



# **VALE OF GLAMORGAN COUNCIL**

## **HEAD OF ADULT SERVICES ANNUAL REPORT**

**2012-2013**

The Adult Services Division provides services for people with a learning disability, mental health problems, frailty because of ageing, a physical disability or sensory impairment or autism and adults who need protecting from abuse.

## Context

1. Adult services support people with mental ill health, learning disabilities, physical disability, sensory impairment and frailty or/and mental health issues associated with ageing. £35 Million was spent on these services in 2012/13. The division made significant savings throughout the year. The financial position stabilised although 2013/14 is expected to be challenging.
2. When social services get a request for help, social workers and our partners in other agencies carry out unified assessments with potential service users and (where appropriate) their carers. Support from family carers is often the most critical factor in helping people to remain as independent as possible; social services try to add to this help, not replace it. Based on the assessments, packages of care are developed in response to the needs which have been identified. Adult Services have a statutory responsibility to meet this identified need. An important role is to ensure that people can get access to other service provision (e.g. housing, education, employment support) where this has been identified as an area for action within the assessment process.
3. The work of adult social services in meeting service users need cannot be done in isolation. It is especially important that we continue to develop our partnership working with the NHS, housing, the police, the third or voluntary sector and independent providers of services. These strong and purposeful partnerships help to ensure that:
  - agencies are all pulling in the same direction and assisting each other to meet key goals (e.g. safe discharge from a stay in hospital);
  - effective communication takes place; and
  - funding is used properly.

4. The scale of the support made available to vulnerable people in need of social care is shown by the following data for the twelve months from April 2012 to March 2013.

**Key adult social services activity data 2012/2013**

The figures for the previous year are in brackets.

- 1690 people were supported to live at home (1899)
- 269 people received individualised Telecare support (254)
- 1107 older people were helped to live at home (1276)
- 394 older people were supported in residential/nursing care (427)
- The rate of delayed transfers of care for social care reasons per 1000 of the population aged 75 or over was 6.5 (7.9)

4. Adult Services has reduced the number of people it is supporting in all care settings. The numbers are more similar to those from 2010/11 indicating that 2011/12 was a year of high demand and that 2012/13 has seen demand reduce or be met through alternatives. Home care provision has increased for older residents but decreased for those under 65. The size of care packages has also increased indicating that we are meeting the needs of people with more complex difficulties.
5. It is positive to see a decrease in delayed transfers of care (DTC) from hospital. This has been an area of significant focus in 2011/12 and an improvement in social care related delays has been achieved.
6. Adult Services continue to go through a period of significant change. Services that promote and achieve reablement are now in place but require further consolidation. Delivered in close partnership with the NHS, these are delivering real improvements in our ability to promote independence, ensuring that people can return safely to their communities (after a hospital stay, for example), rebuild their lives and avoid

institutional care. Some assessment and care management teams, notably those which work with older people and people with physical disabilities, have been reconfigured. However, even here further change is in progress, to ensure closer collaboration with neighbouring authorities and integration with health services while achieving the best use of resources.

7. Adult social care services across Wales are currently provided subject to a formal financial assessment. If people have sufficient disposable resources and can pay for services, they are required to do so. Since April 2011, the Welsh Government has set a maximum charge of £50 per week for non-residential care. This change in policy has increased the workload of the service and considerably reduced the income it is able to generate. Together with increasing costs for care in institutional settings and rising demand because of changes in the population, the effect has been to create significant pressure on Adult Services budgets. The service continues with its rigorous budget plan in order to achieve essential savings in a very challenging context.
8. Service area plans will be developed to ensure that the service responds to the needs of Welsh speakers in line with the strategic guidance document from Welsh Government “More than Just Words”

### **SERVICES FOR PEOPLE WITH A LEARNING DISABILITY**

9. Assessment and care management is carried out by a multi-agency team which works together to address the health as well as social care needs of people with a learning disability. It is well placed to take forward plans for increased integration of services with Cardiff Council and with Cardiff and Vale University Health Board.
10. Considerable changes were made to Day Services in 2011 and that process has continued into 2012/13. The service has recognised the need to develop a strategic vision for day opportunities and will be taking this

work forward collaboratively with Cardiff. The development of suitable buildings for day care has been difficult to achieve and will require significant focus for 2013/14.

