



BWRDD GOFAL CYMDEITHASOL, IECHYD A LLES Y CABINET

*Yn syth ar ôl y Pwyllgor Craffu
DYDD LLUN, 10 MEHEFIN 2019*

YSTAFELLOEDD PWYLLGOR A/B – CANOLFAN DDINESIG CASTELL-NEDD

1. Periodi cadeirydd
2. Datganiadau o gysylltiadau
3. Cofnodion y cyfarfod blaenorol a gynhaliwyd ar 2 Mai 2019
(*Tudalennau 3 - 8*)
4. Polisi Trefniadau Seibiant y Gwasanaethau i Oedolion
(*Tudalennau 9 - 66*)

Adroddiad gan Bennaeth y Gwasanaethau I Oedolion
5. Eiddo gwag yn Nhy Gelligron, Canolfan Ddydd Gelligron ac Uned Ailsefydlu Gelligron (*Tudalennau 67 - 70*)

Adroddiad gan Bennaeth y Gwasanaethau I Oedolion
6. Fframwaith Strategol Rhanbarthol Gorllewin Morgannwg ar gyfer Gwasanaethau Iechyd Meddwl i Oedolion (*Tudalennau 71 - 110*)

Adroddiad gan Gyfarwyddwr y Gwasanaethau Cymdeithasol, Iechyd a Thai
7. Eitemau brys

Unrhyw eitemau brys (boed yn gyhoeddus neu wei'u heithrio) yn ôl disgresiwn y Cadeirydd yn unol ag Offeryn Statudol 2001 Rhif 2290 (fel y'l diwygiwyd).

8. Mynediad i gyfarfodydd
Penderfynu gwahardd y cyhoedd o'r eitemau canlynol yn unol â Rheoliad 4 (3) a (5) Offeryn Statudol 2001. Rhif 2290 a'r paragraffau eith riedig perthnasol o Ran 4 Atodlen 12A Deddf Llywodraeth Leol 1972.

Rhan 2

9. Adroddiad Dilynol am Gartref Diogel i Blant Hillside (Yn eithriedig dan Baragraff 13) (*Tudalennau 111 - 118*)

Adroddiad Preifat gan Gyfarwyddwr y Gwasanaethau Cymdeithasol, Iechyd a Thai

**S.Phillips
Prif Weithredwr**

**Canolfan Ddinesig,
Port Talbot**

4 Mehefin 2019

Aelodau'r Cabinet:

Cynghowyr: A.R.Lockyer a/ac P.D.Richards

Nodiadau:

- (1) *Os nad yw unrhyw aelod o Fwrdd y Cabinet yn gallu bad yn bresennol, gall unrhyw aelod arall o'r Cabinet gyflenwi fel aelod etholiadol ar y pwyllgor. Gofynnir i'r aelodau wneud y trefniadau hyn yn uniongyrchol ac yna i hysbysu is adran y pwyllgor..*
- (2) *Ystyrir barn y Pwyllgor Craffu blaenorol wrth wneud penderfyniadau (proses craffu cyn penderfynu)*

EXECUTIVE DECISION RECORD

2 MAY 2019

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

Cabinet Members:

Councillors: A.R.Lockyer and P.D.Richards (Chairperson)

Officers in Attendance:

A.Jarrett, A.Thomas, K.Warren, J.Woodman-Ralph and N. Jones

1. **APPOINTMENT OF CHAIRPERSON**

Agreed that Cllr. P.D.Richards be appointed Chairperson for the meeting.

2. **MINUTES OF PREVIOUS MEETING**

That the Minutes of the previous meeting held on the 4 April 2019, be approved.

3. **FORWARD WORK PROGRAMME**

Noted by Committee

4. **NEATH PORT TALBOT'S PLAN FOR CHILDREN AND YOUNG PEOPLE SERVICES 2019 - 2022**

Decision:

That having given due regard to the Equality Impact Assessment the Neath Port Talbot Plan for Children and Young People Services 2019 – 2022 be approved, as detailed in Appendices 1 to 3 to the circulated report.

Reason for Decision:

The Plan sets out the Council's proposals for the medium term future of Children and Young People Services in Neath Port Talbot, including placing greater emphasis on early intervention and prevention services.

Implementation of Decision:

The decision will be implemented after the three day call in period.

Consultation:

A 90 day public consultation was undertaken between the period 5 August and the 3 November 2018.

5. **NEATH PORT TALBOT'S PLAN FOR ADULT SOCIAL CARE 2019 - 2022**

Decision:

That having given due regard to the Equality Impact Assessment the Neath Port Talbot Plan for Adult Social Care 2019 – 2022 be approved, as detailed in Appendices 1 to 3 to the circulated report.

Reason for Decision:

The Plan sets out the strategic commissioning direction of Adult Social Care to ensure that there will be a sustainable range of quality social care services that meet the needs of the citizens of Neath Port Talbot, through promoting better health and well-being of those citizens so that they can remain safe and independent in their own communities for as long as possible.

Consultation:

A public consultation was undertaken during the period 5 August to the 3 November, 2018.

6. **COMMISSIONING OF CARE AND SUPPORT SERVICES IN A SUPPORTED LIVING SCHEME**

Decisions:

1. That approval be granted for the Head of Adult Services to undertake a procurement exercise to commission care and support services to people living in the supported living scheme.
2. That the Head of Adult Services be granted delegated authority following the procurement process to enter into a contract with the bidder evaluated as offering the most economically advantageous tender (taking into account the quality and cost of the bids), for the provision of care and support to people residing in the supported living scheme.

Reason for Decisions:

To enable a procurement exercise to be undertaken for the delivery of care and support services within the supported living scheme will ensure that the Council is legally compliant when purchasing these services. In addition, this will ensure that the Council is best placed to continue meeting the needs and demands of those that require these services through the purchasing of high quality and financially sustainable services.

Implementation of Decisions:

The decisions will be implemented after the three day call in period.

7. **VACANT PROPERTY AT THE LAURELS, 87, LEWIS ROAD, NEATH, SA11 1DJ.**

Decisions:

1. That approval be granted to declare The Laurels at Lewis Road, Neath SA11 1DJ surplus to the operational requirements of the Social Services, Health and Housing Directorate;
2. That the responsibility of The Laurels at Lewis Road, Neath. SA11 1DJ be transferred to the Head of Property and Regeneration.

Reason for Decisions:

To enable the Laurels at Lewis Road, Neath, SA11 1DJ to be declared surplus to the operational requirements of the Social Services, Health and Housing Directorate and transfer responsibility to the Head of Property and Regeneration.

Implementation of Decisions:

The decisions will be implemented after the three day call in period.

8. **ACCESS TO MEETINGS**

Decision:

That pursuant to Regulation 4 (3) and (5) of Statutory Instrument 2001 No. 2290, the public be excluded for the following items of business which involved the likely disclosure of exempt information as defined in the undermentioned Paragraphs of Part 4 of Schedule 12A to the Local Government Act 1972.

9. **CONTRACTUAL ARRANGEMENTS FOR THE NEATH PORT TALBOT CARER RELATED SERVICES (EXEMPT UNDER PARAGRAPH 14)**

Decisions:

1. That Rule 2.1 of the Contract Procedure Rules be excluded;
2. That approval be granted for the Head of Adult Services to be given delegated authority to enter into a contract with Neath Port Talbot Carers Service until 31 March, 2021.

Reason for Decisions:

To enable the Council and Swansea Bay University Health Board to align their commissioning timetables in order to explore potential opportunities for jointly commissioning carer service provision.

Implementation of Decisions:

The decision will be implemented after the three day call in period.

10. **HILLSIDE (EXEMPT UNDER PARAGRAPH 13)**

Decision:

That the report be noted.

CHAIRPERSON

Mae'r dudalen hon yn fwriadol wag

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care, Health & Well-being Cabinet Board

10th June 2019

Report of the Head of Adult Services – Ms A. Thomas

Matter for Decision

Wards Affected:

All wards.

Report Title Revised Adult Services Respite Allocation Policy

Purpose of the Report:

To inform Members of the proposed revised Adult Services Respite Allocation Policy and seek approval to undertake a 90 day public consultation.

Executive Summary:

Respite is essential in helping carers to maintain their caring role and have a life outside of caring. The policy proposes removing existing 'arbitrary' bandings and allocating exactly the number of nights agreed under a Carer's Assessment and approved by the Resource Allocation Panel. It is expected that this will provide more flexibility and be fairer in that it will take into account individual circumstances.

Background:

The existing Respite Allocation Policy was approved by Members and implemented with effect from 1st April 2014.

Set against a background of increasing demand for our services and economic pressures requiring budgetary savings, the provision of

good quality and responsive adult social care support remains a priority of the Council.

However, in doing so it is necessary to review what services are provided and how we deliver them.

Welsh Government guidance sets out a clear expectation that direct support for carers, including respite services, should be delivered so that carers are able to take a break, supporting them as carers and in their life alongside caring.

It is important to recognise the crucial role that informal carers have in preventing the need for additional care and support for the individuals they care for. Provision of services to prevent carers from developing need for care and support themselves is a Directorate priority. Respite care is one intervention for carers that contributes to preventing, reducing or delaying the need for additional carers support.

Planned respite is provided if it is determined from a carer's assessment that they have eligible support needs and that support can only be met by the provision of a respite care service.

Adult Services provided around 7,000 nights planned respite in the last year, to 175 older people (2,900 nights) and 129 people with complex disabilities (4,100 nights). *Source: Social Services Client Index.*

It is important to recognise the difference between planned respite and emergency (unplanned) respite care when determining eligibility via an allocation system. Clearly, if someone needs care and support in an urgent or emergency situation it remains in everyone's best interest to be able to provide that short term provision rather than look at more costly and life changing longer term / permanent residential or nursing care or possibly an unnecessary hospital admission.

Respite care can be provided in a number of different ways but in Neath Port Talbot planned respite for older people is provided at Plas Bryn Rhosyn; at Trem-y-Mor for adults of working age with a long term condition such as a learning disability; while for those with nursing care needs it is Gnoll Nursing Home.

Current Allocation System - There are three bands against which the allocated service provision is currently determined – up to 16 nights; up to 36 nights; and up to 56 nights over one year. Social Services data also shows that in the last year 175 people had an assessed need for general respite. During that period, those assessed received a total allocation amounting to over 5,500 nights per annum, while analysis shows that the number of nights actually used was just over 2,800. This means that uptake was approximately 51% of assessed entitlement.

In addition, 129 people had an assessed need for complex respite services (typically adults with learning disabilities accessing Trem Y Mor) in the last year. During that period, those assessed received a total allocation amounting to over 5,200 nights per annum, while analysis shows that the number of nights actually used was nearly 4,100. This means that uptake was approximately 79% of assessed entitlement.

Furthermore, annual reviews do not take account of previous years' uptake, such that people continue to be 'slotted' into bands rather than being allocated the number of nights that would meet their individual requirements.

Proposed New Allocation System - The proposed revised needs based allocation system would remove the current bandings which will provide greater flexibility over booking and will tailor allocations to an individual's needs. For example, if a carer requires seven nights respite it will be recorded as such, instead of the current 'up to 16 nights'. It also takes into account any existing support the service user is receiving, for example attendance at a Day Service or in

receipt of Direct Payments, as well as whether the carer is a lone carer or has health related problems of their own.

Whilst removal of the current banding scheme would imply no upper limit in number of nights available to an individual, it is worth highlighting that an amount greater than 56 nights per year can adversely affect certain benefits such as Carer's Allowance.

Applying eligibility criteria robustly will ensure that only those people who have identifiable needs will receive help and support from the Council. This will ensure that all people will be treated fairly and equitably according to the needs that they have. People who have needs that are not deemed eligible will be offered advice and signposted to other organisations who may be able to help.

The new policy also recognizes the wider choices available that are considered respite. The current model is largely a traditional, buildings-based approach. However, carers often want more flexibility in how they have a break from their caring role. For example, this might include a sitting service to provide a regular afternoon break. The new policy therefore puts greater emphasis on flexibility of service provision, including via the use of Direct Payments, and allows greater choice and control rather than individuals fitting into one form of service provision.

Over time, it is expected that this will help improve planning both in terms of demand for overnight respite accommodation, and in the provision of alternatives to buildings-based respite, such as sitting services.

The Council also has a responsibility to ensure that public funds are spent efficiently and effectively and all services that are provided to meet identified eligible needs should represent the most cost effective solution possible. In doing this, the way that services are identified to meet individual needs should be done in as transparent and equitable a way as possible.

Achievement will be measured by various means, including the number of people in receipt of respite, the occupancy rate of beds across the various categories, and achievement of Forward Financial Plan savings.

Financial Impacts:

The Adult Services Respite Allocation Policy has been developed on the basis of the Directorate's budgetary savings for 2019-20.

It is not expected that implementation of this policy will likely incur any additional expenditure, nor will any additional income flows likely be received as a consequence.

Given that there is a savings target of £150,000 against the proposed policy in the Forward Financial Plan for 2019-20, not implementing the recommendation would mean that savings of that level would need to be found by other means.

Integrated Impact Assessment:

A first stage impact assessment has been undertaken to assist the Council in discharging its legislative duties (under the Equality Act 2010, the Welsh Language Standards (No.1) Regulations 2015, the Well-being of Future Generations (Wales) Act 2015 and the Environment (Wales) Act 2016). The first stage impact assessment has indicated that a more in-depth assessment was required.

An overview of the Integrated Impact Assessment has been included below in summary form only and it is essential that Members read the Integrated Impact Assessment, which is attached to the report at Appendix 2, for the purposes of the meeting.

It is concluded that overall the draft policy will contribute towards positive outcomes for age and disability equalities characteristics as clients typically have services which are age and/or disability related. The purpose of the policy is to help protect the Neath Port Talbot's most vulnerable citizens, including unpaid carers. The policy's

intention is to make access to respite services for unpaid carers to be as fair and equitable as possible for all those with an eligible assessed need. It will also ensure long term sustainability of services in line with the Well-being of Future Generations (Wales) Act 2015.

With Members' permission, the draft will be subject of a 90 day public consultation with a wide range of stakeholders. Should any negative impacts come to light, these will be addressed and brought to Members' attention.

Valleys Communities Impacts:

No implications.

Workforce Impacts:

No implications.

Legal Impacts:

The draft policy has been developed in line with the Social Services and Well-being (Wales) Act 2014, Regulations and Codes of Practice that set out the Council's duty to assess an individual's need for care and support, as well as the Well-being of Future Generations Act (Wales) Act 2015 which includes responsibility for ensuring sustainability of services.

Risk Management Impacts:

Failure to implement the policy will require equivalent financial savings to be made by other means.

Consultation:

The draft policy is required to be subject to public consultation.

Recommendations:

It is recommended that Members grant permission for Officers to undertake a 90 day public consultation on the proposed Adult Services Respite Allocation Policy attached as Appendix 1 to this report.

