



ADSS Cymru

Yn arwain Gwasanaethau
Cymdeithasol yng Nghymru

Leading Social Services in Wales

ASSOCIATION OF DIRECTORS OF SOCIAL SERVICES CYMRU

Delivering Transformation Grant Programme 2018-19

REPORT ON INNOVATIVE FUNDING MODELS TO MEET SOCIAL CARE NEEDS

January 2019

Delivering Transformation Grant Programme 2018-19
INNOVATIVE FUNDING MODELS TO MEET SOCIAL CARE NEEDS

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Executive Summary

This Report from the Association of Directors of Social Services Cymru (ADSSC) has been produced as part of the Welsh Government's Delivering Transformation Grant programme for 2018/19. It covers the findings from the Work-stream on *Innovative Funding Models to Meet Social Care Needs*. The objectives for this work were agreed so as to develop a clear local government perspective on the challenges, demands and pressure points over the next 15 years that will impact on social care services; examine the practical content of a "social care promise" for the future and what new models of service will best enable effective, high quality services to be provided to people. This work was also expected to provide advice on how any additional resources for delivery from new funding models such as a social care levy or social care insurance fund could best be prioritised.

A clear methodology for the Work-stream was agreed following initial dialogue with Welsh Government and the Welsh Local Government Association and involved research and analysis of Regional Well-being plans and Councils Social Care Plans. An engagement programme was taken forward involving a small Leadership Group and a wider Workshop of stakeholders from across the sector. This helped shape a consultation paper that was issued widely for a period of four weeks for comment on the key issues outlined above. Analysis and synthesis of the responses was completed to inform the findings set out in this Report. Those involved in this process were made aware that the limited time available for completing this work meant it could only be regarded as formative in nature and would inform Welsh Government consultation in 2019.

The broader context for this work has been from Professor Gerald Holtham who has proposed a Wales Social Care Insurance Fund. His Report (June 2018) provides a comprehensive analysis of the economic case for his suggested approach and related options. The report concludes that "A reasonably moderate tax on incomes or increase in basic income tax could provide the funding required to alleviate social care concerns for the elderly". A Welsh Government Inter - Ministerial Group on the Funding of Social Care has been established to consider the future models of funding social care. This Work-stream – and this Report – explicitly do not consider funding models or the various options available, but do centre on demand, spending priorities and the "Social Care Promise" and will therefore also provide part of the solution for any workable funding model in future years.

In relation to the question "*What do you see as the main demands and pressures on all Social Care services in Wales over the next 5, 10 and 15 year-period?*" we found that the current and predicted pressures, particularly those arising from an ageing population, and the implications for the NHS, underscores the need for a robust funding model for social care in the future. We believe that there is an urgent need to develop a reliable model to align predictions of demand and supply with the investment of resources required to implement the vision for social care set out in *Healthier Wales*. This model will also need to be capable of longer-term service planning. It has been widely documented - and reiterated through our engagement and consultation - that Social Care in Wales faces a range of problematic issues and gaps in funding that need to be addressed. We consider that these deficits must be tackled as a priority and as a foundation for any programme of transformation and innovation for the next 15 years.

On the question of "*Over the next 5, 10 and 15 year-period what are the main trends in service requirements you anticipate and how do you think the types provision may change?*" we received a range of interesting and informative contributions about different emerging trends and changing requirements for people across the whole social care spectrum as well as related fields. However, the research and consultation were not able to identify with any clarity how and when and at what pace innovation and new technologies and changes in

service requirements will occur over the next 15 years. We believe that there is a need for better data-collection and research on emerging models and the changing requirements. There is a good case to develop a National Foresight Strategy and implementation programme that could be informed by the emerging Transformation Grant proposals.

In response to the question “*Over the next 5, 10 and 15 year-period what do you see as the priorities for any additional funding that may result from a social care levy in Wales?*” we have identified considerable need and a wide range of potential uses for funding raised via a social care levy. However, a “shopping list” approach would quickly dissipate the extra resources without achieving long term transformational change. There needs to be a strategic approach taken to this issue so that the added value for the public paying any levy is clear and undeniable. The estimates identified in the Holtham Report as the amount that could be raised by a social care levy is the best information available on additional growth monies that could be raised. The development of a demand and resourcing model as mentioned above would support work on this more complex task. Detailed modelling is required to assess what mixture of general taxation, council tax, charging and social care levy is required. By itself, a levy that raised from a 1% increase in income tax would yield £184m (disregarding behavioural effects) and would only fund 2 years of the costs of demography and workforce. The proceeds of any levy could be readily taken up in bridging the funding gaps but that a more strategic approach is needed. Shaping that strategic approach co-productively would in our view need to be the first step before applying any financial modelling.

We believe that the priorities for using any monies raised by a levy would be:

1. An Ageing Population - clear consistency between published ADSSC strategic objectives for Social Care and Health and the action to be included in the Framework for an Ageing Society being developed to deal with the implications of an ageing population, especially in relation to dementia and the growing numbers at 85 plus with complex needs.
2. The workforce – a range of actions to make social care across the sector an attractive career to ensure sustainable levels of recruitment and retention, particularly addressing the care sector as a “foundation sector”, national terms and conditions, adequate remuneration for social care workers and the “workforce for the future” with the skills to provide complex care in people’s own homes.
3. Prevention: A twin track approach which allows time and resource for preventative approaches to be developed and to become embedded while dealing with immediate demand. Additionally, i. a more developed preventative approach for children with a better range of community-based services to deal with complex needs including mental health and emotional support. ii. For older people - enabling people with complex physical and mental needs to be cared for at home for longer and with a wider range of accommodation options.
4. Service improvements – especially for carers given the predicted rise in the number of aged carers and in caring hours. Also addressing concerns about carers’ assessments and recognising the strong preventative impact of informal caring on the system.
5. Transformation and integration - further development of partnerships involving social services, primary and secondary care, housing, education, the third and independent sectors as appropriate at the locality level applying the design principles in of *A Healthier Wales*.

In relation to the question “*What are your ideas and proposals for the practical content of any “social care promise” in Wales?*” we received wide support for the concept and a number of suggested models to take forward. The outline of a “Social Care Promise” illustrated at paragraph 35 does we think provide a reasonable starting point in a debate on this issue. Our view is that from the outset there must be a strong commitment to provide the necessary support and resources to make a “promise” happen consistently across all parts

of the country. Any “promise” must have clearly defined benefits for all parts of the sector and take a balanced approach between the differing requirements. We consider that the concept of a “promise” must be further developed co-productively and with wide ranging engagement and be supported by a resourced associated Implementation Plan. As well as people using services, professionals, the workforce, providers and the third sector, it will be essential that there is early and meaningful engagement with the public using a variety of different methodologies and across all age groups including young people.

The workstream also examined innovative and transformative models of delivering integrated social care across other UK countries. 25 examples are summarised in the Report and general conclusions drawn. There is a clear requirement for innovation and transformation of social care in Wales and Workstream 2 will be reporting on that in due course. The examples of innovation gathered from elsewhere in the UK provide some useful information and potentially highlight how In Wales we could develop more consistent criteria for innovation and transformation and how these can be replicated and scaled up with investment. Additionally, developing an accessible database of innovatory practice in Social Care in Wales could be considered.

Although not published until later within this Work-stream’s timetable, the National Assembly for Wales Finance Committee’s Report into the Cost of Care for an Ageing Population provides a valuable contribution to this debate and is generally consistent with findings from our engagement and consultation. Local Government looks forward to working with Welsh Government and other partners on how these recommendations are followed up and implemented.

ADSSC were pleased to have undertaken this wide-ranging workstream that addresses some fundamental questions about the future of social care in Wales, and how it might be resourced and innovate to meet increasing pressures and changing requirements. This work has clearly been formative in nature and completed within a challenging time-scale. There would need to be further development of a number of the themes identified and conclusions reached in this Report before reliable policy decisions can be made. ADSSC and Local Government generally, look forward to working closely with Welsh Government as they lead the next stage of this important agenda which has significant implications for Society as well as people using and providing services.

Chapter 1: Introduction

1. The Delivering Transformation Grant programme for 2018/19 outlines three distinct but connected work streams that will provide additional leadership, strategic advice and capacity in responding to the ambition and challenges set out in the Welsh Government's Economic Strategy, *Prosperity for All*, together with *A Healthier Wales*. Both documents reference the opportunities for the wider social care network to engage with Government in addressing how services will develop and be resourced now and, in the future, responding to the needs of the people of Wales. The Work-stream that this Report covers is *Innovative Funding Models to Meet Social Care Needs*.
2. The context for implementation of this Work-stream stems from the introduction of the Social Services and Well-being (Wales) Act 2014 and its aims that these vital services should be transformed to meet the variety of macro-level challenges facing local government and others and recognising that "business as usual" is not an option. The Act provided new core principles for the delivery of care and support including: the active promotion of well-being, prevention and early intervention; person-centred care and support; citizen voice and control; promoting independence and resilience; improved safeguarding and integration and co-production of services through partnership.
3. The established objectives for the Work-stream are to seek to develop a clear local government perspective on the challenges, demands and pressure points over the next 15 years that will impact on social care services. They are also designed to examine the practical content of a "social care promise" for the future and what new models of service will best enable effective, high quality services to be provided to people. This work is also expected to provide advice on how any additional resources for delivery from new funding models such a social care levy or social care insurance fund could best be prioritised. The agreed objectives were:

Objective

To lead an exercise to gather evidence and present a considered view across Local Government on projected future pressures on social care, how local government would use the proceeds of any social care levy and the practical content of any resultant social care "promise".

This work will support delivery of the Welsh Government's *Prosperity for All* commitment "develop innovative funding models to ensure that funding is available in the future to meet social care needs". It will not become involved with the separate work on the options for and design of future funding models for social care.

Outcome

Advising Welsh Government on strategic issues, working with others to propose new national initiatives, and supporting the role of local government.

Supporting Activities

This work will:

- have a significant element of horizon scanning over a 15-year period, looking at both projected demand and how provision types may change over this period, examining models of delivery elsewhere to build an evidential base;
- engage colleagues across local government, academia, and a range of stakeholders;
- produce a report setting out the present and future challenges and how these might be met if a social care levy or other forms of new financial support/ innovative funding models were introduced.

Chapter 2: The Background and Context

4. The evidence tells us that demographic trends as well as the changing nature of our society will lead to the use of social care continuing to increase. Despite some protection, austerity has had a major impact on the level of social services budgets and the ability of authorities to respond over the last decade. During this period, Social Services in Wales has undergone a period of substantial reform as a new legislative framework has been introduced. Whilst the challenges currently facing the delivery of social services are significant, the questions that are posed in this Report are looking ahead 5, 10 and 15 years ahead at the demands and trends in services as well as the ambitions for change and improvement.
5. While the consideration of the introduction of a social care levy is still very much at its early stages, this Work-stream Programme considered the priorities for any additional funding that may result should a levy be introduced in the future. It explicitly did not consider the options for that levy or how a levy would operate. That will be the subject of work being taken forward by the Welsh Government's Inter-Ministerial Group on Paying for Social Care, who will engage separately on that in the future.
6. A particularly significant contribution to the debate on a social care levy has been made from Professor Gerald Holtham who has proposed a Wales Social Care Insurance Fund. His Report (June 2018) provides a comprehensive analysis of the economic case for his suggested approach and related options. The Report can be found at <https://gov.wales/about/cabinet/cabinetstatements/2018/payingforsocialcareholthamreport/?lang=en>

This work programme was also taken forward at the same time as the National Assembly for Wales' Finance Committee Enquiry into the Cost of Caring for an Ageing Population took evidence and reached its conclusions in Autumn 2018. The evidence submitted to the Enquiry can be found at:

<http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=20013&Opt=0>

7. Chapter 11 of this Report examines comments on the Report of the Inquiry published in October 2018 and its implications for Local Government The Inquiry's report is at <http://www.assembly.wales/laid%20documents/cr-ld11773/cr-ld11773-e.pdf>

Methodology for this Workstream

8. The main elements of the methodology for this work programme led by Giovanni Isingrini for ADSSC and supported by the ADSSC Business Unit were:
 - a position paper setting out the policy landscape and how the Work-stream will be taken forward that is discussed and agreed with Welsh Government and Welsh Local Government Association;
 - research and analysis of trends, the resource requirement for social care and the impact of demography and demand. This involves drawing from existing documentation including regional population needs assessments and Council's area social care plans and a range of other evidence
 - an engagement programme initiated by a small leadership group on 2 October 2018 and a wider workshop of social care organisations on 12 October 2018;
 - a consultation paper with key questions for engagement with local government and other key stakeholders (12 October to 9 November 2018);

- examination of innovative models of delivery elsewhere in the UK (Work-stream 2 is to cover Wales);
- synthesis of emerging evidence and recommendations from the NAW Finance Committee Report into Cost of Caring for an Ageing Population;
- production of a final report in consultation with the Welsh Local Government Association and Welsh Government.

