

# WIRRAL COUNCIL

## CABINET

6 NOVEMBER 2014

<b>SUBJECT:</b>	<b>AN ASSET BASED APPROACH TO SUPPORT 'USING SOCIAL CARE RESOURCES EFFECTIVELY TO TRANSFORM LIVES'</b>
<b>WARD/S AFFECTED:</b>	<b>ALL</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF ADULT SOCIAL SERVICES</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>COUNCILLOR CHRISTINE JONES</b>
<b>KEY DECISION</b>	<b>YES</b>

### 1.0 EXECUTIVE SUMMARY

- 1.1 Wirral Council faces a major challenge in meeting rising needs and new legislative requirements through the Care Act as well as improving health and social care responsiveness and performance. It has to do this in the context of reducing resources. The challenge is particularly acute in responding to the needs of people with health and social care needs, where an ageing population together with increasing complexity associated with people with multiple disabilities has continued to drive demand for care and support.
- 1.2 The Care Act fundamentally shifts the nature of assessment and support planning. The Council will have a legal duty to meet assessed "eligible needs" for adults. The Act aims to offer more flexibility in relation to what the person needs and what they want to achieve within the care planning process.
- 1.3 The legislative changes drive the need to offer assessment and support planning that is both proportionate to that level of need and based on an approach that recognises the individuals assets. i.e. enabling people to determine the best way in which their needs can be met utilising their own resources, with any additional support being provided via the local authority.
- 1.4 In order to meet the new legislative requirements and to use resources as effectively as possible it is critical to change the nature of the demand for services, not through focusing on service supply but through reframing how people access and are supported by their local communities.
- 1.5 This report sets out the need to consult on a new framework for the assessment of social care need and to bring the policy framework for social care provision into line with Care Act Guidance

## 2.0 BACKGROUND AND KEY ISSUES

2.1 The Care Act aims to reform the care and support system into one that:

- Focuses on people's well-being and support to help them remain independent for as long as possible.
- Introduces greater national consistency in access to care and support.
- Provides better information to help people make choices about their care.
- Gives people more control over their care.
- Improves support for carers.
- Improves the quality of care and support.
- Improves the integration of different services.

2.2 In order to respond to the legislative changes and within the context of reducing resources, it is proposed that changes are required with regard to how people are assessed and supported. We want to bring together policy changes so that our assessments emphasise people's skills, abilities and resources rather than focussing solely on what they can't do.

2.3 The Council provides care and support of different types to thousands of adults across the borough. This report seeks agreement to consult on a proposal to continue to use this budget as effectively as possible, through clarifying policy to provide more appropriate support to a range of people who require health and social care support.

2.4 This report seeks agreement to consult with the public and with individuals that may be directly affected, on a new approach that has four key components:

- Introducing an asset based approach to assessment with a formal focus on the positive attributes that individuals have, to include what they can, or have potential to do for themselves. To also consider the support that people have available to them as opposed to the deficit approach.
- Ensure people are supported only to meet assessed need in the most effective ways and are not in receipt of additional services funded by the Council.
- Embedding the '*Just Enough Support*' model and approach. This approach focuses on developing skills for independence rather than simply maintaining support it also includes considering a wide range of support options including Assistive Technology, Self Directed Support and Reablement.
- Working with a cohort of older people with disabilities who are currently in sometimes inappropriate, long term living situations. We will work with those people to find more suitable living arrangements.

2.5 Communities may be able to do more to support people effectively, with our help. Wirral people have the right to choose the support and services best suited to their needs within the context of using resources to best effect. We aim to enable people to develop the skills to become more independent and more directly involved in shaping their own solutions.

2.6 This is a powerful opportunity to develop such new ideas. For us, personalisation is not simply the fragmentation of social care into a myriad of micro markets with people merely commissioning their own care and support, but an opportunity to radically change the focus towards an Asset Based approach, focusing on what people **can** do not on what they **can't** do.

- 2.7 This policy and approach is standard across many Local Authorities providing social care, and by implementing this approach Wirral would come into line with national best practice and policy.