Reasons for Proposed Decision:

To take into account the social care resources available when undertaking an assessment or reassessment of individuals' needs, to ensure a sustainable range of good quality adult social care services are available to meet the needs of the most vulnerable citizens of Neath Port Talbot, and contribute towards the budgetary savings identified in the Council's Forward Financial Plan.

Implementation of Decision:

The decision is proposed for implementation after the three day call in period.

Appendices:

Appendix 1 – Adult Services Respite Allocation Policy (revised 2019).

Appendix 2 – Integrated Impact Assessment.

Appendix 3 – Easy Read Policy Document.

Appendix 4 – Consultation document.

Appendix 5 – Adult Services Respite Allocation Assessment Tool

List of Background Papers:

Respite Allocation Policy 2014

First stage Impact Assessment.

Officer Contact:

For further information on this report item, please contact:

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Mae'r dudalen hon yn fwriadol wag



Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

Adult Services Respite Allocation Policy

June 2019

Building Safe and Resilient Communities

www.npt.gov.uk

Tudalen17

1. Introduction

Neath Port Talbot Council ('the Council') is committed to ensuring that all people with an assessed eligible care and support need receive high quality, sustainable and personalised responses to meet that need and help them to achieve their agreed personal outcomes.

The Council recognises the important role of carers and the need to support their well-being through a range of interventions as identified by a Carer's Assessment.

This policy has been developed to provide a strategic approach to delivering respite that is consistent, transparent and clearly outlines the framework through which the Council provides respite services. The policy applies to all adults aged 18 years and above who are currently or become eligible for respite provided directly or commissioned by the Council. There is separate provision for meeting the needs of Young Carers who are, therefore, not covered by this policy.

2. What is Respite?

Respite means a carer and the person they care for being supported to have a valuable break from the normal routine and demands of their caring situation.

The need for respite may be identified via a Carer's Assessment as part of a person's eligible need to support them to care for a family member, partner or friend. Respite should deliver positive outcomes for all those involved in the caring relationship. Outcomes might include:

- A break from day-to-day routines
- Time to rest and recharge the batteries
- Improved well-being
- Strengthened relationships and opportunities to maintain friendships
- Time to pursue personal interests, leisure or cultural activities
- Greater independence and self-confidence
- Carers will feel better supported to sustain their caring role
- Carers who are less likely to ask for support will feel better supported and more aware of sources of help

3. Aims of the Policy

The policy aims to provide clear, fair and equitable eligibility criteria for unpaid carers to access respite services. For the purposes of this document, unpaid carers are people who support a family member, partner or friend, but are not employed to do so. The person cared for and/or the unpaid carer may be in receipt of welfare benefits such as Attendance Allowance or Carer's Allowance; however, such benefits are excluded from the consideration of eligibility for respite.

4. Legal Framework

The Social Services and Well-being (Wales) Act 2014 ('the Act'), together with Regulations made and Codes of Practice and Guidance issued under it, is the legislative framework that sets out the Council's duties in meeting an individual's need for care and support, or support in the case of a carer, following an assessment. The Council will have a duty to meet that need if the need meets statutory eligibility criteria and cannot be met by the person's own resources or community resources.

The Well-being of Future Generations (Wales) Act 2015 outlines principles and ways of working which include the responsibility for ensuring sustainable developments for individuals to connect with their local communities and the needs of the present being met without compromising the ability of future generations to meet their own needs. This links directly to the well-being principles underpinning this policy.

5. Policy Statement

This policy outlines how the Council will ensure a consistent and equitable way of supporting carers through the provision of respite by setting out the criteria that will be used to assess how adults access respite services identified in a Carers Assessment or review.

6. Types of Short Break

Respite services have changed. They no longer have to mean a bed in a care home for the person cared for. They can take many forms and be used for many things, such as shopping, socialising or enjoying a hobby.

A break could be, for example:

- A one-off occasion to recharge your batteries
- A regular hour to yourself
- Daytime or overnight respite

7. Principles of Providing a Service

The following principles will apply:

- The receipt of social care and support services is based on eligibility. All adults over the age of 18 years have the right to request an assessment of their need either as a potential service user or as a carer of someone who needs care and support. Once an assessment has been completed a decision will be made as to which needs someone has that are eligible to be met according to prevailing Welsh Government legislation.
- The Act, and the Regulations, Guidance and Codes of Practice issued under it, stress the importance of supporting a wide range of social enterprises and third party organisations to provide care and support in the local community. Wherever possible, the Council will look and see whether identified eligible needs can be met in a less formal way by family, friends, neighbours and the wider community. This does not mean that the Council will only meet needs which cannot be met in these other ways, but we will look at the full range of possibilities.
- When commissioning services, the Council will make a determination as to what interventions can best meet the person's identified assessed needs and agreed desired outcomes in a way that is equitable and sustainable, whilst offering maximum choice and control in regards to the care and support they receive.
- That people are expected to pay what they can afford for the services that they receive, taking full account of any income, savings and assets that they have in accordance with the Charging and Assessment regulations.
- The provision of respite should make a difference to the lives of both carers and those cared for, improving the quality of life and well-being of both, and supporting the caring relationship to allow carers to continue to care.
- Carers, and those they care for, are at the centre of planning the respite which should be personalised as far as possible to their individual needs.

8. Eligibility Criteria

A carer is a person who provides, or intends to provide, a substantial level of unpaid care on a regular basis to a person with eligible needs for care and support.

All carers aged 18+ years providing care within Neath Port Talbot are eligible for a Carers Assessment (or review) and, if required, an outcome based support plan which reflects how the proposed support meets identified outcomes.

All assessments and reviews will be conducted in accordance with the 2014 Act, Regulations and Codes of Practice and should reflect the realities and needs of the individual situation. When assessing the need for, and amount of, respite the following matters are likely to be relevant (though this is not an exhaustive list):

- Time spent caring each week
- Whether the health, well-being and quality of life of the carer or the person receiving care is under strain and is likely to be improved by the provision of respite
- The carer's age in so far as relevant to their capacity to provide care
- Whether they are a sole carer
- Whether the carer cares for more than one person
- Whether the caring role involves broken sleep
- Impact of caring on the carer's employment and social engagement (or prospects of these)

Exceptional circumstances should be explored during the Carer's Assessment or review and the cared for person's Care and Support Plan assessment or review.

A carer will generally be eligible for respite services if the assessment (or review) identifies outcomes that can only be met through the provision of respite commissioned or provided directly by the Council.

9. Allocation

As a starting point, the amount of respite allocated will be based on an assessment undertaken by an appointed Care Manager using the Council's Respite Allocation Tool ([Appendix1](#)).

Allocations of respite provision as above will then be 'reality checked' against a carer's specific circumstances to ensure that what is proposed is likely to meet the assessed need and agreed desired outcomes.

Whilst there is no implied upper limit to the number of respite nights available to an individual, it is worth highlighting that an amount greater than 56 nights per year can adversely affect certain benefits such as Carer's Allowance.

All staff need to remind carers that if they cancel their planned respite, they need to give as much notice as possible. This is to ensure that scarce respite resources are not left vacant when, with sufficient notice, they might have been made available to someone else in need. Furthermore, there is no guarantee that requests for specific dates within residential respite units can always be met.

10. Preference for Particular Accommodation

The 2014 Act recognises the importance of persons in need of care and support being able to express an element of choice around the meeting of need. Where a person receives ongoing care and support, or long term residential care provided or facilitated by the Council, we do our best to ensure that element of choice. The short term and intermittent nature of respite care, coupled with the need to ensure the continued availability of respite provision by guaranteeing funding levels to providers, prevents the Council from commissioning a range of providers, so we cannot offer the same level of choice of commissioned services. An element of preference/choice is, however, maintained through the offer of Direct Payments (see Section 12 below).

Currently, the Council's designated provider of:

- Overnight respite for older people is Plas Bryn Rhosyn.
- Overnight nursing respite is Gnoll Nursing Home.
- Overnight respite for people with complex needs, including learning disabilities, is Trem Y Mor.

11. Principles of Charging for Services

The maximum amount which a person may be charged as a contribution towards the cost of non-residential care and support, which by definition includes respite care, is set by the Welsh Government by regulation. Individual

liability to contribute to the cost of respite, up to the maximum figure from time to time, will be calculated in accordance with Regulations.

12. Direct Payments

Direct Payments will be offered to promote, where possible, flexibility in the provision of respite.

A carer can choose a Direct Payment from the Council to commission care and support from providers of their choice. This can give the carer more choice, control and flexibility over how they receive respite.

When the Direct Payment for respite services is used to fund residential care, Shared Lives or community based services, the person will be charged according to the Council's 'Residential and Non-Residential Care Charging Policy' at the time when the respite is taken.

The Council will be concerned to see that the care and support services purchased meet the assessed need and achieve agreed personal outcomes but, beyond that, it is entirely a matter for the person to decide whether they wish, and are able, to purchase more costly care and support at their own expense.

The need for the Council to ensure availability for respite placements through the block funding of places, as explained in Section 10 above, means that it is not possible, save in exceptional circumstances, for Direct Payments to be used to purchase respite care at the properties named in Section 10.

13. Transition Period

It is anticipated that most carers will be moved onto the new allocation immediately following review.

However, it is recognised that for people who are allocated a significantly lower allocation of nights than they currently receive and who would find it particularly difficult to cope with an immediate full reduction it may be reasonable to maintain a higher, but steadily reducing, level of respite support during a transition period, particularly when the current level of provision has been in place for a long time. In these exceptional circumstances, which will be considered on an individual basis, a phased approach may be taken.

14. Review of Service

All care and support packages which include respite services will be subject to a minimum of an annual review to ensure they remain the most appropriate option for meeting the carer's assessed needs. This will include, where applicable, taking into consideration the previous year's allocation and take up.

15. Complaints / Appeals Procedure

Should a person who accesses services or their carer wish to challenge any decisions made, (s)he should refer to the Council's appeals procedure. This process has a clear route of appeal and timescale for handling appeals.

Individuals and/or their carers should be provided with information explaining how to complain about Social Services in Neath Port Talbot, which is available in accessible formats and different languages. The leaflet and details of the complaints procedure can also be accessed online via the Council's website www.npt.gov.uk. The dedicated Adult Services Complaints telephone number is (01639) 763445, or via email: complaints@npt.gov.uk

16. Review of the Policy

The policy reflects the Council's current position and will be reviewed annually.

17. Resources

Paying for Residential and Community Care: <https://www.npt.gov.uk/1290>

Integrated Impact Assessment (IIA)

This Integrated Impact Assessment considers the duties and requirements of the following legislation in order to inform and ensure effective decision making and compliance:

- Equality Act 2010
- Welsh Language Standards (No.1) Regulations 2015
- Well-being of Future Generations (Wales) Act 2015
- Environment (Wales) Act 2016

Version Control

Version	Author	Job title	Date
e.g. Version 1	Andrew Potts	Commissioning Officer	15 th May 2019

1. Details of the initiative

	Title of the Initiative: Adult Services Respite Allocation Policy
1a	Service Area: Adult Services
1b	Directorate: Social Services, Health & Housing
1c	Summary of the initiative: To set out eligibility criteria for assessing unpaid carers' need for respite services.
1d	Who will be directly affected by this initiative? Current and future service users and their unpaid carers.
1e	When and how were people consulted? Permission is being sought to carry out a 90 day consultation.
1f	What were the outcomes of the consultation? N/A.

2. Evidence

What evidence was used in assessing the initiative?

Social Services routinely collects data as part of the assessment/review process of individuals and carers, which is reported annually to Welsh Government.

In addition to the number of people accessing the services, limited equalities data such as age, disability, ethnicity and sex is also collected, which in turn informs policy development and service provision. The following provides a summary of information known about current users of Adult Respite Services:

The Social Services Client Index shows that there are currently 196 people with an assessed need for general respite (typically older people accessing Plas Bryn Rhosyn or similar provision). The table below shows those people according to age group and the number of nights respite allocation in the year:

Age Group	Nights Allocated															Total
	7	14	16	20	21	24	26	28	36	37	42	48	56	58	78	
<20						1			1							2
30s									1							1
50s		1							2				1			4
60s									2				5			7
70s			8	1	1				19		5		9		1	44
80s	1	3	7			1	1	1	36	1	5	1	24			81
90s			7			1		1	32		2		11	1		55
100+			1										1			2
Total	1	4	23	1	1	3	1	2	93	1	12	1	51	1	1	196

It can be seen that people in their 80s are most likely users of this service (81 people), and that the most common allocation is for 36 nights (93 people).

Social Services data also shows that in the last year 175 people had an assessed need for general respite. During that period, those assessed received a total allocation amounting to over 5,500 nights per annum, while analysis shows that the number of nights actually used was just over 2,800. This means that uptake was approximately 51% of assessed entitlement.

In addition, 129 people had an assessed need for complex respite services (typically adults with learning disabilities accessing Trem Y Mor) in the last year. During that period, those assessed received a total allocation amounting to over 5,200 nights per annum, while analysis shows that the number of nights actually used was nearly 4,100. This means that uptake was approximately 79% of assessed entitlement.

	Nights Allocated										
	16	24	28	35	36	42	45	48	55	56	Total
No. of Clients	4	2	10	1	32	1	1	1	1	76	129

3. Equalities

a) How does the initiative impact on people who share a **protected characteristic**?