Limitations on Report Findings

9. It is clear that the fundamental questions posed for this Work-stream have significant implications for local government and that this Report can only provide a starting point in that debate. There will need to be further research, analysis and engagement about these important issues over the coming months and years to be able to provide a more comprehensive and evidenced response. The main limitations on this Report and its findings are therefore:

- The overall timescale and capacity for the project
- The resources and time to undertake wider face to face engagement
- The capacity and time for local government and social care organisations to respond and address the detail of a complex project and set of questions.

It was made clear to those participating in the engagement programme that findings from this Work-stream would be of a formative nature and feed into fuller Welsh Government consultation during 2019.

Research and Analysis

10. The main findings from the research and analysis undertaken to support this Report can be summarised as:

i. Regional Plans and other Evidence

- From this analysis and examination of other research, the major issue is the predicted ageing population alongside the fall in Council budgets in Wales. The population of people aged 85 and over is expected to double by 2035.
- Professor Gerald Holtham (Paying for Social Care – independent report to the Welsh Government) estimates that by 2035 there will be a gap between demand and available resources of over 50 per cent of current spending for social care of the elderly.
- There are also some issues around the predicted care and support needs for children, although the data is not as strong. The numbers of looked after children have increased and mental health, bullying and self-harm are causing concern. The numbers of families with one adult and dependent children are predicted to increase.
- Projections for health, mental health and other important factors (family circumstance, smoking, alcohol consumption, obesity etc) are based on applying the current incidence to predicted population changes. For older people, where the population is predicted to rise, we can clearly see problems for the future. For younger adults and children many of these important factors are predicted to remain stable as population numbers are predicted to remain relatively stable. However, Population Needs Assessments provided circumstantial evidence for areas where more care and support may be

needed, particularly around the mental health of children, depression, anxiety, bullying, sexting, self-harming and obesity in children. Policy changes, new or changing health treatments and societal changes may lead to vastly different care and support needs for people than those predicted by simply applying current incidence to population projections.

- Local Authorities and Local Health Boards have together started looking at the care and support needs in their area against the services they have available. This is a requirement of the Social Services and Well-being (Wales) Act 2014 (SSWA) and is known as the Population Needs Assessment (PNA).
- They have also developed Regional Area Plans, which set out their regional and integrated priorities for the next five years in response to the issues and gaps identified in the PNAs. This is also required under the SSWA.
- Social Care Wales supported regions by providing a toolkit for the Regional Area Plans. It wasn't always clear from the plans what was an action/priority/objective. These seemed to be interchangeable in some plans. Clear actions were not set; these were generally statements of intent or signposts to other work, plans or strategies.
- Regional Area Plans identified common themes as priority areas for action alongside the core themes
 - Integration, including pooled funding
 - Workforce
 - Information Systems, including implementation of new Welsh Community Care Information System (WCCIS)
 - Information, Advice and Assistance, particularly for carers
 - Prevention
 - Access and transport, particularly in rural regions Powys and West Wales
 - Commissioning
 - Welsh Language
 - Strong and resilient community
 - Advocacy
- Whilst many individual projects, specific to regions, were noted as actions to address these priority areas, there is clearly scope for working together to develop strategies and actions to address these themes.

ii. Social Care Business Plans

- This summarises the second phase of analysis, looking at individual Local Authority social care plans to describe future plans, common and differing priorities and actions. It also looks at the link between social services plans and the Regional Area Plans.
- Individual Local Authorities need to plan their business to meet local needs, the areas identified in the Local Area Plan as well as Council priorities and National priorities.
- Local Authority planning documents are not statutory and exist in many and varied forms across the 22 Local Authorities. There is no recommended template for a Local Authority social care planning document.
- Common areas across Regional Area Plans and social services plans were
 - Safeguarding vulnerable people
 - Keeping people independent and within their own homes

- Strengthen families and provide family support
- Strengthen communities
- Keep people involved in the development of services
- Providing fully joined up care
- Ensure people can get the right advice at the right time
- Most plans also included workforce actions to support meeting these other aims. More training, and a reduction in sickness and turnover are key enablers to addressing social services priorities.
- Whilst prevention also featured heavily across the regional and Local Authority plans, Regional Area Plans mainly focussed on prevention as a way of achieving well-being outcomes for people who need care and support. Social Services plans took this further by identifying preventative action as a way of diverting or delaying the needs for social care services in order to make savings.
- Plans focus heavily on efficiency and savings. They set out actions which will result in savings and efficiencies for the Council. Efficiency was not set out as a priority in the Regional Area Plans. Social Services need to deliver the care and support needs for the future set out in their Regional Area Plans alongside Council pressure to make savings.

Greater detail about demands and pressures on social are given in the next Chapter of this report.

Chapter 3: Demands and Pressures on Services

11. This chapter draws from:

- the responses to our consultation exercises
- the analysis of Regional Care Plans
- the analysis social care plans
- the NAW Finance Committee's report (see Chapter 9 of this), Professor Holtham's Report "*Paying for Social Care*" and other published material some of which is also included in Annex C

The Local Government Perspective

12. This account of current and predicted pressures, particularly those arising from an ageing population, underscores the need for a robust funding model for social care in the future. We welcome the commitment given by the Welsh Government in evidence to the Finance Committee's enquiry to place funding for social care on a more sustainable footing.

13. The difficulties we found in finding information – other than at the headline level – about demands and pressures over the next 5, 10 and 15 years supports the case that Welsh Government should be looking to develop a reliable model to align predictions of demand and supply with the investment of resources required to implement the vision for social care set out in Healthier Wales. This model will also need to be capable of longer-term planning and identify and address the risks to implementing the transformation required – including barriers to shifting resources from acute services into the community.
14. The current pressures facing local government in delivering high quality social care to meet the requirements of the 2014 Act have been well documented over the last year and our engagement and consultation has reiterated the range of problematic issues and gaps in funding that need to be addressed. We consider that these deficits must be a priority for Welsh Government, Local Government and their partners to tackle together as a foundation for any programme of transformation and innovation for the next 15 years.

Findings

Social Services Budgets

15. Current pressures on social services budgets are well documented. Although Welsh social services budgets have been afforded some protection in recent years this has been insufficient to keep pace with rising demand and cost pressures. For example, while spending by local authorities on adult social services over the last 5 years has remained broadly flat in real terms spending per capita on older people has reduced by 13% in real terms. These pressures are felt across the social care system in all client groups and by local authorities, independent providers and by third sector organisations.
16. In joint written evidence to the NAW Finance Committee Inquiry into the Cost of Caring for an Ageing Population the WLGA and ADSSC refer to the findings of the Health Foundation report: *The Path to Sustainability: Funding projections for the NHS in Wales to 2019-20 and 2030-31*. We said then that the report

"recognises that the health of the population is depends on far more than the quality of health services and that key determinants of health lie outside the control of health services. Spending on social care has one of the strongest impacts on the demand for health care. It has been estimated that pressures on adult social care alone will rise by around 4.1% a year in real terms between 2015 and 2030-31 due

to demography, chronic conditions and rising costs. This will require the social care budget to almost double by 2030-31 to match demand.”

17. Chapter 9 of this report discusses the Finance Committee’s Report on its Inquiry which was published in October 2018.

What we know about potential future pressures from published data

18. The analysis undertaken to support this report provides details of current and predicted pressures on social care in Wales and summarises the actions which Regional Partnership Boards have in place. The main pressures identified from published data are outlined below.

Older People

While life expectancy has increased, healthy life expectancy has almost stalled meaning prolonged periods of chronic ill health. Currently:

- life expectancy for males is 78.3 years, healthy life expectancy is 65.3 years
- life expectancy for females is 82.3 years, healthy life expectancy is 66.7 years [n.b. These figures will vary significantly between different communities depending on their economic and social status]

The main challenges associated with an ageing population for health and social services can be summarised as:

- more people with chronic conditions including circulatory, respiratory diseases and cancer, greater incidence of dementia and other mental health problems
- higher levels of disability, mobility problems and frailty
- higher risk of falls
- greater risk of hospital admission
- more help needed with self-care tasks
- more people living on their own, loneliness and isolation

By 2035 it is predicted that:

- those over 65 unable to manage at least one self-care activity will rise by 46% - potentially another 120,000 people needing care and support
- older people with a long-term limiting illness will rise by 38%
- older people with dementia will increase by 64%

Children and Young people

- predicted rise from 795 to 1310 (28%) in the population of looked after children between 2007 and 2017. increase is due to abuse and neglect and, to a lesser extent, family dysfunction
- while the number of children in need has been broadly stable 2010-2016 there is wide variation across regions with some showing a marked increase
- the number of children with disabilities, long term conditions and moderate learning difficulty are expected to fall slightly or remain stable until 2035 mainly due to the predicted fall in the child population
- the number of dependent children is expected to rise up to 2035 due to the predicted rise in households with one parent

Mental Health

From 2017 to 2035 it is predicted that there will be:

- A 30,000 increase in the number of people with common mental health problems (+7%)
- an additional 14,000 people with 2 or more psychiatric disorders (+8%)

Learning disability

Between 2017 and 2035 the number of people with learning disabilities under 65 is expected to remain unchanged but with a predicted increase of 5,000 for those over 65 (+34%)

Carers Needing Support

Between 2017 and 2035:

- The number of carers under 65 is predicted to decrease
- Carers aged 65 -74 are predicted to increase by around 10%
- Carers aged 85+ are expected to double. This is accompanied with increases in the number of hours spent caring. Census data 2011 85+ carers increased 147% over the previous decade of UK average of 128%) Increases could be in part greater self-recognition as a carer particularly for those 60+ (Office of National Statistics)

What additionally the consultation told us about current and emerging pressures on social services

19. Consultation in the preparation of this report comprised discussions within a leadership group, a workshop involving a wider range of stakeholders including key third sector organisations, independent provider representation and regulators and a four-week written consultation exercise with local authorities, regional partnership boards and third sector organisations. Summarised below are key issues raised in the leadership group, the workshop and the written consultation.
20. Several of the written responses highlighted issues and numbers which feature in the summary of data above and are therefore not repeated below. A recurring theme was that resources simply have not kept pace with burgeoning demand across the piece.

Adults and Older People

- Longevity – more people living into their 90s and 100s – “understanding of the care and support demands of this group is uncharted territory”
- Growth in the cared-for population and demand for domiciliary and residential care
- Need for increasingly specialised services
- Increase in dementia referred to in one response as a “time bomb”
- People with chronic complex conditions and learning difficulties living longer
- People returning from hospital without adequate support in place resulting in multiple re-admissions (In and Out of Hospital – British Red Cross 2018)
- Gaps in community-based services and activities to support independence and community connectedness
- Lack of sufficient care and support in the community, particularly domiciliary care, resulting in higher demands on GPs and A&E
- People not being offered mobility equipment when they need it, risking injury and isolation
- Loneliness and isolation from multiple causes
- Fragility of residential care home and domiciliary care provision

Children and young people

- Some growth in numbers of looked after children and children on the child protection register; more resources/effort required safely to reduce the looked after population
- Growth in identification of children and young people whose needs cannot be met in the community; services formerly provided by youth and leisure services have been cut
- More effort required to improve and make child protection procedures more effective
- Increasing number of children who are victims of crime, especially cyber crime

- Increased demands on local authority resources from the judiciary and CAFCASS
- Shortage of foster placements; children placed without the benefit of matching leading to placement breakdown and more challenging behaviour
- More children identified with mental health, emotional and behavioural issues e.g. self-harm, eating disorders and attachment issues. Effects of bullying, isolation and loneliness and need for greater community-based support for emotional well being
- Major gaps in CAMHS services (Care Inspectorate Wales)
- Increasing demand from children and young people with learning difficulties and autistic spectrum disorders
- Public health and children and young people: benefits from higher environmental standards, improved diagnostics and screening and lower alcohol consumption, but increases in recreational drug use and childhood obesity

Carers

- Carers are likely to be increasingly in demand and under pressure but less available due to demographic change, changes in family structure and dispersion
- More flexible forms of support needed for carers
- Unmet need

Violence and Domestic Abuse

- Stronger links needed between domestic abuse and adult safeguarding
- More specialist services needed to meet demand
- Need for better and more available support for children and young people who witness domestic violence and abuse

Workforce

Responses tended to echo multiple concerns about the fragility of the social care workforce in Conclusions 7, 8 and 9 and Recommendation 5 of the NAW Finance Committee's Report into the Cost of Care for an Ageing Population (see Chapter 9 of this report) including the ageing workforce, the unattractiveness of the profession, low pay and conditions, competition from less stressful and better paid employment and fears about recruitment prospects post Brexit.