### **Understanding the implications for the Council of a national eligibility framework.**

- 2.8 The implications for assessment and care management staff with a move to proportionate assessments with an 'asset based' approach i.e. enabling people to determine the best way in which their needs can be met utilising their own resources, with any additional support being provided via the local authority.
- 2.9 The need for clear information about self-funders, not just in care homes but also those with eligible needs who are purchasing community based support services, who will be entitled to an assessment of need, support plan and annual review
- 2.10 Primarily, the council will redesign the approach to assessments in order to facilitate the assessment of wellbeing as required under the Care Act, and to enable people to become more independent, this focuses on what they can do for themselves, rather than what they are unable to do.
- 2.11 Taking an asset-based approach involves mobilising the skills and knowledge of individuals and the connections and resources within communities and organisations, rather than focusing on problems and deficits. The approach aims to empower individuals, enabling them to rely less on public services.
- 2.12 We will focus the support we provide on moving people towards becoming more independent, making sure that they are not receiving long term care when they could potentially be receiving another type of support which would see their condition, living situation or life chances improve. This approach seeks to reduce people's dependence on health and social care services.
- 2.13 This approach will include a range of initiatives including working with a cohort of older people who are currently in sometimes inappropriate, long term living situations. We will work with those people to find more suitable living arrangements. The move towards supported living and accommodation has been inarguably positive for people with disabilities. However, it is often the case that as people age, and those with learning disabilities are living longer, so do their health and social care needs change and a supported living environment may no longer be appropriate or supportive for this group of people.
- 2.14 We will work with older people to find suitable, desirable extra care housing, supported living or residential care living arrangements which can better meet their needs.
- 2.15 No one will be forced to accept any new proposal for their care, it will be a consultative approach as the Council attempts to balance the requirement of using financial resources appropriately and providing the appropriate type of support to meet the assessed need of the people involved. All individuals will be reassessed and receive advice, guidance and support in the decision making process.

- 2.16 Another element of this approach relates to a number of day services that support people with Learning Disabilities, Physical Disabilities and Mental Health difficulties. The Council as an in-house service currently, directly provides some of these services; some are provided externally as commissioned services. There is already agreement, from the Council and through comprehensive discussions and work with people using the services, to progress to create a Local Authority Company to deliver in-house day services by the end of this municipal year.
- 2.17 In order to ensure that people's needs are met appropriately the Council no longer 'double-funds' people who are being provided with more than one type of support to meet their assessed needs. What this means, in practice, is that people who have been assessed as needing 24-hour care packages, and are therefore either in residential or some other type of 24-hour care to meet their needs, would no longer be eligible to access day services funded by the Council. If they wish to continue accessing day services, given it is over and above their assessed need, they would be required to pay separately for that support.
- 2.18 The final element of this approach embeds the *'Just Enough Support'* model and approach by considering a wide range of support options including Assistive Technology, Self Directed Support and Reablement. The Council has a duty to serve Wirral through providing support to its most vulnerable residents and therefore, quite rightly, that is what a huge element of the Council's budget is spent on.
- 2.19 We will also focus the support we provide on moving people towards becoming more independent, making sure that they are not receiving long term care when they could potentially be receiving another type of support which would see their condition, living situation or life chances improve. This approach seeks to reduce people's dependence on health and social care services. Our proposal is to create a new economic model for social care, in which we meet our service and financial challenges by harnessing the underutilised and untapped resources outlined above.

### **3.0 RELEVANT RISKS**

- 3.1 One element of this approach is predicated on people choosing to relocate accommodation into more appropriate settings, either Extra Care housing or residential care. Individuals will hold tenancy agreements and hold the right to tenure and as such may choose not to give this up. All individuals will be reassessed and receive advice, guidance and support in the decision making process.

### **4.0 OTHER OPTIONS CONSIDERED**

- 4.1 Previous initiatives and budget options have seen the transformation of all our health and social care services, we have radically changed the way we interact with people and how we deliver services. This is the final stage, alongside integration, of our transformation programme in which we have focussed on the delivery of a range of previous options presented to members over the period 2013 to 2016

## 5.0 CONSULTATION

- 5.1 This report seeks agreement to undertake a 12 week consultation commencing 17 November 2014 on this new approach and the supporting policy changes. We aim to hold wider consultation with all social care users and the public who may need social care support in the future. We will also consult with people directly impacted by elements of this proposal. Additionally we shall consult with key stakeholders, strategic partners and organisations. This is critical as health and social care becomes more fully integrated, we will consult through our joint governance forums and mechanisms.
- 5.2 The 12 week period of consultation will last from 17 November 2014 to 9 February 2015. During this period we will consult with the following;
- All Social Care Users who come into contact with Adult Social Services during the consultation period via the statutory review process – a questionnaire inviting views on these changes will be shared by Social Care staff with people who use services.
  - Potential Social Care Users by contacting providers of Social Care, i.e. Care Homes and Domiciliary Care Providers, who the Council does not contract with, and with their permission sending the questionnaire to their customers to gain their views on the changes.
  - People directly impacted upon, for instance, older people with disabilities in supported living, people receiving assistive technology, people accessing Local Authority run Day Services. This will be done through face to face consultations with the person who co-ordinates their care
  - Stakeholders, strategic partners and organisations through the Chief Executives of the Wirral Community Trust, Cheshire Wirral Partnership (CWP) and Wirral University Teaching Hospitals (WUTH), to cascade to staff who will also need to adopt the same asset based approach to their work, and through Healthwatch and Community Action Wirral, to cascade to providers of health and social care across Wirral.
  - Staff employed by the Council who co-ordinate or provide social care to Wirral residents.
- 5.3 Key meetings to which the proposal will be taken include;
- 17 November 2014 - Vision 2018 Engagement Group where representatives of the Wirral Older People's Parliament, Wirral Carers groups, advocacy organisations, independent day centres, WIRED, patient forums, Community Action Wirral, Healthwatch, Disability groups, young people's and family groups, church groups and multi-cultural groups meet.
  - 18 November 2014 - Vision 2018 Implementation Group where leads on the delivery of the vision meet.
  - 26 November 2014 - Vision 2018 Strategic Leadership Team where the Chief Executives of the key stakeholders meet.
  - 4 December 2014 - Vision 2018 Prevention, Self Care & Community Development Workstream, where senior managers from the Council and Health meet to develop an asset based approach to delivering support for people.