Protected Characteristic	+	-	+/-	Why will it have this impact?
Age	X			<p>Data shows that a high number of people receiving general respite have a protected characteristic by virtue of their age.</p> <p>The allocation tool takes into account individual circumstances of the carer and the cared for person in order to ensure that respite services provide a needs-led, person centred response. Therefore the protected characteristics of those to whom the service is delivered and the needs of carers requiring respite are considered as part of the needs assessment process and catered for in the individual's bespoke support plan.</p>

			<p>This proposal better ensures that peoples protected characteristics are considered by removing the banding system and replacing this with a system which is more in line with the Social Services and Wellbeing (Wales) Act 2014 by looking at the individual circumstances of the carer and cared for person.</p>
Disability	X		<p>Data shows that people with complex needs due to their disability are likely to require respite.</p> <p>The allocation tool takes into account individual circumstances of the carer and the cared for person in order to ensure that respite services provide a needs-led, person centred response. Therefore the protected characteristics of those to whom the service is delivered and the needs of carers requiring respite are considered as part of the needs assessment process and catered for in the individual's bespoke support plan.</p> <p>This proposal better ensures that peoples protected characteristics are considered by removing the banding system and replacing this with a system which is more in line with the Social Services and Wellbeing (Wales) Act 2014 by looking at the individual circumstances of the carer and cared for person and how their respite needs can be best met.</p>
Gender reassignment	X		<p>Access to respite is unlikely to be solely due to a person's gender identity. However, personal circumstances relating to a person gender identity may have an impact on how respite is delivered or the level of respite required.</p> <p>The allocation tool takes into account individual circumstances of the carer and the cared for person in order to ensure that respite services provide a needs-led, person centred response. Therefore the protected characteristics of those to whom the service is delivered and the needs of carers requiring respite are considered as part of the needs assessment process and catered for in the individual's bespoke support plan.</p>

			<p>This proposal better ensures that peoples protected characteristics are considered by removing the banding system and replacing this with a system which is more in line with the Social Services and Wellbeing (Wales) Act 2014, by looking at the individual circumstances of the carer and cared for person and how their respite needs can be best met.</p>
Marriage & civil partnership	X		<p>Unpaid carers are often family members/partners of the person being cared for, which can have an impact on relationships and cause difficulties in maintaining the caring role as well as their personal relationships.</p> <p>The allocation tool takes into account individual circumstances of the carer and the cared for person in order to ensure that respite services provide a needs-led, person centred response. Therefore the protected characteristics of those to whom the service is delivered and the needs of carers requiring respite are considered as part of the needs assessment process and catered for in the individual's bespoke support plan.</p> <p>This proposal better ensures that peoples protected characteristics are considered by removing the banding system and replacing this with a system which is more in line with the Social Services and Wellbeing (Wales) Act 2014, by looking at the individual circumstances of the carer and cared for person and how their respite needs can be best met.</p>
Pregnancy and maternity	X		<p>It is possible that someone providing unpaid care may be, or become, pregnant which can cause difficulties in maintaining the caring role. It is also possible that the cared for person may become pregnant or have a young child, which would need to be taken into account when determining how to best meet any respite needs.</p> <p>The allocation tool takes into account individual circumstances of the carer and the cared for person in order to ensure that respite services provide a needs-led, person centred response. Therefore the protected characteristics of those to whom the service is delivered and the needs of carers requiring respite are considered as part of the needs assessment process and catered for in the individual's bespoke support plan.</p>

			<p>This proposal better ensures that peoples protected characteristics are considered by removing the banding system and replacing this with a system which is more in line with the Social Services and Wellbeing (Wales) Act 2014, by looking at the individual circumstances of the carer and cared for person and how their respite needs can be best met.</p>
Race	X		<p>Access to respite is unlikely to be solely due to a person's race. However, personal circumstances relating to a person race may have an impact on how respite is delivered or the level of respite required.</p> <p>The allocation tool takes into account individual circumstances of the carer and the cared for person in order to ensure that respite services provide a needs-led, person centred response. Therefore the protected characteristics of those to whom the service is delivered and the needs of carers requiring respite are considered as part of the needs assessment process and catered for in the individual's bespoke support plan.</p> <p>This proposal better ensures that peoples protected characteristics are considered by removing the banding system and replacing this with a system which is more in line with the Social Services and Wellbeing (Wales) Act 2014, by looking at the individual circumstances of the carer and cared for person and how their respite needs can be best met.</p>
Religion or belief	X		<p>Access to respite is unlikely to be solely due to a person's religion or belief. However, personal circumstances relating to a person's religion or belief may have an impact on how respite is delivered or the level of respite required.</p> <p>The allocation tool takes into account individual circumstances of the carer and the cared for person in order to ensure that respite services provide a needs-led, person centred response. Therefore the protected characteristics of those to whom the service is delivered and the needs of carers requiring respite are considered as part</p>

			<p>of the needs assessment process and catered for in the individual's bespoke support plan.</p> <p>This proposal better ensures that peoples protected characteristics are considered by removing the banding system and replacing this with a system which is more in line with the Social Services and Wellbeing (Wales) Act 2014, by looking at the individual circumstances of the carer and cared for person and how their respite needs can be best met.</p>
Sex	X		<p>Access to respite is unlikely to be solely due to a person's sex. However, personal circumstances relating to a person's sex may have an impact on how respite is delivered or the level of respite required.</p> <p>The allocation tool takes into account individual circumstances of the carer and the cared for person in order to ensure that respite services provide a needs-led, person centred response. Therefore the protected characteristics of those to whom the service is delivered and the needs of carers requiring respite are considered as part of the needs assessment process and catered for in the individual's bespoke support plan.</p> <p>This proposal better ensures that peoples protected characteristics are considered by removing the banding system and replacing this with a system which is more in line with the Social Services and Wellbeing (Wales) Act 2014, by looking at the individual circumstances of the carer and cared for person and how their respite needs can be best met.</p> <p>Respite services provide needs-led, person centred support. Therefore the protected characteristics of those to whom the service is delivered and the needs of carers requiring respite are considered as part of the needs assessment process and catered for in the individual's bespoke support plan.</p>
Sexual orientation	X		<p>Access to respite is unlikely to be solely due to a person's sexual orientation. However, personal circumstances relating to a person's sexual orientation may have an impact on how respite is delivered or the level of respite required.</p>

			<p>The allocation tool takes into account individual circumstances of the carer and the cared for person in order to ensure that respite services provide a needs-led, person centred response. Therefore the protected characteristics of those to whom the service is delivered and the needs of carers requiring respite are considered as part of the needs assessment process and catered for in the individual's bespoke support plan.</p> <p>This proposal better ensures that peoples protected characteristics are considered by removing the banding system and replacing this with a system which is more in line with the Social Services and Wellbeing (Wales) Act 2014, by looking at the individual circumstances of the carer and cared for person and how their respite needs can be best met.</p>
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What action will be taken to improve positive or mitigate negative impacts?

The policy's intention is to make access to respite services for unpaid carers to be as fair and equitable as possible for all those with an eligible assessed need. This proposal better ensures that peoples protected characteristics are considered by removing the banding system and replacing this with a system which is more in line with the Social Services and Wellbeing (Wales) Act 2014, by looking at the individual circumstances of the carer and cared for person and how their respite needs can be best met. As such it is not anticipated that this policy will have a negative impact based on a persons protected characteristic. However, the consultation period will enable respondents to highlight any unintended consequences of the policy that could lead to discrimination based on a person's protected characteristic.

The current banding system is not as person centred as this policy as the policy will ensure that people receive the level of respite required for their individual needs.

Furthermore, this policy enables the Council to make best use of its available resources, supporting the Council to be financially sustainable in order to meet the needs and demands of those requiring respite. If the commissioned services are not suitable due to a persons protected characteristic then a direct payment can be offered or where possible an alternative commissioned.

It is acknowledged that some people may receive a reduction in respite if this policy is implemented. Although the reduced allocation would continue to meet the persons need (as the allocation is based on a personalised assessment of a persons need), this may still potentially have a negative impact. To mitigate any potential negative impacts, the policy makes provision to implement a phased approach to any such reduction if required.

In light of the above this policy should overall have a positive impact.

b) How will the initiative assist or inhibit the ability to meet the **Public Sector Equality Duty**?

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Public Sector Equality Duty (PSED)	+	-	+/-	Why will it have this impact?
To eliminate discrimination, harassment and victimisation	X			The policy provides a framework that helps to ensure a person's individual needs and circumstances are taken into account, rather than a person being allocated into a banding. This is a more equitable system, which supports the Council in meeting its PSED. This policy helps to ensure that carers have a life alongside caring, which supports the Council in meeting its PSED. Respite also enables the cared for person to have social opportunities.
To advance equality of opportunity between different groups	X			
To foster good relations between different groups	X			

What action will be taken to improve positive or mitigate negative impacts?

The potential impact of the proposed Policy on those with eligible care and support needs on PSED has been fully considered and it has been assessed that overall this policy will have a positive impact.

This policy supports carers wellbeing by enabling them to have a break from their caring role. Enabling carers to have a break from their caring role also supports the wellbeing of the cared for person as it helps to reduce carer breakdown, which can result in crisis and the cared for person requiring a long term placement outside of their home (e.g. residential care). Respite provision will help to ensure the Council meets its PSED.

The consultation will enable people to highlight any unintended consequences of the policy that may have a negative impact on PSED requirements.

4. Community Cohesion/Social Exclusion/Poverty

	+	-	+/-	Why will it have this impact?
Community Cohesion	X			<p>The Policy contributes to the overall aim to “Build Safe and Resilient Communities”, which by definition is intended to have a positive impact on community cohesion in general.</p> <p>Respite will support carers and the cared for to be active members of their communities and socialise with others by enabling them to have a life alongside caring. Therefore this policy will have a positive impact on community cohesion and social exclusion.</p> <p>Any charge for services will be in line with the Councils charging policy, which is compliant with legislation. As such, only those people who can afford to pay for a service will be expected to do so. Therefore, this policy will have a natural impact on poverty as it does not make provision for any changes to the charging of services.</p>
Social Exclusion	X			
Poverty			X	

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What action will be taken to improve positive or mitigate negative impacts?

The Council's Wellbeing Objectives aim to improve the wellbeing of children, young people and adults, as well as the general wellbeing of the area, by developing the local economy and environment.

As noted above the policy should have a positive or neutral impact. The consultation will enable people to highlight any unintended consequences of the policy that may have a negative impact.

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5. Welsh

	+	-	+/-	Why will it have this effect?
What effect does the initiative have on: - people's opportunities to use the Welsh language			X	The Council will continue to offer services in Welsh and English.
- treating the Welsh and English languages equally			X	The Council will continue to offer services in Welsh and English.

What action will be taken to improve positive or mitigate negative impacts?

The Council currently has only a small number of staff with Welsh language skills working in the Directorate. However, opportunities for staff to use their language skills are promoted and training made available to those who wish to further develop their skills.

The proposals in the Policy do not include any planned reduction in human resource at the frontline. It is not therefore anticipated that they will have any effect on the service delivered to those who receive care and support from Adult Services and who wish the service they receive to be delivered through the medium of the Welsh language.

The Policy is written on the assumption that there will be no further financial or human resources available to Adult Services throughout the life of the Policy and that therefore, sustaining the current level of equality of treatment, in respect of the Welsh language, is the only realistically achievable aim.

Opportunities for staff to use their language skills will continue to be promoted and training will continue to be made available to those who wish to further develop their skills.

Contracts for commissioned services contain clauses to ensure the provider delivers services in line with the Welsh Language Act.

6. Biodiversity

How will the initiative assist or inhibit the ability to meet the **Biodiversity Duty**?

Biodiversity Duty	+	-	+/-	Why will it have this impact?
To maintain and enhance biodiversity			X	It is not expected that the policy will have any adverse effect on biodiversity or ecosystem resilience.

To promote the resilience of ecosystems, i.e. supporting protection of the wider environment, such as air quality, flood alleviation, etc.			X	
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What action will be taken to improve positive or mitigate negative impacts?

Not applicable.

7. Well-being of Future Generations

How have the five ways of working been applied in the development of the initiative?

Ways of Working	Details
i. Long term – looking at least 10 years (and up to 25 years) ahead	This is one of a range of new policies being consulted on which aim to improve fairness of access to services, as well as the long term sustainability of service provision in line with the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015.
ii. Prevention – preventing problems occurring or getting worse	The aim of the draft Respite Allocation Policy is to help support unpaid carers to maintain their caring role. Provision of services to prevent carers from developing need for care and support themselves is a Directorate priority. Respite care is one intervention for carers that contributes to preventing, reducing or delaying the need for additional carers support. It also supports

	sustainability of the carer's ability to continue to care and as such helps to prevent crisis and carer breakdown, which can lead to the cared for person requiring statutory support.
iii. Collaboration – working with other services internal or external	The proposal enables us to make best use of our partnerships with those who are commissioned to provide respite services. The policy also enables us to explore alternatives to commissioned respite services when determining how to support a person's respite needs.
iv. Involvement – involving people, ensuring they reflect the diversity of the population	Various staff representatives have been involved in the development of the draft policy and allocation tool, including social workers and managers, Finance, Legal and Audit. The draft policy will be subject, with Members' approval, to a full 90 public consultation to gain public opinion and feedback.
v. Integration – making connections to maximise contribution to:	<p>The aim of the draft Respite Allocation Policy is to help support unpaid carers to maintain their caring role. Respite care is one intervention for carers that contributes to preventing, reducing or delaying the need for additional carers support. It also supports sustainability of the carer 's ability to continue to care and as such helps to prevent crisis and carer breakdown, which can lead to the cared for person requiring statutory support.</p> <p>The draft policy therefore contributes towards the objective of improving the well-being of adults who live in the county borough and to develop the economy.</p>
Council's well-being objectives	<p>To improve the well-being of all adults who live in the county borough.</p> <p>To develop the economy and the environment so that the well-being of people can be improved.</p>
Other public bodies objectives	<p>Create safe, confident and resilient communities, focusing on vulnerable people.</p> <p>Encourage Ageing Well.</p>

8. Monitoring Arrangements

Provide information on the monitoring arrangements to:

Monitor the impact of the initiative on Equalities, Community Cohesion, the Welsh Measure, Biodiversity Duty and the Wellbeing Objectives.

Ongoing consideration of equality impact will continue to be given as the Policy is implemented.

Any unintended/unforeseen negative impact on those in receipt of care and support services, identified as part of these processes, will be the subject of further impact assessment.

We will thereby ensure that any emerging unintended/unforeseen negative impact on those who are in receipt of services, which was not previously considered, is acknowledged and acted upon appropriately.

Any such further completed impact assessment will be brought to the attention of Members, as part of the ongoing annual review process recommended in the Policy, to ensure these inform decisions which have had due regard to the Council's legal obligations.

The outcome of any such assessment will be routinely included in the next annual progress report to Members, or reported on sooner if the assessment outcome is significant enough to justify doing so.

The 90 day consultation will enable people to highlight any unintended negative consequence of the policy, which will then be considered when determining whether to continue to recommend the policy.