Other points made in the consultation:

- Unrealistically low price paid by commissioners for domiciliary care (minimum required £18.01 per hour against current Welsh average of £16.78 – UKHCA, before changes in National Living Wage announced in the 2018 Autumn Statement)
- high turnover of staff and difficulty in recruitment including also care home managers and nurses in the independent sector
- more complex needs and higher dependence in the community requiring more skill, longer visits, more double handling
- registration of care workers, while welcomed, may put off otherwise good care workers who are fearful of formal qualifications – important to combine with actions to make care an attractive career option
- the role of personal assistants (often paid for through direct payments) is neglected and they need access to a programme of up-skilling. Personal assistants were said to be vital to care leavers and the system is generally working well.

The Care Market

- additional wage cost pressures from national living wage, pension changes and the "sleeping in" judgment
- costs to residential care providers in meeting registration requirements for new builds and extensions

- need for a variety of housing options especially more extra care but local authorities should be careful about losing care home capacity in the face increased prevalence of frailty and dementia
- home care providers leaving the market, not bidding for contracts or returning contracts to local authorities. 13 of 22 local authorities report contracts being handed back. Particular difficulty of meeting home care need in rural areas

Other issues giving rise to pressures and demand

- Poverty and welfare benefit changes
- Public expectations

Chapter 4: Trends in Service Requirements and Provision Types

Introduction

21. There is reasonably strong evidence to support that over the next 15 years the requirements for social care services for different client groups, how those requirements are met and the shape and nature of services, will undergo some change. The consultation question below was designed to explore these likely changes in more details and in particular hear from those commissioning or providing services how and where they think these changes will occur and what will be the likely impacts.

“Over the next 5, 10 and 15 year-period what are the main trends in service requirements you anticipate and how do you think the types provision may change?”

Local Government Perspective

22. There is little doubt that innovation and new technologies will have an impact on how social care is provided in future years. However, the research available and the responses to this consultation were not able to clearly identify how and when and at what pace these changes will occur over the next 15 years. We believe that there is a need for better data/research on emerging models and the changing requirements of people using services. It is important that those providing and commissioning services are involved in and kept up to date about developments. This should also be supplemented by the sharing of verified good practice, and support for scaling up the best models across Wales. The development and piloting of new and emerging service models on a wider shared ownership of risks approach is needed. Transformation Grant proposals may provide the opportunity to test approaches across Wales but austerity and increasing service pressures have made it difficult to create the capacity and “space” to focus on these.
23. It is evident that a better resourcing model for identifying and investing in new services and requirements needs to be developed on a national basis to support Regional Partnerships and Councils. Given the lead times involved, there is a good case for a prioritised National Foresight Strategy and implementation programme to examine all of the issues highlighted in this Chapter. This could be informed by the emerging Transformation Grant proposals.
24. Whilst the emergence of co-operative models required under the 2014 Act have been given some emphasis there is a need to take a much more expansive approach if the aims of the legislation are to be made a reality and in particular if user-led co-operatives are to develop as a viable alternative approach. A strong national lead and development funding at regional and local levels is needed to support this agenda.
25. Whilst the framework of National focus - regional delivery – meeting local needs remains valid, there is still far too much inconsistency in delivery of social care across Wales and how it impacts on people. In looking ahead, there needs to be a concerted effort to ensure the “once for Wales” concept gains greater acceptance and that the service offer across regions aligns more consistently.

Research Evidence

26. The Parliamentary Review of Health and Social Care in Wales and the Welsh Government Strategy “A Healthier Wales” have set broad parameters for the future of social care in this country. There is also evidence from other recent publications about how generally innovation and transformation might be taken forward in social care.

Other research (e.g. SCIE) has also underlined the key messages about achieving the significant level of change to meet future requirements. This includes that local government has an important part to play in changing the culture and creating the conditions in which new local support initiatives and social enterprises can thrive. It has been contended that the care and support sector need transformational rather than transactional leaders to stimulate innovation and a range of new community-based providers by creating incentives to share or pool separate funding streams locally. The Kings Funds (July 2015) have produced a reading list of publications on Future Demands on Health and Social Care which provides a useful resource for considering this question

https://www.kingsfund.org.uk/sites/default/files/field/field_document/Library-reading-list-future-demands-on-health-and-social-care-Jul2015_0.pdf

Consultation

Findings from Leadership Group and from Stakeholder Workshop

- A different approach to the psychological and emotional well-being of young people is needed to move away from medical model of diagnosis and long waiting lists towards more local authority commissioned services
- greater support is required for independent living skills especially for people who have been in placements – there is a potential role here for schools and colleges
- Health is currently largely about ill health. There is a need to address public health issues such as obesity through social work and community- based services
- It cannot be assumed that communities and volunteers will simply step in to fill gaps – issues of continuity, confidence, responsibility and safety need to be considered. Often these will need to be commissioned services or delivered with local authority support/training
- The housing sector needs to be more actively engaged than at present in the dialogue about how social care is to be provided in the future so that housing and social care provision do not develop divergently. Examples are:
 - a shift from a housing homeless agenda towards a broader social care agenda around homelessness
 - link tackling loneliness to accommodation-based services
 - helping people to make the right life choices
- The mix between, domiciliary care, high and low needs residential care and extra care housing will vary by locality. Despite the trend towards more support at home and extra care there is likely to remain a need for low needs residential care and localities should be wary of divesting themselves of this provision particularly where domiciliary support is fragile.
- The impact of innovation and technology as well as meeting an agenda of personal outcomes would mean that the requirements for services and the types of services provided will change over the next 15 years. However, given the pace of technological development it is difficult to predict how such change will impact. We can reasonably expect more developments to help people look after themselves better, to maintain caring networks, more remote monitoring and improvements in diagnostics but there will still be a need for one on one care for those with greatest need. See also the section on New Technologies below.
- Dementia would be an area of significant change with population concerns rising, any “cure” getting nearer and hopefully the impact of dementia friendly communities having a positive effect.
- The priority of well-being would change services with emotional support increasing at an earlier age, more community led solutions, better ease of access and responses to isolation and loneliness
- Volunteers from the growing ageing population could have a big role to play if properly trained and supported but “a good career in care” needs to be the offer if home care for more is to be provided

- Children’s homes currently provided “out of county” must move closer to home if resources are to be controlled
- A model of rehabilitation and Occupational Therapy will be needed across all services
- Quality of Care will be a more significant factor in the services commissioned in future.

Prevention

A number of respondents highlighted the need for investment in preventive services in the community. Examples cited include adaptations/reablement in people’s homes; multidisciplinary teams to provide support in the community; social prescribing; assisted discharge schemes to ensure people are discharged fully supported and confident to prevent them re-admission to hospital; the provision of short-term wheelchairs and mobility aids; non-clinical interventions including mental health support, bereavement support, befriending for people unable to leave their home and carers support.

Transformation

Some respondents referred to the transformation that is said to be underway which is seeking to stem the flow of individuals into acute services and provide self-help, enabling individuals to become less reliant on services and for statutory partners to work with the third sector to develop asset-based communities. Other respondents questioned whether this direction of travel was achievable given the resources available and trends in the demography and incidence of complex needs or whether it would indeed be sufficient to meet people’s needs adequately.

Children’s Services

For children services different approaches are required to managing need and prevention of escalation of need as well as improved management of exits from the looked after children system.

Investment in psychological services to meet the current emotional health needs of all children and young people as well as those looked after and adopted were highlighted by a number of respondents. It is claimed that this could reduce spending on adult mental health care for future generations and provide better outcomes for children and young people.

Respondents suggested that a range of service developments are needed for the exit point for Looked After Children including recruiting more adopters, placing children as quickly as their needs allow and modernising the approach to contact between birth and adoptive families.

Workforce Development

The main contribution on this issue came from Social Care Wales whose comments covered:

- The changing nature of services through better integrated, outcome focused, strengths-based provision, placing a degree of responsibility on individuals, families and communities to support people to remain at home for as long as possible is an important cultural shift. It is a shift which is equally applicable to meeting the needs of children, adults with disabilities as well as older people. In the longer term this may provide a way to better use stretched budgets, but it does come with a cost through the change process. We believe this will include supporting cultural change for staff, individuals, their families and communities. In general terms this will require more flexible responses to the identification and responding to needs with

individuals, families and communities having greater control over what is provided and when and how it will be provided.

- A need to upskill and reskill many workers to work in this way including having better conversations this involves individual staff being supported and enabled to help individuals and families identify their strengths, resilience and the personal outcomes they want to achieve without recourse to bureaucratic procedures.
- There will be a need to ensure people (staff, individuals and families) know about the community resources in their area and that there is the community development, capacity and resilience to address this challenge.
- The need to professionalise the workforce is widely supported in the sector and the roll out of registration to social care workers is underway. There are major questions about our ability to identify the workforce for the future who will be skilled enough to provide complex care in people's own homes.
- The priority given to social and child care and mental health in **Prosperity for All** and those priorities in **A Healthier Wales**, is welcome but does not appear to be protecting the investment through economy or education and skills to our sector.
- The review of qualifications in the care sector is well underway led by Qualifications Wales. It provides an opportunity to ensure that the qualifications that staff complete are fit for purpose. This will bring qualifications that cover more ground, are more robust and have better quality assessments and this cost also need to be considered.

New Technologies

There was general support for the opportunities offered by new and expanding technologies and continuation and increase of their use that has been evident in recent years. The Economic Value of the Adult Social Care sector – Wales. Social Care Wales 2018 <https://www.ukri.org/innovation/industrial-strategy-challenge-fund/healthy-ageing/> highlighted that a number of new opportunities for the further development of technologies to support care and health are emerging and that “clusters” will be developing ‘demonstrators’, which will explore the impact by scaling up new products and services.

Integration

Respondents stressed that in the near future the need for services to work much more closely together, particularly health and social care and concepts of pooled/shared budgets need to be made to work across Wales. To deliver sustainable change and improvement there has to be progress on dealing with the “elephant in the room” of committing to shifting resources from acute services where possible to support the development of prevention and early intervention services.

Dementia

The challenges of dementia with an ageing population are significant and an improvement priority for the future that was raised by a number of respondents.

Care at Home

The trends of increasingly complex need, wage inflation and the significant recruitment and retention problems in the domiciliary care sector were raised by some respondents who identified clear risks to the sustainability and viability of complex care being delivered in people's homes. In its discussion paper on commissioning domiciliary care the IPC (2016) contend the current approach of driving down the price of services to maximise the amount of care a person gets at the lowest possible cost, is now widely recognised as “unsustainable as it threatens the existence of those providers who deliver local services and

particularly those in rural areas". A new and modernised approach to commissioning these vital services needs to be considered where that is not already happening.

Respondents suggested that it is likely that care needs will become more complicated as people live longer, often with multiple conditions or diminishing mobility. They contend this could require longer care visits or a greater number of care workers dealing with people with more complex needs. It is suggested that over the next decade, care packages will include more assistance with medication, and some tasks that may require the assistance of district nurses (and the associated pressure that this will put on NHS services.)

Housing

One respondent highlighted the need for development of "aspirational forms of supportive housing" (IPC, 2017) e.g. retirement homes, extra care housing and new models of supported living, capable of providing desirable and sustainable alternatives to the current delivery of complex care in people's homes. Others suggested:

- Development of co-operative models of support that help people increase their own well-being and build their resilience to cope with challenges
- Reduce use of B&B's for Vulnerable groups and appropriate accommodation which enables people to focus on building resilience
- Repurposing existing buildings in the community
- Develop clear accommodation model linked to positive pathway and de-escalation of need

Carers

- Respite is viewed by many as an important service, but in future more flexibility in the nature of respite offered is needed, to suit a wide variety of differing circumstances. Many carers are reluctant to use support or respite services as they do not trust the quality of the care provided. The Commissioner for Older People published an important report (2018) on respite care for people with dementia which has wider applicability for carers. Healthier Wales says Carers should be 4th arm of workforce. Some respondents dispute this and say carers do not perceive themselves in this way and that this approach would be wrong. There is also a danger that a social care levy will mean people don't start or give up caring as they would see it as something they have paid for directly.

Chapter 5: Priorities for Any Additional Funding

27. In the two consultation events and in the written consultation referred to in Chapter 2 we invited consultees to identify what they regard as priorities for any additional funding over the next 5-15 years that may result from a social care levy. The responses are summarised below.
28. The consultation paper prompted respondents to think in terms of how things might be different in future rather than simply doing more of the same. There was a wide range of ideas about the proceeds of any social care levy might be applied as summarised in the findings below.