11. The improvements already achieved in supported accommodation services have been further enhanced through the retender of the contracts with independent sector providers. Given the increasing need for this type of provision, the Community Support Team continues to explore options for expanding the number of properties that can be used as supported accommodation. We have reviewed our respite care provision to ensure that service users can get access to the setting most appropriate for their needs. Work is underway through the Learning Disability joint planning group with the Voluntary Sector to explore with stakeholders how respite services may be more flexibly delivered in future through the development of a brokerage function.

12. These were our improvement priorities for 2011/12 and the progress made.

- **We have consulted upon a commissioning strategy for Learning Disabilities to inform the development of our services and those we purchase. This strategy is currently subject to consultation and we intend to commence its delivery from April 2014.**
- **We have retendered our Supported Accommodation contracts to further improve the quality and cost effectiveness of supported living in the Vale. This has also included specific work on access to Telecare services to promote independence and to increase options for learning and leisure.**

## **SERVICES FOR PEOPLE WITH MENTAL HEALTH PROBLEMS**

13. All referrals are screened by a multi-agency meeting to ensure appropriate allocation and this system is working well. The Carers Support Officer is now an integral part of the team; this has meant more effective and timely assessment of carers' needs. It is an approach that aligns well with the work that Hafal provides on behalf of the Council in supporting individual carers and operating carers' support and activity groups. Community Support Workers are performing a crucial role in enabling service users to gain access to community resources.
14. Approved Mental Health Practitioner (AMHP) work continues to increase in terms of undertaking Mental Health Act Assessments. As well as supporting the Mental Health Review Tribunal process and assisting in the

### **Our improvement priorities for 2012/13**

- **With Cardiff Council, we will complete the joint day time activity strategy which will remodel day service provision. We intent to commence delivery of the strategy in April 2014.**
- **Closure of Woodlands day centre and its 'relocation of services' in a building which was suitable for the needs of service users.**

15. creation of Community Treatment Orders. Last year we trained two social workers to undertake the AMHP training and are keen to support more staff through the training later this so that we can meet the demand for these services.
16. Within the overall programme of the Integrating Health and Social Care Programme Board for the Vale of Glamorgan and Cardiff, there is a specific project for mental health services. A fully integrated management structure has being put in place and this is now operational. It means that the Amy Evans Community Mental Health Team (CMHT) and the Hafan Dowel CMHT have one line of management for both health and social services staff, encouraging more joined up care pathways and focused interventions. Similar processes are being put in place for the Western Vale CMHT in Cowbridge.
17. The Mental Health (Wales) Measure 2010 came into force during 2012. The Measure is in four main parts:
  - (i) PART 1 – The Council is working with the University Health Board to develop a model of primary care mental health assessments and short term interventions. This service has developed throughout 2012 and is now functional across the county. It offers one to one assessments and group work for people experiencing mild to moderate or stable mental health problems, and supports them to build links with community groups and informal support networks.
  - (ii) PART 2 – This builds on the Care Programme Approach by placing a further duty on the Council to work with the University Health Board to coordinate services. Regulations made under Part 2 prescribe a Care and Treatment Plan which all care coordinators are required to use from the 6<sup>th</sup> June 2012. We are working with our partners in the UHB towards the target of 100% of all secondary mental health care service users to have an ongoing Care and Treatment Plan.

(iii) Part 3 – This gives adults who have been discharged from secondary mental health services the right to refer themselves back to services without first going to their GP. The Vale of Glamorgan CMHTs are already in a position to accept referrals in this way. All patients are informed of their right under part 3 when they are discharged from secondary mental health care. Since the Part 3 right came into force in October 2012, the Community Mental Health Teams have received less than 20 direct referral per month from a person who had previously known to services.

(iv) Part 4 – This expands the right to independent advocacy to all patients subject to compulsion under the Mental Health Act 1983 and to all voluntary in-patients. Advocacy Support Cymru is providing this service and have been able to offer independent advocacy to 100% of inpatients requesting this services in psychiatric hospital since January 2012.