9. Assessment Conclusions

Please provide details of the conclusions reached in relation to each element of the assessment:

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	Conclusion
Equalities	<p>The policy’s intention is to make access to respite services for unpaid carers to be as fair and equitable as possible for all those with an eligible assessed need. This proposal better ensures that peoples protected characteristics are considered by removing the banding system and replacing this with a system which is more in line with the Social Services and Wellbeing (Wales) 2014 act, by looking at the individual circumstances of the carer and cared for person and how their respite needs can be best met. As such it is not anticipated that this policy will have a negative impact based on a persons protected characteristic. However, the consultation period will enable respondents to highlight any unintended consequences of the policy that could lead to discrimination based on a person’s protected characteristic.</p> <p>The current banding system is not as person centred as this policy as the policy will ensure that people receive the level of respite required for their individual needs.</p> <p>Furthermore, this policy enables the Council to make best use of its available resources, supporting the Council to be financially sustainable in order to meet the needs and demands of those requiring respite. If the commissioned services are not suitable due to a person protected characteristic then a direct payment will be offered or an alternative commissioned.</p> <p>It is acknowledged that some people may receive a reduction in respite if this policy is implemented. Although the reduced allocation would continue to meet the persons need (as the allocation is based on a personalised assessment of a persons need), this may still potentially have a negative impact. To mitigate any potential negative impacts, the policy makes provision to implement a phased approach to any such reduction.</p> <p>In light of the above this policy should overall have a positive impact.</p>

<p>Community Cohesion/ Social Exclusion/Poverty</p>	<p>The potential impact of the proposed Policy on those with eligible care and support needs on PSED, given their various protected characteristics, has been fully considered and it has been assessed that overall this policy will have a positive impact.</p> <p>This policy supports carers wellbeing by enabling them to have a break from their caring role. Enabling carers to have a break from their caring role also supports the wellbeing of the cared for person as it helps to reduce carer breakdown, which can result in crisis and the cared for person requiring a long term placement outside of their home (e.g. residential care). Respite provision will help to ensure the Council meets its PSED.</p> <p>The consultation will enable people to highlight any unintended consequences of the policy that may have a negative impact on PSED.</p> <p>Respite will support carers and the cared for to be active members of their communities and socialise with others by enabling them to have a life alongside caring. Therefore this policy will have a positive impact on community cohesion and social exclusion.</p> <p>Any charge for services will be in line with the Council's charging policy, which is compliant with legislation. As such, only those people who can afford to pay for a service will be expected to do so. Therefore, this policy will have a natural impact on poverty as it does not make provision for any changes to the charging of services.</p>
<p>Welsh</p>	<p>The Council currently has only a small number of staff with Welsh language skills working in the Directorate. However, opportunities for staff to use their language skills are promoted and training made available to those who wish to further develop their skills.</p> <p>The proposals in the Policy do not include any planned reduction in human resource at the frontline. It is not therefore anticipated that they will have any effect on the service delivered to those who receive care and support from Adult Services and who wish the service they receive to be delivered through the medium of the Welsh language.</p> <p>The Policy is written on the assumption that there will be no further financial or human resources available to Adult Services throughout the life of the Policy and that therefore, sustaining the current</p>

	<p>level of equality of treatment, in respect of the Welsh language, is the only realistically achievable aim.</p> <p>Opportunities for staff to use their language skills will continue to be promoted and training will continue to be made available to those who wish to further develop their skills.</p> <p>Contracts for commissioned services contain clauses to ensure the provider delivers services in line with the Welsh Language Act.</p>
Biodiversity	The draft policy has no impact on biodiversity.
Well-being of Future Generations	The draft policy contributes to the long term sustainability of service provision.

Overall Conclusion

Please indicate the conclusion reached:

- **Continue** - as planned as no problems and all opportunities have been maximised
- **Make adjustments** - as potential problems/missed opportunities/negative impacts have been identified along with mitigating actions
- **Justification** - for continuing with the initiative even though there is a potential for negative impacts or missed opportunities
- **STOP** - redraft the initiative as actual or potential unlawful discrimination has been identified

Please provide details of the overall conclusion reached in relation to the initiative

The purpose of the policy is to help protect the county's most vulnerable citizens, including unpaid carers. The policy's intention is to make access to respite services for unpaid carers to be as fair and equitable as possible for all those with an eligible assessed need. It was also ensure long term sustainability of services in line with the Well-being of Future Generations (Wales) Act 2015. With Members' permission, the draft will be subject of a 90 public consultation with a wide range of stakeholders. Should any negative impacts come to light these will be addressed and brought to Members' attention.

10. Actions

What actions are required in relation to obtaining further data/information, to reduce or remove negative impacts or improve positive impacts?

Action	Who will be responsible for seeing it is done?	When will it be done by?	How will we know we have achieved our objective?
Put robust digital systems in place to improve data collection against all protected characteristics.	Head of Adult Services	Annually from 2020	Improved equalities data collection systems are in place.
Undertake an analysis of a comprehensive equalities dataset and include this in annual monitoring reports to Members.	Commissioning Officer - Policy & Strategy	Ongoing	More robust equalities data is included in annual Adult Services monitoring reports.
Continue to promote opportunities for staff to use their Welsh language skills and make available training for those who wish to further develop their skills.	Head of Adult Services	Annually from 2020	There is at least no reduction in the number of staff able to deliver the Council's Adult Services, including Respite, through the medium of the Welsh language. Enable staff to attend Welsh language training.

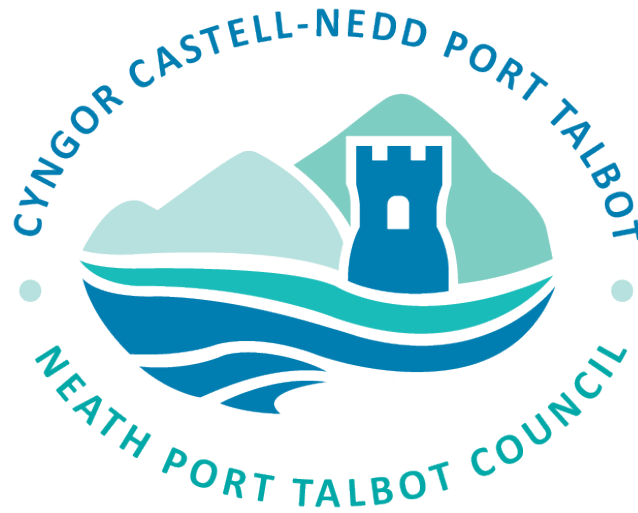
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As the Policy is implemented, complete further EIAs in respect of any emerging unintended/unforeseen impact and include them in annual monitoring reports to Members.	Commissioning Officer - Policy & Strategy	Annually from 2020	The overall impact of the Policy on all those receiving care and support from Adult Services remains positive.
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11. Sign off

	Name	Position	Signature	Date
Completed by	Andrew Potts	Commissioning Officer		15 th May 2019
Signed off by	Angela Thomas	Head of Service/Director		

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**Easy Read Version
of
Neath Port Talbot Council's
Adult Services Respite
Allocation Policy 2019**



What is the Policy about?



The Policy describes how Neath Port Talbot Council will provide respite services to unpaid carers who have an assessed social care and support need.



The Policy tells us how the Council will make sure carers of adults receive support that meets their assessed needs in ways which are fair to all. If a person wants more or more expensive services than they need we will offer a direct payment and they can choose to pay the extra cost.



This Policy will apply to people who already receive respite services as well as people who may need respite in the future.



This Policy is a draft written by staff from Neath Port Talbot Council and we would like to know your views to develop a final policy.



We welcome feedback from all. We will keep individuals, their families, carers and others updated via forums including Carers Meetings, and information on the NPT website.

What does Neath Port Talbot Council want out of the Policy?

We want to make sure that the most vulnerable adults and their unpaid carers in Neath Port Talbot have the right amount of help to meet their support needs.

An unpaid carer is someone who looks after a family member, partner or friend with a health or social care need, and the care they give is unpaid.

Currently, unpaid carers with an assessed support need receive up to 16, up to 36, or up to 56 nights respite per year.

We propose removing these bandings. Instead, the unpaid carer will be offered a number of nights according to their assessed need.

This will be reviewed each year to make sure it still meets identified eligible needs.

If an unpaid carer wants a service that costs more than what the Council assesses as being able to meet their needs, they may be entitled to receive a Direct Payment (see page 4 below).

Our Aim

The Council wants to help its most vulnerable citizens and make sure those who need support get it.

We want to do this in a way that is fair to all those in need.

When assessing or re-assessing an unpaid carer's needs, the Council will take into account the social care resources available to it when considering how those needs might be met.

We want to make sure that those who need respite most can access support services.

We will offer people choice and control over the services that can best meet their assessed needs and desired outcomes in a way that is sustainable.

Who will be affected by this Policy?

We will look at what services a person needs as part of their Care and Support Plan assessment and their Carer's Assessment.

We will also look at a person's needs as part of their Care and Support Plan review and the review of the Carer's Assessment to see if their needs and outcomes have changed, or if their needs can be met by a different type of service.

This means that people currently using respite services and those who might need them in the future will be affected by this Policy.

More about Direct Payments

Direct Payments are cash payments given to you by the Council to arrange and pay for your own care and support instead of the Council arranging services for you.

They allow you to choose and control who supports you and how, when and where this support is provided.

This means:

- You control the decisions that affect your life
- Day-to-day control of the money and provision of your care is given to you
- You have flexibility and choice, enabling you to purchase support that is best suited to your needs and what you want

Direct Payments must be used to meet your social care needs as described in your Carer's Assessment, and could be spent on things like:

- A sitting service, so that someone can look after the person you care for at home, while you go out during the day or night
- Access to leisure services
- Support services from an agency

Employing a Personal Assistant to support with the above tasks is one of the most common ways people choose to use Direct Payments.

The Council's Direct Payments Support Service can identify approved support providers who can take care of the responsibility of employing a Personal Assistant.

How will the Council collect views and opinions?



The Council will be collecting views and opinions on this Policy in different ways:



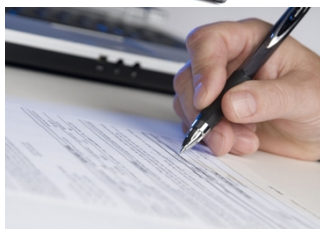
Focus group meetings will be arranged during the consultation. It will be an opportunity to find out more about the Policy, ask questions and give your views.



Paper copies of the Policy and feedback form will be available in Neath Civic Centre, Port Talbot Civic Centre and The Quays reception areas, as well as respite and pan-disability day services.



On the Council's website:
www.npt.gov.uk/haveyoursay
Or email us: CCU@npt.gov.uk



You can write to us or complete the feedback form at the end of the consultation booklet. Letters and forms can be posted to:

Neath Port Talbot Council
Social Services Commissioning Unit
Neath Civic Centre
Neath SA11 3QZ

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Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

Respite Allocation Policy



Consultation Paper

Building Safe and Resilient Communities

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Respite Allocation Policy

1. Background

Neath Port Talbot Council is committed to supporting its most vulnerable citizens; including ensuring unpaid carers have a life outside of caring.

This Policy has been developed to provide a fair and transparent approach to delivering respite services to unpaid carers of adults living in Neath Port Talbot with an assessed social care need.

For the purposes of this document, 'respite' means time off for unpaid carers from their caring role.

2. What is the aim of the Respite Allocation Policy?

The Policy sets out the eligibility criteria by which all unpaid carers will be assessed to identify whether they qualify for respite services.

Instead of falling into one of three current allocation bands (up to 16, up to 36, or up to 56 nights per year), the number of nights respite will be directly proportionate to the unpaid carer's assessed support needs. This will be reviewed each year to make sure it still meets identified eligible needs.

We want to ensure that a sustainable range of good quality adult social care, including unpaid carers support services, are available to meet the needs of the most vulnerable citizens of Neath Port Talbot.

3. What are the aims of this consultation?

The aims of the consultation are to:

- Make sure that all interested parties are aware of the Council's proposed new Policy
- Make sure that people have all the information they need to come to an informed opinion
- Encourage people to give their views on the proposal (outlined in section 2)
- Make sure people know how to submit their views
- Collect feedback and consider this before a final decision is made

Respite Allocation Policy

4. When will the consultation take place?

The Council will be collecting feedback for 90 days from 17th June to 15th September 2019 (see Section 6 for how to give your views).

As well as this document, Council officers will be visiting partners and services throughout the consultation period to explain the proposals face-to-face with service users, unpaid carers and other stakeholders. This will be a chance to ask questions.

After the consultation ends, all of the feedback will be analysed and a report will be presented to the Council's Cabinet. That report will set out the proposal and recommendations taking into account the feedback from the consultation.

5. Questions & Answers

There are a number of ways that you can submit questions and comments about this proposed policy during the consultation period (see Section 6). However, here are answers to some questions you may have:

Q: How has the Council reached the conclusion that this proposal is the best option for unpaid carers?

A: Adult Services has reviewed current service provision and has developed this policy as the best way to provide sustainable services for our most vulnerable residents and unpaid carers.

Q: How will the Council agree if I need social care?

A: All existing and potential service users and carers will be assessed based on their individual needs and will receive the most appropriate service or be signposted accordingly.

Q: Will my current respite allocation change?

A: Your needs will be assessed and the allocation may go up or down, but the level will meet your identified eligible needs.

Respite Allocation Policy

Q: What happens if I want a different service to that offered by the Council?

A: In these cases, the person will be offered, through the use of Direct Payments, the opportunity of accessing a different service than the Council has identified as being able to meet your needs. Beyond that, it is entirely a matter for the person to decide whether they wish, and are able, to purchase more costly care and support at their own expense.

6. How will the Council collect views and opinions?

There are a number of ways that the Council will be collecting views and opinions on this proposed Policy:

i. Face-to-face meetings with service users and their carers

Meetings will take place during the consultation. These will be an opportunity to find out more about the proposed policy, ask questions and give your views.

ii. Team Staff Meetings

Officers will attend social work staff meetings to raise awareness.

iii. One to one meetings

Individual meetings with service users and their carers / families will be arranged where needed.

iv. Advocacy

If required, an independent advocacy service will be made available to service users and carers.

v. Display and Suggestion Box

There will be an information display giving details of the proposed Policy at Civic Centre receptions, Trem Y Mor Respite Service and Pan-Disability Day Services, together with a suggestion box where questions, letters and completed feedback forms can be deposited.

vi. Consultation Portal

The “Have Your Say” section on Neath Port Talbot Council’s website will allow you to view all supporting documents, make comments and provide feedback via the Internet: <https://www.npt.gov.uk/5907>

Respite Allocation Policy

vii. Meetings with partner agencies, groups and forums

We will be discussing the proposal at meetings with key partner agencies, learning disability groups, carer forums and other stakeholders.

viii. In writing

You can write to us or complete the Feedback Form at the end of this booklet. Letters and forms can be put into the suggestion box or can be posted to:

Respite Allocation Policy Consultation
Neath Port Talbot Council
Social Services Commissioning Unit
Civic Centre
Neath
SA11 3QZ

Or email CCU@npt.gov.uk

7. Explanation of terms used in the context of this document

Advocacy is a service that represents others or helps them to represent themselves. The advocate will put a person's views forward, make sure that they are kept fully informed and that they have all the information they need to make an informed decision or choice.

An **unpaid carer** is someone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

Partner agencies - these are organisations who work together to provide services, e.g. the Council, Local Health Board, Carers Service, etc.

A **Stakeholder** is a person, group or organisation with a direct interest, involvement, or investment in something, e.g. staff, owners and customers/ service users of a business or service.