The Local Government Perspective

29. This exercise has identified considerable need and a wide range of potential uses for funding raised via a levy. However, a “shopping list” approach would quickly dissipate the extra resources without achieving long term transformational change. There needs to be a strategic approach drawing upon some key themes in the pressures identified in Chapter 3 and consultees’ responses above.
30. We see the main ingredients of this approach being as set out below.

- **An Ageing Population**

As set out at Chapter 8, and our analysis of Regional Plans, there is considerable evidence about the impact on social care services from an ageing population in Wales – where we have the highest proportion of older people in the UK. Over the next 15 years the number of people over 85 in Wales will double with greater demand for care to address complex needs and dementia of particular relevance. Welsh Government has started to review its Strategy for Older People – Third Phase (2013) and is taking a rights-based and life-course approach. However, there needs to be a clear consistency between published ADSSC Strategic objectives for Social Care and Health and the action to be included in the Framework for an Ageing Society that is being developed to deal with the implications of an ageing population. This should be informed through dialogue with ADSSC, WLGA and NHS.

- **The Workforce**

Prosperity for All recognises the care sector as a “foundation sector” and as a major employer and economic sector in its own right. It commits the Welsh Government to raise the profile and status of social care workers.

Social care services are mostly staff intensive. Although technological advance may change some of the ways we work, this is likely to remain the case for at least the next 15 years particularly at the “sharp end” of residential and home care and specialist community-based services. It is vital that we invest in the workforce to ensure that services remain viable and, in particular;

- for care workers: decent rates of pay, comparable to healthcare workers in the NHS or with a guarantee of a lead over the Foundation Living Wage
- good training and development including cultural change to embed new ways of working
- career progression recognising increased skills and qualifications
- other action to attend to recruitment issues e.g. care home managers and nurses working in the independent sector

so that social care becomes an attractive career of choice with buoyant recruitment and retention

Social Care Wales is working with others on a workforce strategy and a national attraction, recruitment and retention campaign, but unless there is adequate long-term financial investment as outlined, we see little prospect that this will make a significant impact.

- **Prevention**

The Social Services and Well-being (Wales) Act 2014 Act requires us to give higher priority to prevention and early intervention. There have been some promising preventative approaches adopted, but often they rely on short term funding, are not developed to the point where they can be mainstreamed or are crowded out by acute demand with local authorities constantly firefighting.

Designing and implementing preventative approaches takes time and dedicated resource. A twin track approach which allows time and resource for preventative approaches to be developed and to become embedded while dealing with immediate demand offers the greatest prospect of success.

The prime candidates for a more developed preventative approach are:

- Children and young people: a better range of community-based services to deal with complex needs, mental health and emotional support and well-being transition from care, and into adulthood.
- Older people, enabling older people with dementia, complex physical and mental needs to remain at home for longer and developing the range of housing options available to them.

Both areas are highlighted in the Social Care section of *Prosperity for All*

- **Service Improvement**

Better support for **carers**. This is particularly important given the predicted rise in the number of aged carers and in caring hours. It also helps to meet the NAW Finance Committee's concerns about carers' assessments (see Chapter 9 of this report). This also has a strong preventative element as it helps the carer to continue with his/her caring responsibilities and prevents or delays both the carer and the cared for person entering the formal care system.

- **Transformation and Integration**

Further development of partnerships involving local authorities working across primary and secondary care and housing, education the voluntary sector and private sectors as appropriate at the locality level applying the design principles in of *A Healthier Wales*

- **Funding**

Social care budgets currently total £1.8bn and future pressures are expected to rise by 6% or £110m a year. Cumutively this would amount to £0.55 billion over 5 years. Detailed modelling is required to assess what mixture of general taxation, council tax, charging and social care levy is required. By itself, a levy that raised from a 1% increase in income tax would yield £184m (disregarding behavioural effects) and would only fund 2 years of the costs of demography and workforce. While income tax revenues are buoyant and forecast growth is 3.8%, it would yield an additional £7m a year in the future. Paragraph 29 suggests that all

the proceeds of any levy could be readily taken up in bridging the funding gaps but that a more strategic approach is needed. Shaping that strategic approach co-productively would in our view need to be the first step before applying any financial modelling. Discussions with the WLGA and through them Welsh Treasurers have not been able, at this stage, to identify a methodology to produce an indication of the scale of investment needed on the priorities for use of a social care levy.

Findings

Workforce

- Greater investment in the entire social care workforce whether in the public, private or third sectors and irrespective of the funding route
- Resources sufficient to attract, develop and retain a confident, skilled social care workforce that is an attractive career choice with opportunities for progression
- Supporting cultural change, positive risk taking (while meeting safeguarding requirements) staff being supported and enabled to help individuals and families to identify their strengths, resilience and the personal outcomes they wish to achieve without bureaucratic procedures
- Consider national terms and conditions to reduce competition for trained staff between different local authority areas and the NHS.
- Adequate remuneration for social care workers - either parity with healthcare workers or a guarantee of £X per week above the Real Living Wage promoted by the Living Wage Foundation
- Personal assistants paid for from direct payments to have access to a programme of upskilling

Early Intervention and prevention (across all age groups)

- Greater investment in early intervention/prevention across all client groups to divert people entering the social care system
- Further development and encouragement of community resilience/ services
- Transitional funding to allow a twin track approach to support existing acute social care services while more preventative services are being developed.
- pooled budgeting to be embraced and made to work to facilitate the shift of resources from acute services to prevention wherever possible
- greater effort to assess and attend to unmet need

Adults

- Better support for those living with multiple long-term conditions, considering the whole person's clinical and non-clinical needs requiring a move away from single condition pathways

Children

- A different approach to the psychological and emotional well-being of children and young people, moving away from a purely medical model (e.g. CAMHS, diagnosis, waiting lists) towards more community –based and local authority-commissioned services
- A framework of community and family supports to meet the emotional and physical needs of children and more integrated services that better meet the complex needs of children and young people with significant emotional and mental health needs

- Greater support for independent living skills especially for people who have been in placements
- Developing fledgling services that have started over the last 5 years and have potential for a bigger impact into full operation e.g. investment in services that allow children to leave the looked after system in ways that reduce the likelihood of re-entry
- Adopter recruitment programmes
- Developing adoption support services to take a more preventative approach – freeing resources to invest in other parts of the looked after system.
- Growing the services for looked after children who wait longest for adoption because of the complexity of their needs. e.g. “Adopting Together” providing bespoke recruitment where needed and enhanced transitional support
- A free legal telephone advice to parents to help avoid children entering the formal care system (see the Family Rights Service in England)

Carers

- a standard “offer” for family and friends’ carers across Wales
- more flexible support arrangements than currently available
- ensuring that carers’ assessments are carried out and carers’ rights under the 2014 Act are met.

Housing

- Stronger engagement of the housing sector so that housing and social care do not develop divergently. For example: a shift from just housing the homeless towards a broader social care agenda around homelessness

Technology

- Need for a strategy to keep abreast of developments and the potential for real-life applications where low cost, high impact can be achieved and to promote awareness and take up

Paying for Care

- *“Establishing an approach which ensures that no part of the public feels it inequitable in terms of contribution or the quality of care provided”* (Social Care Wales)
- Tackling unfairness and anomalies in the arrangements for charging for social care where support can depend on the route by which people enter the care system – should be a more level playing field between support for nursing/residential care and NHS Continuing Health Care
- Greater clarity about what individuals should pay for on a risk pool basis, ensuring that third party top ups comply with the code.

Charging for services presented a dilemma for consultees. There was some appetite for scrapping capital limits. Moreover, the complete absence of charging would simplify assessment processes and make it easier to integrate health and social care services and remove unfairness in the present arrangements. It could also be a popular selling point for the levy. People would see something immediately tangible in return for additional financial contributions.

On the other hand, there was concern that further reducing or abolishing charges could easily swallow up the entire proceeds from any levy and would do nothing to improve the range and quality of services and would increase demand as self-funders elect to join the local authority-funded system. It would also tend to benefit the relatively better off – those with good incomes or capital above the threshold. Moreover, unless charges were completely abolished there could be a public backlash if people felt that they had already paid for services they were now being charged for.

Efficiency

Respondents also raised some matters which, while not a priority for funding from any levy, would help to make the social care system more flexible and responsive and the available resources go further e.g.:

- Reduction in process, bureaucracy – particularly around assessment
- Reduction in the number of specific grants and short-term funding which can distort priorities, increase bureaucracy, work against effective planning and the embedding good practice
- Greater certainty over funding so that successful pilots can be grown and mainstreamed

Chapter 6: What does a “Social Care Promise” look like?

Introduction

31. The notion of a “Social Care Promise” was introduced by Professor G Holtham in his report Paying for Social Care (June 2018) when he suggested (page17)
“A levy on Welsh residents could provide resources that meant that gap could be closed; everyone could then be promised adequate social care in old age.”
32. Discussions with Welsh Government suggested a broader all age – cross sector approach was needed to ensure the concept was equitable and balanced and therefore the engagement process for this Work-stream took forward what can only be described as an “early debate” on this issue.

Local Government Perspective

33. ADDSC consider that the “Social Care Promise” illustrated at paragraph 35 provides a reasonable starting point in a debate on this issue. We are attracted by the concept of a “Social Care Promise” that paints a high-level picture of how social care will be transformed in Wales but on the basis that there is also the commitment to provide the necessary support and resources to make it happen consistently across all parts of the country. Any “promise” must have clearly defined benefits for all parts of the sector and take a balanced approach between the differing requirements. We consider that the concept of a “promise” must be developed co-productively and with wide ranging engagement but must also be considered in parallel with the stronger concepts currently emerging of “entitlements” and a rights-based approach to delivering high quality services.
34. ADSSC and WLGA are pleased to have undertaken this initial work on a “Social Care Promise” and look forward to working with Welsh Government to take forward this important debate on a wider basis. If the Promise is to become a reality then there also needs to be a clear National Implementation Plan to deliver the benefits with the necessary additional resources and over a defined (and not extensive) time period. ADSSC and local government more generally will be happy to contribute to the further work that will be required to progress this new and promising approach.

Findings

35. An initial high level “Social Care Promise” was set out for discussion at the Leadership Group and Stakeholder Workshop and included in the Consultation Paper. It was suggested that a “Social Care Promise” might include the following:

Service Users

- A new and sustainable model of funding social care that is fair, equitable, transparent and supports planning for future care costs. The model would need to interact with the current arrangements for charging for social care so that there is a smooth transition process to the new model that deals with inequities progressively.
- Services that allows personal outcomes to be achieved co-productively and promoting independence but ensures high quality person-centred care is available when needed;

Workforce

- A Workforce that has a sense of identity, worth and standing in society with shared values, putting service users at the heart of the system which always delivers high quality person-centred care and support when it is needed;
- An attractive and fairly remunerated career with a learning-based training and development system that supports workers to build on current skills, develop new skills and improve their abilities and confidence in providing person centred care and dealing with complex needs;

Providers

- A clear national strategic direction for social services and its sector segments that is refreshed to meet new and future requirements and is implemented with sufficient resources to support effective business and financial planning;
- Integrated and intelligent commissioning of services on a partnership basis between Councils/Health Boards and providers that results in a fair and quality-based system for determining rewards, promoting stability and sustainability across the sector;

Service Commissioners

- A new long-term, fair, sustainable and achievable model of funding social care that recognises and deals with the growth of demand, rising costs and increasing expectations for providing quality care and support immediately and over the coming decade.
- Infrastructure, workforce and sufficient funding to support individuals to achieve well-being and life outcomes, they choose regardless of age, through quality care and support, integrated with health services, housing and other council services and in partnership with the voluntary and private sectors on a co-productive basis

Findings from Leadership Group and Stakeholder Workshop

- The promises are about right and might be supplemented with harder-edged promises during further consultation
- This is the right approach rather than any entitlement-based promise
- The promise has to be one that all 22 local authorities can sign up to and operate in the same way
- Guaranteed long term funding must sit alongside the promise
- The promise would benefit from some overarching statement – perhaps something lifted from the Act
- There has to be greater clarity about what “integration” means in practice as it is used to mean a variety of different forms of service provision
- The “promise” needed to be linked to the 2014 Act but be value based and achieving the “Prosperity for All” commitment of Social Care as a driver for the economy for Wales

Key points from Consultation Responses

- There was general support for the proposed “social care promise” although use of language more accessible to people would be needed in further engagement;
- The “social care promise” should be based on a clear set of principles and be transparent about what people and communities can expect by way of services for

paying a levy. The responsibilities of each part of the sector needs to spelt out and there must be clarity about the funding model;

- A majority of respondents stressed that achieving a social care promise will need to convince the public of Wales – current services users and their families as well as the general population – so that they will be prepared to contribute to the costs of care by whatever means selected;
- A number of respondents suggested that any future ‘social care promise’ include clear statements of commitment to deliver and be consistent with the principles contained in the Social Services and well-being (Wales) Act 2014:

36. Other responses suggested different models to the one described above which were of a more general nature and were more focussed on people receiving services and did not include any reference to the workforce or organisations delivering social care

A succinct request from one respondent was for a social care promise:

- to focus on supporting people at home, ensuring their needs do not escalate hidden from view.
- people to know that they will receive the support that they need, when they need it, to feel safe and supported at home to live their best life.
- people to feel reassured that their clinical and non-clinical needs are equally considered and supported.

