilities, such as for a child.

8. The assessment '*should be proportionate to the request and/or the presenting need*<sup>1</sup>', which means that local authorities do not have to complete a full assessment for cases where the person can achieve their outcomes by the provision of Information, Advice and Assistance or preventative services.

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<sup>1</sup> Code of Practice, Part 3, section 16

9. Key points to remember are:

- a. The eligibility status is conferred on the individual need and not the person;
- b. An individual may have some care and support needs deemed as eligible and not others;
- c. A person's changing circumstances can impact on eligibility at any time.

### **Needs assessments and local authority funding**

10. Once a local authority has established that a person has needs that meet the national eligibility criteria for care and support, it has to make sure that these needs are met. This includes:

- a. A care and support plan, or in the case of a carer with eligible needs, a support plan; and
- b. An assessment to see if the person has to contribute financially and how much that would be.

11. If a person's needs do not meet the national eligibility criteria, the local authority still has to give that person information and advice on what provision might be available in the community to support them, including preventative services.

12. Assessment will conclude with one of the following:

- a. There are no care and support needs to be met;
- b. Needs can be met through the provision of information, advice or assistance;
- c. Needs can be met through the provision of preventative services;
- d. A more comprehensive care and support assessment is required, which may include more specialist assessments;
- e. Needs can be met, wholly or in part, by the individual themselves (with or without the assistance of others);
- f. Other matters can contribute to the achievement of the personal outcomes, or otherwise meet the needs;

- g. Needs can only be met through a care and support plan, or a support plan (*needs are eligible*); or
- h. The local authority considers it necessary to meet the needs in order to protect the person from abuse or neglect or a risk of abuse or neglect or, in the case of a child, other harm or risk or such harm.

13. If a person disagrees with a needs assessment or the care and support plan, there are ways that decisions can be challenged or they can make a complaint.

### **Third Sector views regarding the Act and assessment**

14. As part of the information review in relation to this topic, a number of documents from third sector support agencies were considered. These were:

- a. Age Cymru – Factsheet 41w, “Social Care Assessments for Older People with Care Needs in Wales”;
- b. Carers Wales – “Assessments – a Guide to getting an Assessment in Wales from April 2016”;
- c. Alzheimer’s Society – “Assessment for Care and Support in Wales”.

15. Much of the information in these documents sets out the main duties under the Act, including eligibility criteria, support for carers, financial assessments and charging, Information Advice and Assistance, care planning, reviews and complaints. The documents also set out clearly what an individual can do to prepare for an assessment and what is likely to happen during an assessment. These documents can be made available to Members on request, as they are too long to be included with this report. Attached at Appendix A is an extract from the Age Cymru guide, which sets out in detail the “five main elements of the assessment process.

### **Overview of Cardiff Council’s systems and processes re assessment**

16. There has been significant work undertaken to ensure Cardiff Council systems and processes are designed to reflect the requirements of the Act and that staff are trained in the new approaches required. With regard to the assessment

process, **Appendix B** contains the flowchart used to explain the process to clients and carers and the flowcharts used by staff.

17. These flowcharts show that the Council is following the requirements of the Act with regard to Information, Advice and Assistance being offered at the first stage, with consideration given as to whether a proportionate or full needs assessment is required. In Cardiff, Information, Advice and Assistance is offered via the following routes:

- a. Website (Council and link to Dewis Cymru);
- b. Mobile App;
- c. Telephone (First Point of Contact);
- d. Face to Face contact.

18. There is a Service Level Agreement (SLA) in place between Adult Social Services and the Communities, Housing and Customer Services Directorate, for the First Point of Contact service, which sets out the elements and commitments to provide a consistent Information, Advice and Assistance service; this is attached at **Appendix C**. The aim of the First Point of Contact service is *'to provide a gateway to preventative services, enabling customers to receive an appropriate level of intervention before being referred to statutory services'*<sup>2</sup>

19. The First Point of Contact ensures staff have the 'what matters' conversation with customers, helping them to remain independent where possible. Staff can refer on to other preventative services and signpost to support available in the community or from other partners, such as Health and Third Sector organisations. Where appropriate, a proportionate assessment is completed by First Point of Contact officers. If a full assessment is required, the client will be referred onwards to receive an assessment by either a Social Work Assistant or Social Worker, depending on the complexity of the case, with a resultant Care and Support Plan.