Alternative Formats

This information is available in a range of formats including Welsh. All documents can also be accessed via the Council's website: <https://www.npt.gov.uk/5907>

To make a request for another format, please ask one of the Respite or Day Centre Staff who will pass your request on to the Commissioning Unit, or email us directly at: CCU@npt.gov.uk

Respite Allocation Policy

8. Feedback form

Neath Port Talbot Council			
Respite Allocation Policy Consultation			
Feedback Form			
If you would like to comment on this proposal, please complete this form and post it in the questionnaire box or post it to:			
Respite Allocation Policy Consultation Neath Port Talbot Council Social Services Commissioning Unit Civic Centre Neath SA11 3QZ			
If you wish to receive a response to any questions raised on this form please supply your name and address:			
Name:			
Address:			
		Postcode:	
Please indicate your interest in this Policy (please ✓):			
I am a Service User	<input type="checkbox"/>	<input type="checkbox"/>	
I am related to a Service User	<input type="checkbox"/>	<input type="checkbox"/>	
I am a carer for a Service User	<input type="checkbox"/>	<input type="checkbox"/>	
I am a member of staff at a Service	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)			

Respite Allocation Policy

Questions

Choosing the Right Services

How easy or difficult do you find it to get information about what social care and support you can have? Please tick ✓ one box only:

Very easy	Fairly easy	Fairly difficult	Very difficult	Don't know

Please give reasons for your answer or provide further comments in the box below:

The Respite Allocation Policy

To what extent do you agree or disagree with the proposed Policy?

Please tick ✓ one box only:

Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Don't know

Please give reasons for your answer or provide further comments or suggestions in the box below:

Policy impact

Do you think that the Policy would have a positive or negative impact on unpaid carers and those they care for? Please tick ✓ one box only:

Positive	Negative	Don't know

Please give reasons for your answer or provide further comments or suggestions in the box below:

Respite Allocation Policy

Resources

How important is it for the Council to consider the resources it has available to support the most vulnerable residents and reduce overall dependency on social services?

Please tick ✓ one box only:

Very important	Fairly important	Not very important	Not important at all	Don't know

Please give reasons for your answer or provide further comments or suggestions in the box below:

Respite

What do you think respite should consist of?

Please tick ✓ all that apply:

- One or more nights' stay in a care home for the cared for person
- A sitting service so that the carer can go out during the day time
- A night sitting service so that the carer can go out in the evening
- A Direct Payment to help pay for alternative types of break / respite
- Other (please specify below)

Please give reasons for your answer or provide further comments or suggestions in the box below:

Any other comments

Please provide further comments or suggestions in the box below:

Respite Allocation Policy

About You

The Council operates equality policies that aim to ensure that everyone is treated fairly and equally. To make sure that people are not discriminated against when accessing our services we carry out monitoring and therefore would be grateful if you could answer the following questions. The information you provide is strictly confidential.

Age: (please ✓one answer)

- | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 30-39 | <input type="checkbox"/> 60-74 | <input type="checkbox"/> 86+ |
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 75-85 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-59 | | |

Welsh Language – are you: (please ✓one answer)

- | | | |
|---|--|---|
| <input type="checkbox"/> Fluent speaker & writer | <input type="checkbox"/> Fluent speaker | <input type="checkbox"/> Learner |
| <input type="checkbox"/> Fairly fluent speaker & writer | <input type="checkbox"/> Fairly fluent speaker | <input type="checkbox"/> Little or no knowledge |

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on the person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability? (please ✓one answer)

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

Ethnic origin: (please ✓one answer)

- | | | |
|---|---|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Mixed: White & Asian | <input type="checkbox"/> Black: African |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Indian | <input type="checkbox"/> Black: Caribbean |
| <input type="checkbox"/> Mixed: White & Black Caribbean | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed: White & Black African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other (please specify): | <input type="text"/> | |

Sex (please ✓one answer)

- | | | | |
|-------------------------------|---------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender | <input type="checkbox"/> Prefer not to say |
|-------------------------------|---------------------------------|--------------------------------------|--|

Religion/Belief: (please ✓one answer)

- | | | | | |
|---|--------------------------------------|--|---|---------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Sikh | <input type="checkbox"/> No religion | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Any other religion | |
| <input type="checkbox"/> Any other religion (please specify): | <input type="text"/> | | | |

Sexual Orientation (please ✓one answer)

- | | | | | |
|---------------------------------------|----------------------------------|------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Gay | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Prefer not to say |
|---------------------------------------|----------------------------------|------------------------------|-----------------------------------|--|

Nationality (please ✓one answer)

- | | | | |
|--|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Scottish | <input type="checkbox"/> English | <input type="checkbox"/> British |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Other (please specify): | <input type="text"/> | | |

THANK YOU FOR YOUR TIME
Tudalen61

Mae'r dudalen hon yn fwriadol wag



Adult Services Respite Allocation Assessment Tool

Planned respite is provided if it is determined from an individuals' and carer's assessment that they have eligible care and support needs that can only be met by the provision of planned respite. By meeting needs with planned respite provision this contributes to prevent the breakdown of the family situation by enabling carers to have regular breaks from their caring role.

Principles for Allocation

1. The number of overnight stays offered should, whenever possible, correspond with the needs of the service user and/or their carer.
2. The level of disability, illness or frailty of the service user is not necessarily an indicator of the number of overnight stays required. Other factors may have more significance, e.g. health of carer, or be less noticeable, e.g. sleeping patterns.
3. The allocation of overnight stays must be equitable, i.e. people with similar needs should receive a similar level of service.

Please complete all sections to ensure an appropriate decision can be made.

Name:	Client ID Number:
Address:	DOB:
Carer details:	

Does the service user receive any other provision?

Please specify number of days / hours per week:

0-3.5 hours = ½ day; More than 3.5 hours = 1 day

Day services		Number of Days	
Sitting/support		Number of Hours	
Direct Payments		Number of Hours	
Home care support		Number of Hours	

Weekly equivalent	Score
0 days	3
1-2 days	2
3-4 days	1
5+ days	0

What level of physical care do you provide to meet the service user's personal care and daily living needs?

Level	Criteria	Score
Very High	Service user is completely dependent in all areas of personal care and daily living and needs moving and handling	3
High	Service user is dependent in many areas of personal care and daily living tasks, but can complete some with support or supervision	2
Medium	Service user is independent in most areas with verbal prompts and support	1
Low	Service user is independent in all areas with minimal support	0
Comments:		

Does the service user have any complex medical needs that require medical intervention or supervision?

Level	Criteria	Score
Very Complex	Any medical condition that requires specialist medical intervention	3
Complex	Any medical condition that requires specialist medical training to manage the condition	2
Low	Some level of medical supervision is required	1
None	No health issues, but may need prompts/support with medication	0
Comments:		

Does the service user display any behaviour that you find difficult to manage or that is very disruptive to you or your family? Yes / No

Do you receive any support to manage these behaviours?

Level	Criteria	Score
High	Behaviours that pose a predictable risk to self or others. The risk assessment indicates that planned interventions are effective in minimising but not always eliminating risks. Compliance is variable but usually responsive to planned interventions.	3
Medium	Behaviours that follow a predictable pattern. The risk assessment indicates a pattern of behaviour that can be	2

	managed that does not pose a risk to self or others. The person is nearly always compliant with care.	
Low	Some incidents of challenging behaviour. The person is compliant with the care they receive	1
None	No evidence of unpredictable behaviours.	0
Comments:		

Carer's Details

How many people care for the service user?

Lone Carer		2
Two Carers		1
Other (please specify)		0

Do you care for anyone else who has a disability or serious illness?

Yes		1
No		0

Do you have any health related problems that impact on your ability to carry out your caring role?

Yes		1
No		0

Scoring Allocation	Maximum Score is 16
Low: up to 5 points =	
Medium: 6 - 10 points =	
High: 11 – 16 points =	

Exceptional Circumstances

This should include additional information and any frequent complex night time support needs.

Do you care for anyone else who has a disability or serious illness?

Level	Criteria	Score	
Low	Low level of care/supervision to another person.	1	
Medium	Carer provides care to another person(s). Other person requires moderate level of care.	2	

High	Carer provides high level of support to another person(s). This will include the other person having complex medical health conditions that require a high level of intervention.	3	
Comments:			

Do you have any health related problems that impact on your ability to carry out your caring role?

Level	Criteria	Score	
Low	Carer has low level health conditions that have low impact on their caring role.	1	
Medium	Carer has more complex health related conditions that will have some impact on their caring role.	2	
High	Carer has a high level of health conditions that will have great impact on their caring role.	3	
Comments:			

Night time support needs

Level	Criteria	Score	
Low	Cared for has low level night time support needs that require little intervention.	1	
Medium	Cared for has moderate night time support needs that require some intervention or support.	2	
High	Cared for has complex night time support needs that require regular intervention during the night.	3	
Comments:			

From the exceptional circumstances:

Scoring Allocation	Maximum Score is 9
Low: score 1-3 points =	
Medium score: 4-6 points =	
High score: 7-9 points =	

**NEATH PORT TALBOT COUNTY BOROUGH COUNCIL
SOCIAL CARE, HEALTH & WELL-BEING CABINET BOARD
10th June 2019**

**Report of the Head of Adult Services -
Angela Thomas**

MATTER FOR DECISION

WARD(S) AFFECTED: Pontardawe

**VACANT PROPERTY AT GELLIGRON HOUSE, GELLIGRON DAY
CENTRE AND GELLIGRON REHAB UNIT**

Purpose of Report

To obtain Member approval to declare Gelligron House, Gelligron Day Centre and Gelligron Rehab Unit surplus to operational requirements of Social Services, Health and Housing Directorate to transfer the premises to the Head of Property and Regeneration to dispose / lease.

Executive Summary

Historically, Gelligron House has been an administrative base for the Directorate's Community Mental Health Team and this team is being re-located in line with the Directorate's Strategic Plan; while Gelligron Day Centre and Rehab Unit provided direct services which have been closed for a number of years. There are no long-term plans for an alternative use for the site.

It is recommended that the properties are declared surplus to operational requirements and to transfer the premises to the Head of Property and Regeneration to dispose / lease.

Financial Impact

Should Members be minded to recommend declaring the land and premises as surplus to requirements, future responsibility will pass to the Head of Property and Regeneration until such time as it is sold/leased.

Equality Impact Assessment

A Screening Assessment has been undertaken to assist the Authority in discharging its Public Sector Equality Duty under the Equality Act 2010. After completing the assessment, it has been determined that this function does not require an Equality Impact Assessment.

Workforce Impact

There are no workforce impacts associated with this report.

Legal Impact

There are no legal impacts associated with this report.

Risk Management

There are no risk management issues associated with this report.

Consultation

There are no requirements for external consultation in this instance.

Sustainability

Should Members be minded to recommend declaring the land and premises as surplus to operational requirements, responsibility will pass to the Head of Property and Regeneration until such time as it is sold/leased.

Recommendations

That Members declare Gelligron House, Gelligron Day Centre and Gelligron Rehab Unit at Gelligron Road, Pontardawe, SA8 4LU as being surplus to the operational requirements of the Social Services, Health and Housing Directorate and transfer responsibility to the Head of Property & Regeneration.

Reasons for Proposed Decision

To declare Gelligron House, Gelligron Day Centre and Gelligron Rehab Unit at Gelligron Road, Pontardawe, SA8 4LU as being surplus to the operational requirements of the Social Services, Health and Housing

Directorate and transfer responsibility to the Head of Property and Regeneration.

Implementation of Decision

The decision will be implemented after a 3 day call in period.

Appendices

Not applicable

List of Background Papers

None

Officer Contact

Leighton Jones, P.O Governance & Policy Support, Commissioning and Support Services, Tel: 763394 email: l.jones@npt.gov.uk

Mae'r dudalen hon yn fwriadol wag

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care, Health & Well-being Cabinet Board

10th June 2019

Report of the Director of Social Services Health and Housing – A. Jarrett

Matter for Decision

Wards Affected:

All Wards

West Glamorgan Regional Strategic Framework for Mental Health Services for Adults

Purpose of the Report:

To request approval from Members to endorse Our Strategic Framework for Mental Health Services for Adults (“Strategic Framework”) (appendix 1).

Executive Summary:

The Strategic Framework has been developed through co-production with key stakeholders to identify an optimum model for adult mental health services. The intention is that the three West Glamorgan partners will use this strategic framework to underpin the development of services across the West Glamorgan area.

Background:

The Complex Care Commissioning Board (“the Commissioning Board”) was part of the Western Bay partnership, membership of which included Neath Port Talbot County Borough Council (“the Council”), Swansea Bay University Health Board (“SB UHB”), the City and County of Swansea (“CCoS”) and Bridgend County Borough Council (BCBC).

The Commissioning Board agreed that it would be beneficial to develop a strategic framework for adult mental health services, which would describe the optimum model for these services. The intention is that the three West Glamorgan partners will use this strategic framework to underpin the development of mental health services across the West Glamorgan area.

Development of the Strategic Framework was progressed through co-production with those who have experience of using mental health services, those who care for someone with mental ill health and key professionals (please see Consultation section). The result of this work is a Strategic Framework that aligns the Western Bay partner's (now West Glamorgan) approaches with the priorities identified by our stakeholders.

Following the consultation and engagement process, discussions took place with the Directors of the former Western Bay partnership to outline the key findings from the engagement and consultation process. An optimum model working group was established between the Western Bay partners to map current work undertaken by the Western Bay partners and see how this aligned with the service model arising from the engagement. In these discussions commitment was confirmed to the following way of working:

- Agreement across all agencies that views shared through the engagement process must influence the strategic framework and the priorities arising from it;
- All organisations agreed that they do not want to continue to oversee a system which provides services that result in the negative experiences consistently related though the engagement process;
- A clear commitment to change services and their focus and to address the attitudes and behaviours which people have told us can be such a barrier to them accessing the support they need.

The draft Strategic Framework was received following feedback from the engagement and consultation process. The final document outlines the need to transform our current model of service, which requires formal project management support. Integrated Care Fund monies have been successfully secured to employ a project manager.

Subsequently, the Welsh Government lead for Mental Health requested a presentation on the methodology used to develop the Strategic Framework and commended West Glamorgan on its process.

The approval process for the Strategic Framework is outlined below:

- 21st September 2018 – approval by the Complex Care Commissioning Board;
- 27th September 2018 – approval by the Together for Mental Health Local Partnership Board;
- 3rd October 2018 – approval by Abertawe Bro Morgannwg University Health Board's (ABMU HB) (now SB UHB) Senior Leadership Team
- 11th October 2018 – approval by the Western Bay Programme Team;
- 30th October 2018 – approval by the Western Bay Regional Programme Board;
- 29th November 2018 – approval by ABMU HB
- 18th April 2019 – approval by CCoC Care, Health and Ageing Well Cabinet Board

Financial Impacts:

Whilst there are no immediate financial impacts arising from this report, implementation of the Strategic Framework may require financial investment into mental health services. Any future investment in mental health services will be in line with the Council's Forward Financial Plan.

Integrated Impact Assessment:

A First Stage Impact Assessment has been undertaken (Appendix 2), this has identified that there is no need for a full impact assessment. The reason for this is that although the Strategic Framework will have an impact on people with protected characteristics, this impact will be positive as the intention of the Strategic Framework is to improve people's experiences.