37. One respondent wanted to see clarity about what social care can do and therefore what it doesn't do so that we have a clear, transparent, equitable long-term operating model that:

- Ensures that citizens are safe, fully informed and kept up to date about their entitlements
- Offers flexibility, choice and an equal role for citizens in decision making about their care and support
- Allows for easier and swifter access to high quality services delivered by a competent, skilled workforce
- Is sufficiently resourced to meet the predicted needs of the current and future population in Wales
- Provides consistency in relation to access and provision of care and support services
- Is based upon improving quality and achieving measurable outcomes

38. A third sector organisation proposed that any social care promise should:

- Explain clearly to the public exactly how social care has been funded to date;
- Set out clearly and transparently how this will be different in future, including the whole basket of measures which will be necessary to fund social care in the future
- Set out clearly and transparently who is entitled to what levels of care, including: services free at the point of use; services for which there will be co-payments; services which must be paid for, and the role that means testing will play in access to different levels of service;
- Ensure that the governance regime is transparent and accountable, thus enable public scrutiny of the new social care funding system and its outcomes.

39. Social Care Wales presented a different model where they suggest the key themes which are likely to emerge when the views of individuals or carers are sought which will also will need to demonstrate added value to the communities in which people live:

Responsiveness – care and support which will be there as and when people need it

Accessibility –care and support which is accessible without undue bureaucracy and formality

Flexibility – care and support that will respond to the needs of individuals and their families rather than service or organisational needs and will enable individuals to meet their personal outcomes

Confidence – care and support that individuals and families can have confidence in both timeliness and quality

Skilful – care and support is delivered by individuals who bring knowledge, skills, competence and experience but deliver it sensitively and respectfully

Continuity –care and support that will seek to ensure that there is continuity of personnel where ever possible

Safety – care and support which individuals feel is safe

Chapter 7: Innovation in Social Care in the UK

Introduction

41. This Chapter reports on one objective of this Work-stream which is to examine models of social care delivery in the UK to build an evidential base. Work-stream 2 was tasked with looking specifically at innovatory practice in Wales. Their work to date is also summarised below.

Approach

42. This objective was undertaken through desk top research and analysis. The key search words used were 'innovation' 'transformation' 'good practice' 'effective' 'well-being' 'prevention' 'early intervention' 'social care' 'social services' 'older people' 'adult services' 'children and family' 'learning disability' 'physical disability' 'mental health' "carers.
43. Certain limitations were applied to the literature search to secure a manageable and realistic volume of evidence to match the capacity and time available to undertake the review. The inclusion criteria for selection of studies were that documents had to be in English. The reports, research and papers had to be obtainable in a timescale of 22-23 October 2018. For the purposes of this review, the papers were selected based on use of free access documents only and for ready comparison, examples from England, Scotland and Northern Ireland only. The earliest date for documents to be searched was 2012. The examples of innovation were either peer reviewed, independently assessed or from a reputable impartial source. From an original capture of 50 documents, 25 were selected for inclusion and analysis on the basis of geography, currency, relevance, spread of services and uniqueness.
44. The main examples emerged from specific "good practice database (SCIE, Inspectorates), Local Government and Health websites, academic articles, award schemes, third sector web sites. Each source had their own criteria for assessing what was innovatory or good practice.

Strategic Direction

45. The main strategic headlines that could be identified are most easily summarised by reference to these extracts from findings from three recent Reports:

Growing innovative models of health, care and support for adults

This Social Care Institute of Excellence publication (2018) summarised that:

Innovation is needed more than ever as our challenges grow. Innovation does not only mean technological breakthroughs or large restructures. New and better ways of delivering relationship-based care are needed, and already exist, but are inconsistently implemented or poorly scaled.

For innovation to flourish, we need to find better ways to help people bring good ideas from the margins into core business. The keys to success are:

- a shared ambition to 'embed person- and community-centred ways of working across the system, using the best available tools and evidence'
- co-production: planning with the people who have the greatest stake in our services
- from the beginning
- a new model of leadership which is collaborative and convening investment and commissioning approaches which transfer resources from low quality, low outcomes into approaches which work effectively

- effective outcomes monitoring and use of data to drive change a willingness to learn from experience.

SCIE – Creating the five-year forward view for social care (2017)

- Adult social care has repeatedly demonstrated its capacity for transformation: pioneering de-institutionalisation, personal budgets and more recently, asset-based approaches.
- Health and care systems will not provide good services that meet rising demand without realigning around people and communities.
- There are five areas where transformation needs to take place:
 1. Helping all people and families to stay well, connected to others and resilient when facing health or care needs.
 2. Supporting people and families who need help to carry on living well at home.
 3. Enabling people with support needs to do enjoyable and meaningful things during the day, or look for work.
 4. Developing new models of care for adults and older people who need support and a home in their community.
 5. Equipping people to regain independence following hospital or other forms of health care.
- If the sector scales up promising practice, economic modelling shows that outcomes can be improved and costs reduced.
- The sector needs to have difficult, challenging and creative local conversations involving people who use services and others, which create space to move forward together.
- Further research and economic modelling are needed on the promising practices to build a business case for proper and effective investment in social care

Kings Fund - Transformational change in health and care: Reports from the field (2018)

Extracts

“There is a tension in the current system between the time needed for transformation and the sense of urgency for it to happen. Therefore, two things are key:

- a strengthened focus on how we learn together as a health and care system, understanding and connecting efforts, and building from this rather than starting afresh. This requires time and support to build skills, relationships and confidence
- a form of leadership that is collaborative and distributed, bringing together people from disparate groups to harness their collective potential.

When organisations or services embark on transformational change there are often tensions between radical innovation and protecting people from harm; between pace of change and taking time to engage people fully; between focusing on frontline care now or the less ‘visible’ opportunity to prevent ill health in the future. Hence, there are questions about the scale of transformation and what ‘success’ looks like. Our stories imply that the answers lie

with communities and frontline staff. If that is the case, there is a need to reconsider who is leading and driving current transformational change.

Across our examples, transformations were sparked by people seeing and acting on local needs. The human motivation to make a difference was very powerful. Previous experiences of leaders, their access to broad networks of experts, and the skills to understand academic resources helped the 'sparks' to become 'flames'. More needs to be done to help people to nurture change sparks and bring about change.

The stories show the need to understand staff and create positive cultures that enable transformational change. Maintaining a focus on team members' motivation, which often draws on a desire to make meaningful improvements for patients, can be a source of personal joy. Our work on collective leadership shows the importance of developing cultures to support effective teamworking.

Transformational change in health and care requires our collective focus to address the areas highlighted in this report: to strengthen understanding and approaches, to create effective ways of dealing with the barriers, to unlock the tremendous human potential of staff and communities, to optimise the environment to ensure it supports them, and to foster the collaborative leadership that can bring about transformation."

Examples of Innovation

46. The table at Annex A provides a summary of each example of innovation selected, together with further reference details. In addition to the strategic level, the examples can be grouped into three main themes that are central to the implementation of the Social Services and Well-being (Wales) Act 2014:
 - Well-being
 - Prevention
 - Integration
47. Examining all the examples from the UK in the round, would suggest that the main areas that are important in creating change and innovation in the delivery of social care services include:
 - Creation of cooperative, mutual or social enterprise models to deliver social care with development support and wider piloting
 - Improving and preventing deterioration of the physical and/or mental health of carers
 - Integrating health, housing and social care to deliver effective services
 - Coordination and integration of responses to well-being duties
 - Placed based, people focussed, co-produced small services that can be readily scaled up
 - Place-based Approaches to Joint Planning, Resourcing and Delivery
 - Training and development and practice improvement
 - Community engagement as a means of improving health and well-being
 - Building a wider range of more impactful and available preventative services that fully involve the Voluntary Sector and people who use services
 - Give early consideration to commissioning implications of emerging new models of service

Findings

- Whilst the Parliamentary Review of Health and Social Care in Wales provided some high-level criteria for examining models of care, looking at the position elsewhere in the UK, it might be valuable if common criteria were drawn up for Wales to assess what an innovatory or good or promising example of practice looked like.
- There was limited clarity found about how the examples of innovation were further developed or if or how they were replicated or adapted for use elsewhere. Guidance and support for scaling up examples of practice that are clearly leading the way could be beneficially considered, alongside a co-ordination function such as a Change Team at regional or national level.
- Apart from the SCIE Database there was not a single comprehensive access point to obtain examples of innovatory practice in Social Care delivery. This made the job of finding, analysing and comparing the reasonable range of practice examples that had been verified, something of a challenge. If not already planned, this may be a facility that Social Care Wales could develop for the sector in Wales.

Examples of Innovation from Wales – Summary Position

Aim

48. Work stream 2 of the ADSS Cymru's 2018/19 Transformation Programme is focussing on *Innovative Care Delivery Models and Approaches* in the Community. This work stream is engaging with the Regional Implementation Leads, some local senior managers as well as national organisations to promote effective models of service delivery. It will identify new service developments that have been implemented on a local or regional basis to improve peoples' lives and make recommendations on whether and how these projects/approaches and models can be scaled up and rolled out more widely across the region or, implemented by other regions.

Methodology

49. There are seven Regional Implementation Leads in Wales whose remit is to manage the implementation of the Social Services and Well-being (Wales) Act, support the Regional Partnership Boards and promote fully integrated services across Health and Social Care. The lead officers for this work stream will meet with each of the Regional Implementation Leads to gain a full understanding of those projects/models/approaches that have applied some or all of the national design principles outlined in Healthier Wales. The key principles are scalable and transformative, respectively offering transferability and sustainability.
50. It is intended to work with project leads of successful projects/models/ approaches to develop guidance that could assist other localities/regions in understanding their potential transferability. This Guidance will set out the key characteristics of the projects and approaches, whilst lighting some of the local factors, e.g. having a lead who is innovative and creative with a 'can do' attitude and prepared to engage widely, and/or the length of time that has been given to changing culture to enable change to happen. This guidance will list the other factors necessary to deliver the project successfully elsewhere, as well as the potential barriers to easy transferability.
51. Other examples of successful projects/ models/ approaches will be explored with the Co-production Network Wales and others to identify opportunities for people to play an active and purposeful role in planning approaches and services where they have real

control over their own futures and so that the “national offer of involvement” can develop from people’s own efforts.

52. This work stream will also engage with the Bevan Academy and Swansea University on the Innovation Exemplar Programme to understand how this interesting approach to promoting innovative practice, mainly with its origins in NHS, can be applied more widely across the health and social care sector.
53. Further work will be carried out with Higher Education Institutions to explore training and development opportunities for people interested in working in social care and health to increase opportunities for building community resilience. The work stream will also make recommendations about qualifying programmes for a range of disciplines (e.g. social work, occupational therapy, medicine, nursing and physiotherapy) where shared learning and mutual understanding would lead to natural collaboration to bring about change through the development of professional practice. This element of the work stream will be delivered in consultation with Social Care Wales so that it complements the national workforce strategy in developing workforce skills to build resilient communities.

Progress to date

54. It is essential that we have the right information to determine which projects/models/approaches are scalable and transformative and can be best adapted and rolled out more widely across localities and regions. As we gather more data it is clear that this is not straightforward and what works well in one location may not be easily replicated across regions. We are still at the research, intelligence and data gathering stage and fully immersed in engaging with the project leads identified by the Regional Implementation Leads, the Bevan Commission, Social Care Wales, Co-production Network for Wales, the Housing LIN and Higher Education Institutions. Annex B contains further information on the projects/models/approaches being explored in more detail. These give an indication of what is working well in different regions, without being exhaustive, as new projects/models/approaches continue to emerge. We will select those projects/models/approaches that are most scalable and transformative with a view to developing guidance that promotes their transferability elsewhere.

Next Steps

- Continue to research projects/models/approaches that are scalable and transformative
- Determine which projects/models/approaches best lend themselves to wider application and what are the key features that make them successful
- Develop guidance/templates/ crib notes on what is needed to replicate this success in other localities or to scale up if practicable across a region or nationally.
- Further explore the work of the national organisations, such as the Bevan Commission, Housing LIN, Co- production Network for Wales and Higher Education Institutions to identify other projects/approaches/models that have potential for wider adoption, without ignoring the other factors that will contribute towards the cultural changes in the workforce and the wider environment promoted and expected in the Social Services and Well-Being Act, the Well-Being of Future Generations Act and A Healthier Wales.