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<sup>2</sup> Point 4.2, Appendix C

20. The SLA contains a diagramme showing the staffing structure, at Appendix 1 of **Appendix C**; this shows that ICF<sup>3</sup> funding is being used to provide 2 additional FTE social workers for 12 months. The SLA states that:

*'the First Point of Contact is comprised of appropriately trained and skilled Contact Officers with the support of co-located qualified Social Workers who, through working closely together, will process new enquiries, promoting the use of early intervention, community and third sector services where relevant to enable individuals to remain as independent as possible.'*<sup>4</sup>

21. Where appropriate, the First Point of Contact (FPOC) service can refer on to the wider Preventative Services in the Communities, Housing and Customer Services Directorate, which consists of seven teams:

- a. First Point of Contact
- b. Independent Living Service – visiting officer team
- c. Occupational Therapy
- d. Disabled Facilities Service
- e. Accommodation solutions/ Stepdown
- f. Day Opportunities team
- g. Joint Equipment Service.

22. The flowcharts at **Appendix B** show that cases are also signposted to other teams as appropriate, depending on the level of needs to be met, as follows

- a. Cases where the needs can be met through preventative services are referred on to the CRT (Community Resource Teams) or OT (Occupational Therapy Teams).
- b. Cases where the needs can only be met through a full care and support plan package are referred on to the appropriate social services team, depending on the presenting need.

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<sup>3</sup> Intermediate Care Fund

<sup>4</sup> Point 4.2, Appendix C



23. With regards to training, the regional implementation team has worked with external trainers and local authority ‘change champions’ to ensure that staff receive both awareness raising training sessions and bespoke training. The awareness raising training used the national training materials prepared by the Care Council for Wales<sup>5</sup> whilst the bespoke training used examples of local flowcharts and forms, including the new assessment tool. 193 practitioners attended the bespoke local training, over 23 half day sessions.

### **Information regarding clients and carers**

#### New clients - since the implementation of the Act

24. There have been 1,847 assessments of new adult service users under the auspices of the Act since April 2016, of which 1,484 were carried out by First Point of Contact and 363 were carried out via other routes, such as the learning disabilities team, mental health services for older people team or the emergency duty team.<sup>6</sup>

	<b>First Point Of Contact</b>	<b>Other Route</b>	<b>Total</b>
<b>18-64</b>	393	71	<b>464</b>
<b>65+</b>	1,068	292	<b>1,360</b>
<b>Not recorded</b>	23	0	<b>23</b>
<b>Total</b>	1,484	363	<b>1,847</b>

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<sup>5</sup> Principles in Practice, the resource for frontline workers on applying the principles of the Act has been made available on the Care Council for Wales’s website <http://www.ccwales.org.uk/learning-resources-1/principles-in-practice/>. It includes videos and case studies, to support the Social Services Well-being Act.

<sup>6</sup> Information provided by Adult Social Services

25. Attached at **Appendix D** is the scorecard report taken to the Preventative Services Board, which provides the following information on the 1,484 assessments which have gone through the First Point of Contact:
- a. The percentage where calls are resolved by the First Point of Contact team by provision of information and advice compared to the percentage where calls are referred on to Independent Living Visiting Officers or Adult Social Care;
  - b. The monthly referrals from First Point of Contact to the Independent Living Visiting Officers and the number of these passed on to Adult Social Care;
  - c. The monthly referrals for urgent Disabled Facilities Grant;
  - d. The monthly referrals from First Point of Contact to Adult Social Care;
  - e. The number of cases dealt with by Housing Resettlement Officers, broken into DTOC cases and Step Down;
  - f. New referrals to brokerage following assessment, broken into those referred by First Point of Contact and other referrals;
  - g. Domiciliary Care and Direct Payments to people over 65 years old who are in the following service user categories: Older People, Physical Disabilities and Mental Health Services for Older People; and
  - h. The average hours and average age for domiciliary care provision for service users over 65 years old.
26. This information shows that, since the introduction of the Act in April 2016, there has been: a steady increase in the percentage of new cases resolved by providing information and advice; an increase in the numbers of new cases referred to Independent Living Services Visiting Officers; a steady number of new cases referred to Adult Social Care; and a decrease in the number of new referrals from Adult Social Care to the brokerage team to commission a package of care, following contact with First Point of Contact. However, the overall number of brokerage referrals is increasing due to the number of referrals from routes other than the First Point of Contact.