Valleys Communities Impacts:

No Impact

Workforce Impacts:

Endorsement of the Strategic Framework will have no workforce impacts. If the implementation of the optimum model results in workforce impacts at a later stage, this will be considered and reported to Personnel Committee.

Legal Impacts:

The endorsement of the Strategic Framework has no legal implications. Implementation of the Strategic Framework will support the Council in discharging its duties under the following legislation

- Mental Health Act 1983;
- Mental Health (Wales) Measure 2010;
- Social Services and Wellbeing (Wales) Act 2014;
- Future Generations (Wales) Act 2015.

Risk Management Impacts:

No impact.

Consultation:

Significant consultation and engagement has taken place in the development of the Strategic Framework. The approach to consultation and engagement was co-designed and co-produced with the elected service user and carer representatives from the ABMU HB Together for Mental Health Local Partnership Board, using the “In Your Shoes” methodology.

Thirteen half-day events were held across the ABMU HB Western Bay area. Each of these sessions were split into two sections. In the first

section service users and carers were paired with a “listener”, who was a member of staff from one of the Western Bay partner organisations, in order to understand people’s experiences and what they felt could have made a positive difference to these experiences. The second section focused on grouping together the themes arising from the first section.

The ABMU HB Community Health Council attended the above events and spoke to attendees in order to ascertain their views on the process. The evaluation report is located at Appendix 3.

In addition to these sessions, the same key theme issues were discussed in the following group settings:

- Taith Newydd (low secure) patient groups;
- SUN group (Bridgend support group for people with long term enduring mental health conditions);
- Swansea Mental Health Voluntary Sector Forum (provider group);
- Swansea Carers Mental Health Group (support group for carers of people with mental health conditions);
- Deaf Focus Group (group of people for whom British Sign Language is their first language);
- The Western Bay Substance Misuse Service User Forum (service user forum for people with experience of substance misuse).

A total of 105 people gave up their time to attend the events, in addition approximately 170 people were involved in giving their views through a mixture of online surveys, the above group discussions or written submissions.

Two feedback sessions were held in which all those involved in the engagement were invited to hear us provide feedback on the themes highlighted through the engagement process and to give them a opportunity to:

- Check they recognised the issues raised from their own experiences;

- Inform us if any issues had been described inaccurately, misrepresented or if any issues were missing;
- Identify in groups the top three things that would make the most difference to their experience; these were:
 - Change culture and attitudes;
 - Enable and empower people to make their own decisions;
 - Move from a medical to a psycho-social model of support

The main findings from the engagement and consultation process is located at Appendix 4.

Recommendations:

It is recommended that Members approve the West Glamorgan Regional Strategic Framework for Mental Health Services for Adults: Our Strategic Framework for Mental Health Services for Adults.

Reasons for Proposed Decision:

The Strategic Framework will help to ensure that the Council is best placed to work with its West Glamorgan partners to deliver the optimum model of service, as developed with service users, carers and professionals. The optimum model will support the Council in further improving experiences for people requiring mental health services, their carers and families and to ensure that we have a forward thinking psycho-social model of support.

Implementation of Decision:

The decision is proposed for implementation after the three day call in period

Appendices:

Appendix 1: Our Strategic Framework for Mental Health Services for Adults.

Appendix 2: First Stage Impact Assessment.

Appendix 3: 'So Tell us what you Think' events – ABMU HB Feedback Report.

Appendix 4: Themes from Mental Health Engagement

List of Background Papers:

None

Officer Contact:

Andrew Jarrett
Director of Social Services Health and Housing
a.jarrett@npt.gov.uk

Appendix 1: Our Strategic Framework for Mental Health Services for Adults



Our Strategic Framework for Mental Health Services for Adults

Final Draft

20.9.18

1. Introduction

In May 2017 ABMU Health Board, Bridgend County Borough Council, Neath Port Talbot County Borough Council and Swansea Council agreed that they would develop a strategic framework for mental health services for adults. This would be used to ensure there was a clear direction for these services going forward. As part of this, meaningful engagement with users of services and their carers / families plus those who have tried to access our services was felt to be crucial to ensure that this framework addressed the issues which our population face when trying to get support from our services.

This draft strategic framework has been developed by the above four organisations, based on evidence about what works best and what our service users and their carers / families have told us needs to improve and change.

2. Background

The Social Services and Well-being (Wales) Act 2014 came into force on 6th April 2016. It contains some fundamental principles:

Voice and control – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being

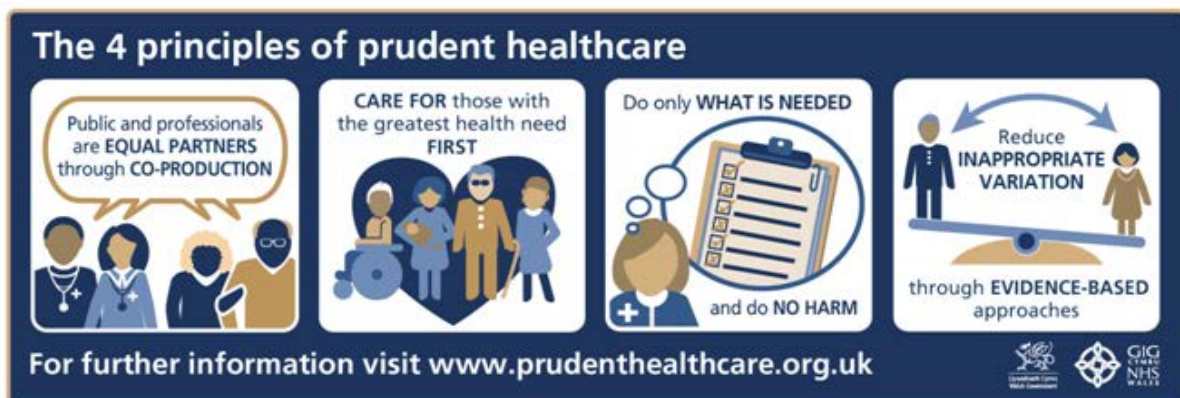
Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need

Well-being – supporting people to achieve their own well-being and measuring the success of care, help and support available

Co-production – encouraging individuals to become more involved in the design and delivery of services

These principles are fundamental to this Strategic Framework and reflect the issues raised by service users and their carers in the engagement carried out to inform this work, as outlined in section 5 below.

Prudent healthcare was endorsed by the Minister for Health and Social Services in January 2015. The four principles of prudent healthcare are detailed overleaf:



- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production
- Care for those with the greatest health need first, making the most effective use of all skills and resources
- Do only what is needed, no more, no less, and do no harm
- Reduce inappropriate variation (inappropriate differences between the help and support available to different people) using evidence based practices consistently and transparently

Again these principles are also fundamental to this Strategic Framework, and are consistent with the issues and priorities raised through the engagement with service users and their carers.

3. Level of Need

The following facts have been provided by the Mental Health Foundation through their 'Mental Health in Wales Fundamental Facts 2016' paper:-

- 13% of adults (aged 16 and older) living in Wales were reported to have received treatment for a mental health problem, an increase from 12% reported in 2014.
- A higher percentage of women report being treated for a mental health problem than men (16% vs 10%). Mental health problems affect more than 1 in 10 women during pregnancy and the first year after childbirth, and can have a devastating impact on new mothers and their families.
- The overall cost of mental health problems in Wales is an estimated £7.2 billion a year
- In Wales, around £600m is invested in mental health services a year, which is more than any other service in the NHS.
- Over the last 30 years, the service provision for people with a mental health problem in Wales has changed to become more community based.
- The number of people resident in hospital continues to decrease from 1821 in 2010 to 1441 in 2015.
- Mental ill health can have a significant impact on life expectancy and is a key cause of health inequalities. Research undertaken in the UK in 2011, found that people with severe and enduring mental health problems die on average 10 years earlier than the general population.
- Data from the 2011 census shows that in Wales there were 370,230 people providing unpaid care, reflecting 12% of the population, a slightly higher percentage than the overall UK average of 10.3%.
- Data from the 2011 Census shows in Wales that around 1 in 20 women were providing 50 or more hours of unpaid care a week to an adult relative, friend or neighbour that has a long-term physical or mental health problem
- Self-harm is a growing problem in Wales with approximately 5,500 emergency admissions to hospital each year.
- According to the Office of National Statistics suicide prevalence in Wales decreased from 14.7 per 100,000 in 2013 to 9.2 per 100,000 in 2014.

- Findings from the 2015 Welsh Health Survey (adult) found that there was poorer mental health in more deprived areas (8% in least deprived areas – 20% in most deprived areas).

The Western Bay Population Assessment (April 2017) identifies a number of challenges facing our area:

- GPs treat the highest proportions and numbers of people with mental disorders. The majority of people with mental health issues either live in the local community with minimal support from Adult Social Care (ASC) or from specialist mental health services, they either self-manage, have family/community support or access primary health care.
- There are also a significant number of people with serious mental health problems who are supported to live in the community by specialist community services
- Secure settings, residential care and nursing care are used more than they should be and service users can stay in them longer than is ideal.
- There is a lack of specialist mental health respite/short term crisis beds to use to stabilise a person during a mental health relapse so to be safe staff may choose to use residential care
- There is a lack of specialist mental health step down services to help people make the transition from hospital or from a residential care setting back to the community so there is a tendency to support people in residential setting for longer
- There is a lack of acute mental health beds which means there is significant pressure to discharge people from hospital as quickly as possible. Sometimes this is before people are ready to move back to their home in which case a safe place needs to be found
- There is a lack of specialist community mental health recovery / reablement service to continue to support people to recover in a community setting, and;
- There is a lack of community based support services that can meet the needs of people with complex mental health needs, notably behaviour that is challenging to services. This includes a lack of:
 - Mental health supported living services
 - Shared lives carers with mental health expertise
 - Housing (specialist and disbursed) that is suitable for adults with mental health needs
- Currently people with mental health needs can often only access generic support until they experience a mental health crisis that brings them into contact with specialist services. When this is the case, individual outcomes and wellbeing suffer and support costs escalate. Specialist mental health respite/short term crisis beds are used to stabilise a person during a mental health relapse which could lead to the use of residential care.
- It is expected that demand on all social care services will grow due to the anticipated demographic changes in Western Bay. Projections indicate that there will be an increase of people with a mental health problem.

4. Engagement Feedback

An engagement process was co-designed and co-produced with elected service user and carer representatives from the ABMU Together for Mental Health Local Partnership Board, loosely based on the “In Your Shoes” approach used by the Health Board previously. A total of 13 events were held across the Western Bay area, in different locations and varying times, giving people the opportunity to tell us about their experiences. In each of these sessions one hour was spent with a service user / carer telling a member of staff or a facilitator from the voluntary sector (listener) about their experiences, good and bad, and identifying what would have made a positive difference to their experience. The second hour was spent grouping these issues. In addition the same questions were discussed in some established forums for mental health service users and their carers. Focus groups were also held in the Low Secure facility within ABMU and with the deaf community. The Western Bay Substance Misuse service user forum also discussed their experiences as a group and fed these into one of the above events.

In total 105 individuals gave their time to tell us in depth about their experiences of our services and in addition 170 people have been involved in giving their views either via an online survey or through discussions / submissions.

Two feedback events were then held where all those who had participated in the engagement, service users, carers, voluntary sector and staff were invited back to hear the feedback from the engagement and asked whether they recognised the issues raised from their experiences. They were also asked whether there were any issues omitted and what their three top priorities for action would be.

In summary the engagement and feedback events highlighted the one key statement which service users and their carers wanted to underpin all that we did:

Work with us, not do to us

Their top priorities are:

- Change culture / attitudes:
 - Staff training / development
 - Leading to good communication, consistently, in an empathetic and compassionate way
 - People being really listened to and given support to address all the issues facing them, which in turn impact on their mental health
- Movement from medical to psycho-social model, with a true focus on them holistically and all their needs, not just their mental illness
- Enabling and empowering people to make their own decisions - coproduction real, not lip service
- Training / skills for service users, their carers and families to help them manage their mental health problems better and take more control

- Wider range of activities provided / low-level counselling and support to address issues which impact on mental health Detailed information on the range of issues raised through the engagement is contained as **Appendix A**.

5. Evidence / Rationale for Change

5.1 Based on Engagement with Service Users and Carers After presentation of the findings from the engagement to the four sponsoring organisations it was recognised these issues would only be addressed by a fundamental change to the existing pattern of services for adults with mental health problems. This will need to be a transformational change programme, with service users and carers and staff being central to the implementation of a new pattern of services. To achieve the requirements outlined below all the agencies believe that dedicated programme management on a multi-agency basis will be needed to achieve the key components of the new model of care outlined in section 6 below.

Fundamental to the proposed new model of services is the recognition that mental health services need to be formed using the same “building blocks” as other services provided within the Western Bay area. Currently teams do not share boundaries with other key services which they should link with and support, making it much more difficult than it needs to be for mental health services to be accessed.

Waiting times for some services, particularly counselling and outpatient appointments, have been identified as a key barrier to people getting timely support, and therefore their conditions deteriorating while they are waiting. The new model of services will need to be based on easily accessible services where waiting times are at a minimum.

Most services available to support people with mental health service users operate Monday to Friday and often 9-5. Service users and their carers highlighted that weekends and evenings can be times of heightened concerns and isolation. In order for the future model of services to be successful there needs to be services available 7 days a week and for extended hours, to prevent mental health problems exacerbating. The lack of services run by people with lived experience of mental illness and their carers, and funded appropriately was also highlighted as a significant gap which should be addressed in any future model of service. The new model needs to ensure that services we provide or commission in future should give opportunities for people with lived experience of mental health problems to become peer support workers and gain access to paid employment and volunteering.

Fundamental to the new model needs to be the principle that support must be made available when the service user or their carers identify they need it, rather than having to wait for circumstances to deteriorate before meeting the criteria for support to be provided.

All services and their staff will work jointly with service users and their carers to provide a package of support co-produced with them, not just based on medication.

Another key issue which needs to be addressed are the transitions between services – from adolescent to adulthood and adulthood to older people as well as between services aimed at meeting different, cooccurring needs, such as substance misuse, learning disabilities and mental health.

Services in future need to be specifically designed to be responsive to the needs of those in rural areas and those with specific needs, such as the deaf community, the homeless, Veterans, travellers, ethnic groups, refugees, LGBTQ (lesbian, gay, bisexual, transgender and questioning) and those in prison.

In providing services in the future, we need to ensure that support is available to meet the mental health needs of staff within health, social care and other workplaces.

In order to support the new model of care, training and skills development for staff, volunteers, service users and their carers will be crucial. In addition pre-registration training for health and social care professionals will need to change to reflect the new model of care outlined here so that newly qualified practitioners can work effectively within it.