18. These were our improvement priorities in 2011/12 and the progress made:

- **We have implemented the Mental Health (Wales) Measure 2010 so that all people using relevant services have an up to date Care and Treatment Plan, people can re-access the services through self referral and quality assessments and short term interventions are available to citizens as required.**
- **We have completed implementation of a joined management structure within the CMHTs to ensure efficient care pathways so people get the right services at the right time without delay or duplication.**
- **We have not yet developed a Commissioning Strategy for Mental Health Services in partnership with Cardiff Council and the University Health Board. We have agreed that the health board will lead this piece of work next year**



**|Our improvement priorities for 2013/14**

- **Explore the opportunities of more formal partnership arrangements with the University Health Board in the delivery of health and social care services to people with mental health problems.**
- **To improve internal links to other council departments such as housing, Safer Vale partnership and children services to ensure a more joined up service to our most vulnerable citizens.**

**SERVICES FOR PEOPLE WHO ARE FRAIL BECAUSE OF AGEING**

19. Adult social care for older people includes preventative services, assessment and care management, nursing and residential care homes, respite care, community services (home care, day care, meals), reablement to prevent hospital admission or enable continued independence, intermediate care (after a spell in hospital), supported and other accommodation (including adult placement and extra care), direct payments to service users, safeguarding, and the provision of equipment and related areas (including telecare). Adult services continue to build on the reablement model to promote independence, reducing the need for long term intensive domiciliary packages of care and the pressure to accommodate the growing number of older people in traditional residential settings.

20. Increasing demand for older people services has put a strain on the services currently available. In making decisions about the budget, the Council has recognised the need for additional resources but this is in the context of a requirement that social services contribute to overall savings which have to be made. The past year has seen greater demand for services for older people with more complex needs.

21. During 2012/13 the demand for older people's services has continued to increase with a significant rise in the final quarter. Prior to December 2012 Adults Services were able to demonstrate improved response times between referral and allocation across all teams. However, coinciding with the dramatic increase in the number of referrals, (doubling the average monthly figure in January 2013 when compared with the remainder of the year) a waiting list emerged in our Adult Community care team (ACCT). Strategies have been employed in order to deal with this waiting list although within existing resources.
22. Occupational Therapy teams have made significant improvements in the waiting times for services. This has reduced to one month (maximum) in the latter months of the last year. This is a consequence of team restructuring and improving staffing levels. In addition, the team have introduced new ways of working including an 'Assess and Provide' service, and new screening models which it is anticipated will reduce further waiting times for Occupational therapy services in 2013/14.
23. The reconfiguration of adult services assessment and care management teams is now fully operational and the benefits of working in neighbourhoods have been demonstrated. Changes to the older people's day service have been completed. This has enabled us to focus upon those with the greatest levels of need and to reduce our running costs.
24. In 2011/12 the Community Mental Health Older Persons team was aligned with the broader Older Person's Locality Team, rather than with Mental Health Services. This change allowed us to tackle problems regarding workload management, which had resulted in long waiting lists. Working in partnership with the University Health Board, this problem has been evaluated on a whole systems basis, ensuring joint ownership of the issues and a commitment to tackling the problems. The team have drastically cut their waiting list during 2012/13 through more efficient ways of working and the introduction of the Mental health Measures. This service continues to work through a focused action plan to target the management of waiting lists.

25. These were our improvement priorities for 2012/13 and the progress made.

- **We have reduced the waiting times for allocation of a case manager within the Community Mental Health Team for Older People.**
- **We have increased the home care capacity of the Vale Community Resource Service through greater flexibility to maximise the number of people regaining greater levels of independence.**

**Our improvement priorities for 2013/14**

- **To maximise the throughput of cases via VCRS to facilitate capacity in both the IDS and ACCT teams by sustaining direct home care hours at their current level**
- **To reduce waiting times for access to ACCT service by ensuring the proposed Integrated Discharge Service is fully functional – i.e. able to case manage service users when they are admitted into an acute facility.**
- **To ensure compliance for the CMHOPT to meet the Mental Health Measure**

**SERVICES FOR PEOPLE WITH A PHYSICAL DISABILITY OR SENSORY IMPAIRMENT**

26. In the face of rising demand and changing expectations about the range of services needed by an ageing population, social services have encouraged a reablement approach to care and to reducing pressure to accommodate growing numbers of people in traditional residential settings. This involves developing the use of assistive technology and reconfiguring services through the decommissioning of traditional, high cost services in favour of more preventative models. There is a focus on partnership with other local authorities, the NHS, the third and private

sectors in order to achieve these aims through maximising efficiency and ensuring that people are supported proportionately and in a way that maintains independence as long as possible.