## Trends in Adult Social Services clients

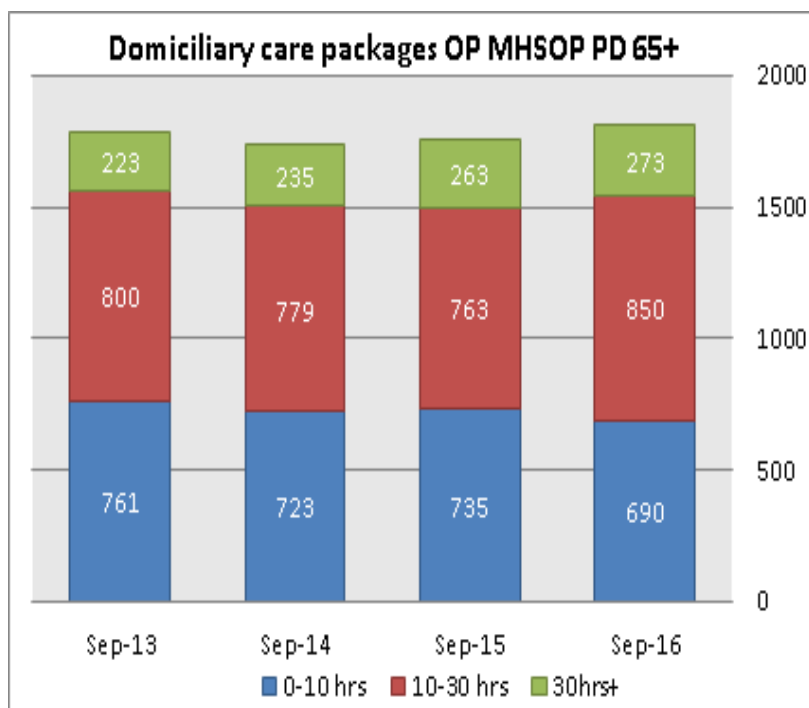
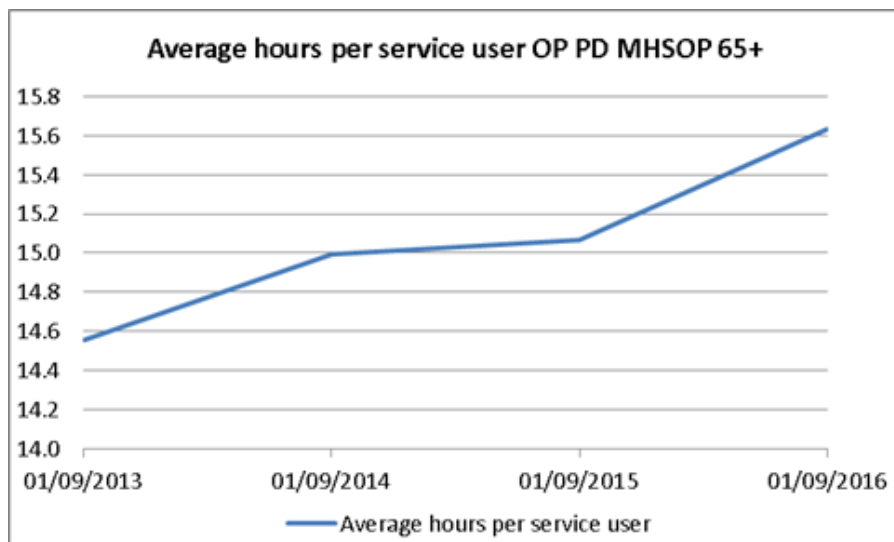
27. The total number of clients on Adult Social Services caseloads as at 31<sup>st</sup> March 2016 was 7,771. This has increased to 7,880 as at 26<sup>th</sup> September 2016 and is broken down into the following service user categories:

<b>Service User Category (as at 26/9/16)</b>	<b>Total</b>
Carer (Adult)	138
Learning Disability	1,159
Mental Health	1,299
Mental Health for Older People	39
Older People	3,757
Other	126
Physical Disability	1,275
Substance Misuse	87
<b>Total</b>	<b>7,880</b>

28. The table below shows the number of new service users each year who are over 65 years olds in the Older People, Physical Disabilities and Mental Health Services –Older People client groups. It shows a reduction between 2012 and 2015 in the number of new clients. It also shows their average age and the average hours and shows a reducing trend in the average hours, which has continued post- implementation of the Act.

<b>Dom Start Year 2</b>	<b>Count of Person ID</b>	<b>Average of Dom Start Age</b>	<b>Average of Hours</b>
2012	768	83.2	12.7
2013	774	83.4	11.7
2014	649	82.9	11.7
2015	666	83.0	11.0
2016 pre act	215	84.9	11.0
2016 post act	261	84.1	10.5

29. Adult Social Services has provided the following information with regard to the average hours of care for all service users, existing and new, who are over 65 years olds in the Older People, Physical Disabilities and Mental Health Services – Older People clients groups. Data includes both domiciliary care and direct payments and is as at the date on the x axis:



30. These graphs show that there has been a slight increase in the overall number of clients since September 2013 and that packages over ten hours are increasing,

with those over 30 hours also increasing. The average amount of hours has increased from just under 14.6 in September 2013 to just over 15.6 in September 2016.

Migrating existing cases to the new Act

31. Every client is entitled to an annual review. For cases due a review since the implementation of the Act, the Review Team is re-assessing based on the assessment processes of the Act, outlined above. The table below shows the position as at 26<sup>th</sup> September 2016 with regard to the status of Adult Social Services cases:

<b>Status</b>	<b>%</b>
Cases assessed using SSWB Act criteria	37%
Cases assessed using Integrated Assessment (introduced in 2014)	42%
Cases assessed using Unified Assessment (pre-2014)	19%
Cases currently awaiting assessment	2%

32. All of the above information, taken together, indicates that the First Point of Contact team is helping the Council to be compliant with the Act by making information, advice and assistance and preventative services accessible and is resolving a high proportion of cases before they reach adult social care. However, the high level of presenting needs results in a steady number of cases reaching adult social services that require care and support packages. As people live longer with growing complex needs, the need for more hours of care and support is increasing, which explains why the average hours for all clients are increasing overall even though the average hours for new service users is decreasing (for those who are over 65 years olds in the Older People, Physical Disabilities and Mental Health Services –Older People clients groups).

33. The above findings need to be considered within the context of managing the existing demographic growth in Cardiff, which has been one of the fastest growing cities in the U.K. in recent years, including an increasing number of older people. The fact that there has only been a slight increase in the number of cases requiring a care and support package during this time of growth indicates that demand is being managed. The projections for further demographic growth in Cardiff indicate the scale of the challenge facing the Council and its partners in continuing to manage demand:

**Projected demographic growth by client group<sup>7</sup>**

<b>Percentage Population Increase in Cardiff</b>	<b>5 years (to 2020)</b>	<b>15 years (to 2030)</b>
Total population aged 65+	<b>10%</b>	<b>39%</b>
Total population aged 85+	<b>12%</b>	<b>48%</b>
Population aged 18+ with a learning disability	<b>5%</b>	<b>18%</b>
Population aged 16+ with a mental disorder	<b>5%</b>	<b>18%</b>
Population aged 18+ with a limiting long term illness	<b>7%</b>	<b>26%</b>
Population aged 25-59 misusing drugs	<b>7%</b>	<b>16%</b>

**Carers**

34. There have been 264 carers' assessments since the introduction of the Act<sup>8</sup>. The total number of known carers as at 26<sup>th</sup> September 2016 is 3,007, of whom 138 are on the Adult Social Services caseload.