Chapter 8: The National Assembly for Wales Finance Committee's Report into the Cost of Care for an Ageing Population

The Report

55. The Committee published its report on 12th October 2018 and we refer to it earlier in this report. The Committee's report reviews data and various other reports which relate to the cost of an ageing population as well as written and oral evidence from a range of organisations including joint evidence submitted by WLGA and ADSSC. The Committee examined in particular:

- patterns in demand for social care
- financial pressures on the social care system (which we refer to in Chapter 3 of this report)
- the financial impact of current UK and WG policies and legislation
- future care needs and related costs
- the financial levers available to WG to reform the funding of social care
- the findings of the *Parliamentary Review*

56. The report reaches a series of conclusions and makes a number of recommendations for moving forward. In outline, and of most direct relevance to the ground covered in our report, are:

- **Conclusion 1 and Recommendation 1:** the need for better data, a more solid evidence base and more targeted research to improve projections about future demand, unmet need and the interrelationship between better delivery of care for older people and the prevention of longer-term pressures on the NHS
- **Conclusion 2:** the important role of non-statutory services provided by local government to the well-being of older people and how reductions in local government spending on these services can impact disproportionately on other services including the NHS
- **Recommendation 2:** A review of carers' assessments to evaluate the extent to which the intentions of the 2014 Act to strengthen and support is being achieved in practice
- **Conclusion 4 and Recommendation 3:** lack of public understanding about how adult social care is paid for and concern that additional funding has been insufficient to cover lost revenue from improvements to the charging regimes. The need to monitor the funding provided to local government to ensure that it fully reflects changes to charging
- **Conclusions 7, 8 and 9 and Recommendation 5:** Multiple concerns about the fragility of the social care workforce including:
 - the need for sufficient, dedicated, trained staff to provide care and ensure that older vulnerable people can live dignified, fulfilled lives
 - the high proportion of social care staff who are themselves nearing retirement, reliance on staff from abroad and uncertainties over recruitment of staff post Brexit
 - the need for action to improve workforce planning and to prioritise a strategy to make social care as an attractive career option to recruit and retain staff. The work should be seen as on a par with working conditions for staff in the NHS

- **Conclusion 10 and Recommendations 7 and 8:** The need:
 - for a “national conversation” about the standards of care the public wants and what they can expect in return for additional contributions
 - to justify how any additional funds raised will be used and will be able to make a difference before the additional funds are raised

The Report’s Implications for Local Government

57. The Finance Committee’s report emerged after our consultation process for this report had started and is not referred to specifically in the responses we received. Nonetheless, the analysis in the report which we draw upon in earlier chapters and the foregoing conclusions do broadly support the actions and priorities which we highlight in Chapters 3 and 5 of this report insofar as these relate to the needs of older people.
58. We welcome the fact that action is already in train on a number of fronts including:
- The work of the Inter-Ministerial Group with broad terms of reference which include, among others,
 - how the UK Government, the social care sector, and the general public should be engaged in a dialogue about the potential of any social care fund
 - raising awareness of the current system of funding social care including the charging arrangements
 - funding of identified priorities including the contribution to the debate of this report and a commissioned Healthier Wales analysis of future health and social care spending
 - future sector investment required to sustain the social care sector
 - On the workforce:
 - The commitment by the Minister for Children and Social Care to “*raising the profile of social care workers so that social care becomes a positive career choice where people are valued and supported*”
 - Action already taken to help with some of the pressures arising from increases to the minimum wage and action around contracted hours
 - The work being undertaken by Social Care Wales is tasked to develop a social care workforce strategy.

Chapter 9: Conclusions

59. This Work Stream had the objective to lead an exercise to gather evidence and present a considered view across Local Government on projected future pressures on social care, changing requirements, use of proceeds of any social care levy and the practical content of any resultant social care “promise”. This was undertaken in consultation with wider stakeholders from across the sector. Research and analysis were also undertaken to support the evidence gathering process. The main conclusions that can be drawn from the detailed response given in each Chapter of this Report are:
- I. current and predicted pressures, particularly those arising from an ageing population, underscores the need for a robust funding model for social care in the future.
 - II. there is an urgent need to develop a reliable model to align predictions of demand and supply with the investment of resources required to implement the vision for social care set out in Healthier Wales. This model will also need to be capable of longer-term service planning.

- III. It has been widely documented - and reiterated through our engagement and consultation – that Social Care in Wales faces a range of problematic issues and gaps in funding that need to be addressed. We consider that these deficits must be tackled as a priority and as a foundation for any programme of transformation and innovation for the next 15 years.
- IV. The research and consultation were not able to identify with any clarity how and when and at what pace innovation and new technologies and changes in service requirements will occur over the next 15 years. We believe that there is a need for better data/research on emerging models and the changing requirements. There is a good case to develop a National Foresight Strategy and implementation programme.
- V. We have identified considerable need and a wide range of potential uses for funding raised via a social care levy. However, a “shopping list” approach would quickly dissipate the extra resources without achieving long term transformational change. There needs to be a strategic approach taken to this issue.
- VI. The estimates identified in the Holtham Report as the amount that could be raised by a social care levy is the best information available on additional growth monies that could be raised. We believe that the priorities for using any monies raised by a levy would be i. ageing population ii. workforce iii. prevention (including children and older people) iv. service improvement v. transformation and innovation. It would need further more detailed work to be able to estimate the distribution of resources required between these priorities.
- VII. Social care budgets currently total £1.8bn and future pressures are expected to rise by 6% a year. Detailed modelling is required to assess what mixture of general taxation, council tax and social care levy is required. By itself, a levy that raised from a 1% increase in income tax would yield £184m (disregarding behavioural effects) and would only fund 2 years of the costs of demography and workforce. While income tax revenues are buoyant and forecast growth is 3.8%, it would yield an additional £7m a year in the future. Paragraph 29 suggests that all the proceeds of any levy could be readily taken up in bridging the funding gaps but that a more strategic approach is needed. Shaping that strategic approach co-productively would in our view need to be the first step before applying any financial modelling.
- VIII. There is undoubtedly a need for further investment in Children’s Services and the benefits that would bring for the future. Given the social care levy model is heavily weighted towards payment by older generations, they would expect to see the benefits and have an expectation of a reliable care system they can depend upon. The consideration of future resourcing of Children’s Services therefore must be given serious consideration even if that is outside of the debate about a levy.
- IX. The “Social Care Promise” illustrated at the paragraph 35 provides a reasonable starting point in a debate on this issue. There must be the commitment to provide the necessary support and resources to make it happen consistently across all parts of the country. Any “promise” must have clearly defined benefits for all parts of the sector and take a balanced approach between the differing requirements. We consider that the concept of a “promise” must be developed co-productively and with wide ranging engagement, led by Welsh Government and with an associated

Implementation Plan. As well as people using services, professionals, the workforce, providers and the third sector, it will be essential that there is early and meaningful engagement with the public using a variety of different methodologies and across all age groups including young people.

- X. There is a clear requirement for innovation and transformation of social care in Wales and Work-stream 2 will be reporting on that in due course. The examples of innovation gathered from elsewhere in the UK provide useful information and potentially highlights how In Wales we could look to develop more consistent criteria for innovation that can be replicated and scaled up. Additionally, developing an accessible database of innovatory practice in Social Care in Wales could be considered.
- XI. The National Assembly for Wales Finance Committee's Report into the Cost of Care for an Ageing Population provides a valuable contribution to this debate and is generally consistent with findings from our engagement and consultation. Local Government looks forward to working with Welsh Government and other partners on how these recommendations are followed up and implemented.
- XII. ADSSC were pleased to have undertaken this wide-ranging Work-stream that addresses some fundamental questions about the future of social care in Wales, and how it might be resourced and innovate to meet increasing pressures and changing requirements. This work has clearly been formative in nature and completed within a challenging time-scale. There would need to be further development work on a number of the themes identified and conclusions reached in this Report before reliable policy decisions can be made. ADSSC and Local Government generally look forward to working closely with Welsh Government as they lead the next stage of this important agenda which has significant implications for Society as well as people using and providing services.

Association of Directors of Social Services Cymru
c/o ADSS Business Unit
Ty Antur
Abercynon
Rhondda Cynon-Taf

Web/Gwefan: www.adsscymru.org.uk

Phone/Ffon: 01443 742641

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Annex A

ANALYSIS OF EXAMPLES OF INNOVATORY PRACTICE IN SOCIAL CARE – ENGLAND, SCOTLAND AND NORTHERN IRELAND

Service Area/ Theme	Title	Summary		
All Adult Services Strategic	Growing innovative models of health, social care and support for adults SCIE (2018)	Often small-scale models of health, social care and support for adults could be scaled up to benefit as many people as possible. The challenge is to make scaling up successful	<ul style="list-style-type: none"> • People’s health, care and support shaped through strength-based conversations • Services are co-produced with the people whose lives they touch • A flourishing range of community assets and peer networks • Neighbourhood-based multidisciplinary and integrated teams, working with communities • Budgets are devolved as far as possible • A thriving and sustainable voluntary, community and social enterprise sector, • Multi-use community resources 	https://www.scie.org.uk/future-of-care/adults
All Adult Services Strategic	Creating the five year forward view for social care SCIE (2017)	This paper explores the potential for scaling up the most promising examples of care, support and community health services	<ul style="list-style-type: none"> • Helping people and families to stay well, connected to others, and resilient • Help to remain living at home when facing health or care needs. • Local Area Coordination • Community Connectors • Social prescriptions • Community Agents provides advice and support to older people and vulnerable adults • low-level support to day-to-day living and utilising asset-based resources • reablement services 	https://www.scie.org.uk/future-of-care/total-transformation/

<p>Health and Social Care Strategic</p>	<p>Transformational change in health and care: Reports from the field Kings Fund - (2018)</p>	<p>Transformation is multi-layered, messy, fluid and emergent. It is not just about changing how a service operates, but also about shifting mindsets, changing relationships and re-distributing power.</p>	<p>Transformation is best brought about ‘from within’ rather than through targets and performance management and other external stimuli. Themes to address:</p> <ul style="list-style-type: none"> • Widening our definition • An organic approach centred around a core purpose • The time, skills and learning focus needed for transformation • Overcoming inertia – creating a receptive context • The concept of power old and new • Maintaining dual focus – current and future • The power of communities 	<p>https://www.kingsfund.org.uk/sites/default/files/2018-05/Transformational_change_Kings_Fund_May_2018_0.pdf</p>
<p>Social Care Strategic</p>	<p>Social Care as an Economic Solution for the West Midlands New Economics Foundation 2017</p>	<p>The West Midlands, Council have an ambition to see a far greater provision of public services – including but not limited to care – from cooperative, mutual or social enterprise models.</p>	<p>Delivering on this means:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Setting priorities for more small-scale enterprises in economic planning <input type="checkbox"/> Targeting skills provision and business support to help them thrive <input type="checkbox"/> Levelling the playing field for contracts so they can compete <input type="checkbox"/> The targeted promotion and marketing of careers in key public services 	<p>https://neweconomics.org/uploads/files/West-Midlands-Social-Care-report.pdf</p>
<p>All Service Well-being</p>	<p>Well-being Our Way – Creating Communities of Practice at National. Local and Place -based levels National Voices 2017</p>	<p>Communities of practice brought together people from charities and community organisations, alongside those with direct experience of</p>	<ul style="list-style-type: none"> • A better understanding of the limits of national policy-making. • Communities of practice, participants increased their knowledge, skills, confidence and motivation to make person-centred changes. • Well-being Our Way has helped us see more clearly our role not only in shaping policy but in improving practice. 	<p>https://www.nationalvoices.org.uk/sites/default/files/public/publications/enabling_change_through_communities_of_practice_0.pdf</p>

		using health and care services.		
Carers Well-being	Carers Leeds Health and Well-being Programme Evaluation Leeds Beckett University 2017	The evaluation had two aims: I. To gain an understanding of the experiences of individual service users engaged in the Health and Well-being programme and its impacts on their health and well-being. II. To provide training and support to the Carers Leeds staff to enable capacity building for future self-evaluation.	Health and well-being were defined as improving the physical and/or mental health of carers by tackling a broad spectrum of health issues and determinants The referral pathway was developing and establishing the most efficient and effective ways to manage referrals but some confusion in the current referral pathway and need to establish 'smoother' processes were identified. Demonstrated the ability of the programme to establish and begin to tackle some of the root causes of ill-health that may have otherwise gone unnoticed A range of tools were utilised by the Carers Leeds team to document changes to the health and well-being of carers engaging with the programme. Capturing less tangible (qualitative) outcomes was viewed as much more challenging	https://www.carersleeds.org.uk/wp-content/uploads/2016/02/Carers-Leeds-report-FINAL-.pdf
All Services Integration/Well-being	"It was the whole picture" a mixed methods study of successful components in an integrated wellness service in North East England BMC Health Services Research (2018)	Findings suggest that integrated wellness services work by addressing the social determinants of health and respond to multiple complex health and social concerns rather than single issues. The paper identifies examples of 'active ingredients at the heart	An integrated wellness service that offers a holistic approach was valued by service users and allowed them to address complex issues simultaneously. Few of the reported health gains were captured in routine data. Quantitative and qualitative data each offered a partial view of how effectively services were working.	https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3007-z