5.2 Based on Alder Advice Report for Western Bay on Unmet Mental Health Needs Service Development Review

In late 2017 the findings from Alder Advice were published. The aim of this report was to identify gaps in the system of care and support against the Western Bay vision of a future for mental health care and support as “having an integrated whole system of care and support that consistently focuses on enabling recovery and maximising independence, while keeping people safe during acute mental health episodes”.

The scope of the report covered 430 people from Western Bay who have complex mental health needs and are either jointly supported by adult social care and ABMU Health Board’s multidisciplinary community mental health teams or are supported in NHS low or medium secure settings. The report states that “the current care and support system was considered to be a long way away from the vision for the future”. To assess the impact of this difference front line staff were asked whether the current support for each individual service users was “ideal” and if it was not we asked how it could be improved so it was “ideal”. This found that staff considered 24% to 33% of people had support that was not ideal. The support that was considered “not ideal” was concentrated in the more intensive end of care and support with 90 out of 104 people with support deemed “not ideal” being supported in 24/7 and accommodation based models.

The main shifts identified by staff were from residential care and from secure settings to various supported living or community support models. This highlights the need for step down services and improved community support options to reduce the over reliance on 24/7 models.

Key priorities for improvement were identified in the Alder Report as:

- Improved transition planning (from children & young people’s services into adult mental health services)
- Improve the fluidity and flexibility within the system, notably within and between existing services so support can more easily be adjusted up or down as the mental health needs of individual service users fluctuate
- Reduce reliance on 24/7 care models by resettling people where possible when their existing placement is no longer fully appropriate and use the savings

achieved to fund: ○ Improvement in early intervention services so mental health crisis are minimised

- Developments to community support infrastructure capacity as an alternative to 24/7 support models
- Prevention activities

6. Outline of Proposed New Service Model

The Health Board and Local Authorities within the Western Bay region have agreed that their mental health services need to be transformed to provide modernised, integrated services, aimed at earlier intervention with a focus on prevention.

6.1 What does good look like?

The aim is to support people of all ages to live as full a life as possible with community based help and support seen as the norm and hospital care the exception.

This would be achieved by delivering a range of services which are available to everyone experiencing mental health problems, irrespective of the severity, aimed at prevention and earlier intervention. The new model aims to stop problems occurring or getting worse which will affect people's mental health as well as providing earlier support for people whose mental health is deteriorating. This will include options to easily help people be confident to deal with problems themselves as much as possible and more complex interventions and approaches reserved for addressing more complex needs.

The Health Board and Local Authorities within the Western Bay region have identified the following priorities:

- Increasing partnership/integrated working across Western Bay (pooling budgets, aligning services, jointly planning, commissioning and procuring services)
- Ensuring up to date, easily accessible information is available for service users, carers and professionals on help and support available
- Developing a single point of access for people requiring mental health services
- Strengthening progression pathways that prevent hospital admissions and promote early hospital discharge
- Delivering a strategic approach to ensure individual outcomes are met
- Strengthening the transition process
- Supporting people and carers in ways that promote independence
- Developing localised community support networks
- Developing a range of preventative services within the community
- Developing modern accommodation models
- Ensuring help and support packages are tailored to the needs of the individual and are reviewed appropriately
- Modernising day services

- Promoting and increasing the uptake of Direct Payments where appropriate
- Developing and strengthening support for people with substance misuse issues, particularly our prison population
- Developing clear pathways for people with dementia
- Promoting mental wellbeing and helping to build resilience for people, families and communities
- Working with people, families and communities to develop and provide mental health help and support

6.2 The New Model of Care

Outlined on the next few pages are the components of the new model of care we are proposing, based on what service users and their carers told us needed to be different in future. Key to the new model is that anyone who has mental health problems, irrespective of the severity, has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating.

These generic services will include:

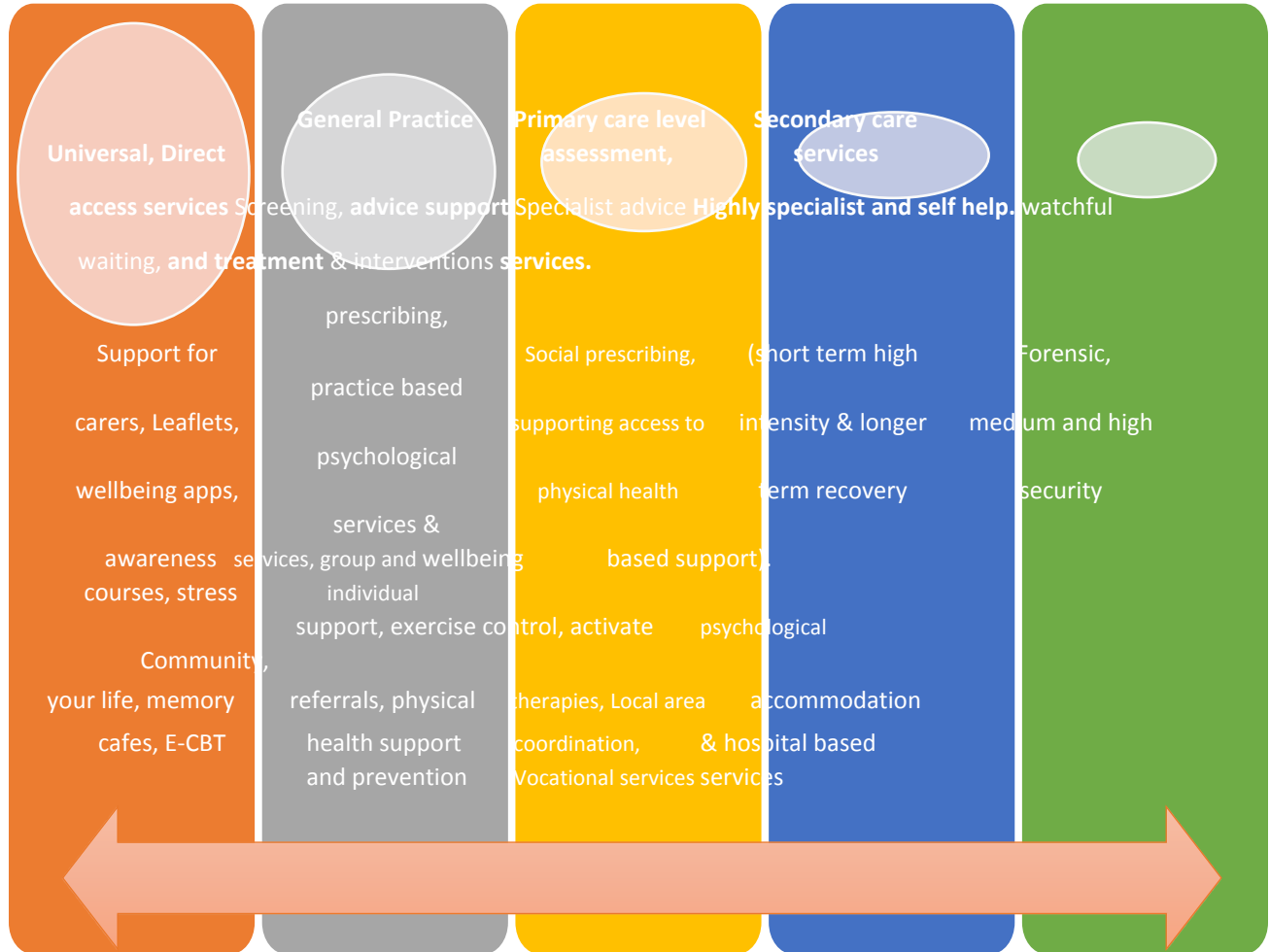
- Citizens advice and similar information / advice services
- Housing and benefits advice
- Access to leisure (A discount scheme for people with disabilities, low incomes or in full-time education to take part in leisure and sports activities at reduced rates)
- Access to Primary Care and generic physical healthcare services
- Mental Health website and accessible, up-to-date information on help and support available
- Employment and education support to access and sustain work
- Emotional Health drop in hub providing wellbeing services to maintain and improve their mental health (without referral)
- Drug and alcohol drop in hub
- Training and support for carers
- Spiritual and pastoral support
- Self-help and Self-care recovery college to help people to become experts in their own self-care and enable family and friends, carers and staff to better understand mental health
- Range of third sector peer / activity groups and support networks through a Clubhouse approach, based on a non-clinical co-production approach giving its members a place to go, meaningful work, meaningful relationships and a place to return

As well as these generic services, a range of services will be in place to ensure that people can receive support specifically for their mental health problems, aimed at earlier intervention and prevention of problems getting worse. These will include:

- A single point of contact for a local area, where the services sort out the range of support required for an individual and their family, rather than them being required to navigate multiple access points to get this support
- Integrated (health, social care and voluntary sector) teams which will:
 - Take responsibility for the full range of needs of individuals in a geographical area (rather than a range of separate teams meeting specific needs)
 - Be coterminous with GP Clusters so as to ensure clear relationships and support arrangements from primary care to more specialised services and back as required, including where there are dual diagnosis issues (be it substance misuse or learning disabilities)
 - Have access to a full range of support services, as outlined in the previous section, for people who need assistance to avoid their mental health deteriorating, including when people are in crisis, – such as spiritual and pastoral support, housing, benefits, financial advice and work and volunteering opportunities
 - Have access to crisis beds / safe places for service users when their needs can't be effectively met in the community
- A range of community based facilities which are open to all, and wherever possible without age restrictions, which would assist with transitions
- A range of services available to support people 7 days a week, for extended hours, rather than the traditional 5 days a week, 9-5pm
- Drop in services which are available for extended days and at weekends
- Information which is readily available for service users and carers in accessible formats and other professionals on the range of services available to help and support them
- Crisis cards / discharge advice numbers for the local integrated teams to access support irrespective of the issue
- Services which are user led and which support service users and their carers to take more active control of their mental health and wellbeing
- Opportunities within the services we provide and commission for people with lived experience of mental health problems to become peer support workers and gain access to paid employment and volunteering • Support being made available when the service user or their carers identify they need it, rather than having to wait for circumstances to deteriorate before meeting the criteria for support to be provided
- A range of housing options available for people with mental health problems, both in facilities with others with lived experience of mental health problems, and where this isn't the case, dependent on their preferences and how best their needs can be met
- Floating tenancy support to assist those with mental health problems who need practical support with budgeting and home management
- Provision of direct payments, where appropriate, to tailor support for people with mental health problems
- Employment and education support for people with mental health problems to enable them to access and sustain work
- Local clinics to meet specific needs (e.g. lithium, health screening)

- Care coordination, assertive outreach and intensive support, accessed through the local integrated teams
- Where required, forensic community support, prison and criminal justice liaison
- Range of specialist services (e.g. psychological therapies) which can be accessed through the local integrated teams
- Small number of acute assessment beds, provided within local areas, accessed by the local integrated teams when a person's mental health issues cannot be managed through the crisis beds or safe places
- Access to low secure, medium secure and specialist placements as required to meet the specific high level needs of a small number of people within our population

The diagram below shows these different services, which can be accessed by people depending on their needs:



Wellbeing and universal services available to people across all services

In order for this new model to become a reality the following will be required:

- Detailed planning of an implementation programme which over time sees the introduction of the new model
- Dedicated project management to oversee this implementation, with service users, their carers and families being involved throughout

- Staff training and development so that existing and new staff have the skills and values to deliver this new model
- Education on mental health needs to be provided in schools, colleges and workplaces to reduce stigma and increase people's ability to manage their own mental health
- Training and skills for service users, their carers and families to help them manage their mental health problems better and take more control by being enabled and empowered to make their own decisions
- Funding to increase the level and range of services available to help and support as part of the generic services described in Section 6.2 above

7. Next Steps

This draft Strategic Framework has been co-developed and co-produced with the group of service users and carers elected to the Together for Mental Health Partnership Board and the joint Health Board and Local Authorities' Optimum Model working group. The draft Strategic Framework was considered by the Western Bay Regional Partnership Board on 7th December 2017 and the Health Board on 8th December 2017 for approval to:

- Undertake further work on the implementation of the framework with the Optimum Model Working Group;
- Identify resources needed to support the implementation of the framework;
- Incorporate the findings of the Alder Advice Report on Unmet Mental Health Needs Service Development Review into the Framework;

This work has now been completed and this revised Strategic Framework is the result. It is intended that the Framework will go through the following approval processes prior to being adopted by partner organisations:

- Mental Health / Learning Disabilities Commissioning Board on 21st September 2018 - approved
- Together for Mental Health Local Partnership Board on 27th September 2018 - approved
- ABMU Health Board's Senior Leadership Team on 3rd October 2018 • Western Bay Programme Team on 11th October 2018 - approved

- Bridgend, Neath Port Talbot and Swansea Local Authority Cabinets October 2018 - approved
- Western Bay Regional Partnership Board on 30th October 2018 - approved
- ABMU Health Board on 29th November 2018
- Local Authority Cabinets in November / December 2018

A Project Manager has been financed from the Integrated Care Fund and this post is currently out to advert and will be in place to support implementation of the Framework once approved.