27. A small scale, specialist service for Sensory Impairment is provided through the Adult Community Care and Occupational Therapy Teams. It offers specialist assessment and care management, reablement for visual impairment and equipment services to meet the needs of adults with sensory loss. This year we have managed to reduce the numbers waiting for specific input from a Rehabilitation Officer for Visual Impairment by more than half.
28. The development of the Vale Community Resource Service has been a great success, promoting both rehabilitation and reablement of individuals either being discharged from hospitals or preventing an admission. Our focus for 2012/13 has been the delivery of a new model for the Tailoring and Monitoring component of this service. This has provided the increased capacity and flexibility described above.
29. These were our improvement priorities for 2012/13 and the progress made.
  - **We have worked with Cardiff and Vale UHB and Cardiff Council to develop an integrated discharge service for those with complex needs. Further work is required to consolidate this service and fully align the processes it uses with our partners.**

**Our improvement priorities for 2013/14.**

- **To revisit our commissioning strategy for individuals with physical disabilities to provide suitable accommodation and day service activities with neighbouring authorities**

## SERVICES FOR PEOPLE WITH AUTISM

30. This is another area where we are able to demonstrate significant innovation and improvement.

- Our online learning tool won a national award and has been adopted by seven other local authorities to help develop awareness of autistic spectrum disorders.
- A regional monitoring and support project has been established and it is led by the Vale of Glamorgan. The support project runs across Cardiff, Rhondda-Cynon-Taf and Merthyr Tydfil to provide assistance to people with autism who do not require formal, targeted social care provision.
- We have facilitated the development of a user-led socialisation group and an evening social group for higher functioning adults and a monthly forum for adults to exchange views and to inform future service direction within ASD services.

31. Our improvement priorities for 2012/13 have been implemented;

- **We have established a travel training program for younger adults to increase their independence.**
- **We have introduced a Wales wide travel wallet scheme to make easier independent travel on public transport for people with Asperger's and Autistic spectrum disorder or other communication difficulties. This will be officially launched by Welsh Government later in 2013.**

### **Our priorities for 2013/ 2014**

**1. Continue the 'employment prospects' project for adults on the autistic spectrum and roll out the job skills workshops.**

**2. Complete the development of the searchable, online employment and skills information source for individuals, carers and professionals.**

**3. Complete the development of the online resource to provide recipes and cooking skills for individuals with Autism in order to increase independence and improve health and wellbeing due to less reliance on pre-prepared and processed meals.**

### **SERVICES FOR PEOPLE WHO HAVE SUBSTANCE MISUSE PROBLEMS**

32. We are working closely with the Vale Community Safety Partnership and Cardiff Council. We are members of the multi-disciplinary Area Planning Board, which operates across the two local authority areas. By working closely with the voluntary sector, and with the development of EDAS the waiting list for services has significantly reduced, an achievement recognised by the Welsh Government.
33. The Vale social work service with in Substance misuse services has identified a gap in local service provision for people with alcohol related brain injury is working with a multi-agency group in developing a service model to meet this need.
34. We have supported 8 people through residential rehabilitation in the last year. However, we are aware that people are wishing to receive rehabilitation services closer to home. We are keen to work with local providers of residential and domiciliary rehabilitation to provide service closer to home for people with family and employment responsibilities.
35. These were our improvement priorities for 2012/13.
- **We have put in place a Single Point of Engagement (now known as EDAS, Entry to Drug and Alcohol Services) for substance misuse services and provided a locally based accessible environment that brings together health, local authority and voluntary sector agencies under one roof.**

- **We have integrated the services of the substance misuse social worker and counsellors to provide a single care pathway that will reduce duplication and waiting lists.**

**Our priorities for 2013/2014**

- Explore options for the development of specialist accommodation based care services for people with alcohol related brain injury.
- Explore options and working partnerships with local providers of rehabilitation services.