		<p>of the programme, such as sustained relationships, peer support and confidence building, as well as the activities through which changes take place, such as sports and leisure opportunities which in turn encourage social interaction. Wider well-being outcomes, including reduced social isolation and increased self-efficacy are also reported. Fully integrated wellness services could support progression opportunities through volunteering and mentoring.</p>		
Older People Integration	<p>Integrating health, housing and social care to promote older people's mental well-being and ability to live well at home</p> <p>Kings College 2017</p>	<p>Study could not find any definitive UK intervention studies in which health, housing and social care worked together in a three-way collaborative relationship to improve older people's mental</p>	<ul style="list-style-type: none"> • Case Studies: • Intervention studies - Catch 22 • Social prescribing pilot study • Creating new 'institutional logics. • Mis(managing) mental well-being in front line housing practice • The levers of integration in front line practice 	<p>https://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2016/reports/Fendt-Newlin-et-al-2016-Living-well-in-old-age.pdf</p>

		Well-being and ability to live well at home.		
Children and Families Prevention	A Study of Health and Social Care Professionals' Family Focused Practice with Parents who have Mental Illness, their Children and Families in Northern Ireland Queens University Belfast 2018	This Report is the final part of a three- stage study that examines interventions which attempt to identify and address the needs of parents and children in relation to child welfare and parental mental illness. Early intervention to promote family functioning is also a key component.	Major differences were noted with respect to service, work setting, discipline and own parenting experience between adult mental health and other services Two global themes emerged from the interviews and were conceptualised as (1) the nature and scope of HSC professionals' Family Focussed Practice and (2) HSC professionals' capacity to engage in FFP	www.cypsp.hscni.net/wp-content/uploads/2018/05/Think-Family-Technical-Report-27.2.18-Final-Final.pdf
Mental Health Prevention/well-being	A Journey from Service User to Citizen Coventry City Council 2017	This paper describes how Lamb Street changed from a day centre for people with severe mental illness into the Pod – a place for social brokerage and a catalyst for social change. It is a transformation, built on positive risk-taking, that has delivered wider benefits across Coventry.	The service focuses on the recovery model and believes that: <ul style="list-style-type: none"> • People can develop personal resilience and manage their mental health and well-being. • Accessing support from the Pod is a step on the individual's recovery journey and not the end destination. • People have the right to be included and the right to regain their place in the community and access universal opportunities such as training, education and employment. • People should be able to exercise choice and control and opportunities should be explored to improve choice and control. • People have the right to design and manage their own package of support and that to facilitate this, advice, information and support should be available. 	https://www.thinklocalactpersonal.org.uk/assets/Resources/FromServiceUserToCitizen1.pdf

Older People Prevention	The Home-share Partnership Programme - Evaluation May 2018	Home share brings together older people and others who need support to stay in their homes, known as householders , with young people and others, known as home sharers , who provide companionship and ten hours per week of low-level practical support in return for an affordable place to live.	Benefits include: <ul style="list-style-type: none"> • reduced loneliness and improved well-being, especially mental health. There was also reduced use of secondary health care and social care services; • intergenerational relationships and learning, including culinary skills, language skills and IT skills; some older people were enabled to shop online and communicate with friends and family further away; • Home sharers were able to live affordably in locations they may otherwise be unable to access; • Householders were enabled to maintain independence in their own homes 	https://www.scie.org.uk/prevention/connecting/homesharepilot
Carers Prevention	Improving Outcomes for Carers via GP Surgeries: Implications for Commissioners IPC Carers Bucks 2017	This paper reports on a pilot project, which sought to help GPs identify previously unknown carers and improve the carer experience and well-being outcomes by offering carers a free health and well-being check with a carer support worker	Carers Bucks ran carers' clinics by placing a carer support worker from Carers Bucks in GP surgeries in the Amersham and Chesham locality. The carer clinics had two elements: a health MOT and a discussion using the Carers Star aimed at providing information, advice and guidance on caring. A healthcare assistant conducted the health MOT and any health issues were referred to the GP. The carer support worker then spent some time talking through the Carers Star. This included discussing options for improving the outcomes in areas the carer was struggling and providing information, guidance and support that might help.	https://ipc.brookes.ac.uk/publications/Improving_Outcomes_for_Carers_GP_Clinics.pdf
All services Well-being	Community engagement: improving health and well-being	The quality standard is expected to contribute to improvements in the following outcomes:	Quality statements <ul style="list-style-type: none"> • Statement 1 Members of the local community are involved in setting priorities for health and well-being initiatives. 	nice.org.uk/guidance/qs148

	NICE 2017	health and well-being of the community reducing health inequalities locally community involvement in planning, designing, developing, delivering and evaluating local initiatives to improve health and well-being and reduce health inequalities improved self-confidence, self-esteem, social networks and social support among involved communities	<ul style="list-style-type: none"> • Statement 2 Members of the local community are involved in monitoring and evaluating health and well-being initiatives as soon as the priorities are agreed. • Statement 3 Members of the local community are involved in identifying the skills, knowledge, networks, relationships and facilities available to health and well-being initiatives. • Statement 4 Members of the local community are actively recruited to take on peer and lay roles for health and well-being initiatives. 	
All services Integration	Joint review of partnerships and investment in voluntary, community and social enterprise organisations in the health and care sector	A review of wider funding and partnerships between health and care agencies and the VCSE sector across England which would focus on three areas: defining, achieving, and demonstrating impact; building capacity and staying sustainable; promoting equality and addressing health inequalities	<p>Recommendations include:</p> <ul style="list-style-type: none"> • The Health and care commissioners should, by default, use the simplest possible funding mechanism • Moving away from short-term pilot funding • develop more high-quality, inclusive opportunities for volunteering, particularly for young people and those from disadvantaged communities • There should be greater co-production with people who use services and their families at every level of the health and care system. <p>When preparing their joint strategic needs assessment (JSNA), Health and Well-being Boards should ensure that it is a comprehensive</p>	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/524243/VCSE_Investment_Review_A.pdf

			<p>assessment of assets as well as needs based on thorough engagement</p> <p>Any future transformation programmes (e.g. Integrated Personal Commissioning) should only be approved if proposals are included for involving the full range of local VCSE sector</p>	
<p>All services Prevention/Well-being</p>	<p>The Place of Kindness: Combating loneliness and building stronger communities</p> <p>JRF and Carnegie 2017</p>	<p>This study engaged directly with people who want to explore and talk about kindness in their work, their lives and their communities, and test whether we should, and indeed could, do anything to support and encourage kinder communities.</p>	<p>People to come together through whatever forums they normally meet to discuss how they can build more kindness into their lives.</p> <p>Organisations that provide services, be they public, charitable or private sector, to think about how they can remove cultural and procedural barriers and encourage employees to act in kindness.</p> <p>Governments, at all levels, to explore the unintended consequences of risk and performance management on society's ability to act in kindness and to consider what steps it can take to reverse these impacts.</p>	<p>https://www.carnegieuktrust.org.uk/publications/place-kindness-combating-loneliness-building-stronger-communities/</p>
<p>All services Integration</p>	<p>Place-based Approaches to Joint Planning, Resourcing and Delivery An overview of current practice in Scotland</p> <p>Scottish Improvement Services 2016</p>	<p>This research has been undertaken to establish the current landscape of place-based approaches to joint planning, resourcing and delivery across Scotland's local authority areas. This concerns public services working in partnership with each other, the third and</p>	<p>Key developments in place-based working that have occurred within Scotland and the UK over recent decades and it also provides an overview of current place-based initiatives across Scotland</p> <p>A series of key features of place-based working have emerged and these have been encapsulated within a Checklist that sets out a series of key issues to consider when either embarking upon a new place-based initiative or reviewing an existing one</p>	<p>www.improvementservice.org.uk/documents/research/place-based-approaches-report.pdf</p>

		business sectors and communities to plan, design, resource, build and deliver services around people, families and communities in the most disadvantaged communities		
All Services Prevention	<p>PREVENTION IN ACTION How prevention and integration are being understood and prioritised locally in England</p> <p>British Red Cross 2017</p>	This report provides a picture of local developments in preventative services in England and highlights examples of good practice. It aimed to explore the extent to which local authorities, sustainability and transformation partnerships, and health and well-being boards across England recognise and prioritise the Care Act's understanding of prevention, as well as to better understand how and to what extent local decision makers are integrating health and social care	The report finds that while local authorities across England have made efforts to implement preventative services and identifies examples of innovation and good practice, the Care Act's vision for prevention is not being fully realised and that local authorities in England need to provide more services that prevent, reduce or delay the need for care and support. The report also identified shortcomings in plans for integrating health and social care. Barriers to implementing preventive services include: a lack of clarity on what is meant by prevention and integration, resistance to cultural change, and reduced resources. The report makes recommendations to support a better and integrated, preventative care system. (Edited publisher abstract)	https://www.scie.org.uk/prevention/research-practice/getdetailedresultbyid?id=a110f00000RCupWAT
Dementia	Promising approaches to	This report is intended as a practical resource	25 Case Studies are provided to illustrate living well with dementia.	www.ageuk.org.uk/globalassets/age-

Well-being	living well with dementia Age UK 2017	for individuals and organisations working in communities to support people living with dementia, and their carers.	The report showcases approaches which relate to the domains of quality of life, and which show <i>promise</i> in positively impacting upon quality of life outcomes – either directly, or by improving key aspects of life which people with dementia said were related to their quality of life (such as social connection, sense of self-worth, getting on with day-to-day activities). It also proposes a new framework for understanding these approaches, to help to make sense of the way in which these approaches could be brought together in communities.	uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_feb2018_promising_approaches_to_living_well_with_dementia_report.pdf
Older People Prevention	The shed effect: stories from shedders in Scotland Age Scotland 2017	This report outlines the positive impact that the growing men's shed movement is having on later life, and how it is improving men's health and well-being. It gathered individual stories, experiences and observations from 8 men's sheds, recording 30 individual conversations with shedders, to find out why sheds work for them	The report looks at the following themes: how people got involved in their shed; what makes the shed work for them; the importance of sheds as a place to develop new skills and knowledge; the social, health and welfare benefits – including the development of friendships and reduction in loneliness and social isolation; and the positive impact on communities, such as helping other community groups and promoting connections between the generations.	https://www.scie.org.uk/prevention/research-practice/getdetailedresultbyid?id=a110f00000NeBO8AAN
All services Well-being	Working with faith groups to promote health and well-being	Working with faith groups is part of asset-based strategic planning which councils and	Through a range of case studies, the Report highlights the main ways in which faith groups can have a positive impact on health and well-being which include:	https://www.local.gov.uk/sites/default/files/documents/working-faith-groups-prom-6ff.pdf

	Local Government Association & Faith Action 2017	<p>health and other partners are pursuing in health and well-being boards (HWBs). The Report covers:</p> <ul style="list-style-type: none"> • the ways in which faith groups can improve health outcomes and tackle health inequalities • how councils, their health partners and faith groups can all benefit from joint working • barriers to collaboration and how they can be tackled • suggestions for how effective partnerships and activity can be established, including through adopting the national Faith Covenant. 	<ul style="list-style-type: none"> • support for ethnic groups who face health inequalities or are at greater risk of developing specific health problems • social action to improve the lives of people who face problems such as poverty or homelessness • articulating the health needs of their communities. <p>In addition, regular involvement in faith activity is linked with greater health and well-being for faith members.</p>	
All Adult Services Well-being	DEVELOPING A WELL-BEING AND STRENGTHS-BASED APPROACH	This paper takes personalisation as its starting point and explains how the workforce can be realigned around the concept of well-being,	The paper sets out the key knowledge and skills the social care workforce needs to apply strengths-based approaches in improving people's lives. The paper also considers the emerging business case for pursuing a strengths-based approach, and provides some examples of how various councils, along with their health partners, are creating new workforce cultures that deliver an alternative health and social care operating model	https://www.thinklocalactpersonal.org.uk/Latest/Developing-a-Wellbeing-and-Strengths-based-Approach-to-Social-Work-Practice-Changing-Culture/