Appendix 2: Impact Assessment - First Stage

1. Details of the initiative

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Initiative description and summary: Our Strategic Framework for Mental Health Services for Adults (“Strategic Framework”)

Service Area: Adult Services

Directorate: Social Services, Health and Housing

2. Does the initiative affect:

	Yes	No
Service users	x	
Staff	x	
Wider community	x	
Internal administrative process only		x

3. Does the initiative impact on people because of their:

	Yes	No	None/ Negligible	Don't Know	Impact H/M/L	Reasons for your decision (including evidence)/How might it impact?
Age	x				H	<p>The proposal focuses on adult mental health services.</p> <p>The intention of the proposal is to have a positive impact on the experiences of people requiring such services and ensure that there is a better range of evidence based interventions to support people.</p> <p>Although aimed at adults, the optimum model includes a range of community based facilities which would be open to all and wherever possible without age restrictions, to assist with transitions from childhood to adulthood.</p> <p>The proposal was co-produced with adults who use/have used services and carers.</p>
Disability	x				H	<p>The proposal focuses on adult mental health services.</p> <p>The intention of the proposal is to have a positive impact on the experiences of people requiring such services and ensure that there is a better range of evidence based interventions to support people.</p>

						<p>The proposal was co-produced with people who use services and carers. Engagement has also focused on understanding the experiences of people with a disability that have a secondary mental health condition, such as people with substance misuse issues and people who use BSL as a first language.</p>
Gender Reassignment	X				M	<p>The proposal is not specifically aimed at people with a protected characteristic by virtue of gender identity. The World Health Organization global manual of diagnoses no longer classifies transgender health issues as a mental and/or behavioural disorder.</p> <p>However, Stonewall report that 52% of people from the LGBT+ community experienced depression in the last year and 46% of transgender people have thought about taking their own life.</p> <p>https://www.stonewall.org.uk/lgbt-britain-health</p> <p>In light of the above it is reasonable to assume that a significant number of people from the LGBT+ may require support or information and advice regarding mental health.</p> <p>Key to the optimum model, is that anyone who has mental health problems has the right to receive help and</p>

					<p>support which aims to prevent problems and intervene earlier to stop problems escalating.</p> <p>In addition this optimum model includes taking an integrated approach, which takes responsibility for the full range of needs of individuals in a geographical area and that they have access to a full range of support services.</p> <p>As such this proposal should have a positive impact on those with a protected characteristic by virtue of their gender identity.</p>
Marriage/Civil Partnership					<p>This proposal is not specifically aimed at people with a protected characteristic by virtue of their marriage or civil partnership.</p> <p>However, supporting/caring for someone with a mental health condition may have a negative impact on their relationship and on their partners own wellbeing.</p> <p>The optimum model was coproduced with carers.</p> <p>One of the objectives of the proposal is for training and skills for service users, their carers and families to help them manage their mental health problems better.</p> <p>As such this proposal should have a positive impact on those with a protected characteristic by virtue of their marriage/civil partnership.</p>

Pregnancy/Maternity	X				<p data-bbox="1115 248 1146 272">M</p> <p data-bbox="1251 248 2051 318">This proposal is not specifically aimed at people with a protected characteristic by virtue of pregnancy/maternity.</p> <p data-bbox="1251 370 2051 509">However research by the Centre for Mental Health suggests that 10-20% of women during pregnancy and in the first year after having a baby experience perinatal mental health problems.</p> <p data-bbox="1251 561 2051 701">http://eprints.lse.ac.uk/59885/1/_lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_Bauer%2C%20M_Bauer_Costs_perinatal_%20mental_2014_Bauer_Costs_perinatal_mental_2014_author.pdf</p> <p data-bbox="1251 753 2051 932">Key to the optimum model, as set out in the proposal, is that anyone who has mental health problems has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating.</p> <p data-bbox="1251 984 2051 1162">In addition, this optimum model includes taking an integrated approach, which takes responsibility for the full range of needs of individuals in a geographical area and that they have access to a full range of support services.</p> <p data-bbox="1251 1214 2051 1317">As such this proposal should have a positive impact on those with a protected characteristic by virtue of their pregnancy/maternity.</p>
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Race	X				M	<p>This proposal is not specifically aimed at people with a protected characteristic by virtue of pregnancy/maternity.</p> <p>However the Mental Health Foundation suggests that the BAME community are more likely to be diagnosed with mental health problems, more likely to be diagnosed and admitted to hospital, more likely to experience poor outcome from treatment and more likely to disengage from mainstream services.</p> <p>https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities</p> <p>Key to the optimum model, as set out in the proposal, is that anyone who has mental health problems has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating. This includes ensuring that there is a range of third sector and peer/activity groups and support networks and services that are user led, which may help to support those who disengage from mainstream services.</p> <p>As such this proposal should have a positive impact on those with a protected characteristic by virtue of their race.</p>
Religion/Belief	X				L	<p>This proposal is not specifically aimed at people with a protected characteristic by virtue of their religion/belief.</p>

						<p>Key to the optimum model, is that anyone who has mental health problems has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating. This includes access to spiritual and pastoral support.</p> <p>As such this proposal should have a positive impact on those with a protected characteristic by virtue of their religion/belief.</p>
Sex	X				M	<p>This proposal is not specifically aimed at people with a protected characteristic by virtue of their sex.</p> <p>Research from the WHO suggests that there is little difference in the rates of psychiatric disorders between men and women. However there is evidence to suggest that there are gender differences regarding the patterns of mental illness.</p> <p>https://www.who.int/mental_health/prevention/genderwomen/en/</p> <p>Key to the optimum model, as set out in the proposal, is that anyone who has mental health problems has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating.</p>

						<p>In addition this, the optimum model includes taking an integrated approach, which takes responsibility for the full range of needs of individuals in a geographical area and that they have access to a full range of support services</p> <p>As such this proposal should have a positive impact on those with a protected characteristic by virtue of their sex.</p>
Sexual orientation	X				M	<p>The proposal is not specifically aimed at people with a protected characteristic by virtue of sexual orientation.</p> <p>However, Stonewall report that 52% of people from the LGBT+ community experienced depression in the last year and 46%.</p> <p>https://www.stonewall.org.uk/lgbt-britain-health</p> <p>In light of the above it is reasonable to assume that a significant number of people from the LGBT+ may require support or information and advice regarding mental health.</p> <p>Key to the optimum model, as set out in the proposal, is that anyone who has mental health problems has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating.</p>

						As such this proposal should have a positive impact on those with a protected characteristic by virtue of their gender identity.
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4. Does the initiative impact on:

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	Yes	No	None/ Negligible	Don't know	Impact H/M/L	Reasons for your decision (including evidence used) / How might it impact?
People's opportunities to use the Welsh language		x				This proposal will not change the right for people to receive services in the Welsh language.
Treating the Welsh language no less favourably than English		x				This proposal will not change the right for people to receive services in the Welsh language.

5. Does the initiative impact on biodiversity:

	Yes	No	None/ Negligible	Don't know	Impact H/M/L	Reasons for your decision (including evidence) / How might it impact?
To maintain and enhance biodiversity		X				Not applicable
To promote the resilience of		X				Not applicable

ecosystems, i.e. supporting protection of the wider environment, such as air quality, flood alleviation, etc.						
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6. Does the initiative embrace the sustainable development principle (5 ways of working):

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	Yes	No	Details
Long term - how the initiative supports the long term well-being of people	X		The Future Generations (Wales) Act 2015 is a strategic driver for the strategic framework and the optimum model supports delivery of the 5 ways of working. For example provision of sustainable future focused and evidence based interventions.
Integration - how the initiative impacts upon our wellbeing objectives	X		The Future Generations (Wales) Act 2015 is a strategic driver for the strategic framework and the optimum model supports delivery of the 5 ways of working. For example the development of integrated teams (health, social care and voluntary sector).
Involvement - how people have been involved in developing the initiative	X		The Future Generations (Wales) Act 2015 is a strategic driver for the strategic framework and the optimum model supports delivery of the 5 ways of working. For example the strategic framework was co-produced and the optimum model includes ensuring that services are user led.
Collaboration - how we have worked with other services/organisations to	X		The Future Generations (Wales) Act 2015 is a strategic driver for the strategic framework and the optimum model supports delivery of the 5

find shared sustainable solutions			ways of working. For example the framework was co-produced and the optimum model requires close working with partners such as health, housing and the voluntary sector.
Prevention - how the initiative will prevent problems occurring or getting worse	X		The Future Generations (Wales) Act 2015 is a strategic driver for the strategic framework and the optimum model supports delivery of the 5 ways of working. For example the key to the optimum model is that anyone with a mental health problem, irrespective of severity, has the right to receive help and support which aims to prevent problems and intervene earlier to stop problems escalating.

7. Declaration - based on above assessment (tick as appropriate):

A full impact assessment (second stage) is not required	x
Reasons for this conclusion	
Although the policy will impact on people with protected characteristics, this impact will be positive.	
A full impact assessment (second stage) is required	

Reasons for this conclusion

	Name	Position	Signature	Date
Completed by	Chelé Zandra Howard	PO for Commissioning	C. Z. Howard	30.05.19
Signed off by	Andrew Jarrett	Director of Social Services Health and Housing	A. Jarrett	30.05.19

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Appendix 3: So Tell us what you Think' events – ABMU HB Feedback Report.

Background:

Staff and members of Abertawe Bro Morgannwg Community Health Council (ABM CHC) attended twelve of the thirteen events held. The role of the CHC was to collect views from members of the public attending on the process of engagement. Views were collected from all thirteen events.

What we did:

Following the one to one and the common themes group session, we asked those attending:

1. Did you have the chance to say everything you wanted to say?
2. Do you think your views were listened to?

We also asked for any comments people would like to leave. **What people told us:**

We received 50 responses.

46 people told us that they had the chance to say everything they wanted to say and that their views were listened to.

1 person at the Pontarddulais event told us they weren't quite sure whether they had had the chance to say everything but they did think their views had been listened to.

1 person at the Richard Price Centre told us they didn't have enough time to say everything they wanted to say, but that was because they had been through a lot. They said they thought their views had been listened to.

1 person at the Bridgend Life Centre told us they didn't have enough time to say everything they wanted to say, as they kept thinking of more things to say. They told us that they would e-mail the health board with the other things. They said they thought their views had been listened to.

1 person at Reynoldston told us the event was not what they had hoped; they thought it was being held to gain access to support. They said they thought their views had been listened to.

Below are the comments received:

It was good to talk about everything

- Nice to talk about my experience

- Nice refreshing idea, it's the way forward
- Nice to know that people have been listened to and included in the next process event for outcomes
- Very helpful, listening is so important in designing future services
- Very good to be able to inform the Health Board of experiences in the community
- Very positive day, felt listened to. It was a very comfortable conversation with the listener, flowing. Everything I felt was discussed. I feel there will be a lot of positive progress in the near future. So glad I came to express different views. Fun day
- Think more people should help these events as it is us who help change things that need changing
- I got to speak about the concerns and experiences of mental health/learning difficulties in a rural setting. Listener took the time to listen and note all that I was saying
- I felt it was about time mental health came to the front and was openly discussed
- Allowed me to see I wasn't alone
- Let me know I am not alone and to meet others who can relate and offer support
- It was great to meet like-minded people and share experiences
- It allowed me to see that it is okay to speak up about mental health and to know I am not strange. It gave me the voice I needed to speak up
- It was good to feel someone cared

-
- I felt that the comments made and stories shared will help to improve mental health issues
- Very interesting morning, would like to attend again
- I can only hope that provision for funding improves for adults suffering from or developing the onset of mental health problems improves
- Could express views, less intimidating. Reaction from interviewer was positive.
- Happy with how everything went, would like to see positive results as have personal and work involvement
- Feedback was good, listener really engaged
- One to one session could have been a little longer. Opportunities to feedback via e-mail may have given more people opportunity to respond with a wider range of views
- Good to give ethnic minority groups a chance to speak up and access support
- Very pleased with what was said. I'd love to have more events
- Made to feel at ease and encouraged to talk openly about previous experiences, both positive and negative. I felt my views and opinions were valued and respected. Professional support was excellent but also fun and engaging. Thank you Ian
- You cannot improve perfection
- The lady that listened seemed very pleasant and friendly. She didn't interrupt and was professional. It was most beneficial to have the one to one, thank you
- A very interesting event and I'm looking forward to seeing what comes of it. I would certainly be interested in attending again
- Felt comfortable talking about my experiences. One to one was a good option and personal
I'm looking forward to attending the feedback event
- Good event it was, nice to be listened to, thanks very much
- I thought that the event was excellent in all aspects, many thanks
- Good opportunity to get views across, hopefully things will now change
- It was good to get the chance to talk – hopefully they take notice

- Good event, it was lovely to be listened to, thank you
- Excellent idea – much appreciated
- Nothing good about the experience – felt today was very positive
- The Health Board seems to be beginning to listen

Summary:

The feedback received was very positive. Members of the public were made to feel comfortable and at ease. People found the event beneficial, especially the one to one session.

The majority of people felt they had had the chance to say what they wanted. The few who didn't know that they could e-mail the Health Board with further concerns or understood why they didn't get to say everything. It is hoped that the person attending to access support was guided in the right direction.

Everyone we spoke to felt their views had been listened to, and people were looking forward to attending the follow up events later in the year.

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Appendix 4: Themes from Mental Health Engagement

Positives

- Some staff, from all professions and organisations, are going over and above to support people effectively
- Services provided by the voluntary sector (as long as these are in addition to, not instead of, statutory sector services)
- One member of clinical staff in ABMU who uses British Sign Language
- Access to physical activity / exercise (for some)
- Third sector liaison role for signposting from GP
- Wellbeing / mindfulness classes
- Support groups for service users and carers groups
- Employers supportive and enabling quicker access to services (for some)

Issues – Attitudes / Behaviours

- Communication key but quality and clarity extremely variable
- Lack of basic awareness and skills in mental health across lots of services which impact people's ability to access services (not just health & social)
- Poor / lack of response to people's phone calls / contact with services
- Major issues over lack of communication / involvement / support for carers of people with mental health problems
- Impacts of benefits changes significant, but not seen as "our problem" by health
- Staff don't have time to listen / are overwhelmed
- Attitudes of staff vary from excellent to appalling – need to consistently improve everyone's whatever their role – their impact can be huge
- Confusion about ability to share information – confidentiality trumps "best interest"
- Need to change focus to people's abilities not inabilities - positivity
- Collaboration & partnership key between agencies
- Services need to be working in partnership to find solutions for the service user – true co-production
- Focus on mental health issues without holistic focus – spiritual, pastoral support, advice on money and housing for example
- Lack of compassion / empathy – "plenty of people are worse off than you", "just sort yourself out"
- Poor communication / listening skills
- Staff don't take responsibility for sorting out problems – just pass you onto someone else who might be able to help
- Need more people with mental health problems taking a lead in services
- Need greater focus on how to keep good mental health throughout education system

Issues – Services

- Lack of early intervention / preventative services to stop exacerbations of problems
- If relationships with a professional break down no alternative is given – significantly impacting on outcomes
- Lack of easily accessible, up to date, information on what services are available in different areas to support people
- Particular problems getting in touch with & accessing services from one CMHT
- Too reliant on medical model – not enough alternative activities / options available to people – not holistic
- Dual diagnosis “ping pong”
- “One size fits all” mentality
- Lack of choice – you either take what is on offer or go without
- Our processes & silo working impede or at worst stop people being able to access services they need
- We expect people to be functioning effectively in their day to day life to access our services and if they aren’t we penalise them
- Over reliance on medication to “get better”, and not with other support alongside – little talking therapies available / offered
- Little information and support to help prepare for and cope with side-effects of medication
- Lack of timely follow up / reviews of medication
- Time with psychiatrist varies – feels like favouritism
- No follow up after diagnosis, causing problems to exacerbate
- Passing the buck between services – no responsibility for ensuring service users get the support they need
- Significant transition issues – from young person to adult & adult to elderly and geographically
- Need better access to counselling
- Lack of emphasis on wellbeing in work
- No / little access to advocacy
- Lack of services where English is not first language
- No training or skills development for service users / carers / families to help them support and take control of their condition
- Lack of access to GPs / general medical care
- Lack of access to services in rural areas
- Provision needs to be based on prudent healthcare approach – particularly co-production and do no harm

- Waiting times to access services / get support before problems escalate too long
- Reducing options for drop in and informal support due to funding or venues being withdrawn
- Difficulties in accessing Crisis Teams – with people being told to ring the police instead
- No / little meaningful involvement of service users or families in care planning – seen as annual “tick box” process

Document is Restricted

Mae'r dudalen hon yn fwriadol wag