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<sup>7</sup> Information provided by Adult Social Services, taken from Adult Social Services Position Statement 2015/16

<sup>8</sup> Information provided by Adult Social Services 26 September 2016

## Locality Working

35. During the work programming discussions, Members expressed a wish to explore how the proposed locality working model, due to be piloted in Llanishen, would fit into the assessment process. The locality working model is focused on the following areas:

- a. Building and enhancing community resilience by working with the community to promote sustainable community groups;
- b. Supporting independence; and
- c. Reducing social isolation.

36. The first stage of the project is to map local services such as sheltered housing, hubs, day opportunities, home care and health services and build relationships with service providers in all sectors, with a view to maximising opportunities and activities for residents. The next stage is to identify where services can be delivered via mobile/ remote clinics in sheltered housing, hubs, or other potential venues for joint working, with the aim of sharing Health strategies for future wellbeing and delivering joint models. Running in tandem with these stages, the aim will be to provide locally based home care, with a focus on reablement to improve independence and wellbeing and linking people with their communities.

37. It is anticipated that the benefits of this process will be:

- a. Overcoming barriers to sharing information, within the local authority and Health
- b. Solutions are outcome focused
- c. More integrated working with Health
- d. Shared goals with Social Care, working in partnership to deliver services
- e. Better appreciation and understanding of roles across all sectors improving relationships and outcome
- f. Speedier access to health related services.

## **Overview of relevant assessment issues raised previously by CSSIW**

### **Inspectors**

38. In 2015, the CSSIW undertook two major reviews into Adult Social Care within Newport City Council and Powys County Council. Whilst these reviews were undertaken prior to the implementation of the Social Services and Wellbeing Act, they may give useful pointers into what is expected to be in place to deliver an effective adult social care system. In relation to the assessment process, some key findings were as follows:

- The need for few social services entry points, in order to ensure consistency in individuals' experiences regardless of which door they come through.
- Clearly defined pathways to avoid numerous handoffs, delays in assessments and reviews and a lack of continuity.
- Allocation of referrals should be based on who is best placed to assess the individual and not workforce capacity
- Documentation used should support an outcome focused way of working.
- Risk assessments, contingency planning and a positive risk enablement approach should feature in assessments.
- Carers' assessments should take place.

### **Way Forward**

39. At the meeting, Councillor Susan Elsmore, Cabinet Member for Health, Housing and Wellbeing may wish to make a statement. Members will have the opportunity to ask questions of the following officers regarding the assessment process and the locality working pilot:

- Tony Young – Director of Social Services
- Amanda Phillips – Assistant Director of Social Services – Adults
- Sarah McGill – Director of Communities, Housing and Customer Services
- Jane Thomas – Assistant Director of Communities and Housing.

40. As part of the scoping exercise for this scrutiny, Members identified that they particularly wished to ask questions on the following:

- a. What have been the strengths/pros of the new system?



- b. What have been the issues/weaknesses of transferring to new ways of working?
- c. How has the Council supported staff to new ways of working?
- d. What has been the impact of the new ways of working on service users, carers, families, advocates, partners and staff?
- e. What are the future plans/initiatives that will be put in place to continue to improve this work?
- f. How does the Locality Working Model (due to be piloted in Llanishen) fit into the above?

41. The following external witnesses have been contacted to invite them to contribute to the scrutiny discussion, either in writing or in person:

- o Bernard McDonald – Area Manager Cardiff, CSSIW
- o Simon Hatch – Director, Carers Trust Wales.

### **Legal Implications**

42. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

## **Financial Implications**

43. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

## **RECOMMENDATIONS**

The Committee is recommended to:

- I. Consider the information provided in the report, appendices and at the meeting
- II. Agree any comments and observations committee wishes to make to the Cabinet.

**DAVINA FIORE**

**Director of Governance and Legal Services**

29 September 2016