	<p>TO SOCIAL WORK PRACTICE: CHANGING CULTURE</p> <p>Thinks Local Act Personal</p>	<p>and it examines the value of doing this:</p> <ul style="list-style-type: none"> • Creating better physical and mental health and social care outcomes for people living more actively in their local communities. • Generating greater satisfaction for people using services and their carers. • Creating a motivated adult social care workforce. 		
<p>Children's Services Prevention</p>	<p>Improving outcomes for children and young people by spreading innovation SCIE 2017</p>	<p>This briefing aims to contribute to the debate about how to mobilise learning from new ideas, so that children and young people across the country can benefit.</p>	<p>Case studies of innovation suggest there is no one-size-fits-all approach, but that some common conditions for success include: a clear vision of both the change being sought and the core features of the innovation that will achieve it; as much evidence of impact as possible; organisational willingness to be in it for the long haul; visible and accessible leaders; sustained engagement with children, young people, families and communities; a willingness to learn from experience;</p>	<p>https://www.scie.org.uk/files/children/innovation/improving-outcomes-by-spreading-innovation.pdf</p>
<p>All Services Prevention</p>	<p>Tackling loneliness and social isolation:</p>	<p>This briefing cover innovation in preventing loneliness and social isolation. It:</p>	<p>it is impossible to identify one 'magic' intervention for all lonely adults. The states of loneliness and isolation may be context-specific, so while an</p>	

	<p>the role of commissioners</p> <p>SCIE 2018</p>	<p>identifies the evidence that points the way to a better understanding of effective interventions provides examples of practice emerging in different parts of the country examines what needs to happen next in order to create a more conducive commissioning environment</p> <p>SCIE 2018</p>	<p>intervention in one setting works for one person, in another it might fail them completely.</p> <p>A 'holistic approach' is required when designing and commissioning services focused on individuals. Solutions need to be flexible enough to respond to individual preferences, expectations and aspirations.</p> <p>The key messages are:</p> <p>To move away from commissioning block contracts for a 'whole service' towards a willingness to 'micro-commission' to support existing groups and enable the establishment of new ones.</p> <p>To identify and map existing assets in the local area, which will help to sustain knowledge and build on expertise.</p> <p>To make it clearer and easier for smaller organisations to respond to commissioning tenders. Response times and tender requirements should be proportionate to the organisation's size and capacity.</p> <p>To promote services which are willing to work closely to produce a seamless offer. This will help avoid duplication, ensure cost effectiveness, and potentially provide routes into areas of poverty and deprivation that will help local authorities tackle other priorities at the same time.</p> <p>To invest 'upstream' in the community to reduce the likelihood of people becoming isolated, for example following bereavement.</p>	
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			To devolve budgets to local area coordinators to free up new approaches within an asset- based framework.	
All Services Integration	Tapping the potential: lessons from the Richmond Group's practical collaborative work in Somerset NEW PHILANTHROPY CAPITAL 2018	This report captures early learning from a project to build meaningful collaboration between the voluntary and statutory sector in Somerset.	The report identifies benefits of collaboration and system change led by the voluntary and community sector. It also highlights some of the challenges around sustainability, measuring outcomes and ensuring involvement of large national charities is inclusive of the wider voluntary sector in a place. Key findings highlight the benefits of coming to collaboration with no pre-conceived ideas about products or providers; that turning an open-ended conversation between the voluntary sector and public bodies into a productive collaboration requires resource; the benefits of bridging organisations, such as the Richmond Group, and people who make it their job to connect divergent cultures, languages, and priorities; and the agility and stability that voluntary sector leadership can offer to place-based collaborations in a changing healthcare landscape.	https://richmondgroupofcharities.org.uk/sites/default/files/tapping_the_potential_-_richmond_group_of_charities.pdf
Physically Disabled Integration	Inclusive integration: how whole person care can work for adults with disabilities BROADBRIDGE Angela 2014	This report focusses on meeting the needs of working-age disabled adults as health and social care services are increasing integrated. It provides an empirical evidence base to demonstrate how whole person care (which is about making the connections between physical health, mental	The report looks at how working-age disabled adults have different needs and outcomes from older people and identifies the health inequalities they face in day-to-day life. Ten dimensions of health inequality are identified including housing, employment, financial security and quality of life. The report makes seven recommendations to inform the service response, including: taking a long term view of managing long-term conditions, viewing whole person care as a 10-year journey with matched by stable funding; debates on funding gap in social care; should give consideration to the needs of working-age disabled adults; shifting resources from case management to community coordinated care to	https://www.ippr.org/publications/inclusive-integration-how-whole-person-care-can-work-for-adults-with-disabilities

		health and social care services) can be used to effectively meet these needs.	support prevention and providing a single point of contact for health and social care needs; service integration should take place across a much wider range of services to meet the needs of disabled people.	
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Annex B

Examples of Project/Models/Approaches in Wales that are being explored in more detail to assess scalability and transformative potential.

Region	Project Title	Key Features	Comments/Progress
Cardiff and the Vale	Transformation Fund bid – Children’s Services – ACE-aware approach	Children’s and Women’s Theme (NHS) Children and Learning (Local Authority) Primary Schools (Education)	Rose Whittle – meeting on 15.11.18, including PHW
	My Choice	Managed by a care agency with a principle care worker/ facilitator/mentor assigned to each person. Flexible change requests/ assessed as needing care. Able to bank hours not used for the next period.	To explore similarities to Raglan Project and Bethesda Project, Link Officer Sharon Miller, Cardiff CC
	<i>Care and Support Planners (similar to community connectors) for people with Learning Disabilities.</i>	Linked to Mencap and the All Wales Forum	Further discussion with Sharon Miller, Cardiff CC planned
Cwm Taf	Stay Well @ Home	<ul style="list-style-type: none"> Improved communication and performance across health and social care services at the critical interface that occurs during presentation at A&E and hospital admission, through to discharge. <i>Prevents unnecessary hospital admissions by assessing people in A&E or the Clinical Decisions Unit/ Acute Medical Unit providing health, social care and third sector community support to facilitate patients’ timely return home.</i> <i>For those people who require admission to hospital, integrated complex discharge assessments is undertaken to support them to return home/ to a community setting.</i> <i>Has been recognised independently as a successful approach.</i> 	Initial discussions with the Regional Implementation lead and Assistant Director of Planning and Partnerships in Cwm Taf. Meeting arranged with the project lead on 23rd November 2018 to explore potential for wider roll out.

Region	Project Title	Key Features	Comments/Progress
		<ul style="list-style-type: none"> • <i>Further opportunities being explored in Cwm Taf to roll out more widely across the region.</i> 	
	Provision of Virtual Ward	<ul style="list-style-type: none"> • Provides a multi – disciplinary team at GP Practice level. • This includes a social Worker, Occupational Therapist, paramedic and Care & Repair officer to provide a preventative service. • This results in frail elderly receiving more support targeted ‘around the person’ 	Meeting with the Project lead in early December to find to more about this project
	Neighbourhood District Nursing Team	<ul style="list-style-type: none"> • Still at an early stage of pilot • Also, being piloted in Aneurin Bevan and Powys 	Recommended by RIL as a good project to look at in more detail. Further information required to determine how successful this project is in delivering improved outcomes. Meeting with the project lead for Cwm Taf on 19th November.
Gwent (Aneurin Bevan)	Dementia Friendly Communities	<p>A national project that has been embraced proactively in Gwent and is delivering good outcomes in this region.</p> <ul style="list-style-type: none"> • Promoted and led by Health and Social Care with links to their Area Plan and Corporate Improvement Plan. • Developed an accreditation framework with dementia friendly boroughs including all public sector bodies, including call handling staff. • Delivered in partnership with Alzheimer’s society • It is developing into a social movement for change with potential for encompassing people with mental health issues and learning disabilities, through a Friendly Communities approach 	Detailed discussions with the lead officer for Gwent and contact made with the lead for the Alzheimer’s Society. Will explore what Gwent has been doing differently to make this approach more successful there with potential for developing guidance for roll out.
	Strategic Partnership Barnardo’s/ Newport Partnership	Developed a range of evidence-based family support services capable of promoting child and family well-being and actively preventing the need for care and support.	More up to date required to see if this work is still delivering good outcomes for Children and families.

Region	Project Title	Key Features	Comments/Progress
		<p>Jointly delivered by Newport Council and Barnardo's through a Strategic Partnership and a pooling of budgets. As a result of the project:</p> <ul style="list-style-type: none"> • Referrals to Social Services have more than halved • Re-referral rates have reduced significantly • The rate of children in need has steadied and is low compared with similar authorities in Wales • The number of children with disabilities requiring a child in need intervention has reduced dramatically • Newport now has one of the lowest and steadiest rates of looked after children per 10,000 population compared with similar authorities, below the national average <p>Provisional figures for 2015-16 suggest that the number of children becoming looked after has</p> <ul style="list-style-type: none"> • reduced significantly during this latest year of IFSS delivery • Recruitment and retention figures have improved significantly within the Child Protection Teams working with IFSS <p>Independently verified by Institute of Public Care, Oxford Brooks University in June 2016 https://ipc.brookes.ac.uk/publications/Evaluation%20of%20Integrated%20Family%20Support%20Service%20in%20Newport%20Summary%20June%202016.pdf</p>	<p>Email to Head of Children's Services in Newport requesting a telephone conversation for an update on progress. If it is still delivering good outcomes this will be a good option for exploring the potential to roll out more widely.</p>
North Wales (BCUHB)	Early Intervention Hub	Involves schools and third sector and commended by Children's Commissioner	Flintshire - planned teleconference 19.11.18, Neil Ayling et al
	Drop in facility for homeless people	This facility is proving to be so successful that it is being used by range of other vulnerable people who are not	Wrexham – further discussion with Dr Karen Sankey, following visit in October

Region	Project Title	Key Features	Comments/Progress
		homeless – led by local GP, now involving community mental health team, DWP, district nurses, psychologist, Police, homeless service, Job Centre	
	Co- production Examples	To be explored further through Mark John-Williams, third sector lead	Anglesey – visit and prior discussion
Powys	Community Connectors	Strong evidence of ‘What Matters’ as central feature and covering wide and rural area	Clair Powell, manager in POVA. Visiting Ystradgynlais Community Hospital on 6.12.18
	Total Place Project	Approach to wide area based on place-based approach	North Powys Project – meeting on 16.11.18 in Llandrindod Wells with Carly Skitt, Pete Lathbury et al to understand more
Western Bay (Abertawe Bro Morgannwg)	Swansea Co-producers	<ul style="list-style-type: none"> Wide use of social media to increase uptake, based in SCVO 	Meeting on 20.11.18 with Adrian Bailey, SCVO and others involved in co-production
	Local Area Coordinators	<ul style="list-style-type: none"> Follows a patented model (Ralph Broad), using community development as a core methodology and purpose 	Meeting on 4.12.18 with Jon Franklin and leadership team as well as cabinet member responsible
West Wales (Hywel Dda)	Delta Well-being - First Point of Contact	<ul style="list-style-type: none"> Delivering a First Point of Contact in Carmarthen Service provided by an arms-length company Provides a vehicle for a pro-active prevention service Based on Spanish model of proactive community services Includes a range of TEC solutions, including app development to address loneliness and isolation, medicines management and dementia Provides a diarised outbound call process to check on complex and frail clients and frequent fliers 	Further research required and a visit to be planned with the project lead. Meeting with RIL on 14th November to discuss in more detail.
	Green Prescription Service	<ul style="list-style-type: none"> Linked to time credits Delivered by the GP Clusters in the locality 	Meeting on 14th November with West Wales RIL to discuss whether this is an option to explore in more detail

Region	Project Title	Key Features	Comments/Progress
	Porth Gofal	<ul style="list-style-type: none"> • Partnership project between Ceredigion, Hywel Dda and third sector • Improves the flow of information between agencies to ensure faster decisions and more consistent coordinated care and support • Includes Prevention Support officers, working closely with a senior social worker, Occupational therapist, physiotherapist, district nurses with links to third sector and input from Families and Children services. 	Meeting on 14th November with West Wales RIL to discuss whether this is an option to explore in more detail
	Porth y Gymuned	<ul style="list-style-type: none"> • Community portal focussing on the 'What Matters' question • Helps residents of all ages make connections to access support opportunities in their area to maintain and improve well-being. • Staff by trained community connectors. • Links to Porth Gofal for those people who need a higher level of social care input. 	Meeting on 14th November with West Wales RIL to discuss whether this is an option to explore in more detail

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