Through these groups the proposals will be cascaded and consulted on widely.

5.4 Between 9 and 28 February 2015, analysis of the feedback on the consultation will be completed and presented to the Families and Wellbeing Departmental Management Team and the Joint Strategic Leadership Group with Health colleagues.

## **6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

6.1 We are further integrating our work with partners constantly, particularly with NHS agencies across the borough. Implementing this option would not impact on the NHS or any of our key partners in a negative way. Successfully implementing new approaches to assessment for vulnerable adults, which focus on improving their ability to live independently, would be of great benefit to the NHS and other public services in Wirral.

6.2 We commission services across the community, voluntary and faith sector, amounting to a significant annual investment. Similarly with our public sector partners, we believe that colleagues throughout the CVF sector would welcome implementing this option successfully.

6.3 We would, as a matter of course, be required to monitor the outcomes of the people affected by this approach to ensure both their wellbeing remained paramount and also that unnecessary or unbudgeted pressure was not being placed on CVF sector as a result of this change.

6.4 This approach would, potentially, affect most adults currently accessing support through a care package. It would involve those people being reassessed to ensure their care needs are being met in the most appropriate manner to move them towards independence, as per the Council's corporate priorities.

6.5 Many people will see no change in their support, some may see their support changed, increased or reduced depending on their assessed need and the most appropriate level of need.

6.6 There are no implications for staff in relation to this option, in terms of redundancy or changes to working conditions. However, assessment staff such as social workers will require training and support to deliver the changed focus of assessment and support planning, according to the potential new policy.

## **7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

7.1 We will be implementing a full workforce development programme to embed the culture and learning required and are working with a regional LA who have successfully implemented this approach to share learning and best practice. There is also an anticipated rise in demand due to the additional burdens of the Care Act so the council will be required to ensure it has sufficient assessment capacity to meet this additional demand.

## **8.0 LEGAL IMPLICATIONS**

- 8.1 The proposal incorporates changes in relation to Care Act compliance in assessment and support planning. The Council will work with each person this option would impact on, on a one-to-one basis, to ensure that we continue to meet our statutory duty to assess and meet social care needs effectively and appropriately.
- 8.2 Part of this approach is predicated on people choosing to relocate accommodation into more appropriate settings, either Extra Care housing or residential care. Individuals will hold tenancy agreements and hold the right to tenure and as such may choose not to give this up. All individuals will be reassessed and receive advice, guidance and support in the decision making process.
- 8.3 Nobody will have their care packages reduced, increased or otherwise changed without a detailed and comprehensive assessment and consultation period and issues, complaints and other concerns which are raised by individual people and their carers will be dealt with sensitively, swiftly and effectively.

## **9.0 EQUALITIES IMPLICATIONS**

- 9.1 Social care services are targeted towards the needs of specific people with critical and substantial needs. These policy changes are focused on this group, however no individual care and support package changes will be made without a detailed and comprehensive assessment in relation to each individual's assessed eligible need.

## **10.0 CARBON REDUCTION IMPLICATIONS**

- 10.1 N/A

## **11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

- 11.1 N/A

## **12.0 RECOMMENDATION/S**

- 12.1 Cabinet are asked to agree to a period of 12 weeks consultation commencing 17 November 2014 in order to consult with both;
- a) The wider public in order to ensure that people who are not currently in receipt of services but could need them in the future have a say.
  - b) People directly impacted by elements of this proposal and to receive a further report in December outlining the outcome and feedback from the consultation

## **13.0 REASON/S FOR RECOMMENDATION/S**

- 13.1 The consultation is required in order for us to generate a series of neighbourhood level, borough wide benefits, these are:
- Better solutions to meet existing social care needs in Wirral and, in the process, built community capital within the neighbourhood and across the borough as a whole

- In order to consult on policy changes resulting from the implementation of the Care Act (2014)
- To enable us to communicate a greater understanding the implications for the Council of a national eligibility framework.
- The implications for assessment and care management staff with a move to proportionate assessments with an 'asset based' approach i.e. enabling people to determine the best way in which their needs can be met utilising their own resources, with any additional support being provided via the local authority.
- The need for clear information about self-funders, not just in care homes but also those with eligible needs who are purchasing community based support services, who will be entitled to an assessment of need, support plan and annual review
- To enable us to develop an innovative suite of solutions, to the problem of how to meet rising needs with declining public finances.

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**APPENDICES**  
 N/A

**REFERENCE MATERIAL**  
 N/A

**SUBJECT HISTORY (last 3 years)**

Council Meeting	Date
N/A	